

Final Report
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Consumer Satisfaction with Aging & Disability Resource Connection of Oregon: Round 6

Part 7. Consumer Concerns, Recommendations, and Satisfaction

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Consumer Concerns

All participants were asked if they had concerns that had not been met by the ADRC. As in all years of the survey, about one-quarter (n=75) of the participants replied “yes” (Table 7.1)¹. Participants with issues related to confusion and memory loss were significantly more likely to express concerns and accounted for just over half (52%) of those who expressed concerns. No differences in expression of concerns were found between consumers and family members or between people who had or had not received options counseling and/or a home visit. Similar to concerns expressed in previous years, a large segment of participants expressed frustration with the lack of follow up. The following comments are typical of those generally dissatisfied with the length of time they had to wait to have their specific needs addressed.

I would like to have somebody contact me. They said they would have somebody interview me, but they never did.

Waiting time. I would like to know how long I have to wait for the waitlist.

I don't know what they do. I was contacted once and never again.

Nobody has contacted me and I'm still waiting for someone to complete my interview. It has been about 6 weeks.

¹ Tables 7.1 – 7.4 are presented at the end of this report. All tables are presented in Appendix B.

I should be having some in-home cleaning care and I haven't received that.

I feel they're taking too long to deal with my situation. More could have and should have been done. I'm grateful for Meals on Wheels, but that's where it ends. I don't feel that my needs have been addressed.

I am potentially homeless. I've been evicted, I haven't paid my bills. I've got cancer and I don't know what to do. I've got massive depression and I don't know what to do.

[I] used to have a home health aide and am having trouble getting another one because of the rules that have changed. Am having trouble accessing things like therapists, doctors, and getting correctly medicated.

Nearly half of the participants who reported concerns described specific needs. These needs parallel the most common needs identified when asked why they had come into contact with the ADRC. Those needs mentioned most frequently in descriptions of concerns included housekeeping, personal care, housing, transportation, medications (both managing and paying for), and concerns about physical health. Many described more than one need. The next set of comments illustrate the complexity of the situations these consumers are experiencing. As participants described the specific needs, other issues also came into focus.

Many concerns have to do with system issues rather than specific complaints about the ADRC, including issues related to staffing, availability of services, and eligibility criteria. Many of the participants who expressed these concerns did not place blame with the ADRC. Indeed, many of the issues described are part of the larger service system, including agencies that partner with the ADRC. Examples of these issues are provided on the following page.

The state has very few options for care. The ADRC needs more aid to the elderly and people with disabilities. While they wanted to help, the services weren't there. They couldn't provide for my needs. There aren't enough resources in the community. [This is a] nationwide problem.

It would be nice if the ADRC was even more careful in their criteria that they use to hire the people so they can better serve the services and functions that is intended by the ADRC – so they have knowledgeable information about resources they are referring people to.

. . . We have had several different representatives and they come out and do the questionnaire, the case worker changes and a new case worker wants us to provide all the same information. It's like they don't have it all in one file because they want us to provide the same information over again. I don't have any of the documents readily available to sign up for the benefits.

I think the case workers are so overloaded that sometimes they do not have the time to get back to you. They often lose stuff and are not very effective. If they had more case workers they could have provided more effective services and care.

Consumer Recommendations

Participants were asked if they had recommendations for the ADRC. As in previous rounds of the survey, over half (56%) gave suggestions or made comments for improving the services of the ADRC. Call center participants who had not received home visits were most likely to provide recommendations. These were categorized as: 1) customer service with a focus on improving communication and coordination, 2) services and resources, and 3) increased outreach/responsiveness.

Customer service. A major theme was the need for improved customer service. Comments that were categorized within this theme focused on improving

communication and coordination to streamline services and avoid redirecting consumers to multiple different staff, returning calls in a timelier manner and getting clearer information about services consumers are qualified for, and the service system, as reflected in the following comments. Other comments addressed the need for staff to be more knowledgeable about services, resources, and eligibility requirements.

I called the ADRC the other day (before I fell). Disappointed that the person I called was not there, instead a facilitator was there to tell me who I should contact. She wanted to filter me through the system. Perhaps ADRC has lost its personal touch. I felt like the person didn't want to deal with me. I hope they don't lose the personalization they once had.

I wish they had more people so they can get back with the many clients that are trying to get a hold of them, a lot of people need help.

It's very confusing because I don't know what agency I am talking to sometimes.

Explain the referral that's being given and be more knowledgeable about it. Also more information on how the process works. In general being more knowledgeable about the referral and offering you information besides a number that takes you nowhere... also doing a follow-up call could mean a lot to the person especially if they need it. It's an amazing feeling for someone who may be calling for help for the first time.

For the local one, they switched from individual staff to a rotating staff. It makes it hard when switching between staff. I liked it better when there was one person working with me.

Within this them were suggestions that ADRC staff should be respectful and empathic

Getting the right case manager that really cares. Somebody who really cares about you and doesn't just give the pat answers. Just doesn't give answers that fits the situation but that fits my perfect situation.

