

Kenosha County
Division of Aging & Disability Services

and



2012 Needs Assessment
Summary

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BACKGROUND AND FOCUS



The Kenosha County Division of Aging and Disability Services (DADS) completed an analysis of unmet needs and service gaps, or a needs assessment, in the spring of 2012 prompted by:

- A state requirement that our Aging & Disability Resource Center (ADRC) Board monitors long term care service needs and identifies service gaps.
- Preparation of the county's 2013-2015 Aging Plan that must identify and address the needs of older adults in our community.

Our analysis focused on older adults and adults with physical or developmental disabilities. A concurrent needs assessment was conducted by the Hispanic Outreach Committee to help DADS and the Healthy People-Mental Health Committee identify the needs and barriers to service for Hispanic adults, including mental health and substance abuse issues.

ACKNOWLEDGEMENT



The following staff at the ADRC provided support for the survey design, distribution and initial tabulation: LaVerne Jaros, Director; Carolyn Feldt, Manager; Helen Sampson, Quality Specialist; and Interns Corey Falasz and Tami Jandrowski.

The ADRC Board and the Commission on Aging provided valuable input which enhanced the efficacy of survey design and distribution.

The Hispanic Outreach Committee is also acknowledged for the development of the Hispanic Needs Assessment survey and its distribution. Nancy Retana, Intern at the Kenosha County Division of Health Services was instrumental in providing survey tabulation.

Steven T. Branca, AICP CNU-A, Interim Community, Natural Resource and Economic Development Educator for the Kenosha County University of Wisconsin Extension provided support for the survey design and served as facilitator for the focus groups.

Support for tabulation and analysis was provided by Dr. Wayne Luther Thompson, Ph.D., Director of the Carthage College Office for Research and Evaluation Services (CORES) in consultation with the ADRC and Lisa Yttri, ADRC Intern.

METHODOLOGY



Community feedback was solicited and received through four distinct efforts.

- **Unmet Needs Report:** On an ongoing basis, Information and Assistance staff of the Kenosha County Aging & Disability Resource Center (ADRC) record “unmet needs” identified during any contact with a caller. Unmet needs are defined as a need for which there is currently no program to assist, or a need for which there is only an inadequate resource and tracked on an aggregate basis through the client database.

- **Focus Groups:** In February and March, 2012, four listening sessions took place, facilitated with the staff from the ADRC and the Kenosha County University of Wisconsin Extension. Sessions sought input from professionals and other community advocates about the availability and accessibility of services, concerns faced by persons with disabilities and older adults and suggestions for improvement of the long term care programs.
- **Hispanic Survey:** During April and May, 2012, a total of 38 surveys were given to Spanish-speaking adults on a one-to-one-basis by members of the Hispanic Outreach Committee. Upon return, data was collated by an intern with the Division of Health. Questions focused on the needs for and barriers to services.
- **Consumer Surveys:** Between February and April, 2012 a total of 2,057 surveys were distributed throughout the county to all target populations using a variety of distribution strategies and venues. 457 surveys were returned (22% return rate).

Age	Total number of survey responses by age	% of responses by age
< 29	18	3.9%
30-49	25	5.5%
50-64	97	21.2%
65-79	157	34.4%
80 +	114	24.9%
Age Unspecified	46	10.1%
Total	457	100%

30.2% (138) of responders self identified as Long Term Care Program (Family Care, IRIS, and Partnership) participants. Unfortunately, Partnership program representation among survey respondents was only .7% (1 respondent) and not statistically relevant. It is important to remember that participants in the Long Term Care Waiver programs are receiving Medicaid and have met a nursing home level of care. Consequently, it may be inferred that this population has higher needs than the general target population.

