

Final Report
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Consumer Satisfaction with Aging & Disability Resource Connection of Oregon: Round 5

Part 1: 2015 Survey Participants

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Diana L. White, PhD
Sheryl Elliott, MUS



Consumer Satisfaction with Aging & Disability Resource Connection (ADRC) Services: Round 5

Diana White and Sheryl Elliott
Portland State University Institute on Aging
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Part 1. Introduction and 2015 Survey Participants

This first section of the 2015 (Round 5) ADRC consumer satisfaction report describes the methods used to conduct the evaluation, the sample characteristics of those interviewed, and the needs they identified as they contacted the ADRC. This is the fifth annual consumer satisfaction survey conducted. The survey instrument can be found in Appendix A. The tables referred to in this report are presented at the end of this section, and in Appendix B. Most tables include comparisons of findings across the five rounds of data collection.

Measures

Most of the survey questions have remained the same across all 5 rounds of data collection. The survey instrument used in 2015 is the same used in 2014. In 2014, new questions were added specific to confusion and memory loss, and Alzheimer's disease. Part 6 of this report focuses on analyses specific to those questions.

Sample Selection

As in previous surveys, two groups were targeted, those using ADRC Call Center services only and recipients of Options Counseling services. The Call Center sample was selected from a stratified random sample of ADRC Call Center consumers who had been in contact with the ADRC Call Center from September 8 through September 24, 2015 (n=1,930). At the time the sample was drawn, none of these individuals had received Options Counseling services. The two-week window was used so that participants would be interviewed within one month of their contact with the ADRC. This decision was made after earlier survey rounds when it became apparent that many participants had difficulty recalling their specific ADRC experiences after one month. The sample was stratified by region to assure statewide representation. Those receiving Options Counseling (OC) were not included in the Call Center sample.

The OC sample consisted of everyone who had used Options Counseling services between August 3 and September 24 (N=636). This longer time frame was used for OC consumer interviews because fewer consumers receive OC services and the largest sample possible was needed to reach the goal of 135 completed interviews. Furthermore, because OC consumers generally have more frequent or intensive contact with the ADRC than Call Center consumers, more confidence can be placed in OC consumer survey responses over the two month window.

The sampling frame is presented in Table 1.1¹. The sample size goal for Call Center consumers was to have 190 completed interviews stratified to represent the ADRCs. Two ADRCs, Central Oregon and Eastern Oregon, did not have sufficient numbers to reach targets, so they were not included in the Call Center sample. However, the overall sampling goal was met by slightly oversampling for the Oregon Cascades West and Metro ADRCs.

The goal for the OC consumer sample was met for the first time since ADRC consumer satisfaction surveys have been conducted. The 2015 target (n=135) represented a 12.5% increase over the 2014 goal and a more than 30% increase from the actual numbers of OC participant interviews completed in 2014 (n=101). This indicates more people are receiving OC services, although numbers in some ADRC service areas remain low (see Table 1.2).

Interview procedures

Telephone interviews were conducted by the Portland State University Survey Research Lab between October 29 and November 14, 2015. Interviews averaged nearly 21 minutes. Of the 2,566 numbers received, 1,064 were deemed to be eligible numbers (41%). Ineligible numbers included nonworking numbers; non-residential numbers; phones with answering machines only, no answer, regularly busy; or not reaching someone knowledgeable about services. Ineligible numbers accounted for 35% of the sample. Based on eligible numbers, the completion rate was 38%, which was higher than the 34% response rate in 2014. The refusal rate in 2015 was much lower, 8% compared to 20% in 2014. The final sample was 138 Options Counseling and 190 Call Center participants. See Appendix C for the detailed status report for the survey.

Sample Characteristics

Of the 328 people interviewed, 240 (73%) were consumers of services, defined here as the direct recipient of services. This is a similar percentage reported in previous years. The

¹ Tables 1.1 – 1.7 are at the end of this report; all tables are presented in Appendix B

remaining 27% was made up of 88 family members (Table 1.2). No neighbors or friends participated in the 2015 interviews.