I think they need to take sensitivity for individual into account

Whoever is the person who comes out to find out what the problem is should have enough compassion to listen and understand what the problem is before saying no.

while interacting with consumers, suggesting that this had not been the experience of these individuals.

Many respondents wanted more help with accessing and navigating the service system to locate resources and to hopefully receive services more quickly. The following comments provide examples of assistance needed in these areas.

They gave me a list of numbers to call, none of them could provide the resources they thought they could. They have no idea what services are available. What help is that?

Do the things they say they will when they say they will. I have had to wait months. I went to appointments they didn't keep two weeks in a row, with no contact or a reason why they didn't keep them.

Services and Resources. A second theme focused on the system of services offered by the ADRC. Comments in this category favored increasing the availability of services, and expanding workforce funding and eligibility criteria. This is consistent with the systems issues identified by participants with respect to concerns that had not been met.

What I realize is that they do simple things such as getting food stamps and Medicare. What I would really like is to have them help people to find a place to stay and live. They have not addressed that very well.

To expand their services not to just be a certain age and up.

More funding and more staff. They are underfunded and understaffed and we use them an awful lot.

Cutting through red tape and finding the services faster; method to help the people who need help faster.

Outreach/responsiveness. Some participants offered recommendations about ways to increase knowledge about the ADRC. Many expressed the need to provide more outreach to the general community, as well as to consumers who have already contacted the ADRC. Outreach to consumers could include informing consumers of available services, offering comparative differences between programs or resources. A few thought a newsletter or brochure would be helpful for consumers to understand which services are available to them and to make the agency more visible as illustrated by the suggestions below.

They should contact me and list the services that might be helpful for me.

If I had had a conversation that would have explained more of the services that would have been very helpful.

I didn't know what all I'm eligible for. All of it wasn't explained.

It would be nice for them to give a presentation at a senior center or public library to let people know that they are there to help. Because people of my generation if they aren't computer literate they don't know where to look for or get help.

Satisfaction

In spite of the concerns expressed and the recommendations to address the shortcomings described above, the majority of ADRC survey participants reported that overall the ADRC was very helpful (see Table 7.2). The ratings for this question in Round 6 were lower than in Round 5, with 56 and 64 percent respectively describing the ADRC as being very helpful. Ratings of somewhat helpful were the same both years (22%). About one in five in Round 6 reported that the ADRC was only a little helpful or not helpful at all, similar to the ratings found in the Round 1 survey. This negative rating, however, was higher than in all other years.

A key indicator of consumer satisfaction involves participant willingness to recommend the ADRC to others. Consistent, although slightly lower than in previous years, 88 percent of Round 6 participants would recommend the ADRC to a friend or relative (Table 7.3). Those without confusion or memory loss were significantly more likely to recommend the ADRC. No differences were noted based on whether the participant was family or a consumer, or whether the participant reported receiving options counseling and/or a home visit.

To give an overall picture of how the different elements of the ADRC and participants' experiences relate to one another, Table 7.4 shows the correlations among key study variables. "Outcomes" is a sum of seven questions, used in all six rounds of the consumer satisfaction survey, about the results of services and information from the ADRC (e.g., living in the place most desired, being safer, being more independent). "All staff" attributes is a combination of questions related to being respectful and knowledgeable, as well as the ability to explain how to get services. All participants were asked these questions about the person from the ADRC they worked with the most.

The Options Counselor (OC) staff attributes item is a combination of these questions in addition to questions that were asked only of OC participants and those receiving a home visit. These questions included ratings of ADRC staff in helping consumers explore choices, supporting their decisions, considering consumer opinions, and helping them to understand the service system. Needs is the sum of the number of

needs identified (out of a total of 20). The total number of services received is also a count of services (out of 13). Also examined was the relationship between these variables and participants' understanding of the service system after working with the ADRC, whether they had received the information they needed, the amount of contact they had had with the ADRC, and their assessment of how easy it would be to contact the ADRC if they needed to.

Satisfaction with the ADRC as measured by overall helpfulness was significantly correlated with positive ratings of outcomes ($r=.66$), staff attributes (all staff, $r=.59$; OC staff $r=.38$), better understanding of the service system ($r=.50$), ease of contacting the ADRC if needed ($r=.40$), and number of contacts with the ADRC ($r=.34$). Positive outcomes were significantly and positively correlated with staff attributes (all staff, $r=.43$; OC staff $r=.56$), services received ($r=.56$), and increased understanding ($r=.44$). Consistent with 2015 survey participants, helpfulness was not associated with the amount of need or number of services received. Unlike previous years, those receiving OC services were no more likely to rate the ADRC as very helpful than those who did not receive OC services. The number of service needs identified by participants was significantly correlated with the number of services received ($r=.53$).

Overall satisfaction. When asked for recommendations, many participants expressed overall satisfaction. From these comments it is clear that the ADRC is valued for offering support and guidance in navigating the service system and enabling consumers and family members to access needed services and resources. The following comments highlight the appreciation for ADRC efforts.

It was helpful that they pointed us to other resources in the community. The nice thing is that they explained what types of security screening has already been done and that was a big help. They were very informative.