Program	Total number of survey responses by program	% of responses by program
Partnership	1	.7%
IRIS	49	35.5%
Family Care	88	63.8%
Total	138	100%

Survey data reflects the responses to two questions:

- *What services or supports do you wish were more available than they are now?*
It is important to note that “services or supports” was not predefined for respondents and may represent a wide range of interpretations. For example, daytime recreation could mean anything from bowling leagues to adult day care.
- *In your opinion, what are the three biggest issues or concerns that you are facing?*

The survey data is arranged by subsets of age and Long Term Care Waiver Program participation for each of the service categories.

Reading the Tables

All tables have a consistent format. **The first column** lists groupings of respondent characteristic (i.e. age or program participation). **The second column** is the number of people who responded to the question by each characteristic group. **The third column** is the number of *all* survey respondents by characteristic group. **The fourth column** provides a percentage of people within each characteristic group who responded to the question. For example, *32% of people age 30-49 who responded to the survey, wish that transportation was more available.* **The fifth column** provides the percentage of characteristics groups for the specific question only. For example, *of the people who responded that they wish transportation was more available, 8.2% were age 30-49.*

SERVICE NEEDS AND CONCERNS



TRANSPORTATION

Transportation was by far the greatest service need identified through our assessment methods. The consumer survey provided the following insights.

- **All respondents:** 21% of all respondents identified transportation as the “services or supports you wish were more available.”
- **Respondents by age:** Most significantly, 32% of all respondents age 30-49, identified transportation as a service they wish was “more available.” Of the individuals who identified transportation as a service they wish was “more available,” the largest percentage by age group was 65-79 (30%) followed by 50-64 (25%).
- **Respondents by Long Term Care Program:** 24% or almost one out of four of the Long Term Care Program respondents wished that transportation resources were more available. Of the Long Term Care Program participants who identified transportation as a service they wish was “more available,” the largest percentage by program was Family Care (64%) which is consistent with this population’s proportional representation in the survey.

Respondents by age wishing Transportation was “more available”				
Age	Number of responses for “more available” Transportation	Total number of survey respondents by age	% within age group	% of question respondents
< 29	1	18	5.6%	1%
30-49	8	25	32.0%	8.2%
50-64	24	97	24.7%	25%
65-79	29	157	18.5%	29.9%
80 +	22	114	19.3%	22.7%
Age Unspecified	13	46	28.3%	13.4%
Total	97	457	21.2%	100%

Respondents by Long Term Care program wishing Transportation was “more available”				
Program	Number of responses for “more available” Transportation	Total number of survey responses by program	% within program group	% of question respondents
IRIS	12	49	24.5%	36.4%
Family Care	21	88	23.9%	63.6%
Total	33	137	21.2%	100%

The need for transportation was also identified in the Hispanic survey and in the focus groups.

- **Hispanic survey:** 14 out of 38 (37%) respondents to the Hispanic survey cited transportation as their primary need.
- **Focus groups:** consistently identified the lack of sufficient transportation as the most concerning among service inadequacies. They also specific issues such as discontinuation of Saturday service; lack of coverage for the whole county; lack of options that will cross county lines; problems related to advance notice (every outing must be pre-planned); problems with LogistiCare and lack of personalization (i.e. drivers won't come to the door and if you're blind, you can't see them arrive).
- **Unmet Needs Report:** Interestingly, transportation is the *least* indicated in the ADRC unmet needs report. This may be because transportation concerns coming through the ADRC are being addressed by Information & Assistance staff's knowledge of community resources and advocacy efforts.

A public hearing was held on November 15, 2012 regarding the impact of reduced grant funding for Western Kenosha County Transit in 2013. A summary of the comments and concerns is included here to augment the understanding of needs for local transit users.

Many riders were concerned about how they would get to medical appointments, pharmacies and grocery stores. Audience members indicated that the Western Transit bus is their only means of transportation because owning a car is too expensive or a disability prevents them from being able to drive. Many western county residents responded that they take the Western Transit bus to Wal-Mart in Lake Geneva or Antioch for shopping and prescriptions. With the reduction of fixed-route service and increased fares on door-to-door service, most riders said that they could not afford to use the door-to-door because their incomes are limited. Western Kenosha County Transit will schedule group trips to Lake Geneva, Antioch and Burlington based on ridership patterns and demand. However, not all needs will be able to be met via this method.

