

2006 Consumer Satisfaction Survey

Submitted to:

Vermont Department of Disabilities, Aging and
Independent Living
Division of Disability and Aging Services
103 South Main Street, Weeks Building
Waterbury, VT 05671-1601

Submitted by:



126 College Street, Suite 2A
Burlington, Vermont 05401

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EXECUTIVE SUMMARY

As a part of a strategy to improve Vermont's Medicaid long-term care services, the Department of Disabilities, Aging and Independent Living (hereafter, "the Department") has developed partnerships throughout the State to plan and deliver long-term care services. To assess some aspects of the quality of Vermont's long-term care services, the Department conducts surveys to measure consumer satisfaction with services and overall quality of life.

The Department contracted with Macro International Inc.—a survey research firm located in Burlington, Vermont—to conduct a statewide survey of individuals receiving services in 2006. The Consumer Satisfaction Survey (CSS) collected data about long-term care consumers from different areas around the State, and compared these results to those obtained by a survey conducted in 2002. For the 2006 survey, a combination of mail and telephone surveys were conducted with adult (over the age of 18) long-term care consumers in the Attendant Services Program, Homemaker Services, Choices for Care (CFC), and Adult Day Services. In addition, results from a series of quality of life questions posed to a representative sample of the general Vermont population were compared to the responses of long-term care consumers.

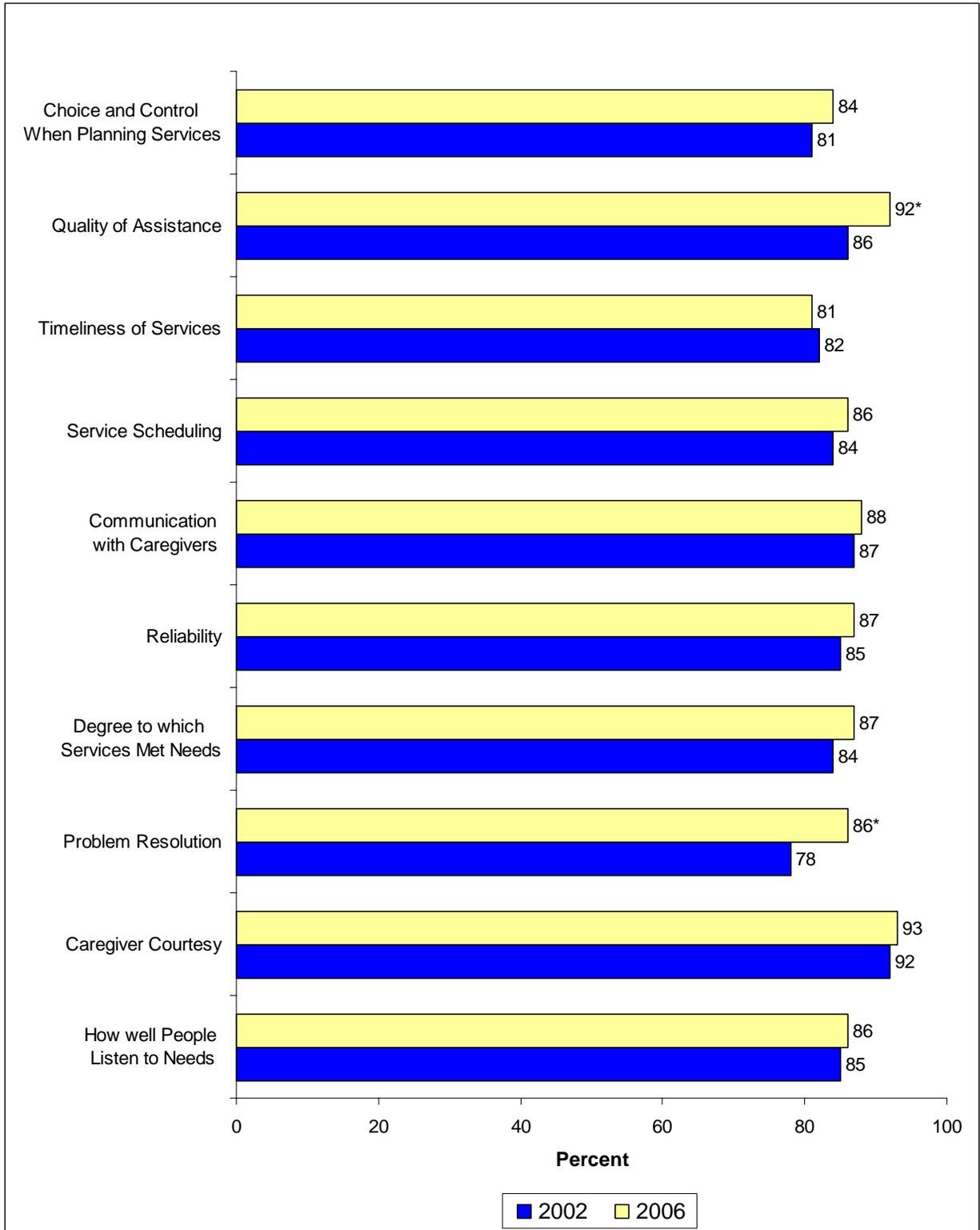
The 2006 CSS asked consumers about their experiences with the Attendant Services program, Homemaker Services, Choices for Care Services, and Adult Day Services. The questions in the 2006 survey were identical to those used in the 2002 survey.

