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2009 DAIL CONSUMER SATISFACTION SURVEY

FINAL Report

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EXECUTIVE SUMMARY

In 2009, the Vermont Department of Aging and Independent Living (DAIL) again surveyed its consumers receiving the following five long-term care programs/services regarding their satisfaction with services and quality of life:

- Choices for Care (CFC)
- Adult day services
- Homemaker services
- Attendant services
- Home-delivered meals services.

The survey found that the vast majority of *all* DAIL long-term care participants were satisfied with the services they received, with a median rating of 94% of participants rating “good” or “excellent” for 10 survey items on various aspects of services, e.g., choice and control in service planning, timeliness, and service quality. In comparing 2009 to survey data and 2002 (the year nearest to the implementation of CFC), 2009 ratings were significantly higher for 7 of the same 10 indicators; ratings in 2009 were generally not significantly different from 2008 ratings. For example,

- 90% of all long-term care participants in 2009 reported being satisfied with the amount of choice and control they had when planning their services, significantly higher than the 84% in 2002.
- 93% reported satisfaction with services fitting their schedule in 2009, significantly higher than the 86% from 2002
- 95% of all participants in 2009 reported “good” or “excellent” quality of services, significantly higher than the 88% in 2002.

In addition, participants described specific aspects of their quality of life (median endorsement rate of 74%) and their general health. For example:

- At least 90% of participants in 2009, 2008, and 2002 reported feeling safe at home or having support in an emergency, with a significant increase between 2002 and 2009.
- Between 75%-79% of participants in these three years reported feeling safe out in the community, with a significant increase between 2002 and 2009 (75% and 79% respectively); similar percentages of participants (77%-78%) reported being able to get around inside their home across the three years; 70%-77% reported feeling valued and respected, with a significant increase between 2008 and 2009
- Similar percentages of participants (68%-70%) reported being satisfied with the amount of contact with family/friends; 63%-70% reported being satisfied with how they spent their free time, although this was not a significant change among the three years.
- Between 56%-62% reported being able to get where they need or want to go, with a significant increase between 2002 and 2009; similar percentages of participants (55%-58%) reported being satisfied with their social life and connection to the community.

- Between 2008 and 2009 (2002 data is not available), participants who reported their general health as “very good” or “excellent” compared to others their age increased significantly from 17% to 22%.

Choices for Care

In 2009, among CFC participants meeting traditional Vermont nursing facility level of need or high/highest needs participants, a median of 94% of consumers responded “good” or “excellent” across 10 survey questions asking them about various aspects of their services. For example, 90% of CFC high/highest needs participants reported satisfaction with the amount of choice and control they had in planning for their services in 2009, a significant increase from the 85% reported by elderly/disabled HCBS waiver participants in 2002. In fact, improvements from 2002 to 2009 were shown on 5 of 10 survey indicators among participants meeting nursing facility level of care.

CFC high/highest needs participants had patterns of response on quality of life and general health that were similar to those reported for all DAHL long-term care participants. For example, in 2009, over 90% of high/highest needs participants reported feeling safe at home and having support in an emergency; 71%-80% reported feeling safe out in the community; and 67%-75% were satisfied with the amount of contact with family/friends; and finally, 49%-58% of CFC participants reported satisfaction with their social life and connection to the community. Improvements were found on 5 of 9 quality of life indicators between 2002 and 2009, with overall quality of life rated as “excellent” or “good” by 69% in 2009, up from 57% in 2002.

Three frequently used services by CFC participants are personal care, adult day, and homemaker and thus CFC participants receiving these services were asked to comment specifically on these services.

Personal Care: Satisfaction with CFC personal care in 2009 was generally high. On several indicators, we found 2009 ratings to be higher than 2002 ratings but lower than 2008. For instance, 2009, 92% of CFC participants indicated being satisfied with the quality of CFC personal care services, slightly lower than the 96% in 2008 but not different from 2002 (94%). The same pattern was found in responses to whether personal care services were provided when and where the participants needed them, with 93% reporting satisfaction in 2009, significantly lower than 95% in 2008 but not different from the 2002 (90%). However, on whether participants knew who to contact they had a complaint or needed more help, 94% reported satisfaction in 2009, similar to the 2008 rating, but significantly higher than the 2002 (88%).

Adult Day: Satisfaction with adult day services in 2009 was generally high and did not differ from responses in 2008 or 2002. For example, in 2009, 94% of participants indicated being “always” or “almost always” satisfied with the quality of adult day services, the degree to which services meet their needs, respectfulness and courtesy of program caregivers, and with services being provided when and where they were needed.

Homemaker: Satisfaction with homemaker services in 2009 was generally high and did not differ from responses in 2008 or 2002. For example, comparing 2009 and 2002, 89% and 88% of participants indicated being “always” or “almost always” satisfied with the quality of homemaker services and the degree to which services meet their needs, respectively; 90% reported being “always” or “almost always” satisfied with services being provided when and where they were needed; and 97% of participants reported similarly when asked about the respectfulness and courtesy of program caregivers.

Additional subgroup analyses and multivariate analyses of 2008 and 2009 survey data of all CFC participants (high/highest and moderate needs participants) also found that, in both years, participants over 64 years of age reported higher rates of satisfaction with services and quality of life, a finding that may be partly explained by individual differences between younger and older individuals not measured in our dataset. This difference by age existed among all CFC participants and among high/highest needs participants but not among moderate needs participants. Age differences may also reflect differences in the *expectations* of participants at different points in their lives, or across generations. Younger participants may have very different expectations with respect to their goals and objectives and the extent to which support systems are meeting those expectations. In addition, previous studies have found self-reported well-being among younger individuals (under 50 years of age) to be generally lower than older individuals.

Other DAAIL Long-Term Care Programs

While the 2009 survey asked CFC participants to comment on a range of services, e.g., personal care and home modifications, the survey asked participants of specific individual services their satisfaction with these services. Participants receiving these services included some who were funded through CFC and others who were funded through other sources. These summaries are included in the appendix of this report.

Attendant Services: Response patterns among attendant services participants were similar to those of adult day and homemaker services. Attendant services participants reported high satisfaction with services in all three years (2009, 2008, and 2002). For example, 96% of participants reported satisfaction with the quality of services while 90% reported satisfaction with the degree to which services meet their needs. In addition, 95% reported that the program provided services when and where they needed them.

Home-Delivered Meals: Unlike adult day, homemaker, and attendant services, participants of home delivered meals (HDM) in 2009 reported lower satisfaction than had participants in 2002 and 2008 (respectively). For instance, only 64% of HDM participants in 2009 reported that the food tasted good, significantly lower than the 76% and 78% of HDM participants in 2002 and 2008 (respectively). Likewise, only 71% reported that the food looked good in 2009, compared to 79% and 80% in 2002 and 2008 (respectively). Of the HDM participants who reported a health condition affecting which foods they had been advised to eat; only 40% reported that the food met their specific dietary needs, similar to previous years.

Conclusions

We analyzed 2009, 2008 and 2002 survey data on service satisfaction, quality of life, and general health among DAIL long-term care participants. For all DAIL long-term care participants and CFC participants, improvements between 2002 and 2009 were observed on multiple indicators of satisfaction and quality of life. The improvement in satisfaction among all DAIL long-term care participants between 2002 and 2009 suggests that together with providers, DAIL has helped improve the delivery of long-term care services for consumers over the years. Because CFC was a major Medicaid initiative that combined multiple existing home and community-based services (e.g., Medicaid elderly/disabled HCBS waiver, enhanced residential care waiver, adult day, homemaker services), the improvement in participant experiences and quality of life under the current CFC waiver program and one of its predecessors is also highly encouraging. At the same time, relatively lower service satisfaction and quality of life among younger participants may be effectively addressed through Flexible Choices, an option that allows each participant to tailor supports to his or her life circumstance and goals. Finally, a slight decline in satisfaction occurred among CFC participants from 2008 to 2009, a finding DAIL may want to follow-up with 2010 data to discern if such a finding is repeated or was unique between 2008 and 2009.

While CFC was first implemented in 2005, DAIL has been administering adult day, attendant services, and homemaker services for over ten years. Our 2002, 2008, and 2009 analysis showed that participants of these programs had consistently high service satisfaction across all three years, suggesting that providers maintained the quality of their services before and after CFC. However, home-delivered meals participants, some of whom also participated in CFC, reported lower satisfaction in 2009 than in past years. This trend should be monitored in future surveys and DAIL may want to start internal discussions to explore the reasons behind this change.

INTRODUCTION

In 2009, the Vermont Department of Aging and Independent Living (DAIL) again conducted a state-wide survey of consumers using its long-term care services. This 2009 DAIL Consumer Satisfaction Survey (CSS) was carried out by MACRO International, Inc., (MACRO). As in previous years, MACRO collected data from participants in five state long-term care programs/services: Choices for Care (CFC), Adult Day Services, Homemaker Services, Attendant Services, and Home-Delivered Meals Services. In the 2009 survey, respondents were asked to assess the following:

- Satisfaction with specific processes and outcomes of care, (e.g., care planning, services meet needs);
- Value of services;
- Whether services made consumers' lives better and improved their ability to stay in own homes;
- Whether participants with long-term care needs received information about and were involved in the care they would receive upon hospital discharge; and
- Quality of life (e.g., satisfaction with how consumers spent their free time)

In addition to collecting data on consumer experiences, MACRO also received consumer characteristic data from DAIL. These consumer characteristics variables allowed for comparisons across subgroups of consumers and include the following:

- Gender;
- Age;
- County and geographic region. The results were clustered into the following 11 regions for descriptive purposes: Addison, Bennington, Caledonia, Chittenden/Grand Isle, Essex/Orleans, Franklin, Lamoille, Orange/Windsor, Rutland, Washington, and Windham;
- CFC level of need (moderate, high, highest needs);
- CFC case management type (area agency on aging or home health agency); and
- CFC service type (agency-directed, consumer-directed, surrogate-directed, or Flexible Choices)

In its survey methodology, MACRO included a sampling plan designed to provide statistically valid estimates at the program, regional and state levels through a stratification and weighting of the survey sample. (See Appendix B for survey methodology)

The following chapters of this report detail the results of the 2009 DAIL Consumer Satisfaction Survey and compare these results to those obtained in the 2008 and 2002 surveys where possible. We present three years of data to identify any recent or longer term trends in terms of participants receiving DAIL long-term care experiences.

Introduction

- **Chapter I** presents survey ratings of all consumers receiving any long-term care service in 2002, 2008 and 2009.
- **Chapter II** presents survey ratings specific to Choices for Care (CFC) participants over time. In this chapter, we sought to understand whether participants' experiences were affected when the previous Vermont elderly/disabled waiver became part of CFC, a Medicaid 1115 waiver. Given this interest, we confined results in this chapter to comparable waiver participants, that is, only participants who met nursing facility level of need were included in this chapter. Therefore, all 2002 elderly/disabled waiver participants were included and *only* CFC high/highest needs participants in 2008 and 2009 were included in the analyses in this chapter (moderate needs consumers in 2008 and 2009 were excluded). CFC moderate needs participants (persons who did not meet the level of need for nursing home admission), which is a new enrollment group for CFC are excluded in this chapter because there is no clearly comparable population served prior to CFC.
- **Chapter III** presents 2009 key indicators of satisfaction and quality of life measures across different groups of CFC participants, including moderate needs participants (i.e., by gender, age group, level of need, authorized case management type, and authorized service type).
- **Chapter IV** presents a multivariate analysis of the relationships between selected consumer characteristics (age group, gender, level of need, authorized case management type, and authorized service type) and consumer ratings in 2009. Analyses examined three CFC subgroups: all CFC consumers (including moderate needs participants), high/highest needs consumers only, and moderate needs participants only.
- **Appendix A** presents program-specific ratings by consumers using adult day, homemaker, attendant services, and home-delivered meals.
- **Appendix B** presents the sampling and weighting information, as provided by MACRO.
- **Appendix C** provides a detailed overview of the survey data analysis methodology
- **Appendix D** includes a copy of the survey questionnaire administered in 2009.

In Chapters I, II, and Appendix A, we present detailed descriptions and cross-year statistical comparisons of the survey responses of particularly groups of long-term care consumers (all DAIL long-term care services consumers, Choices for Care consumers, adult day participants, etc.). In Chapters III and IV, we provide a more in-depth analysis of the responses of Choices for Care consumers, drawing upon prior CFC evaluation studies.

CHAPTER I. OVERVIEW OF LONG-TERM CARE CONSUMER SERVICES RATINGS

A. LONG-TERM CARE CONSUMERS SAMPLE CHARACTERISTICS

A total of 791 consumers receiving at least one of the following services (Choices for Care, Adult Day, Homemaker, Attendant Services, or Home-Delivered Meals) completed the 2009 survey. About two-thirds (66%) of surveys were completed by mail, with the remainder completed over the phone. Of all completed surveys, 49% were completed by the consumer him/herself, while 24% were completed by someone acting on behalf of the consumer. Another 25% of surveys were completed by respondents who did not identify whether they were the consumer or a proxy. Finally, 1% of surveys were completed by a combination of the consumer and someone acting on behalf of the consumer and two surveyed individuals responded “don’t know” as to whether they were the consumer or someone acting on behalf of the consumer. The survey methodology used by MACRO in conducting the survey is included in Appendix B.

Proxy respondents were asked whether or not they were a paid caregiver. Of the 189 surveys completed by a proxy, 96 (51%) responded to this question. Of these respondents, 39% indicated that they were a paid caregiver, while 62% indicated that they were not a paid caregiver.

In this chapter, we summarize the valid responses of all 791 consumers who completed the survey, and including CFC consumers of all levels of need (moderate, high, and highest needs).

1. Gender and Age

Of all long-term care services consumers surveyed in 2009, 75% were female. The average (mean) age of consumers surveyed was 71 years (standard deviation = 16 years), with a range from 20 to 104 years.

2. Geographic Region

Survey respondents represented each of the 11 state geographic regions as described in Table 1.

Table 1. 2009 Survey Respondents by Geographic Region

Region	N	%
Addison	65	8
Bennington	53	7
Caledonia	52	7
Chittenden/Grand Isle	143	18
Essex/Orleans	54	9
Franklin	51	6
Lamoille	47	6
Orange/Windsor	121	15
Rutland	89	11
Washington	47	6
Windham	69	9
Statewide	791	100.0

B. SATISFACTION WITH ASPECTS OF LONG-TERM CARE SERVICES

The 2009 survey included 10 questions to assess consumers' satisfaction with the following aspects of service delivery:

1. The amount of choice and control that the consumer had when s/he planned the services or care they would receive
2. The overall quality of the help received
3. The timeliness of the services (e.g., services received when needed).
4. The degree to which the timing of services or care fit with the consumer's schedule
5. The communication between the consumer and their care provider(s)
6. The reliability of the consumer's care provider(s)
7. The degree to which the services meet the consumer's daily needs (e.g., activities of daily living; housekeeping)
8. How well problems or concerns about the consumer's care are resolved
9. The courtesy of the consumer's care provider(s)
10. How well people listen to the consumer's needs and preferences

The survey instrument is included as Appendix D. Consumers rated specific service aspects to be "excellent", "good", "fair", or "poor". For each survey item we indicate the percentage of respondents who endorsed either "excellent", or "good" as a percentage of all valid responses.

1. AMOUNT OF CHOICE AND CONTROL

In 2009, 90% of all long-term care participants served by DAIL were satisfied with the amount of choice and control that they had when planning their services or care. This was not significantly different from the 89% endorsement rate of 2008, but was significantly higher than the 84% endorsement rate of 2002.

2. QUALITY OF HELP RECEIVED

In 2009, 95% of consumers indicated they were satisfied with the quality of the help they received. This percentage was not significantly different from those surveyed in 2008 (93%), but was significantly higher than the 2002 level of satisfaction of 88%.

3. TIMELINESS OF SERVICES

In 2009, 87% of consumers indicated they were satisfied with the timeliness of the services. This percentage was unchanged and not significantly different from consumers surveyed in 2008 (87%), and in the 2002 survey (86%), respectively.

4. SERVICE SCHEDULING

In 2009, 93% of consumers indicated they were satisfied with the scheduling of their services. This percentage was not significantly different from those surveyed in 2008 (91%), but was significantly higher than the 2002 level of satisfaction of 86%.

5. COMMUNICATION WITH CAREGIVERS

In 2009, 95% of consumers indicated they were satisfied with the communication with their caregivers. This percentage was not significantly different from those surveyed in 2008 (92%), but was significantly higher than the 2002 level of satisfaction (90%).

6. CAREGIVER RELIABILITY

In 2009, 92% of consumers indicated they were satisfied with the reliability of their caregivers. This percentage was not significantly different from consumers surveyed in 2008 (91%), or in 2002 (89%).

7. SERVICES MEET NEEDS

In 2009, 92% of consumers indicated they were satisfied with the degree to which services meet their needs. This percentage was unchanged from those surveyed in 2008 (92%), but was significantly higher than the 2002 level of satisfaction (87%).

8. PROBLEM RESOLUTION

In 2009, 92% of consumers indicated they were satisfied with the manner in which problems or concerns with their care were resolved. This percentage was not significantly different from those surveyed in 2008 (90%), but was significantly higher than in 2002 (85%).

9. CAREGIVER COURTESY

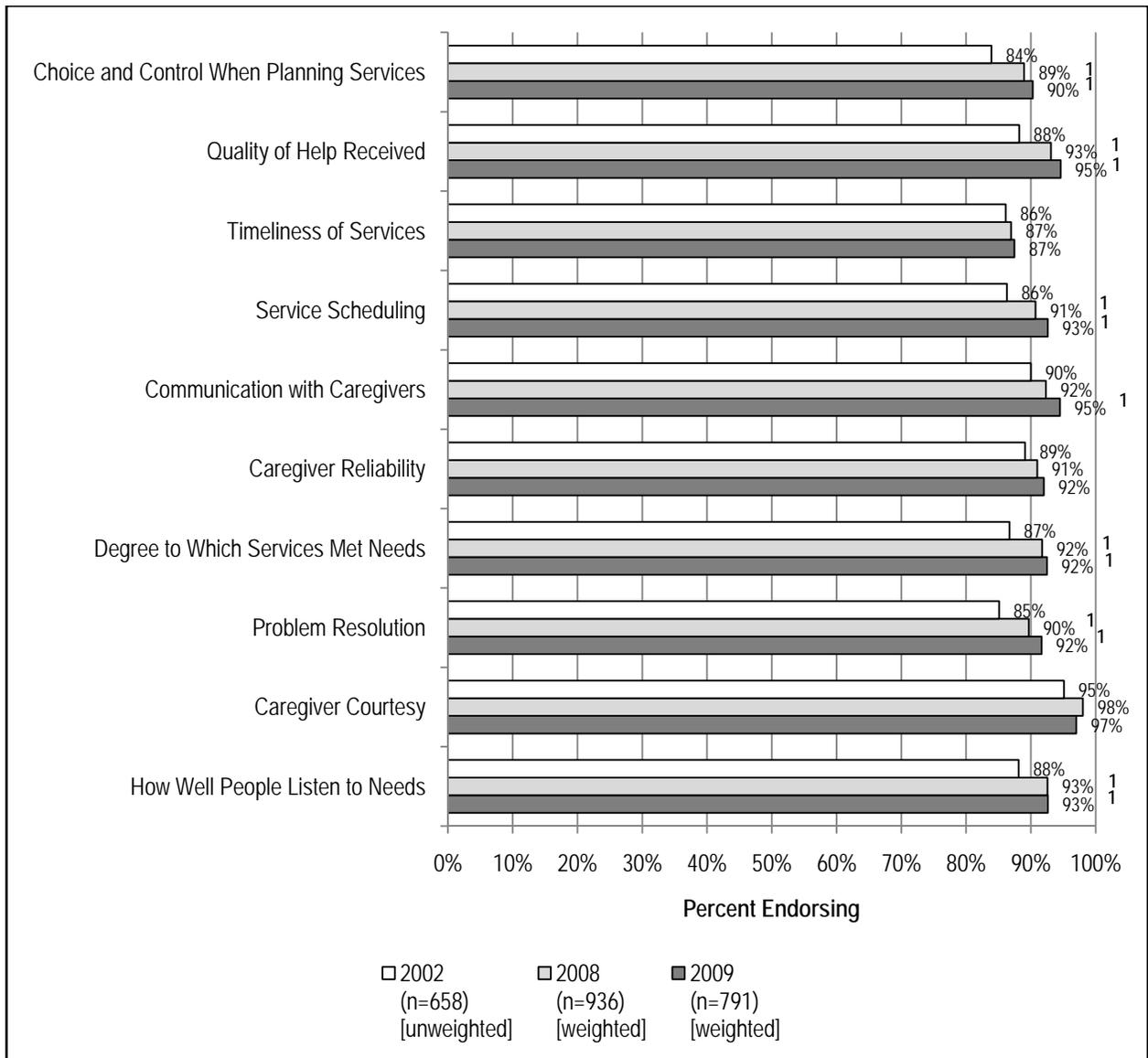
In 2009, 97% of consumers indicated they were satisfied with the courtesy of their caregivers. This percentage was not significantly different from consumers surveyed in 2008 (98%), or consumers in the 2002 survey (95%).

10. PEOPLE LISTEN TO NEEDS

In 2009, 93% of consumers indicated they were satisfied with how well people listened to their needs. This percentage was unchanged from consumers surveyed in 2008 (93%), and not significantly different from the 2002 survey (88%).

Figure 1 displays the survey results for the 10 satisfaction items summarized above.

Figure 1. Percentage of All LTC Services Respondents Who Rated Overall Services as “Excellent” or “Good”

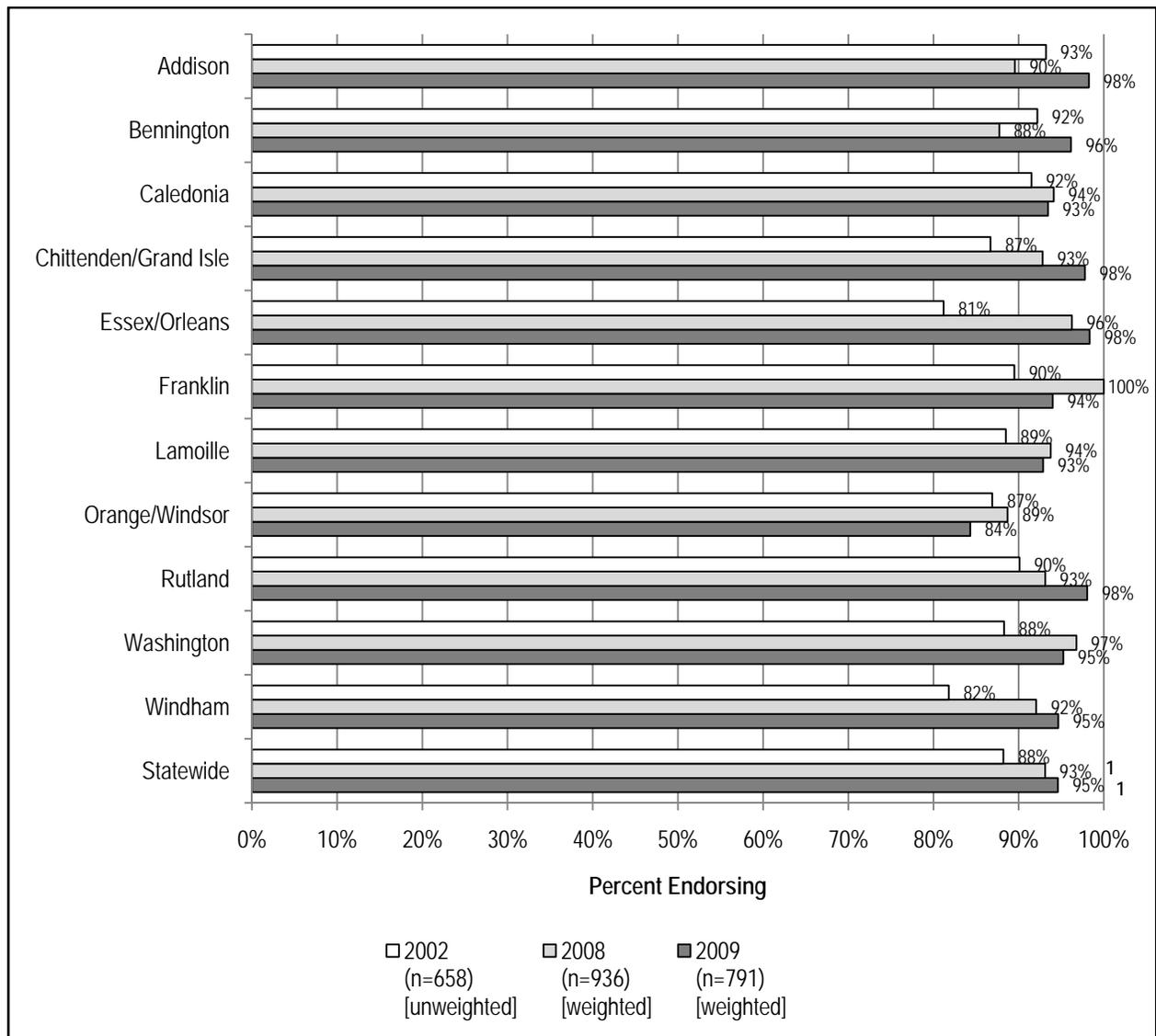


¹Indicates statistical difference from 2002

11. QUALITY OF HELP RECEIVED – BY GEOGRAPHIC REGION

As in prior year survey reports, we report consumer overall satisfaction with the quality of the help they received by geographic region (Figure 2). Due to small sample sizes, we did not perform statistical analyses on these regional satisfaction results, and apparent differences may not be significant.

Figure 2. Percentage of All LTC Services Respondents Who Rated Overall Quality of Services as “Excellent” or “Good”



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

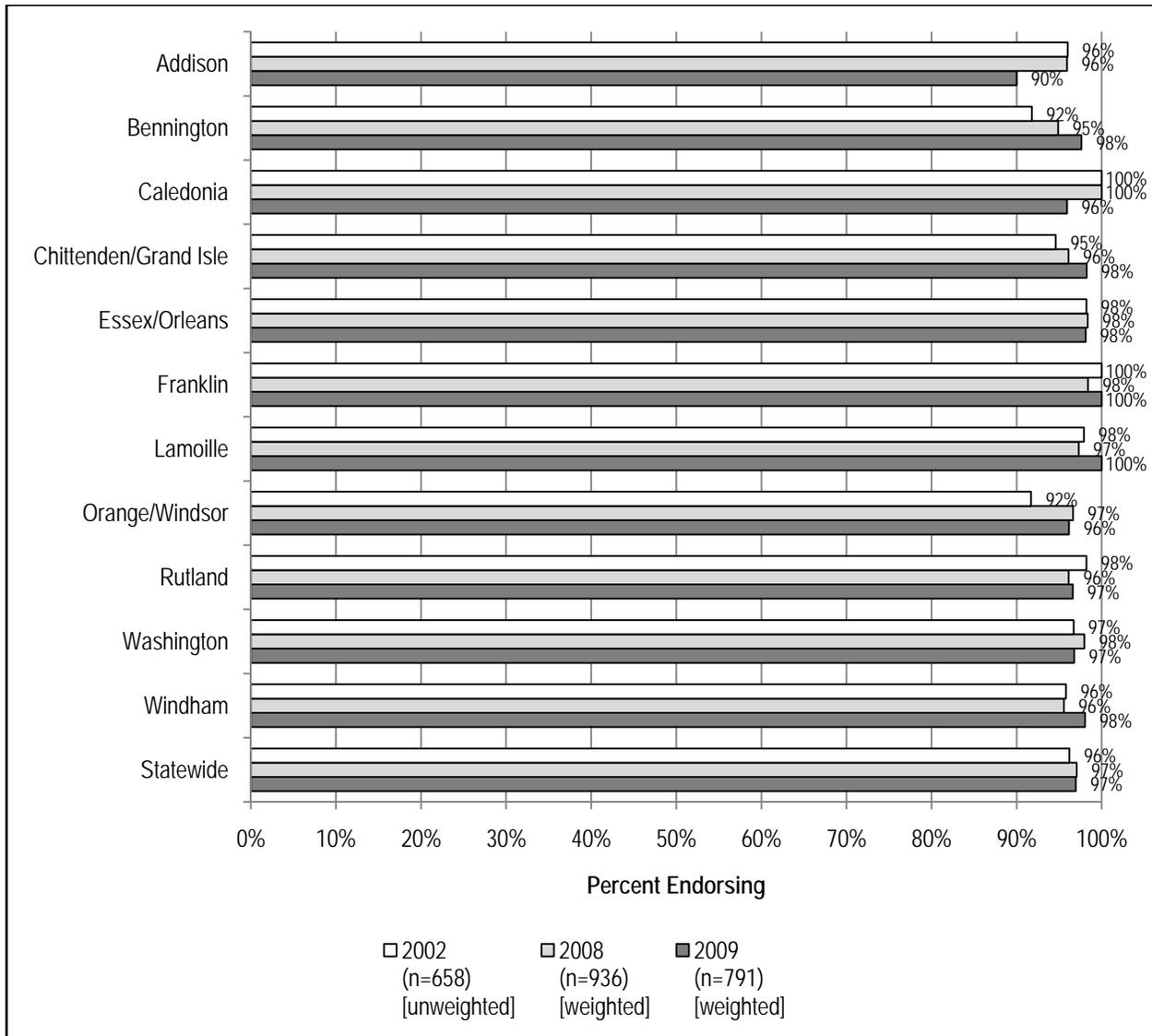
For statewide results:

¹Indicates statistical difference from 2002

C. PERCEIVED VALUE OF SERVICES RECEIVED

As in prior surveys, long-term care consumers were asked whether they found their service to be a good value. In 2009, 97% of consumers indicated that their services were a good value. This percentage was unchanged from 2008 (97%), and not significantly different from consumers surveyed in the 2002 survey (96%) (Figure 3).

Figure 3. Percentage of All LTC Services Respondents Who Indicated the Services are a Good Value

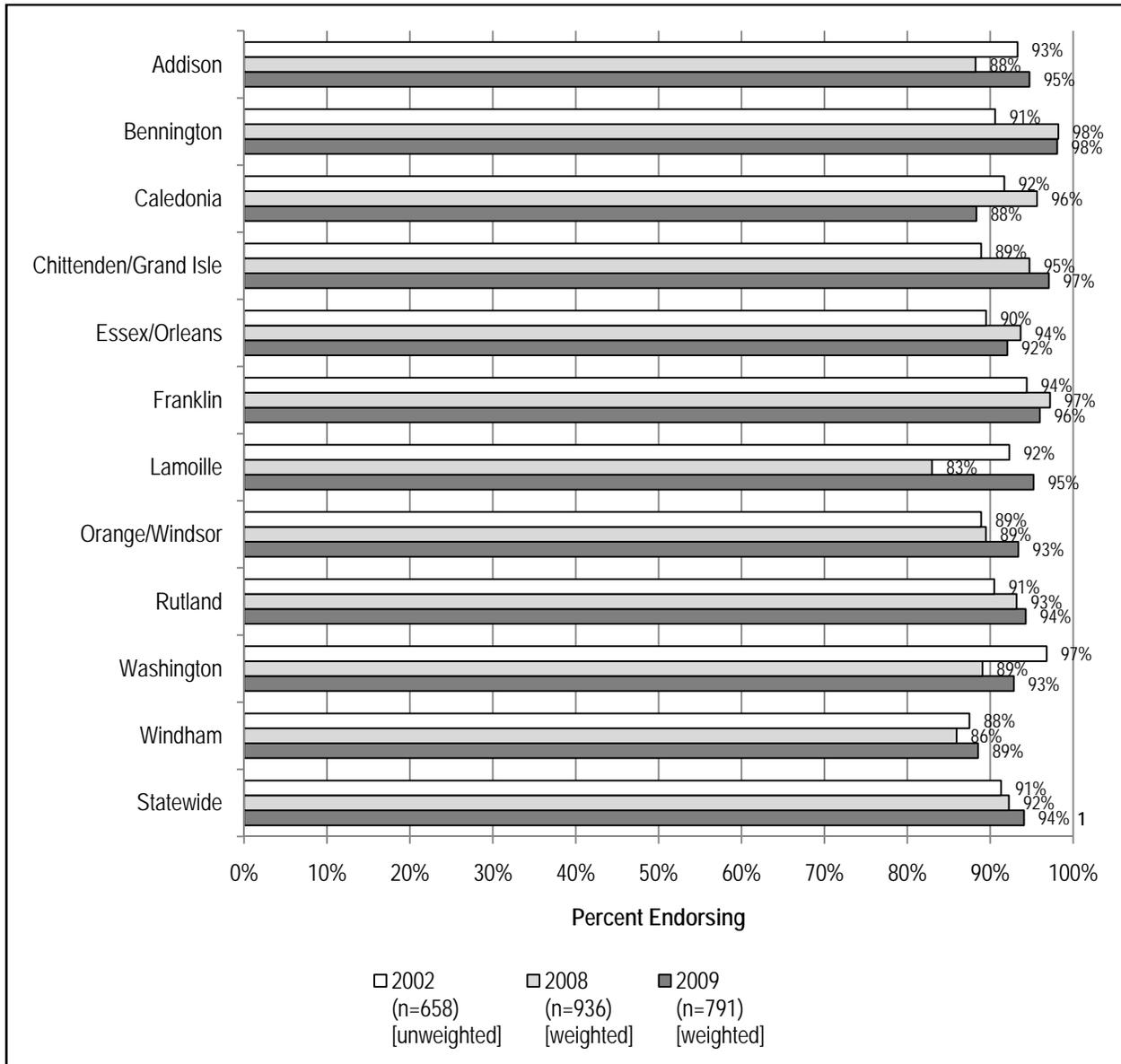


Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

D. IMPACT OF SERVICES ON CONSUMERS' LIVES

In 2009, 94% of all long-term care consumers statewide indicated that the help they receive has made their life “much better” or “somewhat better” (Figure 4). This percentage was significantly higher than the survey responses of consumers in 2002 (91%).

Figure 4. Percentage of All LTC Services Respondents Who Indicated the Help They Received Has Made Their Lives “Much” or “Somewhat” Better



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

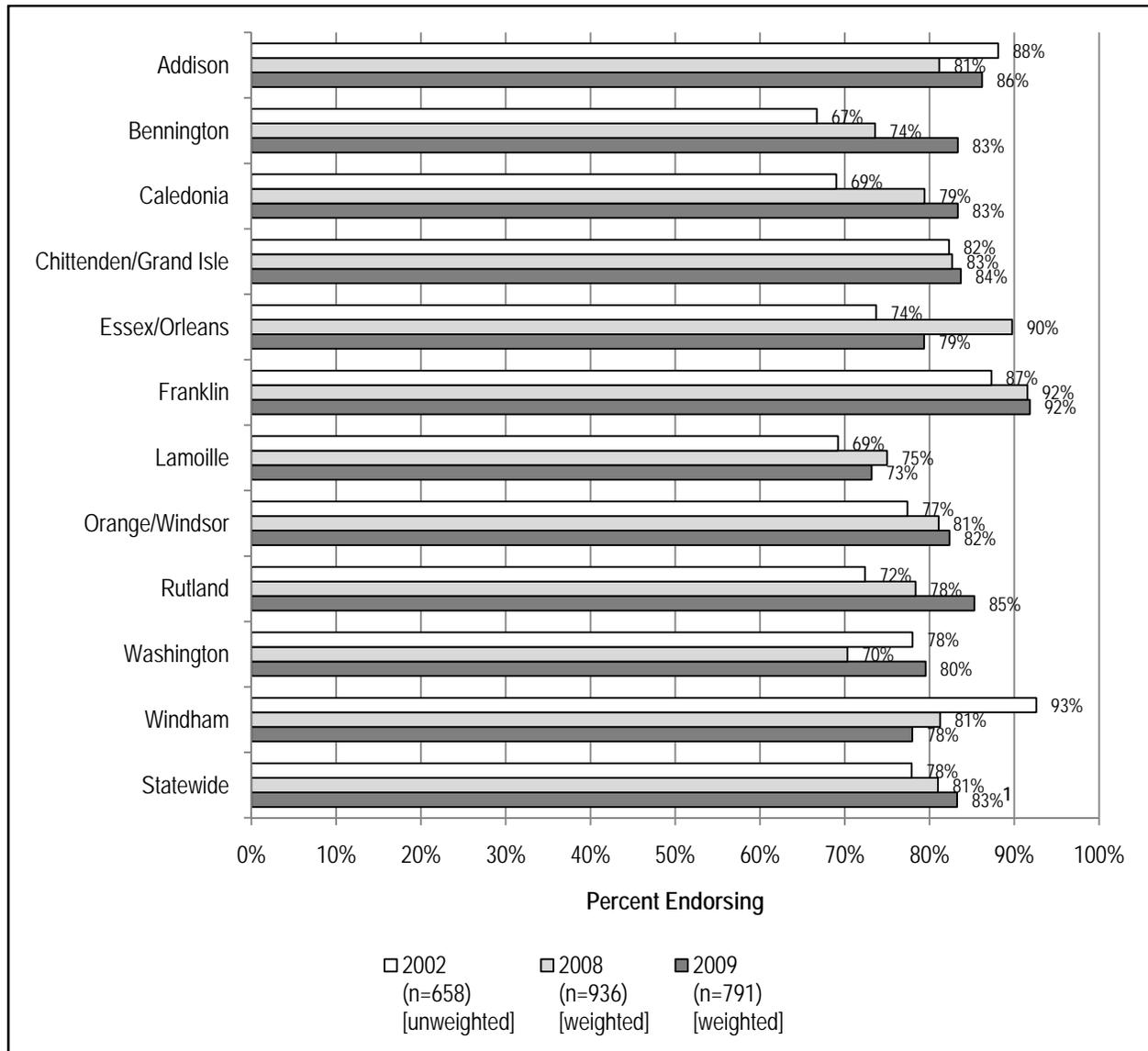
For statewide results:

¹Indicates statistical difference from 2002

E. IMPACT OF SERVICES ON CONSUMERS' ABILITY TO REMAIN IN THEIR HOMES

In 2009, 83% of all long-term care consumers statewide indicated that it would be “very difficult” or “difficult” to remain in their home if they did not receive services (Figure 5). This percentage was significantly higher than the 78% responding similarly in the 2002 survey, but not different from the 81% response rate of 2008.

Figure 5. Percentage of All LTC Services Respondents Who Indicated It Would Be “Very Difficult” or “Difficult” to Remain In Their Home If They Were Not Receiving Services



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

For statewide results:

¹Indicates statistical difference from 2002

F. QUALITY OF LIFE

The 2009 survey included 10 questions intended to measure aspects of consumers' quality of life. The specific items may be found in the survey tool (Appendix D). The first 9 items asked consumers to respond either "Yes", "Somewhat", or "No". Items included the following (Figure 6):

1. Feel safe in the home where they live ("Safety in Home")
2. Feel safe out in their community ("Safety in Community")
3. Can get where they need or want to go ("Mobility Outside the Home")
4. Can get around inside their home as needed ("Mobility Inside the Home")
5. Are satisfied with how they spend their free time ("Satisfaction with Free Time")
6. Are satisfied with the amount of contact with family and friends ("Contact with Family and Friends")
7. Have someone they can count on in an emergency ("Support in an Emergency")
8. Are satisfied with their social life and their connection to their community ("Social Life and Connection to Community")
9. Feel valued and respected ("Valued and Respected")

The final item asked the consumer to rate their overall quality of life as either "Excellent", "Good", "Fair", or "Poor", and the regional and statewide results are displayed in Figure 7.

1. SAFETY IN HOME

In 2009, 91% of consumers reported feeling safe in their homes. This percentage was not significantly different from consumers surveyed in either 2008 (92%) or 2002 (90%).

2. SAFETY IN COMMUNITY

In 2009, 79% of consumers reported feeling safe when out in their community. This percentage was unchanged from those surveyed in 2008 (79%), but was significantly higher than the 2002 level of satisfaction (75%).

3. MOBILITY OUTSIDE THE HOME

In 2009, 62% of consumers indicated that they could get where they needed and wanted to go outside of the home. This percentage was not significantly different from those surveyed in 2008 (60%), but was significantly higher than the 2002 level of satisfaction (56%).

4. MOBILITY INSIDE THE HOME

In 2009, 77% of consumers indicated that they were able to get around inside their home. This percentage was not significantly different from consumers surveyed in either 2008 (78%) or 2002 (77%).

5. SATISFACTION WITH FREE TIME

In 2009, 70% of consumers indicated being satisfied with how they spent their free time. This percentage was not significantly different from consumers surveyed in either 2008 (66%) or 2002 survey (63%).

6. CONTACT WITH FAMILY AND FRIENDS

In 2009, 70% of consumers indicated being satisfied the amount of contact they had with family and friends. This percentage was not significantly different from consumers surveyed in 2008 (68%), or consumers in the 2002 survey (68%).

7. SUPPORT IN AN EMERGENCY

In 2009, 90% of consumers indicated having support in the event of an emergency. This percentage was not significantly different from consumers surveyed in 2008 (91%) or consumers in the 2002 survey (91%).

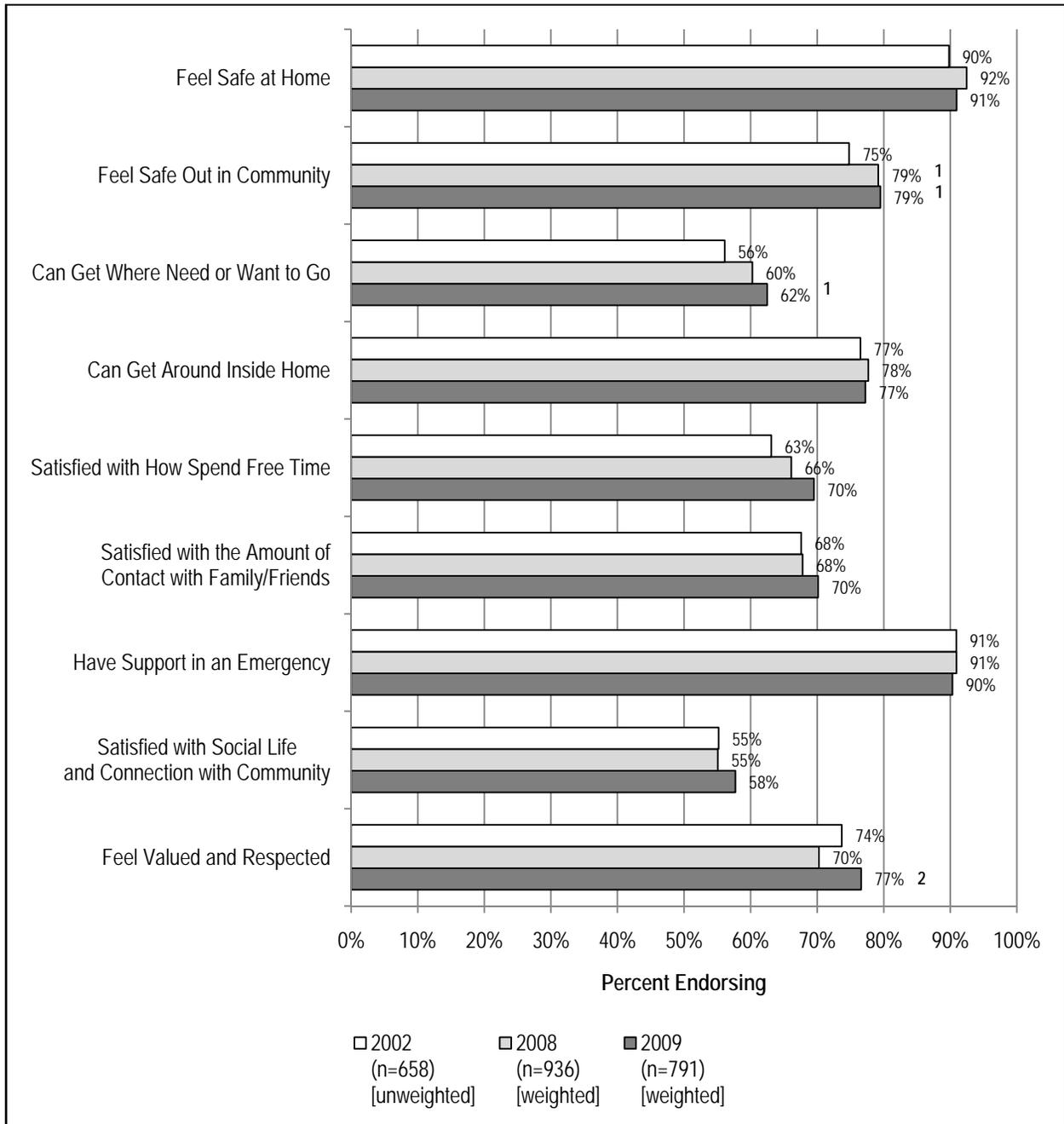
8. SOCIAL LIFE AND CONNECTION TO COMMUNITY

In 2009, 58% of consumers indicated being satisfied with their social life and connection to the community. This percentage was not significantly different from consumers surveyed in 2008 (55%), or consumers in the 2002 survey (55%).

