Division of Aging Services (DAS)
State Plan on Aging & Community Care Services Program (CCSP)
Waiver Renewal 2007:
Public Data Gathering

DAS Public Input KSU Report 3-13-07
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Division of Aging Services (DAS) State Plan on Aging & Community Care Services Program (CCSP) Waiver Renewal 2007: Public Data Gathering

Executive Summary

- In order to prepare for the planning processes for the State Plan on Aging and the Community Care Services Program (CCSP) waiver renewal, the Division of Aging Services (DAS), Department of Human Resources (DHR), engaged in a project of collecting data from the public. The primary objective of the data collection project was to ascertain the level of knowledge of, as well as use and barriers to use of, programs and services offered by DAS among constituent groups. In addition the process seeks to obtain suggestions from constituents for necessary changes and ideas for new initiatives.
- This report presents data derived from discussions at public hearings, follow-up questionnaires distributed at the public meetings, focus groups of clients, caregivers and providers involved in CCSP, a web-based survey of CCSP providers, a web-based survey of service providers with the twelve regional Area Agencies on Aging (AAA), and a mail survey from representatives of nursing and personal care homes.
- Samples from which data are taken for this report are not random. Data collection had not previously been attempted for several of the samples taken.
- Dominant themes from the public hearings were transportation, the need to publicize services, and the need to reach more seniors. Other concerns expressed included:
    - Gaps in service, especially related to food programs, dental and vision care.
    - Lack of funding for programs at senior centers.
    - Need for communication with the senior population that is more user friendly and understandable, especially for those with limited vision, reading and English language capabilities.
    - Lack of knowledge about available programs. Public hearing participants were likely to indicate that while they knew of programs, others in the community were not as aware of what was available and/or misunderstood the services.
- Overall focus group participants indicated that service delivery to individuals in the CCSP program is very personal for both the consumers and the care coordinators. Satisfaction levels with these services are extremely high and virtually all participants said that they were both essential and life changing.
- Nursing home and personal care home respondents are most aware of services which are presented to them within their facilities. Respondents identify services related to individualized assistance as those with which they are most familiar. They understand the roles of the Ombudsman as an advocate to resolve individual problems or issues more than they do as a source for information or education or as a representative of the facility or group. They are less aware of information that is only accessible outside the facility. They are also more aware of the

programs and services offered by the Long-Term Care Ombudsman Program (LTCOP) than they are of services and programs offered by GeorgiaCares or by Elderly Legal Assistance Program (ELAP).

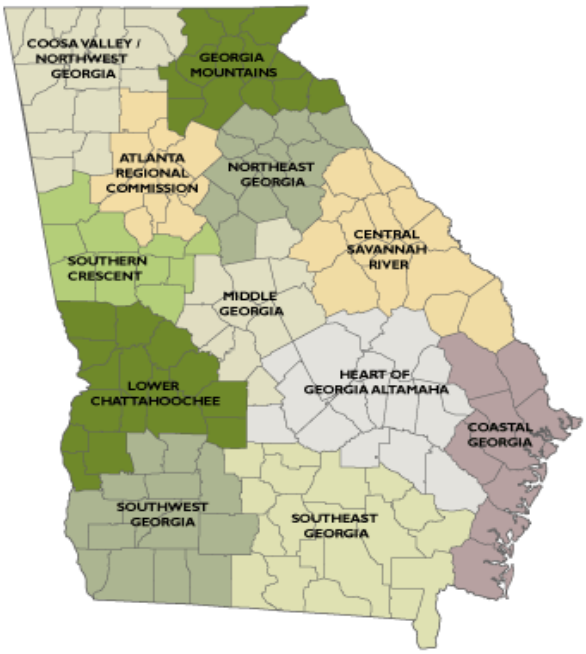
- Responses from service providers to the AAA web-based survey reflected specific concerns about transportation and prescription drug assistance. Interagency communication and paperwork were of moderate concern. Respondents were overwhelmingly satisfied with their interactions with other agencies and DAS. Over 87 percent indicate that they are either "very satisfied" or "somewhat satisfied" with DAS staff responsiveness, and perceptions of communication between the AAAs and various other service providers and organizations achieved a mean (average) of at least 3.3 on a 1-4 scale. Although respondents seemed to feel that communication among agencies was good, communication and education were issues of concern when dealing with clients and the public. Service providers who responded to the web-based survey are using a variety of methods to educate and inform their clients, but still see this as a significant problem.
- CCSP providers were also surveyed using a web-based survey. Although CCSP had a total of 419 providers in 2006, only 67 responses were received, which represents a 16% response rate. Overall, responses to the CCSP provider web survey indicate that respondents are actively collaborating with other agencies and providing a wide range of services. Internally, staff training and compensation are a problem for many of the respondents. On the services side, transportation is a serious issue for these respondents, especially non-emergency transportation (such as to the grocery store, bank, volunteer opportunities, etc.). Overall they work well with other agencies and are satisfied with state CCSP staff services. It is interesting to note that current established collaborative arrangements do not limit their need for more collaborative arrangements in the same areas.
- Some issues of concern cut across all samples of respondents and in all venues. The most significant problems when considering the responses of all respondents are:
    - Transportation
    - Caregiver support
    - Service quality in some instances, especially for home-delivered personal support services that include personal care, support, and respite services
    - Lack of knowledge of available services
    - Lack of access to services
    - Limited range of services
    - Weak connections to other populations and programs within the community

DAS State Plan & CCSP Waiver Renewal 2007: Public Data Gathering

Introduction and Purpose

The State Unit on Aging (SUA), which administers funds under the Older Americans Act (OAA), is required to submit to the Assistant Secretary for Aging a plan for distribution of funds and allocation of resources. The State of Georgia's current plan, which covered years from 2004-2007, is currently being revised for subsequent years, 2008-2011. In order to prepare for the planning process, the Division of Aging Services (DAS), Department of Human Resources (DHR), engaged in a project of collection of data from the public. The primary objective of the data collection project is to ascertain the level of constituent knowledge about programs and services provided through DAS, use and barriers to use of those programs and services, as well as to obtain suggestions for necessary changes and ideas for new initiatives from constituents. The project will provide data relevant to DAS planning for the State Plan on Aging due August 1, 2007, and for renewal application for the Federal Medicaid waiver which expires September 30, 2007, with the renewal due October 1, 2007. Target populations included the following: citizens who are over age 60; pre-senior citizens age 50-60; disabled persons who are eligible for services; family members and other caregivers who assist senior or disabled persons; professional providers of services to seniors and the disabled; other consumers of services offered by DAS; nursing facility or personal care home residents, and the state's regional Area Agencies on Aging (AAAs). Figure A displays the locations of the twelve AAAs within the state of Georgia.

Figure A
Georgia's Area Agencies on Aging



In order to reach its diverse client groups, DAS contracted Kennesaw State University (KSU) A.L. Burruss Institute of Public Service and Georgia State University (GSU) Andrew Young School of Policy Studies Georgia Health Policy Center (GHPC) to collect data using a variety of methods. Each of the data collection methods outlined in Table 1 (below) was utilized to target specific populations or to get a more statistically representative estimate for a larger population. As noted in the previous section, target populations include some relatively small groups, such as clients of particular programs as well as some much larger populations, such as Georgia residents over 50 years of age. The range of data collection methods was tailored to each group.

Table 1
Methods of Data Collection for Constituent Groups

Constituent group	**Method**	**Type of data**	**Comment on method**	**Organization responsible for data collection**
Community Care Services Program (CCSP) Clients	CCSP Telephone Survey	Quantitative	Provide randomization/ generalization from sample for large constituent group	Georgia State University Georgia Health Policy Center
General population of pre-seniors (50-60)	Telephone Survey	Quantitative	Provide randomization/generalization from sample for large constituent group	Georgia State University Georgia Health Policy Center
Personal Care Home Residents	Personal Interview	Qualitative	Target residents with particular interests	Georgia State University Georgia Health Policy Center
Interested public within AAA/PSA	Public Hearing	Qualitative	Target residents with particular interests	Kennesaw State University A.L. Burruss Institute of Public Service

INTERESTED PUBLIC WITHIN AAA/PSA	FOLLOW-UP QUESTIONNAIRE AFTER PUBLIC HEARINGS	QUANTITATIVE AND QUALITATIVE	TARGET RESIDENTS WITH PARTICULAR INTERESTS	KENNESAW STATE UNIVERSITY A.L. BURRUSS INSTITUTE OF PUBLIC SERVICE
Community Care Services Program (CCSP) Clients	Focus Group	Qualitative	Target small population of clients of particular program	Kennesaw State University A.L. Burruss Institute of Public Service
Community Care Services Program (CCSP) Clients	Focus Group Follow-Up Questionnaire	Quantitative	Target small population of clients of particular program	Kennesaw State University A.L. Burruss Institute of Public Service
Nursing facility resident representatives	Mail/Fax Survey	Quantitative and qualitative	Target representatives within nursing facilities	Kennesaw State University A.L. Burruss Institute of Public Service
Community Care Services Program (CCSP) providers	Web-Based Survey	Quantitative and Qualitative	Target provider agencies	Kennesaw State University A.L. Burruss Institute of Public Service
AAA providers	Web-Based Survey	Quantitative and qualitative	Target professionals working within a specific geographic area on a variety of programs	Kennesaw State University A.L. Burruss Institute of Public Service

For the populations from which KSU derived information, it was sometimes difficult to determine those individuals who make up the consumer population. In other cases there was some concern that consumers might not be physically able to provide information on their services or the programs which are available to or used by them. Information had never before been solicited from nursing facilities and personal care

home populations in Georgia and a comprehensive mailing or telephone survey of residents was not feasible. As is noted in the sections that follow, methods for reaching samples of undefined populations targeted by DAS were developed during the project. These samples are not statistically reliable as estimates of the population as a whole. Voluntary attendance at public meetings also does not produce a random sample. Focus group participants had to be drawn from those consumers who were physically able to attend the meetings, and able to answer questions about their services. Therefore each section will briefly discuss methods for drawing the sample and describe respondents/ participants.

This report will cover each of the sections completed by Kennesaw State University. The report will be presented in sections as noted below:

Table 2
Report Sections

Executive Summary
Introduction and Purpose
Brief Summary Of Literature
Public Hearing Discussion Notes
Public Hearing Follow-Up Questionnaires
Focus Group (CCSP Clients, Providers, Caregivers) Discussions and Questionnaires
Nursing Facility Mail Survey
AAA Service Providers Web-Based Survey Results
CCSP Provider Agencies Web-Based Survey Results
Overall Conclusions
Recommendations

Brief Summary of Literature

The Division of Aging Services (DAS) has completed a number of reports in recent years to ascertain the needs of its clients and efficacy of programs and services. These reports include the following:

REPORT	DATE	PURPOSE OF REPORT
State Plan on Aging 2004-2007	September 2003	Provide required assurances of service and planning for compliance with the Older Americans Act (OAA) and describe values, resources, goals and strategies for efficacious use of state and federal resources
Community Care Services Program Annual Reports	Annual, January	Comply with the provisions set by the Community Care and Services for the Elderly Act (Georgia) to: assist functionally impaired elderly persons in living dignified and reasonably independent lives in their homes or with their families or caregivers through the development, expansion and coordination of various community-based services; to establish a continuum of care for such elderly persons age 60 and older in the least restrictive environment suitable to their needs; to maximize use of existing community social and health services to prevent unnecessary placement of individuals in long-term care facilities; and to develop innovative approaches to program management, staff training, and service delivery that result in cost avoidance, cost effectiveness and program efficiency
Just the Facts	Fiscal year annual	Provide information to the public and to public officials on the status of the aging population of the state of Georgia

These reports indicate that Georgia's elderly and aging population places it as the state with the tenth-fastest growing population of those aged 60 or over, increasing by 76% during the ten years from 2000-2010 to a total of almost 1.6 million persons. Especially dramatic is the percentage of state population 85 and over which will increase by 261% over the same period. With one of the youngest populations among the 50

states[1], Georgia will have to face a shift in policy orientation toward its rapidly aging population. In the years from 2000 to 2004, population estimates of median age in the state rose from 33.4 to 33.8 years and the total percentage of the state population 65 or over reached 9.6%.

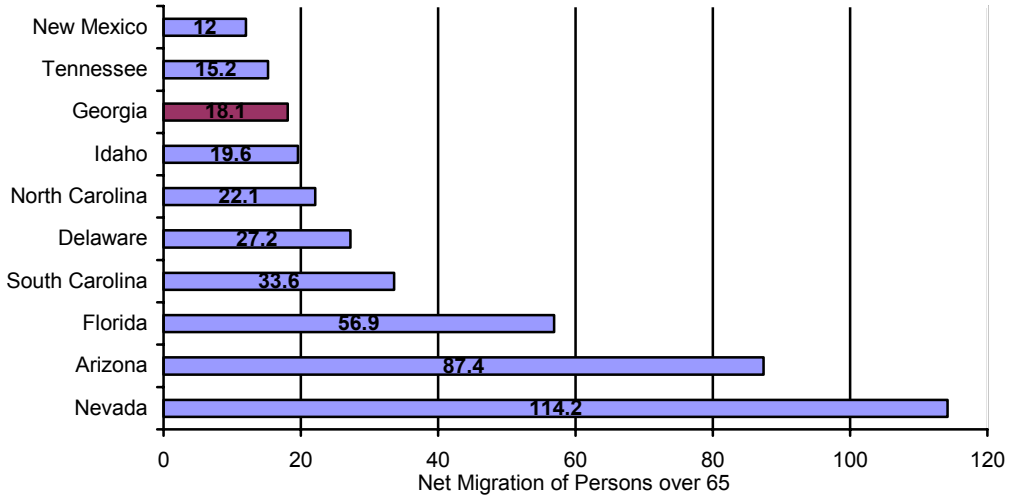
Looking further into the future, Georgia is expected to be among the states with the largest population of older and elderly residents. Figure B illustrates population projections through 2020 for persons aged 65 and older.

Figure B
States with Projections of Over 100% Increase in Population Over 65 by 2020[2]

Population estimates reflect overall changes in the population, but do not always explain why segments of the population grow at differing rates. Of course, the population of Georgia, like that of the rest of the nation is aging. However, there are other explanations for the change in the proportion of the state that is aged over 65. Figure C shows that Georgia is eighth among all fifty states in net migration of persons over 65[3]. The Census expresses net migration as the net number of persons migrating per 1,000 persons in the state. Therefore, the rate of 18.1 for the state is a gain, due to migration, of 18.1 persons aged 65 and older for every 1,000 persons.

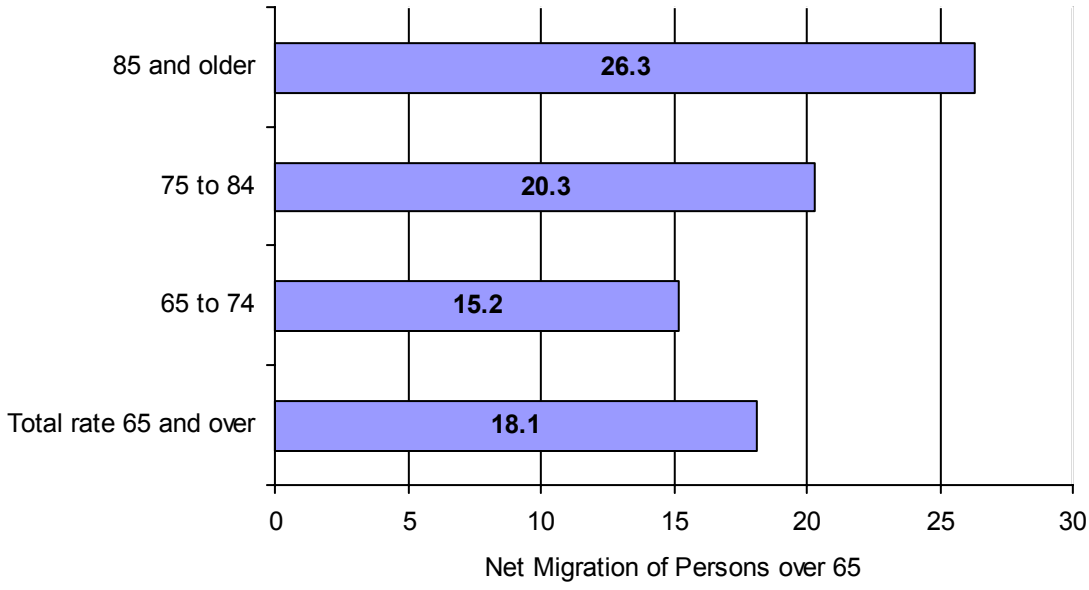
[1] Georgia ranks 48th on population age among the 50 states and the District of Columbia according to the 2005 Census population estimates (http://factfinder.census.gov/servlet/GRTTable?_bm=y&-geo_id=01000US&-_box_head_nbr=R0101&-ds_name=ACS_2005_EST_G00_&-format=US-30).
[2] National Association of State Units on Aging, 2003 "The Aging State Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks," http://www.chronicdisease.org/aging_states_project.pdf.
[3] US Department of Commerce, "Internal Migration of the Older Population: 1995-2000" Census 2000 Special Reports, http://www.census.gov/prod/2003pubs/cenr-10.pdf.

Figure C
States With Highest Net Migration of Population Aged 65 and Over, 1995-2000



Georgia's net migration rates for segments of the senior population are presented in the figure below. This indicates that the fastest growing segment is the oldest of the senior population. These data are particularly noteworthy in that they represent an addition to the aging population already residing within state borders.

Figure D
Net Migration for Senior Populations in Georgia, 1995-2000 by Age Category



Georgia, like many of its southern neighbors, has experienced not only an aging of its population, but an influx of older residents who have chosen the state as a retirement destination. Southern states overall are experiencing an increase in population,

and many have similar demographic changes related to older and aging in-migrants. Florida, South Carolina, North Carolina, and Tennessee are among the most popular southern states for retired, active seniors. Georgia offers a variety of incentives to retirees, including relatively lower taxes, moderate climate and affordable cost of living rates. These figures represent not only the retirement of the baby boomer generation, but a shift in the dependency ratio of working residents and retired residents of the state.

Despite this shift, DHR and DAS do not lag behind programs offered by other states in the south. The state has collaborated with other states on the Aging States Project. In addition, Georgia has empowered Adult Protective Services (APS) within DAS to address issues and incidents of abuse, neglect or exploitation of elder state residents or disabled persons over the age of 18. This program had previously been housed within the Department of Family and Children Services (DFCS) for 20 years within DHR, but was moved to DAS in 2004 to focus its efforts more on the populations it serves. This is one method by which state officials are preparing for the demographic shift to an older population. DAS also continuously reviews programs and services to plan for needs and demands of the populations that it services. To that end, during the fall of 2006, DAS set out a comprehensive plan to receive feedback from consumers of their services and programs.

Public hearings are annually held by the state's AAAs. The next section of this report provides information collected in collaboration with AAA annually scheduled public hearings on issues of concern for consumers of services and programs offered by the Division of Aging Services.

Compilation of 2006 DAS Public Hearings Comments on Access, Wellness, Family Caregiving, Elder Rights

Each of the twelve Area Agencies on Aging (AAAs) held a public hearing in accordance with requirements of the State of Georgia, Division of Aging Services (DAS). Public hearing dates and times were set by the respective AAAs to coordinate with other activities and programs. Table 3 provides information on time and location for each of the AAA public hearings.

Table 3
Public Hearing Locations and Times

Georgia Mountains/Legacy Link AAA Civic Center 830 Green Street Gainesville, Georgia 30501 October 10, 2006 10:00 am -12:00 pm	Coastal Georgia AAA Coastal Georgia Community College 3700 Altama Avenue Brunswick, Georgia 31521 October 26, 2006 10:00 am – 12:00 pm
Heart of Georgia/Altamaha AAA Dubose Porter Center Heart of Georgia Technical College 560 Pinehill Road Dublin, Georgia 31021 October 24, 2006 10:00 am - 12:00 pm	Lower Chattahoochee AAA Gallops Senior Center 1212 15th Street Columbus, Georgia 31902 November 16, 2006 9:45 am -11:30 am
Northwest Georgia AAA Paulding County Senior Center 54 Industrial Way Dallas, Georgia 30132 October 12, 2006 10:00 am -12:00 pm	Middle Georgia AAA Wellston Center 155 Maple Street Warner Robins, Georgia October 19, 2006 10:00 am -12:00 pm
Northeast Georgia AAA Newton County Senior Center 6183 Turner Lake Complex Covington, Georgia 30014 November 15, 2006 10:00 am – 12:00 pm	Southern Crescent AAA Coweta County Fairgrounds 275 Pine Road Newnan, Georgia 30263 October 11, 2006 1:00 pm - 3:00 pm
Southwest Georgia AAA Senior Center 311 Pine Avenue Albany, Georgia 31701 November 6, 2006 1:00 pm – 2:30 pm	Central Savannah River AAA McDuffie County Leisure Services Center 304 Greenway Street Thomson, Georgia 30824 November 13, 2006 10:00 am – 12:00 pm
Southeast Georgia AAA Southeast Georgia Regional Development Center 1725 South Georgia Parkway Waycross Georgia 31503 October 27, 2006 10:00 am - 12:00 pm	Atlanta Regional Commission AAA Helene S. Mills Multipurpose Center 515 John Wesley Dobbs Avenue Atlanta Georgia 30303 November 8, 2006 3:00 pm – 5:00 pm

A tally of attendance was kept for each public hearing. Attendees were asked to sign in upon entering the meeting. Age cohort demographics were recorded as illustrated in Table 4.

Table 4
Public Hearing Sign-In Tallies By Location

Location	Under 59	60 or Over	Age Not Indicated	Total Attendees
Coastal Georgia AAA	15	59	0	74
Southeast Georgia AAA	27	28	12	67
Middle Georgia AAA	21	159	10	190
Georgia Mountains/Legacy Link AAA	15	29	1	45
Heart Of Georgia/Altamaha AAA	51	69	0	120
Central Savannah River AAA	10	42	0	52
Northwest Georgia AAA	0	0	33	33
Southern Crescent AAA	22	56	0	78
Southwest Georgia AAA	23	57	1	81
Northeast Georgia AAA	9	44	4	57
Lower Chattahoochee AAA	23	5	4	32
Atlanta Regional AAA	28	34	4	66
Total Signed In At All Locations	244	582	69	895

The agenda for each of the public hearings followed a standard format as is displayed below in Table 5. Each AAA presented information related to services and expenditures, but in a variety of formats, from formal slide presentations or panel discussions, to informal discussions with handout sheets. Following the AAA presentation, discussion proceeded according to the agenda. In some instances, AAA staff or other professional providers answered questions posed by the attendees.

Table 5
Public Hearing Standard Agenda

Public Hearing Agenda

1. Call to order
   Introduction of DAS And KSU Personnel (10 Minutes)
   Overview of agenda
2. AAA presentation (30 Minutes)
3. Areas of emphasis discussions (40 Minutes Total/10 Minutes Per Topic)
   Access: How can we be sure that older people have access to the health care and support that they need?
   Wellness: What are the problems and how can we increase the number of older people who stay active?
   Family caregiving: How can families be supported in their efforts to take care of their loved ones at home and in the community?
   Elder rights: How can we increase the access to programs that protect rights and prevent abuse, neglect and exploitation of older people?
4. Individual comments: Verbal comments (3 minutes per person)
   Written comments – Please use color coded sheets
5. Adjourn

During the first two public hearings (Georgia Mountains/Legacy Link and Southern Crescent) the four questions presented in the agenda were structured into small group discussions, followed by group reports to the large group. Because of logistical problems in moving participants around the room, the remaining hearings were conducted in large group format allowing all participants to remain in their original seats and respond through microphones to the large group to each of four questions in turn:

1. How can we be sure that older people have access to the health care and support that they need?
2. What are the problems and how can we increase the number of older people who stay active and healthy?
3. How can families be supported in their efforts to care for their loved ones at home and in the community?
4. How can we increase the access to programs that protect rights and prevent abuse, neglect and exploitation for older people?

Attendees who wished to make comments in written format were invited to do so by writing comments on the back of color coded sheets on which each question had been printed. For example, the first question was printed on purple paper and comments on that question were included on the back of the purple sheet. The color coding system allowed attendees to have each question printed in large font and facilitated categorization of written comments for this report. All written comments are included in the appendix of this report, sorted by location and question.

