

**Calhoun County Office of Senior Services  
Focus Group Interview  
Senior Residents of Calhoun County-Overall  
Final Report**

April 13, 2007

**Management Summary**

**Respondents**

Both groups of respondents (16 total individuals) represent a diverse group of seniors (all retired) who have lived for a considerable period of time (or their entire lives) in the Battle Creek and Calhoun County area. While one group has some respondents with children and/or grandchildren living in the area the other group has virtually no children or grandchildren living within Calhoun County.

All respondents in both groups are full year residents and two of the 16 volunteer but none are currently working.

**Personal Happiness and Obstacles**

Respondents' personal situations vary considerably although consistently in both groups the only individuals (except one) who registered a low quality of life score were care givers to a spouse or parent and they self-reported the role of care giver significantly reduced their "happiness" score.

Obstacles to both group's respondent's personal happiness were similar:

- Loneliness
- Finances
- Care giving
- Healthcare issues

Solutions for the two groups of respondents of the obstacles include "having insurance to cover the care" and "financial support". Also, keeping active was pointed out.

The second group included challenges to those solutions:

- Transportation (for some)
- Bad weather is an obstacle to exercise
- Cost of going somewhere to exercise
- Affordability of solutions
- Overall health/ health issues
- Health as an obstacle to some activities including travel

## Everyday Services

Respondents cited a number of concerns or issues with everyday services.

- Telephone menus

- Telemarketers

- Irregular utility billings

- Computer illiteracy (especially when everything is on the Internet now)

- Arrogant attitudes of some service people (including medical staff)

Respondents don't like telephone menus. . . especially those that are confusing.

They also don't like telemarketers and some respondents get rattled by them. While a few respondents raised the issue of transportation, none of these respondents have transportation issues themselves.

Any billings (utility or otherwise) which skew their planned spending for the month are unnerving and not appreciated.

Detailed below, respondents in one group emphasized the attitudes demonstrated by various health care professionals was sometimes condescending, treating the senior's complaints as "well, what do you expect. . . you are XX years old. "

## Senior Services

When asked about senior services which may provide problems or obstacles to get in the way of individual's happiness a number of issues were identified:

- 1 Medicare. . . and Part D

- 2 Wheelchair ramps. . . and home modification

- Affordability- individuals in the middle. . . too much money to qualify for some services. . . but not enough money to buy on their own.

Respondents still don't understand the Medicare option and the Part D. Some have solutions but do not claim to really understand what they have.

Solutions to finding information/ solutions to issues with senior services include:

- VA/ VFW Lodge

- AARP

- 3 MEA (Michigan Education Association)

- 4 Call my insurance company

- 5 my doctor

- 6 211

## 211

The opportunity to take advantage of 211 was mentioned by one respondent in each group. While a few other respondents had heard of 211 most had not. When asked how many respondents had used 211 to call for senior services information no one indicated they had.

Most respondents appeared to have other sources for information and it seems the use of 211 as a senior services information source was not firmly established. In lieu of 211 respondents indicated other choices such as those noted above as well as places like:

7CAA

8Lions Club

9Other community service organizations

10Burnham Brook

11Telephone Directory

12Church

The greatest majority of respondents in both groups are connected online with computers in home. Further, respondents largely do know how to use the computer to access information but most do not. There appeared to be a reluctance and lack of comfort with utilizing the computer and Internet to engage in more than very superficial searching.

In both groups it was clear respondents did not have a grasp of the scope of senior services available and everyone seemed to have a different idea of how to find answers or get information regarding senior services. Among the number of sources cited none of those sources appeared to be fully inclusive or comprehensive.

### **Medical Care Issues**

In one group a respondent brought up the issue of the attitudes of medical care staff as an "obstacle". When asked for details, the respondent suggested that doctors have an "attitude" when dealing with seniors. This attitude was described as being dismissive or non-responsive to senior concerns. Other respondents in this group agreed, however the second group did not bring up this issue.

In both groups (although greater emphasis in group 1) service providers or others tend to "assume everyone should look things up on a computer. . .". This attitude is frustrating as many seniors, even if capable and knowledgeable, are not often interested in searching for medical (or other) solutions online. Interestingly, when asked, almost all respondents had computers and were connected to the Internet.

Some respondents suggest they use the computer somewhat differently than other people and often more as a last resort, if at all. Respondents have different levels of capabilities and some may not have advanced searching skills in the use of the computer.

## Healthcare Records

Both groups of respondents were asked if they knew what was included in their healthcare records. Most felt they intuitively knew but only one respondent out of both groups kept his own personal copy of their medical record. Additionally, with discussion respondents agreed they were not sure what really was in their medical records or even how to go about getting a copy of their records.

