

# Consumer Satisfaction Survey Results 2013

Oregon State Unit on Aging in partnership with  
Portland State University Institute on Aging



**ADRC**  
Aging and Disability  
Resource Connection  
of OREGON

# ADRC Consumer Satisfaction Executive Summary for 2013

The Aging and Disability Resource Connection of Oregon is a highly visible, trusted statewide network designed to provide information and resources related to aging or living with a disability. The ADRC has trained professional staff who can help seniors, people with disabilities, their families and caregivers with immediate needs or assistance planning for the future. The ADRC of Oregon is a statewide resource for everyone, regardless of income level. With a statewide searchable database, consumers are able to access over 6,000 resources. The ADRC of Oregon received over 60,000 calls in 2013 and over 100,000 website hits.

## About the annual ADRC Consumer Satisfaction Survey

This report describes the third round of consumer satisfaction surveys conducted with users of Aging and Disabilities Resource Connections (ADRC) of Oregon. Led by Portland State University Institute on Aging, telephone surveys were conducted between October and November 2013 and focused on three of the core ADRC functions: 1) information, referral, and awareness; 2) options counseling (OC); and 3) streamlined eligibility determination for public programs. The ADRC Advisory Committee established benchmarks to be used in determining success for many aspects of the program described in this report.

**89% of survey respondents said they would recommend the ADRC to a friend or family member.**

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please visit [ADRCofOregon.org](http://ADRCofOregon.org) or  
call us toll free at 1-855-ORE-ADRC (1-855-673-2372).**

**To view the full report on the ADRC Consumer Satisfaction Survey,  
please visit <http://www.pdx.edu/ioa/recent-publications>.**



### Sample for Round 3

A random sample was drawn from all ADRC call center users who were in contact with the ADRC between September 1 and October 3, 2013. All users of Options Counseling (OC) services between August 1 and October 10, 2013 were also included in the sample. Interviews were conducted by the Portland State University Survey Research Lab over a 13-day period in October 2013. A total of 298 completed interviews comprised of 196 call center users (27% of possible users) and 102 users of Options Counseling services (27% of Options Counseling users). Round 3 had more OC participants by design, accounting for 34% of the Round 3 sample.

The proportion of participants who were women are similar for consumers and family members, though fewer of Round 3 family members were women compared to Round 2. The age range was similar, although it extended into a lower age group for consumers, perhaps reflecting a greater number of adults with disabilities being served by the ADRC. The median educational level for both families and consumers was some college, representing an increase in the educational level for the Round 3 consumer sample. Median income levels remained the same over time, at \$10-20,000 for consumers and \$30-40,000 for family members. The sample remained predominantly White.

Of the 298 participants surveyed in Round 3, 210 were consumers and 88 were family members. One notable difference involves concern about memory loss and confusion. Family members were significantly more likely to express this concern (45%) than consumers (15%). This likely reflects greater levels of impairment present in consumers of services requiring family members to call and/or arrange services on their behalf.

### Recommendations

#### Information, Referral, and Awareness

- Continue efforts to reach potential ADRC consumers using multiple outreach methods. Personal contact appears to be key.
- Continue efforts to assure that callers reach a person when contacting the ADRC or receive a timely response if they reach an automated system or voice mail.
- Consumers and family members feel that ADRC Information & Assistance and OC staff are knowledgeable, but could improve on explaining to consumers how to go about getting help and obtaining services.



## Recommendations (Continued)

### Options Counseling

- Home visits are beneficial to those who receive them and participants feel very comfortable with the staff who come to their homes; OC consumers with home visits are among the most satisfied of ADRC consumers and report the most positive outcomes.
- Explore reasons why the percentage of OC consumers who receive home visits has declined. This may be related to the timing of the survey, but the ADRC may want to monitor this service to ensure that those who wish and could benefit from home visits receive them.
- OC staff are doing a good job of providing decision support, consistently meeting ADRC standards.

### Services

- Consumers and family members are generally quite satisfied with the services they receive. However, fewer participants indicated that they received services than had indicated they had a need. More effort and resources are needed to identify and help consumers who do not qualify for Medicaid yet have limited resources to purchase or obtain services.
- Across all categories of consumers, about one-fourth report they have concerns that have not been addressed by the ADRC. Some concerns could be met with improved customer service, others involve more information and increased availability of services.
- It is critically important to support I&A and OC Staff; positive ratings of staff are associated with participants' understanding of options and their ratings of outcomes such as living where they desire, feeling safe, having needs and preferences met, preserving resources, and ultimately finding the help they need.