The public hearings produced a great deal of information. In order to present that quantity of information, general themes are listed in this section of the report. Brief notes are presented below for each of the four questions, by location of each public hearing. Detailed notes for each of the locations and questions are provided in the appendix of this report. A section summary of the major themes is presented at the beginning of each section, along with some noteworthy quotes from participants. For each of the four questions, a short summary of issues raised is provided for each of the AAAs. For example, in the first section below, brief notes on the comments made regarding access to health care and support are presented for each of the 12 AAAs. This is followed by a summary paragraph of overall findings for that question. Responses to the follow-up questionnaires, which were completed by attendees of the public hearings, will be presented in a separate section.

Overall Findings from All Public Hearings Comments

The public hearings focused attention on many issues, but transportation and communication about available services were the primary concerns. These two cut across all of the topics covered in the four questions. In some instances education about programs was noted especially for those individuals who are homebound. Respondents were particularly concerned about those elderly who do not come to the public hearings or know about the programs that are available. Respite care, food services, waiting lists and lack of responsiveness by provider agencies were also cross-cutting issues.

Respondents also offered some cross-cutting solutions. The increased use of volunteers was promoted by many respondents, as was the integration of information at church gatherings or the use of pharmacies, grocery stores, medical offices, or other places frequented by seniors. Education of a variety of professionals was suggested including probate judges, legislators and physicians.

The following quote is a dramatic reminder of the diversity among the population served by DAS and a clarion call for paying serious attention to the point of view of the client:

- ”I came home with a permanent tracheotomy from the hospital after14 days. I had life changing surgery. The whole system was talking about caregivers. All of a sudden they knew more than I did about my needs. I wanted to get well. No one asked me what I could do. All they cared about was my support system. No one cared about what I could do. They need to reassess how we evaluate older people. Some are healthy with increasing needs. But for me, one day I had a nurse walk me to the hospital, and then I experienced life changing events…. You need to redesign the continuum; first ask a person what she is capable of doing, what skills she has. All of a sudden I did not have a brain. I am 64 years old, had been active and busy, and all of a sudden I was treated like I did not have a brain.”

Similarly, not all older adults can get out and walk:

- “The doctor told me not to walk. I depend on others. Some of us cannot walk. Armchair exercises would be great, but we need to learn from someone.”

- Also, there is great income diversity among older adults across the state:

- “There is a problem of income requirements, with only those below a certain income level being eligible for services. Others in the middle cannot afford the services.”

- “When you are too rich to be poor but too poor to be rich, you can’t get any help. I am living in my own home and can’t get help. They need a new scale to determine eligibility.”

Across the state, public hearing participants expressed strong concerns about the need for better, more reliable and more affordable transportation:

- "Without affordable transportation, Seniors have problems with banking and other business as well as buying groceries. In years past, seniors were taken shopping at such stores as Wal-Mart and Kmart. This allowed them to buy gifts for loved ones and clothes and other goods for themselves. Many have friends in nursing homes and hospitals they want (to) visit, but they do not have a way to get there."

As the public hearings were concluding, participants were asked to complete questionnaires to provide additional information. Responses to those questionnaires are presented in the next section.

Question 1: How can we be sure that older people have access to the health care and support that they need?

Question Summary

Overall transportation, the need to better publicize services and programs and the need to reach more seniors were the dominant themes among all public hearings held by the AAAs. Several AAAs also had comments about service gaps, especially related to food programs, dental and vision care. There were multiple comments on lack of funding for programs at the senior centers. Communication to the senior population needs to be more user friendly and understandable to those with limited vision, reading and English language capabilities.

Multiple comments focused on building on established programs that work, but are not available to all, such as the Senior Companion Program (SCP) that operates successfully in several locations in Georgia but is dependent on continued grants from the Corporation for National and Community Service, limited state support, and local fundraising activities. The SCP provides the benefits of volunteering to companions aged 60 and over who meet low income guidelines, respite for families, friendship and non-medical care for adults aged 21 and over, and likely avoidance of institutionalization of frail and disabled adults. Limitations to access are created by limited funding, long waiting lists, narrow eligibility requirements as well as by lack of information about programs. Access to programs is particularly acute in areas where individuals live in isolated, rural areas where no transportation is available.

Some noteworthy quotes on access to health care and support by participants at the public hearings include:

- **"**Medicaid transportation does not bring people inside. The quality of drivers is poor; there are no background checks. We need a policy for training and monitoring of drivers (some use cell phones; one senior had a seizure and the driver did not pull over; loud music rattles older folks). Irregular transportation is routine."

- "For profit transportation providers cannot operate as economically as not-for-profit providers. Transportation funding needs to be returned to the AAA who used to provide the little bus."

- "The center actually helped to save my life after I got out of the hospital for depression."

- "There is not enough room some of the time because of the overcrowded conditions. We need more facilities and more opportunity for recreation."

- "Our parents are depending on us. The rule to count income of all living in the home is not fair. The family will deplete their own resources."

- "In the rural areas, some cannot read, or may not get a weekly paper. Use churches, civic organizations, laundromats, doctor's offices, pharmacies, libraries, social events, waiting rooms at hospitals, DFCS offices. Go out and speak; put notices out. Isolated people don't hear about the services. Leave packets of information where people come in for other services."

  Detailed information from each of the public hearings follows.

Georgia Mountains/Legacy Link (Gainesville, Oct 10)
Central issues on ensuring access to health care and support:

- Provide multiple sources of information to let older adults know about services
- Provide community training so that community members can provide assistance with services and have greater understanding of problems
- Become more proactive about informing the public of what is offered
- Publicize priorities of Georgia Council on Aging
- Address problems related to costs, health insurance, transportation (especially in rural areas) and isolation of the aging population

Southern Crescent (Newnan, Oct 11)
Central issues on ensuring access to health care and support:

- Develop a system of face-to-face assessments of elders
- Establish support groups, for example, for grandparents raising grandchildren
- Help with prescription medicines
- Provide home delivery of medications
- Educate on Medicare Part D plans
- Provide presentations in the community
- Advocate for funding with local government

Northwest/Coosa Valley (Dallas, Oct 12)
Central issues on ensuring access to health care and support:

- Provide more senior centers, but overcrowding limits the availability of this opportunity
- Publicize available services
- Improve transportation
- Provide food resources/food bank

Middle Georgia (Warner Robins, Oct 19)
Central issues on ensuring access to health care and support:

- Provide a better system of transportation
- Advertise services
- Train professionals (physicians, pharmacists) so that they know about available services
- Provide funding for a larger facility and promote exercise programs
- Provide more funding for home modification

Heart of Georgia (Dublin, Oct 24)
Central issues on ensuring access to health care and support:

- Encourage programs of neighbors helping neighbors, such as for transportation
- Publicize programs and services
- Develop telemedicine programs
- Provide easier access to mental health services
- Reduce long waiting lists for services
- Fund the Senior Companion Program in all counties. This is a volunteer service initiative in which seniors aged 60 and older who meet low income guidelines provide assistance, friendship, visits, and nonmedical care for adults aged 21 and over, as well as respite care for family members.
- Educate people about what senior centers are and how they can help with health promotion

Coastal (Brunswick, Oct 26)
Central issues on ensuring access to health care and support:

- Provide transportation to medical services
- Acquire more funding for multipurpose centers
- Provide better services for food
- Provide dental care
- Provide family caregiver support
- Educate the public about services that are available
- Advocate with legislators for more funding
- Provide funding for grantwriters at the state and local levels to obtain support for more services

Southeast Georgia (Waycross, Oct 27)
Central issues on ensuring access to health care and support:

- Provide information about services and eligibility requirements
- Improve transportation
- Build wheelchair ramps and car lifts to allow people to leave home
- Provide materials with information about services that are easy to read, due to low literacy and poor vision of potential clients
- Build on and increase the availability of current successful programs

Southwest Georgia (Albany, Nov 6)
Central issues on ensuring access to health care and support:

- Address problem of need-based services limiting eligibility for some programs
- Address problem of high cost of medications
- Address problem of lack of knowledge about programs and services
- Provide better transportation
- Address problems with Medicare/provide all that is needed for chronic disease care, vision care
- Ensure programs get to everyone who needs them
- Expand programs that work
- Tighten up on the guidelines that determine what service is ordered.

- Make sure information gets out to all people
- Provide dental, vision services
- Make the legal services more available

Atlanta Regional Commission (Atlanta, Nov 8)
Central issues on ensuring access to health care and support:

- Simplify communication materials/make receiver-friendly, also printed in Spanish
- Improve transportation
- Allow clients to take part in planning services
- Publicize information about services
- Reconsider regulations that count household income in determining eligibility for services – families helping elders deplete their own resources
- Provide new broader scale for determining eligibility for services
- Lead the way in hiring older workers
- Recognize the increasing numbers of young, disabled people who live in high rises and come to senior centers; counsel staff and provide training to deal with the complications and hard feelings that sometimes develop
- Provide more funding for senior centers/services

Central Savannah River (Thomson, Nov 13)
Central issues on ensuring access to health care and support:

- Improve transportation
- Set up a support system in which older people check on each other
- Develop a better system of communication so that people know about services
- Develop a reputation for the senior center as the source of local information for senior services
- Develop cultural sensitivity, such as with Asian seniors, who may need services but value privacy

Northeast Georgia (Covington, Nov 15)
Central issues on ensuring access to health care and support:

- Improve transportation
- Provide affordable dental care
- Pay attention to health promotion among younger active seniors
- Increase the size of the senior center so that more can be served
- Develop a system of more affordable housing
- Publicize services and advise seniors to learn what services are available

Lower Chattahoochee (Columbus, Nov 16)
Central issues on ensuring access to health care and support:

- Improve transportation
- Provide phone numbers with people (not automated voice responses) responding day and night for reporting cases of abuse. Victims are reluctant to call and may need to call when the abuser is not present. They may be unwilling to leave a message for a return call.

Question 2: What are the problems and how can we increase the number of older people who stay active and healthy?

Question Summary

Transportation is again an issue for attendees when asked about wellness. There were also numerous comments on lack of sufficient unskilled staff as well as lack of staff specifically trained in working with geriatric populations, staff, safe places to exercise and lack of understanding about which programs would be appropriate for which seniors. Several questions and comments were made about professionals, including pharmacists and physicians, who might be used as a means of getting information to seniors. Churches were also mentioned as a communication resource. A lack of programs at the senior centers was also an issue, and the attendees suggested some redirection of resources within recreation departments, away from organized sports for children and directed towards seniors. Several comments were made to have seniors more involved in the planning process when programs are being developed. Respondents also indicate that the senior population is changing. Active seniors want more and varied exercise programs.

Isolation, depression and lack of transportation seem to be connected in these comments. A related set of comments was made about affordable, accessible housing and home renovation to allow persons to be independent. Access to food resources and dental care are also noted as problematic by attendees.

Some noteworthy quotes on wellness concerns by participants at the public hearings include:

- "We need to understand how to live healthy."
- "Teach us how to exercise and to eat right; we need someone to lead us."
- "Programs out there work for wellness, but we need to get to them. Some of the educational programs (such as information about high blood pressure and high blood sugar) need to eliminate the medical lingo and translate it. They need to know their audience."
- "There is a shortage of physicians in geriatric care and also a shortage of mental health providers…. Some doctors who are not geriatric-certified should not be treating older people. There are crazy things they do for older people, e.g. in prescribing medicines."

Detailed information from each of the public hearings follows.

Georgia Mountains/Legacy Link (Gainesville, Oct 10)
Central issues on wellness concerns/staying active and healthy:

- Recognize that motivation is a problem for some seniors, need encouragement, information about depression

- Improve transportation
- Extend services to rural counties
- Address lack of knowledge about exercise and aging
- Recognize changing generations with different preferences for types of activities
- Start small, encouraging elders to exercise gently and in small increments
- Make centers more of a club house with classes and physical exercise equipment
- Educate doctors, caregivers, elders
- Recognize a new type of senior – retiring with more money and in better health.

Southern Crescent (Newnan, Oct 11)
Central issues on wellness concerns/staying active and healthy:

- Help to understand how even persons with health restrictions can participate in programs
- Address transportation problems
- Provide more information about wellness
- Promote programs of the senior centers
- Provide outreach to those not now participating
- Provide skilled assistants at the senior center

Northwest/Coosa Valley (Dallas, Oct 12)
Central issues on wellness concerns/staying active and healthy:

- Address problems of too many on waiting lists, such as for home-delivered meals
- Address transportation problems, especially across county lines
- Provide more information
- Improve congregate meals
- Address regional coordination of services and programs

Middle Georgia (Warner Robins, Oct 19)
Central issues on wellness concerns/staying active and healthy:

- Address problems due to lack of motivation, especially if living alone and feeling lonely
- Educate about what it means to eat right and be healthy
- Provide leadership to teach healthy eating and healthy living
- Provide safe places to walk
- Educate regarding exercise for those with limited mobility clients
- Create and publicize volunteer opportunities

Heart of Georgia (Dublin, Oct 24)
Central issues on wellness concerns/staying active and healthy:

- Educate about the importance of exercise in staying healthy
- Provide more opportunities for people to exercise and publicize these
- Attract more older adults to senior centers
- Reach homebound and even the bedridden
- Address problems of underfunding for GeorgiaCares
- Coordinate the wellness programs

- Recognize the diverse health situations of older adults and approach wellness and activity in a variety of ways
- Develop a system that seeks, trains and oversees volunteers to promote wellness among older adults
- Advocate with legislators for more funding of these programs and services
- Address depression in the elderly, especially homebound
- Improve transportation/clients are not able to drive to local mental health clinic
- Provide Senior Companion Program in all counties

Coastal (Brunswick, Oct 26)
Central issues on wellness concerns/staying active and healthy:

- Address problems of stress leading to health problems for family members who give up jobs and move home to care for elders
- Address problems of lack of respite and other support
- Address problems of isolation for seniors
- Educate about the importance of exercise in health and longevity
- Address misunderstanding of senior centers and consequent avoidance by people who could benefit from the activities
- Develop support groups for caregivers to share resources and helpful information as well as have fun
- Budget for physical exercise programs and educate seniors about the importance of exercise
- Increase what is already being done
- Publicize the senior centers and their activities to attract more participants

Southeast Georgia (Waycross, Oct 27)
Central issues on wellness concerns/staying active and healthy:

- Improve transportation – involve the homebound and inactive
- Address problems of waiting lists at senior centers – need more funding
- Address problem of lack of motivation to exercise at home
- Fund more homebound meals
- Educate on how to live healthily
- Support for dental, vision and hearing needs
- Develop partnerships with health care communities to provide the needed services
- Piggyback and build on existing programs

Southwest Georgia (Albany, Nov 6)
Central issues on wellness concerns/staying active and healthy:

- Provide vision, dental and hearing programs
- Recognize that those on Medicare are often forgotten; not only Medicaid recipients have these problems
- Expand availability of good programs currently offered which are too limited for the level of need
- Publicize available help
- Improve access to fresh vegetables and healthier foods
- Improve transportation to exercise programs, especially those at night

- Provide central location for a senior center that can accommodate walking and other preventive activities
- Develop volunteer programs
- Provide longer programming into the afternoon (bus scheduling changes)
- Provide more mental health benefits/programs
- Create a resource directory
- Provide services at the churches

Atlanta Regional Commission (Atlanta, Nov 8)
Central issues on wellness concerns/staying active and healthy:

- Recognize that lack of transportation and/or being homebound leads to depression
- Pay attention to self-planning of services
- Improve knowledge about what to do to stay active and healthy
- Develop inclusive community programs, not just separate programs for older adults
- Educate about activity and health promotion
- Provide professionals staff in retirement communities to educate residents
- Promote volunteering as a means of maintaining good mental health
- Get more people involved in clinical trials.
- Get more information out so that people know about the services available.
- Fund alternative medicine like acupuncture, herbal medications
- Promote preventative services

Central Savannah River (Thomson, Nov 13)
Central issues on wellness concerns/staying active and healthy:

- Continue and increase educational programs on health-related topics
- Open up gyms to seniors while children are in school
- Have more social activities, table games, interactive games to keep people mentally active
- Provide opportunities to go outdoors
- Include seniors in planning process for programs
- Develop collaboration between recreation and services, moving from the focus only on children
- Take political action
- Develop a system that brings people together in teams for health-promoting activities
- Improve transportation
- Educate about dental hygiene and support for regular practice

Northeast Georgia (Covington, Nov 15)
Central issues on wellness concerns/staying active and healthy:

- Provide a swimming pool for water aerobics
- Educate people about senior centers
- Develop a good exercise program, such as walking
- Promote volunteer activities as a means of getting people active, such as those who won't come to the centers

- Develop a buddy system to help those who are homebound
- Provide specialized exercise programs for those with special needs, such as rheumatoid arthritis
- Get churches to organize to provide activities for older adults
- Make more available low income housing
- Expand senior centers
- Provide better transportation
- Maintain reasonable, honest and reliable list of helpers for inside, outside, and home repairs

Lower Chattahoochee (Columbus, Nov 16)
Central issues on wellness concerns/staying active and healthy:

- Provide transportation to exercise programs
- Provide practical, understandable educational programs in medical information
- Increase the number of physicians in geriatric care
- Work with pharmacists who are in close touch with older adults
- Increase the number of mental health providers
- Advertise the programs that are available, including the price

Question 3: How can families be supported in their efforts to care for their loved ones at home and in the community?

Question Summary

Transportation continues to be an issue when the public hearings sought comments on caregiver support. Respite and caregiver burnout were comments in every public hearing, sometimes connected with potential solutions, such as expansion of overnight and weekend respite programs, including in-home care since external sites for overnight respite may not be feasible in some situations, adult day care and general assistance with household duties. There were many comments on caregiver assistance to enable caregivers to maintain jobs and personal family life (such as for those in the "sandwich generation"). Numerous comments were made about the elderly providing care for grandchildren and other disabled children or spouses, which is a clear reminder of the fact that older adults are not only care recipients but also significant providers of care themselves.

Legal issues were brought up for the first time in the topical area. Caregivers need to be able to handle the legal affairs of those for whom they care, but concerns over some caregivers who might take advantage of their situations were also voiced.

Some noteworthy quotes on caregiver support by participants at the public hearings include:

- "Mom has Alzheimer's. As her caretaker, I am isolated and become overwhelmed. My mother has become the child, and I am the mother. She is physically stronger than me or my sister. She only has two problems – Alzheimer's and osteoporosis. I need some one to come in and sit with her. She can feed herself, but she needs someone to come in and cook. She can dress herself, but cannot deal with having a choice. She has fears of getting lost and of her daughter leaving. We don't need all-day care, just half days, weekends. She was diagnosed with depression two years ago. This is one of the most devastating diseases. Most days mom looks beautiful, but she is not there mentally. I need time to myself. Mom is in better health; we need health care for the caregivers so they can keep providing care."

- "Physicians need to be educated about caregiver fatigue, not just look at the patient. They need to notice problems of the family unit, not just the individual patient."

- "If a senior moves in with a family member in order to avoid placement in a facility, the income and resources of the family member should not be counted so the seniors can qualify for in-home services."

- "Grandparents or other relatives raising grandchildren deserve acknowledgement, public recognition and support. A big thing for grandparents is respite."

Detailed information from each of the public hearings follows.

Georgia Mountains/Legacy Link (Gainesville, Oct 10)
Central issues on caregiver assistance:

- Educate families about services
- Promote community involvement through support groups
- Create companion outreach program – check in with elders in the community
- Support working caregivers
- Provide respite care (both in-home and external locations)
- Seek senior retirement community residents as volunteers
- Improve transportation
- Educate about services
- Provide more in-home respite care
- Deal with relief/burn-out for caregivers who do not live with clients

Southern Crescent (Newnan, Oct 11)
Central issues on caregiver assistance:

- Provide caregiver support
- Form and promote support groups
- Provide respite services
- Train family caregivers
- Monitor family caregiving to ensure proper care
- Address transportation problems, such as medical appointments during the day, requiring family members to leave work
- Provide low-income apartment housing

Northwest/Coosa Valley (Dallas, Oct 12)
Central issues on caregiver assistance:

- Provide more information on caregiver assistance
- Provide information in a user-friendly way
- Provide transportation from county to county

Middle Georgia (Warner Robins, Oct 19)
Central issues on caregiver assistance:

- Provide information about services available to them
- Provide support groups: kinship care for grandparents and others raising children or caring for other relatives, Alzheimer's support groups
- Provide respite service to attend support groups
- Help families to organize to provide the help their elders need, such as taking turns in caregiving and providing transportation
- Reward families for their caregiving efforts
- Help families who are not wealthy but are above the poverty level and don't qualify for services

Heart of Georgia (Dublin, Oct 24)
Central issues on caregiver assistance:

- Acknowledge caregivers with public recognition and other expressions of gratitude
- Provide social support – connect with others in order to reduce depression
- Maintain/establish kinship programs for grandparents raising grandchildren
- Fund respite programs
- Provide information about services, but funding is needed
- Advocate with legislators, urging them to fund services needed for the growing numbers of Georgians over 60 and the significant proportion of the population who are caregivers
- Work with ministerial alliances – encourage churches to reach out to family caregivers and let them know about available help

Coastal (Brunswick, Oct 26)
Central issues on caregiver assistance:

- Provide respite services, including overnight and weekend
- Provide support groups for caregivers
- Provide adult day care in all counties
- Support grandparents raising grandchildren
- Deal with lack of awareness of available services for older adults and caregivers
- Provide tax deductions or tax credit to families providing financial support for care receivers in their homes

Southeast Georgia (Waycross, Oct 27)
Central issues on caregiver assistance:

- Provide more information
- Deal with uncertainty about whether people qualify for services
- Provide respite care, especially overnight help
- Support caregivers by helping to pay for in-home services when they have no money left for respite care
- Fund wheelchair ramps and car lifts
- Advocate with elected officials to provide help for people over 65, such as free medicines
- Address concern about the estate recovery program and losing all assets to the state

Southwest Georgia (Albany, Nov 6)
Central issues on caregiver assistance:

- Publicize Gateway 800 number
- Provide support groups, respite and other services for isolated, overwhelmed caretakers
- Help people understand the system of income limits for services along with waiting lists based on the greatest need
- Help older individuals who are caring for younger, disabled children
- Recognize that people with developmental disabilities are living longer

- Provide home modifications
- Provide programs on elderly abuse prevention
- Deal with emergency response problems
- Provide legal services

Atlanta Regional Commission (Atlanta, Nov 8)
Central issues on caregiver assistance:

- Provide congregational respite program/adult day care
- Educate and train caregivers
- Provide support groups with practical information
- Fund at higher levels to address waiting lists
- Start a blog site of caregivers and share information
- Provide support for families going through disease process with loved ones and educate and encourage use of hospice
- Expand in-home services
- Continue to support the Kinship Care Program

Central Savannah River (Thomson, Nov 13)
Central issues on caregiver assistance:

- Provide telephone reassurance programs
- Make friendly visits
- Provide respite care funding
- Advertise the gateway number
- Install emergency phone dialers
- Educate the public about who caregivers are and the resources available
- Remember the older adults who are raising their grandchildren

Northeast Georgia (Covington, Nov 15)
Central issues on caregiver assistance:

- Address need for flexibility and individual choice in determining the kinds of help caregivers need
- Provide respite care
- Consider grandparents taking care of grandchildren or a handicapped adult child
- Advertise CARE-NET, in which caregivers and professionals get together and exchange information
- Work on reducing the waiting lists for services, such as Section 8 housing

Lower Chattahoochee (Columbus, Nov 16)
Central issues on caregiver assistance:

- Provide respite care
- Improve transportation for non-emergency transport
- Create family support groups, offering education and ideas about avoiding burnout
- Educate physicians about caregiver fatigue, so that they treat not only the patient but also family members and recognize signs of fatigue and unwillingness to ask for help, leading to health problems for the caregiver
- Educate probate judges about guardianships

Question 4: How can we increase the access to programs that protect rights and prevent abuse, neglect and exploitation of older people?

Question Summary

Not surprisingly comments in this section dealt mostly with education about the law and procedures for reporting cases of abuse, neglect and exploitation. Attendees had concerns related to details about reporting abuse and about remaining anonymous. The most frequent comments concerned the confusion of reporting to different agencies at different times of the day (for example to call APS during office hours only) and complaints about being routed to a voice recording system. Comments regarding training of direct service workers as well as volunteers such as meals on wheels drivers were made at several locations. Attendees suggested that these workers and/or volunteers could be trained to look for signs of abuse and neglect when delivering services. Training for professionals was also suggested, including probate judges.

