

# COMMUNITY FEEDBACK ON OUR AREA PLAN

Aging, Disability & Veterans Services Division



## 1. Overview

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In 2016, with the help of partner organizations, we solicited feedback from members of our community through 18 different listening sessions. These sessions were conducted in 12 languages, including English, Spanish, Russian, Nepali, Vietnamese, Mandarin, Cantonese, Korean, Swahili, Tigrinya, Oromo, and Amharic.

**474**  
PARTICIPANTS



**89%**  
RACIAL, ETHNIC  
OR CULTURAL  
MINORITIES



**68%**  
LIMITED ENGLISH  
PROFICIENCY



### WHO WE LISTENED TO

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- People over the age of 50
- Racial, ethnic, and cultural minorities
- LGBT people
- People with limited English proficiency

### WHAT WE TALKED ABOUT

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- Outreach, information and referral
- Nutrition services
- Healthy aging
- Case management and options counseling
- Emergency services and gap programs
- Caregiver support and education
- Safety and abuse prevention
- Behavioral health
- Transportation coordination and resources

### WHAT WE ASKED

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- What's important to you about this service area?
- What's working well for you in this service area?
- What do you need more of in this service area?

### WHY WE SOLICITED FEEDBACK

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The information provided at these sessions was used to develop the 2017-2020 Area Plan. Developing the Area Plan is an Older Americans Act requirement of all Area Agencies on Aging and it describes how Aging, Disability, and Veterans Services Division will provide a comprehensive and coordinated delivery system to older adults in our community.

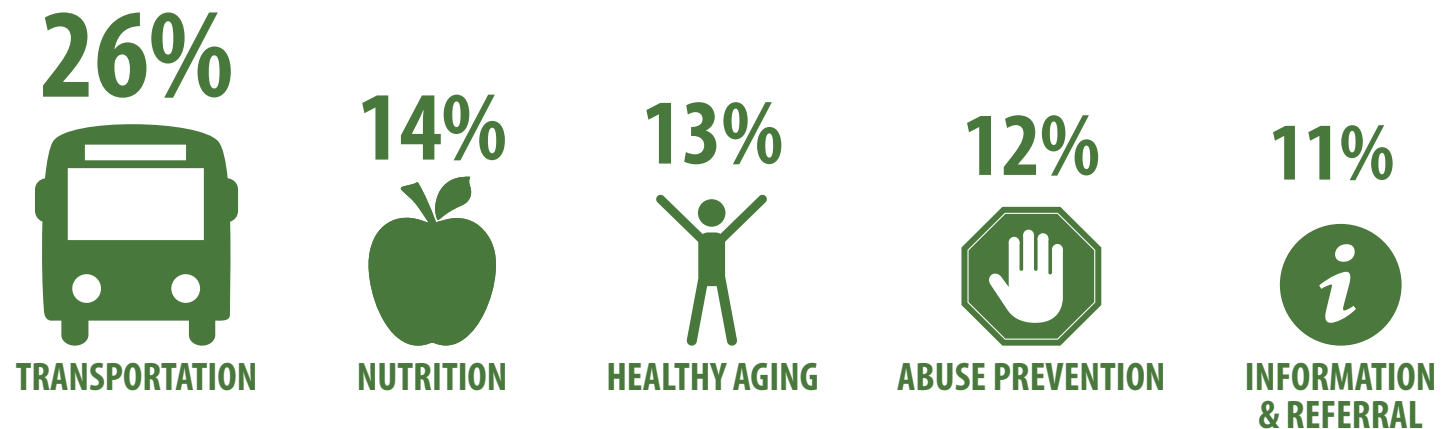
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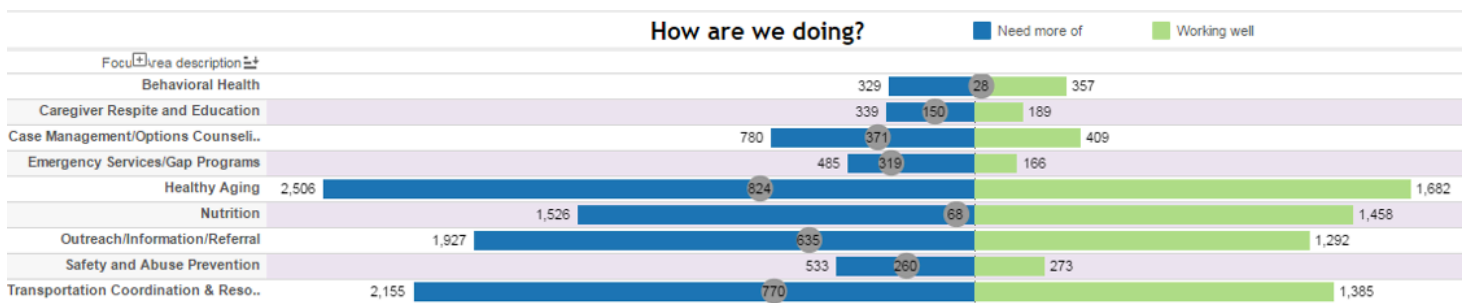
## WHAT'S IMPORTANT TO OUR CONSUMERS OVERALL?

When asked what was important to participants regarding ADVSD services, transportation coordination and support for transportation services were the most mentioned.



Other focus areas mentioned: case management/options counseling (8%), caregiver respite and education (6%), emergency services/gap programs (6%), behavioral health (5%).

