

Final Report
2016

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

Part 3. Information and Referral/Assistance

Submitted to
Oregon State Unit on Aging, Department of Human Services



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
April 2016

Part 3. Information and Referral/Assistance

Good information and referral and assistance (I&R/A) requires knowledgeable staff skillful in their ability to communicate clearly with callers. This requires recognizing callers' needs, being able to help callers understand the service system, and offering clear explanations about ways to obtain services. Offering relevant print materials about available resources and helping people to access those resources in a timely manner are also important I&RA staff roles. Consumer-based standards and expectations established for I&R/A services through the ADRC included that 90% of the participants who received written materials would find those materials relevant, that 85% of participants would report that staff were knowledgeable, that they were good or excellent at explaining how to get help and information needed, and that 80% of survey participants would describe the staff as good or excellent in helping them understand the service system. Finally, no more than 20% of participants would report waiting "much too long" to receive services. As described below and specified in Tables 3.1 – 3.7, these standards were all met or exceeded.

Materials and other information. Almost all of the participants indicated that they received all (60%) or some (35%) of the information they needed when they contacted the ADRC. (Table 3.1¹). The responses were similar whether the participant or participant's family member received Options Counseling or Call Center services only. Similarly, no differences in responses were found between consumers and family members.

Most participants (74%) received materials after contacting the ADRC. Of those, almost all (93%) reported the materials were relevant to their concerns (Tables 3.2 & 3.3). Options Counseling recipients were most likely to have received materials, followed by Call Center participants who reported receiving a home visit. The comments below highlight the importance of providing print material about services and resources that address consumer needs.

¹ Tables 3.1 – 3.7 are presented at the end of this report. All tables are in Appendix B.

I followed the recommendations they gave me with the brochures and printed materials for Medicare insurance.

Have more information, like brochures.

I would like a print out of everything they have to offer...Maybe they should put it out there about all the things that they do.

They should get the word out more about what they actually do in written materials and give to everyone so they know their options.

[Find a] better way of making seniors aware of the services available. I could have qualified months ago and I did not know. Had I not ended up in the hospital, we would never have known. It was through the social worker and the exit care that we discovered this.

Satisfaction with Staff

Staff attributes. Satisfaction with services are typically associated with relationships with staff. We asked all participants a series of questions about the person “from the ADRC that you worked with the most.” It is not possible to determine which type of staff participants rated. We did conduct analyses to determine if there were differences between responses of OC consumers and Call Center only consumers. We also examined differences in consumer and family responses. We note any statistically significant differences between these groups.

A focus of the survey was to determine how well ADRC staff provide person-centered services, and the extent to which services are based on the unique circumstances of the caller. One indicator is whether participants feel listened to and understood. To tap this, we asked whether the staff at the ADRC spent enough time with the consumer to understand their concerns. As shown in Table 3.4, the overwhelming majority of participants (92%) continue to report that the staff person they talked with had spent enough time with them, a slight increase from 2014. Virtually all participants indicated the person they talked with was very knowledgeable (80%) or somewhat knowledgeable (15%; Table 3.5). Those receiving Options Counseling services rated staff knowledge significantly higher than those receiving I&R/A services only. Similar ratings were given to the respectfulness of the staff, with 92% rating staff

as excellent (Table 3.6). Consumers gave significantly higher ratings for staff in this area than family members.

The following consumer comments reflect their satisfaction with ADRC staff.

I was in the dark about services, once received information to explore. I was surprised about what services were available. I gained knowledge and referred a friend.

It helped me be more aware of what is available for my needs

They helped me get more information.

Give the employees a raise because they deserve it. They really do an outstanding job.

The majority of participants rated staff as excellent (57%) in explaining how to get the help that they needed and another 28% rated them good (Table 3.7). Fewer than 15% assigned ratings of fair or poor, the lowest percentage in five years. Specifically, consumers and family noted that:

It would be more difficult [to get help]. They helped me to find the services we needed and it just took a few phone calls to find one that fit.

The information has definitely helped, it has been a good guide to get help. At this point, I am glad they were there...

...I was originally only looking for help when I went out of town but they helped me realize that I could get help all of the time.

They did so much for us. They got ... someone come in to help us, they got Meals on Wheels so we could have food. They gave me money to help pay...They went out of their way to help us with all kinds of things. They set up appointments for us...

...it's been very helpful to my medical wellbeing... Overall a good experience and am happy for the help.

I continue to call them if I have any questions. I felt comfortable and trusted the person with whom I worked with and had a pleasant experience.

The lady really gave me an understanding of what was going on...