Many comments were made about scams which target the elderly, especially those in their homes. Suggestions to provide call boxes or caller ID systems were made at several locations. Other suggestions included education on direct deposit or other means by which money could be shielded from theft.

Some noteworthy quotes on elder rights and abuse by participants at the public hearings include:

- "We need a 24 hour hot line for abuse and neglect. Isolated people with no phone, no one visits – no one knows about. We need community education. The home-delivered meal deliverer is the only one they see. They should go in and look around and see if something looks not quite right. They need to be observant and educated about what to look for."

- "We should make a rule that when a resident goes into a nursing home, the social security check should go to the nursing home. Families cash the check, and nursing homes regularly discharge residents because of non-payment."

- "A lot of exploitation is within the family and not reported, because the elder does not want to have the exploiter punished. Also there is a rising rate of problems with neighbors and friends. We need to talk about it to elders: don't let people take advantage of you."

- "Use church and civic groups – give presentations all over. Educate church staff about services, since people go there when they need help. Use more local radio spots, talk shows, newspapers. Leave information at social security offices, union halls, emergency rooms, employment offices."

Detailed information from each of the public hearings follows.

Georgia Mountains/Legacy Link (Gainesville, Oct 10)
Central issues on elder rights and protection:

- Educate law enforcement about abuse and neglect
- Develop shelters for seniors, especially for the frail or those with dementia
- Educate church staff so they are knowledgeable when people come for help.
- Make use of local radio spots, talk shows, newspapers
- Create links on web sites
- Provide information at Social Security offices, union halls, emergency rooms, employment offices
- Use more volunteers

Southern Crescent (Newnan, Oct 11)
Central issues on elder rights and protection:

- Promote public awareness of abuse, neglect and exploitation
- Help potential reporters understand they may anonymously report suspected abuse, neglect and exploitation
- Provide a single source number which is heavily advertised and which does not put the caller on hold
- Provide classes in senior centers for families
- Provide more funding for public awareness; develop a brochure with phone number to call.
- Provide volunteers for provide information on advocacy and elder rights

Northwest/Coosa Valley (Dallas, Oct 12)
Central issues on elder rights and protection:

- Maintain single statewide phone number to call for help
- Increase awareness of Adult Protective Services (APS) and 911 in emergencies
- Provide telephone reassurance
- Encourage use of direct deposit
- Help with making and changing one's will
- Distribute information about no-call lists to reduce the number of telemarketers and possible scam attempts

Middle Georgia (Warner Robins, Oct 19)
Central issues on elder rights and protection:

- Increase public awareness
- Improve understanding of the meaning and types of elder abuse, including emotional
- Recognize the prevalence of family members versus strangers as perpetrators
- Create programs to check on older adults to be sure they are getting proper care
- Advertise availability of no-call list through the Georgia Public Service Commission to avoid financial and telemarketing scams
- Publicize the process for eliminating pre-approved credit card applications
- Encourage use of direct deposit

Heart of Georgia (Dublin, Oct 24)
Central issues on elder rights and protection:

- Educate public about the current 800 number for reporting abuse, neglect and exploitation
- Inform about anonymity of reporter, if desired; confidentiality guaranteed
- Recognize that cognitively intact adults may refuse APS services
- Track case histories of scams
- Educate people to be skeptical and less trusting of others
- Train volunteers who may notice a possible problem and be trained to report it to a CCSP care coordinator or other professional
- Provide emergency housing for elderly, or they cannot be removed from a potentially harmful situation
- Provide more services when APS brings up an abuse or neglect issue in the home, instead of ending services
- Prioritize APS referrals for mental health and mental retardation
- Change process of home health discontinuing services due to liability concerns if neglect/abuse are found in elder's home

Coastal (Brunswick, Oct 26)
Central issues on elder rights and protection:

- Educate the public
- Provide legal services information and advice at senior centers
- Make it clear what people are eligible for
- Enlist the aid of companies, groups, community organizations
- Address special problems of homebound

Southeast Georgia (Waycross, Oct 27)
Central issues on elder rights and protection:

- Improve the system for reporting abuse (elders as well as disabled)
- Advertise the Office of Regulatory Services (ORS) as a place to report problems with nursing homes
- Increase community awareness and knowledge
- Recognize that isolated seniors with no phone and no visitors need to be remembered and checked on
- Develop community support groups
- Recognize elders' fears of being sent to a nursing home if they report abuse by family members
- Develop programs to develop respect for seniors on the part of younger people
- Develop programs to help the aging homeless

Southwest Georgia (Albany, Nov 6)
Central issues on elder rights and protection:

- Develop programs of community education
- Recognize that abusers control seniors through intimidation and misinformation (Elders fear being sent to a nursing home and need reassurance)
- Recognize elders' fear of losing services if they report abuse

- Inform elders of confidentiality of reports of abuse, such as identity theft
- Publicize and explain the Long Term Care Ombudsman Program (LTCOP), including volunteer opportunities
- Provide for 24/7 calling to report abuse, neglect and exploitation
- Build on homemaker services; train the aide to look for signs of problems and to ask questions
- Provide for mental health care; laws are needed to protect those who refuse help

Atlanta Regional Commission (Atlanta, Nov 8)
Central issues on elder rights and protection:

- Publicize and set up models of best-practices programs
- Utilize scam avoidance programs, such as phone companies' free blockage of calls for those who cannot afford the service, caller ID as well as information on no-call lists
- Develop a representative payee system for those who find paying bills too difficult. Social Security's current method is too complicated
- Encourage seniors to write their wills to avoid dishonest people trying to take advantage of them
- Educate seniors to be skeptical about "free" offers
- Organize systematic neighborhood watches
- Enact tougher penalties for offenders who abuse or exploit seniors
- Educate seniors to help prepare Wills and Power of Attorney
- Contact churches and other community organizations to train, educate and provide access to programs
- Provide community awareness classes on personal safety
- Use the media to educate seniors about wills, guardianships
- Provide more education for seniors about what is available

Central Savannah River (Thomson, Nov 13)
Central issues on elder rights and protection:

- Educate the public about the rights of older people and the importance of reporting possible abuse
- Publicize the fact that reports may be anonymous
- Make clear the distinction between APS for those living at home (after 5:00 pm call law enforcement) and LTCO , as well as ORS for those living in nursing homes
- Make clear the fact that family members are often the exploiters of older adults
- Point out that Social Security and Centers for Medicare & Medicaid Services (CMS) do not call or make home visits, as these misconceptions lead to scams against seniors
- Publicize the no-call list program
- Publicize GeorgiaCares as a source of unbiased advice about Medicare Part D

Northeast Georgia (Covington, Nov 15)
Central issues on elder rights and protection:

- Provide information about reliable and affordable dentists, home repair, etc.

- Publicize legal services available for older adults who feel they have been cheated or exploited, such as by sending out flyers
- Educate older adults about avoiding scams and exploitation; share information about the rise in cases of exploitation
- Publicize cases of exploitation

Lower Chattahoochee (Columbus, Nov 16)
Central issues on elder rights and protection:

- Educate probate judges about elder rights
- Provide more staffing at the 800 number so that callers don't get a recorded voice message
- Ensure that nursing home residents' Social Security checks are sent to the nursing home and not to family members' homes
- Educate older adults about exploitation, since they too often tend not to report abuse because they don't want to get their children in trouble
- Advocate for proactive legislation on phone solicitations/telemarketing scams

Public Hearing Follow-Up Questionnaires

Section Summary

Overall, attendees at the public hearings were very concerned about transportation issues, prescription drug assistance, knowledge of services and programs available and caregiver assistance. These topics presented themselves each time that questions were asked, often no matter the topic of the question. Transportation is an issue across several dimensions. Respondents would like for regional transportation collaboration, and for there to be a higher quality of service with more frequent availability of transport to a variety of locations. Public hearing attendees were likely to indicate that they knew of programs, but were also likely to indicate that others in the community were not aware of what was available.

The comments and responses on the follow-up questionnaire were reflective of those in the public meeting sessions themselves and it is likely that answers were influenced by the discussions at those meetings. KSU staff who assisted attendees noted that many of the consumers of service who attended public meetings had some difficulty in understanding the questions on the public hearing follow-up questionnaire. Assistance was provided with reading and understanding the questions, but many respondents were confused by the variety of choices and comparative ratings.

Some noteworthy quotes from the open-ended responses on the public hearing follow-up questionnaires include:

- "Increase funding for leisure and medical transportation to make services accessible and effective communication. More support from local recreation services for older Americans; health and wellness, education classes. Increase communication through churches, senior citizen groups. Oral hygiene service through local health centers to help and long term nutrition. Library access - mobile units to elder housing units to help keep minds sharp."

- "Must put pressure on legislature to provide more money for community based services; reduce waiting list for those that need services; lower determination of need scores to be able to admit more people into the community based services; start elder volunteer programs in each county. The seniors that are able can assist those that are not able; start elder volunteer programs in high schools and boys and girls clubs"

- "Must take a region-wide approach to the transportation crisis - not only affects older people but poor people of all ages. Please recognize that it's a transportation problem, not an aging problem. Relook at eligibility for OAA services with plans for providing short term services and constant scrutiny of ongoing need. Also relook at how to move the waiting lists."

- "I think most people think they can do it themselves until they became so desperate that they are forced to get help. People need to be educated in knowing that their needs may be minimal now but are sure to increase in the future."

- "REALLY LISTEN to problems that are presented to you. Be available. Be sincere. Be accessible to all people."

Detailed information from the public hearing follow-up questionnaires follows.

Following each public hearing, questionnaires were distributed to attendees to elicit responses to questions regarding services and programs, as well as to ascertain whether attendees had any suggestions for improvement of services. These questionnaires included both open and closed-ended questions. This section presents information from all closed-ended questions as well as summary information from open-ended questions. Full verbatim responses for all open-ended questions and exact frequencies and percentages for closed-ended questions are provided in the Appendix to this report. The sample produced by attendees at the public hearing is not necessarily representative of all persons who receive services within each of the AAA jurisdictions. The sample includes professional caregivers, direct service providers, AAA staff and clients as well as interested parties from the community, including elected officials and family caregivers.

Table 6 illustrates the range of responses by the public hearing that respondents attended. As this table illustrates, a total of 586 responses were included in the analysis, the largest group of which came from the Middle Georgia AAA. This distribution is not necessarily reflective of the number of persons attending the public hearings, which is presented in the table below as well.

Table 6
Distribution of Questionnaire Responses for Each AAA Public Hearing

Public Hearing Location	Number of Responses	Total Number of Attendees	Response rate of Attendees
Georgia Mountains/Legacy Link AAA	25	45	55.5%
Southern Crescent AAA	65	78	83.3%
Middle Georgia AAA	93	190	48.9%
Heart of Georgia/Altamaha AAA	90	120	75.0%
Coastal Georgia AAA	18	74	24.3%
Southeast Georgia AAA	45	67	67.2%
Southwest Georgia AAA	36	81	44.4%
Atlanta Regional Commission AAA	40	66	60.6%
Central Savannah River AAA	64*	52	123.0%*
Northeast Georgia AAA	57	57	100.0%
Lower Chattahoochee AAA	22	32	68.8%
Northwest Georgia AAA	31	33	93.9%
Total	586	895	65.5%

* Note: AAA staff had distributed questionnaires to senior center activity participants, independent of the public hearing.

Slightly over 82 percent of the respondents were female, and half of all respondents who indicated their race were white. Slightly over 46 percent of all respondents indicated that they were African-American, with only 4 percent indicating that they were either Hispanic, Asian or of some other racial category. Approximately two-thirds of all responding attendees had household incomes under $29,400 per year. An additional 20 percent indicated that their incomes were between $29,000 and $50,000 per year. Thirteen percent had incomes over $50,000 per year. Approximately 40 percent of the attendees were clients of programs or services offered by the AAAs. Ten percent were informal caregivers, and 33 percent were professional providers. About 15 percent were interested parties from the communities served by the AAAs.

Almost 44 percent of the respondents indicate that they currently live alone, with an additional 31 percent indicating that they live with their spouse. Almost 20 percent live with their children or other relative and 4.5 percent live with others who are not related to them. Over 9 percent indicated that they were under the age of 45, while 17 percent were aged 45-59 and 48 percent were 60-75. Twenty-two percent of respondents were 76 or older.

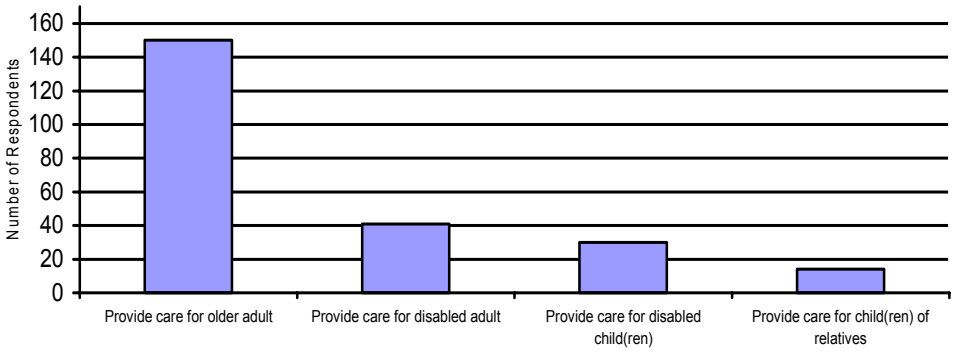
Table 7, below, depicts responses to two questions regarding resources for retirement. As this table indicates, about one-fourth of the attendees felt that they had sufficient resources for retirement, and about 17 percent indicate that they will seek work after retirement because of financial concerns.

Table 7
Responses on Questions of Retirement Resources

Question	Percent "yes" responses	Percent "no" responses	Percent "unsure" responses	Percent no response
Do you believe that you have sufficient resources to live well in your retirement years?	24.6	39.1	19.8	16.6
Do you plan to seek work after retirement because of financial concerns?	17.1	48.1	18.6	16.2

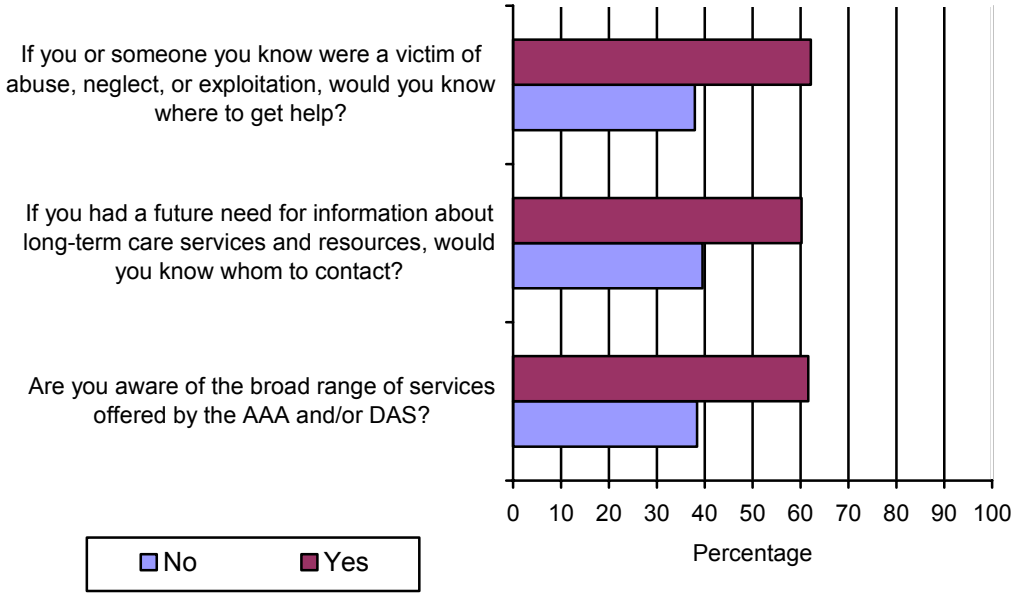
Respondents were asked whether they provided care to other individuals. Figure E indicates the numbers of persons who said that they provided care for each category of person listed. The largest number of persons who provide care are providing for older adults. Exactly 150 of the 586 (25.6 percent) provide care for elderly persons. Another 41 respondents provide care for disabled adults (over 18), 30 provide care for disabled children under 18 and 14 provide care for children of relatives.

Figure E
Distribution of Respondents as Caregivers



Three questions were asked of respondents to ascertain whether they knew what services were available and whom to contact if they needed services. As Figure F indicates, approximately 60 percent of respondents indicated that they were aware of services and would know who to contact if they needed information regarding long term care or advice regarding abuse or neglect. However, it should be kept in mind that these respondents were more likely to be aware of services than others within the AAAs' jurisdiction who did not attend the public hearings.

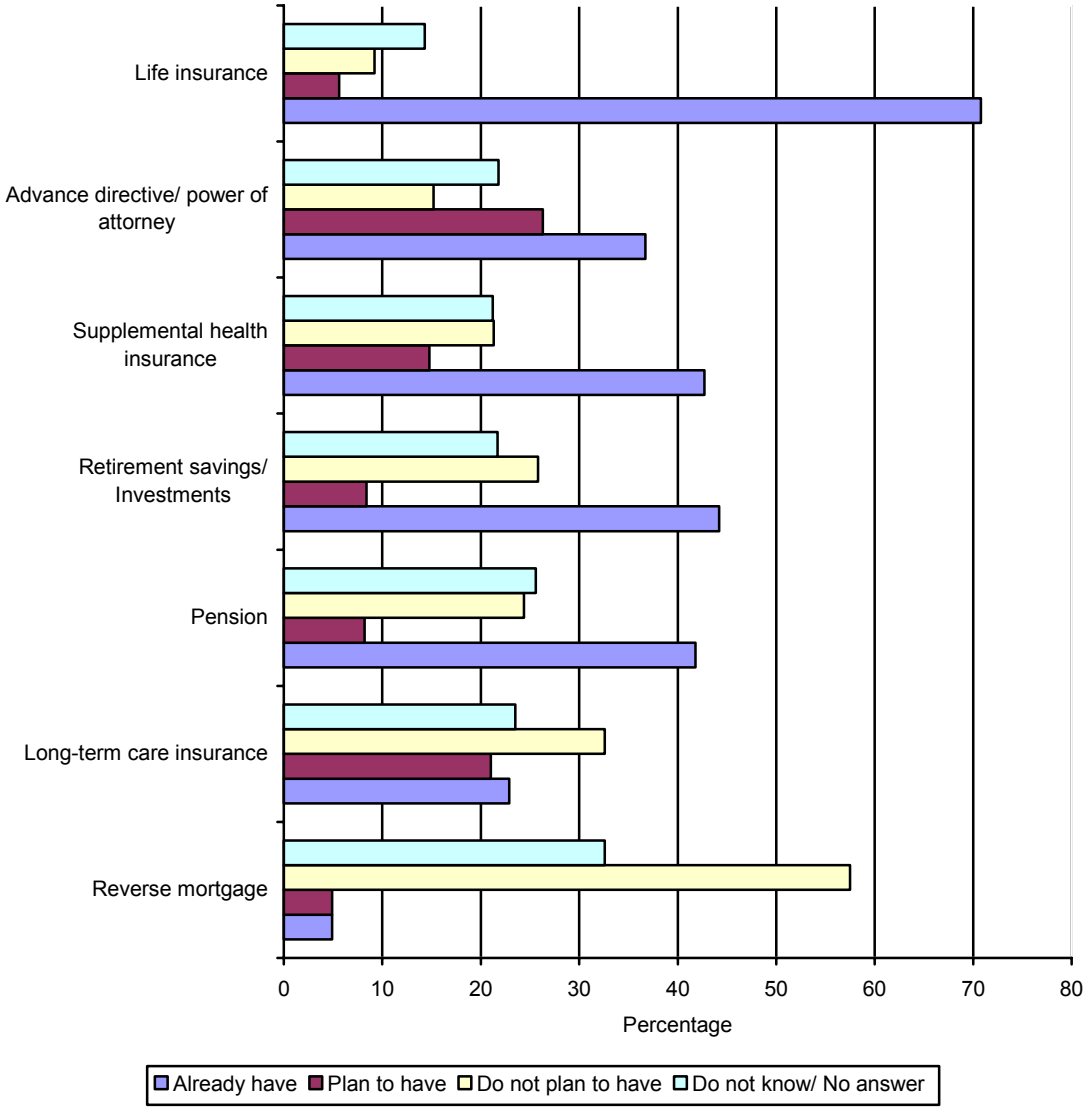
Figure F
Responses on Awareness of Available Services



Respondents were asked about whether they had or planned to have financial arrangements to pay for long-term care or to supplement income among older adult

households. As the figure below indicates, many of the respondents did not know of these options and were unaware of what these options were. Many of the respondents (often as many as one-third of all respondents) indicated that they did not know or did not answer the questions. Reverse mortgages were especially unfamiliar to the respondents. Most respondents indicated that they did have life insurance and about 40 percent had pensions and supplemental health insurance. Wills, estate plans and advance directives were the items which higher numbers of respondents indicated that they were planning to obtain in the future.

Figure G
Use and Planned Use of Financial Arrangements and Income Supplements



When asked why they thought that potential consumers do not use services for which they are eligible, respondents were most likely to say that people were unaware of the services that are available to them. The responses to this question, which was asked in

open-ended format, are categorized in Table 8 below. Full text of their comments is provided in the appendix to this report.

Table 8
Responses to Open-Ended Question
"Why do you think people do not access available services?"

Problems/Issue	Number of respondents
Not aware or do not know of the services available	138
Lack of education (including problem of illiteracy)	42
Older individuals are intimidated, afraid or too proud to ask for help or information	21
Transportation problems	16
Money problems	8
Eligibility/Availability Issues	8

Respondents were also asked to write in what they thought the state of Georgia should start, stop or continue its provision of services. The open-ended responses are categorized in the table below. As this table indicates, transportation is the issue of greatest concern to respondents. They also made a variety of comments on getting out the word on services to consumers. Some felt that the language used was too confusing and others noted that the fonts and typefaces were difficult to read. Many expressed the need to reach all seniors, especially those who are homebound. Many respondents indicated that they thought advocacy with public officials was essential.

Table 9
Responses to Open-Ended Question
"What must AAA and DAS start, stop or change?"