Sample characteristics are consistent with those found in the past surveys. As in previous years, participants were predominately women (68% of consumers, 69% of family members), although more men were included than in the past. The average age of consumers was 64 years of age compared to 61 years for family. Consumer ages ranged from 18 to 97 years, with a similar age span for family (18-91 years). The median education level for consumers was “some college” and the median education level for family was an associate’s degree. The median income for consumers was the \$10,000-20,000, which has been the same in all rounds of the survey. The median family income was in the \$40,000-50,000 range. Family members had both higher income and education levels than those in the past. The sample continues to be dominated by Whites; only 12% of consumers and 11% of family members were people of color. When asked whether they had concerns with memory loss, 17% of consumers and 50% of family members answered affirmatively (Table 1.3). This is the same level for consumers as in 2014, but it is higher than the family reports in 2014 (38%).

Of those receiving OC services, 64% received a home visit (27% of the entire sample). Nearly one third of Call Center consumers (30%) also reported a home visit (17% of the overall sample). All OC consumers and family members (whether or not they received a home visit) and Call Center consumers who reported a home visit (n=193) were administered a long version of the survey which included questions about home visits, decision support and perceived outcomes related to their involvement with the ADRC (Table 1.4).

Needs

Participants were asked to describe why they had come into contact with the ADRC. The interviewer then read a list of 16 reasons why people had contacted the ADRC in the past. Participants were asked whether anything on that list had been a reason for them as well. The open-ended responses were similar to those in the list.

Patterns of need were similar to those found in previous rounds (Table 1.5). As in previous surveys, many participants had multiple needs. About two-thirds of participants contacted the ADRC to obtain information or advice. Well over half of the participants (62%) indicated they or a family member had physical health needs that resulted in a need for services. Need for help at home with tasks such as making meals, housekeeping, laundry or yard work were identified by 44% of participants. Thirty percent or more of participants indicated a need for personal care (36%), Medicaid assistance (37%), transportation (36%), and help getting errands and shopping done (30%). About one quarter of participants indicated needs related to food stamps (29%), confusion or memory loss (26%), or medications (23%).

Some reported needs related to caregiver support (19%), paying energy bills (18%), help finding housing (18%), dental care (15%), home modification (14%), moving into residential care (14%), or “other” needs (17%). When asked what other needs they had, most of those identified fit into the categories described above. Others needs described included getting benefits straightened out or changing services, getting tax help, and schooling.

With few exceptions, the frequency that each need was reported has been similar across all years of the survey, although 2014 saw a peak with respect to ADL and IADL needs (i.e., personal care, help at home, shopping and running errands). In 2015, these issues remained important, but the frequencies were not quite as high. The frequency of needs for financial assistance (e.g., food stamps, Medicaid, subsidized housing, energy bills) remained steady.

A greater percentage of family members (85% compared to 61% of consumers), contacted the ADRC to get information or advice. In addition, family members were significantly more likely to report needs for personal care, getting help for caregivers, and moving a person into a residential care setting. Family members were also significantly more likely to report confusion and memory loss. Family members also reported a physical health need, needs related to Medicaid or paying for medical care, and concerns with medications more often than did consumers. Family members, therefore, were contacting the ADRC on behalf of a consumer who required assistance with activities of daily living (ADL), instrumental activities of daily living (IADL), and a variety of health care issues. As before, consumers were more likely to be calling about food stamps, or getting assistance with energy bills.

The number of needs was summed for each participant. Of a possible 16, the number of needs reported ranged from 1 to 16. The average number of needs reported was 4.9, with family members reporting significantly more needs (6.00) than consumers (4.54), (Table 1.5).

Comparisons were made between Call Center and Options Counseling participants. No differences in the types and frequency of needs reported were found.