DAYTIME RECREATION

Daytime recreation was the second service need identified through our assessment methods. The consumer survey provided the following insights.

- **All respondents:** 12.5% of all respondents identified daytime recreation as the “services or supports you wish were more available.”
- **Respondents by age:** 24% of all respondents age 30-49, identified daytime recreation as a service they wish was “more available.” Of the individuals who identified daytime recreation as a service they wish was “more available,” the largest percentage by age group was 50-64 (38.6%) followed by 65-79 (26.3%).
- **Respondents by disability:** 31.6% of all respondents who self identified as disabled, desire more available daytime recreation. Of the individuals who identified daytime recreation as a service they wish was “more available,” the largest percentage by disability group was physically disabled (39%). It should be noted that there may be duplication of respondents between age and disability.
- **Respondents by residence:** Of the individuals who identified daytime recreation as a service they wish was “more available,” the highest percentage live in Kenosha (73%) and half of those individuals live near Lake Michigan in the 53140 zip code area.

- **Respondents by Long Term Care Program:** 14.6% of all respondents in a Long Term Care program identified daytime recreation as a service they wish was “more available.” Of the individuals who identified daytime recreation as a service they wish was “more available”, the largest percentage by program was Family Care (55%). However, proportionally IRIS participants represent 35.5% of the total Long Term Care Program survey responders and this group comprises 45% of the question responders. This may indicate that IRIS participants have a greater desire for daytime recreation than Family Care participants.

Respondents by age wishing Daytime Recreation was “more available”				
Age	Number of responses for “more available” Daytime Recreation	Total number of survey responses by age	% within age group	% of question respondents
< 29	4	18	22.2 %	7%
30-49	6	25	24.0%	10.5%
50-64	22	97	22.7%	38.6%
65-79	15	157	9.6%	26.3%
80 +	3	114	2.6%	5.3%
Age Unspecified	7	46	15.2%	12.3%
Total	57	457	12.5%	100%

Long Term Care program participants wishing Daytime Recreation was “more available”				
Program	Number of responses for “more available” Daytime Recreation	Total number of survey responses by program	% within program group	% of question respondents
IRIS	9	49	18.4%	45%
Family Care	11	88	12.5%	55%
Total	20	137	12.5%	100%

Other indicators of the need for daytime recreation:

- **Focus Groups:** The need for Adult Day Care and Sheltered Workshops was identified during all the focus groups.
- **Unmet Need** “Day Services” also appears as an in ongoing client tracking of unmet needs, although with a comparatively low frequency. Again this may reflect the ADRC’s ability to address the need through Information & Assistance staff’s knowledge of community resources.

AFFORDABLE HOUSEKEEPING

Affordable housekeeping was the third service need identified through our assessment methods. The consumer survey provided the following insights.

- **All respondents:** 11.6% of all respondents identified affordable housekeeping as the “services or supports you wish were more available.” 11% of all respondents also identified problems with daily living as one of the biggest issues or concern they are facing.
- **Respondents by age:** 16.5% of all respondents age 50-64 identified affordable housekeeping as a service they wish was “more available.” Of the individuals who identified affordable

housekeeping as a service they wish was “more available”, the largest percentage by age group was 65-79 (32.1%) followed by 50-64 (30.2%).

- **Long Term Care Program** – 8% of all Long Term Care Program participants responding to the survey desired more affordable housekeeping. Family Care participants represented 63.6% of this population (consistent with proportion of responders in Family Care).