1. Overall Consumer Satisfaction

Consumers of the State's long-term care services indicated overwhelming satisfaction with, and approval of, the programs in which they participated. Satisfaction and approval ratings were high across all measures (Chart ES.1). In 2006, consumers were most satisfied with the courtesy shown by their caregivers, with 93% of consumers indicating they felt caregiver courtesy was either "excellent" or "good." Additionally, at least 81% of long-term care consumers statewide indicated similar levels of satisfaction with all services.

In 2006, satisfaction levels increased for nine of 10 measures compared to 2002 levels. Overall, few significant differences between 2006 and 2002 ratings were noted; however, significant differences were seen in satisfaction with quality of assistance offered (92% vs. 86%) and problem resolution (86% vs. 78%). In addition to caregiver courtesy (93%), measures which received high levels of satisfaction in 2006 include the percentage of consumers who felt that communication with caregivers (88%), caregiver reliability (87%), and the degree to which services met consumer needs (87%) was "excellent" or "good."

Chart ES.1: Percentage of Respondents Statewide Who Rated Overall Services as Excellent or Good



*Indicates statistical difference between 2002 and 2006 at 5%

II. Quality of Life among Long-Term Care Consumers

Most elderly and disabled Vermonters who receive assistance from the State's long-term care programs perceived the quality of their life as being generally good (Chart ES.2). Specifically:

- Most consumers (93%) had someone they could rely on for support in an emergency.
- The majority of consumers (89%) reported feeling safe in their homes.
- The majority of consumers (72%) felt valued and respected.
- The majority of consumers (71%) indicated they felt safe out in their community.

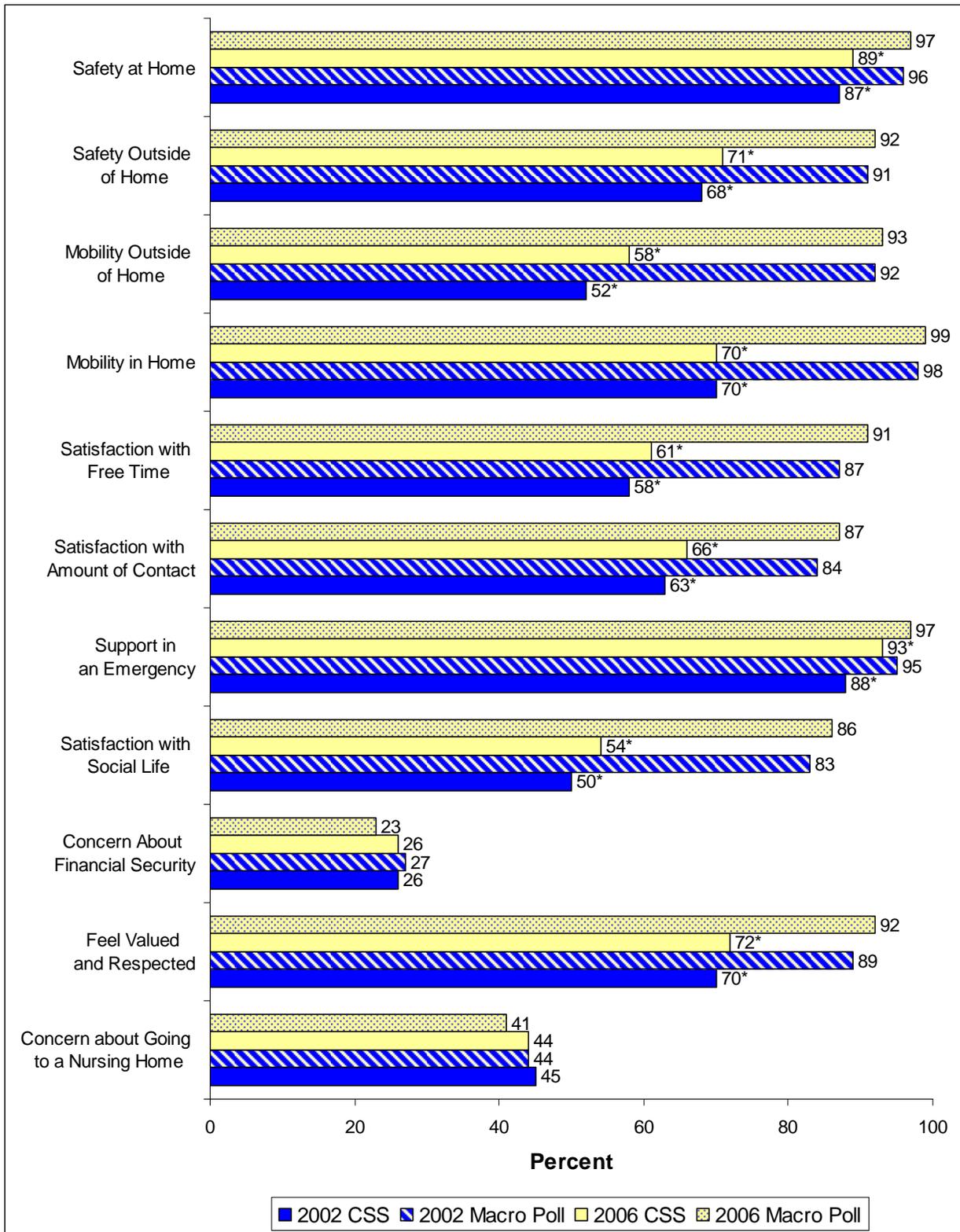
However, long-term care consumers may experience a lesser quality of life than other Vermonters. On similar quality of life measures, the general Vermont population was consistently more positive about the quality of their lives than long-term care consumers, and indicated significantly higher levels of satisfaction in a number of areas. For example:

- Department consumers report less mobility than other Vermonters. Whereas 93% of Vermonters felt that they can "get where I need and want to go," only 58% of Department consumers felt the same way (a difference of 35%).
- Long-term care consumers were less likely (54%) than other Vermonters (86%) to be satisfied with their social lives and connections to the community (a difference of 32%).
- While 91% of Vermonters were satisfied with how they spend their free time, just 61% of Department consumers were satisfied (a difference of 30%).
- Whereas 99% of Vermonters felt mobile inside their homes, only 70% of Department consumers felt that they could get around as much as they need to within their home (a difference of 29%).

On two measures, satisfaction of long-term care consumers was around the same percentage as the general Vermont public:

- The percentage of consumers who were concerned that they do not have enough money for the essentials ("financial security") (26% of Department consumers and 23% of all Vermonters).
- The percentage of consumers who were concerned that someday they may have to go to a nursing home (44% of Department consumers and 41% of all Vermonters).

Chart ES.2: Quality-of-Life Measures: A Comparison of Macro Poll and CSS Results (Percentage of Respondents Indicating 'Yes')



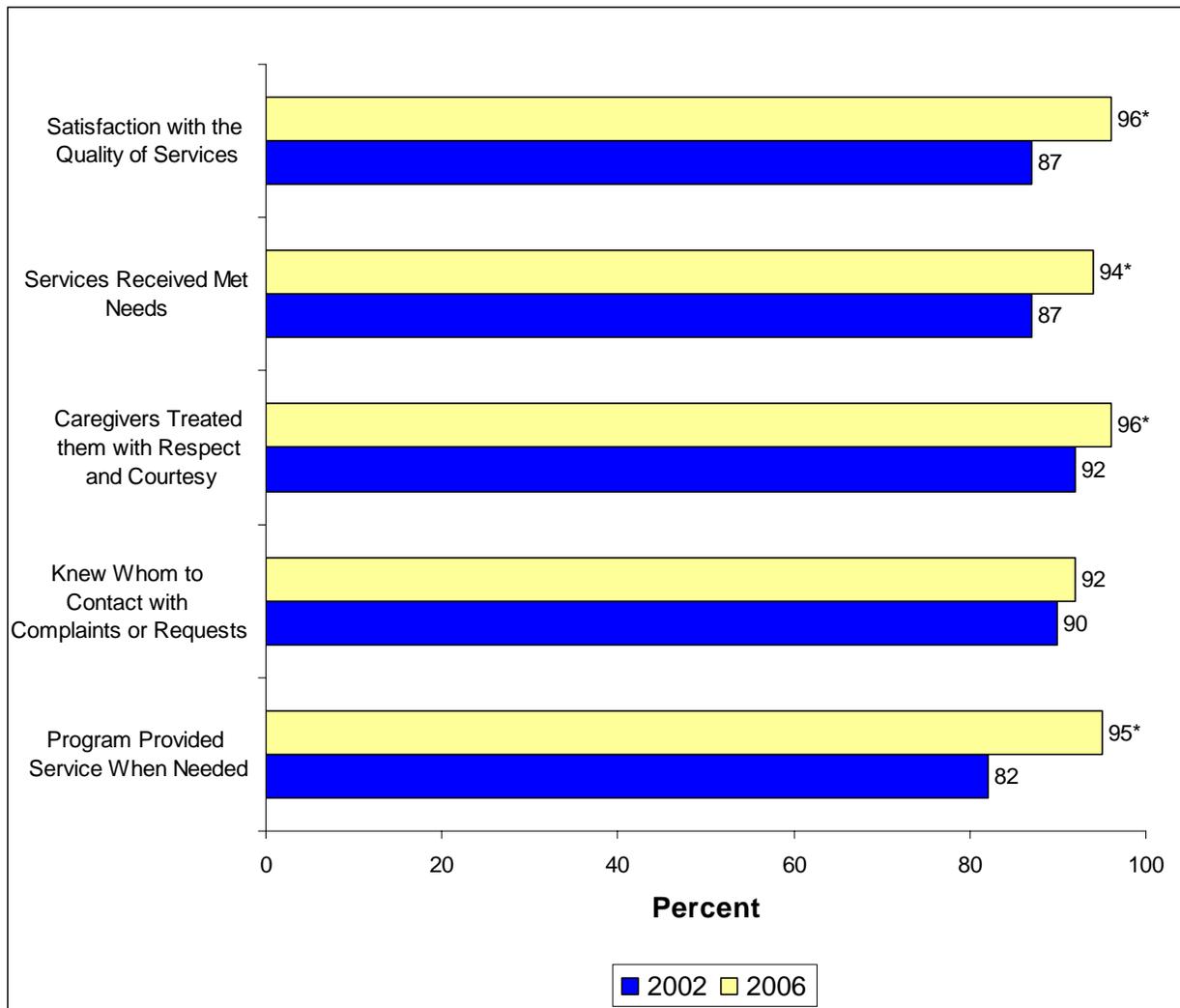
*Indicates statistical difference between Macro Poll results and CSS results at 5%

III. Consumer Satisfaction with Attendant Services Program

Long-term care consumers who participated in the State’s Attendant Services Program indicated high levels of satisfaction with the care they received. For each measure, at least 92% of consumers were “always” or “almost always” satisfied (Chart ES.3).

- Consumers were most satisfied with two specific areas—the quality of services in the program and the respect and courtesy shown to them by their caregivers, with 96% indicating they were “always” or “almost always” satisfied with both aspects.
- Satisfaction levels increased between 2002 and 2006—statistical differences were found in “always” and “almost always” responses in four of five measures of satisfaction.

Chart ES.3: Percentage of Respondents Who Were Always or Almost Always Satisfied with Attendant Services