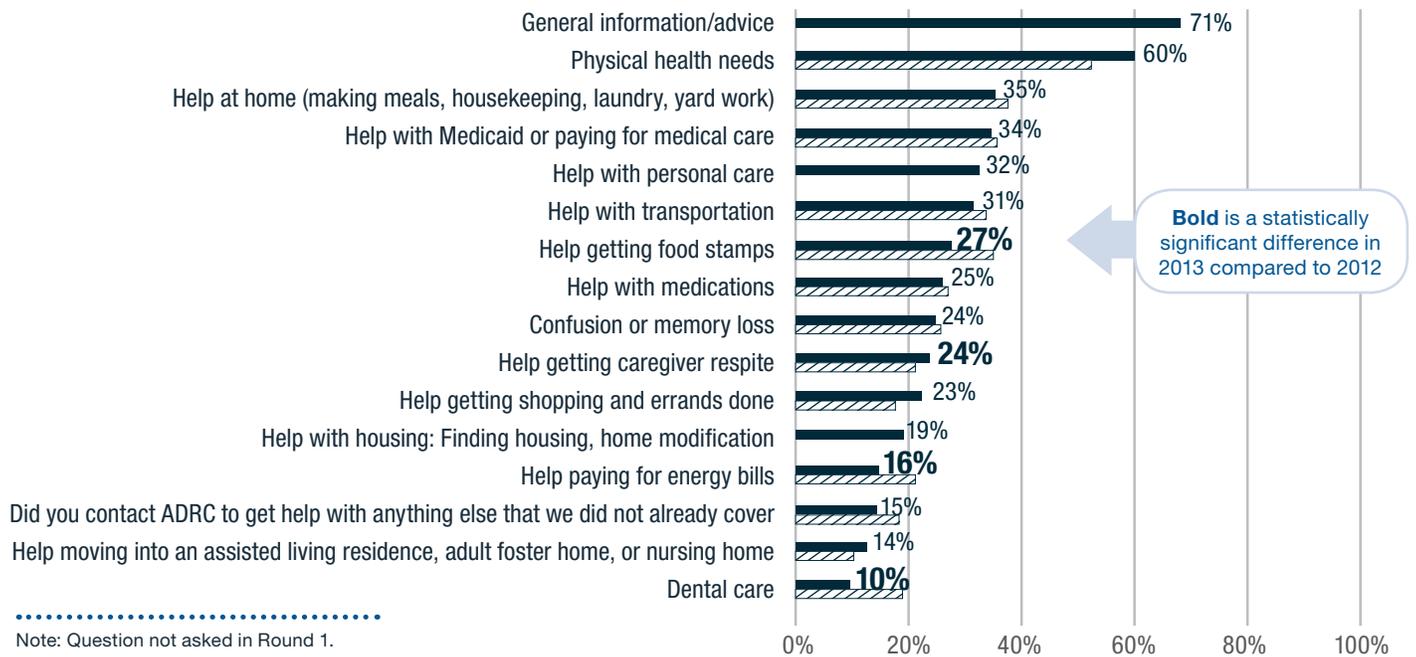
## Pathways to the ADRC

People seek support from the ADRC for multiple needs. The needs described by people in Round 3 followed a similar pattern. Second to the need for general information & advice, were needs related to physical health (60%). With physical health decline come needs for help at home (35%) (e.g., Instrumental activities of daily living such as making meals, housekeeping, laundry, and yard work), help with personal care (e.g., activities of daily living such as bathing, dressing, mobility), and help with transportation (31%). As before, a substantial number also had significant financial need, such as help getting



Medicaid or other help paying for medical care (34%). Consumers were more likely to identify the need for subsidized housing than were family members while family members were more likely to be concerned with moves into assisted living or other residential long-term care settings.

## Graph 1: Reason for Contacting the ADRC



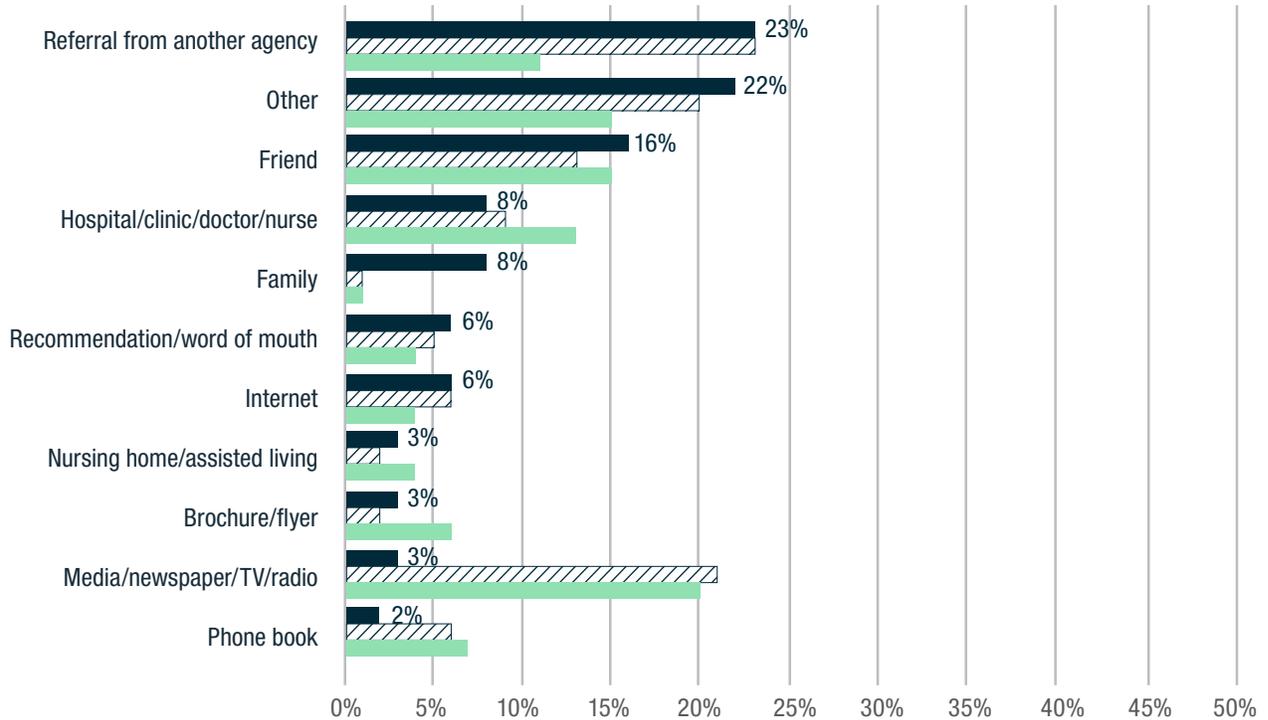
## Learning about and contacting the ADRC