## WHAT IS WORKING WELL AND WHAT DO WE NEED TO PROVIDE MORE OF REGARDING SERVICES?



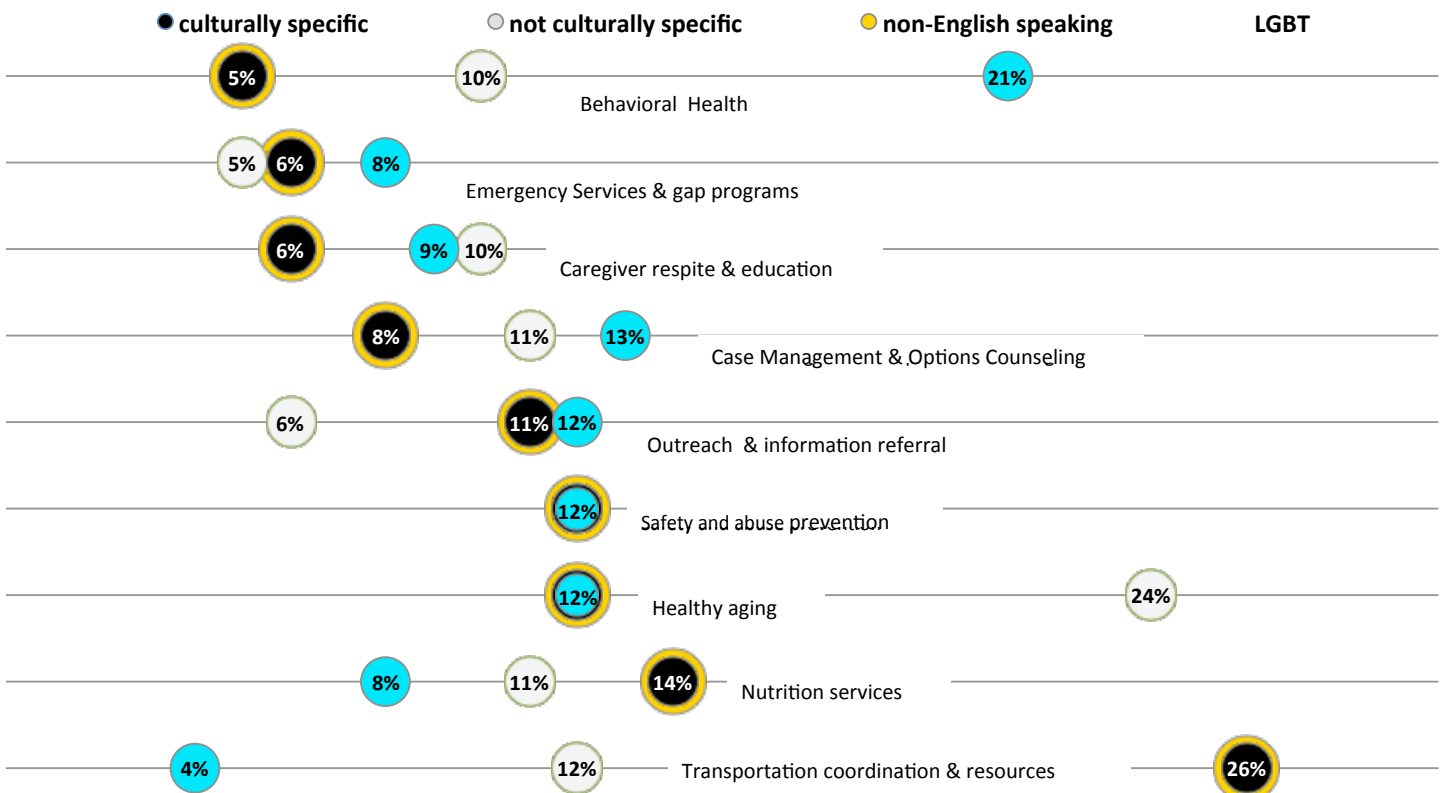
Figures and percentages are based on actual comments received and include 2/3 weights for sessions in which comments were sourced by the group rather than individually submitted.

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## WHAT'S IMPORTANT TO PARTICIPANTS



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## LISTENING SESSION HIGHLIGHTS

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The priority areas identified by racial, ethnic, and cultural minority elders mirrors that of people with limited English proficiency. This may indicate that **marginalized communities experience similar barriers regardless of language spoken.**



**Behavioral health was a key issue with LGBT participants** as identified through listening sessions held in partnership with Q Center, Friendly House/SAGE Metro Portland, Let's Kick ASS, and Multnomah County residents aging with HIV. Local listening session data for this cohort supports national statistics showing rates for depression, suicidality and substance misuse are higher among LGBT older adults than the overall aging population.



**Eight percent of Multnomah County residents aged 60+ report limited English proficiency**, defined as either not speaking English at all, or speaking English less than very well. More than 4.5% of people in Multnomah County, aged 60+ are linguistically isolated, which means that no one in their household over the age of 14 speaks only English, or speaks english "very well".



**Navigating systems to find aging services, transportation, and health care are especially challenging for people with limited English proficiency.** The provision of translation and interpretation were important, but most often, community members relied on friends, family and trusted community organizations to navigate services.



**Healthy Aging received more comments than the other focus areas** regarding what people need more of and what's working well. The sheer variety of responses and numbers of themes and subthemes that emerged point to the need for flexible and varied person-centered programs and services.

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## 2. Nutrition Services

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### FOCUS AREA HIGHLIGHTS

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Eating in community, whether at a senior center, in an apartment community center, or with family or friends in their home, was cited as important for reducing loneliness and feeling good.



Nearly forty people indicated that they have been pushed aside at food banks and wanted to have elder-first policies to ensure they had the same access as faster, more able-bodied, people.



People wanted new ways to access healthy foods, such as group travel to Sauvie Island, farmer's markets, and cooking classes.



Affordability of food and earning a living wage were barriers to nutrition for older adults.



Culturally-specific, home-delivered meals were a gap, and nutritious culturally-specific food especially.



Receiving a variety of culturally appropriate, healthy, and medical or other diet appropriate food was important. People cited chronic conditions such as diabetes, aging with HIV, and high blood pressure in this area.