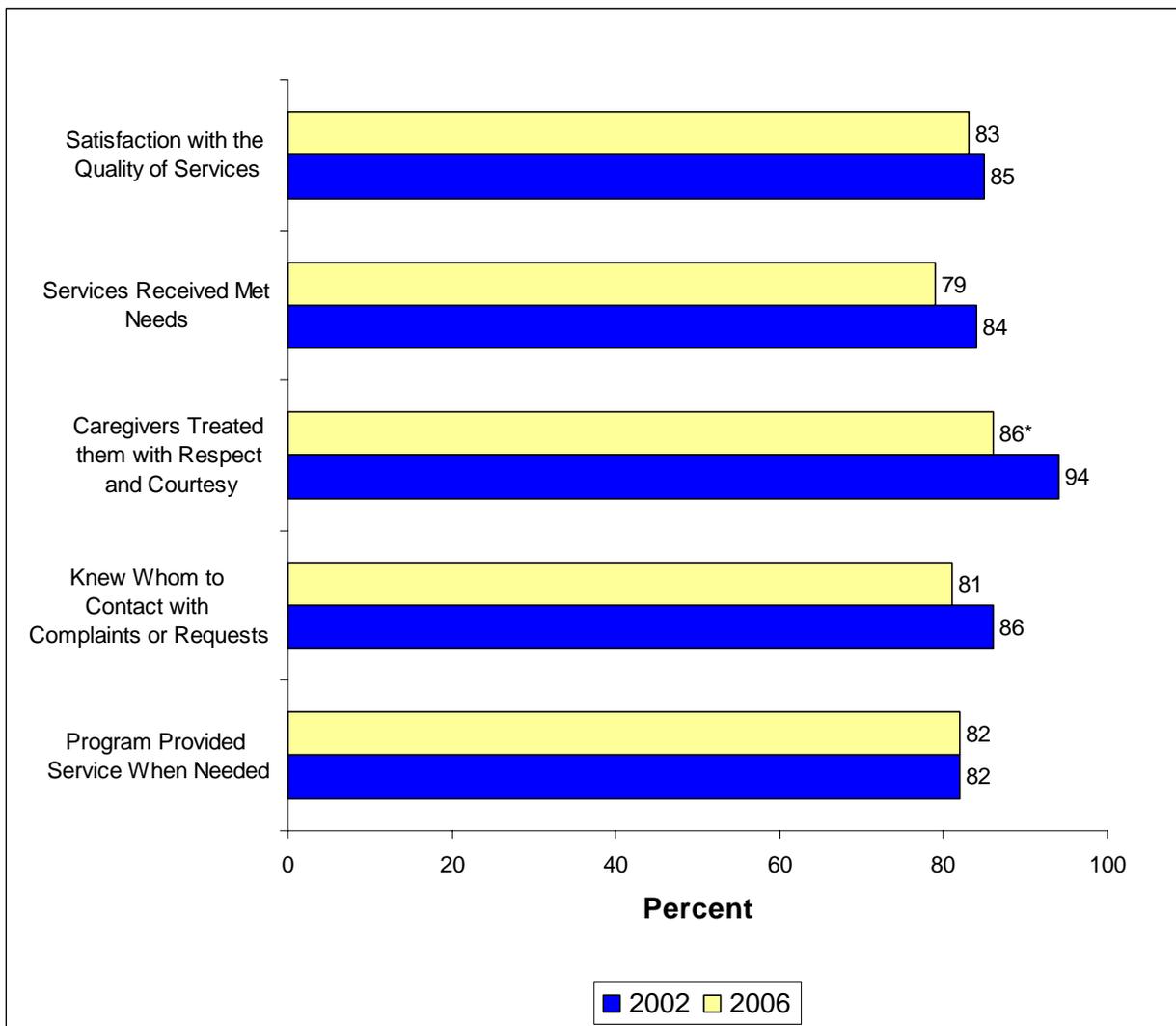
*Indicates statistical difference between 2002 and 2006 at 5%

IV. Consumer Satisfaction with Homemaker Services

At least 79% of long-term care consumers receiving Homemaker Services were “always” or “almost always” satisfied with all measures (Chart ES.4).

- Eighty-six percent of consumers indicated their caregivers “always” or “almost always” treated them with respect and courtesy. This result represents a decrease from 2002 (94%).
- In 2006, 83% of consumers reported that they were “always” or “almost always” satisfied with the quality of Homemaker Services.

Chart ES.4: Percentage of Respondents Who Were Always or Almost Always Satisfied with Homemaker Services