Problems/Issue	Number of respondents
Provide more/Better transportation/Better transportation staffing	41
Improve communication with consumers/Reach more consumers/Improve informational materials	30
Advocate for funding/Grant writing	25
Listen more to consumers	8
Eligibility/Availability Issues	8
Network with other agencies and private sector	7
More senior centers/expand of senior centers	6
Housing assistance/cut homeowner tax	6
Provide services to non-Medicaid eligible	5
Vision/dental/hearing aid services	5
Other	5
Caregiver support	4
Use volunteers more	3
Pay providers more/Pay staff more	3
Improve APS/Place to house abused elderly	2

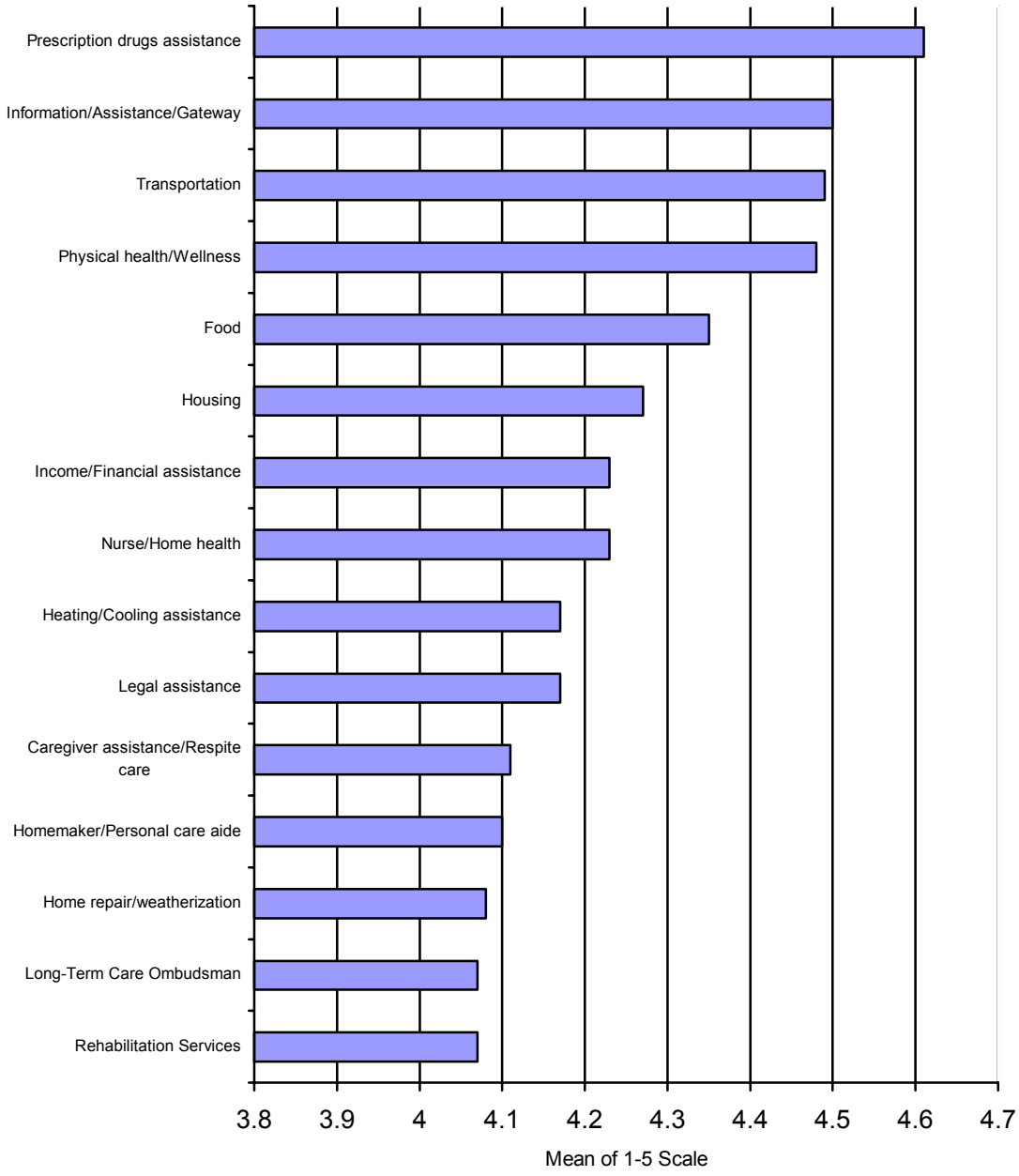
Respondents were asked which services they felt were most essential for the future. During the course of implementation a question format was changed due to the difficulty of understanding by some respondents. The question dealt with those issues which were considered most important by respondents. In later public hearings this format was changed to make it clearer to respondents. The question format used for all but the first three public hearings allowed respondents to select the five most important services from a long list. The table below provides a distribution of the responses from public hearing attendees at those locations who used that format. Since attendees were able to provide multiple responses, percentages in this table are given for total number of responses as well as total number of respondents. Once again, transportation was the most frequently mentioned service. Prescription drug assistance and caregiver assistance were also mentioned by a large percentage of respondents.

Table 10
Selections of Five Most Important Services Noted by Public Hearing Attendees (Using format of selection from a list)

Responses	Number of Responses	Percent of Responses	Percent of All Respondents
Transportation	278	17.6%	73.7%
Prescription drug assistance	152	9.6%	40.3%
Caregiver assistance/Respite Care	107	6.8%	28.4%
Income/Financial assistance	104	6.6%	27.6%
Housing	97	6.1%	25.7%
Physical health/Wellness	76	4.8%	20.2%
Homemaker/Personal care aide	75	4.7%	19.9%
Legal assistance	74	4.7%	19.6%
Food	72	4.6%	19.1%
Mental health services	66	4.2%	17.5%
Information/Assistance/Gateway	62	3.9%	16.4%
Employment	57	3.6%	15.1%
Congregate Meals	54	3.4%	14.3%
Raising grandchildren (Kinship care)	45	2.8%	11.9%
Assistive devices	43	2.7%	11.4%
Long-Term care insurance/Will/ Advance directive	40	2.5%	10.6%
Nurse/Home health	35	2.2%	9.3%
Telephone reassurance	34	2.2%	9.0%
Rehabilitation services	33	2.1%	8.8%
Elder abuse counseling	27	1.7%	7.2%
Long-term care ombudsman	19	1.2%	5.0%
Clothing	18	1.1%	4.8%
Other	12	.8%	3.2%
Total	1580	100.0%	419.1%

The format used in the first three public hearings (Legacy Link, Northwest Georgia and Southern Crescent) allowed respondents to rank the importance of each service or program. This format dealt with each service individually and asked respondents to rank services on a scale of importance, from 1-5 where 1 represents the least important and 5 represents the most important. Figure H, below, illustrates means on the 1-5 scale for a variety of services and programs. Similar results are noted with this question format: Prescription drug assistance, transportation, access to information through Gateway and other referral systems and, to a slightly lesser extent, wellness and physical well being programs are highlighted by respondents. These figures indicate that such programs are of the highest importance to respondents, no matter the question format.

Figure H
Rating of Importance of Services
(Questionnaire used at Legacy Link, Southern Crescent and Northeast Georgia locations only N=89)



Respondents were asked about what DAS and the AAAs should do to accommodate future needs in the state. Responses to this open ended question are provided in the table below. These comments reflect concerns and issues voiced in other portions of the survey. Communication with consumers, increased funding and transportation are all high on the list. Also of concern here is the availability of services and adequate staff.

Table 11
Reponses to the Open-Ended Question
"How could the DAS and the AAA better respond to future needs?"

Problem/Issue	Number of Respondents
Advertisement/ Better communication	39
Increase funding	32
Increase services and staff	27
Improve/Increase transportation programs	15
Change qualifications for services	10
Increase education/Training	9
Monitor efficiency of services	7
Solicit input from seniors	7
Coordinate and pool services	6
Solicit input from providers	4

Focus Groups Discussion and Questionnaires

Section Summary

Overall focus groups indicated that service delivery to individuals in the CCSP program is very personal for both the consumers and the care coordinators. **Satisfaction levels with these services are extremely high and virtually all participants said that they were both essential and life changing.** These individuals were often totally reliant upon the work of the care coordinators, and it is clear that there were life changing impacts due to the CCSP program. Virtually all of the focus group participants were very grateful and happy with the services received from the care coordinators. All of the participants wanted to remain independent, and regret any loss of independence. This was particularly true for the caregivers and the small number of participants who were younger, disabled clients of the CCSP. They stated clearly their aversion to nursing home placement.

It is clear that in some instances, direct care providers do not match the quality of service provided by the care coordinators. Complaints about respect are the most frequent. Connections between the quality of worker and satisfaction with service were evident in the responses. Another concern is that the consumers are so very reliant on CCSP care coordinators, that should that connection be broken due to job changes or other causes, consumers might feel a loss of connection to the program.

Noteworthy quotes from the focus groups and the focus group questionnaires include:

- "I have been able to keep my job. We need to care for our parents; they (CCSP) took care of us."

- "In 1997 my husband got disabled and I had to quit work. The doctor put him in CCSP services. I got to choose. Now they want to bring in hospice. Thank God they kept him from a nursing home. I usually get a respite day, and I sleep. Or maybe I get an hour and a half, and I may run to town."

- "I am so grateful for the help I get. Without services I would be in a nursing home."

- "I was in a nursing home. I have more freedom now at home. I can come and go on my own. It's a lot different from living in a nursing home. My sister put in an application for me to go to a personal care home. Only through CCSP could I do this."

- "I am very satisfied with the services for [my disabled daughter]. I can't say enough about how helpful and kind they are…. [My care coordinator] always talks to Gloria even though it is hard to understand her. She is very respectful and attentive….The services take the burden off one person. I have a brother who lives in Gainesville who sometimes comes to help. This service gives me a chance to get out occasionally. The caregivers have been like family to us. We

have them come over for Christmas dinner. (Crying) It is a service with a heart. I don't know what I would do without it…. The only other thing I would like is to be able to take an overnight trip."

- "This program has helped to keep me independent. Please don't let anything happen to it."

- **"**My husband has Alzheimer's. He never wanted to go into a nursing home. So I appreciate their service…. The last [provider] would never give a certain time to come. They never sent the same one more than three times. We had 15 different ones. I like the male nurse we have now; he comes five days a week and is never more than five minutes late. When a person is bedridden, they need to be able to predict. The girls on the weekend are very good; I enjoy them. They sometimes switch, but I am satisfied with their work."

- "My Mom had a stroke. It is awful to get her from point A to B. We have arguments. They don't always come on time to pick her up. It is not pleasant."

- "I would like to have overnight respite in my own home."

- "I am afraid I will lose services if I complain all the time**."**

- "The girls don't spend the required time and give poor quality service, for example, using dishwashing liquid to mop the floor, and not sweeping before they mop the floor."

- "I have a good one, but she sometimes won't go to the store. You have to let them slide a bit, because they will do more for you if you act nice. Treat them well; then they give a little bit."

- "I wouldn't take anything for this program. I was real sick. My daughter mistreated me in Atlanta. Deidre helped me get back, put me back on the program. I am not staying where they put me on a wet mattress…. My daughter sold everything I had.... CCSP saved my life... If it weren't for these people, I couldn't make it. … I moved back from Atlanta in January. Deidre bought me a month's food supply. My daughter would not let me eat at the table, because I had no teeth. She sold all my furniture. My son-in-law came home in the daytime to be sure I did not have the heat turned on. I got frost bite. They got me up there and blew all my money. I called Deidre, and she helped me get back to Vidalia."

CCSP does not provide transportation service; but consumers said the following in regards to transportation:

- "very late all the time. The ambulance will take you but not bring you back home."

- "I would like taxi service with a card that would pay for the trip to go to the doctor, using a voucher, then I wouldn't have to wait a long time.

- "My Mom had an appointment in Waycross. They were supposed to take her but did not have a driver available. She had to find other transportation. Sometimes we have to call a cab."

Detailed information from each of the focus groups and the focus group questionnaires follows.

The purpose of the focus groups was to stimulate discussion among CCSP clients and caregivers about services that they were receiving, their level of satisfaction and their suggestions for change and future planning. For this report, *Client* refers to the focus group participant who is an elderly person and/or a person with a disability; *Caregiver* refers to the focus group participant who is a family caregiver of the elderly person and/or person with a disability; *Formal caregiver* refers to those who are in the business of providing services to clients. *Consumers* refers to both the client and the caregiver; *Care coordinator* refers to the CCSP case manager. Focus groups were facilitated by a moderator and notes were taken by a recorder. An additional record of the conversation was kept using flip charts to track comments made by participants. Flip charts were also used to present the questions to the participants.

It was the goal of the project to hold five on-site focus groups, each with a short questionnaire to be completed by participants after a group discussion. Each group was to cover a total of 7 questions, listed below. In addition the short questionnaire allowed participants to respond to closed-ended questions and then enter comments as they wished. Frequencies for the follow-up questionnaire are presented in tables below and data summaries are also included in the appendix of this report. Due to difficulty with mobility of the target audience, some alternative arrangements had to be made to accommodate some CCSP clients and caregivers. A total of four on-site focus groups were held across Georgia. In addition, follow-up questionnaires were administered over the phone in the Georgia Mountains/Legacy Link AAA, since Gainesville participants were unable to attend a focus group in person. The Atlanta Regional AAA held its focus group discussion via conference call.

Table 12
Focus Group Questions

1. How involved are you in planning your CCSP services?
2. How satisfied are you with your CCSP services?
3. Thinking back to your last meeting with your CCSP care coordinator, talk about your experiences.
4. What would you need in the future in order to remain independent/ at home?
5. What would you like to change regarding your CCSP services?
6. How has your life changed since receiving services?
7. If you needed any new service, would you know where to go to ask for services?

As Table 13 illustrates, focus group participants varied among the demographic categories with the exception of gender. Females dominated the groups. For the most part, whether or not the participants were from a rural or urban geographic location had less effect on participant responses than did the groups' dynamics. The dynamic of each group was based upon the cognitive and affective traits of each individual, individual needs, individual knowledge, and the interpersonal relationships among group members. In some groups, one or two members dominated the discussion making it difficult for others to speak. In addition, the inability to recall names and events is a theme that occasionally emerges from these focus group discussions and impacted participants' responses.

Table 13
Focus Group Participant Demographics

AAA	**Number of Participants**	**Percent**
Heart of Georgia/ Altamaha Dubose Porter Center Heart of Georgia Technical College 560 Pinehill Road Dublin, Georgia 31021 October 24, 2006 2:00 pm - 4:00 pm	11	22.9%
Southwest Georgia AAA Senior Center 311 Pine Avenue Albany, Georgia 31701 November 6, 2006 3:00 pm – 4:30 pm	10	20.8%
Atlanta Regional 100 Edgewood Ave. Atlanta, GA 30303 November 7, 2006 10:00 am – 11:30 am (via phone)	5	10.4%
Georgia Mountains/Legacy Link AAA Gainesville, Georgia 30501 (follow-up questionnaire only)	17	35.4%
Coastal Georgia Coastal Georgia Community College 3700 Altama Avenue Brunswick, Georgia 31521 October 26, 2006 1:30 pm – 3:00 pm	5	10.4%
Percentages do not include Georgia Mountains/Legacy Link AAA		
Percent male	12.5%	
Percent female	87.5%	
Percent client	43.8%	

Percent caregiver	56.2%
Percent minority	32.5%
Percent white	67.5%
Percent age 60 or older	56.3%
Percent under 60	43.7%

Summaries of each of the questions presented in the focus groups are presented in the section that follows. Questions are presented below in the order in which they were presented to the participants. Those follow-up questionnaire items which refer to the same topic are presented in the same section with the discussion questions.

1. How involved are you in planning your own services?

Overall, participants have varied degrees of knowledge about CCSP. Focus group participants knowledge about their CCSP program varied across sites. All knew that they had someone who helped them with services, but all were not clear about the program name or the care coordinator's job title. Caregivers appeared to know more about CCSP than the clients did. In one South Georgia area, the majority of participants did not know their care coordinators at all. In other areas (rural and urban alike), the participants were well informed and held their care coordinators in high regard. The discrepancy in the participants' knowledge about the CCSP program name and job titles may relate to how the group was assembled. If the CCSP care coordinator was responsible for getting the individual participants together for the focus group, this group of individuals was more familiar with the worker than those who were assembled by other service providers.

Most consumers participate in their case planning. For the most part, clients and caregivers agreed that they do participate in their case planning. It is difficult to ascertain the extent to which each participates. Focus group participants, who indicated that they were not involved in planning at this stage seemed to contradict this response when asked later about their last meeting with their care coordinators. For example, some respondents who indicated that they were not involved in planning also indicated that they were asked about their future needs.

Consumers are pleased with care coordinators. There were no complaints about the CCSP care coordinators, only compliments. At one site, according to the participants, the care coordinator went above and beyond her job description to help them. The overall impression is that care coordinators are cooperative about helping consumers receive and change services when necessary.

It is important for care coordinators to listen to consumers. One emergent theme is the importance of service providers listening to the client. Some of the participants gave the impression that they are not listened to enough. One man noted that, "she listened to me and not many people do listen to me".

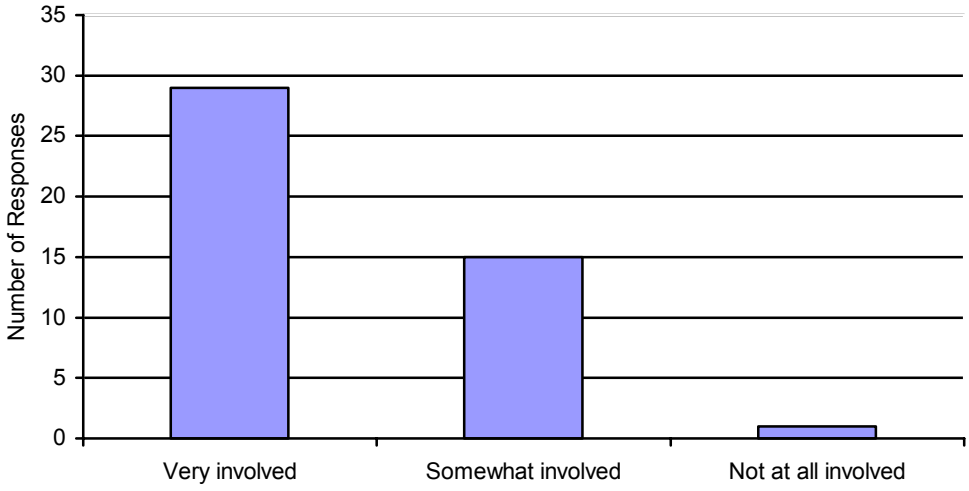
Lack of knowledge of services is a problem. One theme that emerges throughout the focus group conversations is that many consumers do not know about services available to them or how to access them. This lack of knowledge was mentioned several times across focus groups and did not seem to relate to specific sites. Increased knowledge of the program and available services may empower consumers to more fully participate in planning for their own needs and to avoid needless problems. Other clients indicated that they were new residents in the community and unfamiliar with what was available. Questions ranged from simple services, such as flu shots, to more comprehensive care. The most important factor in knowledge of services among all the focus group respondents was the degree to which the participant knows his or her care coordinator.

Consumers know their direct in-home service providers better than their care coordinators. While the care coordinators are important in case planning, clients interface more frequently with everyday service providers such as home health care workers and housekeepers. Consequently, the participants focused their comments and discussions more on direct service providers than on the care coordinators. One participant noted that

even though the care coordinator may be great, the service providers may do less than satisfactory jobs.

One question on the follow-up questionnaire dealt with participant involvement in the planning process. Responses to that question are presented in Figure I.

Figure I
Focus Group Responses on Involvement in Planning CCSP Services



As this figure illustrates, most respondents (34 of 47) indicate that they are very involved in planning their services. It should be noted that the follow-up questions were provided to the participants after a comprehensive discussion of their CCSP services, and after participants were more reflective about how those services were provided.

2. How satisfied are you with your services?

Several participants indicate that they are concerned that expressing dissatisfaction with services might lead to a reduction or elimination of services. This fear was not a dominant theme but may be worth noting.

The majority of participants were very satisfied with the services. One client, wheelchair bound for ten years, said that she could not function without the services**.** A few spoke of how the service providers have become "like one of the family". Many said that they could not stay at home without the services. One Atlanta caregiver said that whatever needs to be done for her homebound sister, CCSP gets it done. Many of the participants indicate that they did not know what they would do without CCSP services. A client who was experiencing domestic abuse from her daughter was able to go back to her home and avoid further abuse. She said that CCSP saved her life.

Gratitude was a common theme. One client said that she wakes up every morning and thanks God that all her needs are being met and that she can be at home. Many of the clients were very thankful for what they receive. One client is so grateful for help she receives, because without these services she would be in a nursing home. In virtually all instances in which negative comments were expressed, they were preceded by comments that they were grateful to receive services, in spite of any complaints. Many participants indicated that they would not change a thing. Some participants are worried that the program will not be sustained over time. Clients said that this program is the only thing that allows them to be independent. Several returned to this theme several times during the conversation.

Several participants who had moved to Georgia from other areas indicated that they noted a difference in services by state. Some say that services are better in different states such as Iowa and Florida, but others say Georgia services are better. One client has a friend in another state whose care does not measure up to hers. It was interesting to note that clients who have friends and relatives in other states do compare what they are receiving.

Comments which dealt with the quality of their service indicate that respect for the consumer is important to them. Clients and caregivers mentioned how respectful workers were to them. On the other hand, a few mentioned situations where others were disrespectful such as walking in the house without knocking or being argumentative. The need for respect is a reoccurring underlying theme in these discussions. Punctuality is also important to consumers. Several clients spoke about the importance of the service provider being on time. One company would never give a time that they were coming. A client said that when one is bedridden, it is important to be able to predict when someone is coming. Many noted how they had to wait long periods of time for transportation. Consistency in care and service providers is important to consumers. Participants suggest that having a consistent worker is important. As one caregiver said, "With Alzheimer's patients it is important to have the same face. Some companies do not send the same people back."

Even though CCSP does not provide a transportation service, the most talked about problem was the general lack of quality transportation. There was consensus that transportation was the largest problem. It appeared to be a larger issue in the more rural

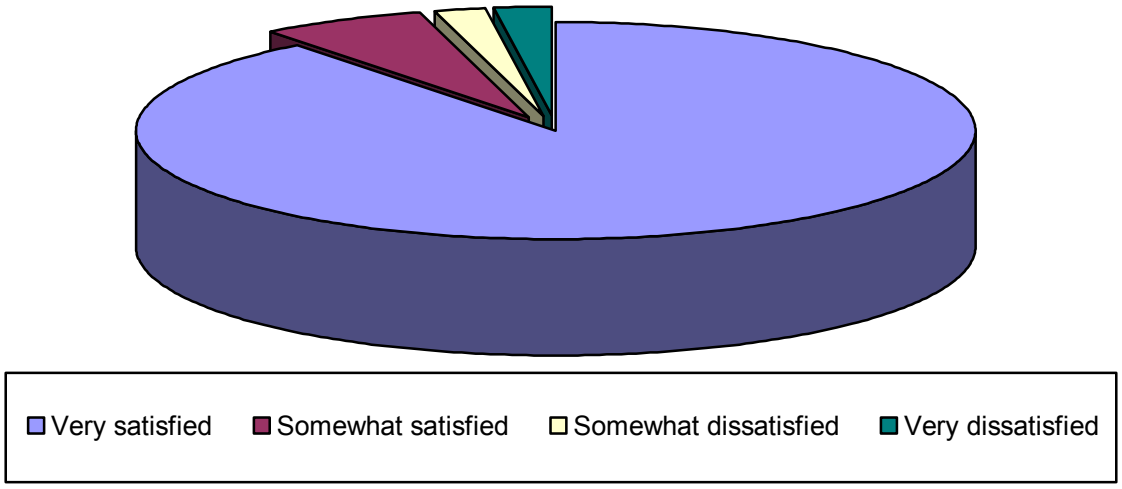
environments than in urban areas. One person noted how difficult it is to get a stroke victim from place to place. She said that an ambulance will take you, but not bring you back. If the client cannot give the exact address of their destination, the transportation companies will not make an appointment. Several spoke of having to get cabs to take them home, because the wait for the transportation was so long. One client was supposed to be taken to her appointment with a doctor in another town, but the transportation service did not have a driver available. She had to find other transportation. A female client used to use the transportation service. The pick-up was usually not a problem, but the return trip required a very lengthy and unpredictable wait. One client said that Medicaid would pay a client's daughter 30 cents a mile to take her to the doctor. Others said that they did not know this to be true. Clients across the state were extremely interested in more frequent and higher quality transportation.

Other concerns by participants dealt primarily with direct service providers or specific procedures related to service access and quality. A main complaint was with the quality of work of some of the direct in-home service providers. Punctuality and quality of work were concerns. Continuity of relationships with specific providers was also desired. Many respondents indicate that some of the service providers are respectful and competent while others display a lack of respect and produce poor work. In some cases, direct service providers bring children to work with them or do not listen to the consumers. Often consumers become accustomed to individual providers but turnover of workers ends that relationship. In one instance, participants indicate that they have learned not to ask for their favorites, because provider agencies do not like for personal relationships to develop between service providers and consumers. Other complaints included the fact that they must go through a physician to qualify for some services.

Overall, according to the data, the quality of service is dependent upon individual integrity of workers, companies, and clients. According to one participant, "There are good workers and lazy workers". One client said that whenever a new worker comes in, he has to train him or her. Some clients have problems with one nursing or transportation company where others don't experience problems with the same companies in the same area. In referring to housekeepers, one client said, "You have to let them slide a bit, because they will do more for you if you act nice. Treat them well; then they give a little bit".

Figure J illustrates responses on the follow-up questionnaires as to satisfaction with services. As this figure shows, respondents are overwhelmingly "Very Satisfied" with their CCSP services.