Pathways to the ADRC were similar in Rounds 2 and 3. Referrals from another agency was the most frequently mentioned way for learning about the ADRC. Information from friends followed. Medical staff, family, word of mouth, and the Internet were mentioned by between 6% and 8% each year. Pathways used least were brochures, fliers, phonebooks and the media. A sizeable number, about 9% each year, indicated that they did not know how they had learned about the ADRC. About one fifth of participants listed other ways of learning about the ADRC. Most of these “other” responses fell into the categories mentioned above, although several reported family conflict and possible abuse as reasons for the call. Information from the media has declined from 20% in Round 1 to 3% or less in the more recent surveys.

In 2013, participants were asked the best way the ADRC could provide them information. Nearly half (47%) indicated that personal contact was the best way. Written materials such as brochures and fliers (14%) and mailings (14%) also had some proponents. Very few indicated that the Internet, presentations at social events, or the media would be best.

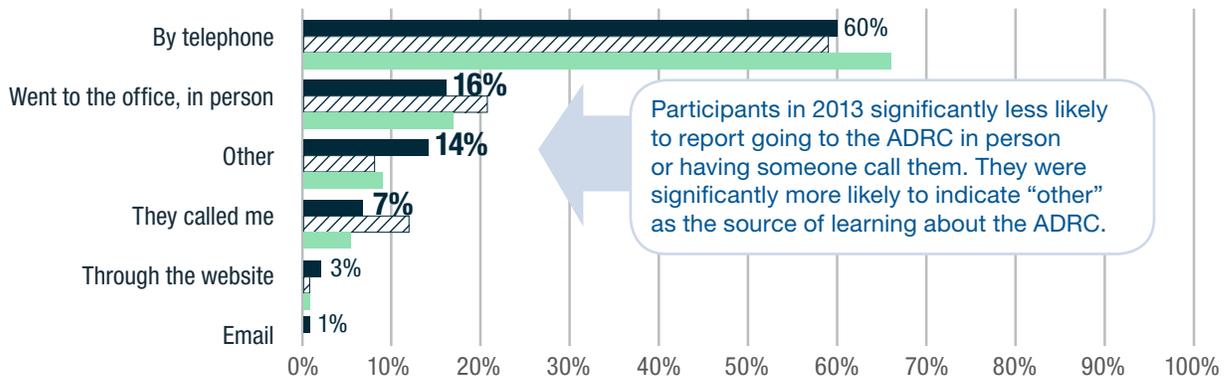


## Graph 2: How did you first learn about the ADRC?



Well over half of participants in all three rounds reported their initial contact with the ADRC was by telephone. Significantly fewer participants in 2013 went to the ADRC building as their first contact, although this was similar to the percentage of participants in Round 1. It appears that many of these participants first came in contact with the ADRC through a representative visiting their homes or facilities, referrals from family or friends, or printed materials such as business cards and mailings. Some were introduced to the services as a result of a health concern or hospitalization. Social workers and other public workers also played a role in promoting the ADRC. The website continues to have low levels of use among those interviewed.

## Graph 3: How did you first come into contact with the ADRC?



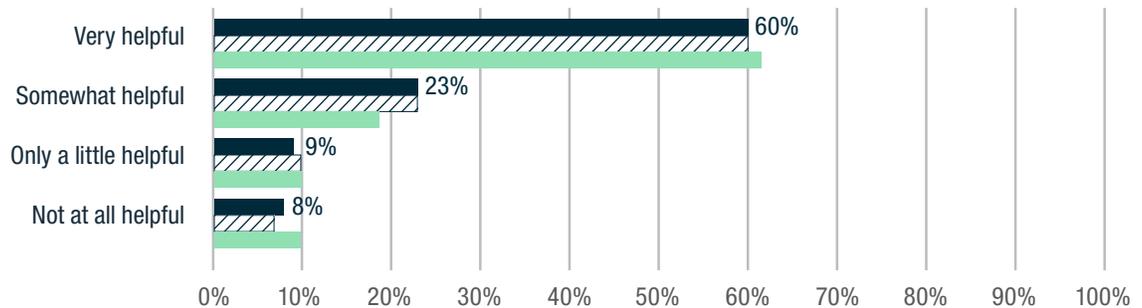
Participants in 2013 significantly less likely to report going to the ADRC in person or having someone call them. They were significantly more likely to indicate "other" as the source of learning about the ADRC.