*Indicates statistical difference between 2002 and 2006 at 5%

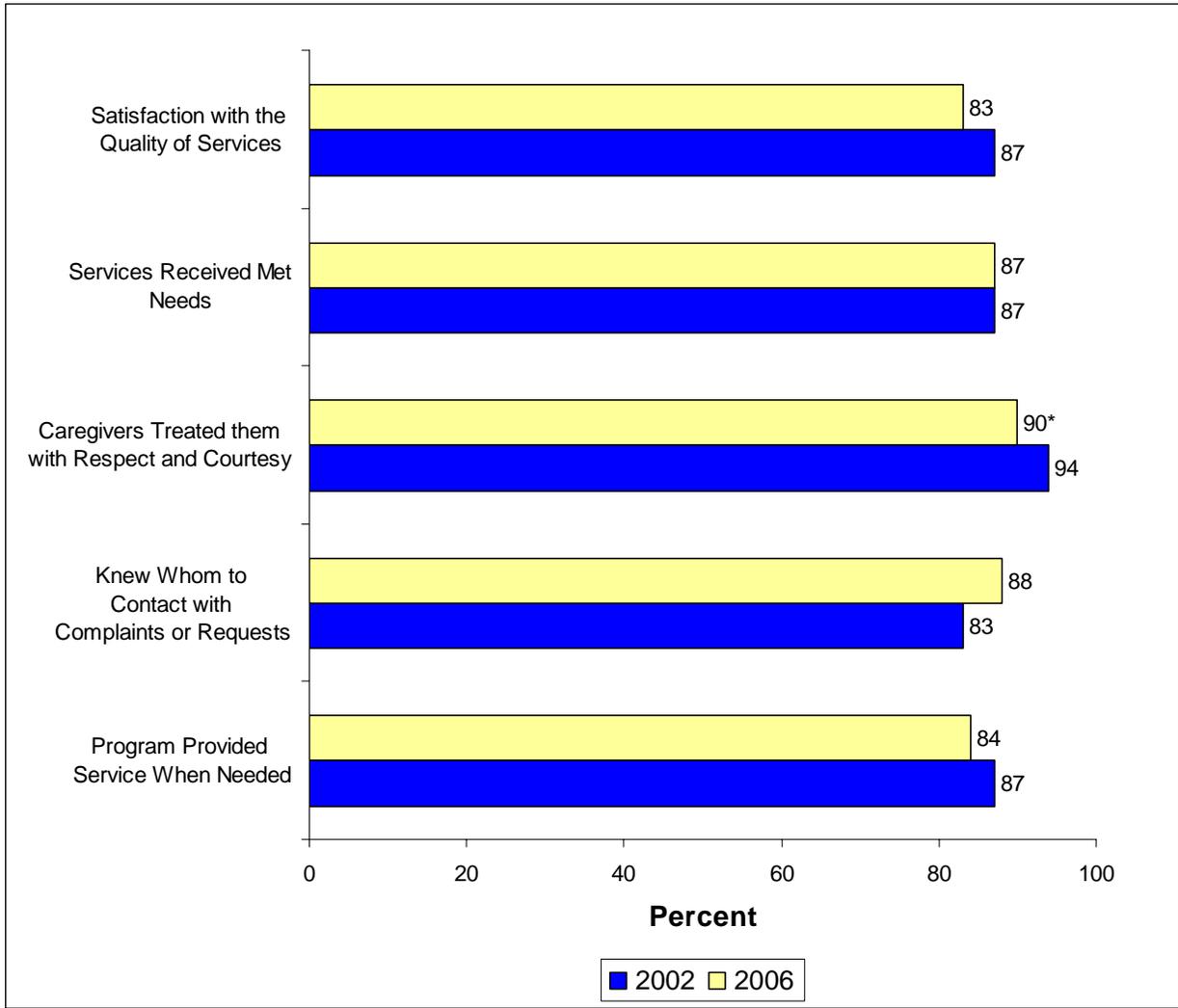
V. Consumer Satisfaction with Adult Day

Long-term care consumers who received Adult Day services indicated high levels of satisfaction with the care they received. For each measure, at least 83% of consumers were “always” or “almost always” satisfied (Chart ES.5a).

- Although a drop from 2002 satisfaction levels (94%), a very high number of consumers were satisfied with the respect and courtesy shown to them by their caregivers, with 90% having indicated their caregiver “always” or “almost always” treated them with respect and courtesy in 2006.
- Eighty-eight percent of long-term care consumers who received Adult Day services “always” or “almost always” knew whom to contact with a complaint or request.