Figure J
Focus Group Respondents' Satisfaction with CCSP Services



3. Thinking back to your last meeting with your CCSP care coordinator, talk about your experiences.

Of all questions asked of respondents, this one appeared to be most difficult for them to recall. Many respondents remembered when their last meeting took place, although several did not. In some instances, participants appeared to be confused as to who their CCSP care coordinator was. During some conversations, it appeared that they were often responding about visits with direct care providers. Overall meetings appeared to occur every 2-4 months and to last from 15 minutes to one hour. The discussions at these meetings centered on the consumers' satisfaction with the program, current needs and future plans. One woman says that her care coordinator helps her with everything. Several mentioned that the care coordinator was nice, respectful, and attentive and appeared to care about their families.

While some respondents seemed to highly value home visits by care coordinators, others seemed to prefer more phone visits. This was especially true for younger, disabled clients.

Caregivers however, seem to prefer in-home visits. Three-way phone conversations may be too difficult. When a care coordinator works with a caregiver, it is important to include the client. For the most part, caregivers speak for clients. One woman who takes care of her sister says that she appreciates it when the care coordinator talks with her sister even though communication is difficult. Another said that the care coordinator is always nice to her and her brother.

4. What would you need in the future in order to remain independent/ at home?

This question elicited a varied response. Although some participants were residents in group homes, all were interested in remaining as independent as possible for as long as possible. In some instances participants mentioned specific services or programs (i.e. emergency response buttons, ramp access, transportation). Other respondents mentioned that services were available, but too costly. Increased funding for support may be necessary. Caregivers need funding for transportation and other services. Respite care was mentioned by most of the caregivers.

Other types of in home help may need to be offered. Participants spoke of how it may not be possible to stay in their homes if they cannot get overnight help or if they live outside of areas where the services are provided. Some may need in home medical care if their physical conditions worsen.

Once again, transportation, which is not a service provided by CCSP, was mentioned by most of the respondents. Elders may need alternative modes of transportation. Another says that there needs to be a taxi service and a voucher card that would pay for the trip to go to the doctor. There was much agreement that the current transportation service requires waits that are too long.

One serious problem for some participants is the limited access to food. There is no transportation for grocery shopping and no delivered meals on some days of the week or in some areas. It may be that some will need access to a food bank for low income people. Related to needs to access low cost food is the need for lower cost medications. Almost all participants who are responsible for payment of their own bills indicated that they need clearer information about medicine coverage. Medicare part D is a source of confusion for many participants (both clients and caregivers).

Some participants mentioned problems with scam phone callers. They feel that they need regulation to prevent such scams (i.e. for purchase of services which are never provided or for medical equipment). Clients mentioned that some of them had paid for things that should have been included in Medicare or Medicaid. People need to be educated about the services. One participant believes a lot of people don't know about these services.

5. What would you like to change regarding your CCSP services?

Responses in this portion of the discussion were more specific and identified particular programs or services that the participants felt were lacking. For example, some participants mentioned that access ramps, hearing aids and dental care were needed, and better personal care home services were also mentioned. The most frequently mentioned change again was transportation assistance.

Also frequently mentioned as a response to this question was the lack of knowledge about what services were available. Caregivers mentioned additional respite, especially in home and overnight respite to allow caregivers to travel. Many of these respondents indicated that a service which permits overnight respite in nursing homes is not an option for their family member, who cannot be moved. In other instances, nursing homes are too crowded to allow for this service.

Several comments regarding the bureaucratic arrangements by which abuse is reported were made in response to this question. Participants were concerned that they did not reach appropriate agencies when dialing the 800 number to make reports and that the APS line was only open until 5:00 pm.

Many comments were less specific, just related to a desire to get out of their homes more and be more active. "I can't do what I want to do in a wheelchair. I want to be more active."

The follow-up questionnaire included a set of yes/no option questions which relate to the question of changes in service. As Table 14 indicates, respondents tend to respond that there is no additional service that they need, but they do indicate that they would like to be able to be more active. Forty-four percent indicate that they would like to do things outside their home that they currently do not do, but only 25.5 percent say that there are services that they would like. The follow-up questionnaire responses also show that the majority of participants do know who their CCSP care coordinators are, and they count on them to give assistance when clients need help. Family members are also a source of help for clients and caregivers in the focus group sample, although almost one third of those who responded to the follow-up survey have no assistance from friends or family. Only one consumer who participated in the focus groups indicated that they would not recommend the CCSP program to friends.

Table 14
Focus Group Responses on Yes/ No Questions

Question	"Yes" responses	"No" responses	"Unsure" responses	Total number of responses
Do you know who your CCSP care coordinator is?	39 83%	5 10.6%	3 6.4%	47 100%
Does your CCSP care coordinator help you get what you need when you need it?	43 91.5%	1 2.1%	3 6.4%	47 100%
Would you like to be more involved in planning your CCSP services?	21 45.7%	21 45.7%	4 8.7%	46 100%
Is there any other service that you need?	12 25.5%	31 66.0%	4 8.5%	47 100%
Is there anything that you want to do outside your home that you don't do now?	19 44.2%	23 53.5%	1 2.3%	43 100%
Do any of you family members or friends regularly help you with the things you need?	31 66.0%	16 34.0%	0 0.0%	47 100%
Would you recommend the CCSP to your family and friends?	45 97.8%	0 0.0%	1 2.2%	46 100%

6. How has your life changed since receiving services?

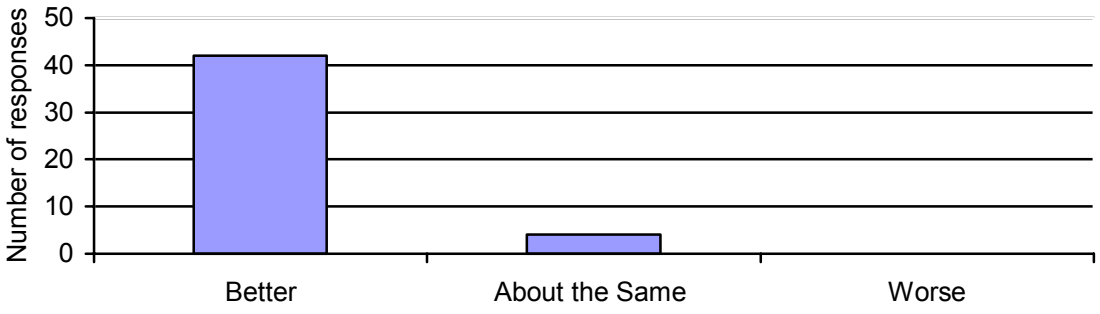
Caregivers were most vocal about life changes since receiving CCSP services. Caregivers take their family responsibilities very seriously. "We need to care for parents; they took care of us." Many respondents did not need services until they or their family member had a fall or extended illness or were in the hospital. The CCSP program allows caregivers to retain their jobs because of available services. One mentioned that she had been thinking of quitting her job before these services; now she can work. Respite was mentioned by the majority of caregivers in the focus groups as an essential service. CCSP services have improved relationships between clients and in-home family caregivers.

For clients, CCSP services are often the only barrier between them and nursing homes. Several had previously been in nursing homes, prior to qualifying for service. One indicated that the CCSP services allow her to live away from abusive family members.

All consumers mentioned increased positive attitudes and mental outlook due to the programs and services. Virtually all mentioned that the services impacted their lifestyle in a positive way. "I am in a much better position now. I can do for myself. I want to do for myself."

As Figure K below taken from the follow-up questionnaire illustrates, the vast majority of participants indicate that CCSP services have made their lives better.

Figure K
Would you say the help you receive from CCSP has made your life better?



7. If you needed any new service, would you know where to go to ask for services?

The majority of participants would call their CCSP care coordinator. Discussions among focus group participants indicate that many of these consumers depend exclusively on that single contact for information. Most feel free to contact their CCSP care coordinator at any time. One focus group in particular was clearly attached to the care coordinators to whom they had been assigned. Mention was made of materials provided to consumers during the initial visits. Some mentioned that care coordinators bring up new services which consumers qualify for without specific requests for service. Other sources of information mentioned by participants included physicians and nurses, family members and the welfare department. Participants who regularly attend functions at senior centers indicated that they would ask senior center staff members.

There were several participants who indicated that they would not know who to ask for help in accessing services. Particularly troublesome to participants was where to access legal assistance.

Finally, respondents were asked to include any other comments they would like on the follow-up questionnaire. The table below categorizes the open-ended written responses by focus group participants. As this table shows, most respondents who wrote in comments wish to have more independence and be more mobile. Other frequently mentioned comments dealt with assistance provided by friends and family and complaints about direct service providers.

Table 15
Focus Group Follow-Up Questionnaire Comments

Comment type	Number of comments
Comments about desire to go outside the house/ work/travel/study	6
Comments about assistance from friends and/or family members	4
Direct service complaints	3
Comments about food/ grocery shopping	2
Desire for more time/ closer relationship with care coordinator	2
Comments about help with lawn care	2
Comments about desire to drive	2
Comments about weekend help	1

Nursing Facility Mail Survey Responses

Section Summary

The survey of nursing home facility residents was the first attempt by the Division of Aging Services (DAS) to derive information from this population. Since so many residents are physically or mentally incapable of responding to a written survey, the decision was made to survey Resident and Family Council Presidents and Social Services Directors Therefore the sample constructed was not random and survey results cannot be held to statistical standards required for generalization to the population. However, the response rate (32 percent) is appropriate, and findings can be evaluated as an exploratory analysis of this population.

Overall the findings indicate that respondents are most aware of services which are presented to them within the facility. Respondents identify services related to individualized assistance as those with which they are most familiar. They understand the role of the ombudsman as an advocate to resolve individual problems or issues more than they do as a source for information or education. They are less aware of information that is accessible outside the facility. They are also more aware of the programs and services offered by the Long-Term Care Ombudsman Program (LTCOP) than they are of services and programs offered by GeorgiaCares or by the Elderly Legal Assistance Program (ELAP).

Respondents indicate that they are aware of the services and programs of the statewide Aging Network, and that they knew of these programs and services prior to entering the facility. However, there is also some evidence that respondents are more knowledgeable about programs and services than are other residents of facilities. Respondents indicate that other residents may not regularly attend meetings, even when they are physically able to do so.

This survey represents a first step in feedback from a new population, and response rates were surprisingly high for mail surveys. Although findings cannot be generalized to the population, the candor of respondents indicates that further surveys would be appropriate.

Some noteworthy comments by survey participants include:

- “A more coordinated program of services.”
- “I would just like more education on services available and how to access them.”
- “Nursing home survey and complaints information (are) not available online. Other states provide this information.”
- “Just regular communication about the services that are available and changes that are made. Even a 1x per year overview of services would be helpful for me to use for referral - Not everyone in a nursing facility is there forever - if they are discharged it is good to have referrals!”

- "Staffing - actually residents would like more nurses (CNA, CPN etc) and social workers. The state requirements don't take into account the equity of the problems and situations that occur on a daily basis. Nurses and social workers have a lot of required duties and often times the resident and their families need more attention than what is physically possible at times."

- "Receiving medication on time, transportation problems and missing appointments because of it; disrespect of CNA to residents, awful food, mismatched menus, constant loss of laundry. When it's time for DHR annual survey, staff gives the impression that everything is perfect. When DHR leaves, everything goes back to the hell it really is."

Detailed information from the Nursing Facility Survey follows.

DAS Services requested Kennesaw State University (KSU) A. L. Burruss Institute of Public Service to devise a method by which representatives from nursing facilities (Resident and Family Council Presidents and Social Services Directors) would provide feedback to the agency on a number of topics related to services and programs offered by the state to elderly residents of those facilities. This was a new population from which information could be derived to determine needs among nursing home residents and saturation of information among residents. This population was particularly difficult to reach as many residents are not able to complete questionnaires and telephone survey techniques are not generally appropriate in nursing home settings. A mail survey was selected as the best means by which to reach the largest number of persons. A comprehensive listing of facilities was used to create a sample. Three surveys were sent to each facility, one to the resident council president, one to the family council president and one to the social services director. Although names were available for some of these individuals, in many instances, mailed surveys were addressed to persons holding these titles. In addition, nonprofit organizations which work closely with nursing home and resident care facilities were also contacted to distribute surveys to persons with information about service provision.

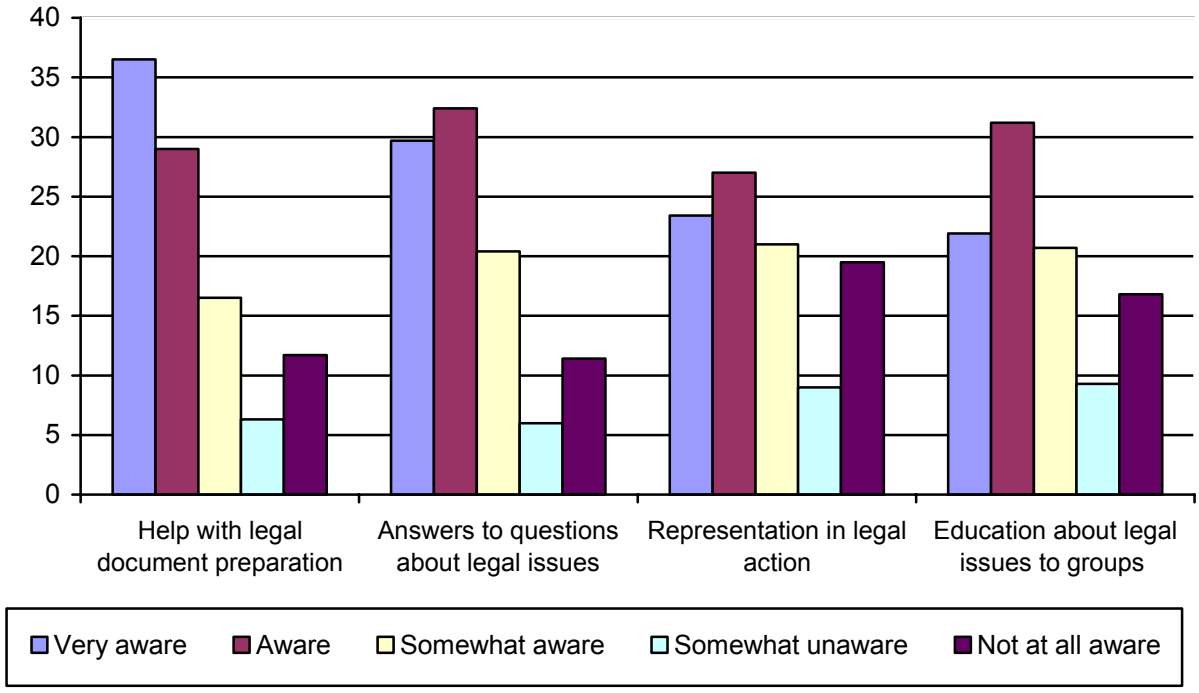
The sample used for this survey was created as the best method by which data could be obtained from a population never before explored by DAS. In all 1079 surveys were mailed: 377 to Social Service Directors, 333 to Family Council Presidents and 369 to Resident Council Presidents. Additional surveys were faxed to representatives at appropriate nonprofit agencies. A total of 345 surveys were returned by fax and mail, resulting in a response rate of 32% which is exceptionally high for mail survey response. As Table 15 indicates, half of the respondents were social services directors and about 27 percent were resident council presidents. Seventeen persons wrote in other titles, ranging from family members of residents to general administrative titles. The total listing of all titles for persons completing the survey is included in the appendix of this report with all frequency distributions for all portions of the mail survey.

Table 15
Respondent Titles

Respondents	Frequency	Percent
Social Services Director	189	54.8%
Resident Council President	94	27.2%
Family Council President	21	6.1%
Other	17	4.9%
Activity Director	10	2.9%
Missing	4	1.2%
Total	345	100.0%

The first set of questions asked of respondents deals with their awareness of services. A series of services were listed and respondents were asked to indicate whether they were very aware, aware, somewhat aware, somewhat unaware, or not at all aware of that service. Figure L illustrates comparative responses to the first set of these services (question 2), which all deal with legal issues and elder rights. All of the services presented in Figure L are offered through the Elderly Legal Assistance Program (ELAP).

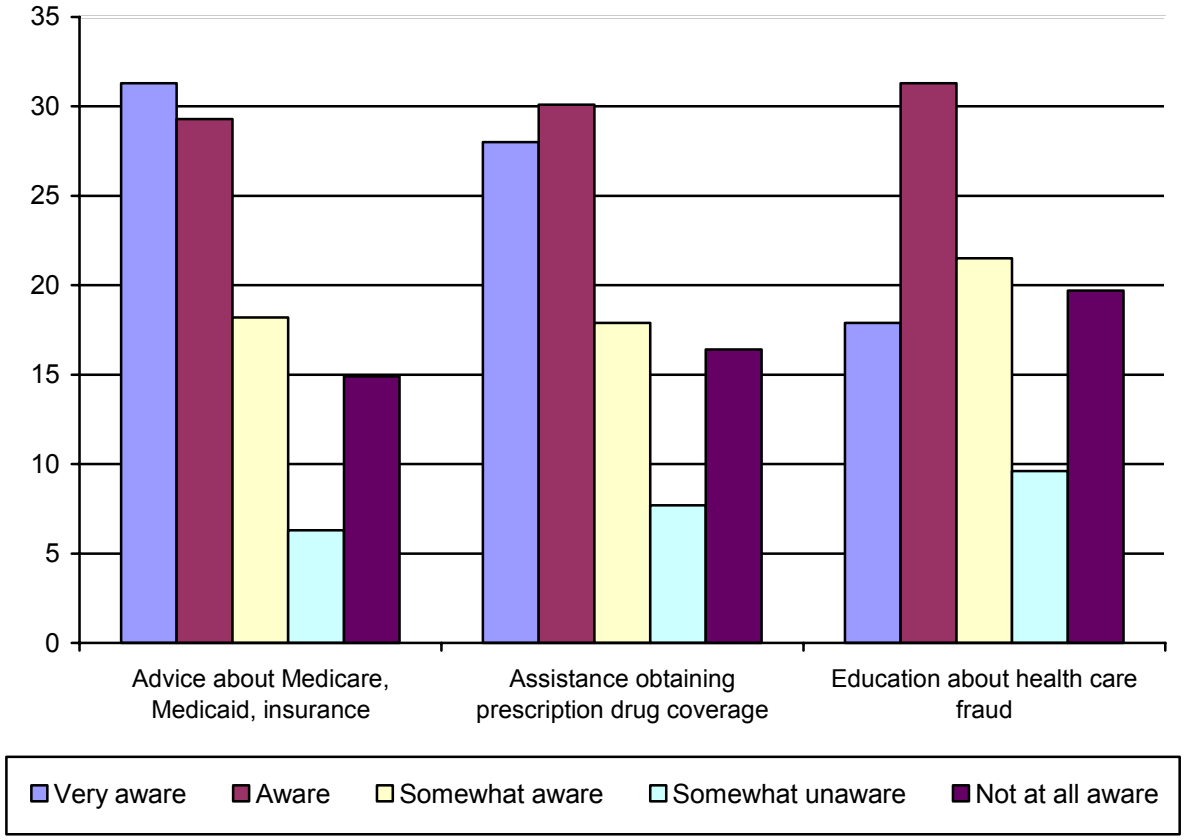
Figure L
Awareness of Elderly Legal Services Program



As this figure indicates respondents were less likely to know about services related to representation of the elderly in legal matters, and legal education to groups. They were more familiar with services that provide assistance with the preparation of legal documents and answers to questions.

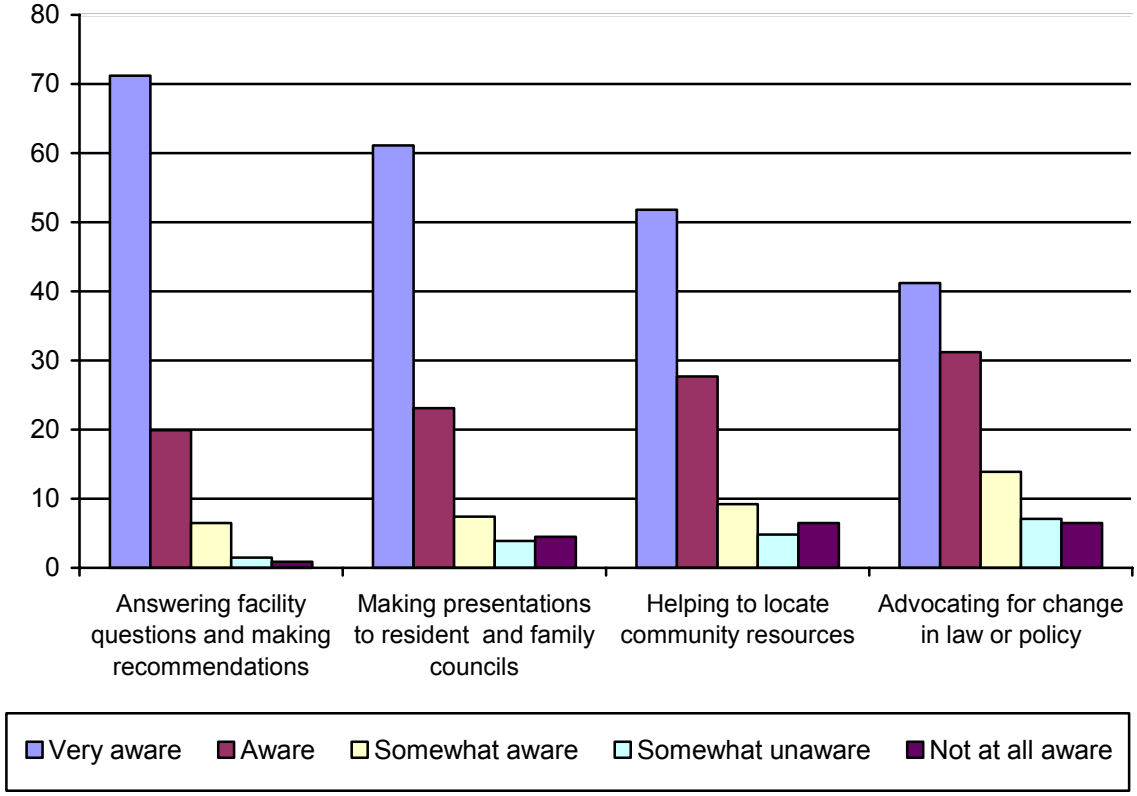
The next set of services deals with issues related to the administration of their health care. In question 3, respondents again were asked to respond as to their level of awareness of services. As Figure M illustrates, respondents were most aware of informational services and advice on Medicare, Medicaid and other insurance. They were less likely to know about education for health care fraud and assistance with prescription drug coverage. The services presented in this figure are provided through the GeorgiaCares program.

Figure M
Awareness of GeorgiaCares Services



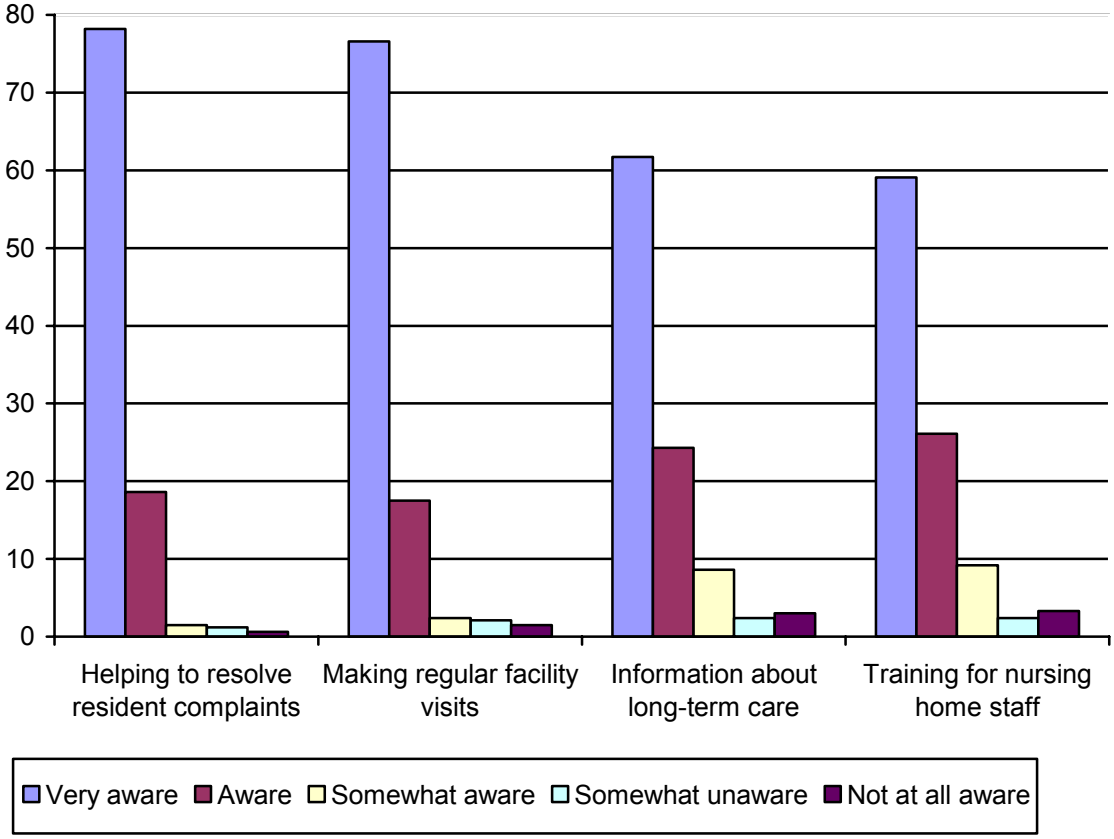
All of the services presented in the following two figures (N and O) are provided by the LTCOP. Question 4 addressed awareness of these services. As Figure N indicates, three categories of service (i.e. making presentations to resident and family councils, helping to locate community resources and answering facility questions) had more than half of all respondents indicating that they were "very aware" of services.