9. VALUED AND RESPECTED

In 2009, 77% of consumers reported feeling valued and respected. This percentage was significantly higher than responses of consumers surveyed in 2008 (70%), but was not significantly higher than the 2002 level of satisfaction (74%).

Figure 6. Percentage of All LTC Services Respondents Who Responded "Yes" To Quality of Life Measures



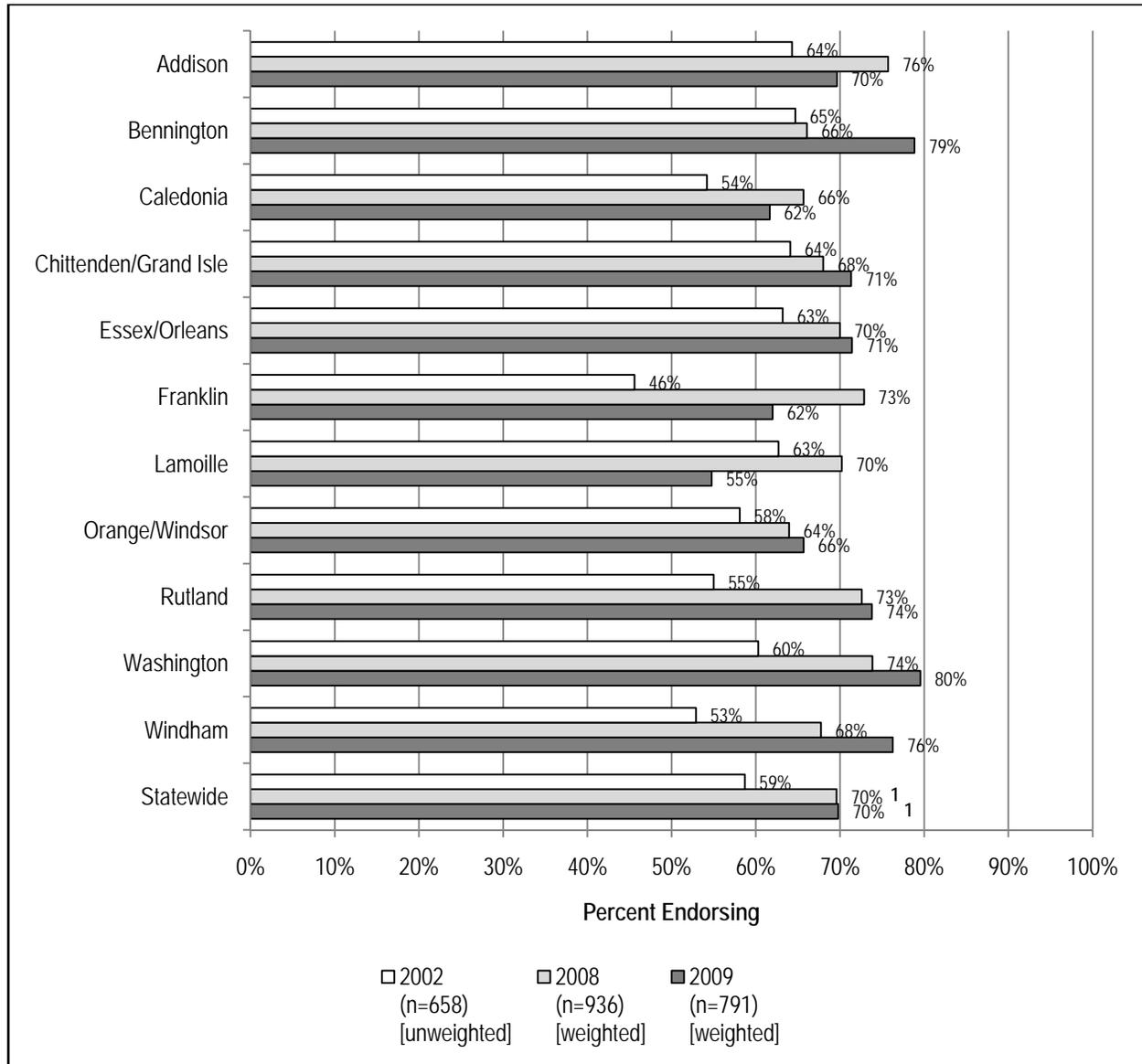
¹Indicates statistical difference from 2002

²Indicates statistical difference from 2008

10. OVERALL QUALITY OF LIFE

In 2009, 70% of consumers rated their overall quality of life as “excellent” or “good” (Figure 7). This percentage was unchanged from those surveyed in 2008 (70%), but was significantly higher than the 2002 level of satisfaction (59%).

Figure 7. Percentage of All LTC Services Respondents Who Rated Overall Quality of Life as “Excellent” or “Good”



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.
 For statewide results:

¹Indicates statistical difference from 2002

G. HEALTH STATUS

All long-term care services consumers were also asked two questions about their physical health.

1. HEALTH COMPARED TO PEOPLE OF THE SAME AGE

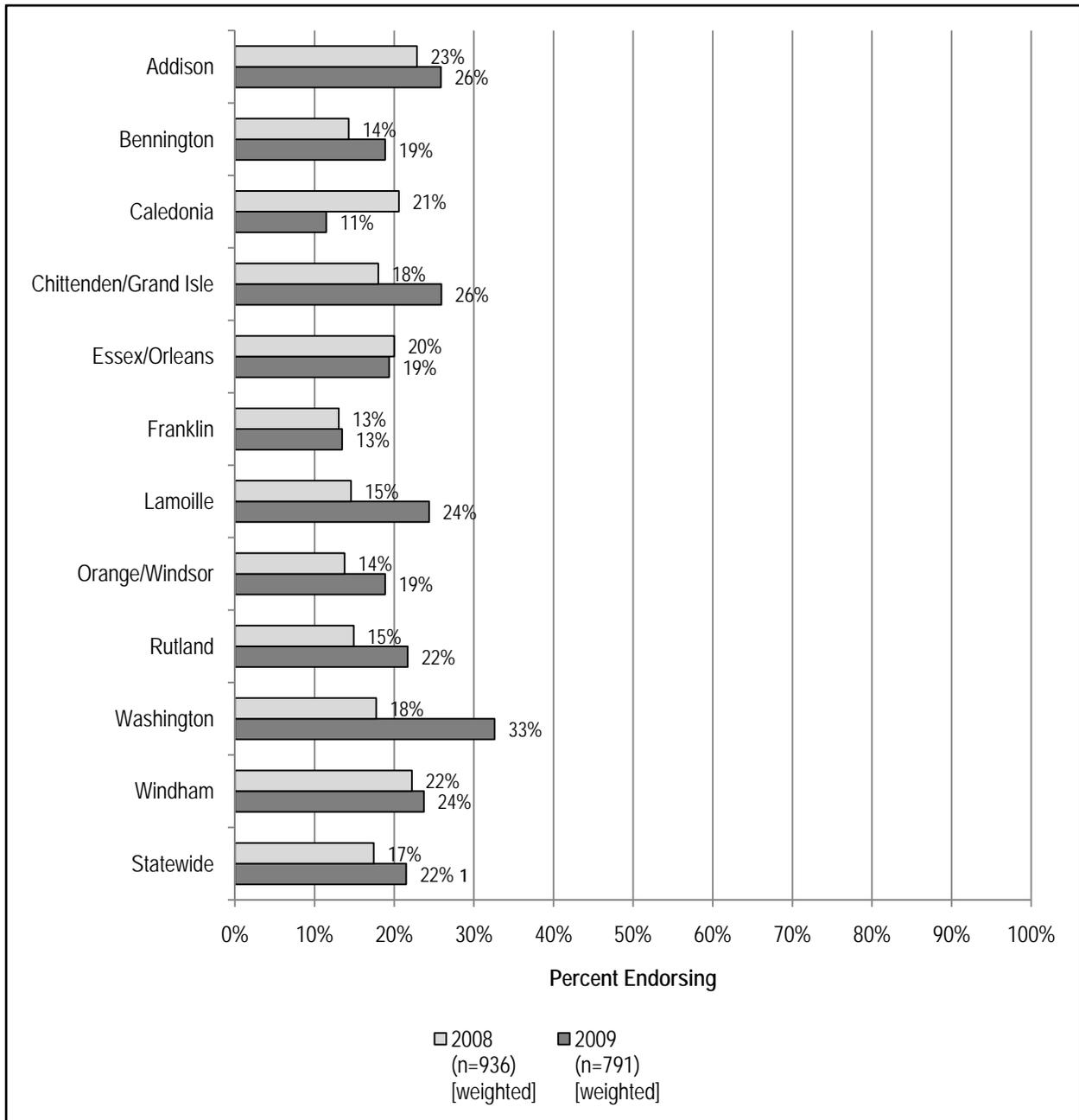
Consumers were asked to compare their health to that of other people their own age. In 2009, 22% of consumers rated their own health as either “excellent” or “very good” in comparison to other people their age. This was significantly higher than the 17% of consumers who rated their health similarly in 2008.¹ (Figure 8).

2. HEALTH COMPARED TO ONE YEAR AGO

Consumers were also asked to compare their general health now (at the time of the survey) with their health of one year ago. In 2009, 25% of consumers rated their present general health as either “much better now than one year ago” or “somewhat better now than one year ago”. This was unchanged from the 25% of consumers who rated their health in a similar fashion in 2008 (Figure 9).

¹ The two health items were not asked of MACRO survey respondents in 2002.

Figure 8. Percentage of Respondents Indicating That Their Health Was “Excellent” or “Very Good” Compared to Others Their Age.



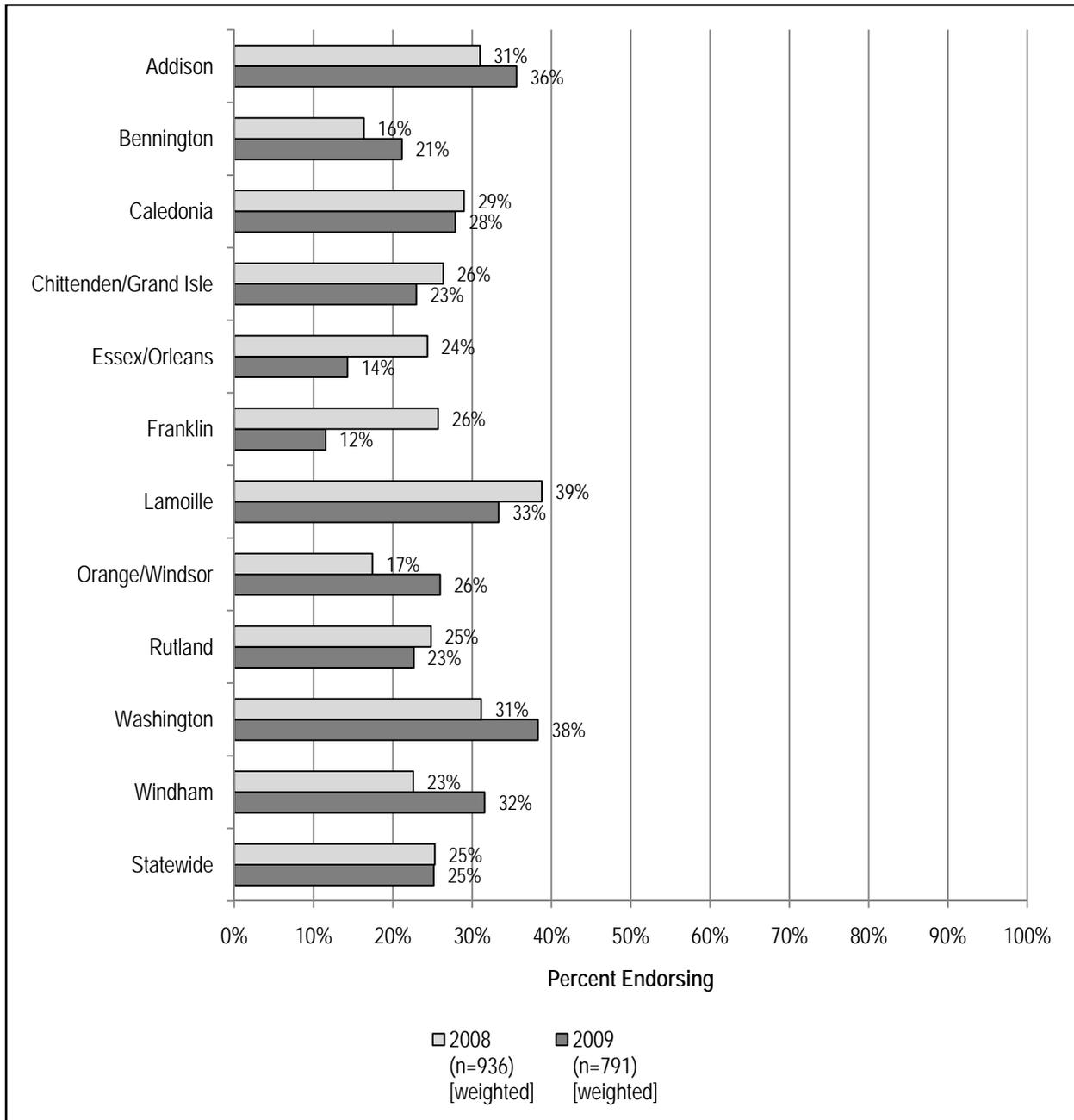
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

For statewide results:

¹Indicates statistical difference from 2008

Note: Item was not included in 2002 survey.

Figure 9. Percentage of Respondents Indicating That Their Health Was “Much Better” Or “Somewhat Better” Compared to One Year Earlier.



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Note: Item was not included in 2002 survey.

3. HOSPITALIZATIONS IN LAST 12 MONTHS

Consumers were asked whether or not they had been hospitalized in the past 12 months. Consumers indicating having been hospitalized were asked whether they had needed help with activities of daily living when they left the hospital. Those consumers indicating they had needed help were asked whether they had been informed at the time they left the hospital about how they might obtain this help, and whether they had been involved with making decisions regarding the help they needed

In 2009, 269 long-term care services consumers (36%) indicated having been hospitalized in the past 12 months. This was not significantly different from the 39% of consumers surveyed in 2008 who reported having been hospitalized.

Of these consumers, 74% indicated that at the time they left the hospital they needed help with activities such as dressing, bathing, or getting out of bed (e.g. "activities of daily living"). This was not significantly different from the 70% of consumers reported needing help with these activities at the time they left the hospital in 2008.

These consumers were asked about who provided them or their family member or friend with information regarding obtaining help with daily needs, if at all. Consumer responses are summarized in Table 2. Across the two years, a significantly smaller proportion of consumers leaving the hospital with a need for daily assistance reported not having been informed (directly or indirectly through a family member or friend), decreasing from 18% in 2008 to 10% in 2009.

Table 2. Whether Consumers Informed About Obtaining Help with Daily Needs when Left Hospital

	2008 (N = 222)		2009 (N = 163)	
	N	%	N	%
Yes, the hospital staff told me	114	51%	96	59%
Yes, a CFC care representative told me	62	28%	48	29%
No, I was too ill at the time, but my family member/friend was informed	32	14%	20	12%
No one spoke to me or my family member/friend	40	18%	17	10% ¹

Note: Consumers were asked to check all responses that applied to their circumstances, so percentages may total > 100%.

¹Significantly lower than in 2008.

Finally, consumers who indicated having been personally informed by either a hospital staff member or a CFC care representative about possible post-discharge care were asked about their involvement with decision making regarding this care. Consumer responses are summarized in Table 3. Most were either involved directly or through a family or friend.

Table 3. Whether Consumer Involved with Making Decisions Regarding the Help They Needed with Daily Activities

	2008 (N=150)		2009 (N = 127)	
	N	%	N	%
Yes	124	83%	110	86%
No, but my family member/friend were involved	24	16%	15	12%
No, neither I nor my family member/friend were involved	2	1%	2	2%

SUMMARY

In general, satisfaction with services among all LTC consumers in 2009 remained high, ranging from 87% (“timeliness of services”) to 97% (“caregiver courtesy”), with a median rating of 93% across the 10 satisfaction items. Compared with 2002, satisfaction ratings were significantly higher on 7 of 10 items, although we found no significant differences between 2009 ratings and those obtained in 2008. These results suggest that DAAIL, together with providers, has succeeded in improving the delivery of long-term care services for long-term care consumers over the years.

Three of four additional individual items were also rated higher than in 2002 (“quality of help received”, “help has made life better”, and “ability to remain at home”). The fourth item (“services are a good value”) did not differ from 2002, but was very high (97%).

Quality of life ratings, as in past years were lower than satisfaction with services ratings, ranging from 58% (“social life and connection to community”) to 91% (“safety in home”). The median quality of life rating across the 10 items included in the survey was 74%. Compared to 2002, 2 of 10 quality of life items were rated more highly (“feel safe out in the community” and “can get where need or want to go”). Ratings for one item were significantly higher than in 2008 (“feel valued and respected”).

In 2009 22% of LTC participants rated their health status as “excellent” or “very good” compared to others their age, a significant increase from 2008 (17%). And as in 2008, a high percentage of consumers who reported needing additional help with daily needs after a hospitalization noted being either directly or indirectly (through a family member or friend) informed about how to obtain such help, and involved in making decisions about the help that they needed. The improvement in general health status, coupled with the improvement in several quality of life indicators, may suggest that over time, long-term care services may be enhancing broader life outcomes in some indirect way. Therefore, it will be crucial to continue monitoring these outcomes in future years.

CHAPTER II. OVERVIEW OF CHOICES FOR CARE SERVICES RATINGS

As noted previously, results in this chapter are specific to only waiver participants in 2002, 2008, and 2009 who met Vermont nursing facility level of need, and therefore moderate needs participants in 2008 and 2009 were excluded from the analyses in this chapter. 362 HCBS participants in CFC meeting high/highest needs responded to the 2009 MACRO survey. A majority (57%) of surveys were completed by mail, with the remainder completed over the phone. Of the completed surveys, 38% were completed by the consumer him/herself, while another 38% were completed by a proxy or someone acting on behalf of the consumer receiving the services. 23% of respondents did not answer the question identifying themselves as either the consumer or a proxy, while 1% of surveys were completed by a combination of the consumer and someone acting on behalf of the consumer and 1 individual responded “don’t know” as to whether they were the consumer or someone acting on behalf of the consumer. Proxy respondents were asked whether or not they were a paid caregiver. Of the 137 surveys completed by a proxy, 58 (43%) responded to this question. Of these respondents, 47% indicated that they were a paid caregiver.

A. CFC CONSUMERS’ INDIVIDUAL INFORMATION

1. Gender and Age

Of all CFC high/highest needs consumers surveyed in 2009, 77% were female. The average (mean) age of these CFC consumers was 72 years (standard deviation = 17 years), with a range from 20 to 104 years.

2. Geographic Region

High/highest CFC respondents represented each of the 11 state geographic regions used in prior survey reports, and described in Table 4.

Table 4. 2009 CFC Survey Respondents by Geographic Region

Region	N	%
Addison	34	10%
Bennington	25	7%
Caledonia	30	8%
Chittenden/Grand Isle	86	24%
Essex/Orleans	25	7%
Franklin	27	8%
Lamoille	8	2%
Orange/Windsor	39	11%
Rutland	46	13%
Washington	19	5%
Windham	24	7%
Statewide	362	100.0%

B. SATISFACTION WITH LONG-TERM CARE SERVICES

Like other individuals served by DAIL long-term care programs, CFC high/highest participants were asked to report their satisfaction with the following aspects of services they had received:

1. The amount of choice and control that consumers had when planning the services or care they would receive
2. The overall quality of the help received
3. The timeliness of the services (e.g., services received when needed).
4. The degree to which the timing of services or care fit with the consumer's schedule
5. The communication between the consumers and their care provider(s)
6. The reliability of the consumer's care provider(s)
7. The degree to which the services meet the consumer's daily needs (e.g., activities of daily living; housekeeping)
8. How well problems or concerns about the consumer's care are resolved
9. The courtesy of the consumer's care provider(s)
10. How well people listen to the consumer's needs and preferences

Consumers rated specific service aspects to be "excellent", "good", "fair", or "poor". For each survey item we indicate the percentage of respondents who endorsed the item, where endorsement is defined as a response of either "excellent", or "good", as a percentage of all valid responses.

1. AMOUNT OF CHOICE AND CONTROL

Among consumers who received long-term care services and responded to this survey item, 90% were satisfied with the amount of choice and control that they had when planning their services or care. This was unchanged from the 90% endorsement rate of 2008, but was significantly higher than the 84% endorsement rate of 2002.

2. QUALITY OF HELP RECEIVED

In 2009, 97% of consumers indicated they were satisfied with the quality of the help they received. This percentage was not significantly different from those surveyed in 2008 (98%), but was significantly higher than the 2002 level of satisfaction (92%).

3. TIMELINESS OF SERVICES

In 2009, 88% of consumers indicated they were satisfied with the timeliness of the services. This percentage was not significantly different from consumers surveyed in 2008 (90%), or in the 2002 survey (85%).

4. SERVICE SCHEDULING

In 2009, 94% of consumers indicated they were satisfied with the scheduling of their services. This percentage was not significantly different from those surveyed in 2008 (93%), but was significantly higher than the 2002 level of satisfaction (86)%.

5. COMMUNICATION WITH CAREGIVERS

In 2009, 94% of consumers indicated they were satisfied with the communication with their caregivers. This percentage was unchanged from those surveyed in 2008 (94%) and was not significantly different from the 2002 level of satisfaction (90)%.

6. CAREGIVER RELIABILITY

In 2009, 95% of consumers indicated they were satisfied with the reliability of their caregivers. This percentage was not significantly different from consumers surveyed in 2008 (94%) or in the 2002 survey (91%).

7. SERVICES MEET NEEDS

In 2009, 95% of consumers indicated they were satisfied with the degree to which services meet their daily needs. This percentage was not significantly different from those surveyed in 2008 (97%), but was significantly higher than the 2002 level of satisfaction (90)%.

8. PROBLEM RESOLUTION

In 2009, 93% of consumers indicated they were satisfied with the manner in which problems or concerns with their care were resolved. This percentage was not significantly different from those surveyed in 2008 (94%), but was significantly higher than the 2002 level of satisfaction (85)%.

9. CAREGIVER COURTESY

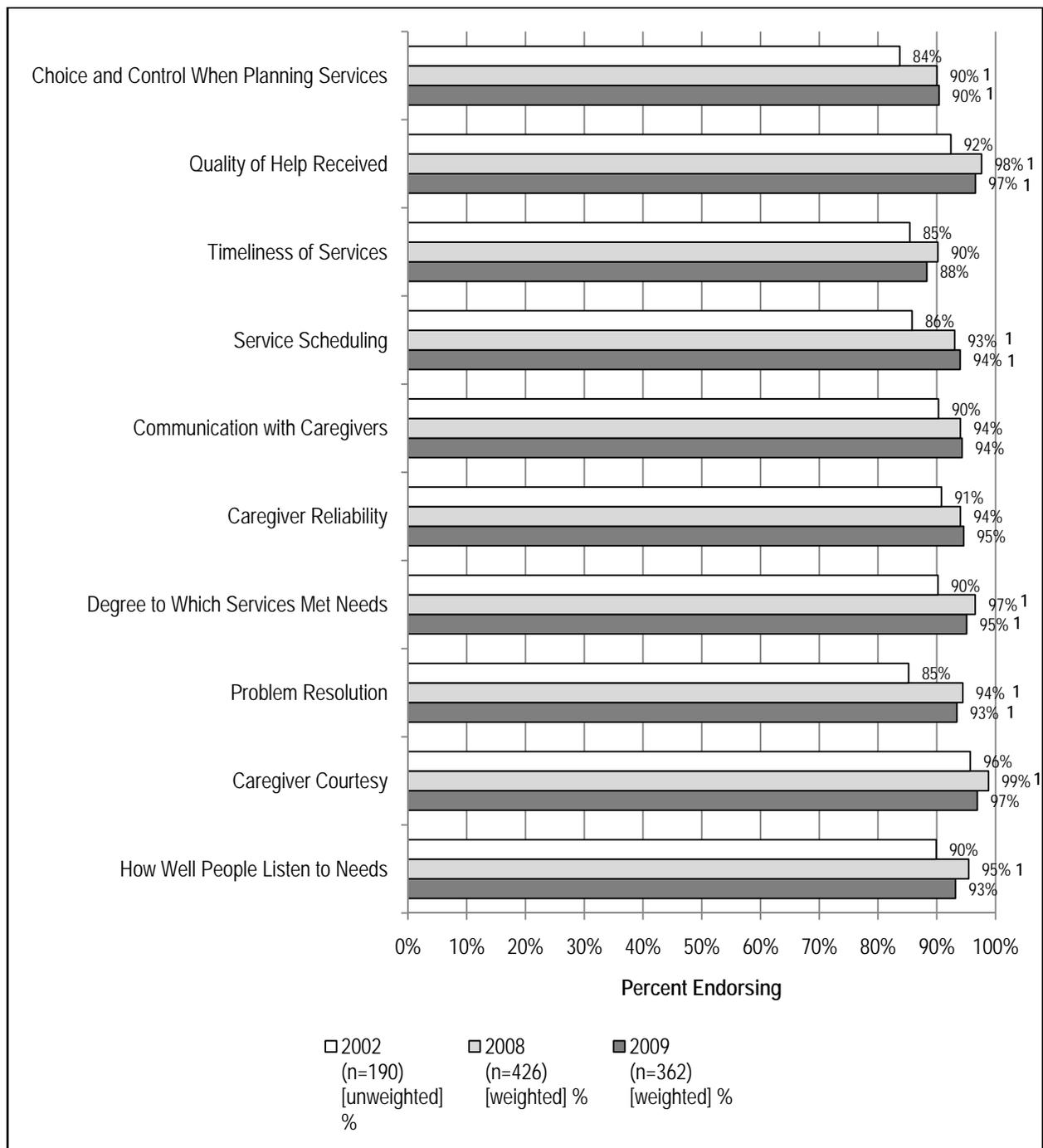
In 2009, 97% of consumers indicated they were satisfied with the courtesy of their caregivers. This percentage was not significantly different from consumers surveyed in 2008 (99%), or consumers in the 2002 survey (96%).

10. PEOPLE LISTEN TO NEEDS

In 2009, 93% of consumers indicated they were satisfied with how well people listened to their needs. This percentage was not significantly different from consumers surveyed in 2008 (95%), or the 2002 survey (90%).

Figure 10 displays the survey results for the 10 satisfaction items summarized above.

Figure 10. Percentage of Respondents in CFC Who Rated Overall Services as “Excellent” or “Good”



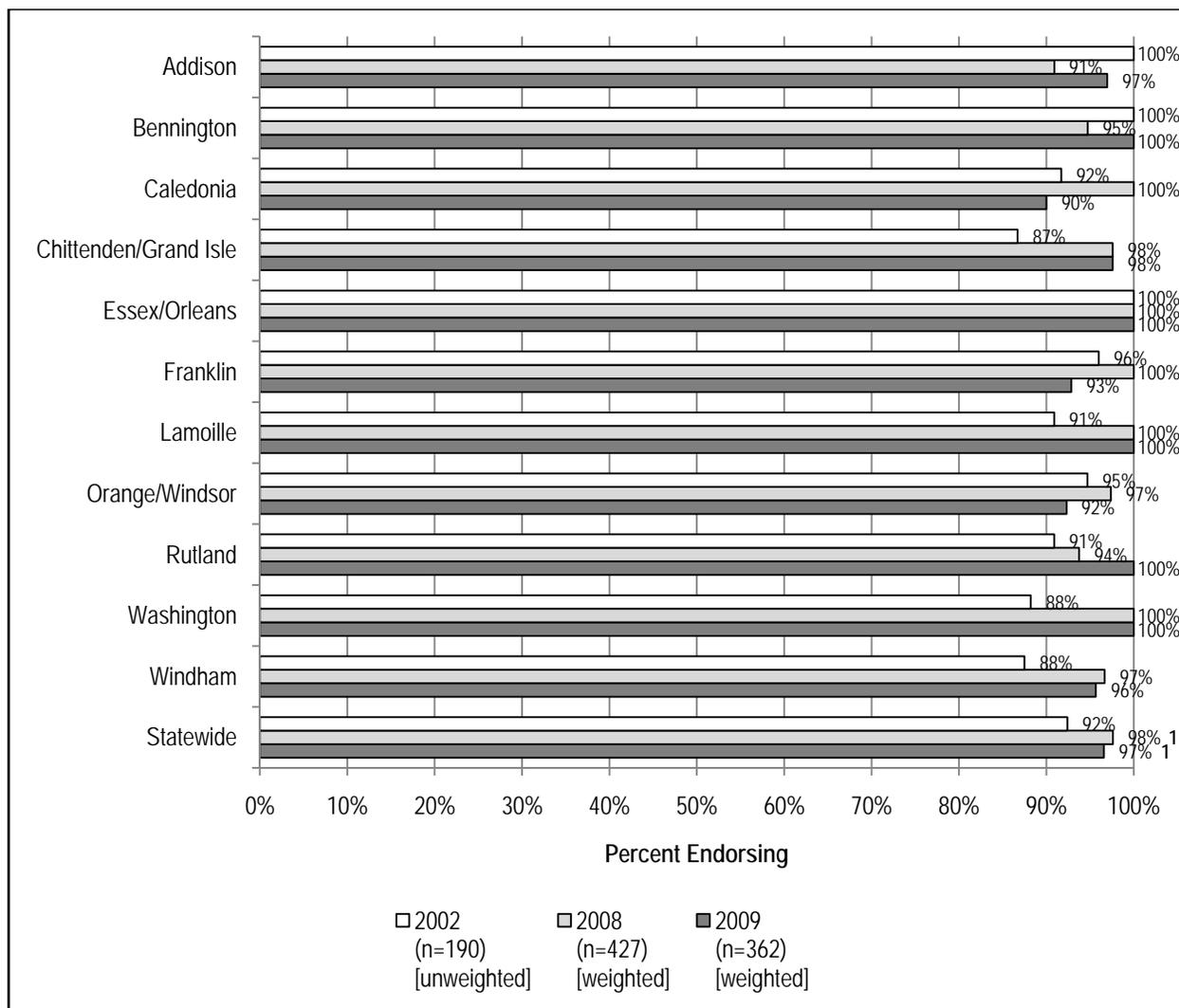
¹Indicates statistical difference from 2002

Note: The difference between 2002 and 2009 endorsement rates for Degree to Which Services Meet Needs was *not* statistically significant using the *unweighted* 2009 sample.

11. QUALITY OF HELP RECEIVED – BY GEOGRAPHIC REGION

As in prior year survey reports, we report consumer overall satisfaction with the quality of the help they received (Figure 11). Statewide in 2009 97% of CFC consumers reported being satisfied with the overall quality of their services. This was not significantly higher than in 2008 (98%), but was significantly higher than in the 2002 survey (92%). Due to small sample sizes, we did not perform statistical analyses based on geographic region, and apparent regional differences may not be significant.

Figure 11. Percentage of Respondents in CFC Who Rated Overall Quality of Services as “Excellent” or “Good”



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

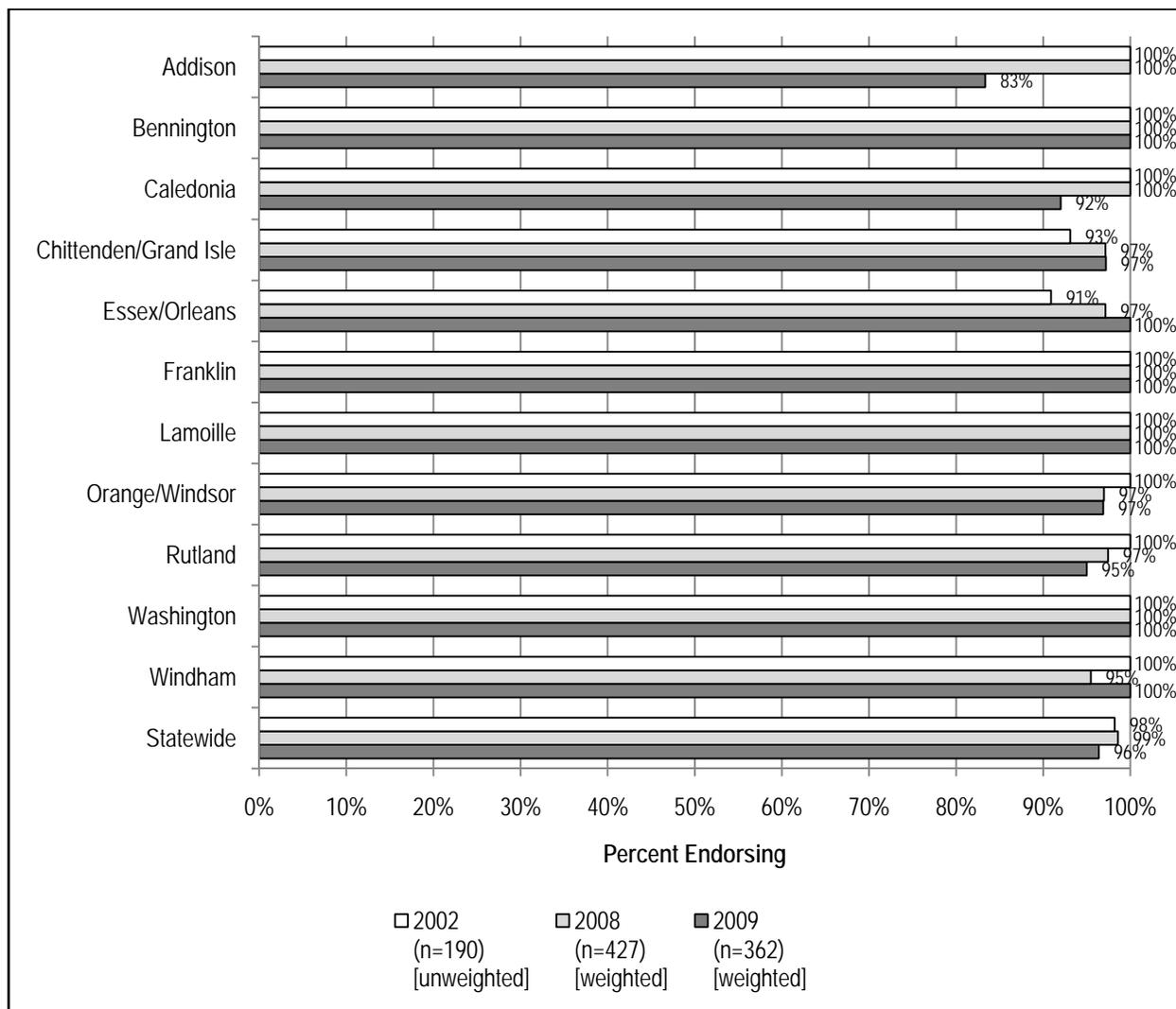
For statewide results:

¹Indicates statistical difference from 2002.

C. PERCEIVED VALUE OF SERVICES RECEIVED

As in prior year surveys, CFC consumers were asked whether they found their services to be a good value (Figure 12). In 2009, 96% of consumers indicated that their services were a good value. This percentage was not significantly different from consumers surveyed in 2008 (99%), or in 2002 (98%).

Figure 12. Percentage of Respondents in CFC Who Indicated the Services They Receive Are a Good Value



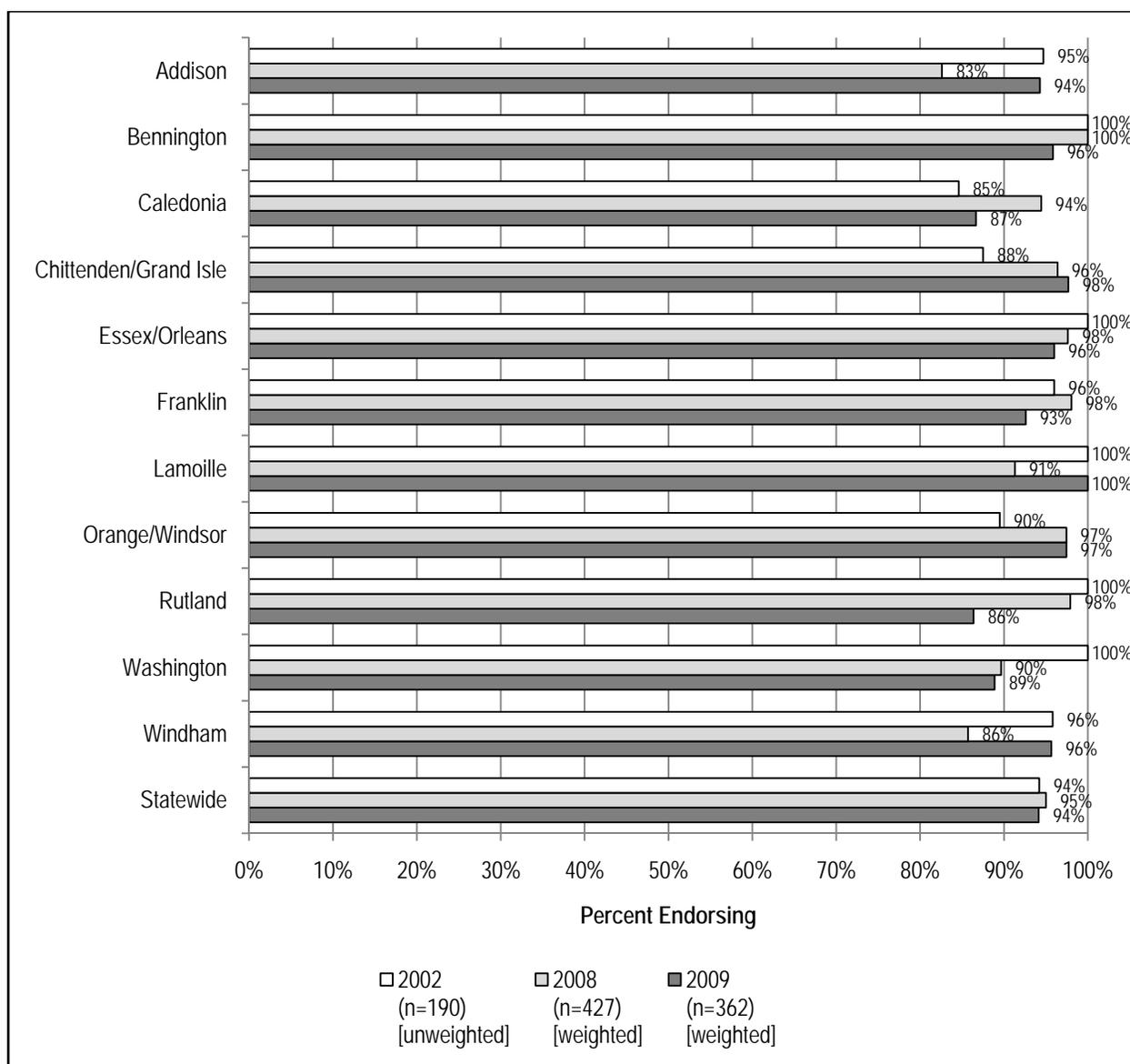
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

The statewide endorsement rates were too high in each year to test for statistical differences.

D. IMPACT OF SERVICES ON CONSUMERS' LIVES

In 2009, 94% of CFC consumers statewide indicated that the help they receive has made their life “much better” or “somewhat better” (Figure 13). This percentage was not significantly different than the 95% responding similarly in 2008 or the 94% from the 2002 survey.

Figure 13. Percentage of Respondents in CFC Who Indicated the Help They Have Received Has Made Their Lives “Much” or “Somewhat” Better

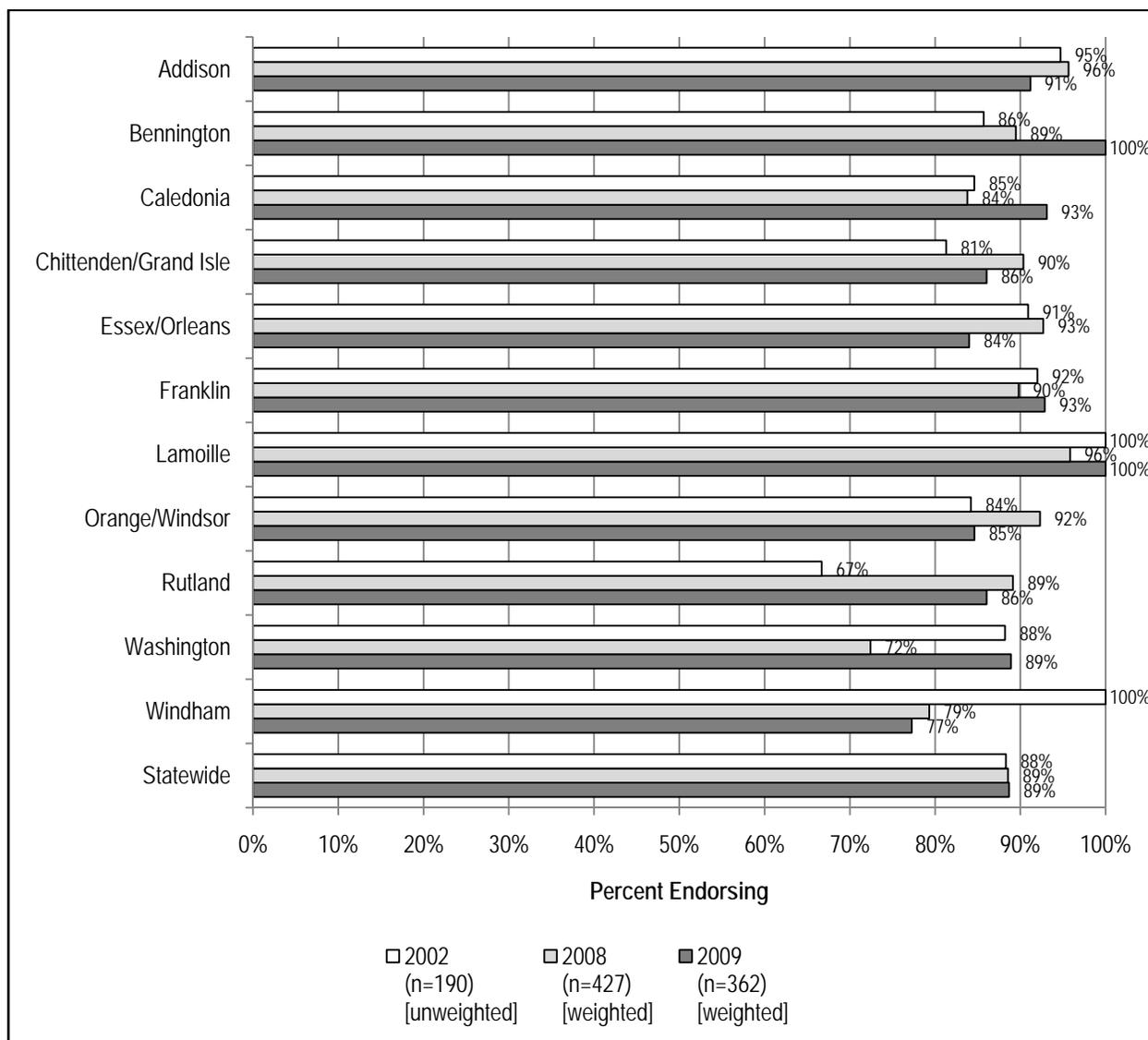


Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

E. IMPACT OF SERVICES ON CONSUMERS' ABILITY TO REMAIN IN THEIR HOMES

In 2009, 89% of all long-term care consumers statewide indicated that it would be “very difficult” or “difficult” to remain in their homes if they did not receive services (Figure 14). This percentage was not significantly different from the survey responses of consumers in 2008 (89%) or in 2002 (88%).