When exposed to the idea of medical records moved to a central database that they personally could retrieve but also could be available to other physicians to aid in their treatment, some respondents in one group were supportive. One respondent noted how his doctor was able to access his CAT scan via a central computer record. That proved very helpful and efficient.

The other group was largely focused on privacy and these respondents were negative toward the concept, cautious and were concerned about confidentiality.

Respondents have made some contingency provisions regarding their medical records. Most respondents in both groups had another person authorized to know about their medical records. None, however, kept their own personal copy of their medical records.

## Financial Records/Delegation of Authority

Respondents in both groups had someone else listed on their checking account. The majority had provided a close relative or child with a Power of Attorney.

When asked about financial counsel three respondents in one group admitted they did not have enough knowledge or outside counsel in this area. Respondents in the other groups did not volunteer their concerns but it seemed evident other respondents were not overly confident of their ability to address financial issues.

When asked "Who would you call?" there was considerable confusion in both groups with the majority not sure who they would call. Some indicated they had not had the need to call someone.

## Living Independently

Respondents in both groups were in consensus they want to remain living in their homes for as long as possible. However, respondents in both groups were largely not aware of services designed to help them remain living in their homes longer.

One group respondent recalled a church group that “. . . built ramps or something. . .” and another cited a program operated by CAA. In one group there was a perception any services of this type would be expensive. The second group did not identify these concerns.

Additionally, some respondents in one group were very concerned about letting strangers in their home. The other group did not articulate unusual concerns regarding this issue but all respondents were concerned about qualified, trained care givers.

### **Independent Exercise**

Respondents in each group were asked to “spend 50 points” any way they chose among 9 different potential programs/ services that would aid seniors ability to live independently. (See Attachment A)

The number one answer (by a large margin) in both groups was “financial assistance to allow seniors to stay at home” capturing 29% of the total votes. This was followed (again in both groups ) by “Use of visiting nurses” with 15%, and “financial assistance to support part time “sitters” with 15% in one group and “training and support for care givers” in the other group.

When asked if there were other services or products missing respondents indicated they are still interested in a way to insure care givers ( that are not family) are well trained and trustworthy.

### **Care givers**

Care givers are a key concern. . for respondents in both groups. This includes the need for “visiting nurses” and someone to provide ongoing care. However, the related concerns regarding safety and trust are closely aligned with the need for these services thus creating a need for both the availability and trustworthiness of care giver help.

Certain respondents in both groups were care givers. Most respondents in both groups indicated they had not received formal care giver training and most respondents could not answer a question of where they would go to receive care giver training.

## Miscellaneous Services

Respondents began to identify a number of services they could take advantage of if they knew how to access these senior-specific services (some of which may or may not exist):

1. Washing windows (especially high windows)
2. Hooking up computers, programming VCRs/ DVDs
3. Snow removal/ lawn mowing  
Concerns about living alone and falling or falling down a flight of stairs-  
affordability of a beeper/ alarm
4. Place to Exercise

A respondent in one group reported a service that exists for those making the poverty level or less to afford health insurance. Before he was aware of this program he could not afford to have health insurance. None of the other respondents were aware of this program.

## Calhoun County Office of Senior Services

Only 2-3 respondents out of the 16 in the two groups were aware of the Calhoun County Office of Senior Services. A number of respondents offered that they had voted for the senior millage. There is good awareness of the Senior Millage although that understanding of what it supported varied considerably by person between the two groups.

When asked about outcomes of the senior millage those respondents who did have a point of view mentioned the Senior Health Plan, prescription drug (assistance) and transportation subsidy. Also, it was suggested that some of the exercise programs at Burnham Brook may be supported via the Senior Millage, although others disagreed. Another respondent mentioned programs like "Meals on Wheels" although there it was not clear the respondent knew this program was supported by the Senior Millage.

Another respondent talked about a type of visiting nurse that traveled to different senior site to take blood pressure and provide health screenings.

When asked where respondents would go to find out which programs were supported by the Senior Millage respondents suggested their homes or "CAA" or on the Internet or at the Library. Another suggested "network with friends".

Respondents in both groups believe the Office of Senior Services should be prioritizing its dollars to help the most needy first, then providing support to others that qualify. There was a high level of consensus on this point.

Additionally, in one group respondents felt the “bar” for eligibility should be at least as high as it is now. . and some suggested higher, and that eligibility criteria be published. While this was not as much of an issue in the first group there was a general agreement the programs/ services should have a transparency that insured everyone was treated fairly.