Figure N
Awareness of Services Provided by the Long-Term Care Ombudsman Program
Part I



As Figure O indicates, the services of staff training, provision of information on long-term care, making resident visits within the facility, and resolution of complaints, are by far the group of services most well known to the respondents. In all cases, a majority of respondents indicated that they were "very aware" of these services and well over two-thirds were aware of the services.

Figure O
Awareness of Services
Provided by the Long-Term Care Ombudsman Program – Part II



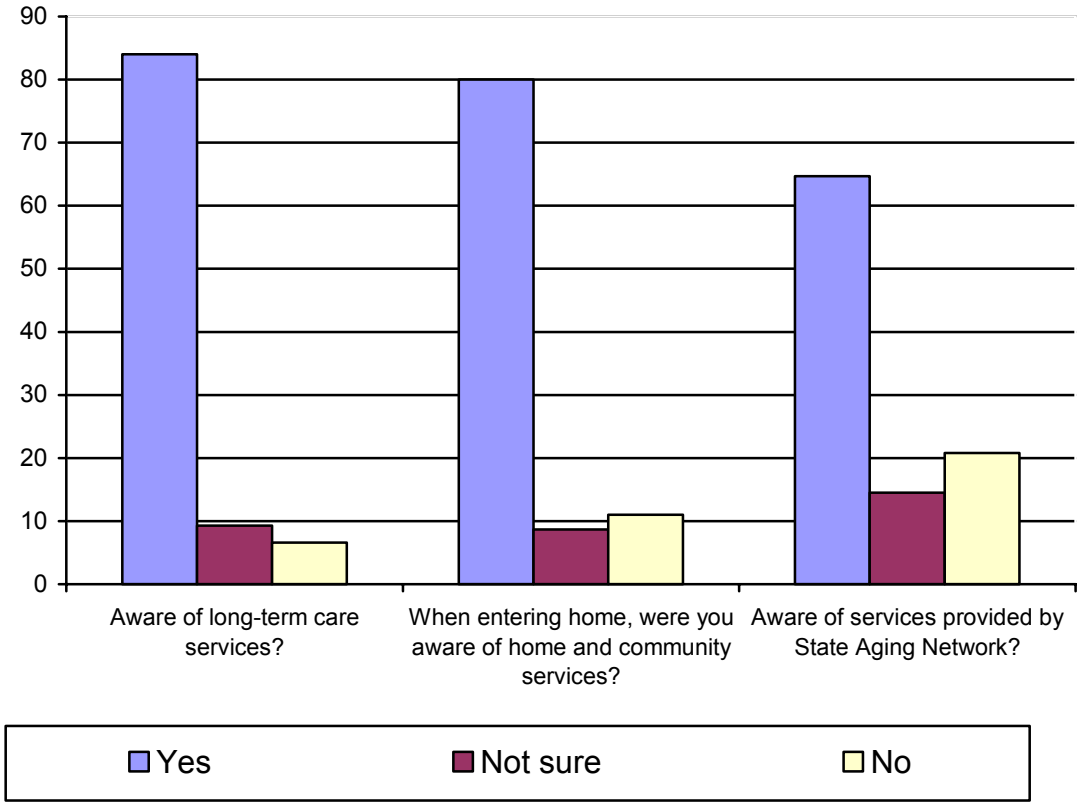
The data from these sets of questions indicate that overall respondents are less aware of services related to education and assistance on legal and medical administrative issues and more aware of one-on-one services to residents such as complaint resolution. Although in most cases the plurality of responses were that individuals were aware of services across all dimensions, a substantial percentage (generally between 10-20 percent) indicate that they are "not at all aware" of some services related to legal and medical administrative assistance.

Not surprisingly respondents were most aware of services offered by the LTCOP. This is possibly due to the fact that they are residents or administrators in long-term care facilities. Saturation of information of other programs is not as complete within these facilities.

Awareness of services was also measured by a brief set of yes/no questions (question 8), presented in Figure P. These questions focused on whether respondents were aware of services which support independent living outside nursing facilities. Three questions were asked of respondents: whether they are aware of the services offered by the statewide Aging Network, whether they are aware of long-term care and support services and whether, at the time of their admission to the nursing facility, they were

aware of home and community services. This final question was only asked (and is only reported in the figure) for residents, not other types of respondents .

Figure P
Awareness of Services



As Figure P indicates, respondents were less sure that they knew of the services of the state Aging Network, but were more aware of long-term care services. It is interesting to note that over 80 percent indicated that they knew of home and community services before entering the nursing or resident care facility. However, 14 percent of residents who answered that question did not know of those options when making the decision to enter the nursing home.

Questions 10-16 (Figure Q, Tables 16 & 17) were asked only of respondents who themselves were residents of the nursing facility. These few questions dealt with their experiences and outlook on awareness of services and access to information within the facility.

Earlier, question 5 on the survey asked whether a computer was available for resident use. Only one-third of respondents indicated that a computer was available for residents. In question 10, respondents were asked whether residents attend Resident Council meetings . Table 16 indicates responses to that question, with only 13 percent of all respondents indicating that almost all residents who are physically able attend Resident Council Meetings. Approximately one-third of respondents indicate that most of

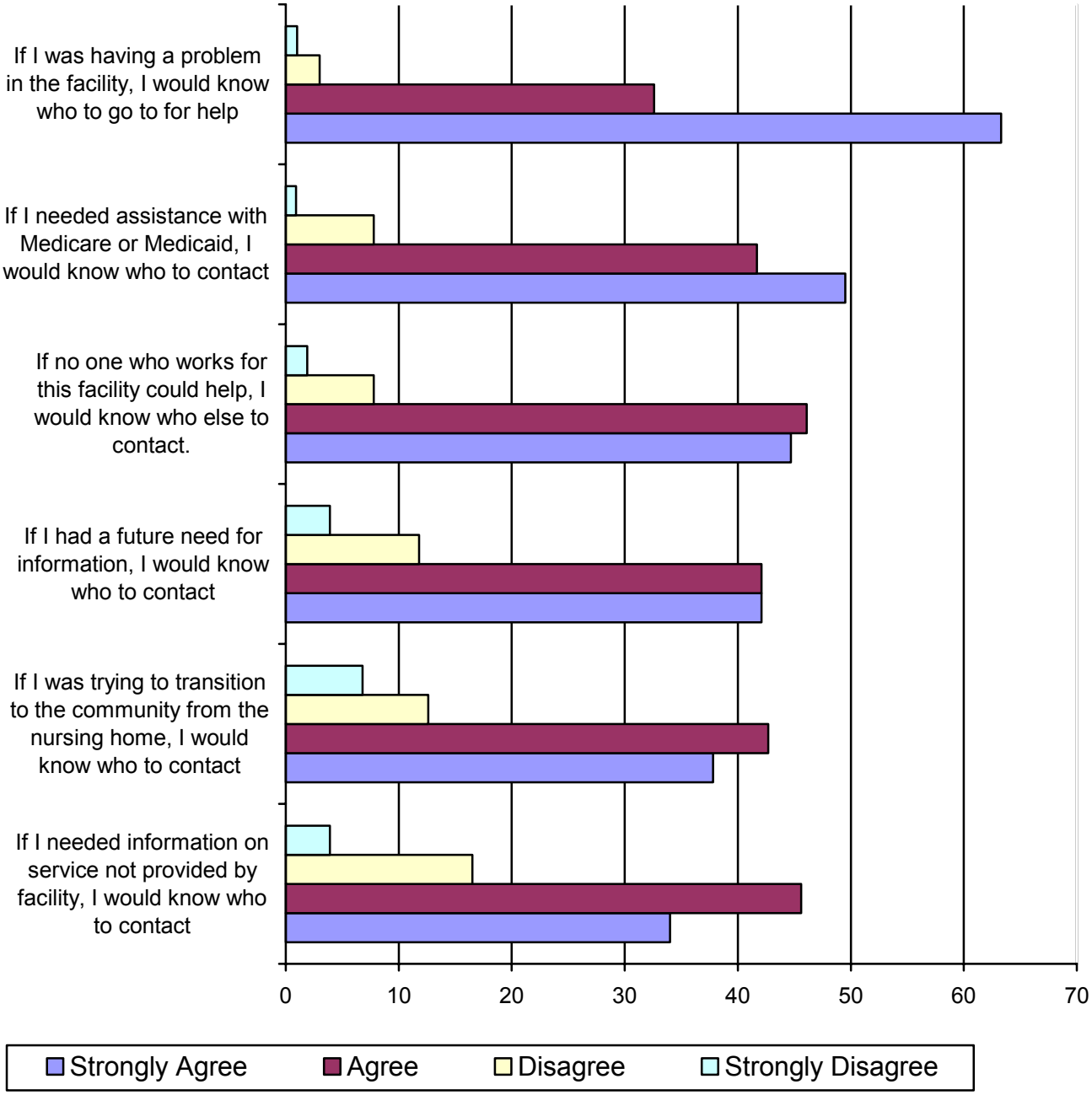
the residents attend these meetings. Over 12 percent of respondents indicate that the Resident Council meetings are attended by only a few residents.

Table 16
Attendance at Resident Council Meetings

How many of the people in your facility attend Resident Council meetings?	Frequency	Percent
Very few of the residents	12	12.2%
One fourth of those who are able	18	18.2%
Half who are able	22	22.2%
Most who are able	34	34.2%
Almost all who are able	13	13.2%
Total	99	100.0%

The next set of questions (numbers 11-16, as illustrated in Figure Q) was also only posed to those respondents who were residents, not other respondents. Each of these items dealt with whether the respondent would know whom to contact if they needed assistance with a problem in the future. Statements were presented to the respondents who then indicated whether they strongly agreed, agreed, disagreed or strongly disagreed with each statement. Three statements which dealt with respondents' confidence in assistance outside the facility received the lowest overall agreement from the resident respondents. When asked whether they would know whom to contact for services not provided by the facility, only about one-third of respondents strongly agreed with the statement. Respondents were also relatively less likely to agree that they would know who to contact if they were transitioning to the community from the nursing home and when they were posed with the possibility of no one within the facility being able to assist them. Despite these relative low levels of agreement, it should be noted that respondents overwhelmingly feel that they do have access to contact persons if they need assistance. In all cases presented in the figure below, at least 80 percent of respondents indicate that they "strongly agree" or "agree" with the statements.

Figure Q
Resident Responses on Awareness of Assistance



Several questions on the survey allowed respondents to write in individualized comments on issues of concern. One of these open-ended questions (question 6) asked respondents to list those issues that residents of the facility most often discussed with them. Table 17 offers a categorized listing of topics discussed with resident council presidents, social services directors and others who completed the survey. Since respondents were free to list more than one topic of discussion, percentages are not provided in the table.

Table 17
Most Common Problems/Issues Discussed by Residents

Problem/Issue	Number of Respondents
Staff/Call Lights/General assistance	106
Food/Dietary	104
Privacy/Roommate Issues/Rooms	62
Legal/finance issues	52
Missing/Misplaced Items	48
Hygiene/Health	41
Family Issues	25
Activities/Resident rights	22
Care issues	20
Adjustment to living at the facility/Going home	18

A second open-ended question (question 7) regarding collaboration of the facility with other agencies and organizations was included in the survey. In this question respondents were asked to list agencies and organizations which they regularly ask for assistance. Respondents were permitted to indicate more than one response, so total numbers of responses are presented rather than percentages of respondents. The most frequent responses are shown in Table 18. A full listing of all responses for this question and the preceding question is provided in the appendix to this report.

Table 18
Agencies and Organizations Most Likely to Be Contacted by Respondents

Which people or agencies are you most likely to contact for help?	Number of Respondents
Other agencies (Includes CCSP, Social Security, Veterans Administration (VA), etc.)	172
Other agencies (Includes CCSP, Social Security, Veterans Administration (VA), etc.)	172
Ombudsman	167
Social Services/DFCS	117
Administration/Corporate	106
Director of Nursing/Nursing Staff	85
Other facility staff members or directors	81
Georgia Legal/Legal services	45
Family	23

As Table 18 indicates, respondents are most likely to seek help or assistance from persons within the facility. Other agency staff and the Ombudsman are most likely to be contacted by those respondents who are seeking help with a problem or information

regarding services. State agencies are also sources of information for residents as well as family members. These findings support those of the previous questions. As the previous figure (Figure Q) indicates, respondents are most confused about where to seek help if assistance is not available within the facility.

State Plan AAA and Provider and Care Coordinator Web Survey Responses

Section Summary

Overall responses to the Area Agencies on Aging (AAA) survey reflect concern for some specific services, especially transportation and prescription drug assistance issues. Interagency communication and paperwork issues are of only moderate concern and are not among the barriers noted as most significant when delivering services. Respondents are also overwhelmingly satisfied with their interactions with other agencies and the Division of Aging Services (DAS). Although respondents seem to feel that communication among agencies is good, communication and education are issues of concern when dealing with clients and the public. Respondents are using a variety of methods to educate and inform their clients, but still see this as a significant problem.

It is difficult to assess what proportion of all AAA providers completed the survey. The population of AAA providers includes a number of persons for whom e-mail and physical addresses were unavailable. The Aging Information Management System (AIMS) database was used to select the sample but some contact information was inaccurate. Nevertheless, respondents were forthcoming in their comments and suggestions. Thus it is appropriate to consider a means for maintaining a database of providers in the future from which to draw information and feedback.

Some noteworthy comments by survey participants include:

- "Transportation is often a problem with our clients. Before transportation was taken away from the AAAs, clients could arrange to be brought to the Legal Services office. Now they have to make their own transportation arrangements, and often that is difficult."

- "Transportation is the biggest issue. For example, what is the point of having cancer treatment services in Savannah if there is no way for the client to get there? Even if they had a car, after certain treatments, they would be unable to drive safely."

- "By keeping our older population more healthy and active, maybe we could cut down on the need for long term care. Sometimes all people need is a little help in the home with grocery shopping, appointments etc."

- "Supporting caregivers will increase the number of older people who can remain in their homes versus nursing home care."

- "I think a priority would be to keep our older people healthier, implementing disease management and education of how our clients can live healthier lives without having to worry about buying expensive foods or equipment."

- "Try to get the word out to everyone about the Senior Centers. There are still people out there that don't know what the Centers are all about. They think of

them as a nursing home. Once they become involved in a Center they become very active."

- "More funding for mental health clients. The mental health population is greatly increased in Long-Term Care facilities and Mental Health Ombudsman is greatly needed to help with concerns and issues of this population."

Detailed information from the AAA Service Providers web-based survey follows.

Two groups of professional networks, AAA staff and providers, and Community Care Service Program (CCSP) providers and care coordinators , were surveyed using web-based survey instruments. The two surveys examined different programs, but it is possible that some overlap of respondents occurred since CCSP providers may also be AAA subcontractors of non-Medicaid home and community based services. Responses from the first of these groups, the AAA providers, are presented in this section.

The survey was administered by interactive website, maintained by Kennesaw State University (KSU). Mass emails containing the link to the website were sent out to persons known to deliver services through the AAAs. Providers for whom addresses, but not emails were known, were sent postcards instructing them to access the survey and faxes were sent to others for whom fax transmittal was the best method of communication. In all, 1246 emails, postcards, and/or faxes were sent. In addition management personnel within the known population were asked to inform their direct service providers to access the website, using newsletter information and email. Reminder postcards were also sent approximately two-weeks after initial notification. This method of sampling was not ideal but was deemed to be the most comprehensive manner of reaching the maximum number of respondents. In all, 274 AAA providers completed the web survey. Using 1246 as a base, this amounts to a 22% response rate. The table below indicates job positions held by the respondents to the AAA web survey. As this table indicates the largest group of respondents was care coordinators for the CCSP program.

Table 19
Job Positions of AAA Survey Respondents

Title/Position	Frequency	Percent
CCSP Care Coordinator	110	40.1%
AAA Staff/Director/Gateway Staff (Information & Assistance)	50	18.2%
Service Provider	66	24.1%
Other	46	16.8%
Missing	2	.7%
Total	274	100.0%

Several questions regarding how AAA providers provide information to clients were asked. These questions permitted respondents to indicate numerous methods of communication with clients and allowed respondents to indicate multiple groups of clients to whom they were providing information, assistance and referral. Since multiple

responses were permitted, the table includes presentation of percentages of responses as well as percentages of the total number of respondents. Responses to these questions are presented in Table 20.

Table 20
Methods of Communication with Clients and Client Diversity

Which method, or methods, are you using to provide clients with information, assistance, and referral to services and programs? Check all that apply.			
Methods of Communication	**Responses**		**Percent of Cases***
	N	**Percent of responses***	
Notification at local public events	166	19.4	66.9
Notification at religious and community centers	155	18.1	62.5
Direct mailing/ newsletters	137	16.0	55.2
Posters in public buildings	125	14.6	50.4
Local Newspapers	117	13.7	47.2
Public Service Announcements on Radio Stations	80	9.4	32.3
Public Service Announcements on local television stations	75	8.8	30.2
Total	855	100.0	344.8
Indicate all groups to which you provide information, assistance and/or referral. Check all that apply.			
Groups identified that receive information, assistance, or referral.	**N**	**Percent of responses***	**Percent of Cases***
Medicaid clients	259	19.7	96.3
Disabled clients	247	18.8	91.8
Non-elderly clients	197	15.0	73.2
Ethnically diverse clients	180	13.7	66.9
Private Pay clients:	161	12.2	59.9
Non-English speaking clients	136	10.3	50.6
Kinship clients	135	10.3	50.2
Total	1315	100.0	488.8

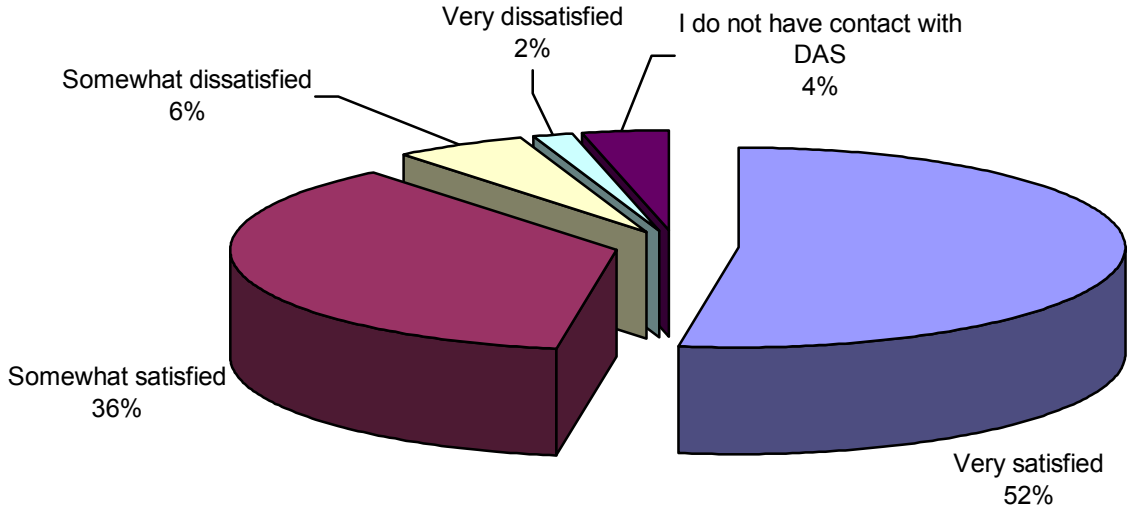
*Since subjects were able to choose more than one response, percentages are provided for number of responses given and numbers of individuals who responded.

As Table 20 indicates, AAA providers use a variety of means to inform clients about services. Most frequently used are notification at public meetings, religious and other community events. Direct mail methods are also used by respondents. AAA provider client demographics are also diverse. The largest groups are disabled and Medicaid clients, but over half of the respondents also have private pay clients. Although both non-English speaking clients and kinship (grandparents or other older adults raising children) clients are relatively small, half of the respondents indicate that they have

clients in these categories. It is reasonable to assume that both of these categories are likely to grow in coming years, as demographics for the state reflect growing populations of non-English speaking residents and numbers of grandparents raising grandchildren are also rising.

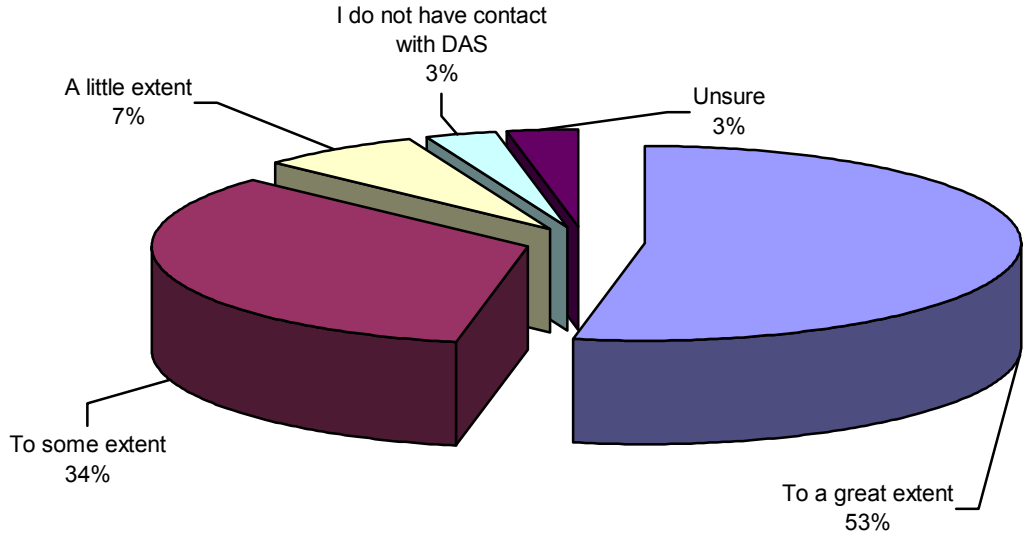
Two questions regarding AAA respondents' satisfaction with DAS staff and support from DAS were asked. Figure R represents responses on levels of satisfaction with DAS staff responsiveness to customer service needs. The majority of respondents indicate that they are "very satisfied" with DAS staff responsiveness. Over 87 percent indicate that they are either "very satisfied" or "somewhat satisfied" with DAS staff responsiveness.