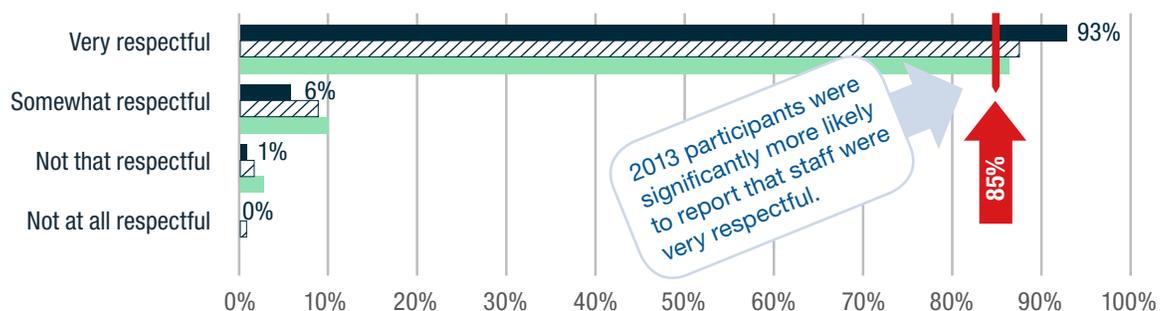
## Overall ADRC Experience

Well over half of participants rated the ADRC as very helpful and another 23% rated it as somewhat helpful; 8%, reported that the ADRC had not been at all helpful. These numbers are virtually the same as they were for Round 2. An important aspect of consumer satisfaction involves willingness to recommend the ADRC to others; 89% participants said they would. When these two overall satisfaction measures are combined, we found overall satisfaction with the ADRC was significantly correlated with better understanding of the service system; staff characteristics such as being respectful, knowledgeable, supporting consumer decisions; positive outcomes, ease of contacting the ADRC if needed, and receiving the information needed. Overall satisfaction was not associated with the amount of need, services received, or amount of contact with the ADRC.

### Graph 4: Overall how helpful was the ADRC?

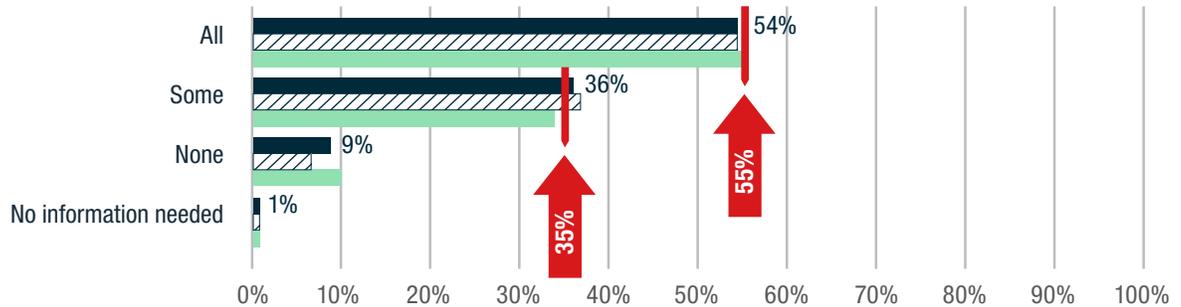


### Graph 5: How respectful was the person with whom you worked with the most?



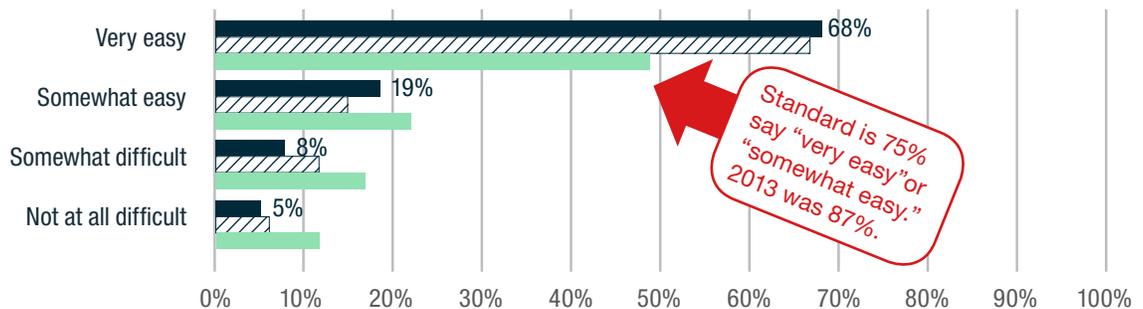


**Graph 6: When you first contacted the ADRC, did you receive none, some or all the information you needed?**



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. Significant differences in responses are noted for consumers and family members, with consumers more likely to report receiving all of the needed information.