A question was added about confusion or memory loss (CML) in 2013 (Table 1.6), *During the past 12 months, have you experienced confusion or memory loss that is happening more or is getting worse?* Twenty-nine (30%) consumers answered affirmatively. The percentage of family (this category included neighbors in 2014) responding yes increased from 48% in 2013 to 56% in 2014 and then to 64% in 2015. As before, families were significantly more likely than consumers to report confusion and memory loss. Of those indicating cognitive challenges, 35 (23%) reported the consumer had received a diagnosis of Alzheimer’s disease (a question added in 2014; Table 1.7).

The following comments reflect participants' concerns, needs, and reasons for calling the ADRC in 2015.

My porch needs to be fixed. I have had surgery on my hip, and I cannot complete it myself.

My husband was falling and the senior services got me into the caregiver program, so someone is here to watch him when I am gone for two hours.

My mother-in-law has Alzheimer's, and we were trying to get her help in home. Family members cannot do it all on their own.

I have back problems and am lonely.

It is harder to take care of myself and I am getting forgetful.

My brother is special needs and I arrange all of his paperwork so he can live independently.

My landlord is thinking about selling the building and I am concerned about them raising the rent. I am worried about finding a new place.

I have diminished eyesight in one eye and I am totally blind in the other, so I cannot get around very well. The lady got me in touch with the housekeeping services.

Conclusions

The 2015 sample is more representative of the state of Oregon than in past years and contains a higher proportion of OC recipients. At the same time, the numbers of people receiving Options Counseling remains low in some parts of the state compared to other regions. It is useful to compare family and consumer responses. Family members are calling the ADRC requesting support for their members who have significant disabilities, including cognitive decline. Over time, an increasing percentage of family members have identified concerns with confusion and memory loss. They are arranging for services to support ADL and IADL needs, to find the most appropriate levels of care, and to find the resources to pay for those services. Although they are experiencing disability and the need for ADL and IADL services, consumers

are more likely than family members to be looking for financial assistance in the form of food stamps and energy assistance, a consistent pattern over time.

Part 1. Survey Participants

Table 1.1 Sampling Frame

ADRC	Sample Received	Sample Goal	Actual Completes
ADRC Call Center			
Lane COG	95	25	23
NW Senior & Disability Services	363	35	33
Oregon Cascades West COG	260	30	37
Metro (Multnomah, Clackamas, Columbia, Washington)	902	45	49
South Coast	101	20	22
Rogue Valley COG	102	20	13
Douglas	73	15	13
Subtotal	1,930	190	190
Options Counseling			
Lane COG	15	15	3
NW Senior & Disability Services	90	15	27
Oregon Cascades West COG	50	15	15
Metro (Multnomah, Clackamas, Columbia, Washington)	365	40	56
South Coast	4	10	0
Rogue Valley COG	72	10	20
Douglas	19	10	5
Central	11	10	4
Eastern	10	10	8
Subtotal	636	135	138

Table 1.2 Round 5 Sample Distribution by respondent type

ADRC	Option Counseling (n=138)		Call Center		Total subgroup		Total
	Consumer	Family	Consumer	Family	Consumer	Family	
Lane Council of Governments	1	2	16	7	17	9	26
NW Senior & Disability Services	13	14	27	6	40	20	60
Oregon Cascades West COG	12	3	30	7	42	10	52
Metro (Multnomah/Washington/Columbia/Clackamas)	42	14	39	10	81	24	105
South Coast	-	-	18	4	18	4	22
Rogue Valley COG	15	5	8	5	23	10	33
Douglas	4	1	8	5	12	6	18
Central	1	3	-	-	1	3	4
Eastern	6	2	-	-	6	2	8
TOTAL	94	44	146	44	240	88	328

Table 1.3 Sample Characteristics

Participants	Total Sample (N=328)			
	Consumer		Family	
	#	%	#	%
Number	240	73%	88	27%
Women	162	68%	60	69%
Mean Age	64		61	
Age Range	18-97 years		18-91 years	
Median Education	Some college		Associates degree	
Median Income	\$10,000 to < \$20,000		\$40,000 to < \$50,000	
Number/Percent White	210	88%	78	89%
Concern about memory loss/confusion	40	17%	44	50%