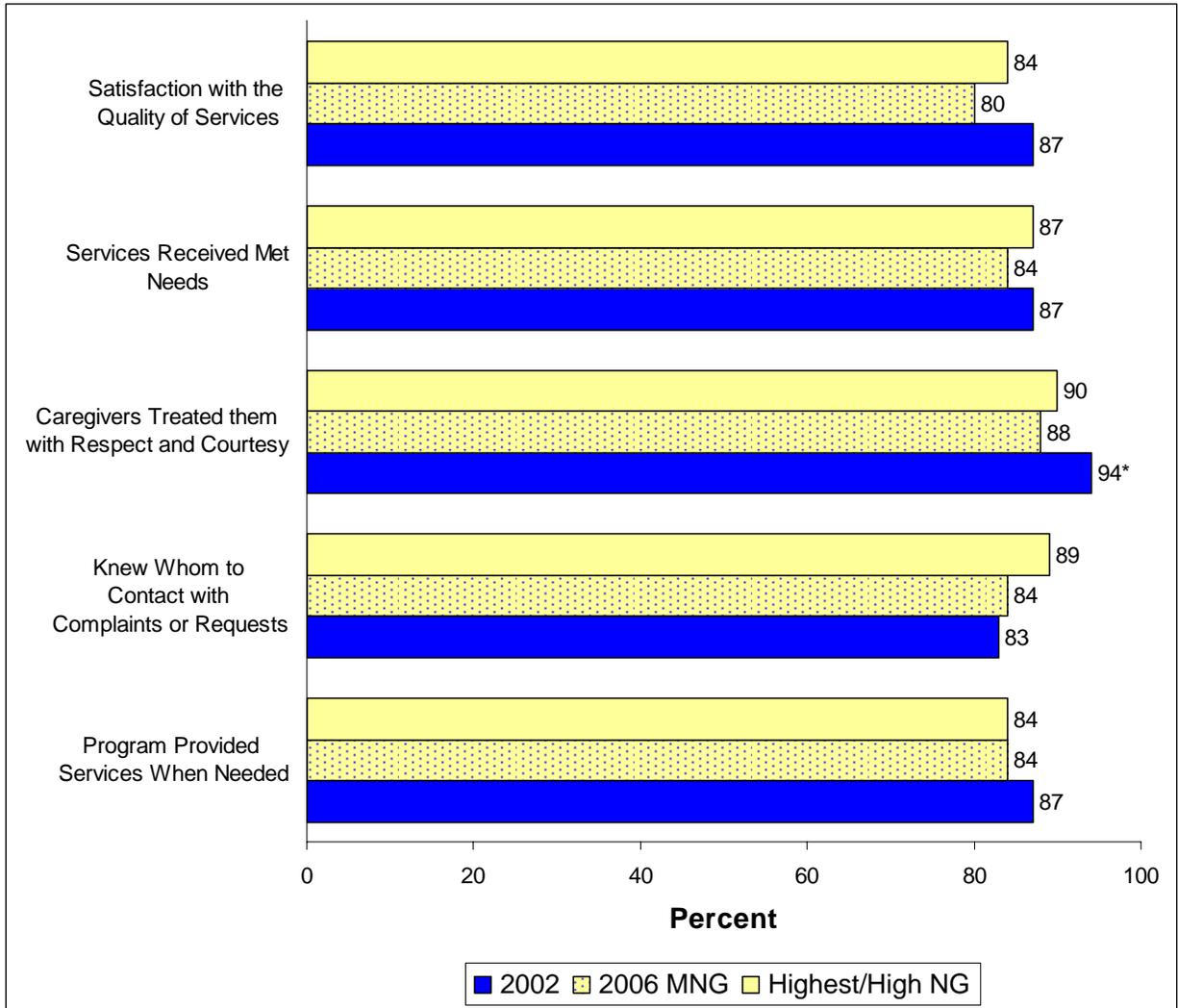
Adult Day consumers include Moderate Needs Group (MNG) and Highest/High Needs Group (HHN) participants. The MNG is an “expansion” group in Choices for Care, with lower levels of need and lower levels of service than the HHN group. Because of these differences, it is helpful to look at responses from this group separately from other Adult Day Services consumers. Chart ES.5b breaks out the 2006 responses of the MNG from HHN participants. While MNG responses are slightly less positive than other program participants, the differences are very small.

Chart ES.5a: Percentage of Respondents Who Were Always or Almost Always Satisfied with Adult Day Services



* Indicates statistical difference between 2002 and 2006 at 5%

Chart ES.5b: Percentage of Respondents Who Were Always or Almost Always Satisfied with Adult Day Services



* Indicates statistical difference between 2002 and 2006 at 5%

VI. Consumer Satisfaction with Choices for Care Services

In 2002, the CFC Medicaid Waiver Program was the highest rated program in the CSS. In 2006, on average, elderly and disabled Vermonters participating in the State's CFC Medicaid Waiver Program indicated lower levels of satisfaction. Significant differences were found in many satisfaction ratings when comparing 2006 to 2002 results. On all five measures, a lower percentage of consumers reported being "always" or "almost always" satisfied in 2006 than did in 2002. (Chart ES.6a)