**Graph 7: If you needed to contact the ADRC, how easy would that be?**



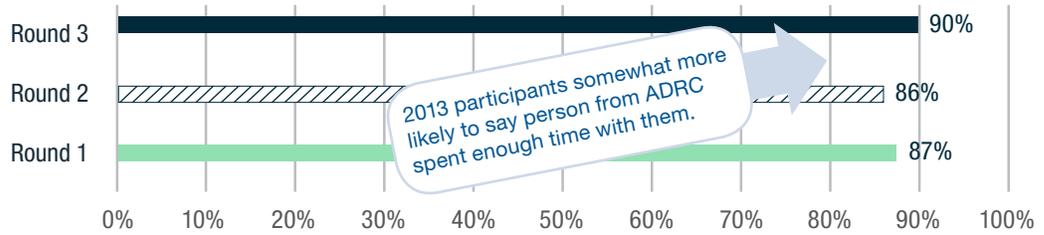
Standard is 75% say “very easy” or “somewhat easy.” 2013 was 87%.

## Information and Referral/Assistance

We were interested in 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. The overwhelming majority of participants continue to report that the staff person they talked with had spent enough time with them, with the percentage increasing from Round 2 to Round 3.

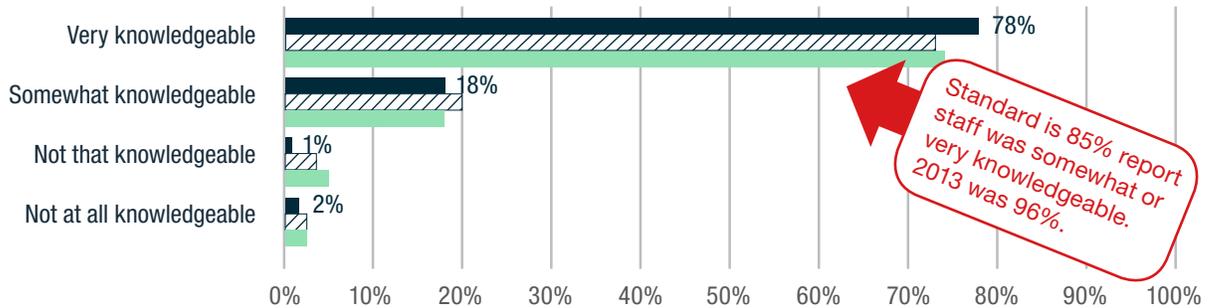


## Graph 8: Did the person at the ADRC spend enough time with you?



Virtually all participants indicated the person they talked with was very knowledgeable (78%) or somewhat knowledgeable (18%), easily meeting the benchmark of 85% overall. Although not statistically significant, this continues to be a positive trend.

## Graph 9: How knowledgeable was this person about helpful resources and services?



As in previous years, the ADRC fell short of its standard that 85% would report staff as good or excellent in explaining how to get help or information. Nineteen percent rated staff poor or fair in this area. Still, over half of 2013 participants rated staff as excellent in their explanations, an increase over previous years.

## Graph 10: How would you rate this person on explaining how to get the help or information you needed?



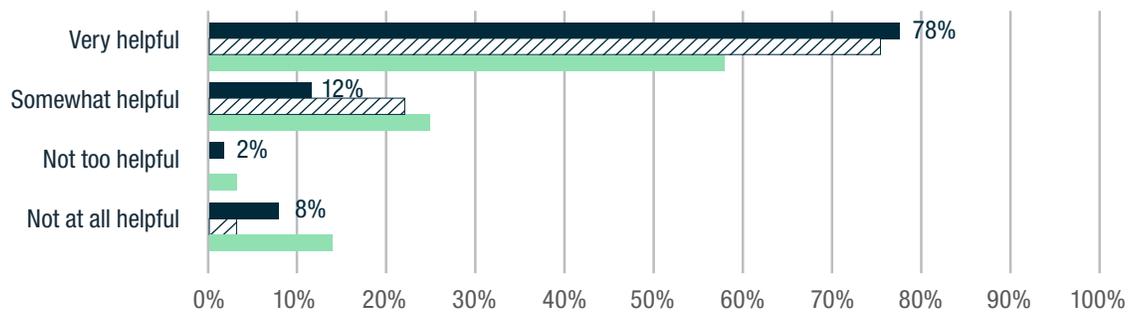


## Options Counseling (OC)

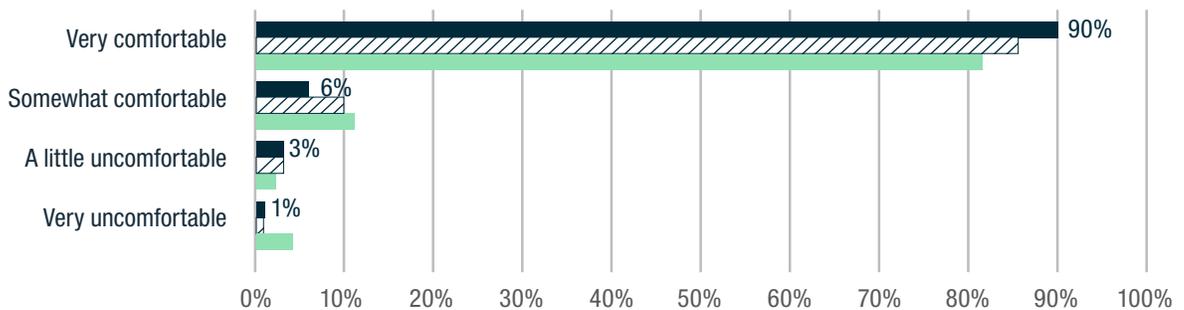
OC consumers were asked a more extensive list of questions specific to that service than those who used the Call Center only. The number of people receiving OC services continues to increase and is reflected in our ability to recruit more OC consumers to participate in the Round 3 survey.