Table 1.4 Sample by Options Counseling and Home Visit Categories

	2012		2013		2014		2015	
	N=297	Percent	N=292	Percent	N=300	Percent	N=326	Percent
Options Counseling, home visit	57	19%	73	25%	82	27%	87	27%
Options Counseling, no home visit	14	5%	27	9%	19	6%	50	15%
Call Center consumer, home visit	64	22%	45	15%	76	25%	56	17%
Call Center consumer, no home visit	162	55%	147	50%	123	41%	133	41%

Table 1.5 Reasons for Contacting the ADRC

Service Type	2012 N (%)	2013 N (%)	2014 N (%)	2015 N (%)
General information/advice ^a	222 (73%)	212 (71%)	215 (70%)	222 (68%)
Physical health needs ^b	161 (54%)	177 (60%)	188 (61%)	202 (62%)
Help at home (making meals, housekeeping, laundry, yard work)	113 (37%)	103 (35%)	147 (48%)	143 (44%)
Personal Care ^a	87 (29%)	95 (32%)	126 (41%)	117 (36%)
Medicaid or paying for medical care ^a	104 (35%)	100 (34%)	118 (39%)	122 (37%)
Help getting shopping and errands done	53 (18%)	68 (23%)	108 (35%)	98 (30%)
Food stamps ^c	105 (35%)	80 (27%)	90 (30%)	95 (29%)
Transportation	99 (33%)	92 (31%)	114 (37%)	116 (36%)
Medications ^b	78 (26%)	73 (25%)	80 (26%)	73 (23%)
Confusion or memory loss ^a	74 (25%)	71 (24%)	69 (23%)	84 (26%)
Energy Bills ^c	64 (21%)	47 (16%)	58 (19%)	60 (18%)
Help with housing: finding subsidized housing	50 (16%)	57 (19%)	36 (19%)	58 (18%)
Help getting caregiver support or respite ^a	62 (21%)	70 (24%)	52 (17%)	61 (19%)
Dental care	58 (19%)	31 (10%)	53 (17%)	49 (15%)
Help with housing: home modification	50 (17%)	41 (14%)	39 (14%)	45 (14%)
Help moving into residential care ^a	36 (12%)	42 (14%)	33 (14%)	47 (14%)
Did you contact ADRC to get help with anything else that we did not already cover?	57 (19%)	43 (15%)	37 (12%)	57 (17%)

Note: In 2015, the number of needs identified by participants ranged from 1 to 16, with an average number of 4.9 needs; Family members identified significantly more needs (average 6.00) than consumers (4.54), a pattern similar to 2014. No differences were found between OC and Call Center consumers.

^aFamily members were significantly more likely to indicate this need than consumers ($p \leq .01$)

^bFamily members were more likely to indicate this need than consumers ($p \leq .10$)

^cConsumers were significantly more likely to indicate this need than family ($p \leq .01$)

**Table 1.6 During the past 12 months have you experienced confusion or memory loss?
(Asked first in 2013 to OC consumers only)**

	Consumer			Family/Friends			Total		
	2013 (n=69)	2014 (n=218)	2015 (n=231)	2013 (n=25)	2014 (n=80)	2015 (n=85)	2013 (n=94)	2014 (n=298)	2015 (n=316)
Yes	20 (29%)	64 (29%)	69 (30%)	12 (48%)	45 (56%)	54 (64%)	32 (34%)	109 (37%)	123 (39%)

Note: In all years, family members were significantly more likely to report confusion or memory loss than consumers.

Table 1.7 Have you received a diagnosis of Alzheimer’s disease?

	Consumer		Family/Friends		Total	
	2014 (n=64)	2015 (n=66)	2014 (n=44)	2015 (n=53)	2014 (n=108)	2015 (n=119)
Yes	8 (12%)	9 (14%)	18 (41%)	26 (49%)	26 (23%)	35 (29%)

Note: in all years, family/neighbors were significantly more likely to report a diagnosis of Alzheimer’s disease than consumers.