### **Senior Millage Support for Senior Centers/Programs**

Respondents in both groups are supportive of Senior Millage dollars being used in support of senior programs at senior centers around the county. There is much more diversity of opinion when it comes to funds supporting the centers themselves. The first group found respondents are split on this issue. . . with some struggling with the concept of how one can only support programs when if the centers weren’t there one could not have the programs. The second group was more supportive overall of funding senior centers as long as they were being used and the priority of money was toward programs.

Respondents identified three senior centers they were aware of:

Albion Forks Center  
Homer Community Center  
Burnham Brook Center

One respondent was a member of Burnham Brook. Other respondents in both groups had been members at one time but did not renew for a number of reasons. . primarily oriented to time available and value of the programs/ services.

While one respondent noted she lived closer to Albion but did not go to the senior center because “she felt too young” others in both groups agreed with her. There is a perception among these respondents that “senior centers” are for the older old. . . not the younger old.

### **Information Access/Senior and Other**

Respondents in both groups get the majority of their local information from their local newspaper. This includes the Battle Creek Enquirer and the local Shopper papers. They also hear about things from their neighbors. While most respondents watch TV the news they receive on the “local” channels (Kalamazoo and Grand Rapids) is not really seen as “local” news.

Respondents (in one group) specifically did not see Burnham Brook as a source of information. The greatest amount of information they receive appears to come from the local newspaper and from networking among friends.

## **Recommendations**

As Calhoun County's population is relatively stagnant and employment opportunities may be seen as limited (especially by younger workers), the specter of more young and middle aged families leaving the community is a real possibility. Respondents in these groups have children and grandchildren but only a few have these close relations living within the immediate vicinity (Calhoun County). If this trend is representative it suggests many seniors in the Calhoun County area do not have a close familial support network to assist them as they get older and closer to a time of not being completely independent.

**The CCOSS may consider the potential of large numbers of aging seniors who do not have close family members living within the county capable of providing direct care or even making decisions on behalf of their older family members.**

**Contingency support may be necessary to insure seniors in the county are not left without the support necessary to remain independent and cared for as long as possible irrespective of the source.**

In spite of the relative isolation of some respondents almost all in both groups recorded relatively high "satisfaction" levels of 8 or higher on a scale of 10. Only three respondents (and two of the three were serving as care givers) provided a lower score (3-5).

This qualitative and not projectible data nonetheless squares with other available information from studies and findings which suggest care giving is a difficult and sometimes disheartening effort. Often care givers feel as alone and unsupported as their charges.

**CCOSS may wish to insure care givers are provided the support necessary to "fill the breach" between full independence and nursing care successfully by having the tools, training and resources necessary to be successful and enable their charges to happily remain as independent as possible for as long as possible.**

Most respondents recognize they should be active and be exercising to remain healthy. Obstacles, however, sometimes interfere with the seniors ability to both remain active and exercise.

**CCOSS may consider support to address obstacles to active participation and exercise such as affordability/access and (to a small extent) transportation may be addressed by programs or strategic partnerships with area fitness facilities, volunteer centers and/or carpools that address these concerns.**

Respondents in these groups did not come to consensus on who to call for resolving senior information or services concerns, although all had different ideas of who to call. The variety of solutions identified only once mentioned 211. Other solutions cited were mentioned only by one individual with no solution receiving multiple mentions. When asked about 211 few were aware of the service at all and no one called 211 to receive information.

**CCOSS may be helpful in developing a strategic partnership with 211 and championing the use of 211 for seniors. This could be achieved through the promotion of a marketing/communications campaign that positions the 211 service as an information source for seniors (and others).**

Respondents in one group noted medical professionals do not always take seniors seriously and sometimes trivialize their concerns. Further, there is a tendency for those providing advice or information to suggest that seniors “look things up on the computer or the Internet”.

**CCOSS may consider mounting an information/awareness campaign to the medical community (including local hospitals) raising awareness and sensitivity of the medical community to these issues. Further, CCOSS may issue guidelines regarding publication of materials for senior consumption including standards, distribution points, readability, redundancy with websites, etc.**

There is some willingness on the part of seniors (in one of the groups) to consider moving medical records to a central database with access to other authorized medical professionals. This willingness is not complete nor are all respondents in agreement. **Additional information and a coherent concept with descriptions of privacy protection would be an important part of a further effort to establish senior support for a central database of medical records which medical professionals could access as part of a treatment care team.**

Some respondents acknowledge they do not have enough financial counsel. Additionally, it appeared others were in agreement that trusted financial counsel would be an important service. Most respondents did not know who they would call for trusted financial advice. There appears to be substantial need for the availability of trusted financial counsel to seniors.