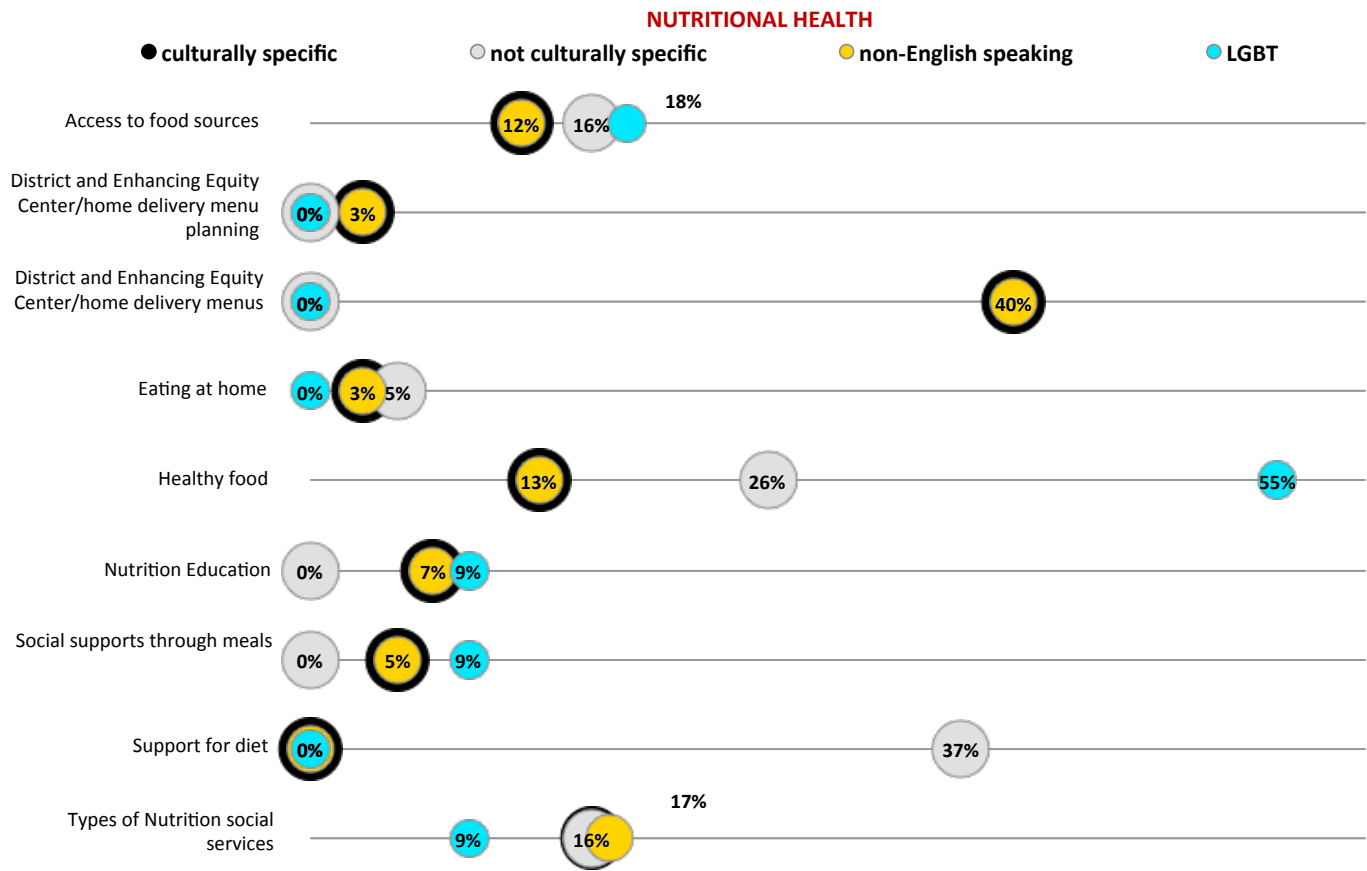
As many comments indicated that nutrition services were working well as those that indicated more resources were needed implying an inconsistent service system.

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## 3. Outreach, Information & Referral

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### FOCUS AREA HIGHLIGHTS

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Ease of access and connecting to important services cited most frequently by consumers.



Culturally-specific communities identified this focus area as more important than primarily English-speaking communities did.