Figure 14. Percentage of Respondents in CFC Who Indicated It Would Be “Very Difficult” or “Difficult” to Remain In Their Home If They Were Not Receiving Services



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

F. QUALITY OF LIFE

CFC high/highest needs consumers responded to the 10 questions intended to measure aspects of consumers' self-reported quality of life. The specific items may be found in the survey tool (Appendix D). The first nine items asked consumers to respond either "Yes", "Somewhat", or "No". Items included the following:

1. Feel safe in the home where they live ("Safety in Home")
2. Feel safe out in their community ("Safety in Community")
3. Can get where they need or want to go ("Mobility Outside the Home")
4. Can get around inside their home as needed ("Mobility Inside the Home")
5. Are satisfied with how they spend their free time ("Satisfaction with Free Time")
6. Are satisfied with the amount of contact with family and friends ("Contact with Family and Friends")
7. Have someone they can count on in an emergency ("Support in an Emergency")
8. Are satisfied with their social life and their connection to their community ("Social Life and Connection to Community")
9. Feel valued and respected ("Valued and Respected")

The final item asked the consumer to rate their overall quality of life as either "Excellent", "Good", "Fair", or "Poor".

1. SAFETY IN HOME

In 2009, 93% of consumers reported feeling safe in their homes. This percentage was not significantly different from consumers surveyed in 2008 (95%), or consumers in 2002 (90%).

2. SAFETY IN COMMUNITY

In 2009, 80% of consumers reported feeling safe when out in their community. This percentage was not significantly different from those surveyed in 2008 (78%), but was significantly higher than in 2002 (71%).

3. MOBILITY OUTSIDE THE HOME

In 2009, 61% of consumers indicated that they could get where they needed and wanted to go outside of the home. This percentage was not significantly different from those surveyed in 2008 (62%), or consumers in 2002 (57%).

4. MOBILITY INSIDE THE HOME

In 2009, 71% of consumers indicated that they were able to get around inside their homes. This percentage was not significantly different from consumers surveyed in 2008 (75%), or consumers in 2002 (67%).

5. SATISFACTION WITH FREE TIME

In 2009, 68% of consumers indicated being satisfied with how they spent their free time. This percentage was not significantly different from consumers surveyed in 2008 (65%), but was significantly higher than consumers in 2002 (58%).

6. CONTACT WITH FAMILY AND FRIENDS

In 2009, 74% of consumers indicated being satisfied the amount of contact they had with family and friends. This percentage was not significantly different from consumers in 2008 (71%) or in 2002 (67%).

7. SUPPORT IN AN EMERGENCY

In 2009, 93% of consumers indicated having support in the event of an emergency. This percentage was not significantly different from consumers surveyed in 2008 (94%), or consumers in 2002 (91%).

8. SOCIAL LIFE AND CONNECTION TO COMMUNITY

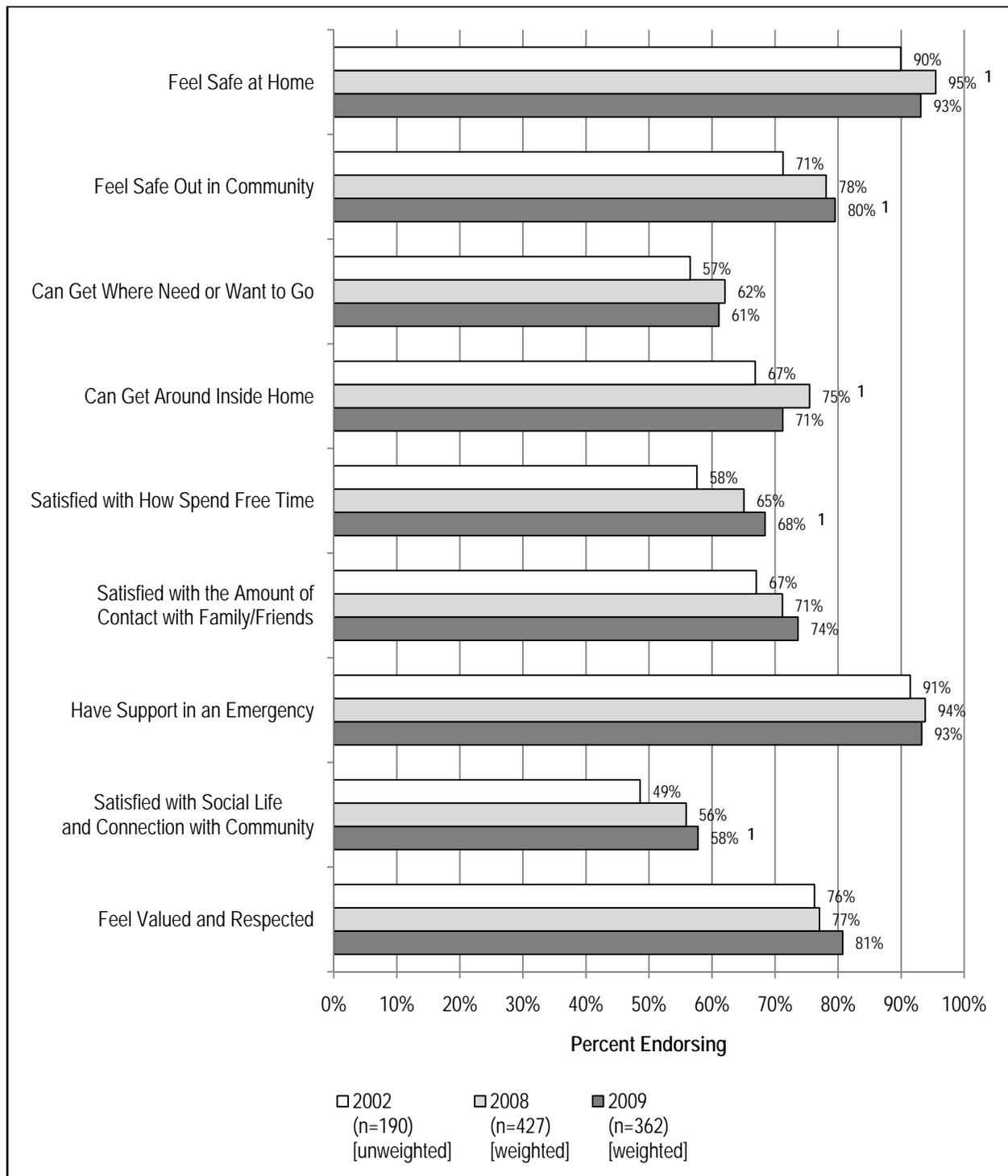
In 2009, 58% of consumers indicated being satisfied with their social life and connection to the community. This percentage was not significantly different from consumers surveyed in 2008 (56%), but was significantly higher than among consumers in 2002 (49%).

9. VALUED AND RESPECTED

In 2009, 81% of consumers reported feeling valued and respected. This percentage was not significantly different from consumers surveyed in 2008 (77%), or in 2002 (76%).

See Figures 15 for CFC quality of life results.

Figure 15. Percentage of Respondents in CFC Who Responded “Yes” to Quality of Life Measures

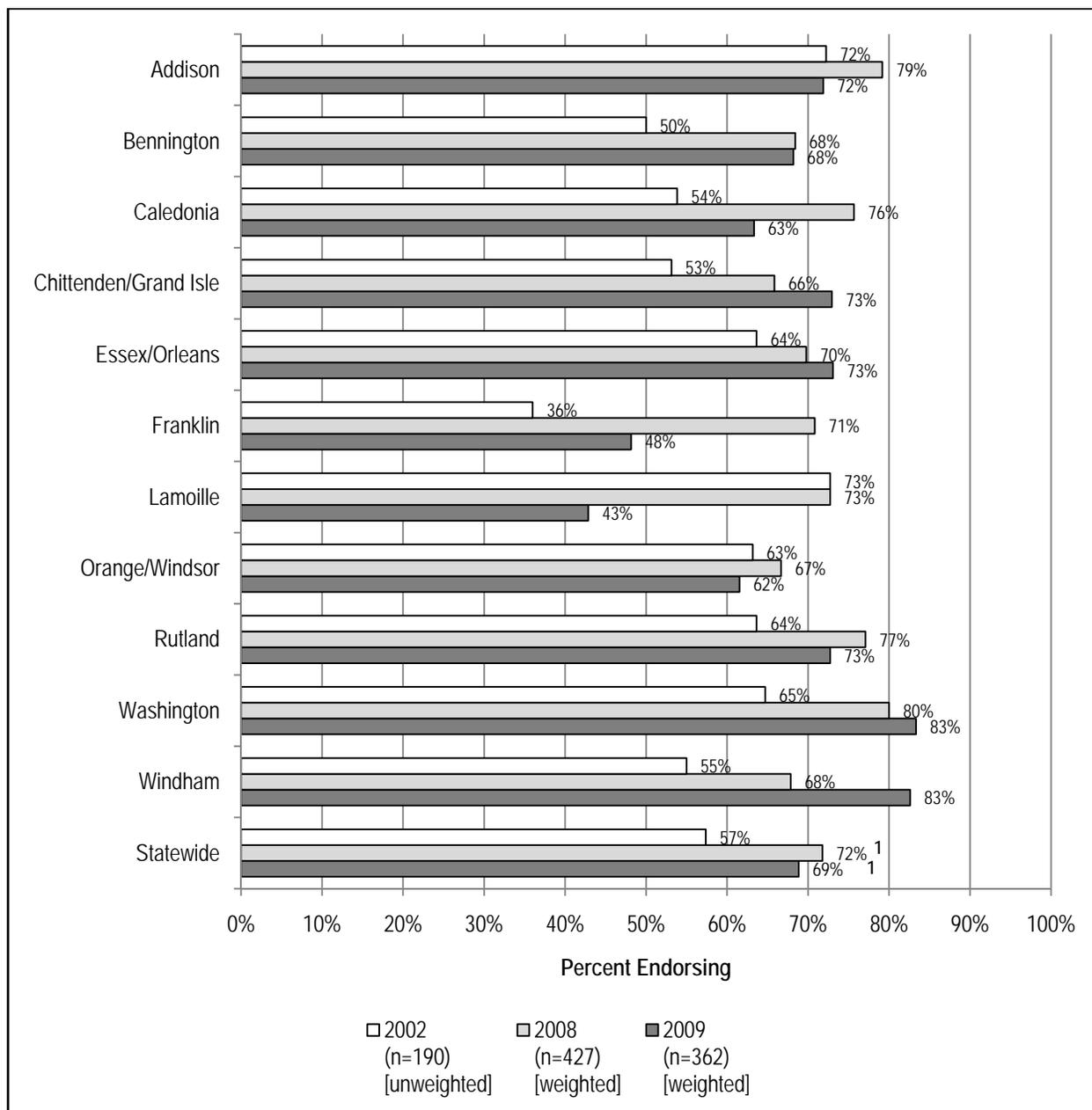


¹Indicates statistical difference from 2002.

10. OVERALL QUALITY OF LIFE

In 2009, 69% of consumers rated their overall quality of life as “excellent” or “good” (Figure 16). This percentage was not significantly different from those surveyed in 2008 (72%), but was significantly higher than consumers in the 2002 survey (57%).

Figure 16. Percentage of Respondents in CFC Who Rated Overall Quality of Life as “Excellent” or “Good”



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.
¹Indicates statistical difference from 2002.

G. HEALTH STATUS AND HOSPITALIZATION

CFC consumers were also asked two questions about their physical health, and whether or not they had been hospitalized in the past 12 months. Consumers indicating having been hospitalized were asked whether they had needed help with activities of daily living when they left the hospital. Those consumers indicating they had needed help were asked whether they had been informed at the time they left the hospital about how they might obtain this help, and whether they had been involved with making decisions regarding the help they needed. These questions were not included in the survey prior to 2008.

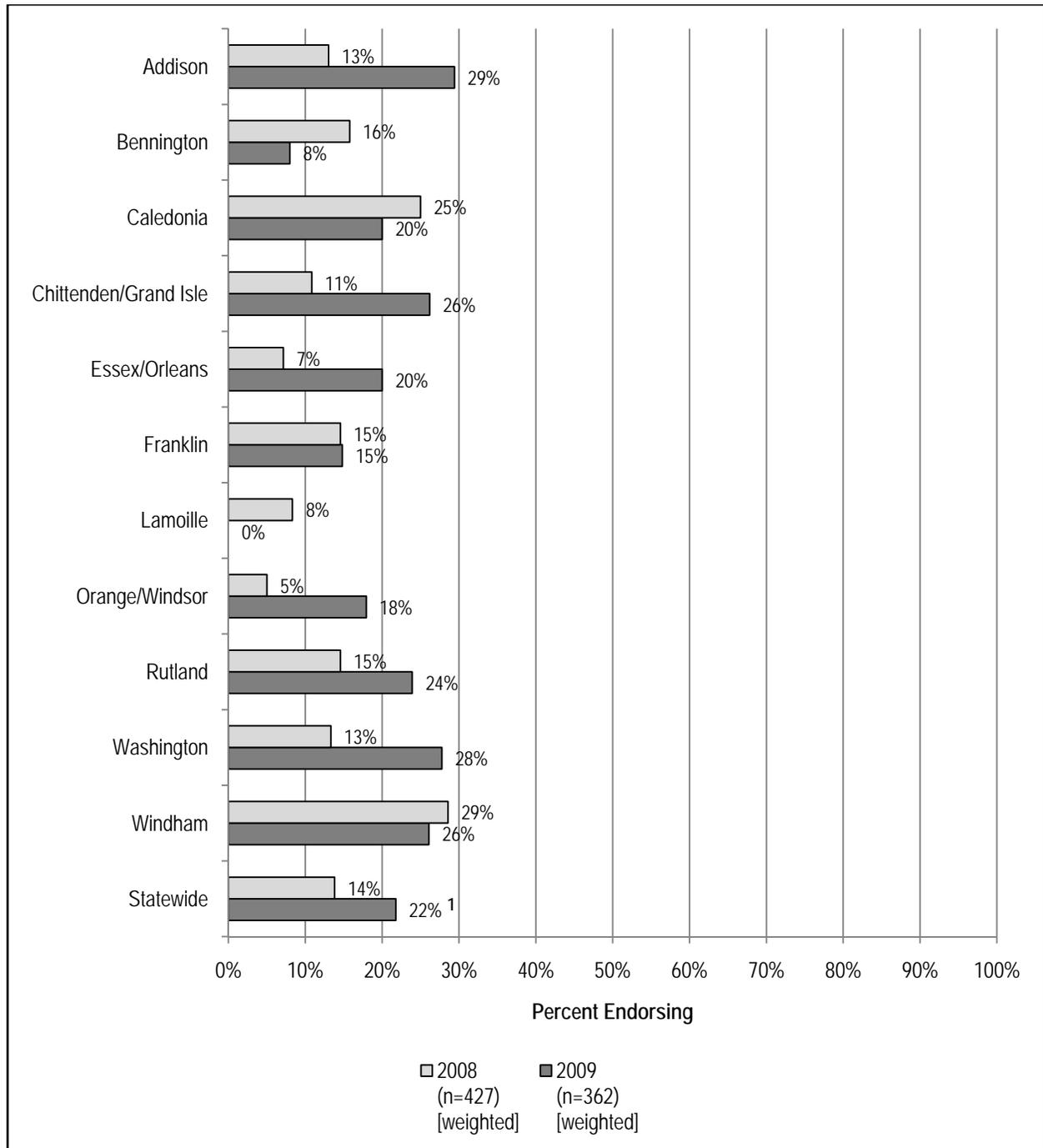
1. HEALTH COMPARED TO PEOPLE OF THE SAME AGE

CFC consumers were asked to compare their health to that of other people their own age. In 2009, 22% of consumers rated their own health as either “excellent” or “very good” in comparison to other people their age. This was significantly higher than the 14% of consumers who rated their health similarly in 2008 (Figure 17).

2. HEALTH COMPARED TO ONE YEAR AGO

CFC consumers were also asked to compare their general health now (at the time of the survey) with their health of one year ago. In 2009, 28% of consumers rated their present general health as either “much better now than one year ago” or “somewhat better now than one year ago”. This was not significantly different than the 29% of consumers who rated their health similarly in 2008 (Figure 18).

Figure 17. Percentage of CFC Respondents Indicating That Their Health was “Excellent” or “Very Good” Compared to Others Their Age



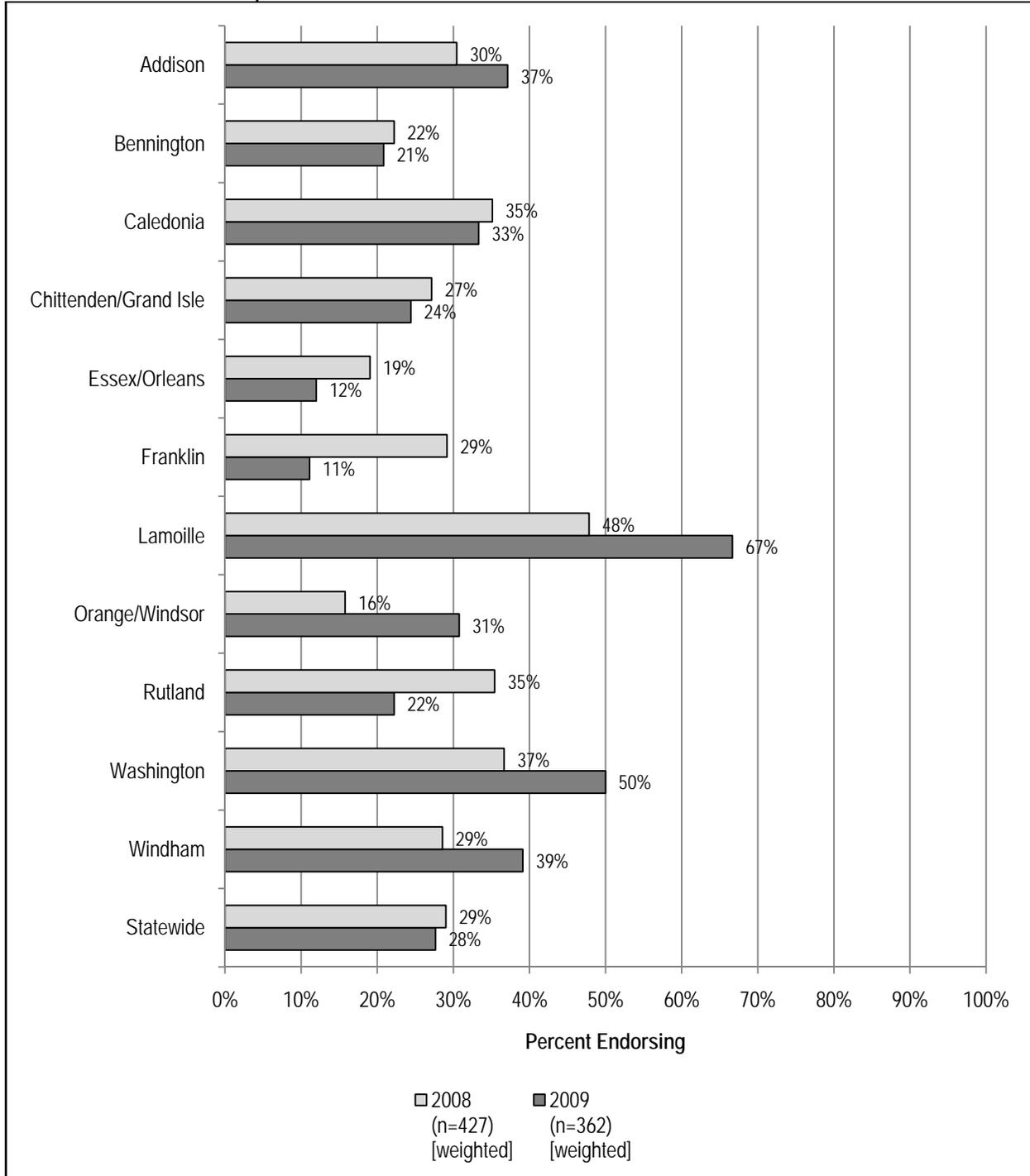
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

For statewide results:

¹Indicates statistical difference from 2008

Note: Item was not included in 2002 survey.

Figure 18. Percentage of CFC Respondents Indicating That Their Health Was “Much Better” or “Somewhat Better” Compared to One Year Earlier



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Note: Item was not included in 2002 survey.

3. HOSPITALIZATIONS IN LAST 12 MONTHS

In 2009, 132 CFC consumers (38%) indicated having been hospitalized in the past 12 months. This was not significantly different from the 42% of consumers surveyed in 2008 who reported having been hospitalized.

Of these consumers, 92% indicated that at the time they left the hospital they needed help with activities such as dressing, bathing, or getting out of bed (e.g. "activities of daily living"). This was not significantly different from the 87% of consumers in 2008 who reported needing help with these activities at the time they left the hospital.

These consumers were asked whether, before they left the hospital, someone talked with the consumer, or if not, a family member or friend, about ways of getting the help that they needed with daily activities. For consumers indicating that someone had talked with them personally, they were asked whether that had been a hospital staff person or a CFC care representative. For consumers indicating that no one had talked with them personally, we asked whether someone had spoken with a family member or a friend about their daily activities needs. These consumers were also asked to indicate if neither they nor a family member or friend had been informed about how they might obtain help with their daily needs. From 2008 to 2009, the percentage of high/highest CFC participants indicating that neither they nor their family member or friend was informed decreased from 15% to 9%, although this difference was not statistically significant. See Table 5.

Table 5. Whether Consumers Informed About Obtaining Help with Daily Needs when Left Hospital

	2008 (N = 136)		2009 (N = 97)	
	N	%	N	%
Yes, the hospital staff told me	68	50%	51	53%
Yes, a CFC care representative told me	40	29%	37	38%
No, I was too ill at the time, but my family member/friend was informed	23	17%	11	11%
No one spoke to me or my family member/friend	21	15%	9	9%

Note: Consumers were asked to check all responses that applied to their circumstances, so percentages may total > 100%.

Finally, consumers who indicated having been personally informed by either a hospital staff member or a CFC care representative about ways they could obtain help with daily activities at the time they left the hospital were asked about their involvement with decision making regarding this help. In 2008 and 2009, the percentage of CFC high/highest needs participants who were directly involved or whose family/friend was involved in the decision-making at discharge was 98%. See Table 6.

Table 6. Whether Consumer was Involved with Making Decisions Regarding the Help They Needed with Daily Activities

	2008 (N=93)		2009 (N = 78)	
	N	%	N	%
Yes	75	81%	66	85%
No, but my family member/friend were involved	16	17%	10	13%
No, neither I nor my family member/friend were involved	2	2%	2	3%

Note: Percentages may total > 100% due to rounding.

H. ADDITIONAL SATISFACTION MEASURES FOR VERMONTERS RECEIVING CHOICES FOR CARE PERSONAL CARE

The 2009 survey additionally asked CFC consumers or their proxy respondents five questions specific to the Choices for Care personal care services. These items asked about the following:

1. Satisfaction with Quality of Services Received
2. Degree to which Services Meet Consumer Needs
3. Respectfulness and Courtesy of Service Program Caregivers
4. Know Who to Contact if Have a Complaint or Need More Help
5. Program Provides Services When and Where Needed

For each of these items, we report the percentage of respondents who respond with “Always” or “Almost Always” (additional item response options include “Sometimes”, “Seldom”, and “Never”), and results are displayed in Figure 19 and described below.

1. SATISFACTION WITH QUALITY OF SERVICES

In 2009, 92% of CFC respondents indicated being “always” or “almost always” satisfied with the quality of CFC personal care services. This was a significantly lower percentage of consumers compared to 2008 (96%), but was not significantly different from 2002 (94%).

2. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

In 2009, 92% of CFC respondents indicated that CFC personal care services “always” or “almost always” meet their needs. This was not significantly different from the responses of CFC consumers in 2008 (94%) or in 2002 (92%).

3. RESPECTFULNESS AND COURTESY OF SERVICE PROGRAM CAREGIVERS

In 2009, 99% of CFC respondents indicated that CFC personal care caregivers “always” or “almost always” treat them with respect and courtesy. This was not significantly different from the responses of CFC consumers in 2008 (98%) or in 2002 (97%).

4. KNOW WHO TO CONTACT IF HAVE A COMPLAINT OR NEED MORE HELP

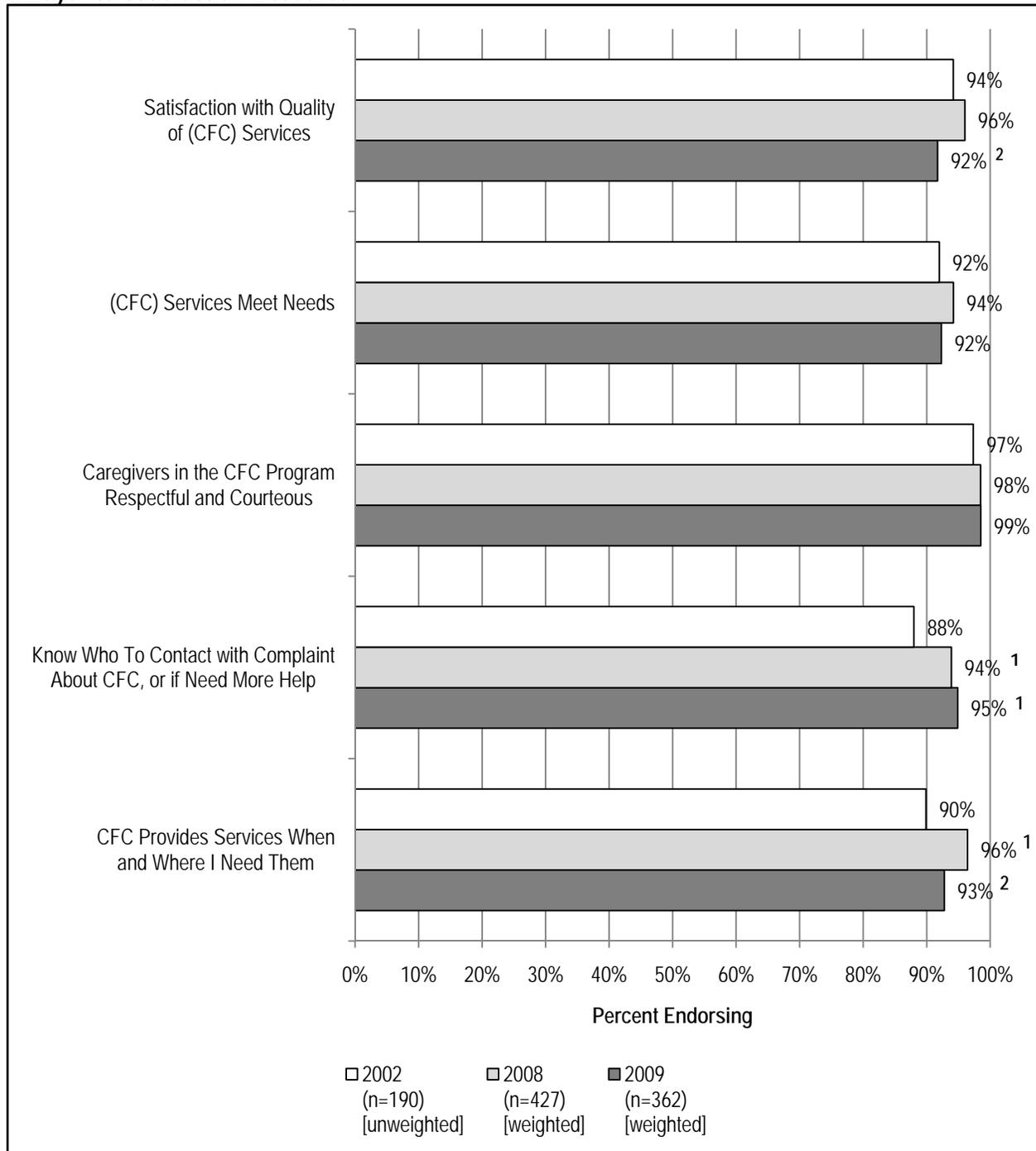
In 2009, 95% of CFC respondents receiving personal care services indicated “always” or “almost always” knowing who to contact about the CFC program or if they need more help. This was not significantly

different from the responses of CFC consumers in 2008 (94%), but was significantly higher than the responses of CFC consumers in 2002 (88%).

5. PROGRAM PROVIDES SERVICES WHEN AND WHERE NEEDED

In 2009, 93% of CFC personal care services participants indicated that the CFC program “always” or “almost always” provides services to them when and where needed. This was a significantly lower percentage of consumers compared to 2008 (96%), but was not significantly different from the responses of CFC consumers in 2002 (90%).

Figure 19. Percentage of CFC Personal Care Services Consumers Responding “Always” or “Almost Always” to Satisfaction Measures



¹Indicates statistical difference from 2002.

²Indicates statistical difference from 2008.

SUMMARY

Similar to all DAIL LTC consumers, CFC consumers in 2009 generally reported high satisfaction with services, ranging from 88% ("timeliness of services") to 97% ("caregiver courtesy" and "quality of help received"). The median rating across the 10 satisfaction with services items was 94%. Compared with 2002, satisfaction ratings were significantly higher on 5 of 10 items, although we found no significant differences between 2009 CFC consumer ratings and those obtained in 2008.

Responses to one additional item were also higher than in 2002 ("quality of help received"). Compared to prior years, no significant differences were observed on the other three items ("help has made life better", and "ability to remain at home", and "services are a good value").

Quality of life ratings, as in past years were lower than satisfaction with services ratings, ranging from 58% ("satisfaction with social life and connection to community") to 93% ("safety in home", "support in an emergency"). The median quality of life rating across the 10 items included in the survey was 73%. Compared to 2002, 2 of 10 quality of life items were rated more highly ("feel safe out in the community" and "satisfied with social life and connection to community"). No significant differences were found between quality of life ratings in 2009 and those obtained in 2008.

In 2009, 22% of DAIL LTC consumers rated their health status as "excellent" or "very good" compared to others their age, a significant increase from 2008 (14%). And as in 2008, a high percentage of consumers who need additional help with daily needs after a hospitalization reported being either directly or indirectly (through a family member or friend) informed about how to obtain such help, and involved in making decisions about the help that they needed.

CFC personal care consumers were also asked to respond to five additional items specific to CFC personal care services. On two items ("know who to contact", "services provided when and where needed") consumers responded significantly higher than had consumers in 2002. However, on the latter item ("services provided when and where needed") and a second item "satisfaction with quality of CFC services" the responses of 2009 CFC consumers was significantly *lower* than that of CFC consumers one year ago (2008).

CHAPTER III. SATISFACTION AND QUALITY OF LIFE AMONG CHOICES FOR CARE CONSUMERS BY CONSUMER CHARACTERISTICS

We conducted bivariate analyses to determine the degree to which the 2009 MACRO survey results for all CFC (moderate, high and highest needs) clients varied based on selected consumer characteristics (e.g., age, gender, level of need) using analyses similar to the one we conducted in 2008 (see 2008 CFC "Outcomes-at-a-Glance" report on the DAIL website for complete details). For this analysis, we focused on participant responses to 18 survey items that had been previously identified as representative of indicators of CFC's progress. These indicators are organized by each desired outcome as part of the CFC evaluation plan developed between June 2007 and June 2008 (see DAIL website for details of the evaluation plan). These outcomes were classified into five short-term (1 – 5 years) and two long-term outcomes (over 5 years), based on whether they could reasonably be expected to be achieved within the five demonstration years. These outcomes are:

Short-term Desired Outcomes

1. *Information Dissemination*: Participants (and their authorized representatives) receive necessary information and support to choose the long-term care setting consistent with their expressed preference and need.
2. *Access*: Participants have timely access to long-term supports in the setting of their choice.
3. *Effectiveness*: Participants receive effective HCBS to enable them to live longer in the community.
4. *Experience of Care*: Participants have positive experiences with the types, scope, and amount of CFC services.
5. *Quality of Life*: Participants report that their quality of life improves.

Long-term Desired Outcomes

1. *Public Awareness*: All Vermonters (including CFC participants) are aware of the full range of long-term care settings for persons in need of long-term care and have enough information to make informed decisions regarding long-term care.
2. *Health Outcomes*: CFC participants' medical needs are addressed to reduce preventable hospitalizations and long-term care needs are effectively addressed.

The CFC Evaluation Report for Years 2005-2008 (2009), available on the DAIL website (<http://dail.vermont.gov/>), provides a more comprehensive review of CFC progress towards these outcomes during the first three years of the waiver.

Methodology

Data Sources

We analyzed merged data from two primary sources: 1) CFC survey data collected by MACRO in November/December 2009 and provided to UMMS by DAIL, and 2) supplemental SAMS service authorization data for the period concurrent with the time of the MACRO survey administration as provided by DAIL. For data analytic purposes, we used a point-in-time approach to the analysis, and an approximate date of November 15, 2009 to represent a point at which the MACRO data were collected (for purposes of calculating age of consumers at the time of the survey, using date of birth information).

Study Variables

The following consumer characteristic variables were included in the bivariate analyses:

1. *Gender*: Female or male as identified in the MACRO data file.
2. *Age group*: Using date of birth data we derived consumers' ages as of November 15, 2009. Consumers were then grouped into one of three age categories: youngest (18 – 64), older (65 – 85) and oldest (85+), following a procedure established in the 2008 analyses. These age groupings were selected so as to both differentiate the full range of consumers' ages and to center the age groups with respect to the actual data.
3. *Region*: Responses are described based on the 11 geographic regions previously identified by DAIL. Due to the large number of regions, the relatively small sample size, and in many cases high survey item endorsement rates, cell sizes were generally very small, and we did not analyze responses statistically. However, response rates are reported for descriptive purposes.
4. *Level of need*: Consumers' level of need (moderate need, high need, highest need), as identified by DAIL.
5. *Authorized case management type*: The type of case management provider that the consumer was authorized to receive at the time of the survey: Area agency on aging (AAA) provider or home health agency (HHA) provider.
6. *Authorized service type*: The type of service that a consumer was authorized to receive: agency-directed, or self-directed (consumer-directed care, surrogate-directed care, or Flexible Choices)².

²As also done in the 2008 analyses, we made the decision to combine the three types of self-directed care options into a single category on both conceptual and practical grounds. Although distinctive, each involves some degree of choice and control distinctive from traditional agency-directed care. In some cases (e.g., Flexible Choices) the sample size was too small to analyze as a separate group. Additionally, patterns of responses to the original survey items were very similar across the three self-direction option groups. A similar finding of no general differences in satisfaction or unmet needs between the three groups was also found in a 2010 survey of self-directing clients (available on the DAIL website).

Sample

Our analysis was limited to the CFC HCBS consumers surveyed by MACRO in 2009. In this chapter, we include CFC HCBS consumers at moderate, high, and highest level of need, since no comparisons to 2002 will be made. MACRO used statistical sampling techniques to identify a representative sample of the populations being surveyed (i.e., disproportionate sampling stratified by program type). The total CFC sample included 631 consumers who provided completed surveys. We applied the final MACRO sampling weights to all analyses, and would expect that the results should be generalizable to the larger CFC population.

Data Analysis

Responses to each of the 18 selected MACRO survey items included in the analysis were re-coded into dichotomous variables representing endorsement/non-endorsement for cross-tabulation with each of the six individual consumer characteristic variables. Participants providing invalid responses (e.g., non-response/missing, "don't know", "refused") were assumed to be missing at random and were excluded from analyses. Chi-square Goodness-of-Fit tests for statistical significance were used to analyze differences in observed frequencies of responding for these categorical variables. In some instances (e.g., age group, region (where included), level of need) consumers were represented in more than two groups. Given the exploratory nature of these analyses, and the absence of clear directional hypotheses, we applied the more conservative 2-tailed test of significance, with an alpha level of .05 in identifying statistical differences. We also adjusted sample sizes for regional differences and program participation to all analyses using the MACRO sample weighting variable. We list the weighted estimates of number of consumers (e.g., "n_{wgt}") in the results summaries.

RESULTS

We first summarize survey results by consumer groups, e.g., gender, age group. Then we present individual results for each of the 18 MACRO survey items in individual Figures 20-37.

A. GENDER

Gender data were complete for 624 respondents in our final sample (99%). Overall, females made up 78% of the sample. We found gender differences in responding on only one survey item ("Informed of ways to get help with daily needs when left the hospital"), within the *Public Awareness* indicator category. A significantly smaller proportion of females (88%) indicated having been informed compared to males (100%).

B. AGE GROUP

There were age group differences in responses to survey items across 6 of 7 indicator categories (*Information Dissemination, Access, Effectiveness, Experiences with Care, Quality of Life, and Health Outcomes*), and on 10 of the 18 individual survey items. The general pattern of results was for a higher proportion of respondents older than 64 years of age endorsing items than younger (18-64) respondents.

- *Information Dissemination*: Age differences in survey responses were found on both indicators (“Choice and control” and “People listen”). A significantly smaller percentage of youngest consumers (82%) endorsed the “Choice and control” item compared to 92% of older consumers and 95% of oldest consumers. A smaller percentage of youngest consumers (85%) indicated that people listened compared to 94% of older consumers and 97% of oldest consumers. Similar age differences were found in responses to these information dissemination items in 2008.
- *Access*: Age differences were also found for both access indicators (“Services timely” and “Services fit schedule”). A smaller percentage of youngest consumers (83%) indicated that services were timely compared to 92% of oldest consumers. Similarly, a higher percentage of oldest consumers (96%) indicated that services fit their schedule compared to youngest consumers (88%). Similar age differences were found on both *Access* indicator items in 2008.
- *Effectiveness*: Age differences in survey responses were found on one of two indicators of effectiveness (“Services meet needs”). A higher percentage of oldest consumers (98%) indicated that services met their needs compared to the youngest (89%) and older consumers (92%). Age differences in *Effectiveness* were not found in 2008.
- *Experiences with Care*: There were age differences in responding to one of two indicators (“Courtesy of others”). A higher percentage of oldest consumers (99%) indicated being satisfied with the courtesy of others compared to the youngest consumers (94%). A similar age difference pattern was found in 2008.
- *Quality of Life*: There were age differences on three of six indicators of *Quality of Life* (“Overall quality of life”, “Social life and connection to community”, “Can get where need to go”). For “Overall quality of life”, 53%, 72% and 81% of youngest, older and oldest consumers respectively reporting satisfaction (a similar pattern was also found in 2008). For the item “Social life and connection to community”, 62% and 65% of older and oldest consumers, respectively, were satisfied compared to only 44% of youngest consumers. Finally, 67% of older consumers and 64% of oldest consumers indicated satisfaction with being able to get where they needed to go compared to only 53% of youngest consumers. Responses on these last two items did not differ by age in 2008.
- *Health Outcomes*: Survey responses differed by age groups on 1 of 2 health outcomes (“Health compared to others your age”). Older (48%) and oldest (72%) consumers reported good or better health compared to others their age while only 30% of the youngest consumers did. This age difference in responses seemed to be larger than that previously found in 2008. While we did not find any age differences in the other health outcomes item (“Health Compared to One Year Ago”) in 2009 as we had in 2008, this appeared to be related to the fact that the percentage of youngest

consumers reporting good health was a full 11% lower in 2009 (24%) than had been the case in 2008 (35%), making their responses similar to those of older (28%) and oldest consumers (22%).

C. GEOGRAPHIC REGION

As previously noted, in most cases the number of geographic regions (11) combined with high endorsement rates resulted in cell sizes that were inappropriate for testing of differences in patterns of response across geographic region. We therefore did not analyze responses statistically by geographic region. Response rates are reported for descriptive purposes only.

D. LEVEL OF NEED

The 2009 data indicated differences in survey response across consumers' level of need in three of seven indicator categories (*Effectiveness*; *Experiences with Care*; *Quality of Life*).

- *Effectiveness*. On the *Effectiveness* item "Services meet needs", 96% of highest needs consumers indicated "good" or "excellent" on "the degree to which services meet their daily needs" compared to only 89% of consumers in the moderate needs group. Level of need differences were not found on this *Effectiveness* item in 2008.
- *Experiences with Care*. 97% of highest needs consumers indicated that the "quality of services" was "good" or "excellent" compared to a smaller percentage of moderate needs (92%) and high needs (92%) consumers. A similar finding was identified in 2008.
- *Quality of Life*. There were significant differences in survey responses across consumers' level of need on 2 of 6 *Quality of Life* indicators ("Get around inside" and "Contact with family and friends"). On the first item, a larger percentage of moderate needs consumers (85%) reported being able to get around inside their home as much as they needed to compared to high needs (75%) and highest needs consumers (70%). This finding was also found in the 2008 survey data. In addition, a higher percentage of highest needs consumers (75%) reported being satisfied with the amount of contact with family and friends compared to moderate needs (66%) and high needs (63%) consumers. This difference was not found in 2008.

E. CASE MANAGEMENT TYPE

In 2009, we found significant differences in responses to three survey items, all within the *Quality of Life* indicator category, based on the type of case management agency (AAA or HHA) consumers chose as their providers. All three sets of differences were not previously found in the 2008 survey data. In terms of their "Overall quality of life", 73% of AAA consumers responded "good" or better compared to 65% of HHA consumers. On the item "Free time", 73% of AAA consumers were satisfied, compared to 66% of HHA consumers. On "Social life and connection to the community", 61% of AAA consumers were satisfied compared to 54% of HHA consumers.

F. SERVICE TYPE

There were differences in responses to survey items based on consumers' authorized service type (self-directed or agency-directed) in 2009 on four individual items representing the *Access*, *Effectiveness*, and *Quality of Life* indicators.