The percentages of participants reporting a home visit were similar in Rounds 2 and 3 (40%). As in previous surveys, 2013 participants who received home visits found them valuable. About two-thirds said they were very helpful, another 22% found them somewhat helpful; 10% found them not too helpful or not at all helpful, similar to Round 2 responses. Participants almost uniformly (90%) reported feeling very comfortable with the person who did the home visit.

**Graph 11: How helpful was meeting together with the person from the ADRC?**



**Graph 12: How comfortable did you feel with the person who came to your home?**



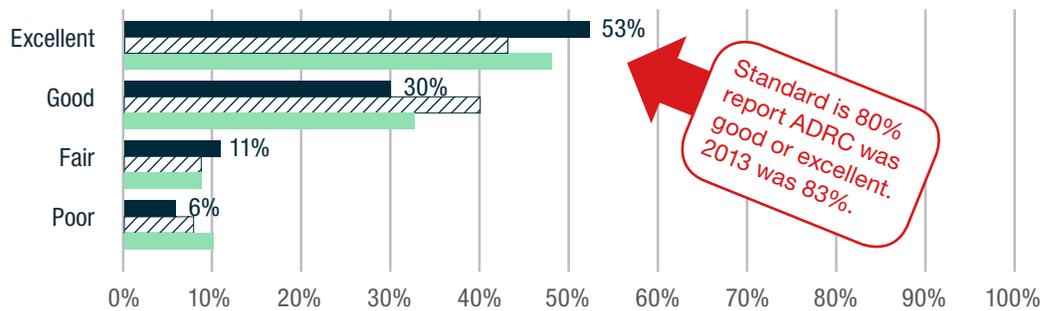


An important finding is that the majority of participants reported that the person who visited them in their homes identified an additional need and the participants agreed with the staff's assessment. Over 75% reported that meeting with their families and the person from the ADRC had been very helpful.

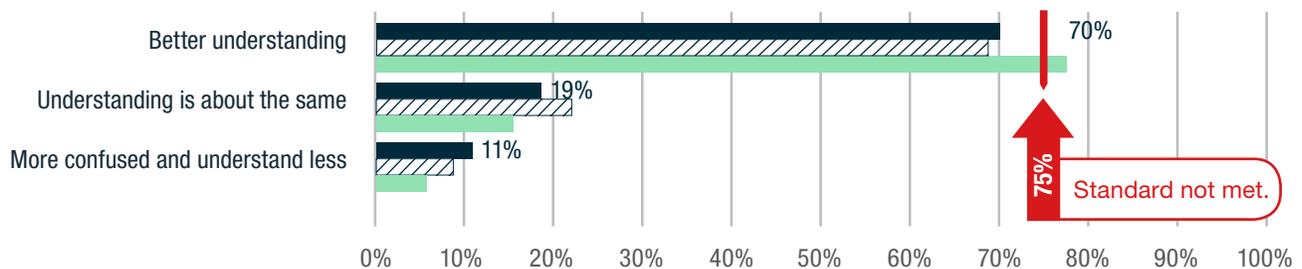
## Decision Support

The ability to make informed decisions is contingent on understanding the service system and available choices. Furthermore, decision support includes assistance in exploring those choices, and receiving support for the choices made once the options have been considered. Participants were generally positive about assistance received in understanding the service system; more than half of participants rated the ADRC person as excellent in this regard and another 30% rated them as good, thus meeting the ADRC benchmark. At the same time, 17% rated them as fair or poor, a consistent percentage over the years.

**Graph 13: How would you rate this person on helping you understand the service system?**



**Graph 14: Compared to your understanding about available options before you contacted the ADRC, what is your understanding now?**