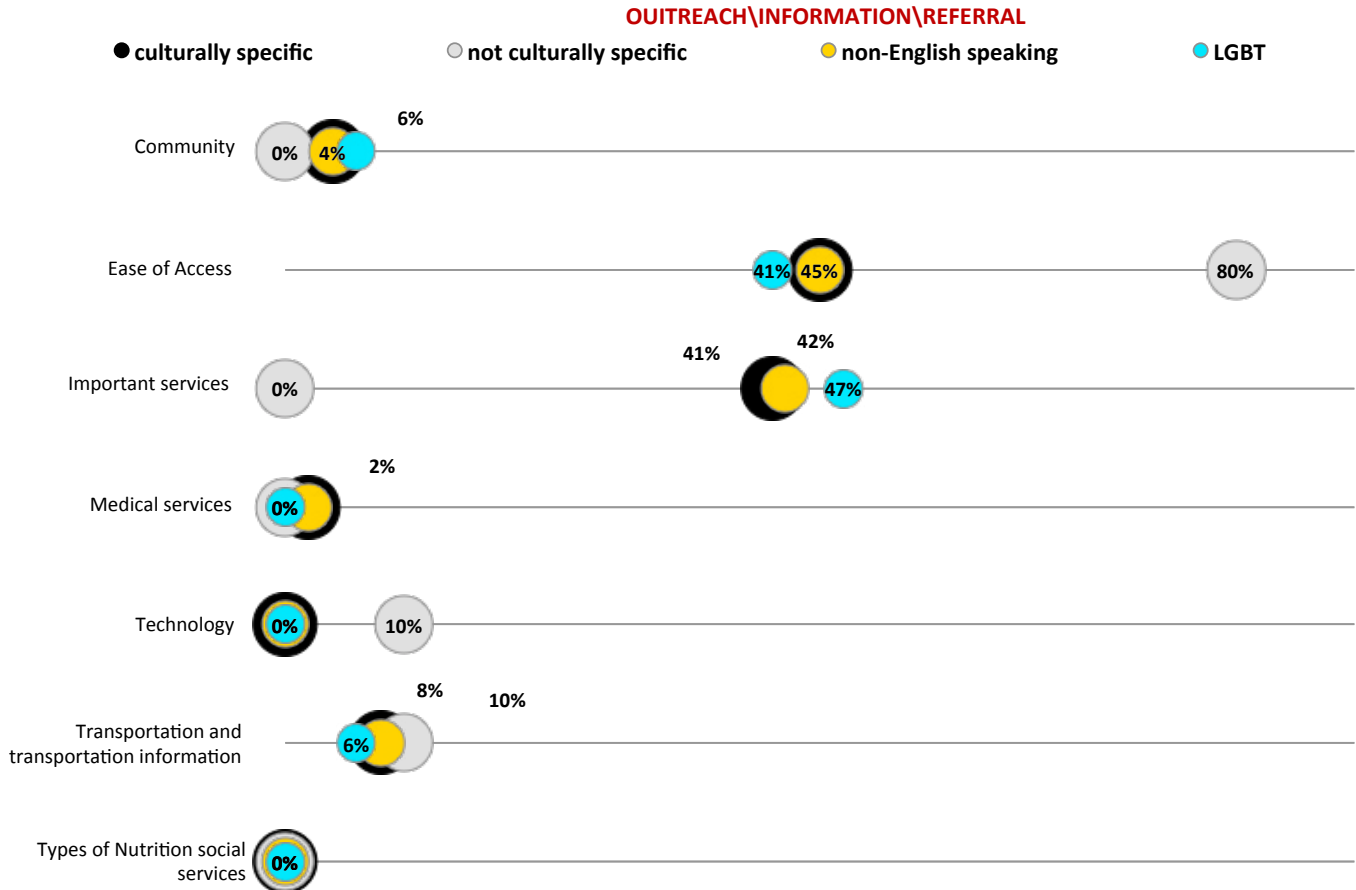
Culturally-specific clients also indicated in higher numbers the need for more of this focus area and were less likely than primarily English-speaking clients to say our services are working well.

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## 4. Caregiver Respite & Education

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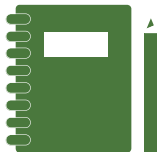
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### FOCUS AREA HIGHLIGHTS

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Culturally specific outreach and training is important to family caregivers.



Caregiver respite and education is working well, but more caregiver respite and educational training is desired.



Family Caregivers need access to information and resources that are delivered in person-centered, trauma-informed, and culturally relevant formats.



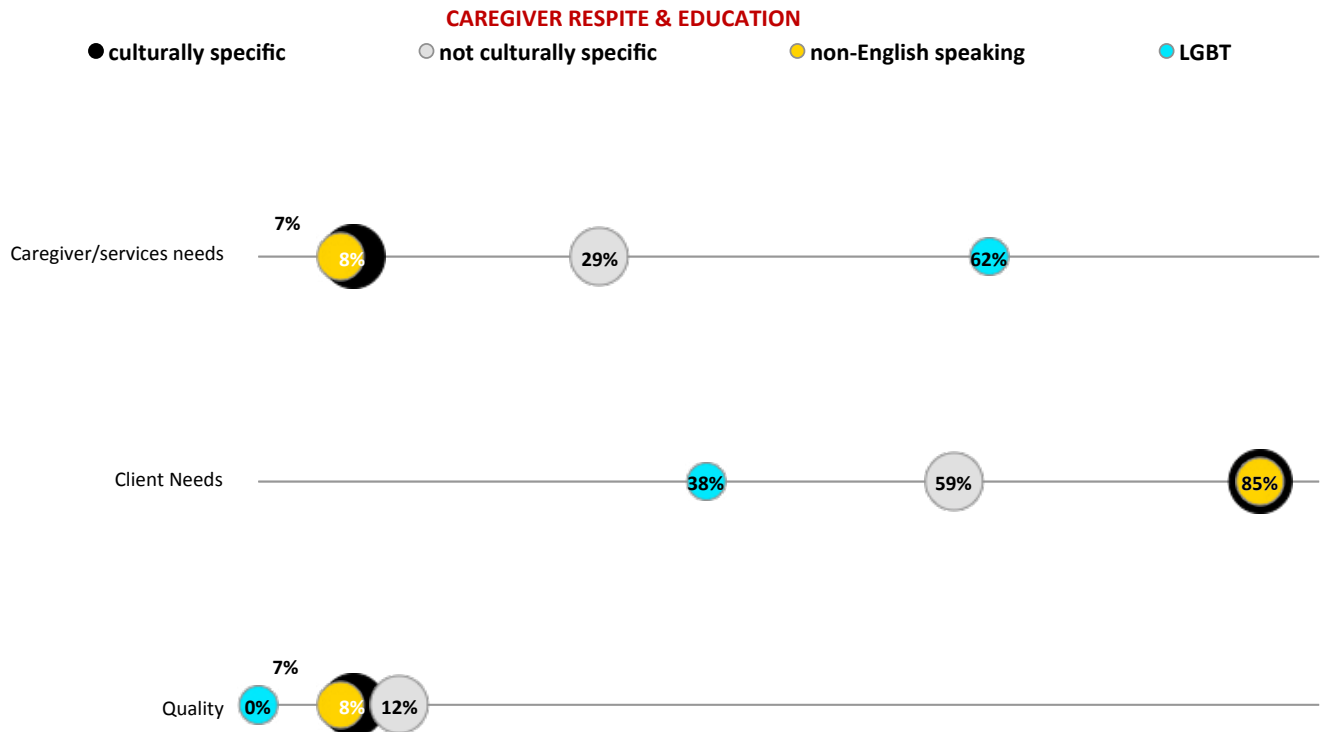
People aging with HIV and AIDS Long-Term Survivors have experienced decades of trauma and discrimination, have increased rates of depression, substance use, and chronic illness and often rely on non-traditional caregivers, who may go unrecognized and unsupported.