- *Access*. In 2009, a larger percentage of self-directing consumers (97%) indicated "good" or "excellent" on "services fit schedule" compared to agency-directed consumers (90%). This difference was not found in 2008.
- *Effectiveness*. In 2009 a larger percentage (96%) of self-directing consumers reported that services met their needs compared to agency-directed consumers (91%), as also found in 2008.
- *Quality of Life*. In 2009, a smaller percentage of self-directing consumers (69%) indicated they could "get around inside" compared to agency-directed consumers (81%). This finding was not observed in the 2008 data. Also in 2009, a larger percentage of self-directing consumers (77%) indicated satisfaction with the amount of "Contact with family and friends" compared to agency-directed consumers (67%). This result was also observed in 2008.

G. OTHER DATA OBSERVATIONS

There were two indicator variables for which we did not observe any differences in responding based on the five consumer characteristics we analyzed. Specifically, no differences were found for the items "Help has made my life (better)", an *Effectiveness* indicator, and "Involved with decision-making" (about help needed when left the hospital), a *Public Awareness* indicator. With the latter item, the very high endorsement rate (98%) and relatively small sample (only people who were hospitalized and who had ADL needs when they left the hospital) likely account for the lack of any significant differences across sub-groups. On the first item, it is encouraging that 92% of all CFC respondents indicated that the help they receive has improved their lives, and this did not differ across any of the distinguishing consumer characteristics that we analyzed.

See Table 7 for a summary of our bivariate analysis of satisfaction and quality of life indicators.

SUMMARY

In this chapter we investigated self-reported measures of *Information Dissemination*, *Access*, *Effectiveness*, *Experiences with Care*, *Quality of Life*, *Public Awareness*, and *Health Outcomes* as captured by 18 items asked of CFC respondents in the 2009 CSS. For all items included in the seven indicator categories, we explored the data for differences in response patterns across five consumer characteristics: gender, age group, level of need, authorized case management type, and authorized service type.

As in 2008, age group differences were most frequently observed in these data, and were found across 6 of 7 outcomes and 10 of 18 individual survey items. In general, the youngest (18 – 64 yrs) respondents differed from older consumers (older than 64), with a smaller percentage of younger consumers indicating satisfaction compared to older consumers.

Less frequently, we observed differences in responding across consumers' level of need and authorized service type. Differences on three indicators were found for each of these consumer characteristics. Generally, a higher percentage of highest needs consumers were favorable in their responses compared to moderate or high needs consumers, and more self-directing consumers reported favorable responses compared to consumers receiving agency services. Because only high or highest needs participants can self-direct CFC services and moderate needs participants cannot self-direct at the present time, we cannot ascertain the extent to which differences in survey responses between moderate needs participants and high/highest needs participants is due to level of need or the ability to self-direct.

In terms of authorized case management, differences were found on individual *Quality of Life* survey items. In all cases, a higher percentage of consumers authorized for AAA case management were more favorable in their responses compared to consumers authorized for HHA case management. Thus, although we found some variations in subgroup differences between 2009 and 2008, survey responses, 2009 results confirmed those that emerged in 2008: older respondents, and to a lesser degree respondents receiving specific types of CFC services (i.e., self-directed services and AAA case management), reported higher satisfaction with CFC services.

A limitation of this analysis of the relationships between various consumer characteristics and multiple individual survey item indicators is the analytic approach of multiple individual bivariate analyses. This limitation applies both to the treatment of the five consumer characteristics in isolation (because of the likelihood that some consumer characteristics may be correlated) and treatment of the responses to individual survey items (which may also be correlated with one another). A logical and preferable extension of this analysis for facilitating understanding of the relationships between these consumer characteristics and survey responses would be to conduct multivariate analyses, in which the effects of the multiple consumer characteristic variables are simultaneously examined in a single analytical model. We conducted such a multivariate analysis in 2009, as described in Chapter IV.

Table 7. Satisfaction and Quality of Life Indicators

	Information Dissemination		Access		Effectiveness		Experiences with Care	
MACRO survey item (Columns):	Choice and Control (q3a) (good/excellent)	People Listen (q3j) (good/excellent)	Services Timely (q3c) (good/excellent)	Services Fit Schedule (q3d) (good/excellent)	Services Meet Needs (q3g) (good/excellent)	Help has made life... (q5) (much/somewhat better)	Courtesy of others (q3i) (good/excellent)	Quality of Services (q3b) (good/excellent)
Consumer Characteristics:								
Gender	n/d	n/d	n/d	n/d	n/d	n/d	n/d	n/d
Age Group: Youngest (18 – 64) Older (65-84) Oldest (85+)	Smaller % of younger endorse compared to older and oldest	Smaller % of younger endorse compared to older and oldest ¹	Smaller % of younger endorse compared to oldest	Smaller % of younger endorse compared to oldest	Smaller % of younger and older endorsed compared to oldest ¹	n/d	Smaller % of younger endorse compared to oldest ¹	n/d
Level of Need: Moderate High Highest	n/d	n/d	n/d	n/d	Smaller % of moderate endorse compared to highest	n/d	n/d	Smaller % of moderate and high endorse compared to highest
Case Mgmt Type: (AAA or HHA)	n/d	n/d	n/d	n/d	n/d	n/d	n/d	n/d
Service Type: (Self-Directed or Agency-Directed)	n/d	n/d	n/d	Larger % of self-directed endorse	Larger % of self-directed endorse	n/d	n/d	n/d
Region: 11 Geographic regions	***	***	***	***	***	***	***	***

***Did not test for significant differences due to small cell sizes.

Note: n/d = no significant differences in % endorsing item across groups.

¹Small cell sizes; interpret with caution.

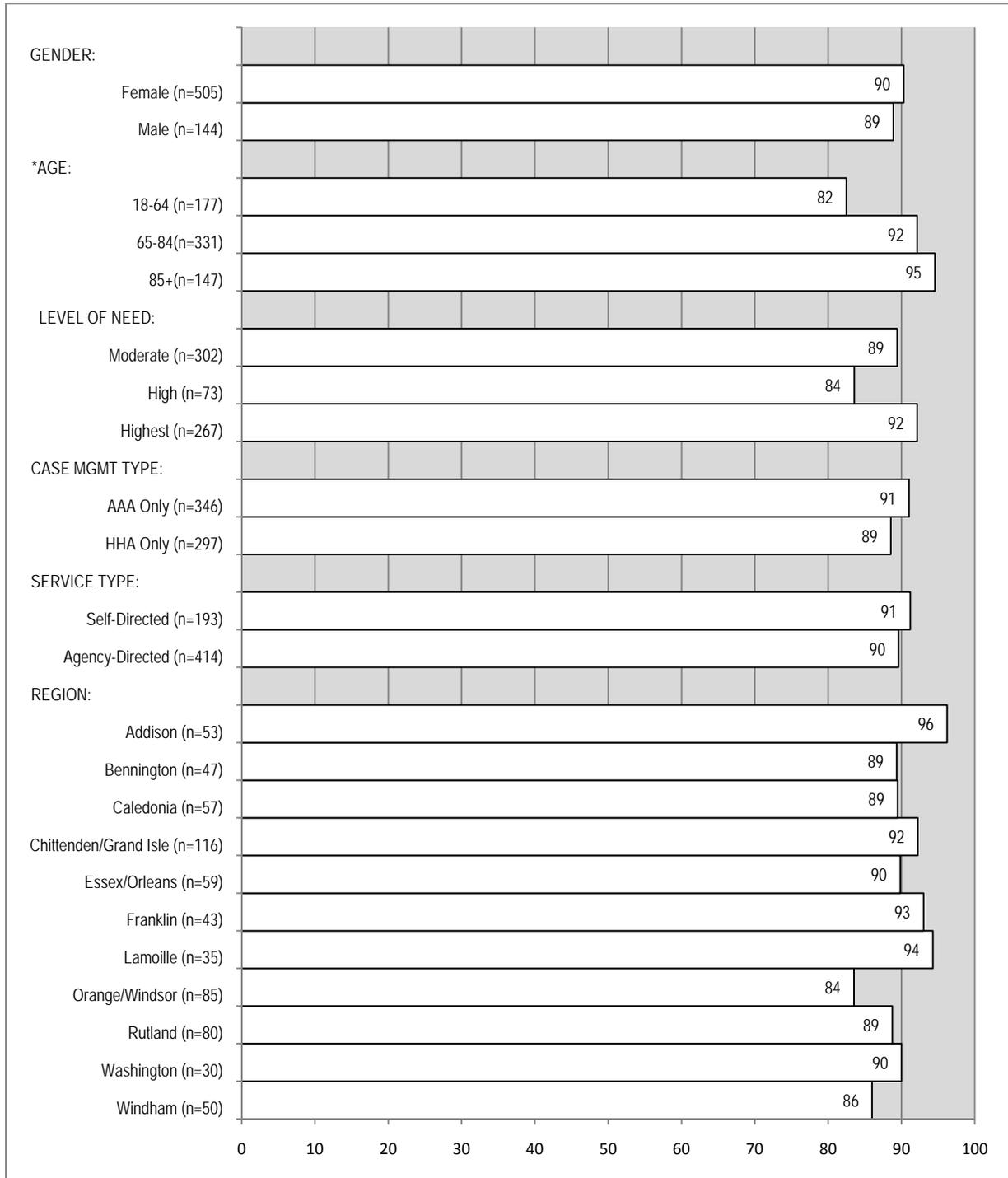
Table 7. Satisfaction and Quality of Life Indicators, continued

	Quality of Life						Public Awareness		Health Outcomes	
MACRO survey item (Columns):	Quality of Life (q8a) (good/excellent)	Free Time (q7e) (yes satisfied)	Get around Inside (q7d) (yes)	Social life/ Connection to community (q7h) (yes satisfied)	Can get where need to go (q7c) (yes)	Family/ Friend Contact (q7f) (yes satisfied)	Informed of ways to get help with ADLs when left hospital (q8f recoded)	Involved in decision-making re: ADLs when left hospital (q8g)	Health compared to others your age (excellent/ very good/ good (q7i))	Health compared to one year ago (q7k) (much better/ somewhat better (q7k))
Consumer Characteristics:										
Gender	n/d	n/d	n/d	n/d	n/d	n/d	Smaller % of female endorse ¹	n/d	n/d	n/d
Age Group: Youngest (18 – 64) Older (65-84) Oldest (85+)	Larger % endorse at each higher age group	n/d	n/d	Smaller % of younger endorse compared to older and oldest	Smaller % of younger endorse compared to older and oldest	n/d	n/d	n/d	Larger % endorse at each higher age group	n/d
Level of Need: Moderate High Highest	n/d	n/d	Larger % of moderate endorse compared to high and highest.	n/d	n/d	Smaller % of moderate and high endorse compared to highest	n/d	n/d	n/d	n/d
Case Mgmt Type: (AAA or HHA)	Larger % AAA endorse	Larger % of AAA endorse	n/d	Larger % AAA endorse	n/d	n/d	n/d	n/d	n/d	n/d
Service Type: (Self-Directed or Agency-Directed)	n/d	n/d	Smaller % of self-directed endorse	n/d	n/d	Larger % of self-directed endorse	n/d	n/d	n/d	n/d
Region: 11 Geographic regions	***	***	***	***	***	***	***	***	***	***

***Did not test for significant differences due to small cell sizes.
 Note: n/d = no significant differences in % endorsing item across groups.
¹Small cell sizes; interpret with caution.

Figure 20. Information Dissemination: Choice and Control

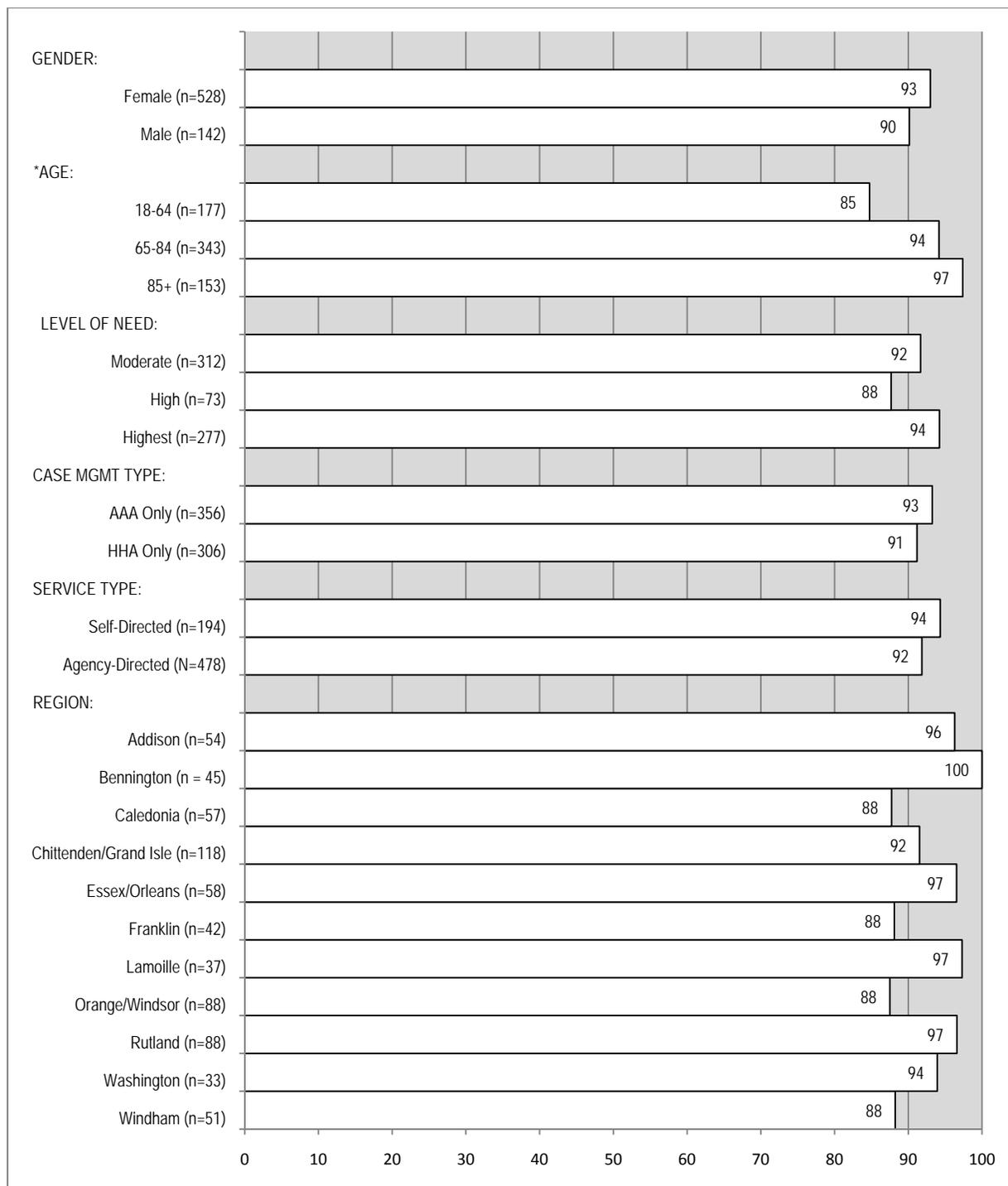
Percentage of consumers responding "good" or "excellent" to "the amount of choice and control you had when planning the services or care you would receive" (MACRO item q3a, $n_{wgt}=655$; overall % agreement = 90.1%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 21. Information Dissemination: People Listen

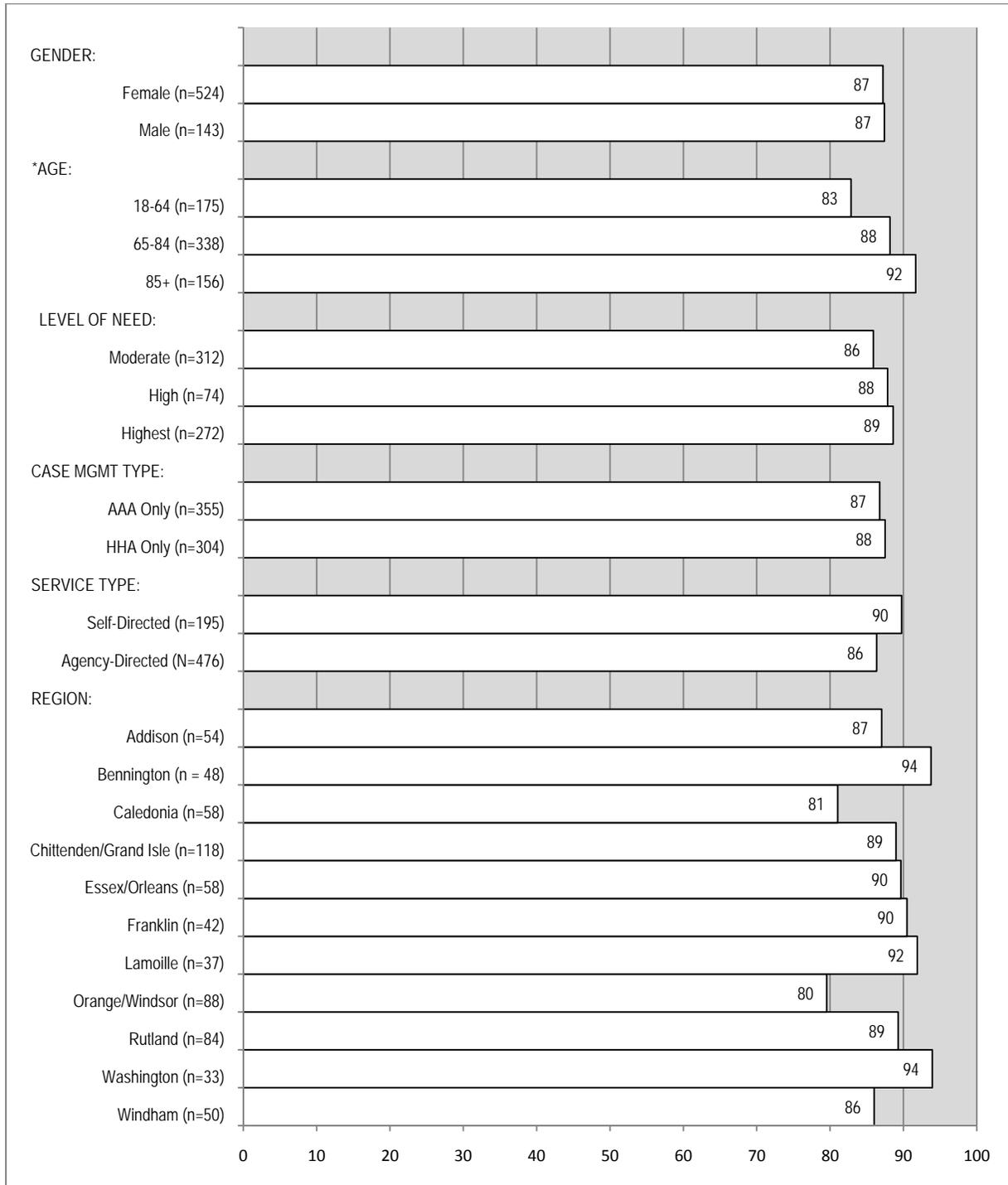
Percentage of consumers responding "good" or "excellent" to "How well people listen to your needs and preferences" (MACRO item q3j, n_{wgt}=672; overall % agreement = 92.4%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes. Age differences should be interpreted with caution due to small sample size.

Figure 22. Access: Services Timely

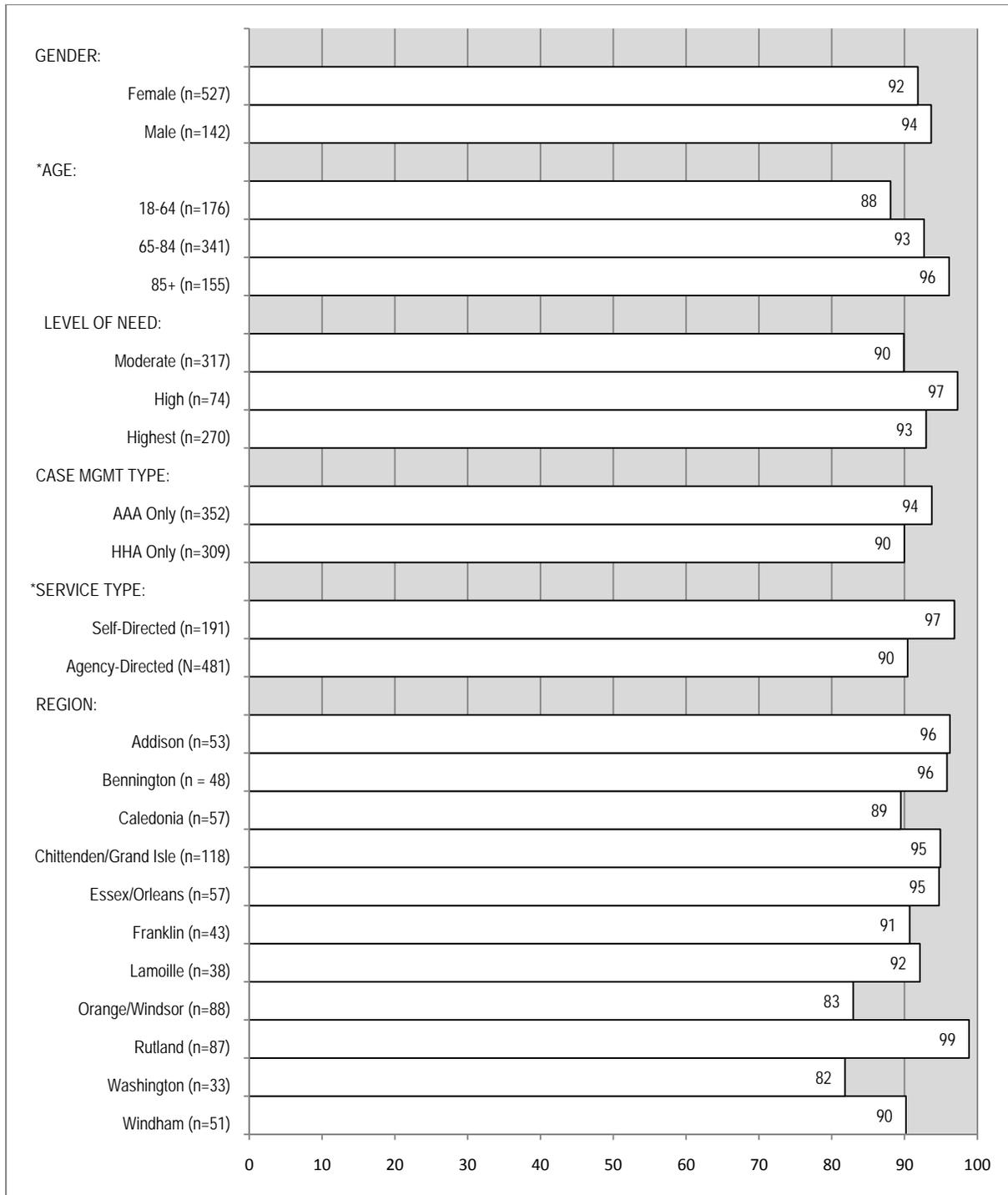
Percentage of consumers responding "good" or "excellent" to "the timeliness of your services. For example, did your services start when you needed them?" (MACRO item q3c, $n_{\text{wgt}}=671$; overall % agreement = 87.4%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 23. Access: Fit Schedule

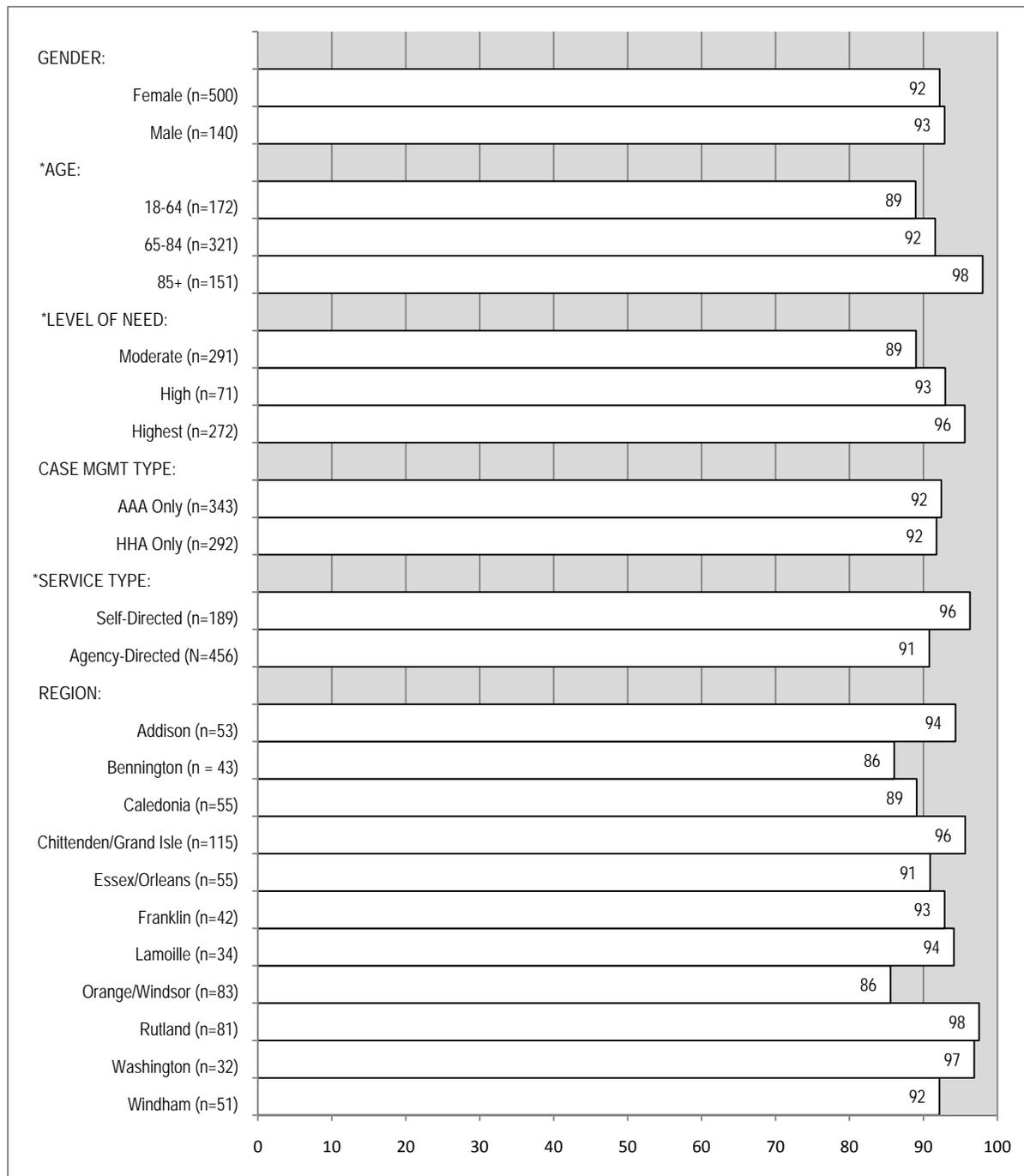
Percentage of consumers responding "good" or "excellent" to "When you receive your services. For example, do they fit with your schedule?" (MACRO item q3d, n_{wgt}=672; overall % agreement = 92.1%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 24. Effectiveness: Services Meet Daily Needs

Percentage of consumers responding "good" or "excellent" to "The degree to which services meet your daily needs such as bathing, dressing, meals, and housekeeping" (MACRO item q3g, n_{wgt}=645; overall % agreement = 92.4%)

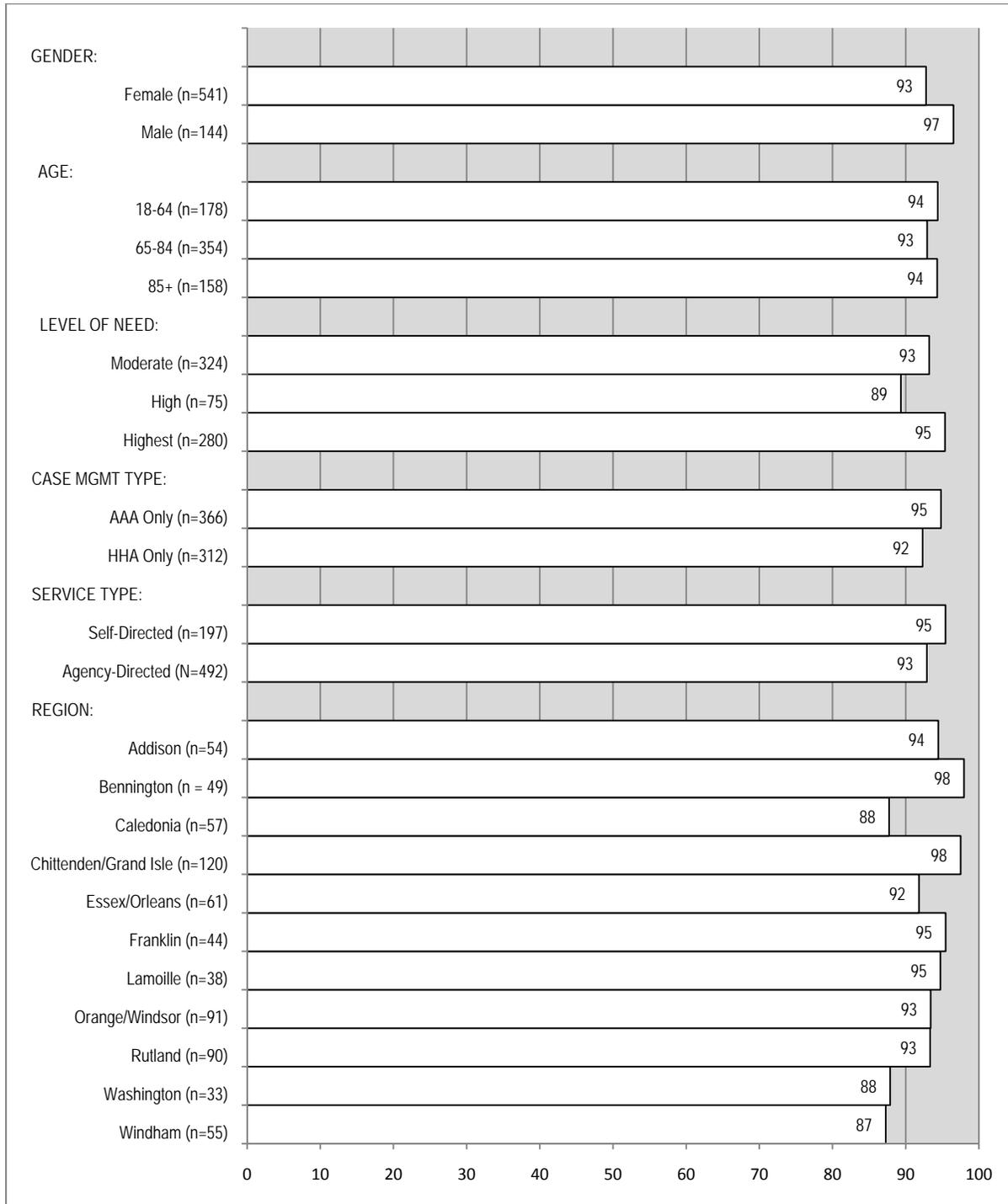


Note 1: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Note 2: Age differences should be interpreted with caution due to small sample size.

Figure 25. Effectiveness: Help has made life...

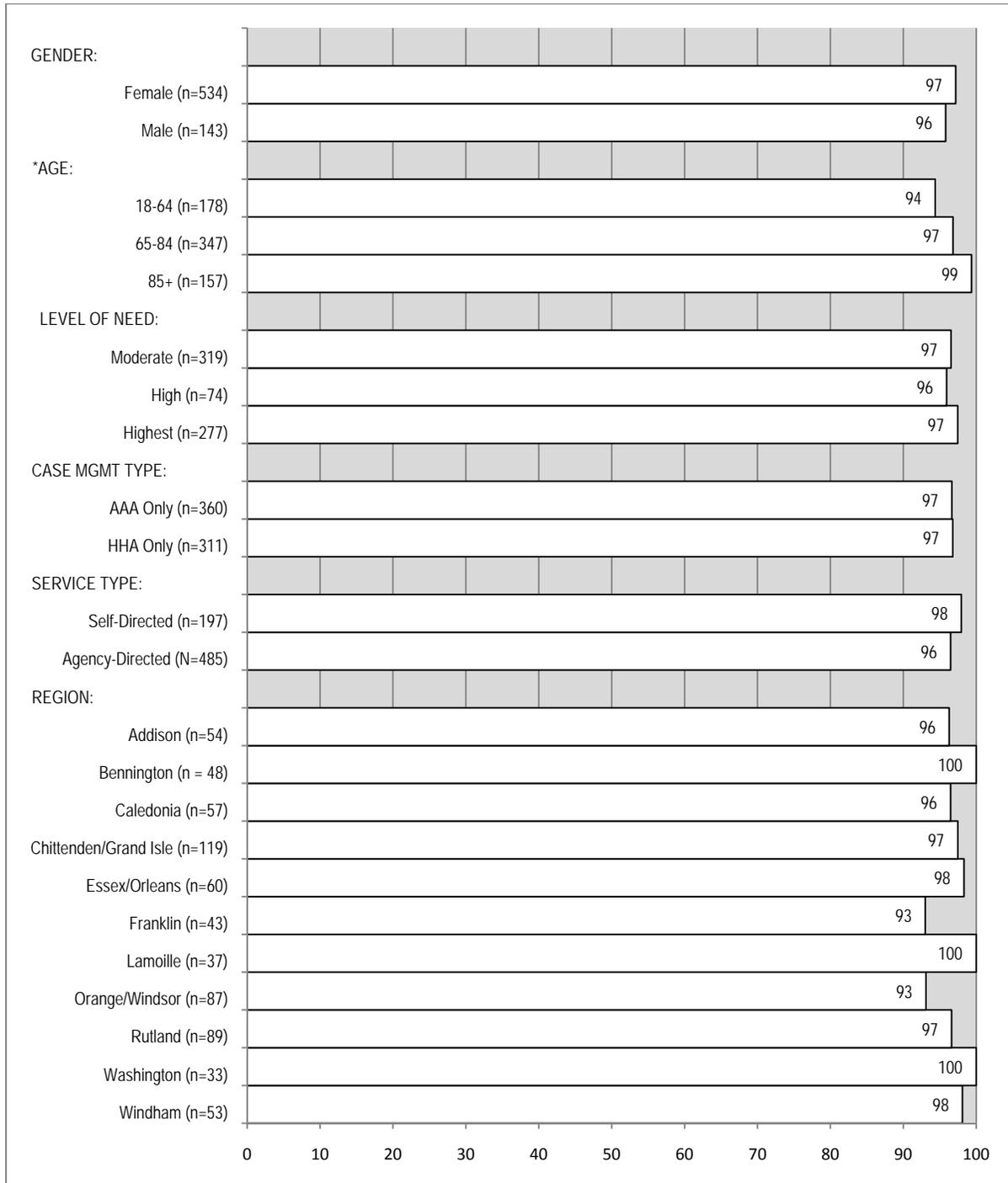
Percentage of consumers responding “much better” or “somewhat better” to “*Would you say the help you have received has made your life...*” (MACRO item q5, n_{wgt}=690; overall % agreement = 93.7%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 26. Experiences with Care: Courtesy of Others

Percentage of consumers responding "good" or "excellent" to "*The courtesy of those who help you*" (MACRO item q3i, n_{wgt} = 682; overall % agreement = 96.8%)

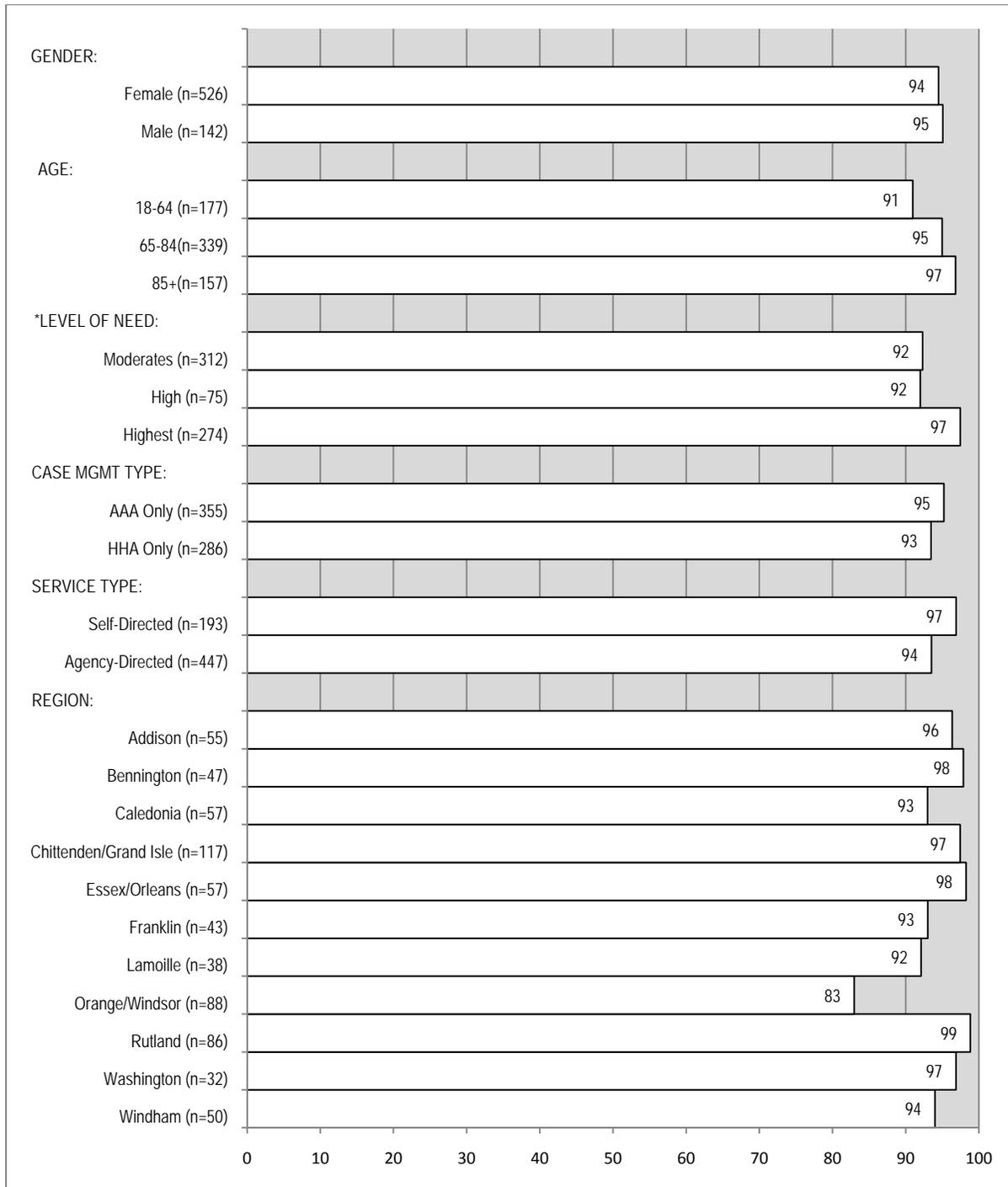


Note 1: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Note 2: Age differences should be interpreted with caution due to small sample size.