**CCOSS may partner with financial advisers, establish an “approved” financial advisor list or otherwise bring a “stamp of approval” to help seniors feel comfortable soliciting needed financial advice or attending seminars/educational programs on financial issues.**

A very strongly articulated sentiment incorporated into the feelings of respondents in both groups is the desire to live independently for as long as possible. Respondents aren't sure who can help with that and the majority consensus view in one group is that such services are expensive. The other group did not have a strong view on cost but shared the commitment behind the concept.

**CCOSS may desire to begin to build awareness for an “independent living” model of programs/services and information to allow seniors to understand what pieces and parts are necessary for independent living as well as what collaborations or partnerships may be developed to provide “bundles” of services that seniors may take advantage of.**

The strongest support element of 9 different ideas mentioned (in both groups) was the concept of “financial assistance to allow seniors to stay at home”. Other ideas which were second and third in popularity were similar in nature.

**The development of a network or system of home care providers, visiting nurses and family care givers which are provided with some compensation to defray the cost to seniors living at home or other method of financially assisting those most in need to be able to continue to live at home may be a step to responding to this highest of perceived independent living needs.**

Respondents want trusted, trained care givers once they are at a point where they need these support elements in order to continue to live independently. Current concerns are many care givers are neither trusted nor trained.

**Providing certified training courses for care givers may be an important step in providing a reassurance to seniors and a set of credentials to providers.**

Respondents have a need for a series of what may be seen as “small” services that may be very important to the senior from a quality of life standpoint.

**CCOSS may be able to put together a network of “approved” suppliers of these services and publish a directory which encourages seniors to seek out help for these services. Coupons may also be provided on a financial need basis to mediate the cost to those seniors most at need.**

While there is poor awareness of CCOSS many respondents were familiar with the Senior Millage and most indicated they voted for it. Further, they identified (perhaps erroneously) a series of programs they believe have been supported by the Senior Millage.

**CCOSS may consider development of a logo with stickers which attach to promotional materials of those programs supported by CCOSS. In this fashion awareness of CCOSS may be raised as well as accurate recognition for the good work that CCOSS is engaged in throughout the county may be generated.**

**CCOSS may also consider a communications campaign to build awareness for what the Senior Millage is accomplishing. Failing to do so may jeopardize support for the millage with not only seniors but the community at large.**

**Respondents across the group believed the CCOSS should be prioritizing its dollars in support of those seniors who are most in need, followed by all seniors. Respondents also believed there should be a “bar” of eligibility and it should probably be higher than what it is now.**

Respondents agree millage dollars may be used in support of programs at senior centers. There is considerably less agreement on whether these dollars should be used to support the senior centers themselves. Respondents provided arguments in both directions on this point.

**While support exists for millage dollars to programs at senior centers, additional discussion and/or research may be needed to develop a criterion or set of rules/limitations before the senior community would be supportive of some level of millage financial support to the senior centers themselves.**

Respondents tend to receive most of their information from local newspapers. It is not clear whether these were predominantly the commercial newspapers (i. e. Battle Creek Enquirer) or the free “shopper” newspapers. The discussion did include TV but respondents did not have the opportunity to discuss cable TV.

**Newspaper, TV and networking with friends appear to be the primary ways seniors stay up to date on information relating to them and their community.**

**Overall, these groups of seniors, while still connected with family, have few family resources locally to call upon. These seniors are positive and upbeat but do have concerns for the future..especially as they relate to Care giving, the ability to stay independent and the financial resources needed to remain independent. Respondents don’t believe current care givers receive adequate outside training or support and respondents are concerned about a level of support for care givers.**

**Respondents are minimally aware of 211 but do not use it and don’t perceive it as a resource for them.**

**Respondents are somewhat sensitive to how they are treated by others, especially members of the medical/health community.**

**Of primary importance to all respondents is the ability to continue to live independently. As part of that effort they feel trained, trusted care givers are essential and the financial resources necessary to keep them in place.**

**Additionally, services critical to maintaining a home and its related services need also to be available in an affordable way provided by trustworthy people. A package plan that minimizes the need for suppliers or number of vendors to contact would appear to be desirable for seniors (and others in the community who may need this type of assistance).**

**Respondents don’t know the CCOSS office but support the senior millage. Respondents tend to be unfamiliar with the work done by the CCOSS but tend to believe a number of programs (some correctly, others in error) are supported by the Senior Millage. A communications initiative appears strongly indicated as respondents may be mis-crediting or failing to credit CCOSS for the work it is doing with the Senior Millage. Additionally, being aware of these programs may also aid seniors in the search for finding the services they need.**