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## 5. Transportation Coordination & Resources

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### FOCUS AREA HIGHLIGHTS

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The topic of transportation coordination and resources drew 26% of all comments when asked “what’s important to you?”



People with limited English proficiency were nearly twice as likely to indicate transportation coordination and resources as important when compared to people fluent in English.



Language barriers not only impact awareness and access to available services, but also seem to increase confusion and fear when using public transportation. Transportation was mentioned by people with limited English proficiency as a need for safety and abuse prevention.



All groups indicated that more transportation resources are needed.



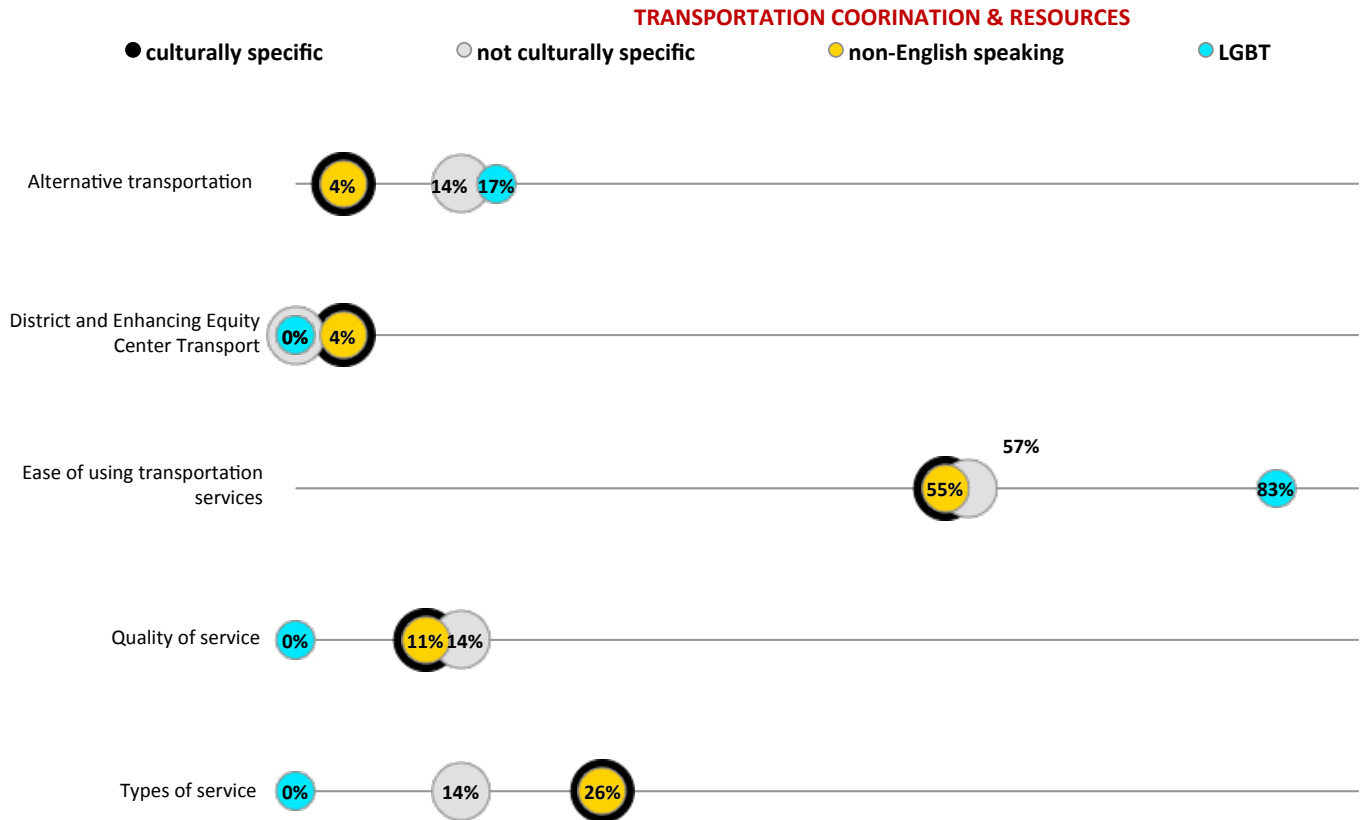
Many people rely on alternative transportation provided by friends or family members, but this option was not available to every person, every time, it was needed.

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## 6. Safety & Abuse Prevention

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### FOCUS AREA HIGHLIGHTS

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**Overall, 51% of comments indicated that education about safety and abuse prevention was important**, while 26% of responses were about community resources, 10% about the quality of responses to abuse, and the remaining responses were about housing and neighborhoods, methods of prevention, and transportation.



Help with legal matters and financial abuse was indicated

as a need for people with limited English proficiency.



Stigma and discrimination towards the LGBT community

was indicated as a barrier to feeling safe, particularly as it related to housing and neighborhoods.



Individuals with limited English proficiency listed that housing and

neighborhood are working very well for safety and abuse prevention, as are community resources.



Safety and abuse prevention can be a difficult subject to address

in public forums. This was evident during listening sessions and providing culturally responsive safety and abuse prevention education is indicated.

LGBT peoples' most common response was about community resources, housing and neighborhoods, and education.