Figure 27. Experiences with Care: Quality of Services

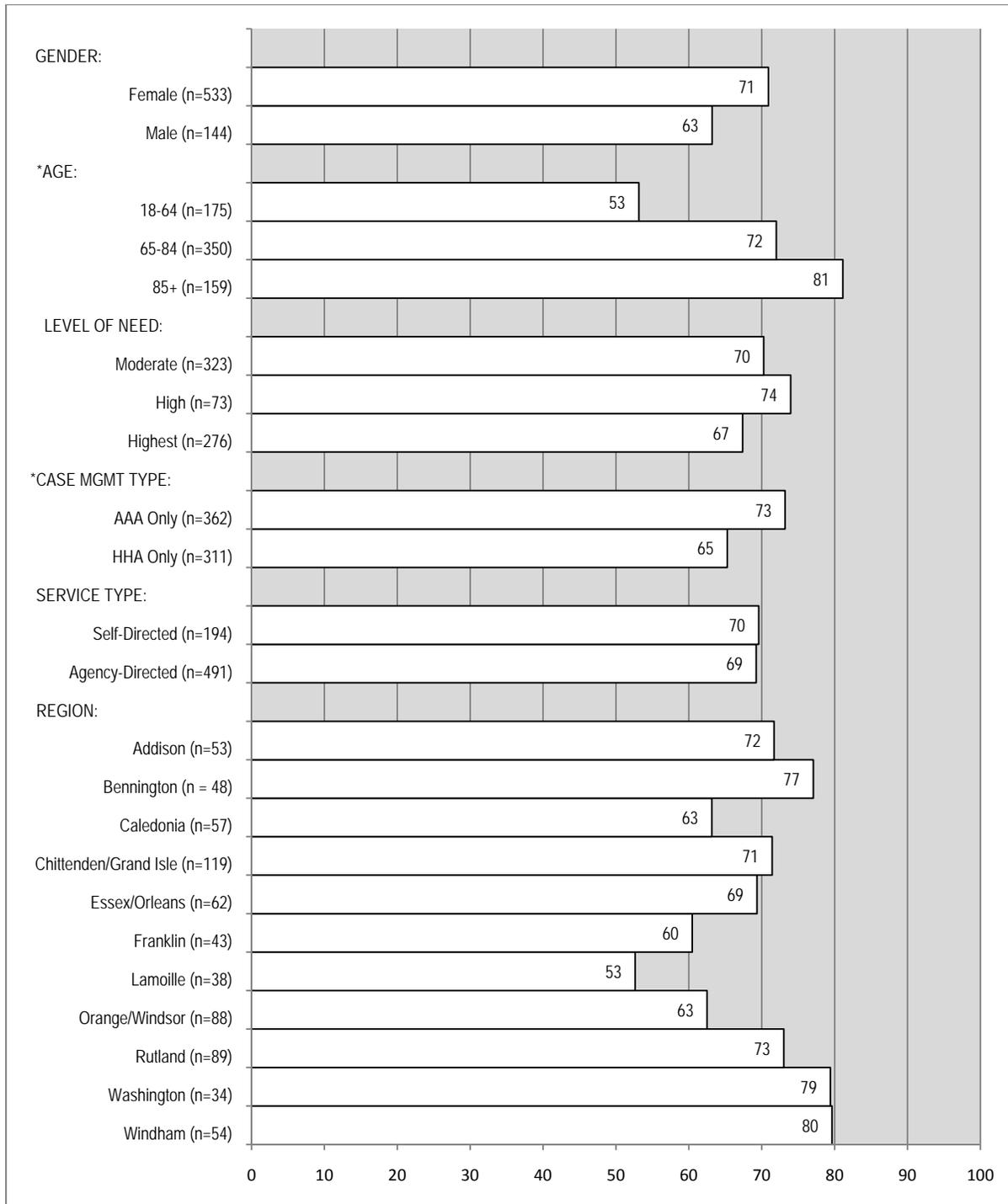
Percentage of consumers responding "good" or "excellent" to "the overall quality of the help you receive" (MACRO item q3b, n_{wgt}=672; overall % agreement = 94.4%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 28. Quality of Life: Overall Quality of Life

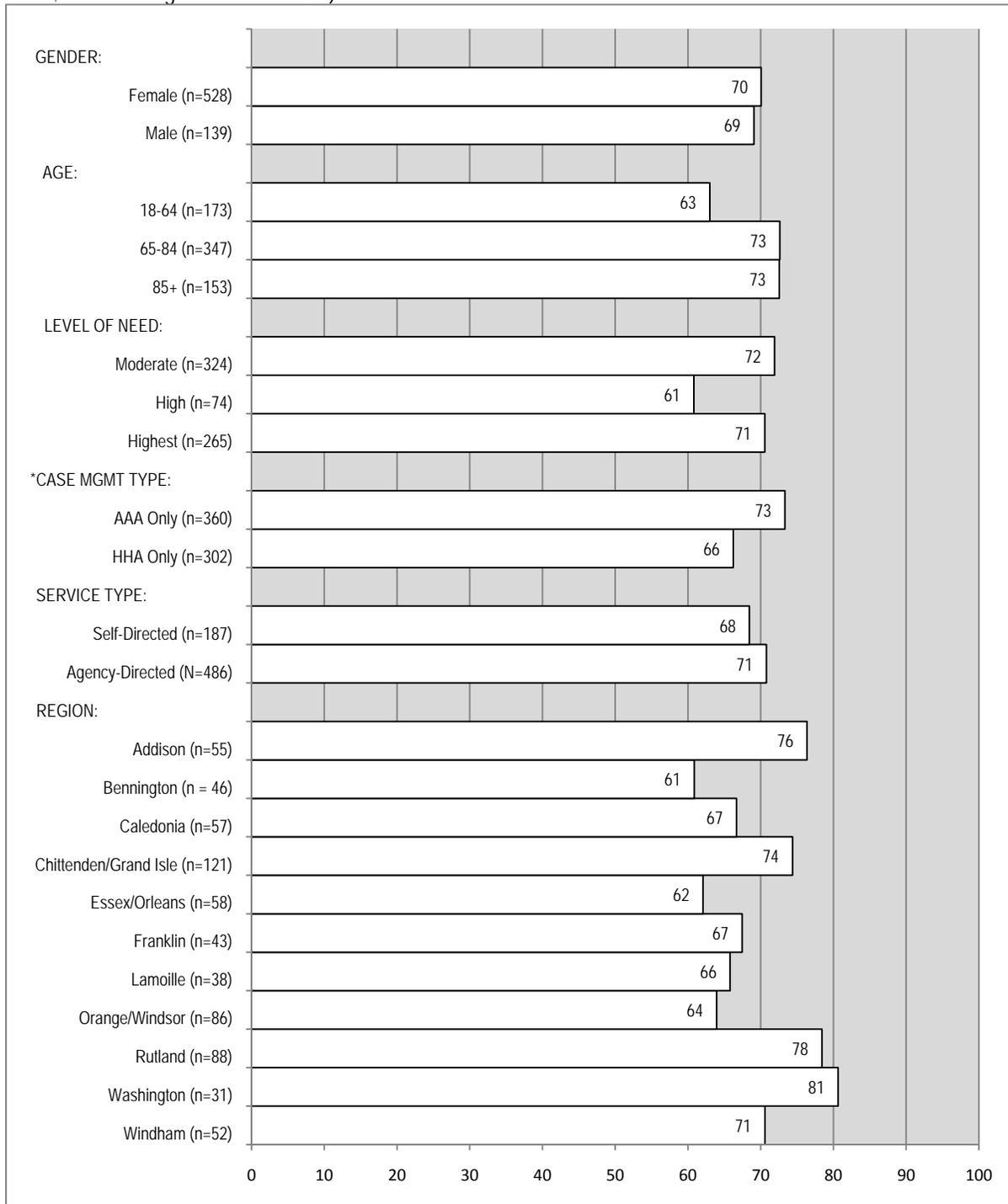
Percentage of consumers responding "excellent" or "good" to "Overall, how would you rate your quality of life?" (MACRO item q8a, n_{wgt} = 684; overall % agreement = 69.4%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 29. Quality of Life: Free Time

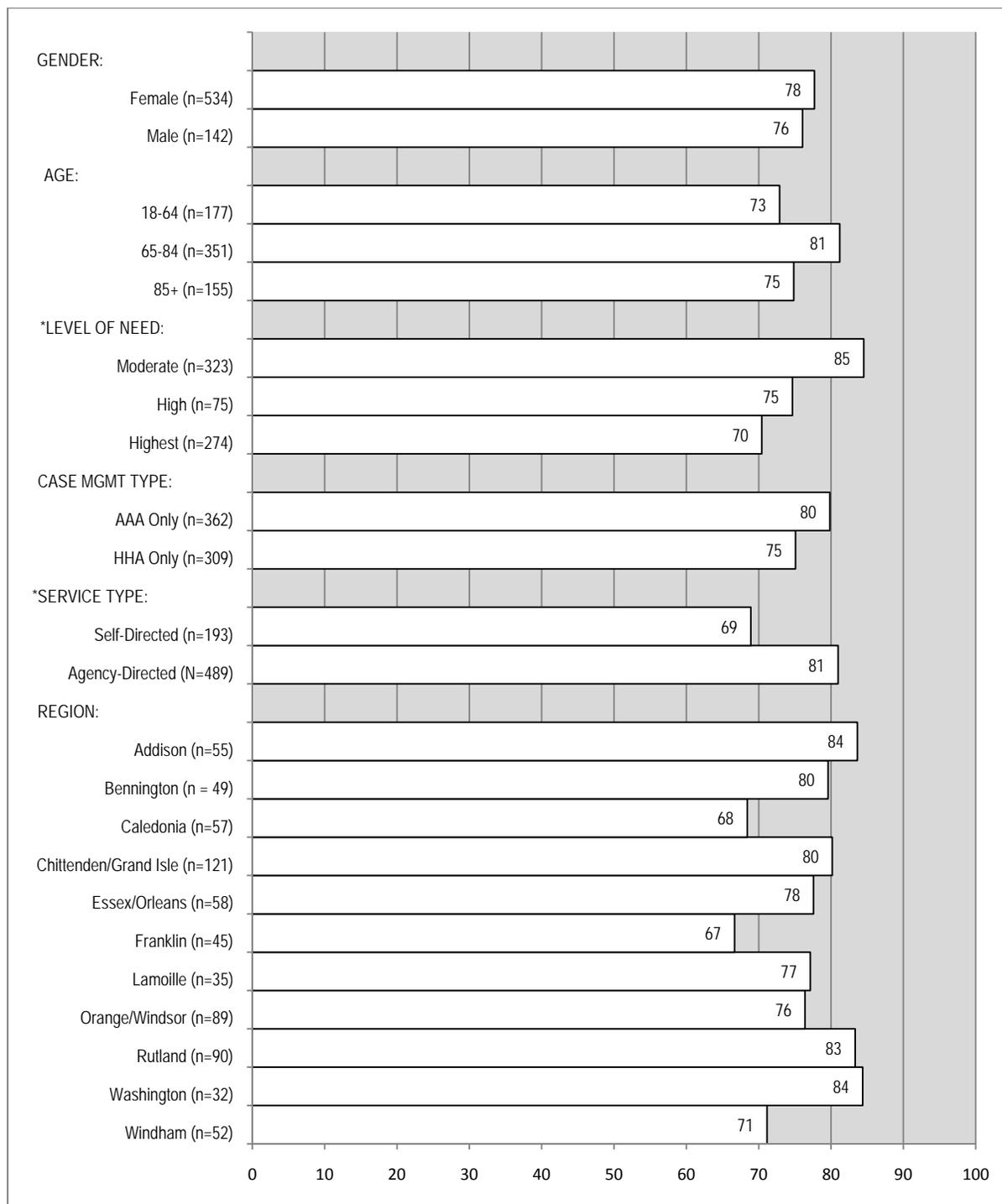
Percentage of consumers responding “yes” to “I am satisfied with how I spend my free time” (MACRO item q7e, n_{wgt} = 674; overall % agreement = 70.2%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 30. Quality of Life: Get Around Inside

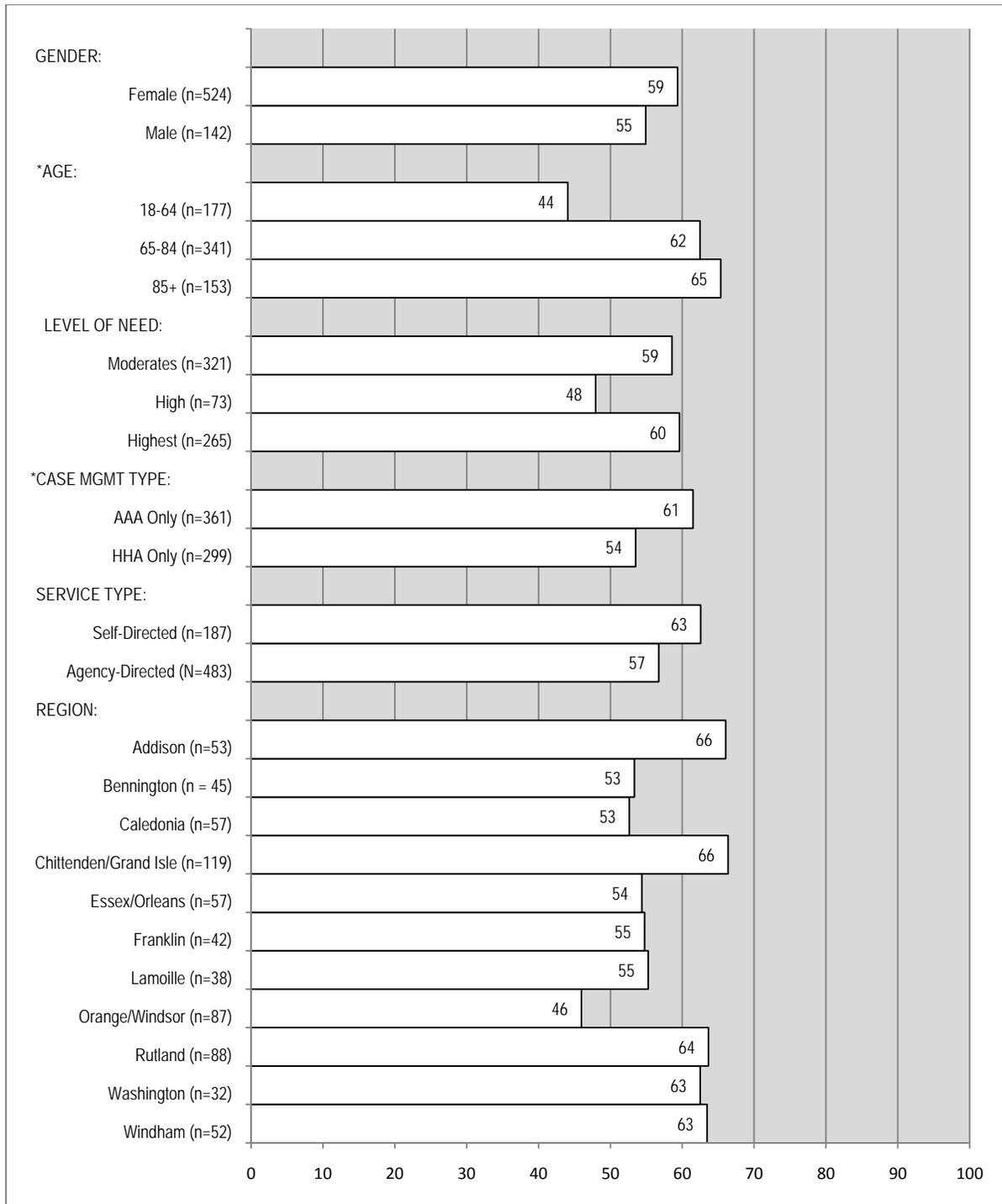
Percentage of consumers responding “yes” to “I can get around inside my home as much as I need to” (MACRO item q7d, n_{wgt} = 682; overall % agreement = 77.7%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 31. Quality of Life: Social Life Connection

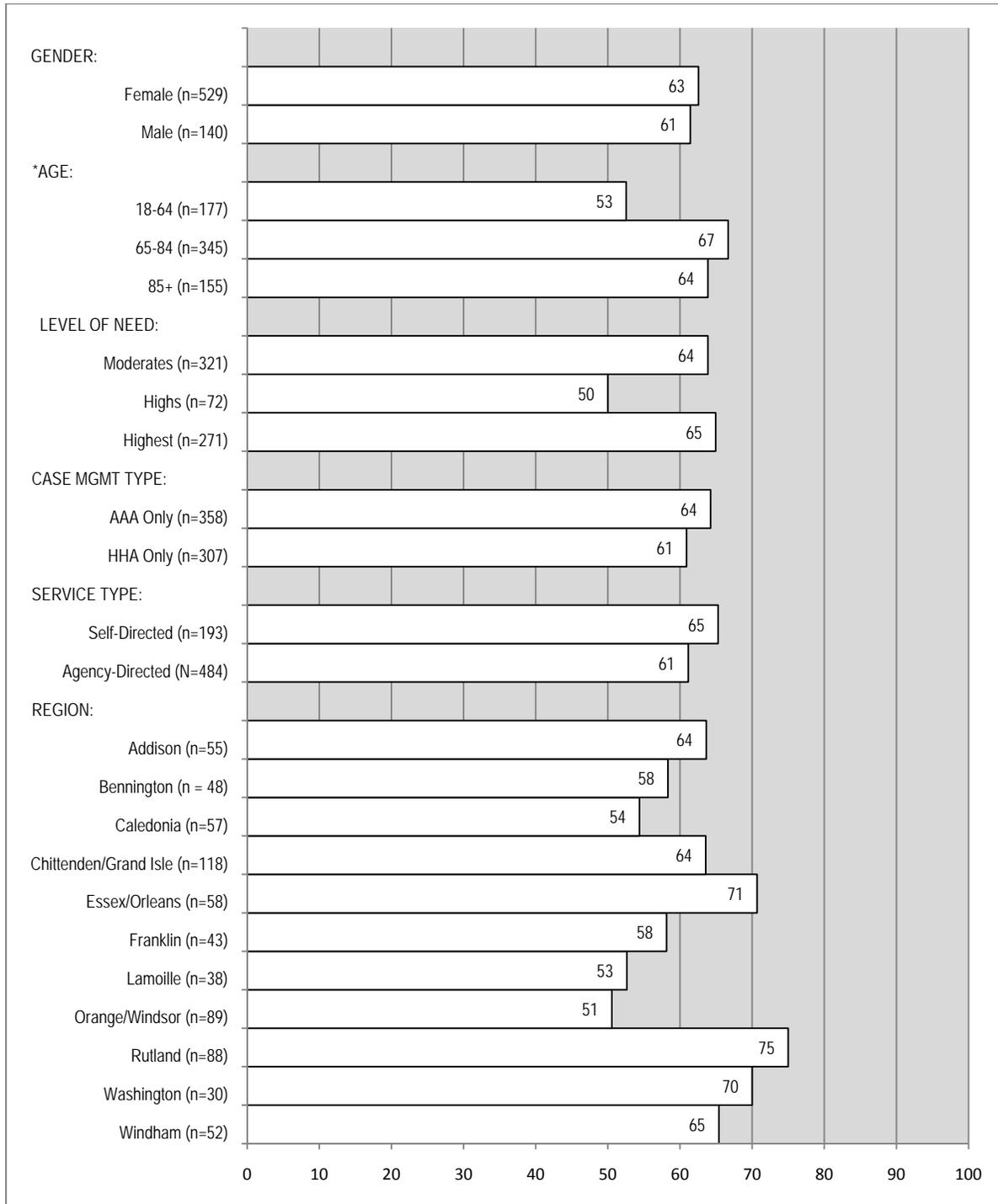
Percentage of consumers responding “yes” to “I feel satisfied with my social life and with my connection to my community” (MACRO item q7h, n_{wgt} = 670; overall % agreement = 58.4%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 32. Quality of Life: Can Get Where Need To Go

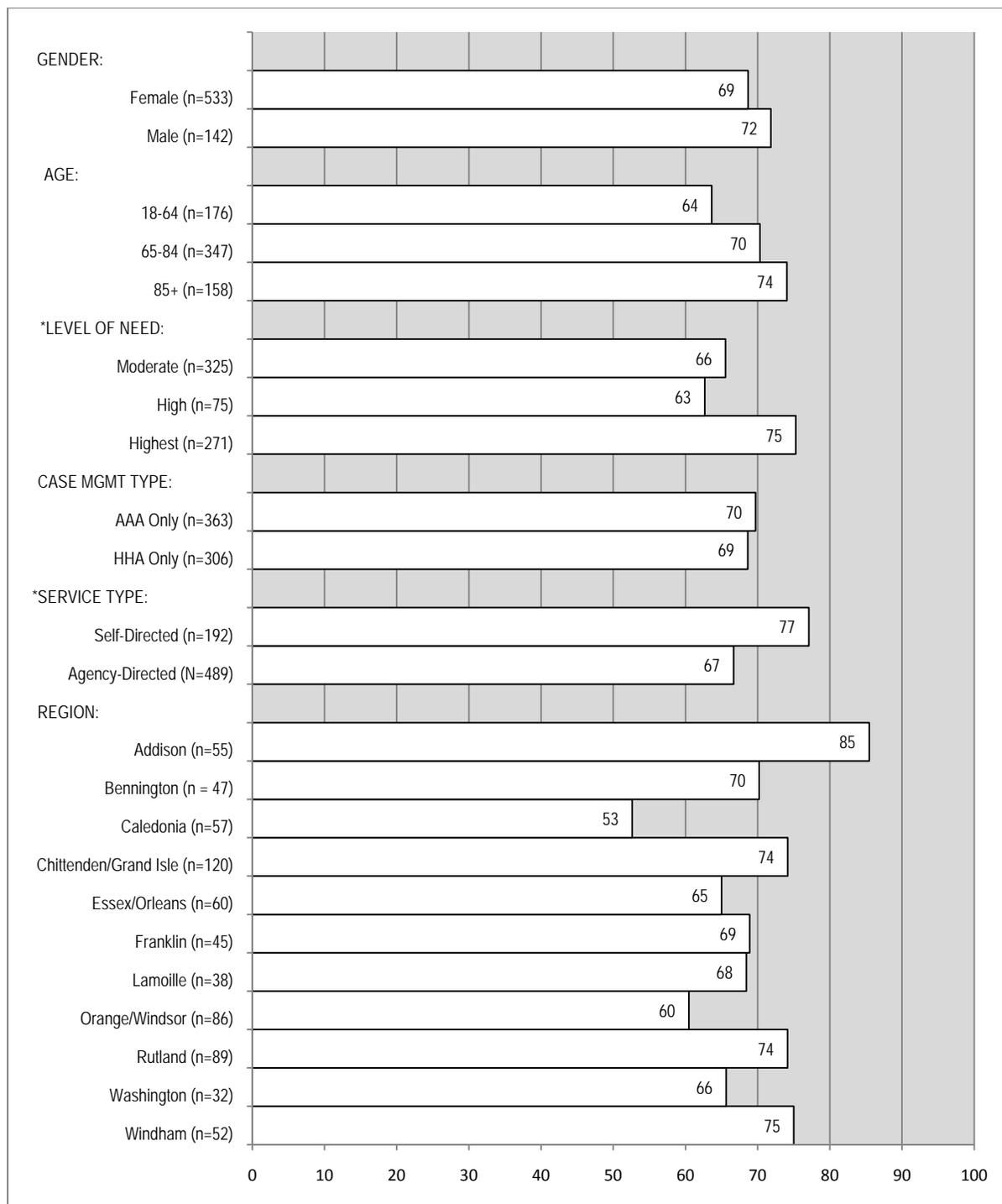
Percentage of consumers responding “yes” to “I can get where I need or want to go” (MACRO item q7c, n_{wgt} = 677; overall % agreement = 62.3%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 33. Quality of Life: Contact with Family and Friends

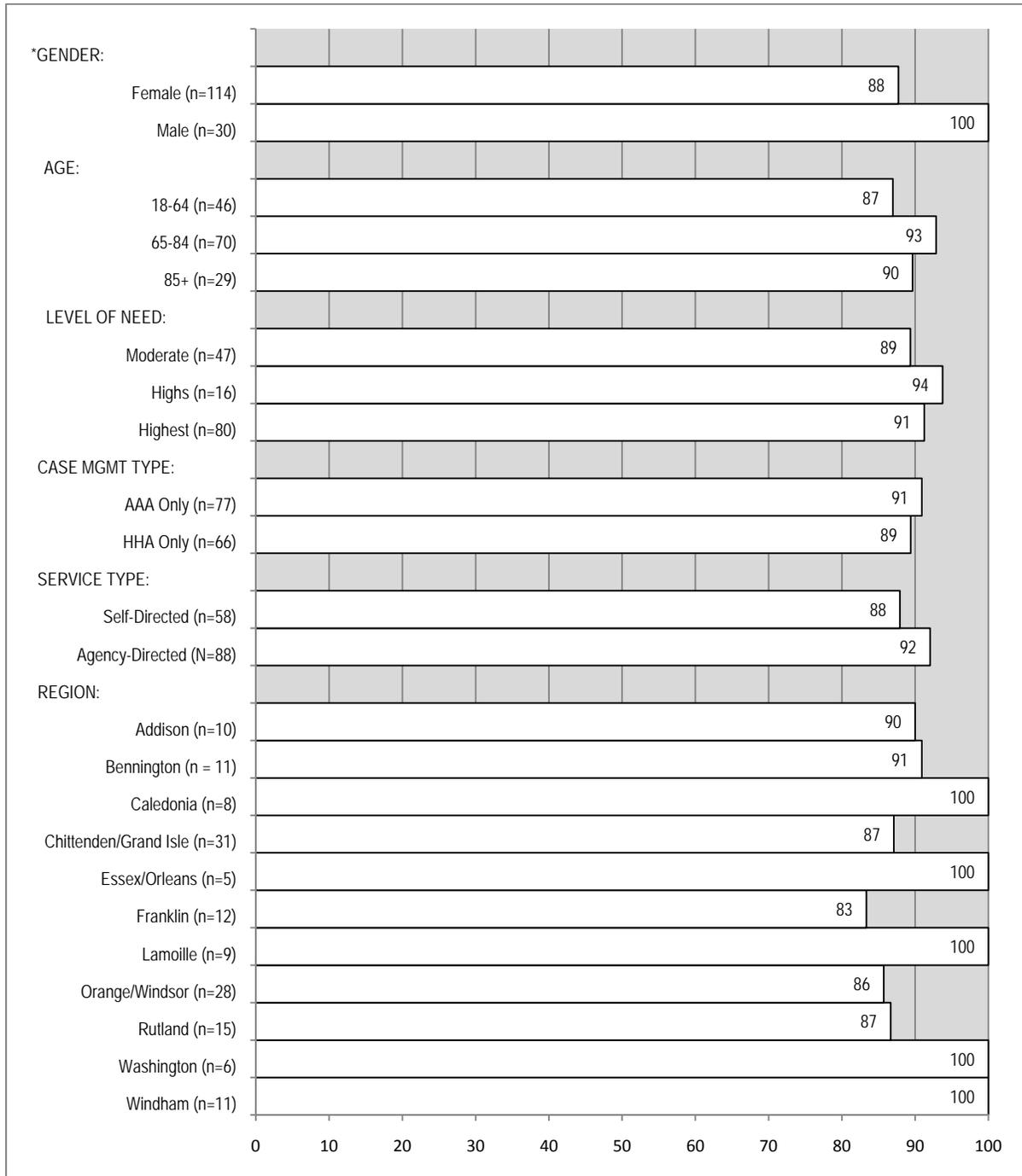
Percentage of consumers responding “yes” to “I am satisfied with the amount of contact I have with my family and friends” (MACRO item q7f, $n_{wgt} = 681$; overall % agreement = 69.5%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 34. Public Awareness: Informed About Getting Help with ADL Needs When Left Hospital

Percentage of consumers indicating that either they were informed, or their family member/friend was informed, about how to get help with daily activity needs (e.g., ADLs) when they left the hospital (MACRO item q8f, $n_{wgt} = 146$; overall % agreement = 90.2%)

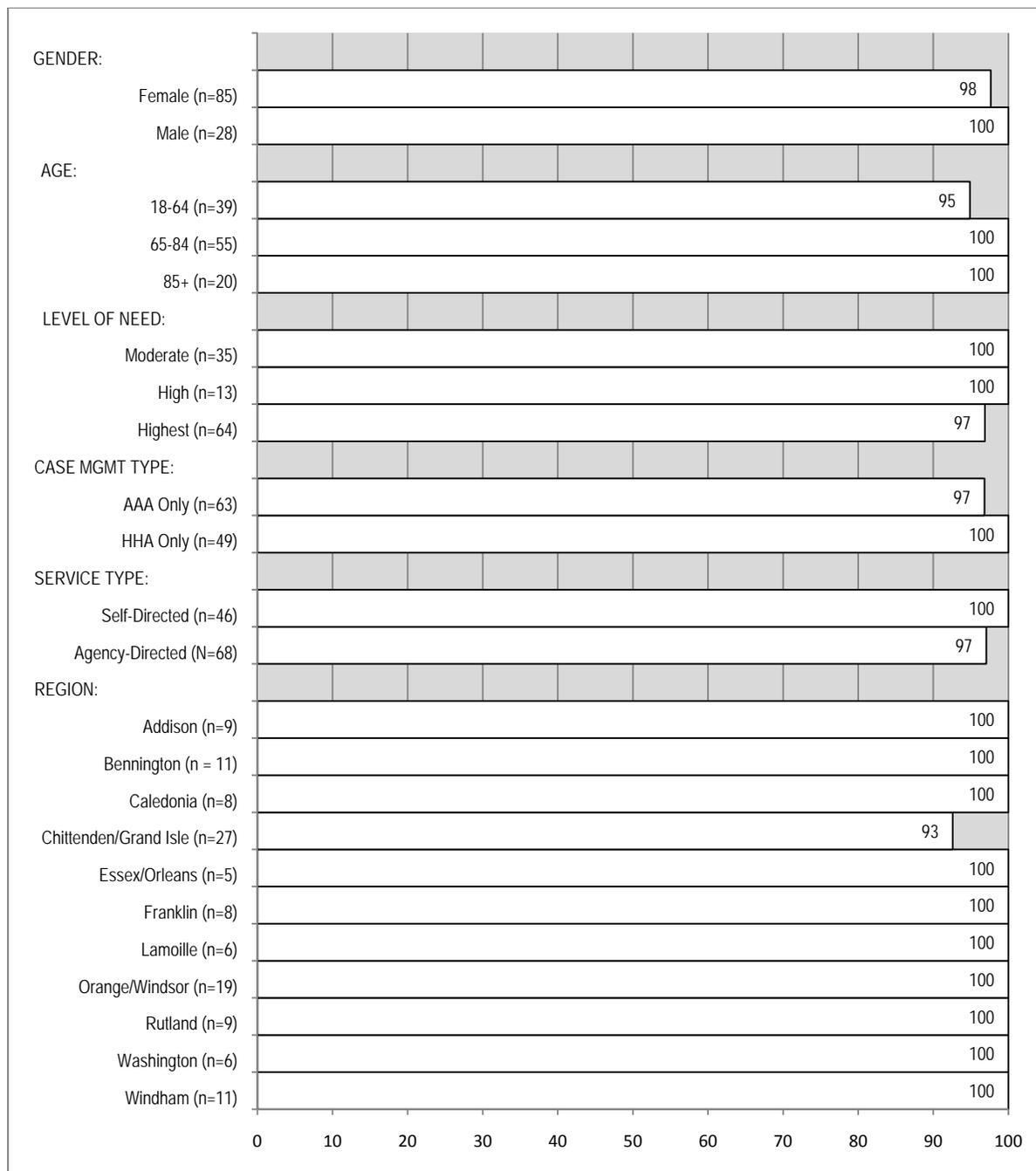


Note 1: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Note 2: Gender differences should be interpreted with caution due to small sample size.

Figure 35. Public Awareness: Involved in Decision Making About Need Daily Help When Left Hospital

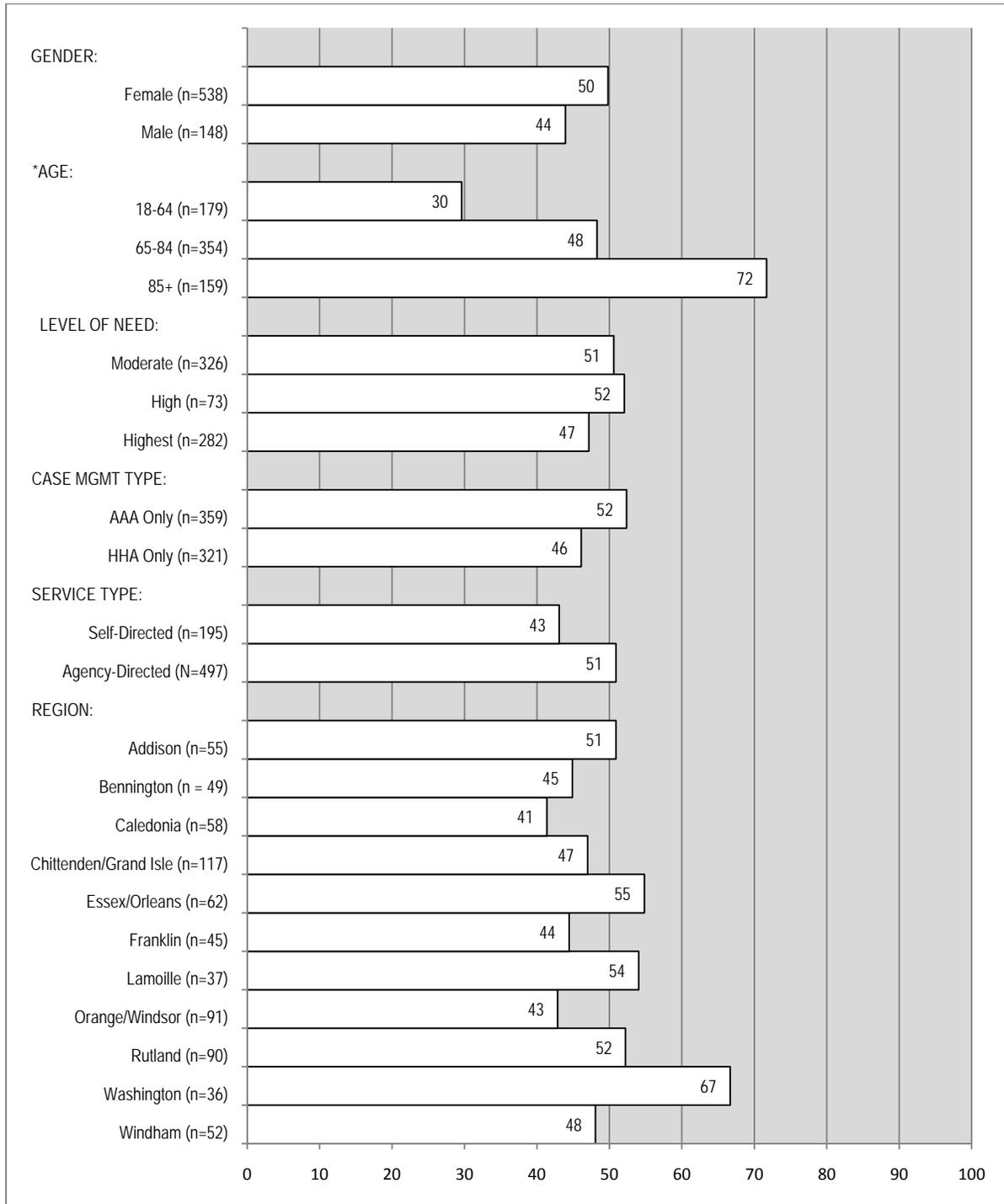
Percentage of consumers indicating that either they were involved, or their family member/friend was involved, in decision-making about help with daily activity needs (e.g., ADLs) when they left the hospital (MACRO item q8g, $n_{wgt} = 113$; overall % agreement = 98.3%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 36. Health Outcomes: Health Compared to Others Your Age

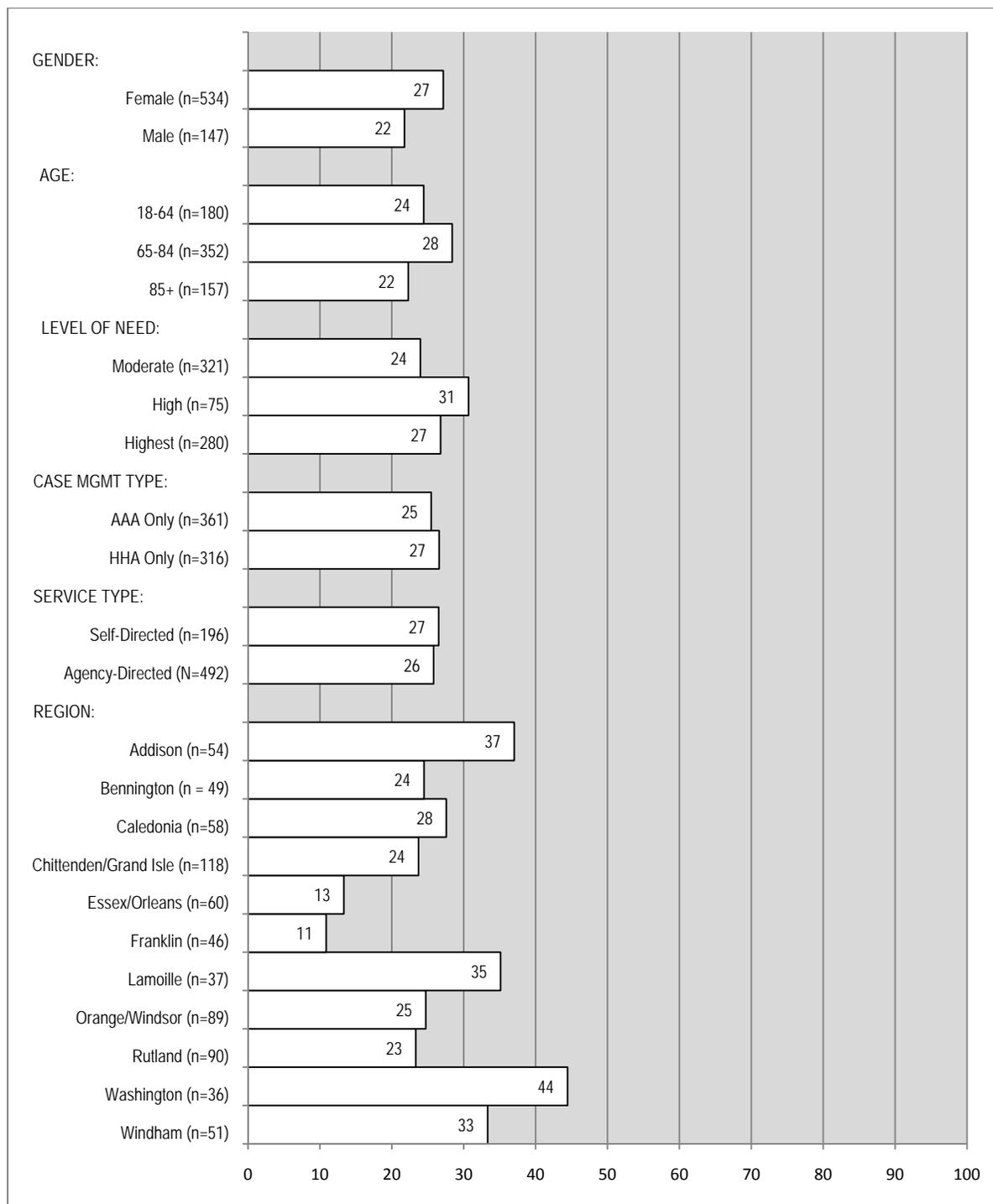
Percentage of consumers responding “excellent”, “very good” or “good” to “*In general, compared to other people your age, would you say your health is...*” (MACRO item q7i, n_{wgt}=693; overall % agreement = 48.8%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

Figure 37. Health Outcomes: Health Compared to One Year Ago

Percentage of consumers responding “much better” or “somewhat better” to “*Compared to one year ago, how would you rate your health in general now?*” (MACRO item q7k, n_{wgt}=689; overall % agreement = 26.0%)



Note: Variables noted with asterisk (*) indicate statistically significant differences between subgroups ($p < .05$). We did not test for differences by geographic region due to small cell sizes.

CHAPTER IV. MULTIVARIATE ANALYSES OF 2009 KEY INDICATORS

In this section we describe the analytic approach used to: a) analyze the independent relationship between five consumer characteristics (age group, gender, CFC level of need, authorized case management type, and authorized service type) and desired outcomes (Satisfaction with Services, Quality of Life, and General Health); and b) assess change in these desired outcomes within consumer groups from 2008 to 2009.

To address the first objective, we conducted a principle components analysis with the aim of reducing the 18 survey items described in Chapter III to a fewer number of outcome variables. This led to the creation of three new outcome variables: Service Satisfaction, Quality of Life, and Health. We then analyzed the impact of consumer characteristics on these newly created outcome variables. We analyzed the main effects (i.e., independent variables such as gender, age group, level of need) of the five consumer characteristics on the variables and then conducted stratified analyses of four consumer characteristics by age groups as a result of the main effects observed.

To address the second objective, we compared Satisfaction with Service, Quality of Life, and Health in 2008 and 2009 for all CFC participants as well as by level of need and age group.

A: Independent Effect of CFC Consumer Characteristics on Outcomes³

Principal Components Analysis: Method

As described in Chapter III, each the 18 individual MACRO survey items of specific interest to this evaluation had been conceptually categorized within one of these desired outcomes: *Information Dissemination, Access, Effectiveness, Experiences with Care, Quality of Life and Public Awareness, and Health Outcomes*. A principal components analysis of consumers' responses to these 18 individual MACRO survey items was conducted to determine the number of distinctly separate outcomes represented in the data, and to reduce the 18 survey items to a more manageable number of outcome variables for ease of interpretation. The results of the principal components analysis revealed that three distinct components from among the 18 MACRO survey items accounted for 57% of the variability in consumers' survey responses: Satisfaction with services, Quality of Life, and General Health⁴.

³ A more detailed description of the method and results for these analyses is included in Appendix C.

⁴ As an additional confirmatory step, we analyzed the 2008 MACRO survey data responses for CFC consumers using the same principal components analysis procedure. As with the 2009 data, three primary components were extracted from the same survey items in 2008, and explained a similar amount of variance in responses (56%). In both years, one component accounted for the eight satisfaction items, a second component accounted for the six quality of life items, and a third component accounted for the two health items.

Main Effects of Consumer Characteristics on Outcomes: Method⁵

Using the three outcomes of *Satisfaction with Services*, *Quality of Life*, and *General Health* that emerged from the principal components analysis, we used the analysis of variance (ANOVA) statistical procedure to analyze the independent effects of age group, gender, level of need, authorized case management type, and authorized service type, taken simultaneously, on these outcomes, as measured by their composite scores⁶. We modeled the main effects of the consumer characteristics in this analysis. We also tested ranked score differences with non-parametric tests of ranks⁷. For significant findings reported, unless otherwise noted the differences were significant with both parametric and non-parametric analyses.

First, we analyzed the responses of participants in the all CFC group, which included the moderate needs group, high, and highest needs participants. Because moderate needs participants cannot self-direct their services, the variable *authorized service type* was not included in any analyses of the all CFC group. Second, we also analyzed the responses of the high/highest needs group alone, since these consumers differ importantly from moderate needs group consumers with respect to the range of services provided⁸. Finally, we analyzed the survey responses of the moderate needs group (“MNG”) participants alone. Because the MNG participants represent only one level of the “level of need” consumer characteristic (and because these consumers may not self-direct their services), we excluded level of need and service type from all analyses of the MNG.

Main Effects of Consumer Characteristics on Outcomes: Results

Satisfaction with Services

Complete data were available for 605 CFC participants (84%). The overall satisfaction level for participants in the all CFC group was high, as expected (Mean = 28.4, SD = 4.0). On average this satisfaction level was at the 84th percentile of the composite satisfaction scale (possible range = 8 to 32).

Multivariate ANOVA results revealed significant differences in reported satisfaction by *age group* for the all CFC group and the CFC high/highest needs group.⁹ No significant age group differences were found for the moderate needs group (MNG). (Figure 38).

⁵ A more detailed description of the method and results for these analyses is included in Appendix C.

⁶ For each of these 3 new variables, a respondent's composite score, e.g., Satisfaction with Services score, was obtained by using valid responses to each of the survey items. The *Satisfaction with Services* composite variable had a scale range of 8-32, the *Quality of Life* composite variable had a scale range of 6-19, and the *Health* composite variable had a scale range of 2-10. Composite summary scores were treated as continuous variables in subsequent analyses reported below.

⁷ Two category groups were tested with the Mann-Whitney test. Three category groups were tested with the Kruskal-Wallis test.

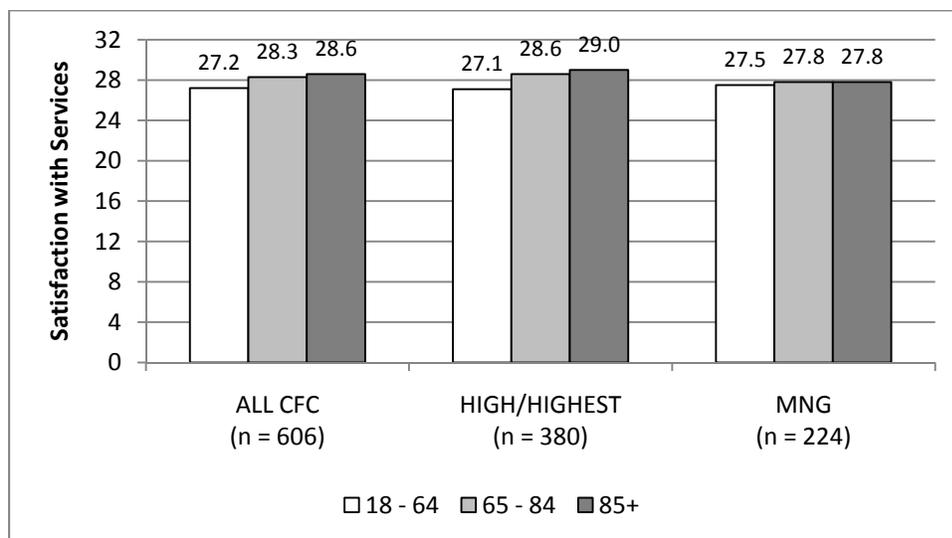
⁸ The responses of this CFC subgroup (high/highest needs only) to individual survey items were previously reported in Chapter III.

⁹ This difference was not significant by the non-parametric test and should be interpreted with caution.

We also found a significant difference in satisfaction with services across *level of need* in the all CFC group, with satisfaction among MNG participants (Mean = 27.8) and high need participants (Mean = 27.6) lower than satisfaction among highest need participants (Mean = 28.6).

There were no significant differences in reported satisfaction as a function of gender, or authorized case management type within the three CFC participant groups.

