

# Stakeholder Experience Survey

As part of our ongoing commitment to quality assurance, Aging and Disability Resource Center at the Heritage Agency and the Aging and Disability Resource Center of Linn County would like your input on the following questions. Please take a moment to let us know about your experience by answering the following questions. Your feedback will help us to strengthen our service. **Please return the survey as soon as possible, in the business reply envelope provided. Thank you.**

**Which of the following best describes your role in the community? (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Health Care Provider           |
| <input type="checkbox"/> Service Agency       | <input type="checkbox"/> ADRC staff                     |
| <input type="checkbox"/> SHIIP                | <input type="checkbox"/> ADRC Advisory Committee Member |
| <input type="checkbox"/> Hospital             | <input type="checkbox"/> Other:                         |

**How did you find out about the Aging & Disability Resource Center or the service of Long Term Options Counseling? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Radio           | <input type="checkbox"/> Service Agency                 |
| <input type="checkbox"/> Newspaper       | <input type="checkbox"/> SHIIP                          |
| <input type="checkbox"/> Referral Card   | <input type="checkbox"/> Hospital                       |
| <input type="checkbox"/> Employer        | <input type="checkbox"/> Area Agency on Aging           |
| <input type="checkbox"/> Flyer           | <input type="checkbox"/> State Agency                   |
| <input type="checkbox"/> Health Fair     | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Family Member   | <input type="checkbox"/> Health Care Provider           |
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Other:                         |

**How frequently to you refer to the ADRC?**

- Weekly
- Once a month
- Once every 3-4 months
- Once or Twice a Year
- Never

**What are the most common reasons you refer to the program? (Check all that apply)**

- To get information about local services for my patients or clients

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- To get information about local services so I can better serve my own clients
- To get assistance completing applications for my patients or clients
- To get assistance transitioning my patients or clients to home from a hospital or facility
- To get assistance with Medicare Part D Benefits for my patients or clients
- Other:

**If you have not made a referral to the program what is the main reason?**

- The agency I work for already provides a similar service
- I don't understand enough about the program
- I don't know how to contact/make a referral to the program
- I am apprehensive about referring to a fee-for-service program
- Other:

**Do you have any suggestions for making the referral process easier?**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
ADRC staff and LTOC are knowledgeable of long term care options.					
I have a strong understanding of the core functions and purpose of the ADRC program and Long Term Options Counseling.					
LTOC conduct themselves in a professional manner.					
LTOC use a person-centered approach in working with clients.					
Clients that I refer to LTOC generally use the individualized plans they created with the LTOC.					
Clients that have utilized the LTOC services usually end up receiving the services they need.					
LTOC allows clients to live in the community longer.					
I would recommend the services of the ADRC.					
It was easy to make a referral to the ADRC program.					
Information shared with me by the ADRC staff was accurate and up-to-date.					
When I refer a client to the ADRC program, the client usually gets the help I was expecting from the program.					

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It is easy to get in contact with the ADRC during the regular workday.					
I can easily find the contact information of the ADRC.					
The ADRC program makes it easier for me to do my job.					
The services of the ADRC compliment and bridge gaps in existing community services.					
I am comfortable referring clients to the program even though it may cost the client money to participate.					
I think the services offered by the LTOC are worth the cost.					

**What do you see as the most critical needs of the individuals in our community?**

**Are there any unmet needs with which the ADRC might be able to assist you?**

**We would sincerely appreciate any feedback for the ADRC program or the specific Long Term Options Counselor(s) with whom you primarily work.**

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**Would you like to be contacted to learn more about the ADRC and LTOC?**

Yes       No

**Would you like to be involved in the ADRC Advisory Committee?**

Yes       No

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_