Respondents by age wishing affordable housekeeping was “more available”				
Age	Number of responses for “more available” Affordable Housekeeping	Total number of survey responses by age	% within age group	% of question respondents
< 29	1	18	5.6%	1.8%
30-49	2	25	8.0%	3.8%
50-64	16	97	16.5%	30.2%
65-79	17	157	10.8%	32.1%
80 +	10	114	8.8%	18.9%
Age Unspecified	7	46	15.2%	13.2%
Total	53	457	11.6%	100%

Long Term Care program participants wishing affordable housekeeping was “more available”				
Program	Number of responses for “more available” Affordable Housekeeping	Total number of survey responses by program	% within program group	% of question respondents
IRIS	4	49	8.2%	36%
Family Care	7	88	8.0%	63.6%
Total	11	137	11.6%	100%

- **Focus Groups:** The need for affordable housekeeping was also affirmed by the feedback during all of the focus groups.
- **Unmet Needs Report:** Funding for homemaker services is the highest among twelve other services identified.

MEDICAL SERVICES AND HEALTH CONCERNS

Medical service was the fourth service need identified through our assessment methods.

- **All respondents:** 11.2% of all respondents identified medical services as the “services or supports you wish were more available”.
 - 23% of all respondents identified health concerns as the biggest issue or concern they are facing including “affordable medical care,” “being able to see doctor due to medical cost,” and “health problems. One survey comment was especially descriptive relative to health care stressors: “*Have had 3 surgeries in 2 months now my good foot is bad.*”

- 51% of general survey respondents were hospitalized at least once in the past year. Of those 53% indicated some difficulty upon discharge including medications (24%), falls or safety (14%), follow up with their doctor (14%), understanding how to manage their medical condition (15%), and difficulty finding needed services (13%).
 - 3.7% of survey respondents identified social and emotional health as one of their biggest issues. Specific comments speak to this concern: “Continuing to be part of community as I age,” “depression,” “facing the future,” “lack of affordable mental health care for spouse,” and “caregiver stress.”
- **Respondents by age:** 22.2% of all respondents < 29 and 21.6% age 50-64 identified medical services as a service they wish was “more available.” Of the individuals who identified medical services as a service they wish was “more available,” the largest percentage by age group was 50-64 (41.2%) followed by 65-79 (27.5%).
 - **Respondents by Long Term Care Program:** 17.5% of all Long Term Care Program participants responding to the survey desired more available medical services. Family Care participants represented 67% of this population (slightly above proportion of responders in Family Care).

Respondents by age indicating desire for medical services to be “more available”				
Age	Number of responses for “more available” Medical Care	Total number of survey responses by age	% within age group	% of question respondents
< 29	4	18	22.2%	7.8%
30-49	2	25	8.0%	3.9%
50-64	21	97	21.6%	41.2%
65-79	14	157	8.9%	27.5%
80 +	8	114	7.0%	15.7%
Age Unspecified	2	46	4.3%	3.9%
Total	51	457	11.2%	100%

Long Term Care program participants wanting medical services to be “more available”				
Program	Number of responses for “more available” Medical Care	Total number of survey responses by program	% within program group	% of question respondents
IRIS	8	49	16.3%	33%
Family Care	16	88	18.2%	67%
Total	24	137	11.2%	100%

Other indicators of the need for medical services:

- **Hispanic survey:** Medical care was among the top three concerns of the majority (66%) of Hispanic survey respondents. Access to medical care is exacerbated for Hispanic persons by language barriers and ineligibility of some for Medicaid.
- **Focus Groups:** Comments identified a number of inadequacies in health care delivery including medication management, health care for people who are applying for disability, geriatric mental health (specifically depression for consumers and caregivers), dementia specialist, nutritional education, alternative health services (i.e. acupuncture and in-home foot care), geriatricians and post hospital care.

- **Unmet Needs Report:** Access to health care consistently ranks among the most reported issue in the ADRC’s ongoing tracking and reflects specific concerns including dental care, access to prescriptions and medication management, psychiatric care, and medical equipment.