Figure 38. Differences in Reported Satisfaction with Services by Age Group



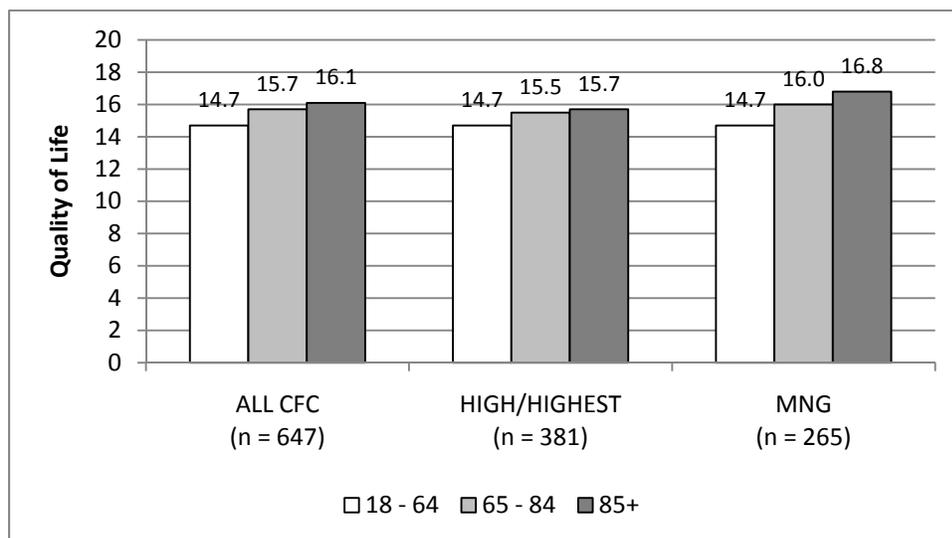
Note: Range of composite scale for Satisfaction with Services was 8 to 32.

Quality of Life

Complete data were available for 647 CFC participants (91%). As with consumer satisfaction, the overall quality of life level for all CFC respondents was high (Mean = 15.6, SD = 2.9), falling at the 75th percentile of the composite quality of life scale (possible range = 6 to 19). (Figure 39)

The ANOVA results for the all CFC group again revealed only significant *age group* differences in reported quality of life, with greater satisfaction for the older and oldest groups. The age group difference was also found for both the high/highest needs group and the MNG. There were no significant differences in reported quality of life as a function of the other four variables (gender, level of need, authorized case management type, or authorized service type) within any of the three CFC participant groups. See Figure 39.

Figure 39. Differences in Reported Quality of Life by Age Group



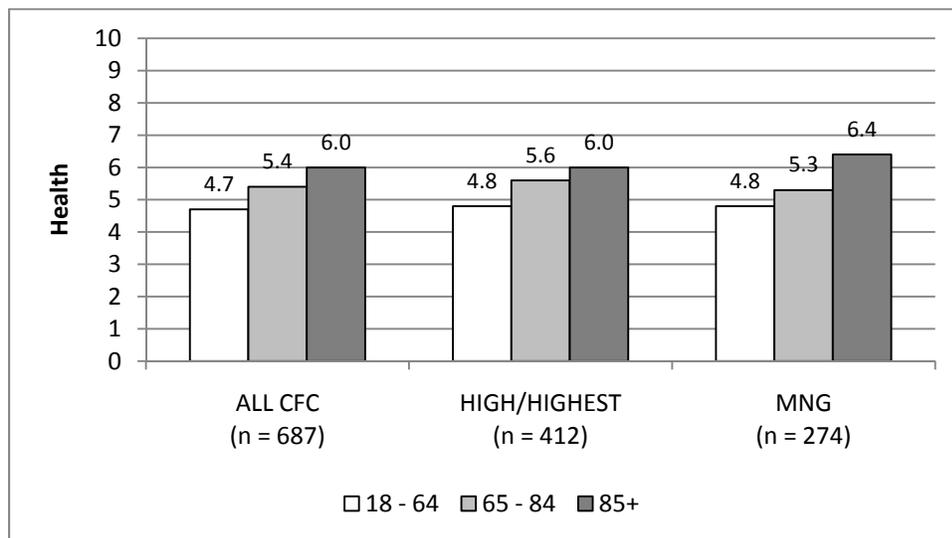
Note: Range of composite scale for Quality of Life was 6 to 19

General Health

Complete data was available for 687 CFC participants (97%). The average level of health for all CFC respondents was 5.5 (SD = 1.9), at the 43rd percentile of the composite general health scale (possible range = 6 to 19). (Figure 40).

The ANOVA results for health reports of participants in the all CFC group again revealed only significant *age group* differences, with better health reported at higher age groups. Again, these age differences in health were observed for the high/highest needs group, as well the MNG respondents. There were no significant differences in reported health as a function of the other 4 variables (gender, level of need, authorized case management type, or authorized service type) within any of the three CFC participant groups.

Figure 40. Differences in Reported General Health by Age Group



Note: Range of composite scale for General Health was 2 to 10.

Main Effects Stratified by Age Group: Results¹⁰

Because of the significant age group differences in self-reported satisfaction, quality of life, and general health, we tested the degree to which consumers' reports varied across consumer characteristics other than age group, by performing stratified multivariate analyses within each of the three consumer age groups. In other words, while the other four consumer characteristic variables did not account for differences in results when age group was controlled for in the analyses, they may account for significant differences within the subsets of consumer age group.

Youngest Consumers (Ages 18 – 64)

ANOVA results indicated that there were no significant differences among respondents in the youngest age group on either *Satisfaction with Services*, *Quality of Life*, or *General Health* based on their gender, level of need, authorized case management type, or authorized service type.

Older Consumers (Ages 65 – 84)

ANOVA results revealed two significant differences by consumer characteristic among older consumers. First, within the high/highest needs group, consumers authorized for agency-directed services (Mean= 6.1) reported better *General Health* compared to consumers authorized for self-directed services (Mean = 5.3). Similarly, within the all CFC group, consumers authorized for agency-directed services (Mean = 5.8)

¹⁰ A more detailed description of the method and results for these stratified analyses is included in Appendix B.

reported higher *General Health* than did consumers authorized for self-directed services (Mean = 4.9). This latter difference was not found to be significant using a non-parametric test however.

Oldest Consumers (Ages 85+)

ANOVA results indicated significant differences in self-reports among the oldest participants in *Quality of Life* based on their authorized case management type. In the all CFC group, those authorized for AAA case management (Mean = 16.1) reported higher quality of life than did those authorized for HHA case management (Mean = 14.8). This difference across case management type was also found for participants in the high/highest needs group (AAA Mean = 16.3; HHA Mean = 14.3). Two differences in self-reported *General Health* in this oldest consumer group were not supported by follow-up non-parametric tests.

B. Change in Satisfaction with Services, Quality of Life, and Health from 2008 and 2009: Method and Results

We obtained similar principal components results in both the 2008 and 2009 MACRO survey data. In this section we report the results of comparisons of Satisfaction with Services, Quality of Life, and Health between 2008 and 2009 for each of the three CFC participant groups. In addition, given the reliable differences in satisfaction as a function of age group found in the multivariate analysis, we investigated whether the change in satisfaction from 2008 to 2009 differed within consumer age groups. All statistical comparisons across years were conducted using the student's *t*-test for independent samples.

Level of Need and Age Group

Within the all CFC group, consumers in 2009 reported lower Satisfaction with Services (Mean = 28.1) compared to consumers in 2008 (Mean = 28.9). This difference was also statistically significant among high/highest needs group consumers, with consumers in 2009 (Mean = 28.4) reporting lower satisfaction than consumers in 2008 (Mean = 29.4), a change of 5% with respect to the scale range. No differences across years for *Satisfaction with Services* were found with MNG consumers. Stratified analyses within consumer age groups also indicated that the decline in satisfaction from 2008 to 2009 was found among consumers in the youngest (18 – 64) and older (65 – 84) age groups, but not among consumers in the oldest (85+) age group.

Compared to 2008, there were no differences in self-reported *Quality of Life* or *Health* for any of the three consumer groups¹¹.

SUMMARY AND GENERAL DISCUSSION

¹¹ The table of descriptive and inferential statistics for significant difference in satisfaction across years is included in Appendix C.

Principal components analysis enabled us to determine that the 18 survey items related to the evaluation goals represented three distinct components, which we identified as: Satisfaction with Services, Quality of life, and General Health. The items comprising each component were found to be nearly identical in analyses of 2008 and 2009 consumer survey data.

We conducted multivariate analyses of CFC consumer groups to investigate the independent effects of five consumer characteristics (age group, gender, level of need, authorized case management type, and authorized service type) on service satisfaction, quality of life, and general health. Multivariate analyses allow us to investigate the independent contribution of each of the five consumer characteristic variables simultaneously, with each variable controlling for the effect of the others.

Multivariate analyses within each of the three consumer groups ("all CFC", "high/highest needs", and "MNG") revealed significant differences in consumer responses across consumer age groups, paralleling a similar finding reported in Chapter III. In general, older (aged 65 – 84) and oldest consumers (aged 85+) reported significantly higher *Satisfaction with Services*, *Quality of Life*, and *Health* than did the youngest consumers (aged 18 – 64), with the exception of MNG consumers whose satisfaction did not differ by age group. Furthermore, analyses revealed no differences in consumer responses based on the other four consumer characteristics of interest (gender, level of need, authorized case management type, or authorized service type), when controlling for the differences by age group. Secondary analyses, stratified within each consumer age group, allowed the emergence of several consumer responses that differed by authorized service type (among consumers aged 64 – 85 years), and by gender and authorized case management (among consumers aged 85 and over). No differences based on gender, level of need, authorized case management type or authorized service type emerged among the youngest consumers (aged 18 to 64 years).

In comparing reports of *Satisfaction with Services*, *Quality of Life*, and *Health* between 2008 and 2009, we found significantly lower reports of *Satisfaction with Services* (but not *Quality of Life* or *Health*) among all CFC consumers, and high or highest needs consumers in 2009 compared to 2008. We did not find cross-year differences among MNG consumers as a group. This difference in satisfaction with services between 2008 and 2009 had not been apparent in the bivariate analyses of CFC satisfaction as reported in Chapter II, with the exception of two survey items specific to CFC services in which consumers had reported lower ratings in 2009 compared with 2008¹². At the same time, we did not observe any significant change in quality of life reports or general health reports between these two years. These two indicators are particularly critical indicators of the continued well being of CFC consumers.

Generally, CFC consumers' self-reports of *satisfaction with services*, *quality of life*, and *health* differed only with respect to their age group differences, with consumers over age 65 reporting higher service satisfaction, quality of life, and health than consumer 65 and under.

¹² The items "satisfaction with quality of CFC services", and CFC services provided "when and where needed".

With respect to the 2009 survey of CFC participants generally (Chapters II – IV), the improvement on multiple indicators of service satisfaction and quality of life between 2002 and 2009, among participants at nursing facility level of care, suggest that the implementation of CFC represented a change in service delivery that contributed to enhanced participant experiences and outcomes. Particularly promising is a 10% improvement in satisfaction with one's social life and connection with the community, which had the lowest endorsement among all quality of life indicators in 2002.

Given the slight but significant decline between 2009 and 2008 in service satisfaction found in the multivariate analyses, DAIL may want to repeat this analyses with 2010 data to discern whether there is a pattern in decline or whether the decline was specific to only the period between 2008 and 2009. Regardless, the relatively high satisfaction level (Mean was 28.1 in 2009) for all CFC participants and the stability of quality of life and general health across the two years temper our concern for the slight decline that was found.

Finally, with respect to the effect of age group on desired outcomes, it is possible that these age-related effects on service satisfaction, quality of life, and general health may in part reflect or relate to a well-documented relationship between age and self-reported well-being in the general population. While studies have generally not included populations above age 85, and have not specifically investigated populations with long-term support needs, there is a well-documented relationship between age and self-reported well-being (including both psychological and global appraisals). Reports of well-being decline from early adulthood and reach a minimum at approximately age 50; after that they tend to increase over the remaining life span (Stone, Schwartz, Broderick & Deaton, 2010; Blanchflower & Oswald, 2008). Such effects have been persistent even after controlling for likely covariates, and taking account of possible cohort effects. Our findings would certainly be consistent with such documented population level effects of age on self-reported well-being, particularly since those self-reported items most closely related to general well-being (i.e., health and quality of life) showed stronger effects of age group than did reports related to CFC services (e.g., satisfaction with service quality). Age differences may also reflect differences in the *expectations* of participants at different points in their lives, or across generations. Younger participants may have very different expectations with respect to their goals and objectives and the extent to which support systems are meeting those expectations.

Although age cannot be manipulated, this age-related finding might trigger a dialogue within DAIL and among community stakeholders about whether it is possible for CFC services, which serve a wide range of age groups--to be more tailored to younger participants. Although service satisfaction was still high among younger participants, do these participants emphasize social, educational, or employment outcomes more so than their older counterparts? To what degree might such a difference in emphasis contribute to their experiences with CFC, which focuses more on meeting needs related to activities of daily living? Another question may be whether existing HCBS, ERC, and nursing facility providers or staff may be better trained in delivering services to older individuals? Given that eligible participants in CFC may be 18 or 81, whose

goals and needs may be very diverse, Flexible Choices may hold much promise in meeting such needs and goals, because it puts a great deal of flexibility in the hands of consumers.

APPENDIX A. SATISFACTION WITH SPECIFIC SERVICE PROGRAMS

The 2009 survey additionally asked consumers or their surrogates to respond to five items specific to the individual programs or services they received (adult day services, homemaker services, attendant services, or home-delivered meals services). The items asked about the following:

1. Satisfaction with Quality of Services Received
2. Degree to which Services Meet Consumer Needs
3. Respectfulness and Courtesy of Service Program Caregivers
4. Know Who to Contact if Have a Complaint or Need More Help
5. Program Provides Services When and Where Needed

For each of these items, we report the percentage of respondents who respond with "Always" or "Almost Always" (additional item response options include "Sometimes", "Seldom", and "Never").

In this section we summarize the five questions asked of participants in the four additional service programs for 2009, and in comparison to 2008 and (where possible) 2002.

A. SATISFACTION OF VERMONTERS USING ADULT DAY SERVICES PROGRAM

In 2009, completed surveys were obtained from 94 consumers participating in the adult day services program.

1. SATISFACTION WITH QUALITY OF SERVICES

In 2009, 94% of respondents indicated being "always" or "almost always" satisfied with the quality of adult day services. This was not a significantly different percentage of consumers surveyed in 2002 (91%) or 2008 (96%).

2. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

In 2009, 93% of respondents indicated being "always" or "almost always" satisfied with the degree to which adult day services meet their needs. This was not a significantly different percentage of consumers surveyed in 2002 (91%) or 2008 (96%).

3. RESPECTFULNESS AND COURTESY OF SERVICE PROGRAM CAREGIVERS

In 2009, 99% of respondents indicated being "always" or "almost always" satisfied with the respectfulness and courtesy of adult day caregivers. This was not a significantly different percentage of consumers surveyed in 2002 (97%) or 2008 (96%).

4. KNOW WHO TO CONTACT IF HAVE A COMPLAINT OR NEED MORE HELP

In 2009, 93% of respondents indicated being “always” or “almost always” satisfied with knowing who to contact if they have a complaint or need help with adult day services. This was not a significantly different percentage of consumers surveyed in 2002 (89%) or 2008 (93%).

5. PROGRAM PROVIDES SERVICES WHEN AND WHERE NEEDED

In 2009, 95% of respondents indicated being “always” or “almost always” satisfied with when and where adult day services are provided. This was not a significantly different percentage of consumers surveyed in 2002 (93%) or 2008 (95%).

In summary, survey responses of consumers or their surrogates who responded to five items asking them to evaluate the adult day services they received were generally high, ranging from 93% (“services meet needs”; “know who to contact”) to 99% (“respectfulness and courtesy”), and did not differ from evaluations obtained from adult day services respondents surveyed in 2002 and 2008.

Results are summarized below and displayed in Figures 41 – 46.

Figure 41. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” to Adult Day Satisfaction Measures

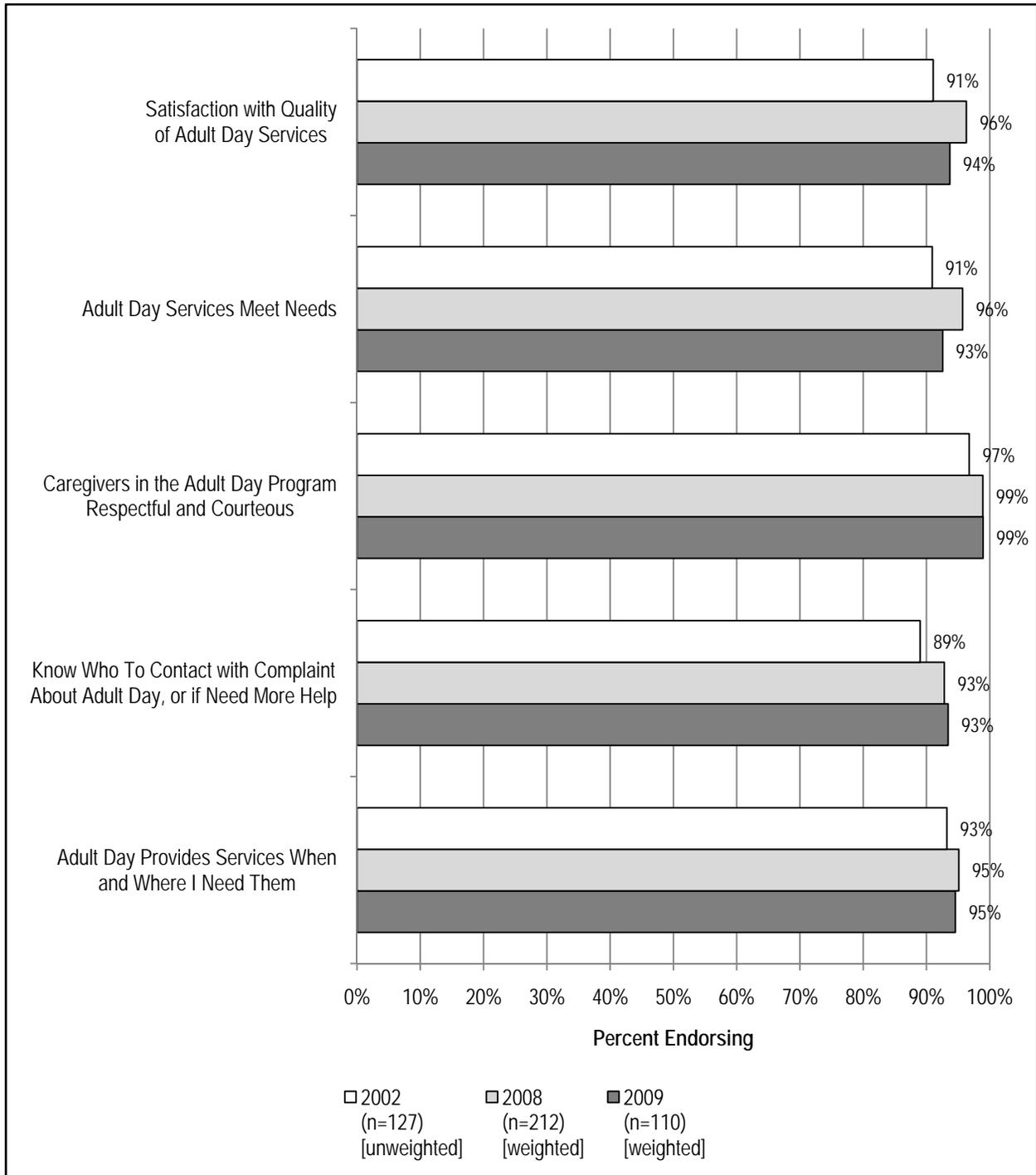
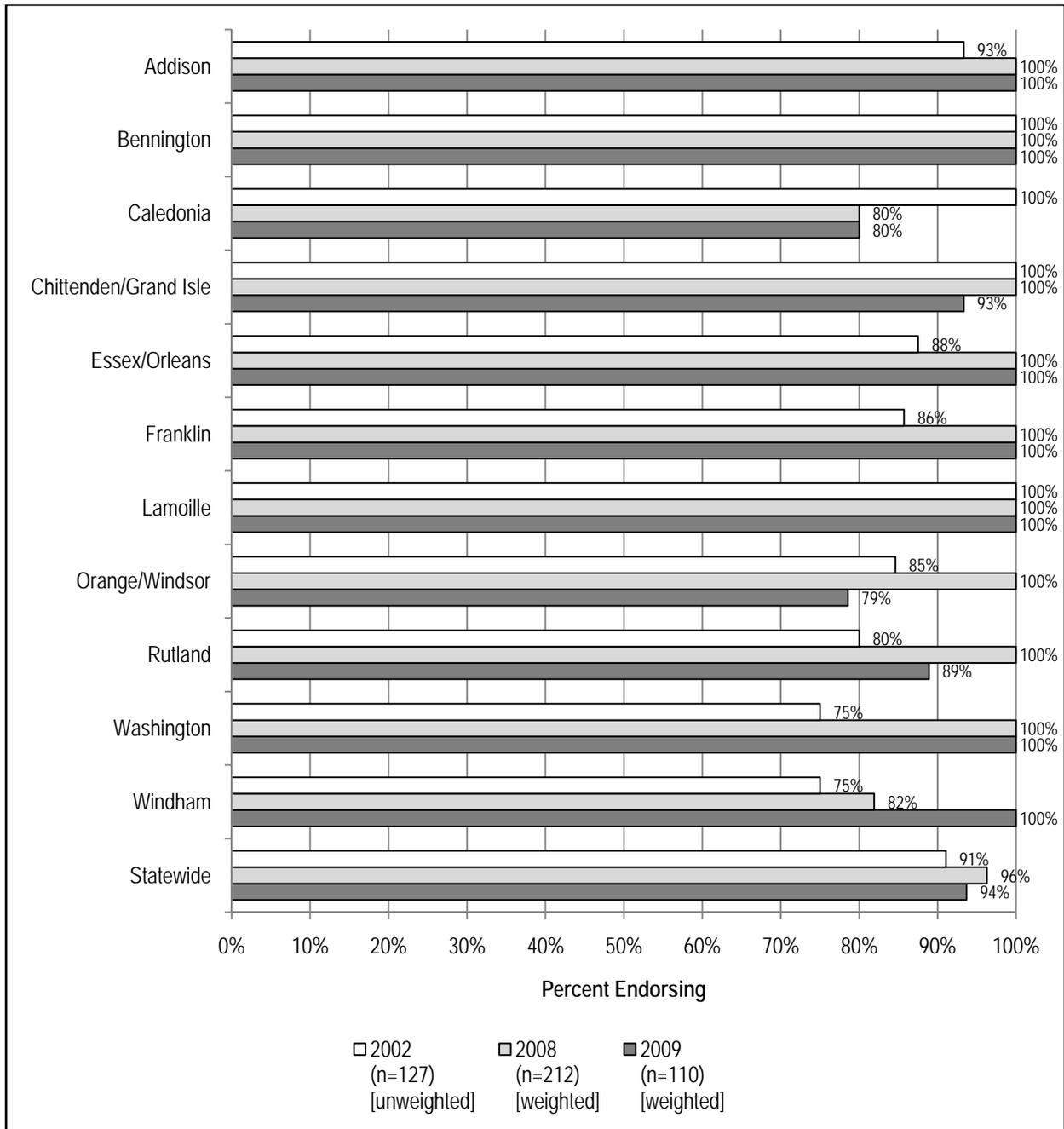
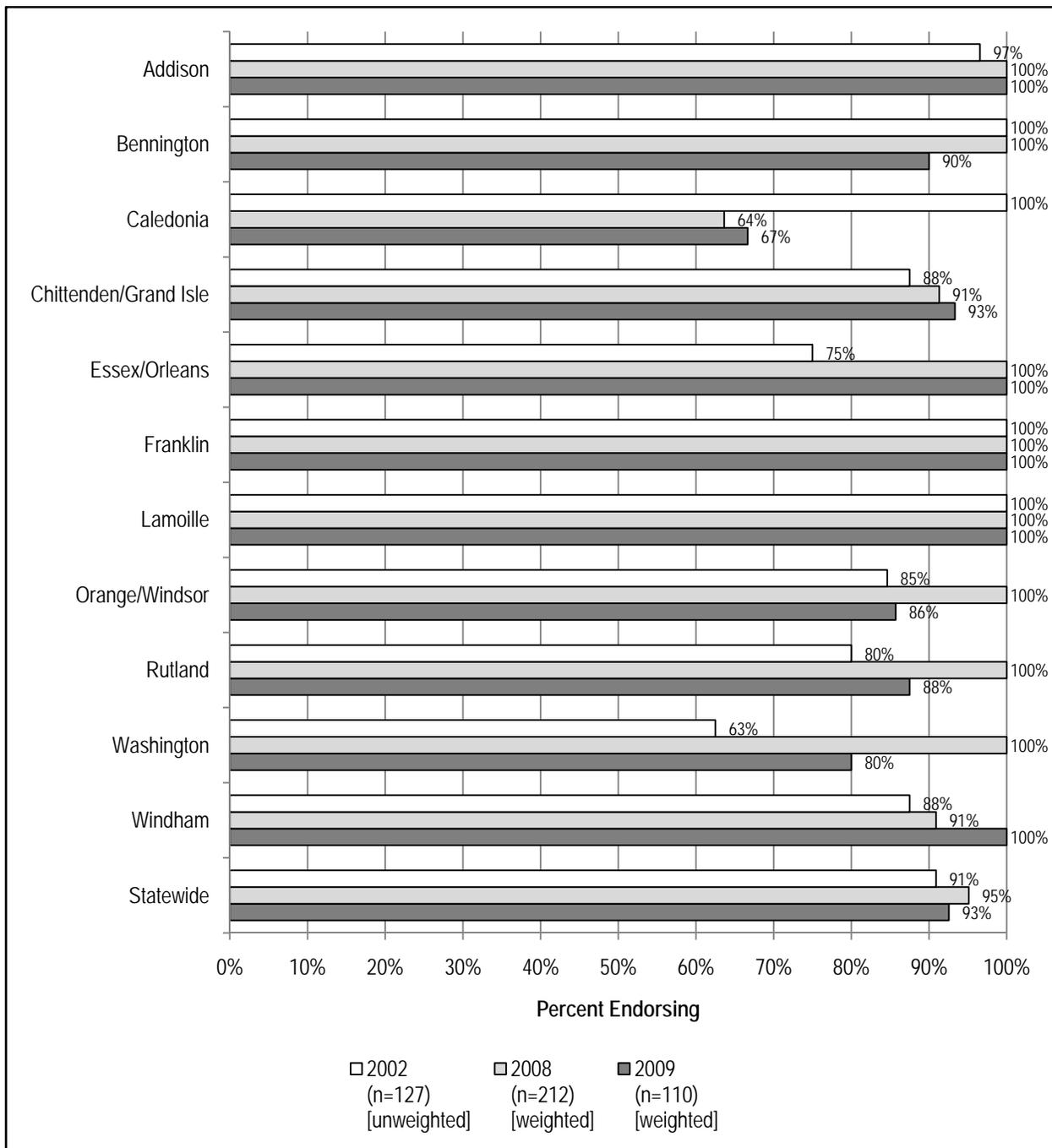


Figure 42. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” with Satisfaction with Quality of Services



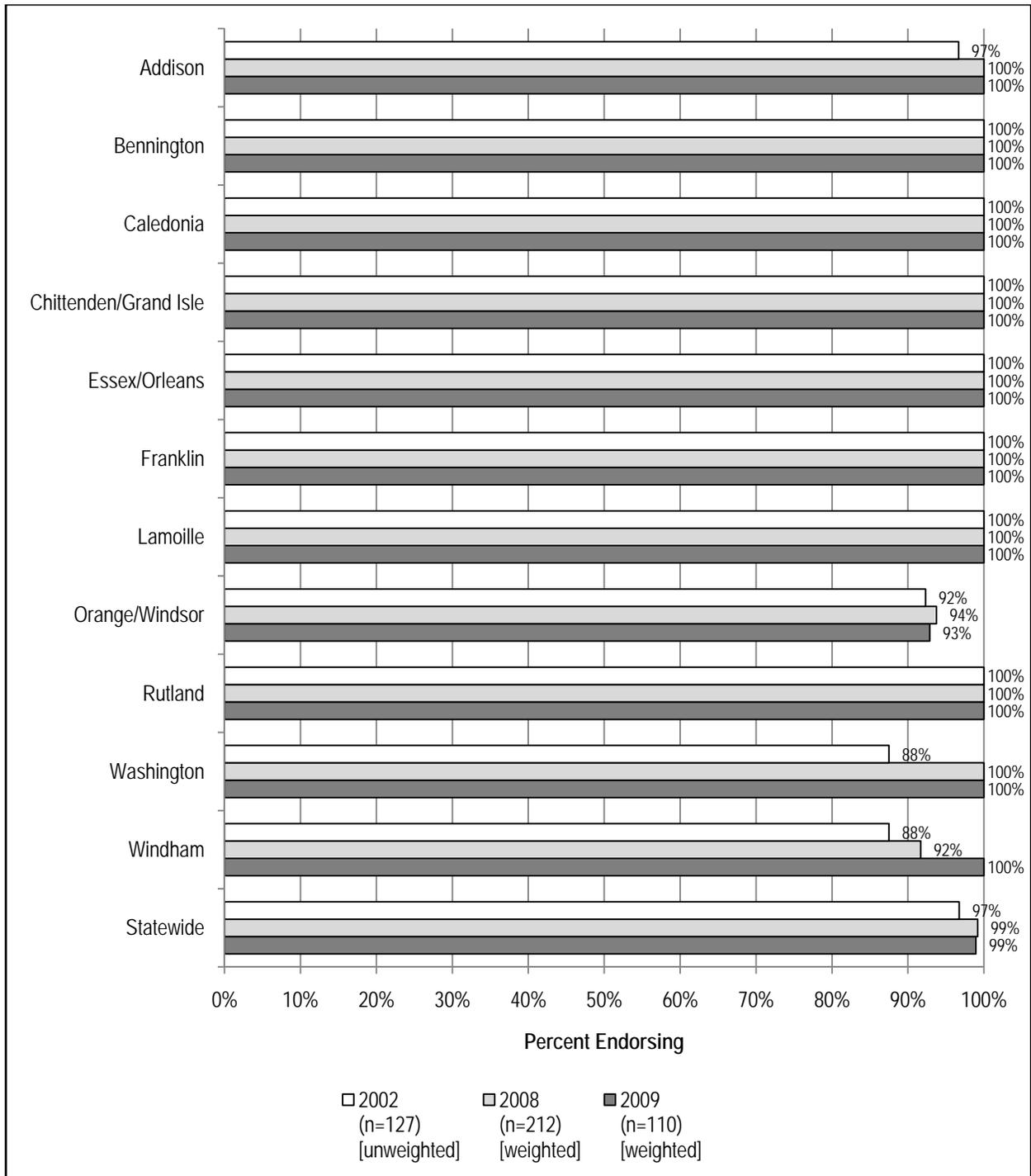
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 43. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” to Degree to Which Services Meet Needs



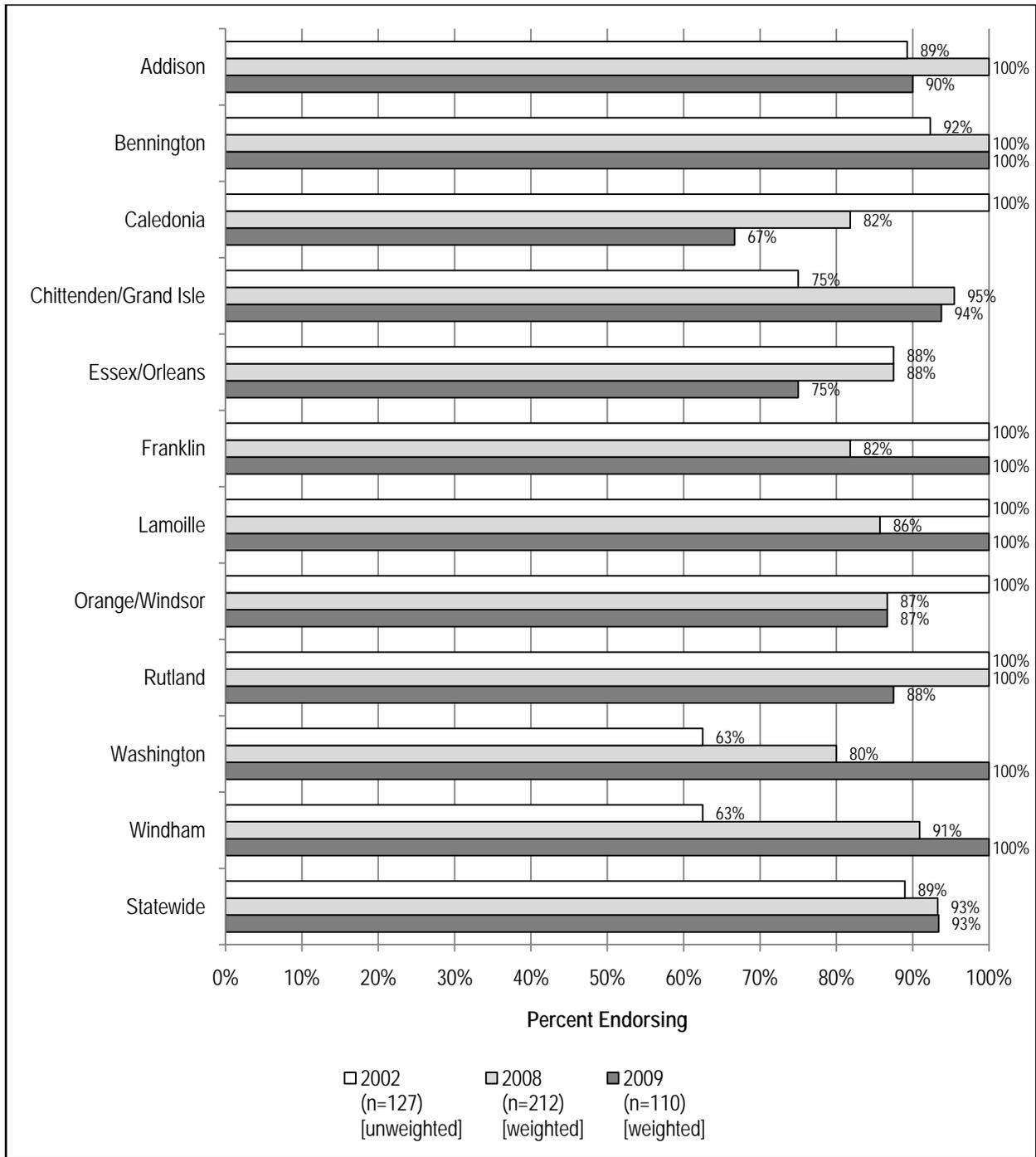
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 44. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” to Respectfulness and Courtesy of Caregivers



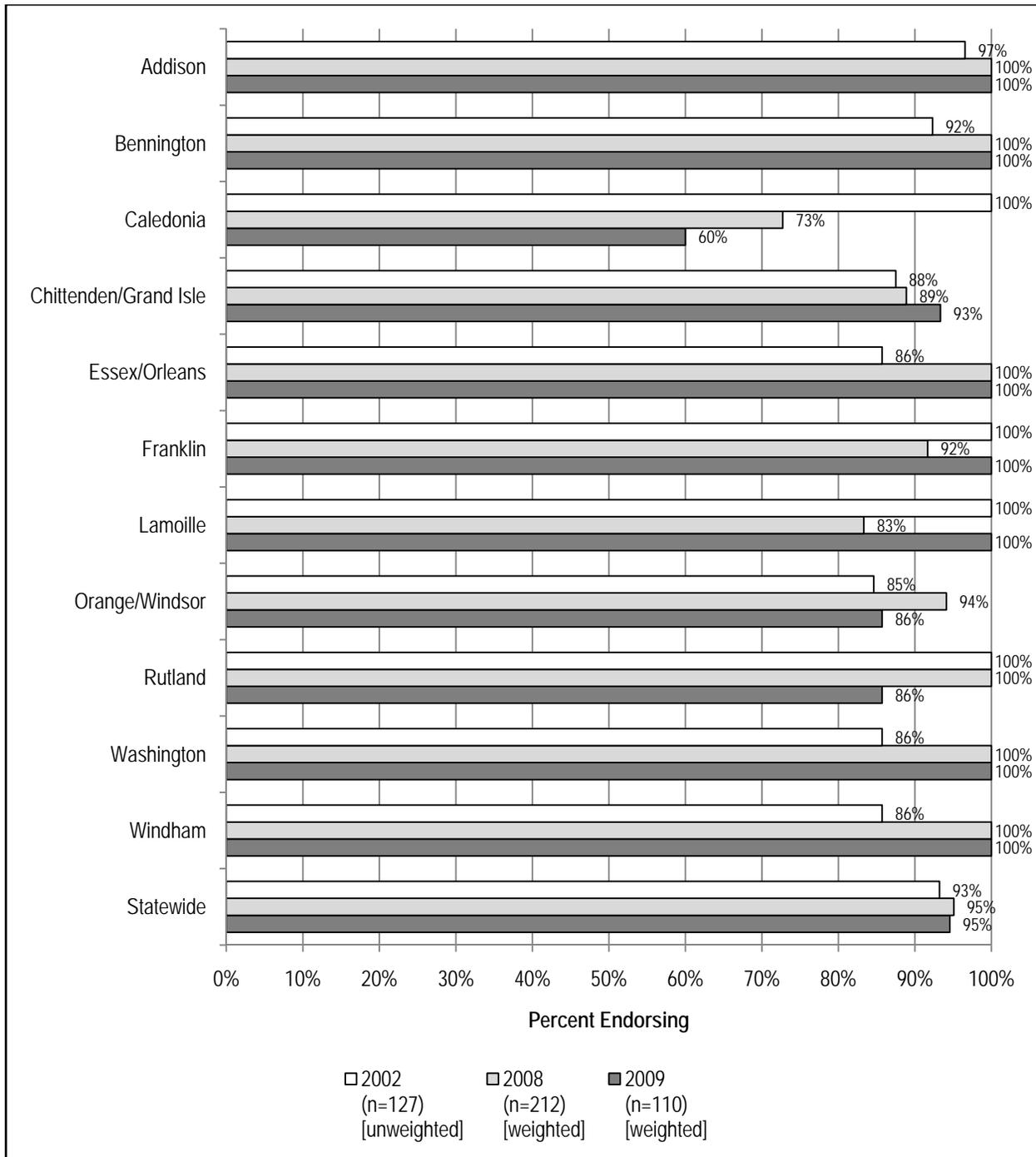
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 45. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” to Knowledge of Whom to Contact With Complaints or Requests



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 46. Percentage of Adult Day Services Consumers Responding “Always” or “Almost Always” to Services Provided When and Where Needed



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

B. SATISFACTION OF VERMONTERS USING HOMEMAKER SERVICES PROGRAM

In 2009, completed surveys were obtained from 301 consumers participating in the homemaker services program.

1. SATISFACTION WITH QUALITY OF SERVICES

In 2009, 89% of respondents indicated being “always” or “almost always” satisfied with the quality of homemaker services. This was not a significantly different percentage of consumers surveyed in 2002 (88%) or in 2008 (87%).

2. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

In 2009, 88% of respondents indicated being “always” or “almost always” satisfied with the degree to which homemaker services meet their needs. This was not a significantly different percentage of consumers surveyed in 2002 (87%) or 2008 (85%).

3. RESPECTFULNESS AND COURTESY OF SERVICE PROGRAM CAREGIVERS

In 2009, 97% of respondents indicated being “always” or “almost always” satisfied with the respectfulness and courtesy of homemaker caregivers. This was not a significantly different percentage of consumers surveyed in 2002 (97%) or 2008 (97%).

4. KNOW WHO TO CONTACT IF HAVE A COMPLAINT OR NEED MORE HELP

In 2009, 93% of respondents indicated being “always” or “almost always” satisfied with knowing who to contact with a complaint or if they need more help with homemaker services. This was not a significantly different percentage of consumers surveyed in 2002 (92%) or 2008 (90%).

5. PROGRAM PROVIDES SERVICES WHEN AND WHERE NEEDED

In 2009, 90% of respondents indicated being “always” or “almost always” satisfied with when and where homemaker services are provided. This was not a significantly different percentage of consumers surveyed in 2002 (88%) or 2008 (91%).

In summary, survey responses of consumers or their surrogates who responded to five items asking them to evaluate specific aspects of the homemaker services they received were generally high, ranging from 85% (“services meet needs”) to 97% (“respectfulness and courtesy”) and did not differ from similar evaluations obtained in 2002 and 2008.

Results above are displayed in Figures 47 – 52.