Figure R
Satisfaction With DAS Staff Responsiveness



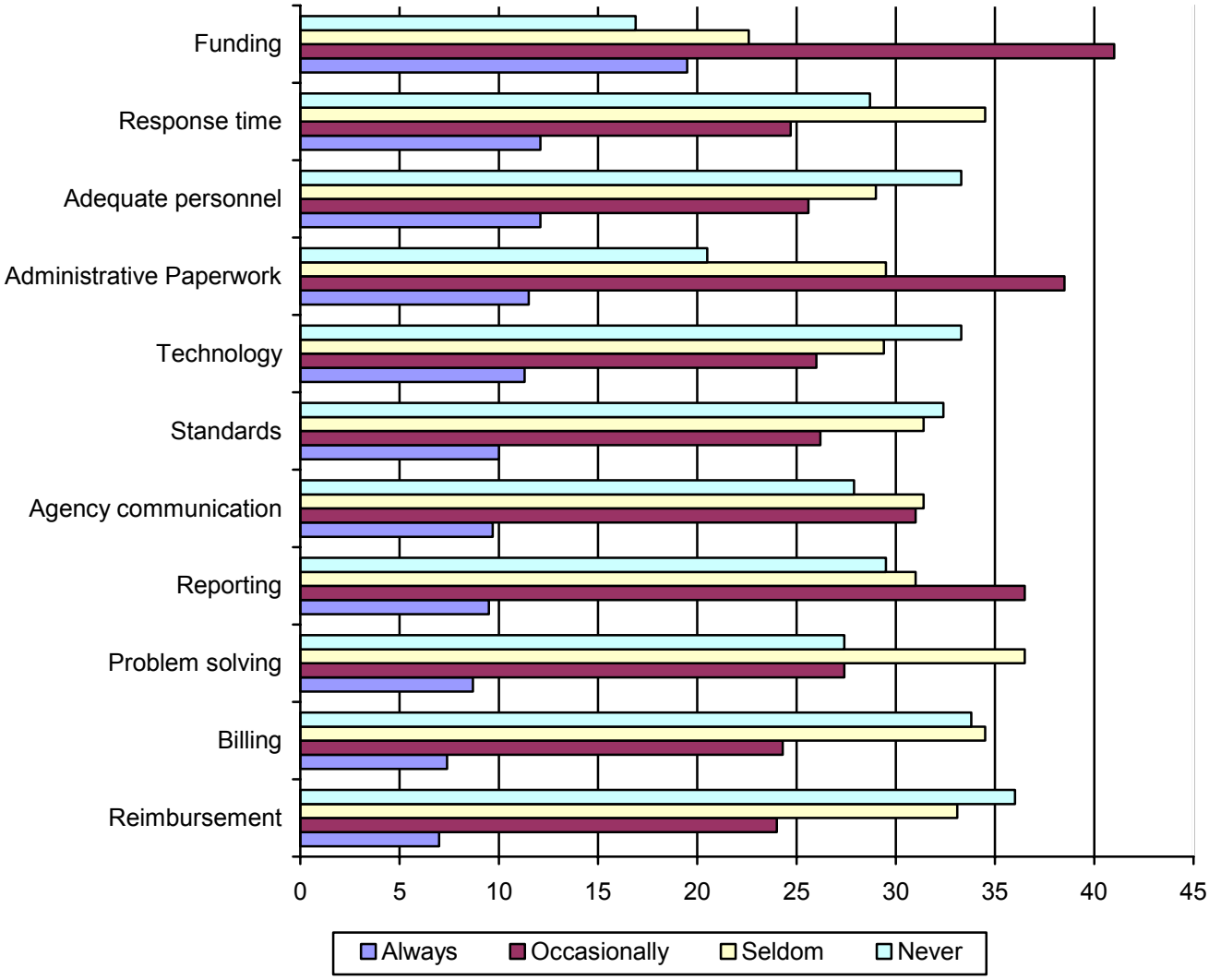
As a follow up to this question, a second question asked respondents to rate the extent to which DAS policies, standards, and procedures support them in their job responsibilities. Figure S illustrates the responses to this question. This figure also indicates that over half indicate that DAS supports them to a great extent and over 87 percent indicate that they are supported at least to some extent by DAS policies, standards and procedures.

Figure S
Response to Question
"To what extent do DAS policies, standards and procedures support you in performing your job responsibilities?"



Specific barriers to collaboration between DAS and the AAA providers were listed in a series of questions that followed. For each of these items, respondents were asked how often they represented barriers to collaboration, from always a barrier to never a barrier. As Figure T depicts, respondents perceive funding, reporting and administrative paperwork to be most problematic. Communication also seemed to be a problem for some respondents. Reimbursement and billing were least often mentioned as barriers to effective collaboration.

Figure T
Responses to Question,
"How often is ____ a barrier to collaboration between your agency and the Division of Aging Services?"



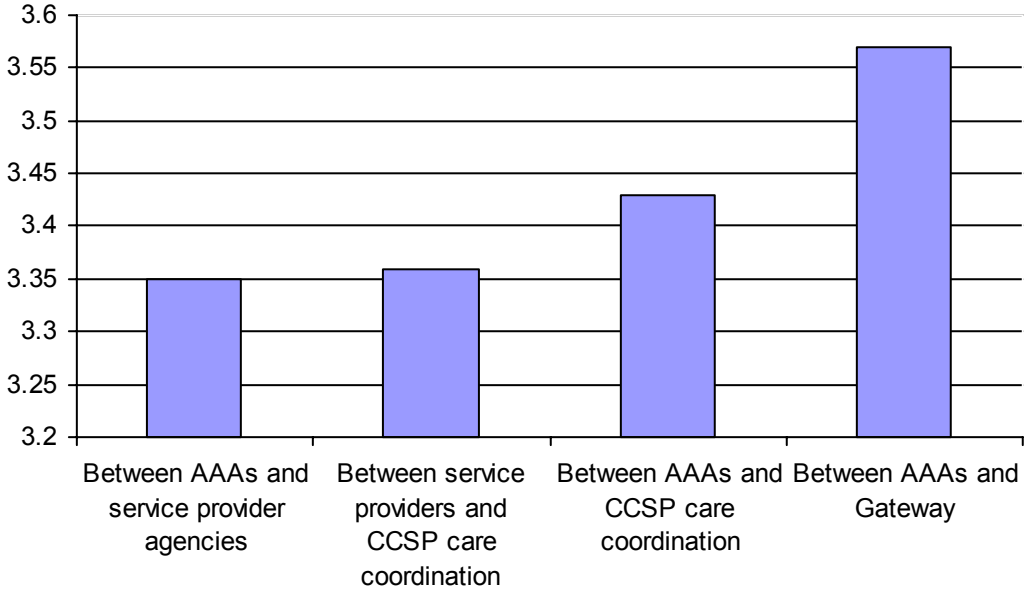
Two sets of questions were asked of respondents regarding their use of the Client Health Assessment Tool (CHAT) and Aging Information Management System (AIMS). Respondents were asked if they used these computer-based programs and then those who indicated that they did use them were asked to rate their level of satisfaction with the systems. The responses to these questions are presented in the table below. As this table indicates, almost two-third of respondents who answered this question indicated that they use CHAT. Of those persons, over half are either "very satisfied" or "somewhat satisfied" with CHAT. The numbers are virtually identical for AIMS users. In both cases, only 3-4 percent of respondents who answered these questions indicate that they are "very dissatisfied" with the systems. An additional 11-13 percent indicate that they are "somewhat dissatisfied" with the CHAT and AIMS systems.

Table 21
CHAT and AIMS User Ratings

Are you a CHAT user?		
Yes	163	62.2
No	99	37.8
Total	262	100.0
How satisfied are you with CHAT?		
Very satisfied	42	25.9
Somewhat satisfied	93	57.4
Somewhat dissatisfied	22	13.6
Very dissatisfied	5	3.1
Total	162	100.0
Are you an AIMS user?		
Yes	155	64.0
No	87	36.0
Total	242	100.0
How satisfied are you with AIMS?		
Very satisfied	45	27.4
Somewhat satisfied	93	56.7
Somewhat dissatisfied	19	11.6
Very dissatisfied	7	4.3
Total	164	100.0

A series of questions was asked of respondents regarding communication between the AAA and various other service providers and organizations. Respondents were asked to rate communication between the AAAs and other groups on a scale of 1 to 4, where 1 represented poor communication and 4 represented excellent communication. Figure U indicates means for each of the rankings, excluding those respondents who indicated that they did not know, or those who did not answer the question. As this figure indicates, perceptions of communication between the AAAs and Gateway are significantly higher than perceptions of communication between other groups. Respondents rated communication between the AAAs and the service provider agencies as the lowest. However, it should be noted that all of the ratings achieved a mean (average) of at least 3.3 on the 1-4 scale.

Figure U
Mean Ratings on 1-4 Scale of Communication
Between Agencies/ Services/ Organizations



When asked an open-ended question regarding what needed to be done to ensure that their agency stayed competitive, respondents were most likely to say that additional funding was needed. They also expressed their desire to maintain a high quality of service for their clients. Staying current with new technology and maintaining a highly qualified staff were also brought up by respondents.

Table 22
Responses to the Question
"What is the most important thing you need to do to ensure that your agency stays competitive?"

Problems/Issue	Number of respondents
Need for additional funding	47
Ability to provide needed quality services for clients	42
Keep informed/updated/current with technology	25
Adequate/trained staff/personnel	19
Communication (for all parties involved)	11
Advertising/marketing	11
Continue current services/policies	6

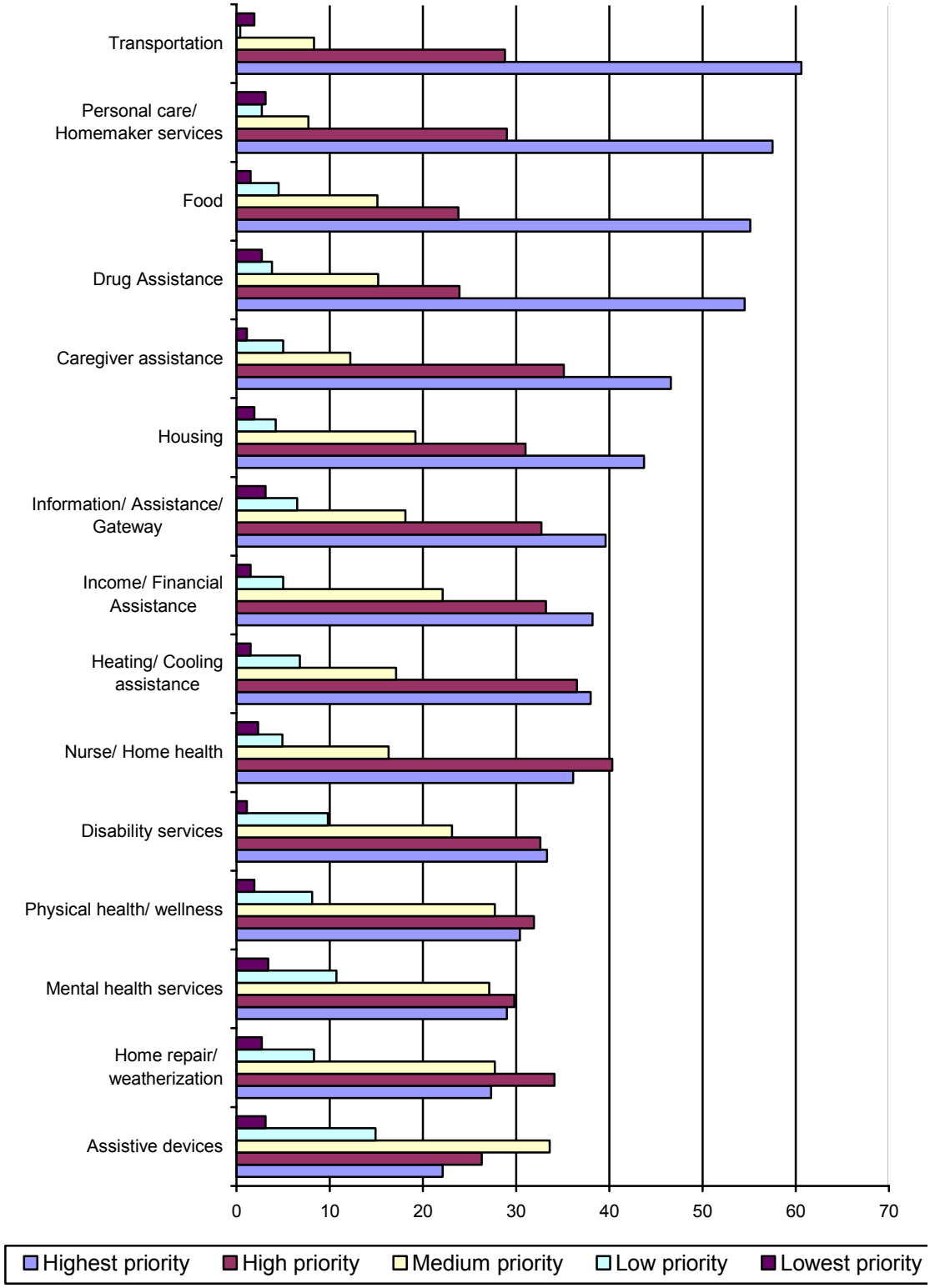
When asked an open-ended question regarding what types of services for which they anticipate need in the future, respondents also provided a range of response. Their comments are provided in full text in the appendix of this report. Table 23 below presents these comments, grouped into categories. Transportation tops the list of responses, with 49 and in home services is second with 38 responses. It is important to keep in mind that open-ended questions are often not answered by many respondents. These questions can support conclusions drawn from other questions in closed-ended formats.

Table 23
Responses to Question
"With possible decline in state funding, what expanded services do groups to which you provide information, assistance, and referral need?"

Problems/Issue	Number Of Respondents
Transportation	49
CCSP services (in home support and care services)	38
Financial assistance/Funding	23
Better access to Facilities/Medicine/Healthcare	16
Medicaid (especially addition of dental care)	15
Home delivered meals	15
Communication issues with non-English speaking individuals	14
Respite care (including care for the disabled)	11
Assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)	9
Fitness/Nutrition/Education	4

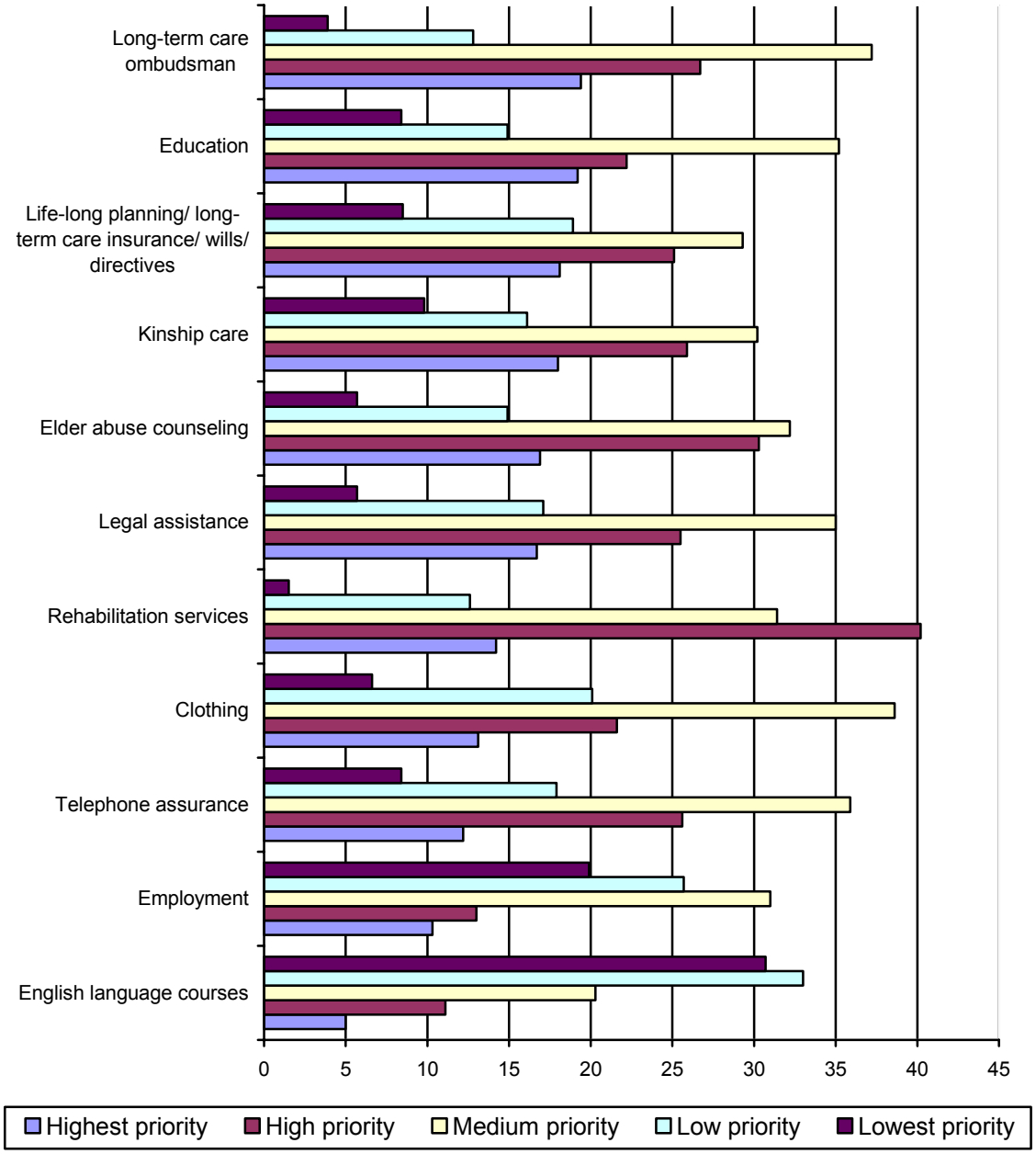
Additional questions regarding priority of service and gaps in service followed this question. As a means of understanding respondent views on future priorities, a series of questions was presented to AAA providers asking them to rank a services and programs from lowest to highest priority. A total of 26 services and programs were ranked in terms of priority by the AAA respondents. Two figures (V and W) present the information from these rankings. Figure V illustrates those services ranked highest by respondents. All of these services and programs achieved at least 20 percent of all respondents indicating that they were the "highest priority." These services and programs are presented in the figure below. As this figure indicates, even among these high ranking programs and services, three stand out as of paramount importance: transportation, with almost 90 percent of all respondents indicating that this was of the "highest" or "high" priority; personal care/ homemaker assistance, with over 85 percent indicating "highest" or "high" priority, and; caregiver assistance/ respite with over 80 percent of respondents giving these rankings. Food assistance and drug assistance should also be noted. Each of these services had fewer than 80 percent of respondents who indicated that they were of the "highest" or "high" priority.

Figure V
Services and Programs Selected As Highest Ranking Priorities



The remaining services and programs which were ranked by the AAA respondents appear in Figure W below. While all programs in the listing were felt to be important by respondents, these programs and services attained relatively lower rankings in priority from the AAA respondents. As this figure indicates, English language courses, employment services, telephone reassurance and clothing were among the lower ranking priorities.

Figure W
Services and Programs Selected As Lower Ranking Priorities



Respondents were asked an open ended question regarding gaps in long-term care services. Table 24 below illustrates the responses to this open-ended question. As the table illustrates, respondents are concerned about costs for clients and in-home care. Long-term insurance and lack of coverage for the 60-65 age group comments may also be related to respondents' concerns over client costs. Transportation continues to be an issue when respondents are asked about serious gaps in long-term care.

Table 24
Responses to the Open-Ended Question "What are the most serious gaps in long-term care for Georgia consumers and what recommendations do you have for addressing them?"

Problem/Issue	Number of Respondents
Overall cost for health care	31
In-home needs	23
Education needs about long term care insurance	23
Quality of service/ Staffing issues/ Facility issues	18
Transportation	18
Too much income to receive Medicaid/ to little for self-pay	15
Medicaid red tape/ Waiting periods	15
Care for mentally ill	9
Care in rural areas	5
Respite care/ Daycare	4
Estate Recovery	2
60-65 age group not eligible for some services	2

Respondents were then asked to choose one of five areas on which to make comments on how DAS could meet future demand and need. These areas were:

A. Increase the number of older people who have access to an integrated array of health and social supports.

B. Increase the number of older people who stay active and healthy.

C. Increase the number of families who are supported in their efforts to care for their loved ones at home an in the community.

D. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

E. Establish measurable performance objectives related to: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.

Responses were varied on these topics, and full verbatim text of answers is included in the appendix of this report. Table 25 illustrates categories of the responses by the topic selected. Responses on priority differ based on the topic chosen. The question on access to health care and support drew many responses related to funding and expansion of services. Education was the most frequent response when respondents chose wellness or legal rights as a topic. Caregiver financial assistance was the most frequent response for

those who selected caregiver support as a topic. Communication and media coverage was felt to be most important for more efficient and effective program delivery.

Table 25
Comments on How DAS Can Meet Future Need and Demand by Topic Area

Select one item below and indicate how the Area Agency on Aging and the state Division of Aging Services could meet the demand and need for future services.	
A. Increase the number of older people who have access to an integrated array of health and social supports.	
Problem/Issue	**Number of Respondents**
Increase funding/ Offer additional services	8
Improve information system	5
Address transportation needs	4
Improve access to services	3
Set maximum benefits available	1
Create system to combat fraud	1
Increase adult daycare services	1
Create review committees	1
B. Increase the number of older people who stay active and healthy.	
Problem/Issue	**Number of Respondents**
Increase and expand health and wellness education	9
Improve access to exercise programs	6
Build more, modernize, advertise senior centers	6
Increase in-home services/ promote independence	3
Increase and expand "meals on wheels" type programs	2
Increase assistance for meeting medical needs	1
C. Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.	
Problem/Issue	**Number of Respondents**
Provide financial assistance for caregivers	17
Provide more training for caregivers	9
Increase funding for in-home services	7
Provide more information about programs available	6
Form more support groups	5
Make programs more flexible for caregivers	5
Expand respite/ daycare programs	5
Increase funding/ increase income limits	3
Fear of Medicaid estate recovery	2
Local control of program funding	1

D. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.	
Problem/Issue	**Number of Respondents**
Increase educational programs in this area	5
Increase staff that deal with these issues	2
Increase funding in this area	2
E. Establish measurable performance objectives related to: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.	
Problem/Issue	**Number of Respondents**
More media coverage needed	3
Better communication of programs available	3
Additional staff needed	2
Establish best practices	1

CCSP Provider Agencies Web Survey Responses

Section Summary

Overall, responses to the CCSP web survey indicate that respondents are actively collaborating with other agencies and providing a wide range of services. Internally, staff training and compensation are a problem for many of the respondents. On the services side, transportation is a serious issue for these respondents, especially non-emergency transportation. Overall they work well with other agencies and are satisfied with state CCSP staff services. It is interesting to note that their current collaborative arrangements do not negate their need for more collaborative arrangements. For example, while they have listed transportation as one area in which collaborative arrangements are most frequent, they also frequently list it as an area where they would like more collaborative arrangements in the future. A similar pattern is noted for information and referral, Alzheimer's disease assistance and caregiver assistance.

While some services are not currently essential, respondents clearly see a need for them in the future. Communication with non-English speaking clients is one item in particular which is not currently of concern, but which respondents feel will be of concern in the future. These respondents are interested in collaborative planning with consumers and are concerned about overall funding levels.

Survey results are not statistically reliable and cannot necessarily be generalized to the larger population of CCSP providers. However it is recommended that a database be established and maintained to continue to get feedback from CCSP providers in the future.

Some noteworthy comments by survey participants include:

- "This is the best elderly program in GA. It's easy to work with and it makes sense. DO NOT CHANGE ANYTHING."
- "CCSP program is a well run program. Money to put clients in the system, is what is needed."
- "Provide trained case managers who will be able to recognize disease processes and know the progressive nature of these disease processes, thereby, decisions from this data will be more accurate in meeting the patients' needs."
- "Continue to educate consumers, politicians and providers so that every one will be on the same page."
- "I would like to see CCSP include a one-time allowance per client for ramp construction and grab bar installations."
- "Better enforcement of program standards. Removal of mediocre providers from the plan."

Detailed information from the CCSP Providers web surveys follows.

A wide range of methods for contacting CCSP providers was evaluated. A web-based survey was selected as a means for collecting data from this population, and the web link was distributed though professional/nonprofit organizations by postcard reminders and by fax. Although CCSP had a total of 419 providers in 2006, KSU forwarded 484 emails, postcards, and/or faxes, but it is not known how many respondents were directed to the website through the nonprofit/ professional organization network of communication. In all 67 responses were received. Using the 419 as a base, this amounts to a 16 percent response rate.