Individuals with limited English proficiency commented

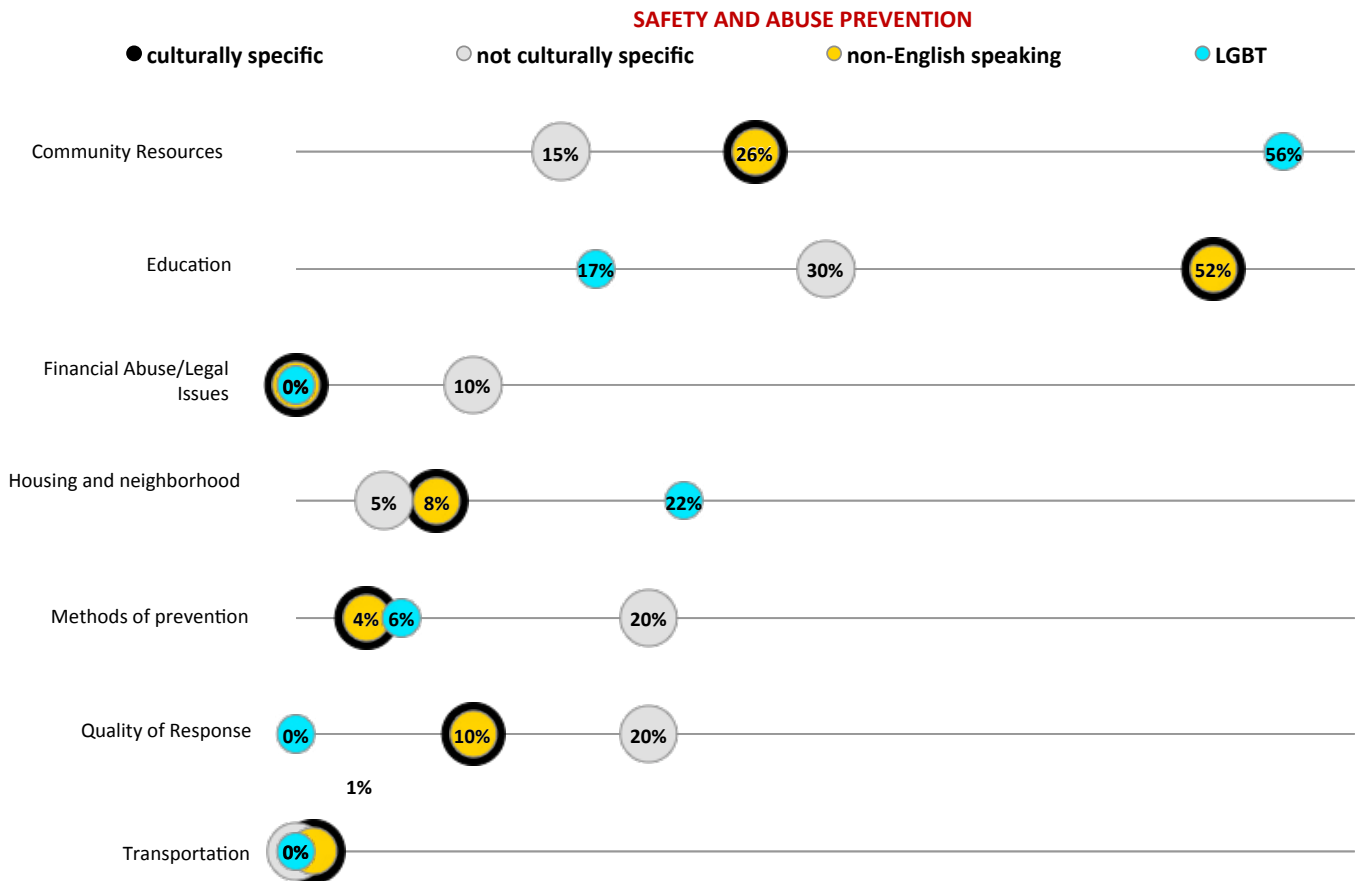
about the need for more education, community resources, and methods of prevention.

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## 7. Behavioral Health

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### FOCUS AREA HIGHLIGHTS

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**+ SERVICES** Individual and group comments from participants focused on numerous aspects of behavioral health. The most common response (26%) was reiterating the overall need for more services. Participants also said counseling and medication, education, community development and emergency services were important to them regarding behavioral health.



While behavioral health was only 5% of topics cited as important for all listening sessions participants, it was listed the most frequently by lesbian, gay, bisexual and transgender participants.



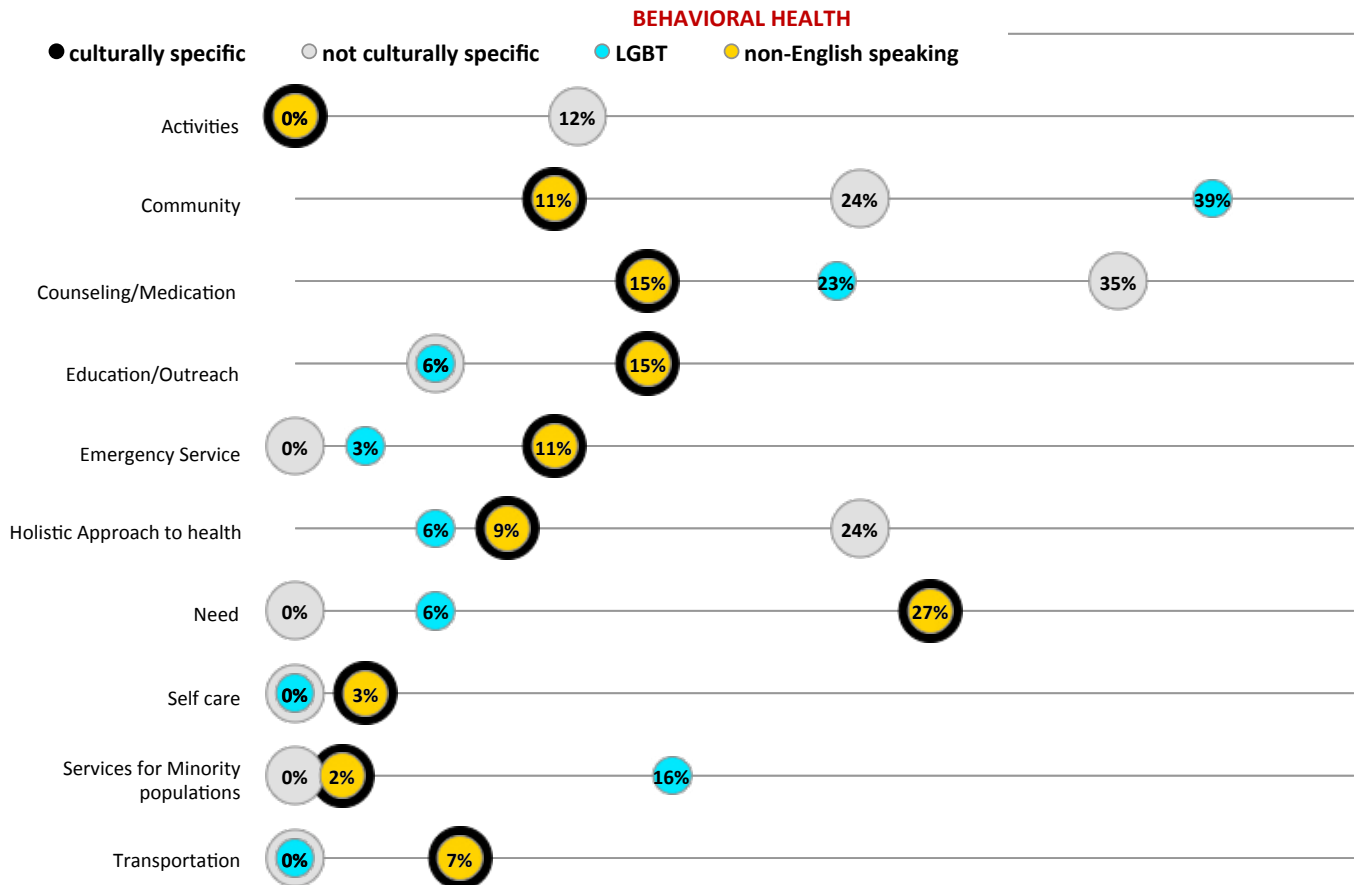
Racial, ethnic, and cultural minorities, including people with limited English proficiency, commented that community and counseling and medication were working well. This cohort also indicated an overall need for more services and education about the issue.