Figure 47. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Homemaker Satisfaction Measures

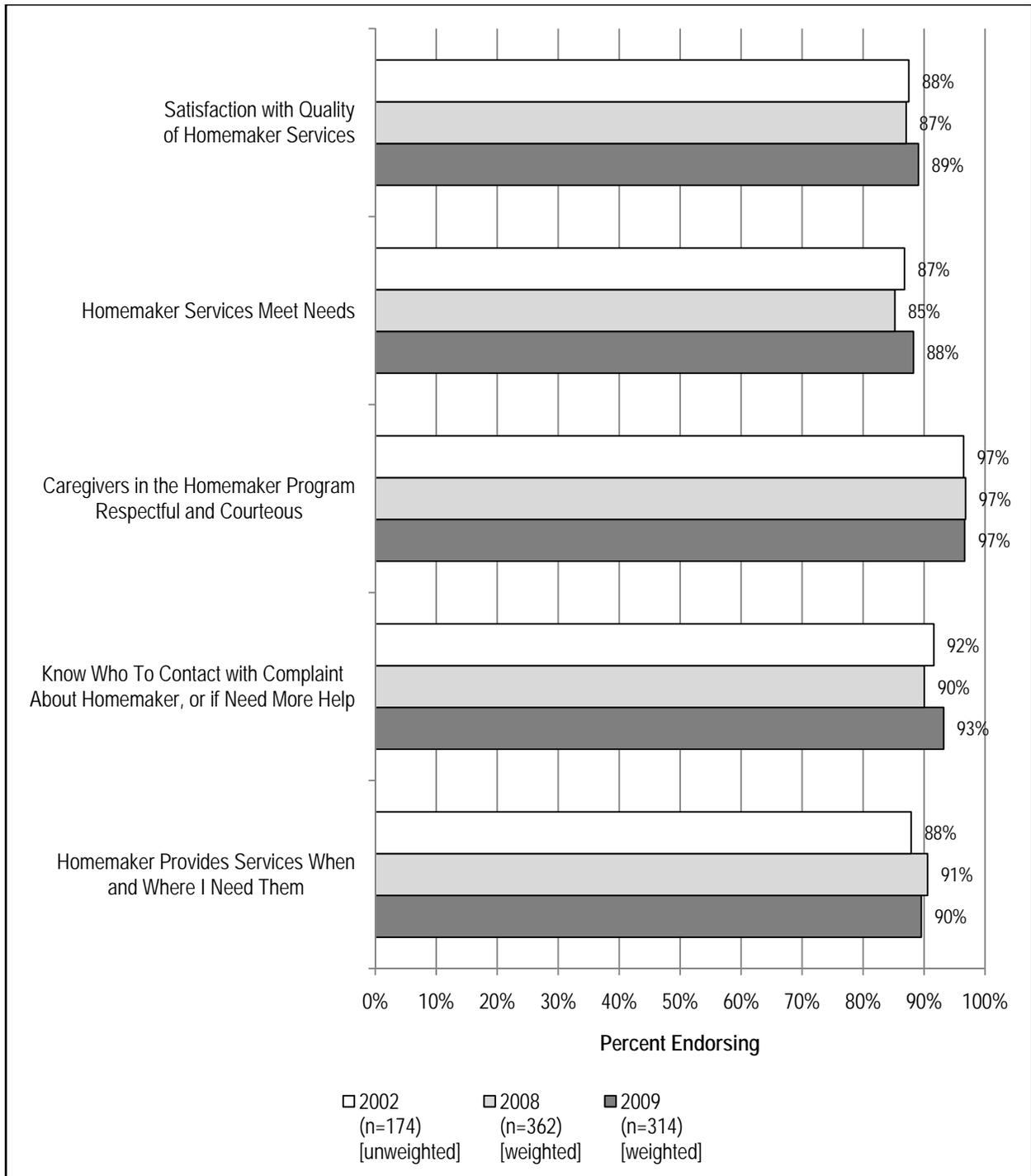
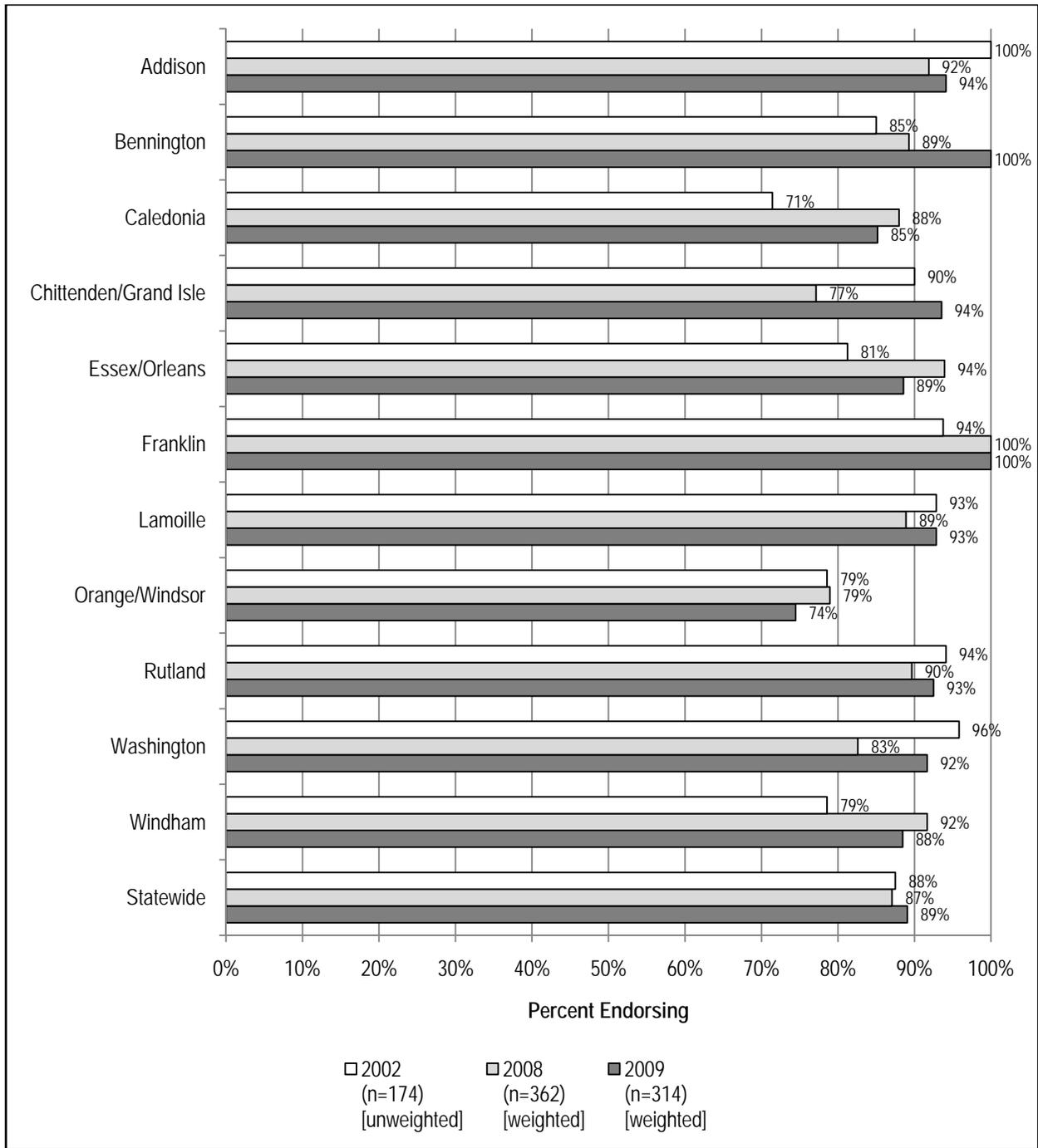
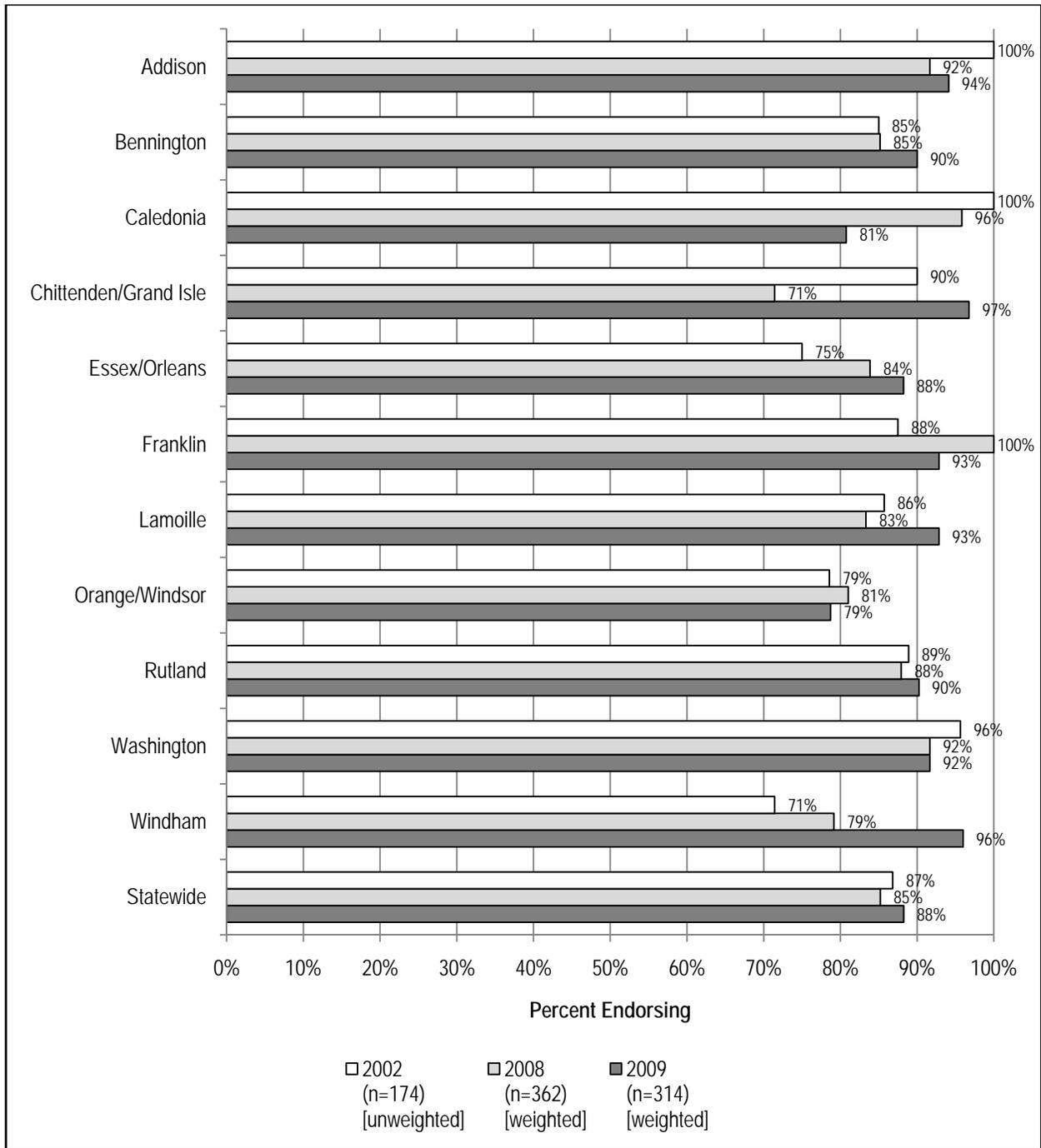


Figure 48. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Satisfaction with Quality of Services



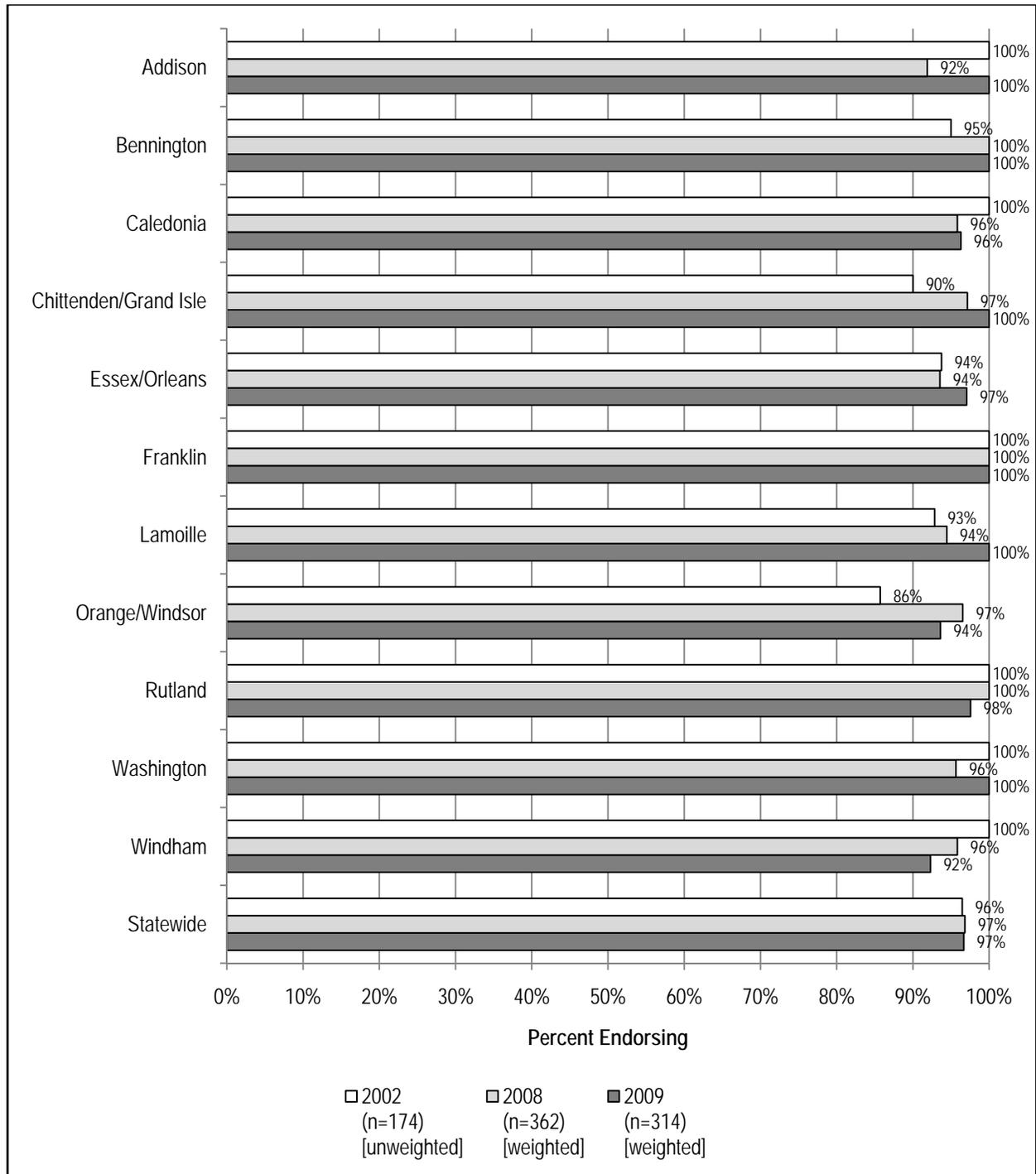
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 49. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Degree to Which Services Meet Needs



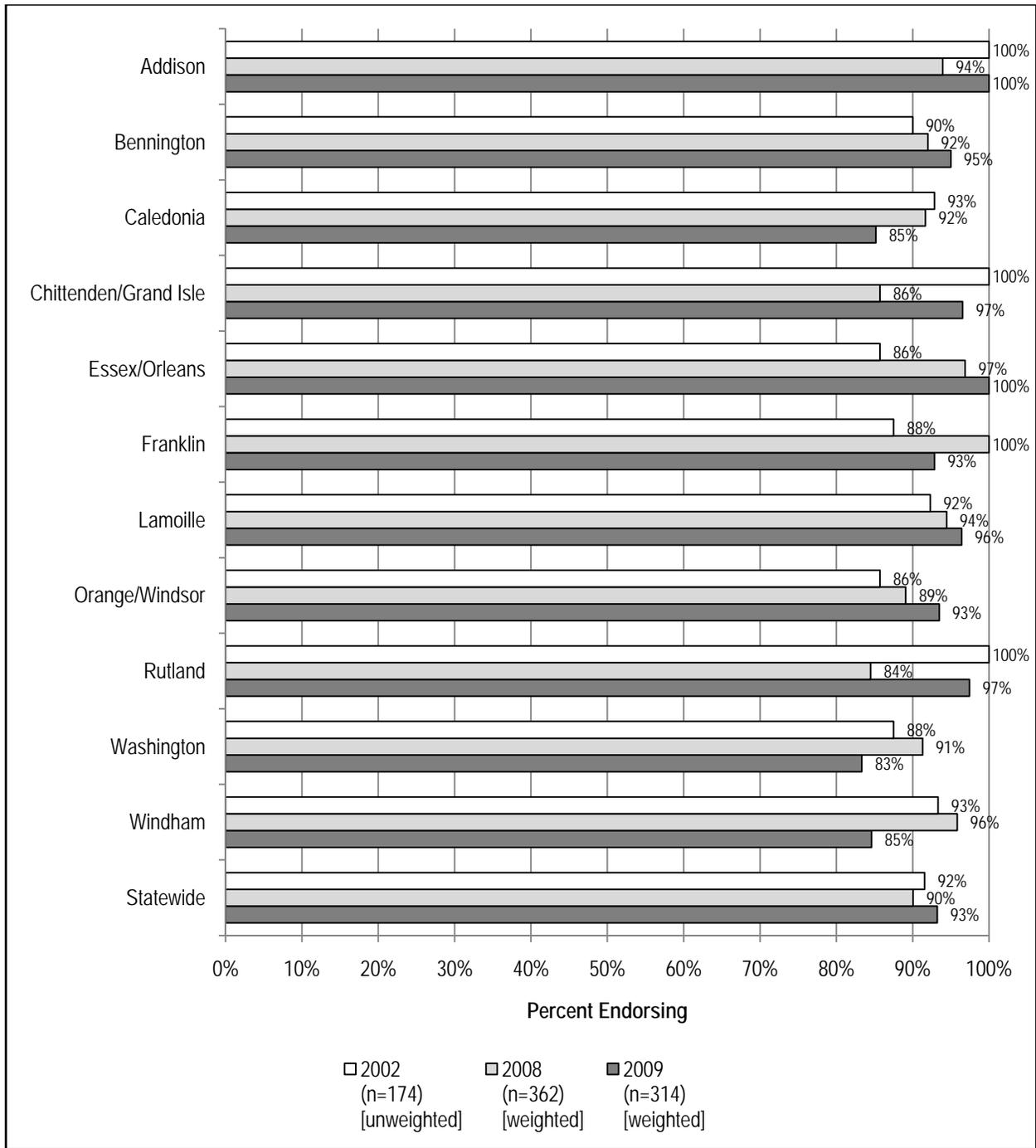
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 50. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Respectfulness and Courtesy of Caregivers



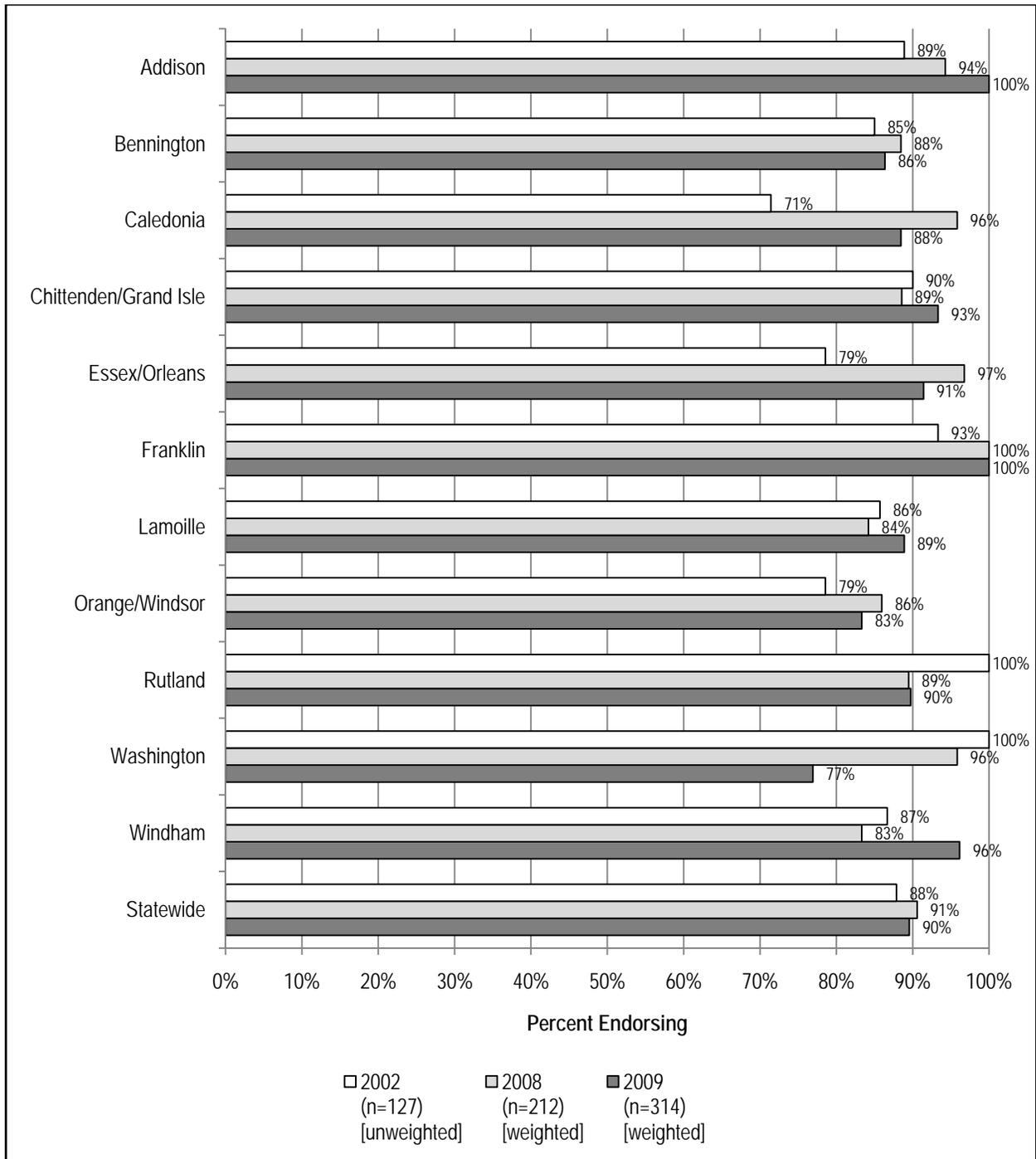
Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 51. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Knowledge of Whom to Contact with Complaints or Requests



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

Figure 52. Percentage of Homemaker Services Consumers Responding “Always” or “Almost Always” to Services Provided When and Where Needed



Note: Comparisons across regions and cross-year comparisons within regions not conducted due to small samples. Apparent differences should not be interpreted as statistically significant differences.

C. SATISFACTION OF VERMONTERS USING ATTENDANT SERVICES PROGRAM

In 2009, completed surveys were obtained from 85 consumers participating in the attendant services program.

1. SATISFACTION WITH QUALITY OF SERVICES

In 2009, 96% of respondents indicated being “always” or “almost always” satisfied with the quality of attendant services. This was not a significantly different percentage of consumers surveyed in 2002 (89%) or 2008 (96%).

2. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

In 2009, 90% of respondents indicated being “always” or “almost always” satisfied with the degree to which attendant services meet their needs. This was not a significantly different percentage of consumers surveyed in 2002 (87%) or 2008 (85%).

3. RESPECTFULNESS AND COURTESY OF SERVICE PROGRAM CAREGIVERS

In 2009, 97% of respondents indicated being “always” or “almost always” satisfied with the respectfulness and courtesy of attendant services providers. This was not a significantly different percentage of consumers surveyed in 2002 (92%) or 2008 (91%).

4. KNOW WHO TO CONTACT IF HAVE A COMPLAINT OR NEED MORE HELP

In 2009, 93% of respondents indicated being “always” or “almost always” satisfied with knowing who to contact if they have a complaint or need more help with Attendant services. This was not a significantly different percentage of consumers surveyed in 2002 (92%) or 2008 (91%).

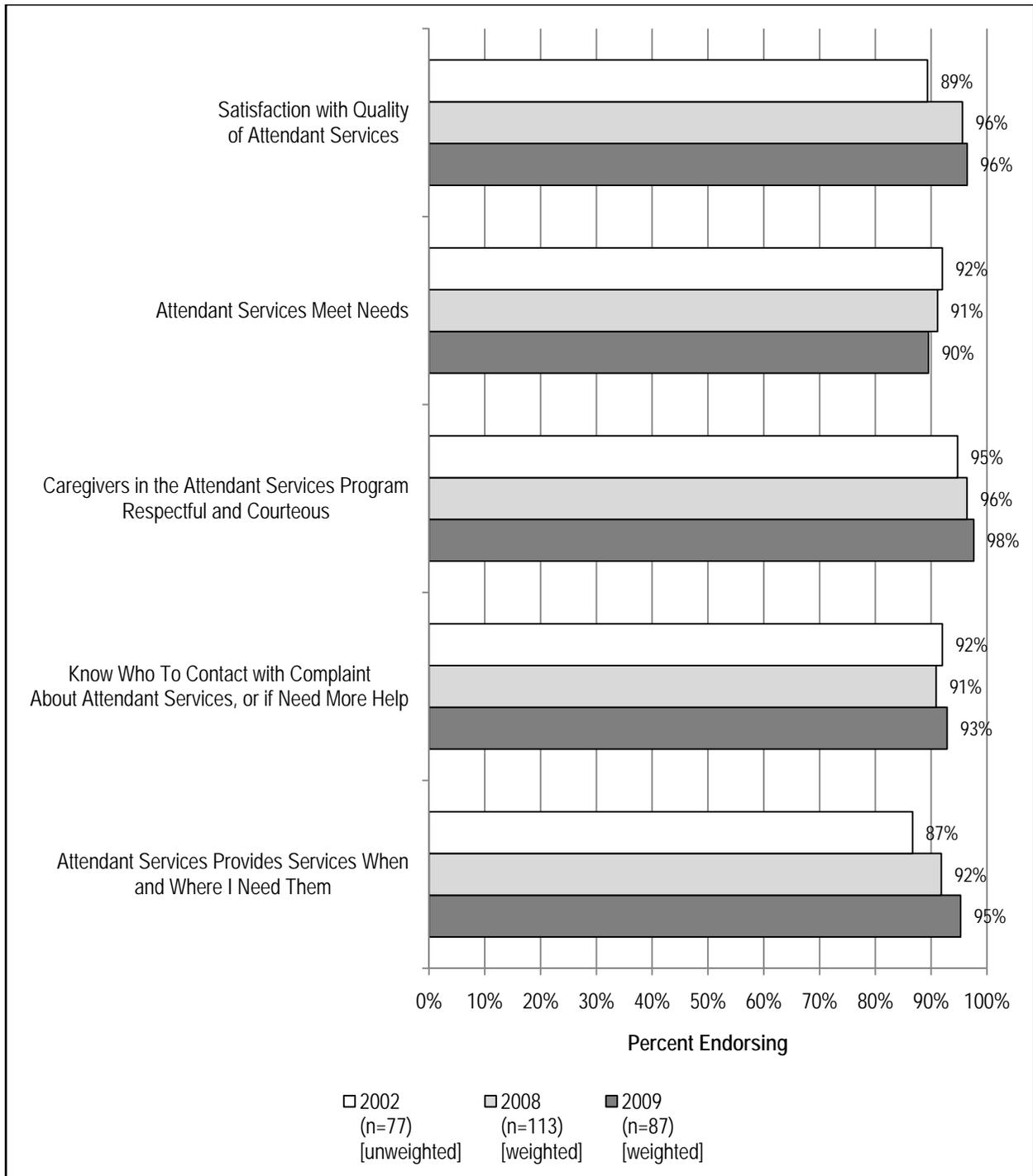
5. PROGRAM PROVIDES SERVICES WHEN AND WHERE NEEDED

In 2009, 95% of respondents indicated being “always” or “almost always” satisfied with the degree to which attendant services provides services when and where they are needed. This was not a significantly different percentage of consumers surveyed in 2002 (87%) or 2008 (92%).

In summary, survey responses of consumers or their surrogates who responded to five items asking them to evaluate the attendant services they received were generally high, and did not differ from evaluations obtained in 2002 and 2008.

Results above are displayed in Figure 53.

Figure 53. Percentage of Attendant Services Program Consumers Responding “Always” or “Almost Always” to Attendant Services Satisfaction Measures



D. SATISFACTION OF VERMONTERS USING HOME-DELIVERED MEALS (HDM) SERVICE PROGRAM

In 2009, as in previous comparison years, the CSS included a set of questions specific to consumers served by the home-delivered meals (HDM) program. These questions provided information about the number of consumers participating in the program, the number of meals received per week, the suitability of the meals for persons with special dietary needs due to health, satisfaction with the food and other service elements, and participation in other food assistance programs.

Items asking about the quality of the food and other service elements were evaluated on a five-point scale: "always", "almost always", "sometimes", "seldom", and "never".

1. HDM PARTICIPATION AND PROGRAM SPECIFIC QUESTIONS

In 2009, 280 consumers identified as being in the HDM service program were surveyed. Of these, 149 respondents (53%) indicated currently receiving meals, and 100 respondents not currently receiving meals through the program did so in the past. Our analysis indicated that the percentage of respondents indicating they were currently receiving meals through the HDM program in 2009 was significantly lower from 2002 (66%), although not significantly different from that reported in 2008 (60%). As in 2008, all respondents who indicated not currently receiving HDM indicated having received them in the past. Primary reasons cited for no longer receiving HDM were "Didn't like the food" or some "Other Reason"¹³.

Respondents reported receiving between 1 and 14 meals per week. Most commonly, respondents reported receiving 5 meals per week (47%); this did not differ from 2002 or 2008. A total of 42% of consumers reported having a health condition affecting which foods they had been advised to eat. Of these, 40% of respondents indicated that the meals "always" or "almost always" met their special dietary needs.

2. SATISFACTION WITH HDM PROGRAM AND VALUE TO THE CONSUMER

Overall, satisfaction with HDM services tended to decline in 2009. Only 82% of respondents indicated that "the hot food [was] hot", compared to 92% in 2002. Likewise, only 79% of respondents indicated that the "meals provide[d] a variety", compared to 88% in 2002 and 87% in 2008. In 2009, only 64% of respondents indicated that "the food taste[d] good", compared with 76% in 2002 and 78% in 2008. Additionally, only 71% of respondents indicated that the "food look[ed] good" in 2009, which was significantly lower than the 80% agreeing to this item in 2008, and the 79% in 2002. On one item ("the cold food is cold") a higher percentage of consumers in 2009 (89%) agreed, compared to 2002 (79%).

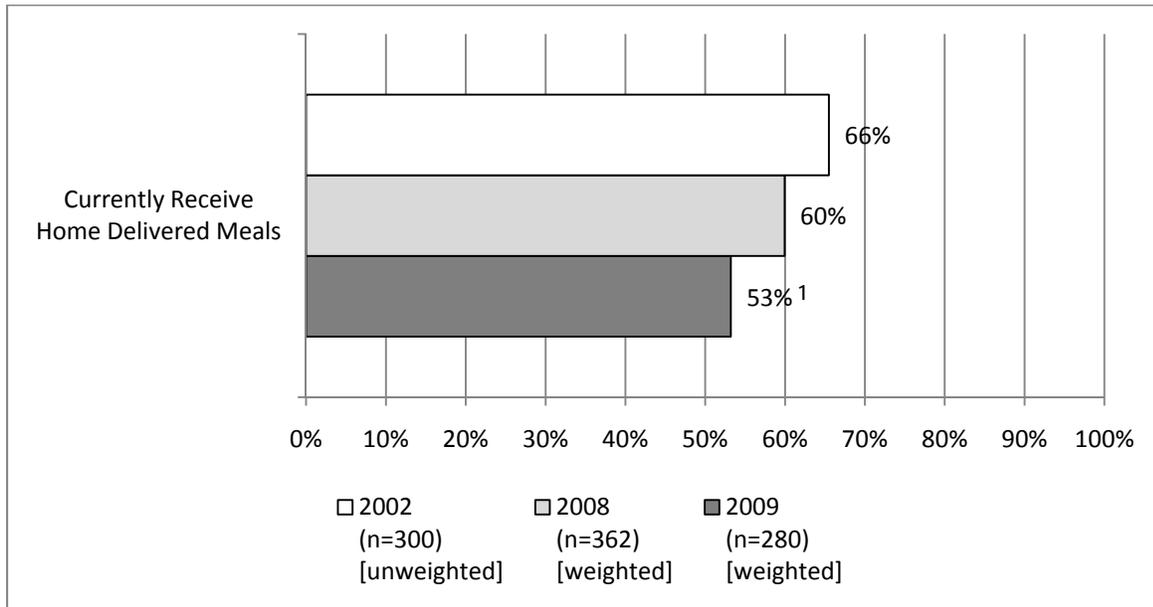
In 2009, 87% of respondents indicated that the home delivered meals they receive have improved their life "a lot" or "somewhat", which was slightly lower (although not significantly so) from the 91% and 89% of consumers with similar ratings in 2008 and 2002 respectively. There was no significant difference between the responses in 2009 and prior years in the percentage of respondents indicating that "the meal [was] on time" or "I [ate] the food".

¹³ Among consumers citing some "other" reason, 51% indicated no longer needing the meals and 15% indicated having some other source for the meals.

3. PARTICIPATION IN OTHER FOOD ASSISTANCE PROGRAMS

In 2009, participation in the Food Stamps program was most frequently reported by respondents, with 69% indicating they were currently participating. This percentage was significantly higher than the 42% who reported participating in 2002, and the 58% reporting participation in 2008. A substantial minority of participants (43%) reported participating in the Commodity Supplemental Food Program (CSFP), and this number was not significantly different from those reported in 2002 (46%) and 2008 (39%). Results are summarized below and displayed in Figures 54-62.

Figure 54. Percentage of Respondents Responding “Yes” to Currently Home Delivered Meals



¹Indicates statistical difference from 2002

Figure 55. Percentage of Respondents Currently Not Receiving Home Delivered Meals Indicating Having Received Home Delivered Meals in the Past

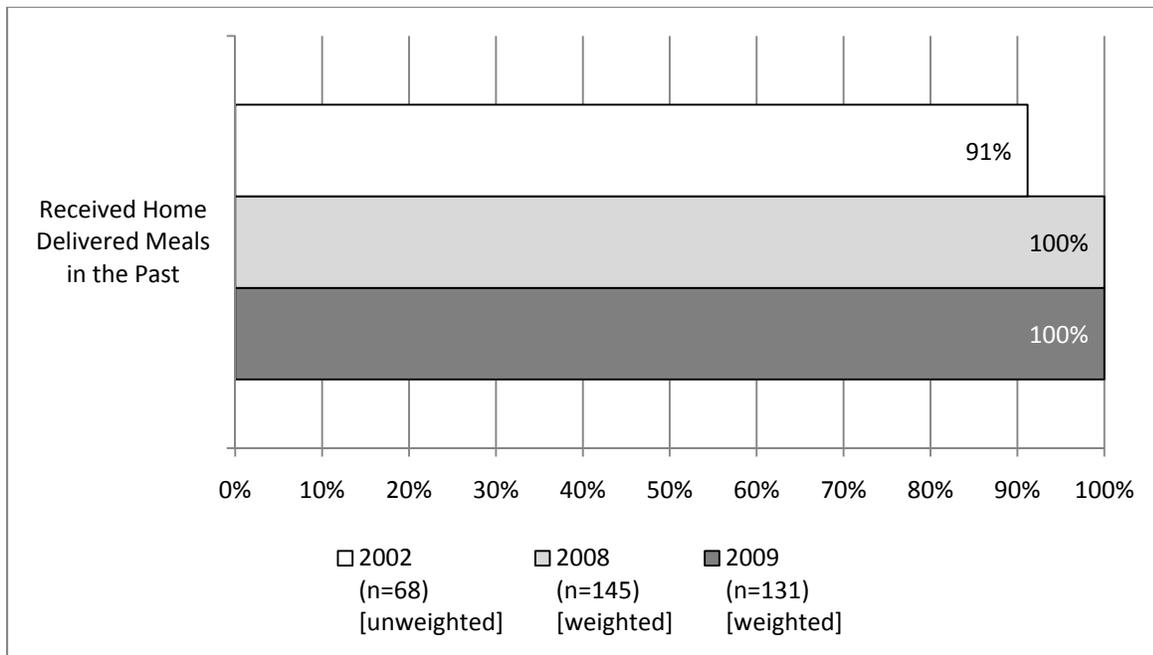
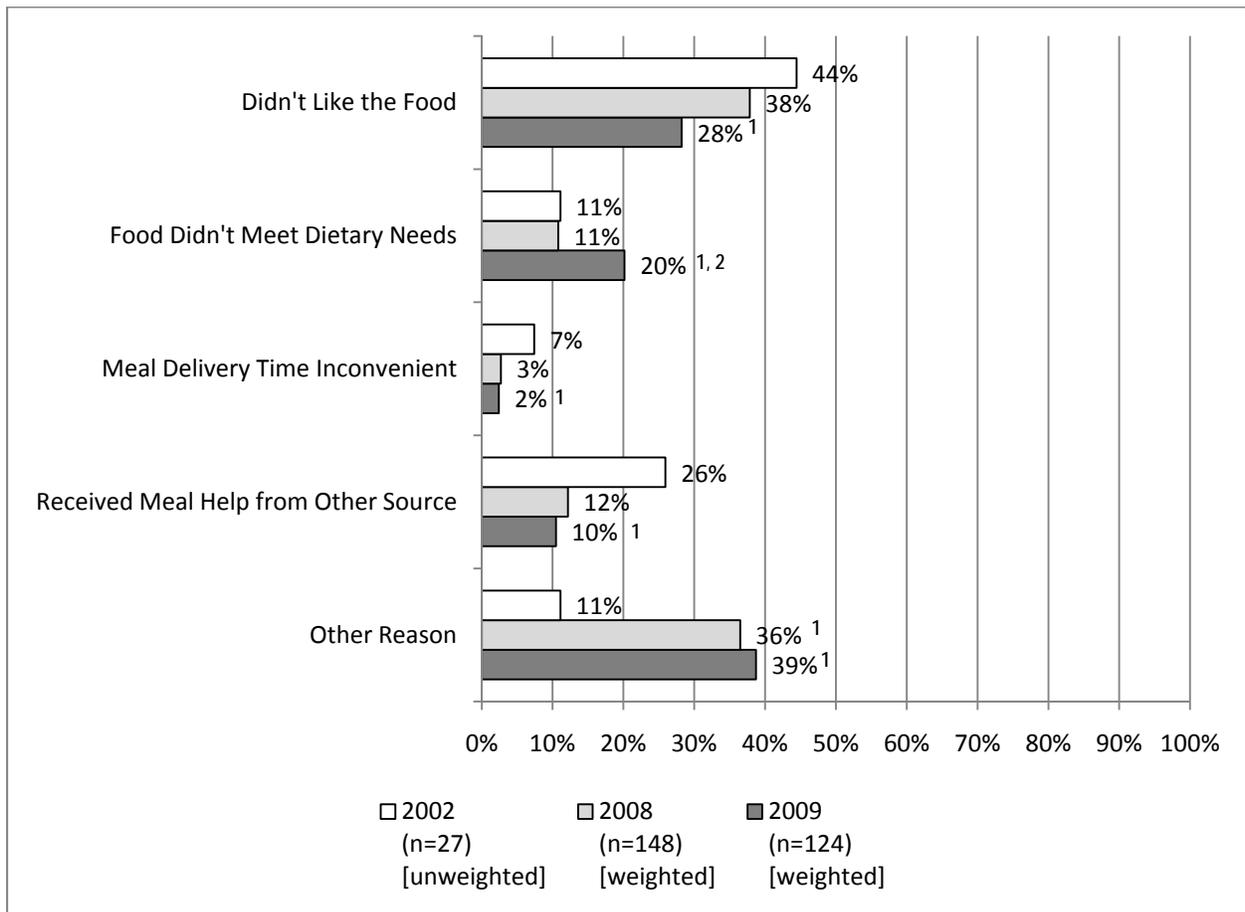


Figure 56. Reasons Cited for Why No Longer Receiving Home Delivered Meals

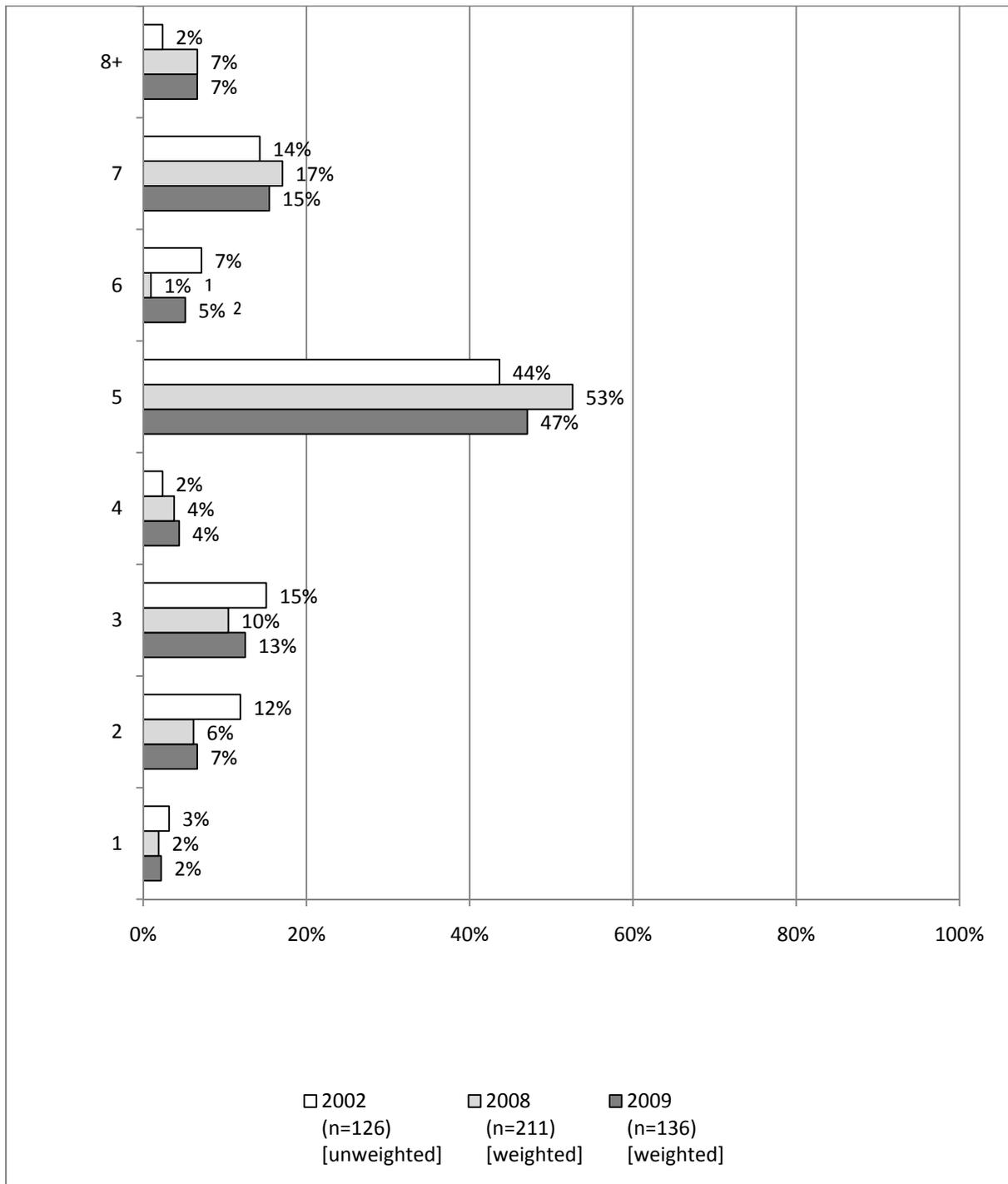


¹Indicates statistical difference from 2002

²Indicates statistical difference from 2002

Note: Small cell sizes in 2002 data for “Food Didn’t Meet Dietary Needs”, “Meal Delivery Time Inconvenient”, and “Other Reason”, interpret with caution.

Figure 57. Number of Home Delivered Meals Received Per Week



¹Indicates statistical difference from 2002

²Indicates statistical difference from 2008

Note: There were small cell sizes in the number of respondents reporting receiving 6 meals per week. Interpret with caution.

Figure 58. Percentage of Respondents Reporting Any Health Condition Affecting Which Foods They Have Been Advised to Eat

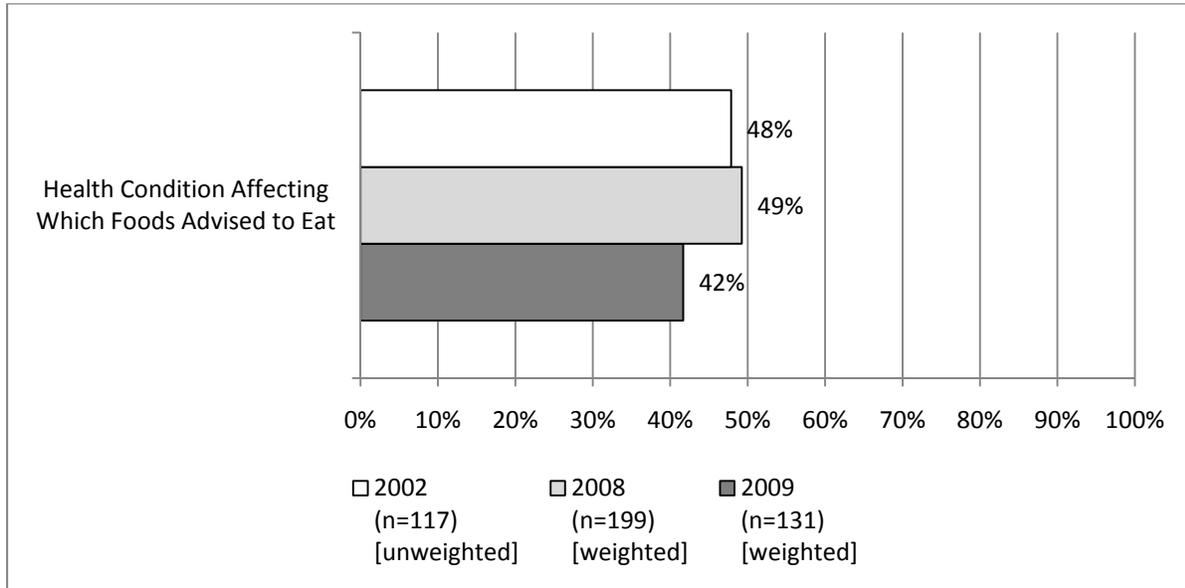


Figure 59. Percentage of Respondents Reporting HDM Foods “Always” or “Almost Always” Meet Specific Dietary Needs, Among Respondents Reporting Any Health Condition Affecting Which Foods They Have Been Advised to Eat.