FINANCIAL CONCERNS

- **Consumer Survey:** 19% of survey respondents identified financial concerns as the biggest issue or concern they are facing.
- **Hispanic Survey:** The survey of Hispanic individuals identified food and housing, among the largest problems.
- **Unmet Needs Report:** Three percent of all unmet needs reporting for the past year relate to financial needs including basic food, clothing, and utilities or funding for services.
- **Focus group:** Participants consistently reported that with cuts in Medicaid more people are forgoing medical care, drugs, and supplies. Economic constraints also deter consumers from seeking specialized care which may not be covered by Medicare or Medicaid. Other concerns included out-of-pocket health care expenses and inability to afford assisted living if ineligible for public funding.

OTHER ISSUES



LEARNING ABOUT PROGRAMS AND FINDING SERVICES

- The focus groups identified that both consumers and service providers/agencies have difficulty in accessing information in an easy, understandable way that addresses their needs. Chief concerns were that the consumer was unaware of the information available, and that that information was often difficult to understand. Specific concerns include the need for improved signage (‘finding us’), need for more face-to-face consultation (especially for hearing and speech impaired), making the service directory more user-friendly and having more resource information available in Spanish.
- We asked in both the general and Hispanic surveys how people learned about services or events. General consumer survey respondents identified The Kenosha News (19%), followed by surface mail (17%), television (12%), weekly free papers (11%), radio (7%) and church (6%) as their preferences for learning about programs and services. Hispanic residents identified newspapers and church as the most utilized sources of information.
- 20% of general consumer survey respondents reported some difficulty (from a little to a lot) in getting assistance for themselves or a relative. Of those respondents, 14% didn’t know who to contact or where to go.

COORDINATION AMONG AGENCIES

- There are many agencies, programs, and service providers that support older and disabled people in Kenosha County. The focus groups reported a lack of coordination and consistency as a source of inefficiency. Some of the problems cited relate to technology, differing eligibility requirements, poor communication among staff, differences in response times, and excessive

paperwork requirements. Most of the issues with the Long Term Care Waiver Programs had to do with lack of coordination among agencies.

LONG TERM CARE PROGRAMS (FAMILY CARE, PARTNERSHIP AND IRIS)

Benefits

The following feedback was elicited from the general consumer survey which asked specifically of program participants “*If you participate in one of the programs above, how has this program helped you or your relative?*”

Participants indicated the greatest benefits of their respective programs are:

- “I can live more safely” (32%)
- “I don’t have to rely on my family as much” (21%)
- “I don’t have to move” (20%)
- “I can participate in things I like to do” (18%)

Satisfaction

The survey also asked “*How satisfied are you overall with the services received?*” 66% of respondents were “Very Satisfied” with services and 23% “Somewhat satisfied.”

Concerns

Individual aging service professionals and advocates who participated in the focus groups had some very specific concerns about the long term care waiver programs, primarily involving system and coordination issues.

- Can’t change the functional screen after it is submitted – moving from Family Care to IRIS
- Better communication between the State and providers (especially during holidays when offices are closed)
- Prior authorization needs to be processed more efficiently (people change HMO’s, requires new paperwork, leads to delay in services, lose funding for a month, consumers aren’t aware of issues)
- Providers can’t talk to Economic Support because they are not the consumer
- There are a lot of managed care entities, each with their own requirements
- HMO appeal processes are all different
- Remove the referral loops – call here, call there, referred back to here
- Asset limits are way too low
- Need to improve reimbursement rates; member per month rates too low
- Perception that services going to some people who can otherwise afford private care.

HOW THIS REPORT WILL BE USED



This report is being shared with the oversight committees of the Division of Aging and Disability Services and with state and local policy makers so they may be aware of reported needs of older adults and persons with disabilities in Kenosha County in their advocacy and decision making. It will also be used by the Division to guide its program and community planning and grant seeking.