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## 8. Healthy Aging

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### FOCUS AREA HIGHLIGHTS

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Healthy Aging received more comments than the other focus areas regarding what people need more of and what's working well. The sheer variety of responses and numbers of themes and subthemes that emerged point to the need for flexible and varied person-centered programs and services.



Non-English speakers indicated that transportation

and vision/dental insurance gap was a priority for healthy aging.



Group exercise at community-based locations received over 1,000 comments, one-third of comments indicated this is working well and two-thirds indicated that more group exercise is needed. Non-English speaking participants were more likely to indicate this as a need than English speaking participants.



Racial, ethnic, and cultural minorities commented on a need to connect religious beliefs and health as well as the need for health insurance, preventative services, interpretation services, and ease of access. Community-based health services, self-care, outreach, holistic management of health, and connection to community are working well for this group of participants.

**Group exercise, health insurance, transportation, healthy eating, education, ease of access, and vision and dental insurance** were most frequent needs and assets cited.

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## 9. Emergency Services & Service Gap Programs

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### FOCUS AREA HIGHLIGHTS

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Participants, particularly those with limited English proficiency, indicated a need for more health services assistance

including assistance to caregivers and family members and to close gaps in vision and dental insurance for consumers. This was a particular issue for people without citizenship status.



More affordable housing resources specifically for older adults and people with disabilities were indicated as a need.



There is a need for more resource navigation support, including interpretation of all provided resources.



Comparing responses of people with limited English proficiency to the larger pool of respondents seem to suggest a lack of connection to available services or a lack of adequate number of crisis services for this cohort.



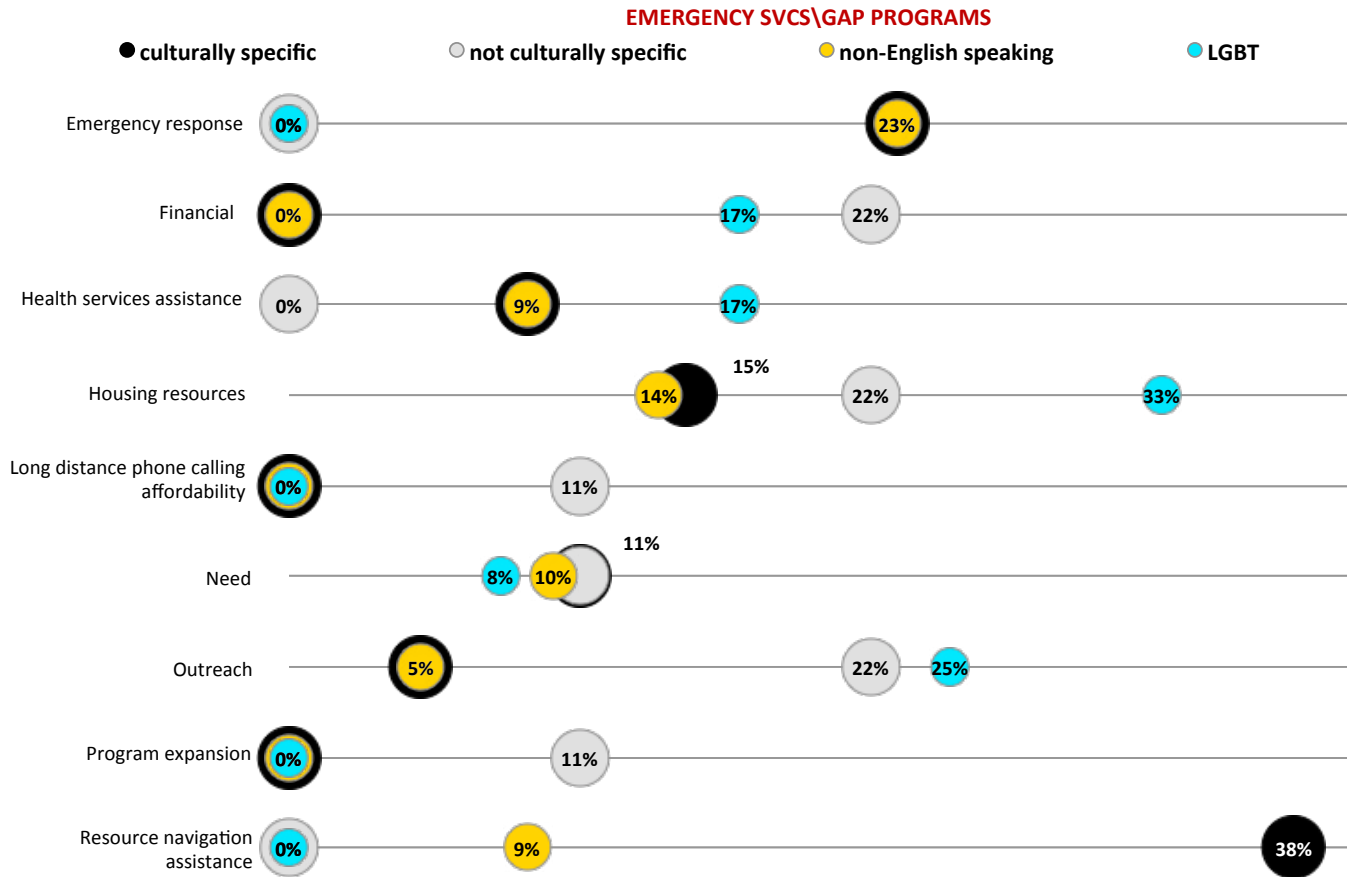
Case managers providing emergency assistance, and the quality of response when provided, were identified as working well in this focus area.