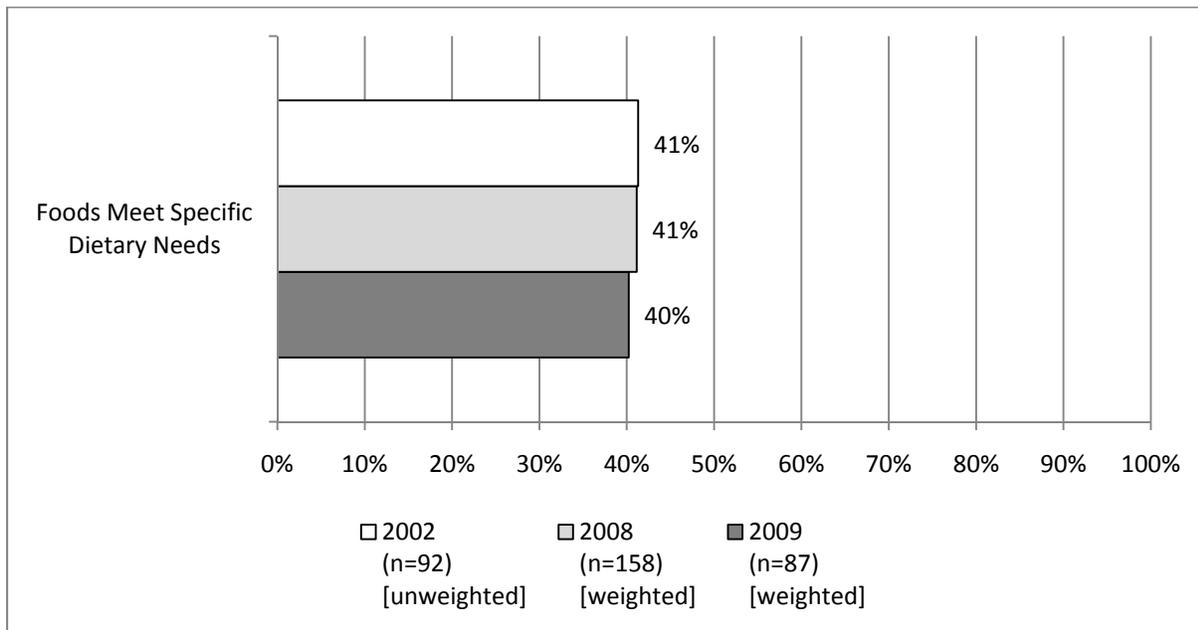
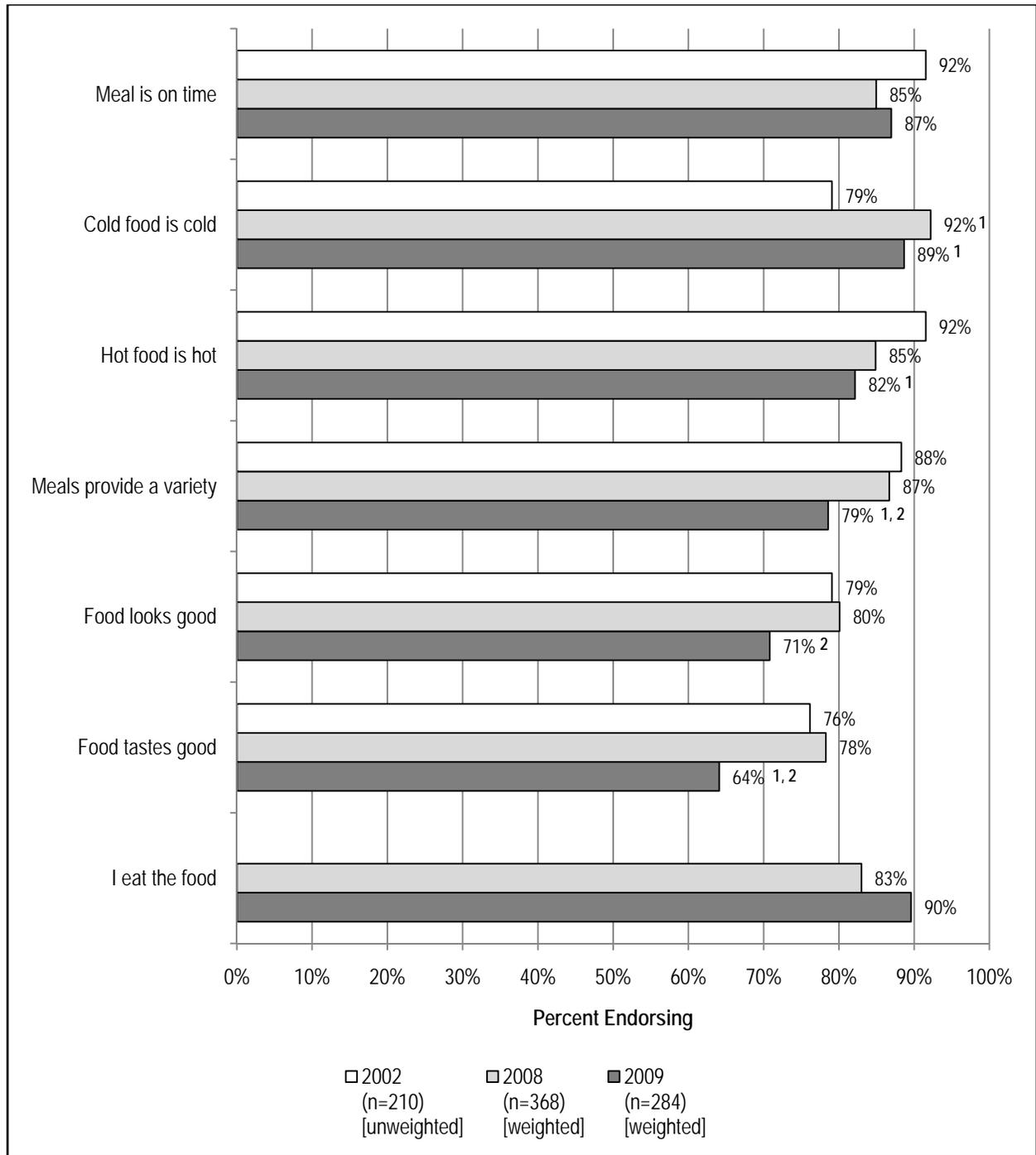


Figure 60. Percentage of Respondents in Home-Delivered Meals Program Who Responded “Always” or “Almost Always” to Satisfaction Measures



¹Indicates statistical difference from 2002

²Indicates statistical difference from 2008

Note: For the item “I eat the food”, the 2008 MACRO responses were missing from the data file and not included in data dictionary. The 83% was reported by MACRO in their 2008 report, but statistical comparisons with 2009 could not be done. This item was not included in the 2002 survey.

Figure 61. Percentages for Responses to Item: "To What Degree Do You Feel That Home Delivered Meals Have Improved Your Quality of Life?"

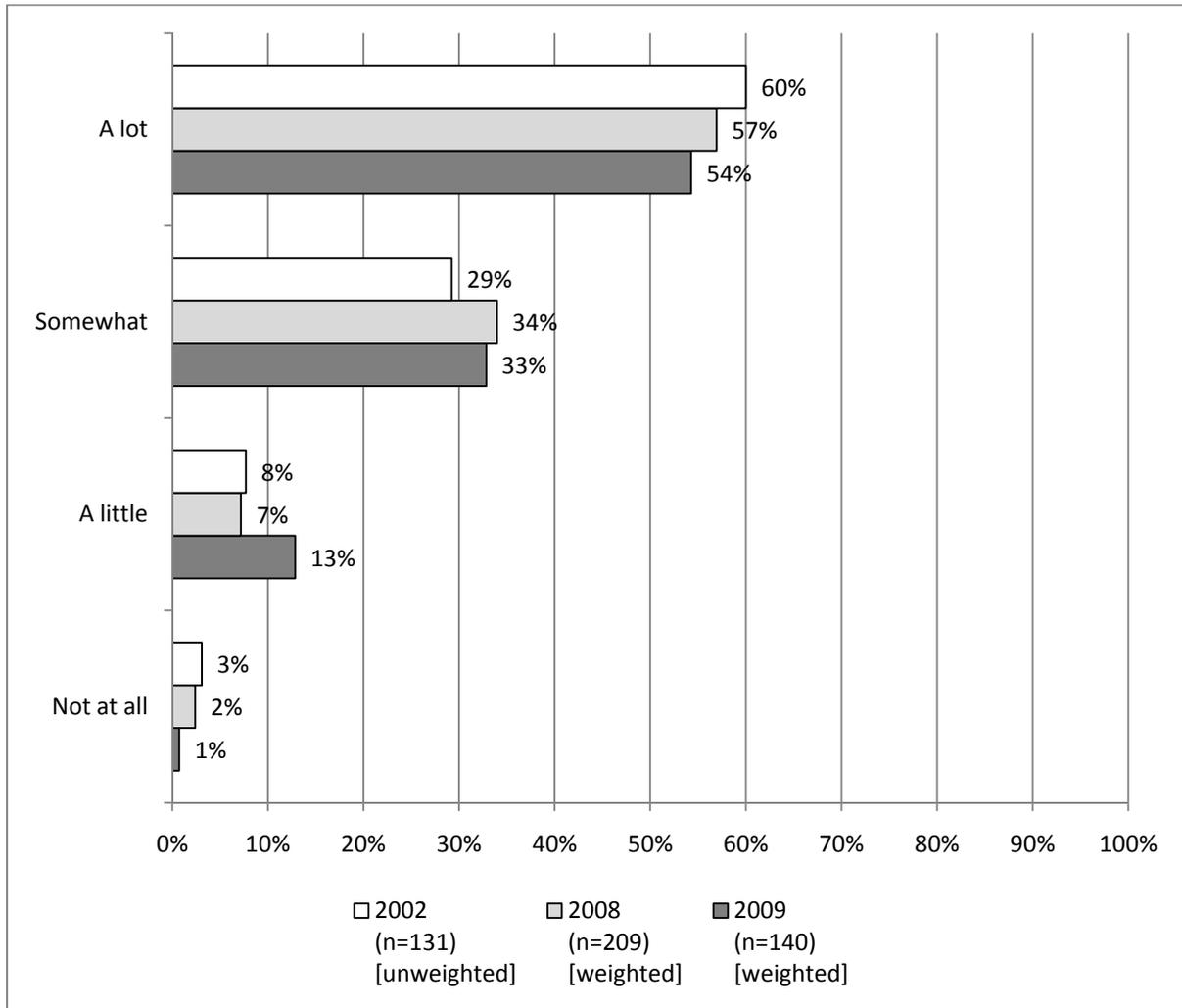
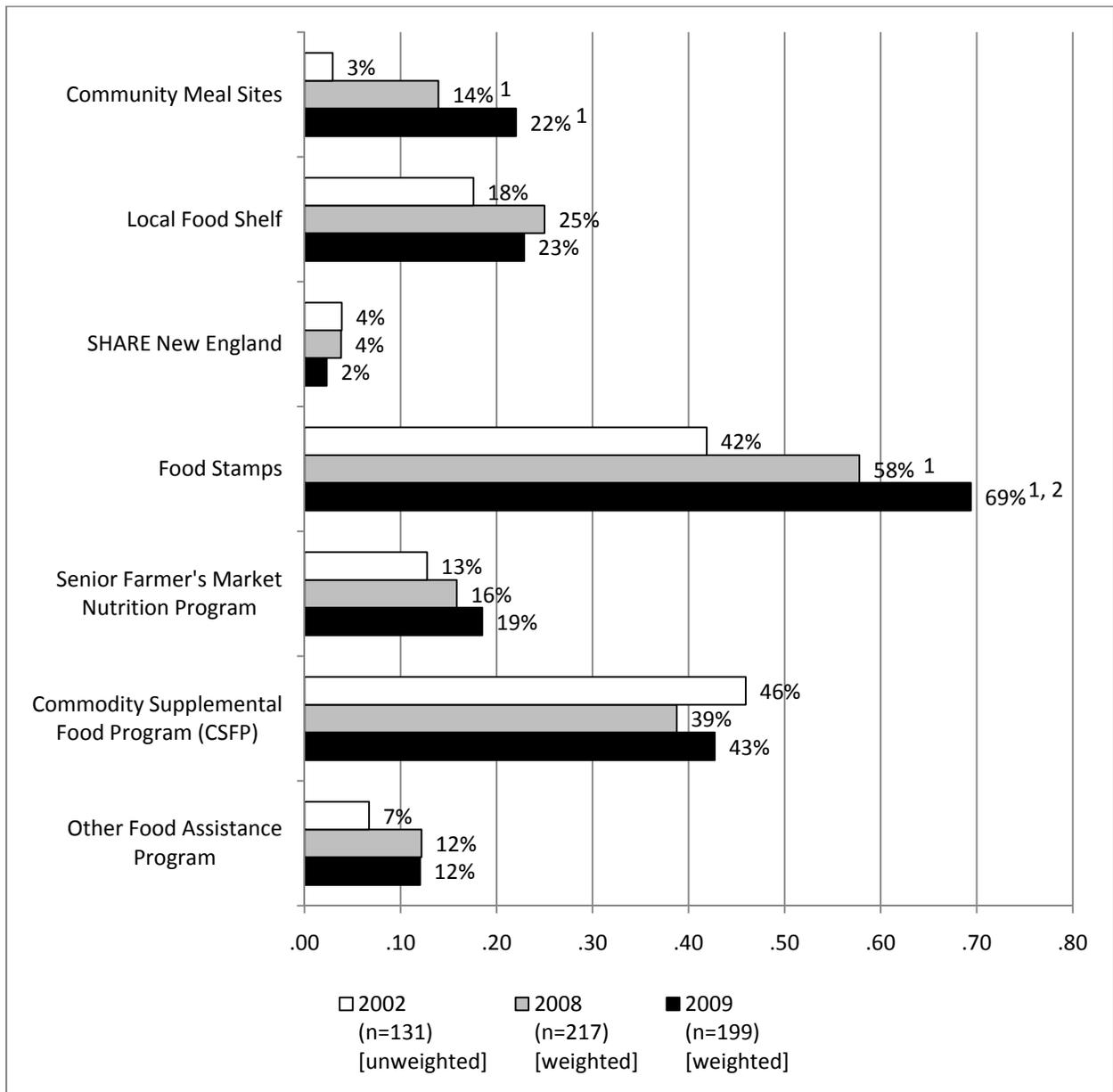


Figure 62. Percentage of Respondents Indicating Participation in Food Assistance Programs



¹Indicates statistical difference from 2002

²Indicates statistical difference from 2008

Note 1. Cell sizes for Community Meal Sites small; interpret with caution.

Note 2. "Community Meal Sites" was referred to as "Local Soup Kitchen" in 2002 survey.

APPENDIX B. SURVEY SAMPLING AND WEIGHTING [as provided by MACRO International, Inc.]

I. Survey Sampling

The sampling plan was designed to provide survey results at the program level, as well as statewide. Specifically, the survey sample was defined as a stratified sample with disproportionate allocation.

Sample strata were defined at the program level and were designed to support estimates of percentages with a worst-case standard error of 5% at the county or regional level. Precision at the State level was not explicitly specified; rather, it depended on the sample sizes resulting from aggregating the sample sizes from the county and regional levels. Since some respondents belong to more than one program, the total number of interviews will not equal the sum of the number of interviews in each program.

In 2002, 2006, 2007 and 2008, the responses provided by respondents receiving Home Delivered Meals were excluded from all charts except for chapter 7, which asks questions specific to Home Delivered Meals. In 2008, 348 of the total 936 responders provided responses that were only reported in the chapter 7 Home Delivered Meals charts.

Sample Size Computations

This disproportionate stratified sample design requires random sampling to occur at the program level. Given the small (from a statistical perspective) average number of cases per program, it is essential that the finite population correction factor is used when determining the sample sizes and computing error margins for the response data. To operationalize general sample size requirements for each survey, it is standard to consider an estimate (\hat{p}) of a population proportion (p) from a random sample of size n from a population of size N . The standard interpretation of a 95 percent confidence interval around \hat{p} is that if the survey were repeated 20 times, an interval constructed as $\hat{p} \pm d$ will contain the true value of the population proportion (p) 19 out of 20 times. The half-width of the confidence interval (d) depends on the sampling variance of statistic and the level of confidence associated with the interval. This study specified the precision of the estimates in terms of the sampling variance of the percentages, as expressed in terms of a standard error $SE(\hat{p})$, rather than in terms of a confidence interval half width.

Using the normal approximation to the distribution of the sample proportion estimate, the standard error, $SE(\hat{p})$ and the population and sample sizes are related by the following inequality:¹⁴

¹⁴ Cochran, W.G. 1963. *Sampling Techniques*. New York: John Wiley & Sons p. 74.

$$\sqrt{\frac{N-n}{N-1}} \sqrt{\frac{p(1-p)}{n}} < SE(\hat{p})$$

Minimum required sample sizes are obtained by setting this equation to equality and solving for n ,

$$n = \frac{\frac{p(1-p)}{SE(\hat{p})}}{1 + \frac{1}{N} \left(\frac{p(1-p)}{SE(\hat{p})} - 1 \right)}$$

which yields:

The size of the confidence interval varies with the value of p , taking on its maximum value at $p = .5$. For this study, p was assumed to be .5, and the targeted value for the standard error, $SE(\hat{p})$ was taken at 5%, or .05. The denominator of the above equation reflects the finite population correction (FPC) factor. The FPC takes into account the fact that the survey population is finite in size and that sampling is conducted without replacement. It is applied when the sampling fraction for a given population is large and provides a more precise estimate of the true mean response.

Sample sizes were computed using the equation above, based on these assumed and the population sizes n , for each program.

Sampling Procedures

The sampling frame for each survey period was constructed using the Department's consumer database. Lists of active cases were provided to Macro International in electronic format in the fall of 2008. A total of 1,750 cases were provided. In order to complete the target number of surveys, an interview was attempted with each case in the frame.

II. Survey Weighting

Survey weighting is used to assign greater relative importance to some sampled elements than to others in the survey analysis and may be used to "post-stratify" survey data for analysis and make adjustments for total non-response. Since an interview was attempted with each case in the sample frame, no adjustment is necessary to account for disproportionate sampling.

To correct for non-response at the county or regional level, a weighting factor was computed to adjust the number of responding cases to equal the number of cases in the frame for each county or region. Effectively, this allows those who did respond for each county or region to represent those

Appendix B: MACRO Survey Sampling and Weighting

who did not respond. Using the notation developed above, and letting r_i represent the number of clients who responded for the i^{th} county or region, we compute the second component of the weight as:

$$W_i = \frac{n_i}{r_i}$$

APPENDIX C. SURVEY ANALYSIS

Survey data collected by MACRO International, Inc. was provided to us (University of Massachusetts) by DAIL, along with the data codebook (aka data dictionary). In addition, VT DAIL provided us with additional data from the SAMS system that included consumers' dates of birth, level of need, and authorized case management and service type. The merged data file provided the basis for the analyses included in this report, and were analyzed using the SPSS (Statistics 17.0) statistical software application.

As with past surveys, response frequencies for survey items were described and analyzed where appropriate with frequencies computed based on the weighted sample, using the weights provided by MACRO, where provided. We attempted to obtain sample weights for the 2002 survey sample, but MACRO was unable to provide this information. Unlike past survey reports provided by MACRO, we reported only the valid percentages for response frequencies, after excluding missing and incomplete responses, and responses of "unsure" and "don't know".

For all results reported in Chapters I, II and in Appendix A, all cross-year comparison tests of statistical significance were conducted using the test of proportions for independent samples, which provides the Z statistic and a p-value. An alpha level criterion of .05 was used (two-tailed test).

Technical Notes on Methodology and Statistical Results Used in Chapter IV Multivariate Analyses

1. Principal Components Analysis – Method

As a first step in this analysis, we reverse-scored responses to the 18 survey items such that a higher score indicated stronger agreement with or endorsement of the item (i.e., the original survey response categories of 1=excellent, 2=good, 3=fair and 4=poor were reverse-coded such that 1=poor, 2 = fair, 3=good and 4=excellent). All 18 recoded items were then included in the principal components analysis. Varimax rotation was used to facilitate interpretation of the loadings of orthogonal (uncorrelated) components extracted (the correlation between the final components was <.40). With this rotation, factor scores for the individual survey items will either be high or low with respect to each extracted component. Component loadings represent the correlation coefficient between the individual survey item scores and the extracted underlying component.

2. Principal Components Analysis – Results

The first eight survey items, conceptually representing *Information Dissemination, Access, Effectiveness, and Experiences with Care* all loaded strongly on a single component (i.e., were highly correlated), and accounted for the largest share of variability in responses. Individual item component loadings ranged from

Appendix C: Survey Analysis

a high of .831 (“quality of services”) to .555 (“help has made my life...better”)¹⁵. A second component accounted for the common variance among the six *Quality of Life* indicators, with component loadings that ranged from a high of .802 (“social life and connection to community”) to .408 (“overall quality of life”). This last item also shared variability in responses to the two *Health Indicators* items that loaded together on a third distinct component. Thus, principal components analysis revealed that empirically, survey items loaded on three components in the same fashion as the three main sections of the MACRO survey: “Satisfaction with Services”, “Quality of Life”, and “Health”. The actual component loadings of the survey items for 2008 and 2009 are displayed below.

Principal Components and Component Loadings of MACRO Survey Items.

Item	Desired Outcome	2009			2008		
		C1	C2	C3	C1	C2	C3
Choice and control	Info. Diss.	.723	.153	.038	.703	.187	.017
People listen	Info. Diss.	.802	.202	.077	.790	.119	.036
Services timely	Access	.711	.005	.121	.637	.215	.066
Services fit schedule	Access	.749	.142	.077	.757	.153	.060
Services meet needs	Effectiveness	.773	.165	.076	.806	.109	.070
Help has made life...	Effectiveness	.555	.213	-.058	.530	.140	.056
Courtesy of others	Exp. w/care	.773	-.020	.035	.763	-.119	-.013
Quality of services	Exp. w/care	.831	.101	-.054	.824	.009	.049
Overall quality of life	Quality of life	.180	.408	.644	.187	.410	.586
Free time	Quality of life	.099	.723	.159	.082	.767	.136
Get around inside	Quality of life	.032	.573	.173	.005	.462	.342
Social life connection	Quality of life	.124	.802	.121	.117	.823	.084
Can get where need to go	Quality of life	.175	.631	.046	.184	.500	.281
Family/friend contact	Quality of life	.173	.750	.008	.176	.806	-.049
Health: compared to others	Health	.039	.256	.782	.022	.171	.747
Health: compared to 1 yr ago	Health	-.005	-.018	.797	.014	-.001	.799

Note: C1=Component 1, C2=Component 2, C3=Component 3

3. Main Effects of Consumer Characteristics on Outcomes: Method

¹⁵ A component loading of .400 is considered, by convention, statistically reliable.

Appendix C: Survey Analysis

The ANOVA technique is appropriate for testing the mean differences in the independent effects of multiple categorical between-subject predictor variables (i.e., the five consumer characteristic variables) on individual continuous outcome variables. The procedure tests the statistical significance of mean differences in the levels of each predictor variable on the outcome variable. For all analyses we used an alpha level of .05 in determining statistical significance. The ANOVA also estimates an adjusted ("marginal") mean score for each level of all predictor variables (for example, the mean *Satisfaction with Services* score for all female respondents (gender), accounting for age group, level of need, authorized case management type and authorized service type) on the summary scale.

4. Main Effects of Consumer Characteristics on Outcomes: Results

Table of Significant Group Differences in Satisfaction with Services Among CFC Participant Groups

	ALL CFC			High/Highest Only			MNG Only		
	N	<i>F</i> statistic	<i>p</i> -value	N	<i>F</i> statistic	<i>p</i> -value	N	<i>F</i> statistic	<i>p</i> -value
<i>Age Group Differences:</i>									
Satisfaction with Services	606	5.22	.006	380	7.55	.001	224	.108	.898
Quality of Life	647	10.92	<.001	381	4.14	.017	265	8.82	<.001
General Health	687	19.66	<.001	412	11.81	<.001	274	10.09	<.001
<i>Level of Need Group Differences:</i>									
Satisfaction with Services	606	3.03	.049	380	2.84	.093	n/a	n/a	n/a
Quality of Life	647	2.66	.071	381	2.31	.130	n/a	n/a	n/a
General Health	687	.325	.722	412	.015	.902	n/a	n/a	n/a

5. Main Effects Stratified by Age Group: Method and Results

Youngest Consumers (Ages 18 – 64)

Multivariate analyses of self-reported satisfaction, quality of life, and general health as a function of consumers' gender, level of need, authorized case management type, and authorized service type indicated that youngest consumer responses ($n = 175$) did not differ as a function of these 4 characteristics.

Older Consumers (Ages 65 – 84)

Results indicated a significant difference in *self-reported General Health* as a function of consumer authorized service type.

- Among all CFC consumers of this age group, general health among consumers authorized for agency-directed services (Mean = 5.8) was higher than that of consumers authorized for self-directed services (Mean = 4.9), $F(1, 333) = 7.49, p = .007^{16}$.
- Within the high/highest needs group, respondents age 65 to 84 ($n = 356$) authorized for agency-directed services reported better general health (mean = 6.1) compared to those authorized for self-directed services (mean = 5.3), $F(1, 168) = 6.03, p = .015$. No differences were observed in older consumers' reports of service satisfaction or quality of life as a function of authorized service type.

No differences in satisfaction, quality of life, or health were observed as a function of consumers' gender, level of need, or authorized case management type.

Oldest Consumers (Age 85+)

There was a significant gender difference in *self-reported General Health* within the all CFC consumers over the age of 85.

- Females aged 85 and over reported better health (Mean = 6.2) compared to males (Mean = 5.4), $F(1, 157) = 4.65, p = .003^{17}$.
- Among high/highest needs consumers (but not MNG consumers) in the oldest age group, there was a difference in self-reported general health as a function of case management type, $F(1, 111) = 4.15, p = .044^{18}$. Those consumers authorized for AAA case management reported better health (Mean = 6.0) compared to consumers authorized for HHA case management (Mean = 5.4).

¹⁶ This difference was not significant by the Mann-Whitney test, and should be interpreted with caution.

¹⁷ This difference was not significant by the Mann-Whitney test, and should be interpreted with caution.

¹⁸ This difference was not significant by the Mann-Whitney test and should be interpreted with caution.

Appendix C: Survey Analysis

Additionally, analyses revealed significant differences in self-reported *Quality of Life* among consumers in the oldest age group based on their authorized case management type.

- For all CFC consumers aged 85 and over, consumers authorized for AAA case management services reported significantly higher quality of life (Mean = 16.1) than did those authorized for HHA case management (Mean = 14.8), $F(1, 145) = 9.49, p = .002$.
- Among high/highest needs consumers, those authorized for AAA case management reported higher quality of life (Mean = 16.3) than did those authorized for HHA case management (Mean = 14.3), $F(1, 102) = 13.73, p < .001$. We did not find quality of life differences as a function of authorized case management type among MNG consumers.

Multivariate analyses of service satisfaction reported by this consumer group ($n = 160$) did not differ as a function of gender, level of need, authorized case management type, or authorized service type.

Reports of *Satisfaction with Services, Quality of Life, and General Health* in 2008 and 2009.

	2008			2009			<i>t</i>	<i>p</i>
	Mean	SD	N	Mean	SD	N		
<u>I. ALL CFC</u>								
Satisfaction with Services	28.8	4.1	711	28.1	4.0	583	-3.11	.002
Quality of Life	15.7	2.7	761	15.8	2.8	631	0.41	.679
Health	5.5	1.8	792	5.5	1.9	674	0.04	.971
<u>II. High and Highest Needs</u>								
Satisfaction with Services	29.4	3.5	388	28.4	3.9	325	-3.77	<.001
Quality of Life	15.7	2.5	398	15.6	2.9	324	-0.50	.618
Health	5.4	1.7	416	5.5	1.9	353	0.67	.502
<u>III. Moderate Needs</u>								
Satisfaction with Services	28.1	4.6	323	27.8	4.1	258	-0.84	.401
Quality of Life	15.7	2.8	363	15.9	2.6	307	1.08	.279
Health	5.6	1.8	376	5.5	1.9	321	-0.66	.512

Differences Across Years Within Age Groups

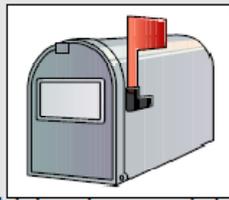
Analyses revealed significant differences in *Satisfaction with Services* from 2008 to 2009 among consumers in the High/Highest consumer group.

Among youngest consumers, satisfaction reports in 2009 (Mean = 27.3) was significantly lower than reported in 2008 (Mean = 28.7), $t(203) = -2.36, p = .019$. Likewise, among older consumers, satisfaction reports in 2009 (Mean = 28.8) were also significantly lower than reported in 2008 (Mean = 29.9), $t(305) =$

Appendix C: Survey Analysis

-2.80, $p = .005$. This difference in satisfaction among these older consumers was also found in the analysis of the all CFC sample, $t(623) = -3.06$, $p = .002$, with older CFC consumers (65 – 84 yrs) reporting lower *Satisfaction with Services* in 2009 (Mean = 28.3) than had older CFC consumers in 2008 (Mean = 29.3).

2009 Survey of Vermonters Who Use Long-Term Care Programs and Services



2009 Survey of Vermonters Who Use Long-Term Care Services and Programs

The Vermont Department of Disabilities, Aging and Independent Living is very interested in hearing your opinions and experiences with the long-term care programs you use and the services you receive. The information you provide in this survey will be used to help improve long-term care services. You were chosen to participate in the survey because you receive help, or have received help in the past, from a long-term care program, such as the Attendant Services Program, Adult Day Services, Choices for Care Personal Care Services, or Homemaker Services.

You can be assured that your responses to this survey will be confidential. Your responses will never be shared with your caregivers or local agencies. Your responses will have no effect on your eligibility for services or the services that you receive. Please answer the survey questions truthfully and to the best of your abilities. There are no 'right' or 'wrong' answers.

If you need help answering these questions, you may ask someone to help you complete this survey. **If you prefer, you may also call a special toll-free number, (800) 639-2030, to complete the survey over the telephone or to receive help completing the survey.** Remember, it is important that you share *your* opinions and experiences!

Thank you for your help with this important study. Your participation will help us to better serve all Vermonters who use long-term care services!

1. Who is completing this survey? (Circle one answer.)

- 1 The person who receives the services or care. → **CONTINUE TO QUESTION 2**
- 2 Someone acting on behalf of the person receiving services. *(Please respond to the following questions in terms of the person who receives the services or care.)* (PLEASE ANSWER Question 1A)

1A. Are you a paid caregiver? (Circle one answer.)

- 1 Yes
- 2 No

2. Are you: (Circle one answer.)

- 1 A man
- 2 A woman

APPENDIX D. 2009 SURVEY TOOL (MACRO INTERNATIONAL)

2009 Survey of Vermonters Who Use Long-Term Care Programs and Services



2009 Survey of Vermonters Who Use Long-Term Care Services and Programs

The Vermont Department of Disabilities, Aging and Independent Living is very interested in hearing your opinions and experiences with the long-term care programs you use and the services you receive. The information you provide in this survey will be used to help improve long-term care services. You were chosen to participate in the survey because you receive help, or have received help in the past, from a long-term care program, such as the Attendant Services Program, Adult Day Services, Choices for Care Personal Care Services, or Homemaker Services.

You can be assured that your responses to this survey will be confidential. Your responses will never be shared with your caregivers or local agencies. Your responses will have no effect on your eligibility for services or the services that you receive. Please answer the survey questions truthfully and to the best of your abilities. There are no 'right' or 'wrong' answers.

If you need help answering these questions, you may ask someone to help you complete this survey. **If you prefer, you may also call a special toll-free number, (800) 639-2030, to complete the survey over the telephone or to receive help completing the survey.** Remember, it is important that you share *your* opinions and experiences!

Thank you for your help with this important study. Your participation will help us to better serve all Vermonters who use long-term care services!

1. Who is completing this survey? (Circle one answer.)

- 1 The person who receives the services or care. → **CONTINUE TO QUESTION 2**
- 2 Someone acting on behalf of the person receiving services. (Please respond to the following questions in terms of the person who receives the services or care.) (PLEASE ANSWER Question 1A)

1A. Are you a paid caregiver? (Circle one answer.)

- 1 Yes
- 2 No

2. Are you: (Circle one answer.)

- 1 A man
- 2 A woman

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3. For this question, please think about *all* of the services you receive and *all* programs in which you participate. For example, if you participate in more than one program, try to think about your experiences with all of the programs as a group.

Please give each of the following aspects of your care a letter grade using this scale:

A = Excellent B = Good C = Fair D = Poor

Please place an X in the box that best describes your opinion. If a question does not pertain to the kind of service or help you receive, you may leave the question blank.

	A Excellent	B Good	C Fair	D Poor
A. The amount of <i>choice and control</i> you had when you planned the services or care you would receive.				
B. The overall <i>quality</i> of the help you receive.				
C. The <i>timeliness</i> of your services. For example, did your services start when you needed them?				
D. <i>When</i> you receive your services or care. For example, do they fit with your schedule?				
E. The <i>communication</i> between you and the people who help you.				
F. The <i>reliability</i> of the people who help you. For example, do they show up when they are supposed to be there?				
G. The degree to which the services <i>meet your daily needs</i> such as bathing, dressing, meals, and housekeeping.				
H. How well <i>problems or concerns</i> you have with your care are taken care of.				
I. The <i>courtesy</i> of those who help you.				
J. How well people <i>listen</i> to your needs and preferences.				

4. For what you pay for the services you receive, do you find them a good value? (Circle one answer.)

- 1 YES
- 2 NO

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5. Would you say the help you have received has made your life: (Circle one answer.)

- 1 MUCH BETTER
- 2 SOMEWHAT BETTER
- 3 ABOUT THE SAME
- 4 SOMEWHAT WORSE
- 5 MUCH WORSE

6. How easy would it be for you to stay in your home if you didn't receive services? (Circle one answer.)

- 1 VERY EASY
- 2 EASY
- 3 ABOUT THE SAME
- 4 DIFFICULT
- 5 VERY DIFFICULT

7. The following statements refer to how you feel about your life now. Place an X in the box that describes your opinion about each statement.

	Yes	Somewhat	No
A. I feel safe in the home where I live.			
B. I feel safe out in my community.			
C. I can get where I need or want to go.			
D. I can get around inside my home as much as I need to.			
E. I am satisfied with how I spend my free time.			
F. I am satisfied with the amount of contact I have with my family and friends.			
G. I have someone I can count on in an emergency.			
H. I feel satisfied with my social life and with my connection to my community.			
I. I feel valued and respected.			

8. Place an X in the box that describes your opinion.

	A Excellent	B Good	C Fair	D Poor
A. Overall, how would you rate your quality of life?				

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**B. In general, compared to other people your age, would you say your health is:
(Circle one answer.)**

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

**C. Compared to one year ago, how would you rate your health in general now?
(Circle one answer.)**

- 1 MUCH BETTER NOW THAN ONE YEAR AGO
- 2 SOMEWHAT BETTER NOW THAN ONE YEAR AGO
- 3 ABOUT THE SAME
- 4 SOMEWHAT WORSE NOW THAN ONE YEAR AGO
- 5 MUCH WORSE NOW THAN ONE YEAR AGO

D. In the past 12 months, have you been hospitalized? (Circle one answer.)

- 1 YES → **IF YES, please continue to question E**
- 2 NO → **IF NO, please skip to question 9 on the next page**

E. If you have been hospitalized more than once, please think back to your most recent hospitalization. When you left the hospital, did you need help with daily activities (for example, dressing, bathing or getting out of bed)? (Circle one answer.)

- 1 YES → **IF YES, please continue to question F**
- 2 NO → **IF NO, please skip to question 9 on the next page**

F. Before you left the hospital, did someone talk to you about ways of getting the help you needed with daily activities? (Circle all that apply.)

- 1 YES, THE HOSPITAL STAFF TOLD ME → **IF YES CONTINUE TO QUESTION G**
- 2 YES, A CHOICES FOR CARE REPRESENTATIVE TOLD ME → **IF YES CONTINUE TO QUESTION G**
- 3 NO, I WAS TOO ILL AT THE TIME BUT MY FAMILY MEMBER/FRIEND WAS INFORMED → **IF NO, please skip to question 9 on the next page**
- 4 NO ONE SPOKE TO ME OR MY FAMILY MEMBER/FRIEND → **IF NO, please skip to question 9 on the next page**

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G. Were you involved in making decisions regarding the help you needed with daily activities? (Circle one answer.)

- 1 YES
- 2 NO, BUT MY FAMILY MEMBER/FRIEND WERE INVOLVED
- 3 NO, NEITHER I NOR MY FAMILY MEMBER/FRIEND WERE INVOLVED

For the next few questions, we would like you to think about the services you receive from each one of the state-sponsored programs in which you participate. Please skip the questions relating to any program in which you DO NOT participate.

For each of the questions, place an **X** in the box that best describes your opinion about the following statements by telling us whether the statement is *always*, *almost always*, *sometimes*, *seldom*, or *never* true.

9. Please answer the following questions if you participate in the ATTENDANT SERVICES PROGRAM. The Attendant Services Program provides assistance with personal care for adults with disabilities. Participants hire, train, and supervise their attendants. If you do not participate in the Attendant Services Program, skip to Question 10 on the next page.

	Always	Almost Always	Some-times	Seldom	Never
A. I am satisfied with the quality of the services I receive from the Attendant Services Program.					
B. The services I receive from the Attendant Services Program meet my needs.					
C. My caregivers in the Attendant Services Program treat me with respect and courtesy.					
D. I know who to contact if I have a complaint about the Attendant Services Program or if I need more help.					
E. The Attendant Services Program provides services to me when and where I need them.					

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- 10.** Please answer the following question if you receive **HOMEMAKER** services. Homemaker services provides adult Vermonters who need help at home with activities such as cleaning, laundry, shopping, respite care, and limited person care. **If you do not receive HOMEMAKER services, skip to Question 11.**

	Always	Almost Always	Some-times	Seldom	Never
A. I am satisfied with the quality of the Homemaker services I receive.					
B. The Homemaker services I receive meet my needs.					
C. My caregivers providing Homemaker services treat me with respect and courtesy.					
D. I know who to contact if I have a complaint about Homemaker services or if I need more help.					
E. The Homemaker services are provided to me when and where I need them.					

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11. Please answer the following question if you receive CHOICES FOR CARE PERSONAL CARE SERVICES. Personal Care services provide in-home care to elders and adults with physical disabilities (such as bathing and dressing). If you do not receive Choices for Care Personal Care Services, skip to Question 12 on the next page.

	Always	Almost Always	Some-times	Seldom	Never
A. I am satisfied with the quality of the personal care services I receive.					
B. The personal care services I receive meet my needs.					
C. My personal caregiver treat(s) me with respect and courtesy.					
D. I know who to contact if I have a complaint about personal care services or if I need more help					
E. Personal care services are provided to me when and where I need them.					

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12. Please answer the following question if you receive ADULT DAY CENTER services. Adult Day Centers provide activities, social interaction, meals, personal care, and health services. **If you do not receive Adult Day Center services, skip to Question 13 on the next page.**

	Always	Almost Always	Some-times	Seldom	Never
A. I am satisfied with the quality of the services I receive from the Adult Day Center I attend..					
B. The services I receive from the Adult Day Center meet my needs.					
C. My caregivers at the Adult Day Center treat me with respect and courtesy.					
D. I know who to contact if I have a complaint about the Adult Day Center or if I need more help.					
E. The Adult Day Center provides services to me when and where I need them.					

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Please answer the following questions if you participate in the HOME DELIVERED MEALS PROGRAM, or MEALS ON WHEELS. The Home Delivered Meals program provides nourishing meals to seniors in their homes who are unable to attend a community meal site. **If you do not participate in the Home Delivered Meals Program, skip to Question 21 on page 12.**

13. Do you currently receive meals through the Home Delivered Meals Program?
(Circle one answer.)

- 1 YES → IF **YES**, continue to question 14 on the next page.
- 2 NO → IF **NO**, please answer question 13A.



13A. Did you receive meals through the Home Delivered Meals program in the past? (Circle one answer.)

- 1 YES → IF **YES**, please answer question 13B.
- 2 NO → IF **NO**, please skip to question 21.

13B. Why did you stop receiving meals? (Circle one answer.)

- 1 I didn't like the food.
- 2 The food didn't meet my special dietary needs.
- 3 The meals were delivered at an inconvenient time.
- 4 I receive meal help from another source (such as friends or family).
- 5 For another reason. (Please specify below.)

SKIP TO QUESTION 21

14. How many meals per week do you receive? (Please write the number in the space below.)

I receive _____ meals per week.

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15. Please rate your opinion about each of the statements describing the meals from the HOME DELIVERED MEALS PROGRAM.

	Always	Almost Always	Sometimes	Seldom	Never
A. The food tastes good.					
B. The food looks good.					
C. The meals provide a variety of foods.					
D. When the meal arrives, the hot food is hot.					
E. When the meal arrives, the cold food is cold.					
F. The meal is delivered on time.					
G. I eat the meals that are delivered.					

16. Do you have any health conditions that affect which foods you have been advised to eat?

1 YES → IF YES, please answer questions 17.

2 NO → IF NO, continue to question 18 on the next page.



17. How often do foods offered through the Home Delivered Meals Program meet your specific dietary needs? (Circle one answer.)

- 1 Always
- 2 Almost Always
- 3 Sometimes
- 4 Seldom
- 5 Never

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18. To what degree do you feel that home delivered meals have improved your quality of life? (Circle one answer.)

- 1 A lot
- 2 Somewhat
- 3 A little
- 4 Not at all

19. Do you participate in any of the following? (Check one column for each.)

	Yes, I participate	No, I do not participate	I have not heard of this program
A. Food Stamps			
B. Commodity Supplemental Food Program (CSFP)			
C. Senior Farmer's Market Nutrition Program			
D. SHARE New England			
E. Local Food Shelf			
F. Community Meal Sites			

20. Do you receive food assistance from any other program or source not mentioned above? (Please write your answer in the space below.)

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21. The State of Vermont is interested in hearing *YOUR* ideas about how to make things work better for you and other Vermonters. Please tell us how *YOU* think your services or care could be improved. (Please write your answer in the space below.)

22. Do you have any comments you would like to make about the help you receive? (Please write your answer in the space below.)

23. Would you like someone to contact you about worries or concerns you have about the services you receive from any of the state-sponsored programs that have been discussed in this survey?

If so, please provide your name, telephone number, and brief description of your concern. (Please print.)

Name: _____

Telephone: (802) _____

Brief description of worry or concern:

Thank you for completing the survey! Please place the survey in the postage-paid envelope it came with, and mail the envelope.

For more information, please
contact David Centerbar at
(508) 856-8496.



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