Figures and tables presented in this section are often summaries of information provided in greater detail in the appendix of this report. All tables which present open-ended responses have been recoded by KSU staff from verbatim comments made by respondents. Full text of verbatim comments is also presented in the appendix.

The CCSP providers who were surveyed indicated that they provide a range of services. Table 26 below lists the services that respondents provide. It should be noted that respondents were able to select more than one service, so percentages are provided that reflect responses, not individual respondents. As this table shows, the largest group of respondents provides personal support services and/or assisted living services. Thirteen percent of respondents provide skilled nursing services.

Table 26
Services Provided by Responding CCSP Providers

Services Provided by Respondents	Responses	
	Number of Responses	Percent of Responses
Personal Support Services	30	28.8%
Assisted Living Services	23	22.1%
Skilled Nursing Services	14	13.5%
Adult Day Health	13	12.5%
Home Delivered Services	10	9.6%
Home Delivered Meals:	8	7.7%
Emergency Response Services	4	3.8%
Out-of-Home Respite Services	2	1.9%
Total	104*	100.0%

* As stated above, respondents are able to provide more than 1 service.

Respondents were also asked the locations in which they deliver services. The table below shows that respondents are from all 12 AAAs, with the largest group from the Atlanta Regional Commission (ARC) AAA. Again, respondents who provide services in more than one AAA may have provided multiple responses, so percentages are given for total numbers of responses, not numbers of individual respondents.

Table 27
Locations in Which Respondents Deliver Services

AAA or Planning and Service Area (PSA)	Responses	
	Number of Responses	Percent of Responses
Atlanta Regional Commission	18	18.0
Northeast GA	10	10.0
Central Savannah River	9	9.0
Heart of GA/Altamaha	9	9.0
Southern Crescent	9	9.0
Middle GA	8	8.0
Southwest GA	8	8.0
Southeast GA	7	7.0
All Area Agencies on Aging	5	5.0
Coastal Georgia	5	5.0
Georgia Mountains	5	5.0
Northwest GA	5	5.0
Lower Chattahoochee	2	2.0
Total	*100	100.0

* 67 total responses; however, respondents may provide service in more than one AAA or PSA.

Respondents also represented organizations with a wide range of size. The number of full time employees (FTEs) in each organization represented ranged from 1 to 282 with the median number of FTEs at 9. Organizations represented had between 0-250 part-time employees, with the median number of part-time employees at 8. Exactly half of the respondents indicate that they provide health insurance benefits to full time employees and about 13 percent provide health insurance benefits to part-time employees. Responses on rates of pay are provided in the table below. Table 28 indicates, more respondents' organizations pay direct care workers between $6.25-$8.00/ hour than any other rate of pay.

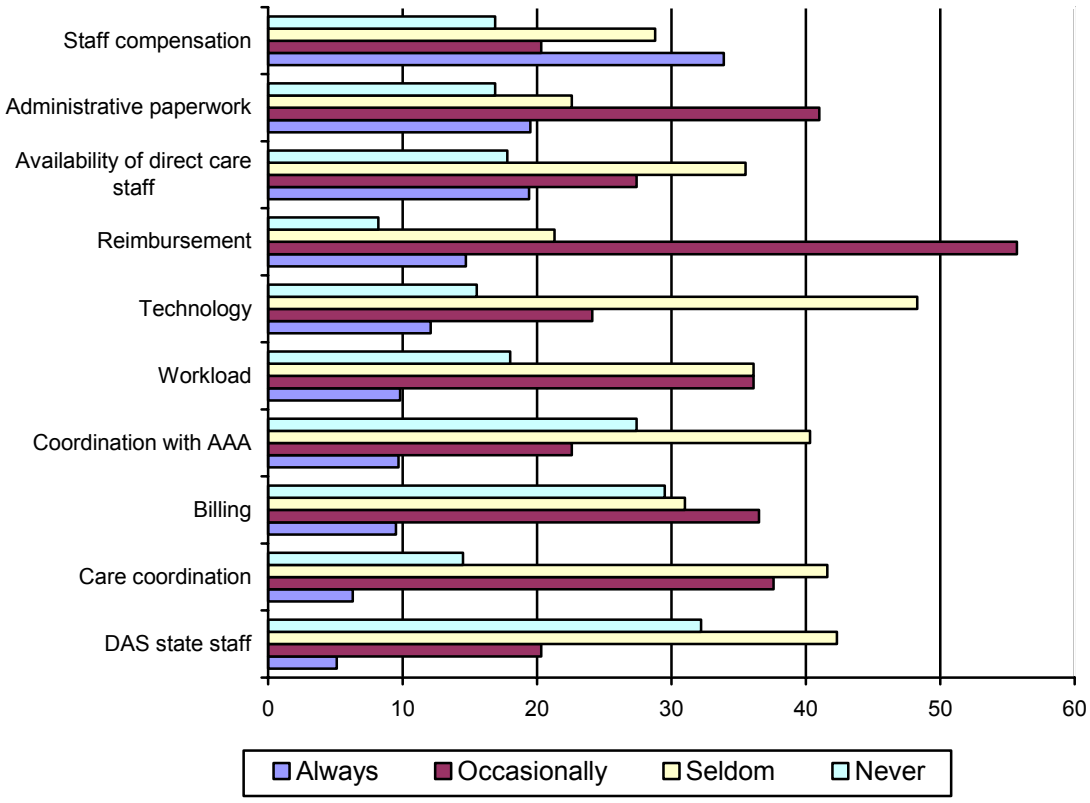
Table 28
Hourly Rates for Direct Care Providers

	Frequency	Percent
$5.25 - $6 per hour	6	9.0%
$6.25 - $8 per hour	28	41.8%
$8.25 - over $9	20	29.9%
Over $10	10	14.9%
Total	64	95.5%
Missing	3	4.5%
Total	67	100.0%

When asked how many of their full-time employees have attended continuing education or in-service training, the average number for full-time employees was 9, indicating that slightly over half of their fulltime employees have attended such training. Since the average for part-time employees was also 9, rates reflect that there is virtually no difference between the percentages of part-time employees who attend training when compared to the number of full-time employees who attend training.

The CCSP survey included a number of open-ended questions as well as several closed-ended questions in which respondents were asked to rate or evaluate a number of factors on the same scale. The first of these sets of questions dealt with those factors that CCSP providers might view as barriers to the efficient operation of service provision to clients. Respondents were asked how often each factor impacted the efficient operation of their agency. Figure X below illustrates the ratings that respondents provided for each of those factors.

Figure X
Rating of Potential Barriers to Efficient Operation

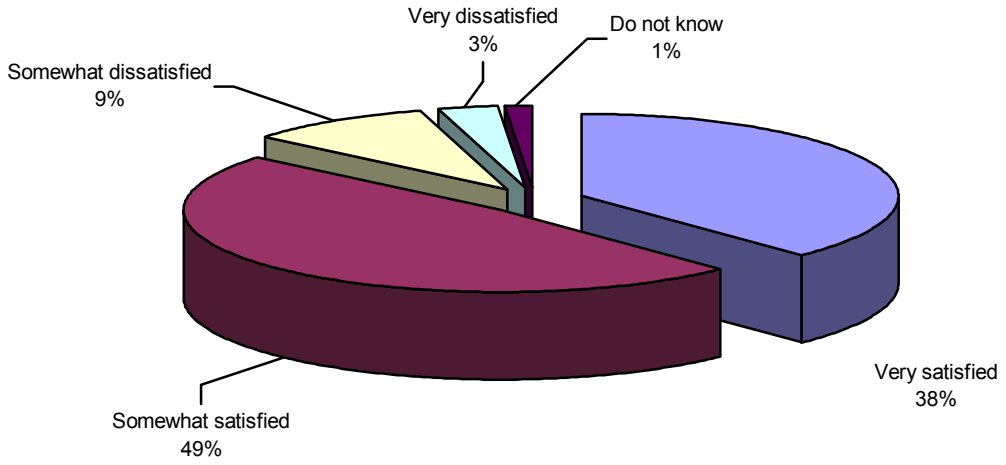


Ratings in the figure above are highest for reimbursement and administrative paperwork, when "always a barrier" and "often a barrier" are combined. Staff compensation is also a problem for respondents, with over one-third of all CCSP providers who respond indicating that staff compensation is "always" a barrier to efficient operation. A related factor, availability of direct care staff is not rated as highly.

Problems of coordination (with DAS state staff, with AAAs and care coordination) present less of an obstacle to operation than do other factors.

The high level of coordination is also evidenced by the figure below, which illustrates respondents' level of satisfaction with state CCSP staff responsiveness. As this figure illustrates, CCSP providers who responded to the survey overwhelmingly indicate that they are "very satisfied" or "somewhat satisfied" with state CCSP staff responsiveness.

Figure Y
Satisfaction With State CCSP Staff Responsiveness



When asked an open-ended question about what the state of Georgia should start, stop, or change to assist CCSP providers to keep consumers safe, healthy, independent and self-sufficient, respondents were most likely to say that additional funding was needed. (It should be noted that funding was excluded in the text of the question, but respondents chose to include it as a concern). As Table 29 below illustrates, transportation was also an issue. Respondents also commented on the continuation of the services and programs that are current when they responded to this question. Although the table below categorizes responses, full text of all responses is provided in the appendix of this report.

Table 29
Responses to the Open-Ended Question
"Other than rate increases, what must Georgia start, stop, or change to assist you as a Community Care Services Provider (CCSP) provider to keep consumers safe, healthy, independent and self-sufficient?"

Problems/Issue	Number of respondents
Increased funding	45
Better transportation	30
Advertisement/ Marketing/ More community-wide information	25
Continue providing service and support	12
Expand services	9
Better trained staff and public relations	8

A related question on consumer choice was asked of respondents. Most comments related to providing additional choice for consumers on what services they would select for themselves. Other comments dealt with the range of services offered. Many respondents also indicated that consumers needed to be more knowledgeable in order to make the correct choices. Table 30 below illustrates categories of these responses, and full text of all comments is provided in the appendix.

Table 30
Responses to the Open-Ended Question
"What must CCSP do to give consumers more choice?"

Problems/Issue	Number of Respondents
CCSP clients need more choices in planning or variety of service	21
There needs to be more consumer education/information	9
Funding	5

They were then asked what services they believe are needed but not currently provided by CCSP. Frequent responses to this question are provided in the table below. Transportation for non-emergency trips was mentioned by more respondents than other categories of response. Many respondents were not able to identify additional services that might be offered. It should be noted that some comments by CCSP providers indicated that they felt that additional services should not be offered to clients.

Table 31
Responses to Open-Ended Question
"What Services Do You Think Consumers Need That Are Not Currently Provided by CCSP?"

Problems/Issue	Number of respondents
None/ Do not know	15
Transportation	9
General home improvements/ supplies	5
Caregiver training	3
Skilled nurse or physician home visits	2

Respondents were also asked a series of questions about other agencies with which they currently collaborate or would like to collaborate. The large number of questions in this series required that presentation of results be divided into two parts. The first figure below illustrates those agencies, organizations and groups with which the CCSP provider respondents are currently collaborating at lower levels. Figure Z illustrates, English language services are the least mentioned by the respondents. Home repair, heating and cooling assistance, mental retardation services, disability services and rehabilitation services are also less likely to be mentioned by respondents. By reviewing the right side of the figure, respondent preferences for future collaboration can be noted. English language classes, assistive devices and mental retardation services are the most noted by respondents as being important for future collaborative arrangements among these services.

Figure Z
Organizations With Which Respondents Report Lower Rates of Collaboration

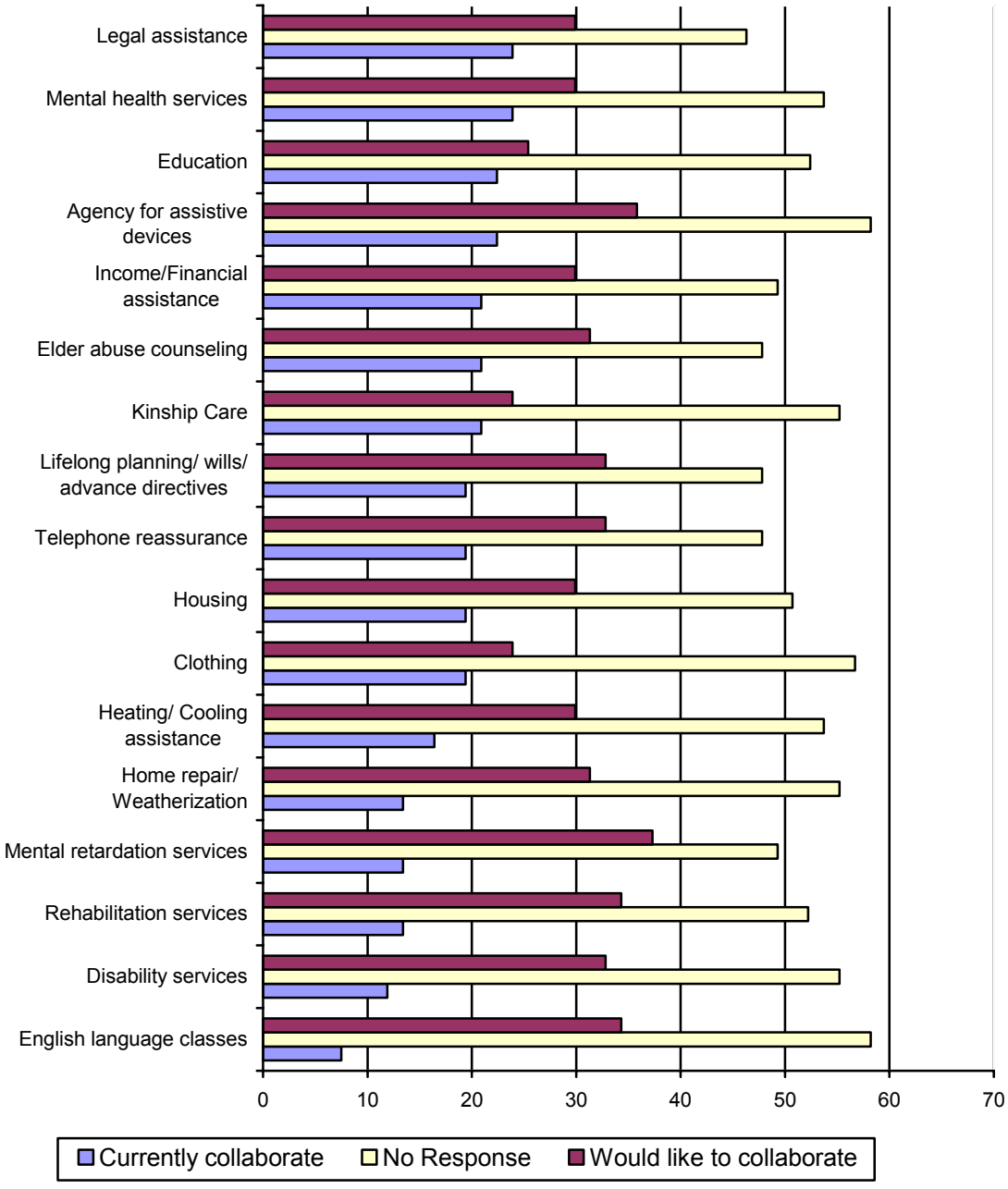
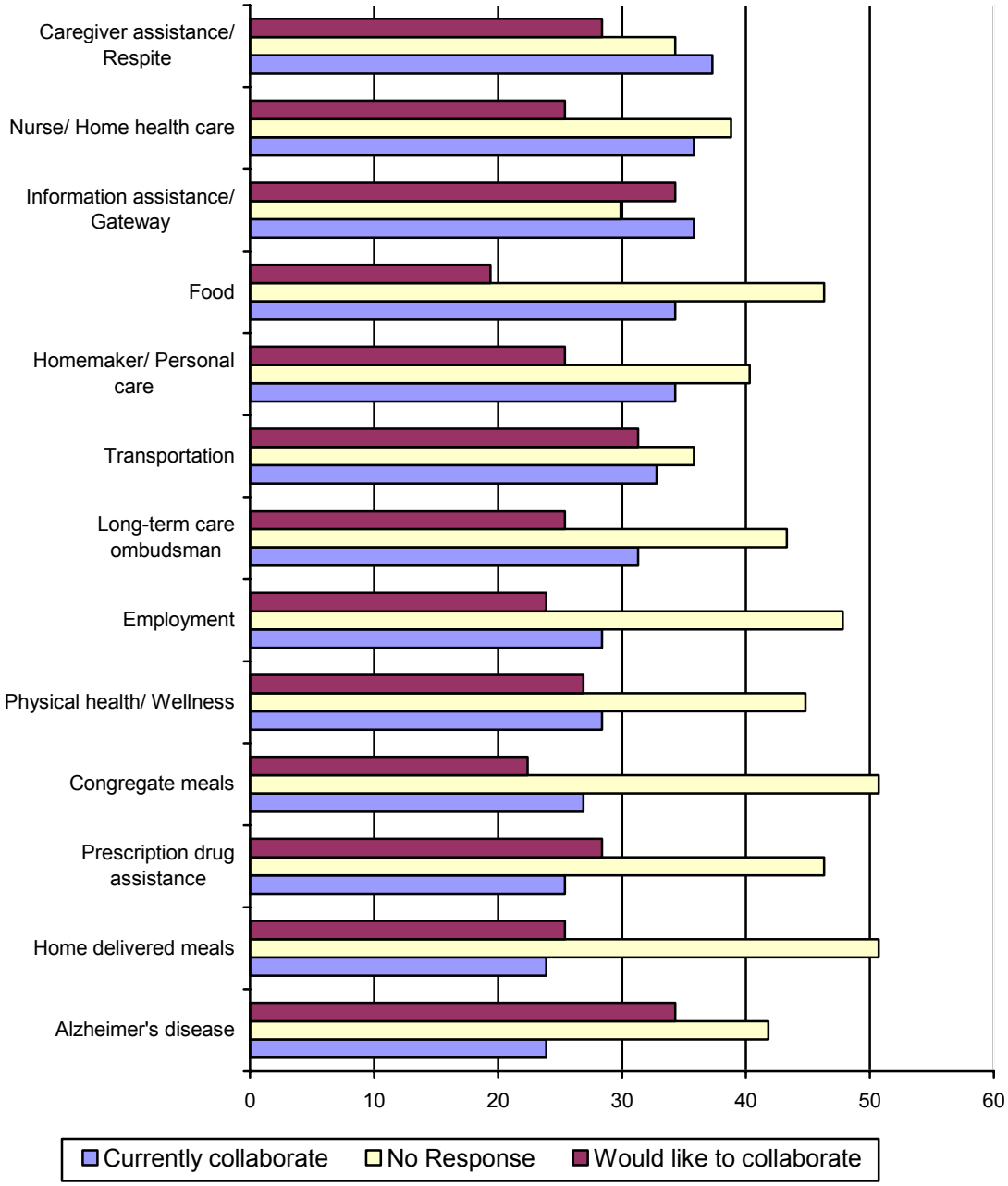


Figure AA in this series of question depicts those services which respondents indicate that they have higher levels of collaborative partnerships. As this figure illustrates, transportation, caregiver assistance, information and referral (Gateway) and nursing services are those with which respondents currently has the highest number of collaborative arrangements. Demand for collaborative arrangements is highest in transportation, information and referral and Alzheimer's disease services. Transportation and information and referral appear to be services that are both established and in high demand.

Figure AA
Organizations With Which Respondents Report Higher Rates of Collaboration



When asked how many of the quarterly AAA Network meetings they had attended in the past year, approximately one-third of respondents indicated that they had attended all four meetings. The average number of meetings attended by the 67 respondents was 2.67. When asked what they thought might improve the AAA Network meeting, respondents offered the following responses:

Table 32
Suggestions for Improving AAA Network Meetings

Suggestions for improvement of AAA Network meetings	Responses	
	Number of Responses	Percent of Responses
Different topics for discussion	26	38.2%
Location closer to my workplace	16	23.5%
Shorter meetings	11	16.2%
Better organization	9	13.2%
Different time of day	4	5.9%
Different time of year	2	2.9%
Total	68*	100.0%

*Respondents were instructed to check all that apply.

It should be noted that respondents were free to provide more than one suggestion, so totals are presented as percentages of responses. As is indicated in the table, more respondents noted that they would like to see changes in the topics of discussion than any other comment. Location of the meetings was also noted as an important factor.

Overall Conclusions Based on All Data Collection Methods

Some issues of concern cut across all samples of respondents and in all venues. The most significant problems when taking the responses of all respondents are:

- Transportation
  - Concern over lack of transportation for non-emergency trips
  - Concern over poor quality of transportation services that are provided
    - Lack of reliability
    - Lack of respect for passengers
    - Safety issues with drivers
- Caregiver support
  - Caregiver respite too limited/ no overnight in-home option for respite
  - No compensation for caregivers who take in relatives
  - Need for programs to allow caregivers to continue to work (expanded adult day care)
  - Caregiver training needed
- Service quality
  - Concerns about service quality for some home-based services
  - Lack of respect from some direct service providers
  - Concern about recorded messages at some information and referral numbers, especially at APS
  - Recommendations on building on current programs that are known to work
- Understanding services available
  - Concern over confusing literature, multiple programs
  - Problems with participation in planning for some respondents
  - Lack of understanding of Gateway and other universal referral systems
  - Problems with literacy, small fonts on literature
  - Lack of dissemination of information to homebound clients
  - Confusion over Medicare drug prescription programs
  - Concern over future growth of non-English speaking populations
  - Widespread recommendations for using churches, physicians' offices, pharmacies, grocery stores and other regularly visited locations for distribution of materials
- Lack of access to services
  - Concern over narrow eligibility requirements, especially Medicaid only requirements
  - Concern over waiting lists
  - Isolation of population away from centralized service delivery locations
- Limited range of services
  - Lack of coverage of vision needs, dental care, hearing aids
  - Lack of coverage of some home repairs and home maintenance, or waiting lists are too long
  - Services for more active seniors are viewed as limited
- Connections to the community
  - Widespread concern over lack of respect for seniors within community

- Widespread recommendations for public relations for seniors and senior programs
- Recommendations for advocacy for programs and increased funding

Some of the samples of respondents have different views on services and programs:

- Public hearing participants focused on service delivery questions. They had more comments/concerns about senior centers, food and legal assistance than did respondents in other venues.
- Public hearing participants mentioned political activism more than other respondents.
- CCSP focus group respondents connected all services and programs to care coordinators with whom they have close personal relationships.
- A minority of AAA and CCSP web survey respondents expressed that no more services should be added.
- Nursing home or resident care home respondents' knowledge of programs was more limited to those services and programs offered within the facility.

Recommendations

1. Focus on transportation needs at the highest levels, so that unmet transportation needs, uniformly expressed across the state, may be addressed appropriately given varying local exigencies.
2. Expand services to caregivers across the state (in particular, training, respite, reasonable compensation for expenses), recognizing that older adults are not only recipients of care but also significant providers of care.
3. Continue the process of obtaining feedback from elders, families, service providers, staff and the like, so as to tailor services to the specific needs of local areas and in order to ensure that individuals are receiving appropriate, high quality services.
4. Develop and heavily advertise a single, simple telephone number, along with a single, simple, intuitively named website address, as the gateways to service information throughout the state.
5. Support the maintenance of a complete and accurate Aging Information Management System (AIMS) database.
6. Hold an annual summit of groups and organizations so as to begin a continuing process of communication and cooperation, including reports on best practices across the state, such as the use of technology in meeting needs.
7. Develop educational programs across the state, building on current infrastructures and adopting best practice models, in order to:
    a. Teach all ages about how to live a healthy lifestyle and achieve wellness to the extent possible
    b. Teach frail elders and their caregivers about the value of activity and exercise for maximizing health

   c. Alert elders and their families to the aging network's programs and services and provide information about how to access such.
   d. Teach Georgians about the aging process and about adaptations that allow frail elders and disabled adults to live independently.
8. Focus on gaps in services, particularly areas that are preventive and cost-effective (such as dental care, vision services, hearing aids, home repairs, maintenance and modification, health promotion activities, limited income eligibility that ignores middle income Georgians' needs)
9. Consider the growing population of older adults as a resource instead of as a problem. Provide opportunities for volunteering and educate people about the health advantages of volunteering.
10. Recognize and reward the contributions of caregivers and cases of inter- and intra-agency cooperation and collaboration, based on the greatest good for aging Georgians.