As of now, they have been excellent and have done an excellent job of calling back and they leave thorough messages and everyone I have talked to has been excellent.

Conclusions and Recommendations

The ADRCs continue to provide important services and access to resources that are valuable to consumers and their family members. Overall helpfulness is strongly associated with positive reports of outcomes for ADRC, staff characteristics, services received and home visit participants. The importance of Call Center and OC staff cannot be overstated in the success of the ADRC. Positive ratings of staff is strongly associated with overall helpfulness with the ADRC as well as with positive outcomes. Positive ratings of OC staff are associated with higher scores on receiving services, needed information, understanding of the service system, and number of contacts.

Although a minority of ADRC consumers had concerns or areas of dissatisfaction, it is important to use their feedback in quality improvement efforts. Talking directly to a person who contacts the ADRC, and helping them receive information and assistance in a timely manner are critically important to older adults and those with disabilities, especially those with cognitive impairment. Continued efforts are needed to help these consumers understand and navigate the service system. This appears particularly important for Call Center consumers who have not received a home visit. Many of these consumers appear to have complex needs and fit the criteria of OC services. More referrals to OC services may be needed and may well require increasing the capacity of the ADRCs to provide OC services.

In spite of ongoing outreach efforts, ADRCs need to continue to promote ways to increase awareness and provide access to the ADRC, build capacity to meet the growing demand for resources, and to address concerns of consumers who are not able to locate and afford services that meet their needs. This includes increasing and coordinating community partnerships, increasing follow up, continuing to decrease response times, and continuing staff development. Continued advocacy is needed to expand services and make eligibility criteria less restrictive. Specific recommendations include:

- Continue and increase the good work of respecting consumers, providing person-centered decision support, and connecting people to vital services.
- Convene ADRC staff to review survey findings and identify ways to address systemic issues that serve as barriers to ADRC services.
- Continue to improve customer service where needed through staff training and mentoring and monitor success.
- Increase referrals to option counseling by Call Center staff.
- Continue to build skills and resources to communicate with consumers who may have limited capacity to understand the service system.
- Continue to build partnerships, coordinate services, and expand service availability.
- Advocate for more publically available services and identify ways to improve access.
- Widely distribute print material that provides information about the ADRC including telephone and internet contact information.

Part 7. Consumer Concerns, Recommendations, and Satisfaction

Table 7.1 Do you have concerns that the ADRC has not addressed?

	2011-2012 (n=81)	2012 (n=109)	2013 (n=93)	2014 (n=295)	2015 (n=318)	2019 (n=306)
Yes	26%	26%	24%	24%	25%	24%

Table 7.2 Overall, how helpful was the ADRC?

	2011-2012 (n=239)	2012 (n=300)	2013 (n=294)	2014 (n=301)	2015 (n=325)	2019 (n=311)
Not at all helpful	10%	7%	8%	6%	6%	9%
Only a little helpful	10%	10%	9%	10%	9%	12%
Somewhat helpful	19%	23%	23%	20%	22%	22%
Very helpful	62%	60%	60%	64%	64%	56%

Note: Those without confusion or memory loss and those who received a home visit rated helpfulness significantly higher than those with confusion or memory loss.

Table 7.3 Would you recommend the ADRC to a friend or family member?

	2011-2012 (n=241)	2012 (n=295)	2013 (n=294)	2014 (n=297)	2015 (n=324)	2019 (n=310)
Yes	92%	90%	89%	92%	93%	88%

Note: OC participants were significantly more likely to say yes than Call Center participants.

Table 7.4 Round 6 Correlations

		Outcomes	All staff	OC staff	Needs	Services	Ease of contact	Overall helpfulness	Needed materials received	Number contacts	Understanding
Outcomes	Correlation	1									
	N	86									
All staff	Correlation	.426**	1								
	N	86	316								
OC staff	Correlation	.559**	.948**	1							
	N	81	148	148							
Needs	Correlation	-.193	-.123*	-.125	1						
	N	77	281	132	316						
Services received	Correlation	.565**	.211*	.264*	.528**	1					
	N	46	117	67	110	121					
Ease of contact	Correlation	.402**	.389**	.363**	-.229**	.180	1				
	N	83	296	138	282	118	319				
ADRC helpfulness	Correlation	.661**	.588**	.581**	-.107	.153	.404**	1			
	N	82	293	138	276	116	308	311			
Received materials	Correlation	.227*	.315**	.381**	-.102	.133	.260**	.259**	1		
	N	83	299	139	303	117	302	295	341		
Number contacts	Correlation	.254*	.237**	.223*	.310**	.352**	.137	.336**	-.005	1	
	N	81	139	131	125	62	142	138	133	142	
Understanding	Correlation	.444**	.399**	.417**	-.129	.193	.318**	.498**	-.100	-.145	1
	N	85	152	144	140	68	145	141	148	138	158

Note: * $p \leq .05$; ** $p \leq .01$. "Understanding" has been recoded so that 1=worse understanding, 2=about the same; 3=better understanding