# Legend



Round 1: 2011-12



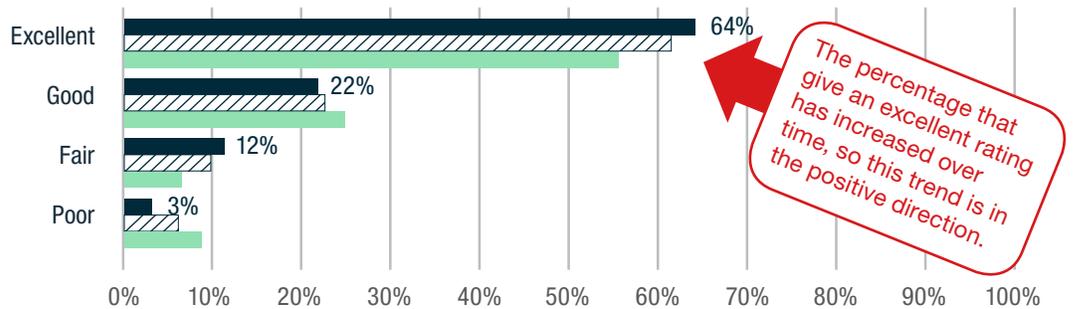
Round 2: 2012



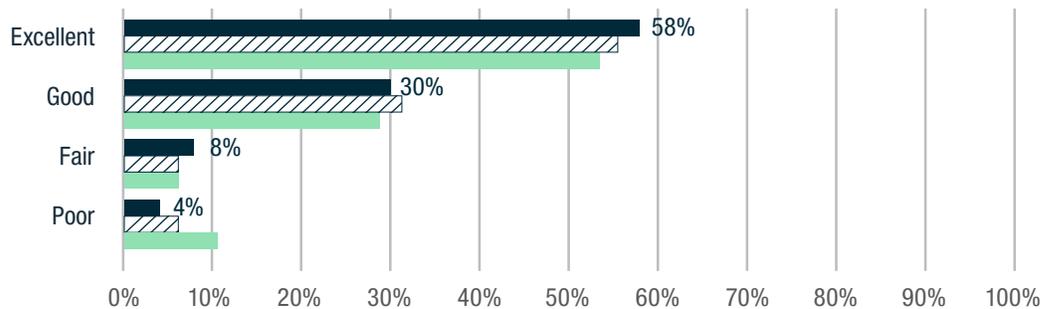
Round 3: 2013

The benchmark that 80% of participants would rate the person from the ADRC as good or excellent in helping them to explore choices has been met consistently, with the percentages of those giving the rating of “excellent” increasing each year. At the same time, 15% continue to provide poor or fair ratings, similar to previous years.

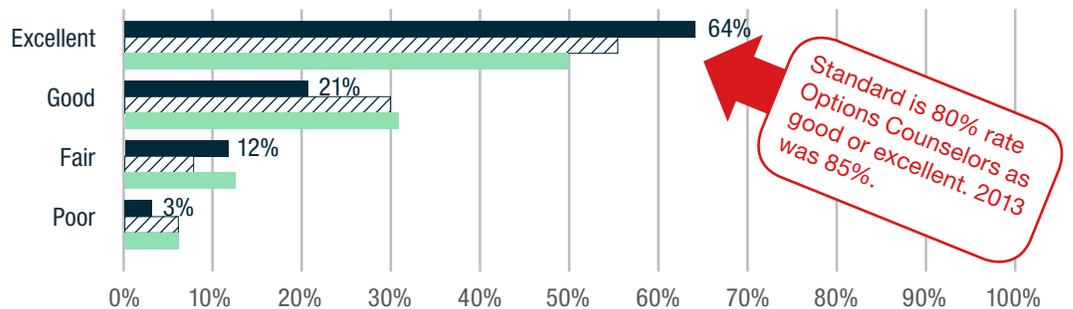
**Graph 15: How would you rate this person in helping you explore choices available to you?**



**Graph 16: How good of a job did this person do considering your opinions, likes and dislikes before recommending services?**



**Graph 17: How would you rate this person in supporting your decisions?**

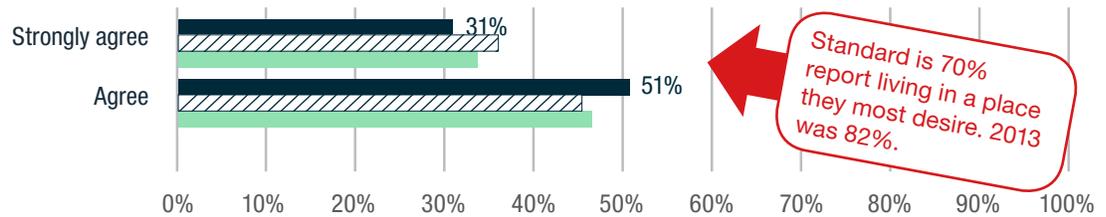




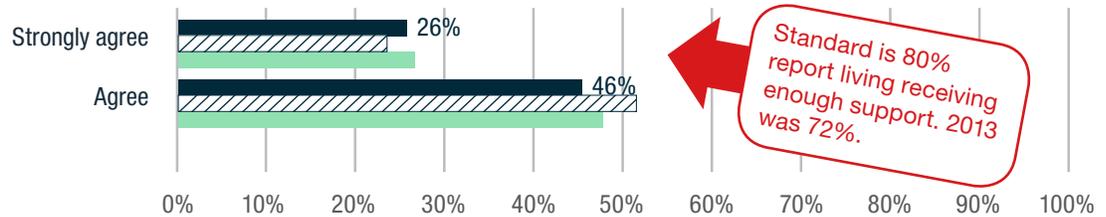
## Outcomes Perceived by OC Consumers

Several indicators of positive outcomes were identified, although no statistically significant changes were identified between Rounds 2 and 3. Overall, these measures indicate that the ADRC is meeting its goals of supporting people in the least restrictive environment.