At the same time, some participants expressed dissatisfaction information they received from staff; some felt staff did a poor (7%) or fair (7%) job in explaining how to get the help or information they needed (Table 3.7). Consumer recommendations for improvement in this area included making information more easily understood, and providing better information. The next most common recommendation addressed the need for access to information through the website, making the ADRC 800 number easier to find, and “letting people know they are there.” Participants next indicated the need for more services, a faster qualifying process, better coordination and quality of service, and expanded eligibility to better meet their increasing needs. Next, participants requested better customer service including the need for faster call-back and follow-up times, more appointment time, being better prepared for visits, and behaving in an empathic and caring way. The following comments from consumers emphasize these suggestions.

I think they need to be more educated about what is available, and how to get it for their clients. The stuff is out there, it is a matter of who do you go to. The person...who I worked with was rude and treated me like you take what you get when I called about the services.

Better communication in terms of phone calls or correspondence to their clients. Something that will let the client know that they are thinking about them, and any services that clients are looking at.

Bigger budget for more services, especially the home help program.

Don't let the phone go to voice mail during business hours and answer call-backs more promptly.

They seem over packed with cases and really rushed and could spend more time with each individual because they have a lot of people in need.

Have more empathy and understand the context of the situation. Make me feel less defensible more like I was being helped.

Conclusions and Recommendations

The ADRC continues to provide information, referral and access to the service system in respectful and informative ways, assisting consumers and their families in better understanding of the resources the service system has to offer. Recommendations include:

- Continue to communicate with consumers in empathic, respectful ways that foster greater understanding of how to access available resources.
- Continue efforts to make information about how to contact the ADRC, and how to navigate the website more available through outreach efforts, provide consumer training on finding services on the website, and provide a wider distribution of print material.
- Continue to answer calls in a prompt and timely manner.
- Continue to assist consumers who are eligible for services by answering questions, completing paperwork, and navigating the complex social insurance and social service system.

Part 3. Information and Referral/Assistance

Table 3.1 When you first contacted the ADRC, did you receive none, some, or all of the information you needed?

	2011-2012 (n=241)	2012 (n=283)	2013 (n=285)	2014 (n=299)	2015 (n=317)
None	10%	7%	9%	8%	4%
Some	34%	37%	36%	28%	35%
All	55%	54%	54%	62%	60%
No Information Needed	1%	1%	<1%	2%	1%

Note: Standard: at least 55% of consumers report receiving “all” of the information they needed; at least 35% of report that they received “some” of the information they needed.

Table 3.2 Did you receive written materials?

	2011-2012 (n=235)	2012 (n=288)	2013 (n=289)	2014 (n=293)	2015 (n=315)
Yes	72%	66%	64%	72%	74%

Table 3.3 Were the materials relevant to your concerns?

	2011-2012 (n=162)	2012 (n=178)	2013 (n=180)	2014 (n=206)	2015 (n=219)
Yes	92%	89%	92%	97%	93%

Note: Standard is that of those receiving written materials, 90% will report they are relevant to their concerns.

Staff Attributes

Table 3.4 Do you think that the person at the ADRC spent enough time with you to understand your concerns?

	2011-2012 (n=243)	2012 (n=292)	2013 (n=293)	2014 (n=271)	2015 (n=323)
Yes	87%	86%	90%	90%	92%

Table 3.5 How knowledgeable was this person about helpful resources and services?

	2011-2012 (n=237)	2012 (n=286)	2013 (n=281)	2014 (n=293)	2015 (n=318)
Not at all knowledgeable	3%	3%	2%	2%	2%
Not that knowledgeable	5%	4%	1%	2%	2%
Somewhat knowledgeable	18%	20%	18%	20%	15%
Very knowledgeable	74%	73%	78%	77%	80%

Note: Standard is 85% will report that the ADRC staff person was somewhat or very knowledgeable. Those receiving options counseling (with or without a homevisit) gave higher ratings of staff knowledge ($p < .05$).

Table 3.6 How respectful was the person with whom you worked the most?

	2011-2012 (n=242)	2012 (n=291)	2013 (n=291)	2014 (n=299)	2015 (n=322)
Not at all respectful	<1%	1%	<1%	<1%	1%
Not that respectful	3%	2%	1%	<1%	1%
Somewhat respectful	10%	9%	6%	9%	6%
Very respectful	87%	88%	93%	90%	92%

Note: Standard is 85% will report that ADRC staff are very respectful. Consumers gave higher ratings than family members (p<.05).

Table 3.7 How would you rate this person on explaining how to get the help or information you needed?

	2011-2012 (n=243)	2012 (n=296)	2013 (n=293)	2014 (n=296)	2015 (n=320)
Poor	10%	8%	7%	6%	7%
Fair	9%	10%	12%	12%	7%
Good	31%	29%	27%	22%	28%
Excellent	49%	49%	53%	60%	57%

Note: Standard is 85% will report that ADRC staff were good or excellent at explaining how to get the help and information needed.