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## 10. Case Management & Options Counseling

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### FOCUS AREA HIGHLIGHTS

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Case management and options counseling provided at District Senior Centers and Enhancing

Equity sites was important, as was quality of the service provided, the types of services staff could help navigate, the cultural inclusivity of those services, and the need for this service to service-ineligible populations.



Community responses indicated a desire for case managers and options counselors to help navigate

all services, including food benefits, health insurance, housing, advanced directives, legal issues, and more.



Racial, ethnic, and cultural minority elders indicated a need for more outreach, including education about available services.



Access to culturally specific community centers to help navigate services is working well for respondents, but

interpretation to access all services was cited as a gap.

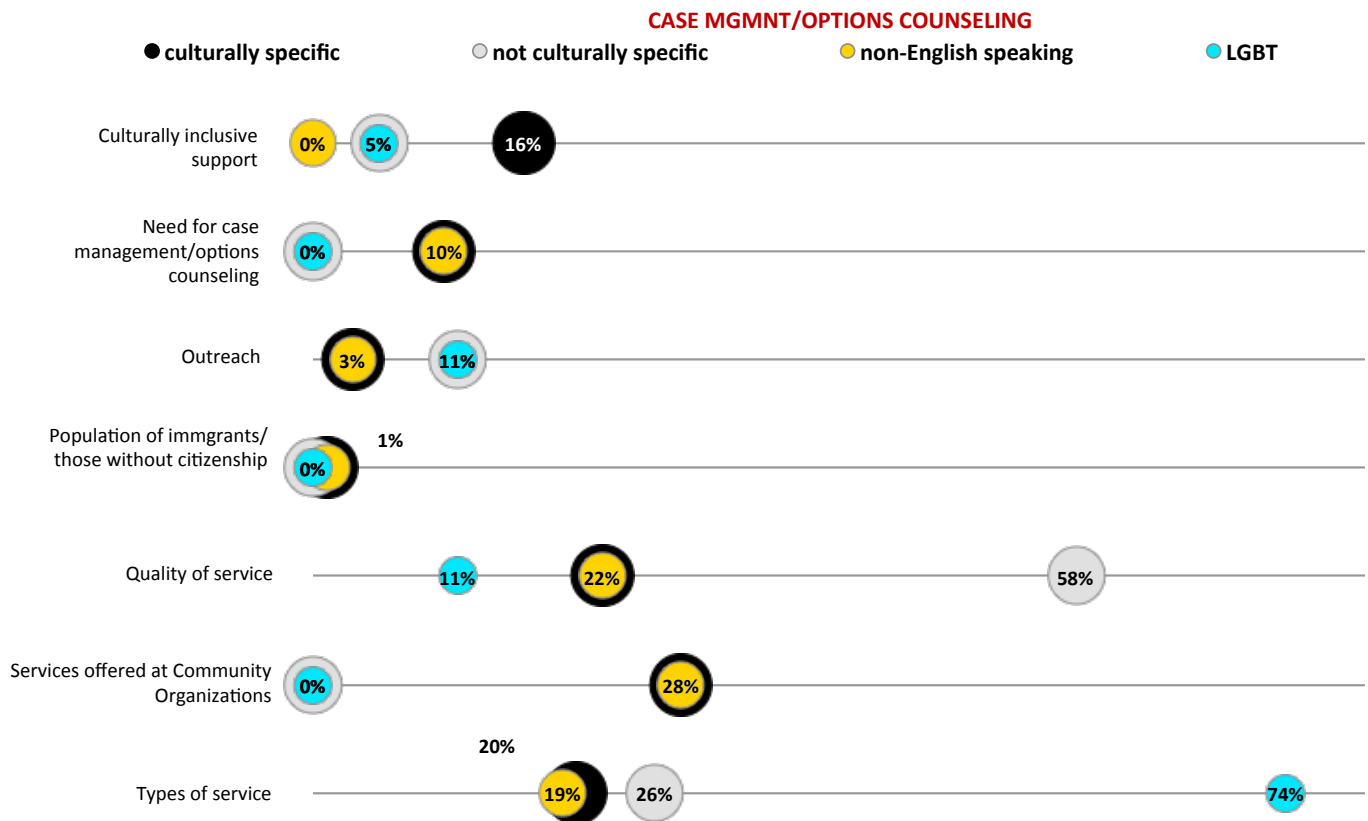
Also, people with limited English proficiency cited a need for immediate assistance, expansion of services, and ease of access through interpretation and culturally specific providers.

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