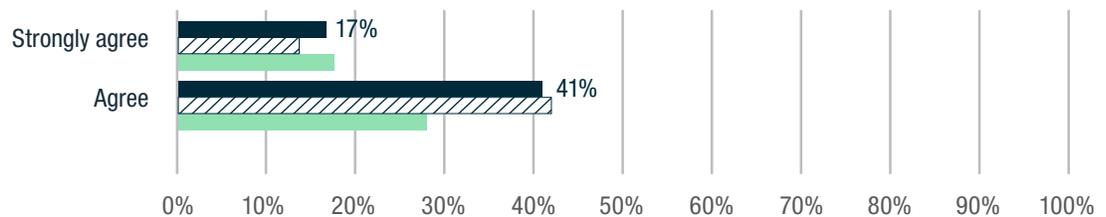
### Graph 18: The services or information have allowed me to live in the place I most desire.



### Graph 19: I am receiving enough support to meet my needs and preferences.



### Graph 20: The services or information received have allowed me to expand or maintain activities outside of my home.





Round 1: 2011-12

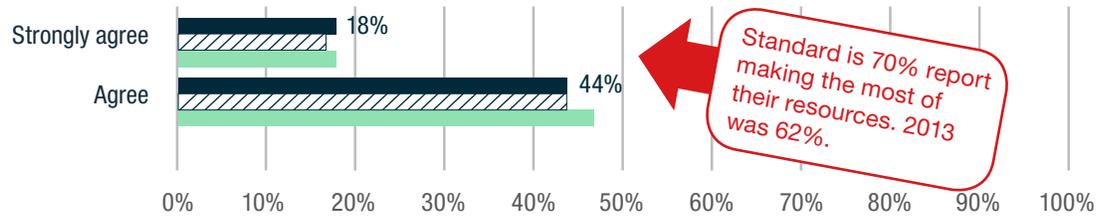


Round 2: 2012



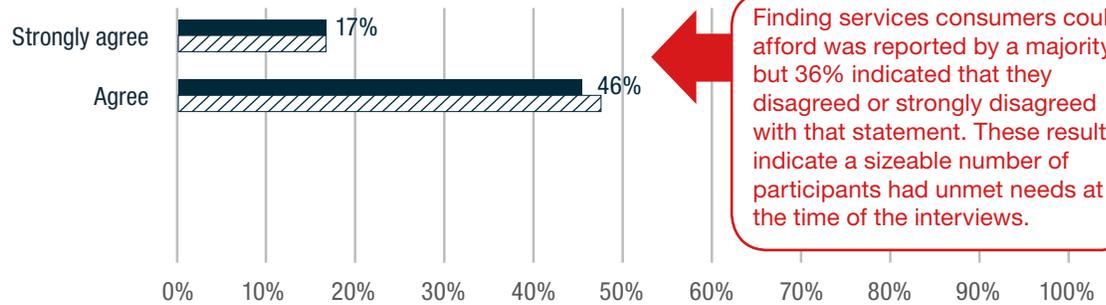
Round 3: 2013

**Graph 21: The services or information received have helped make the most of personal money and resources.**



Standard is 70% report making the most of their resources. 2013 was 62%.

**Graph 22: I was eventually able to find help that I could afford.**



Finding services consumers could afford was reported by a majority, but 36% indicated that they disagreed or strongly disagreed with that statement. These results indicate a sizeable number of participants had unmet needs at the time of the interviews.

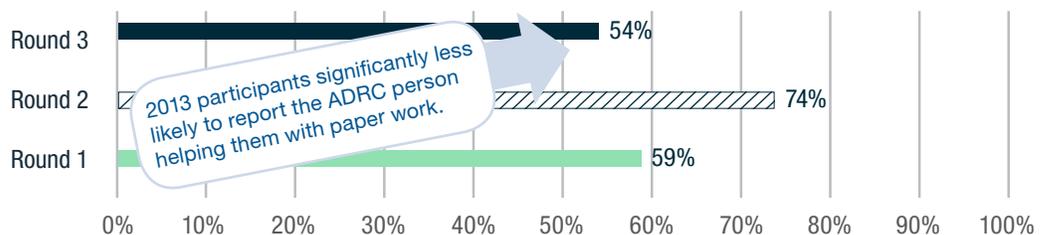




## Public Programs & Assistance

As in previous years, many fewer participants (33%) reported receiving services than reported needing assistance, although more needs identified were positively correlated with the number of services received. OC consumers with home visits were most likely to receive services. The average number of services received was 2.5; two-thirds received two or more services. Just over half (54%) reported that the ADRC helped them with paper work. The service received most (55%) was help getting benefits and financial assistance. This was followed by access to information about other benefits, transportation, information about managing health, and meals (home delivered or at meal sites). Most participants indicated that services were received in a timely manner. With the exception of receiving a call back from the ADRC, standards for timeliness of services were achieved. One trend to watch, however, is that 2013 participants were significantly less likely to report services being arranged promptly for meals services, assistance with benefits, and financial assistance. These are among the major reasons people contact the ADRC and typically represent people who have immediate and urgent needs. Ratings of helpfulness were high, remaining the same or improving from Round 2 to Round 3. At the same time, 24% reported that they had concerns that the ADRC had not addressed, which is consistent with previous years.

**Graph 23: Did the person from the ADRC help you complete paperwork needed to get services or benefits?**



# ADRC

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