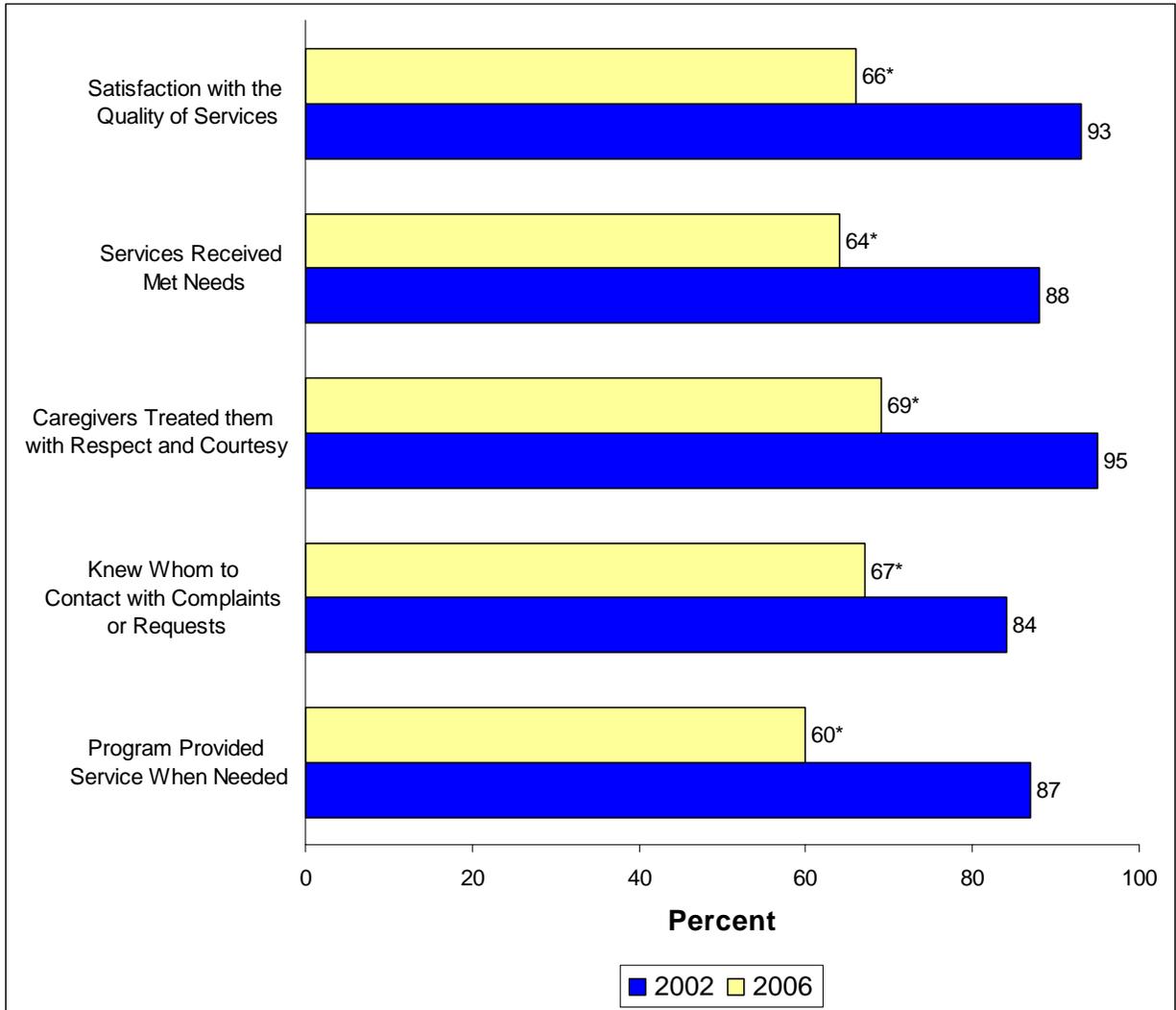
- Consumers were least satisfied with the program's ability to provide services when and where needed. In 2002, 87% of respondents indicated they "always" or "almost always" received services when and where needed; in 2006, only 60% of consumers "always" or "almost always" received the services when and where needed (a drop of 27%).
- The same dissatisfaction was reported with quality of services: 66% of consumers indicated that they "always" or "almost always" were satisfied with the quality of services in 2006, compared to 93% in 2002 (a drop of 27%).

This dramatic drop in overall satisfaction is caused by lower levels of satisfaction among MNG consumers. As described above, MNG consumers are a new group since the 2002 survey. These additional charts demonstrate that the satisfaction levels reported by MNG consumers are much lower than other program participants. MNG consumers have access to fewer services than do other Department consumers (e.g., Consumer-Directed and Surrogate-Directed options are not available to them), and are provided less service volume overall.

Chart ES.6b illustrates the MNG consumer responses separated from other program participants, such as the Highest/High Needs Group (HHN). Chart ES.6c separates HHN consumer responses into three HB Personal Care Services sub-groups: Home Health Agency (HHA) consumers, Consumer-Directed (CD) consumers, and Surrogate-Directed (SD) consumers. Chart ES.6d shows data related to the "quality of services" measure among three HB Personal Care Services sub-groups consumers by county.¹

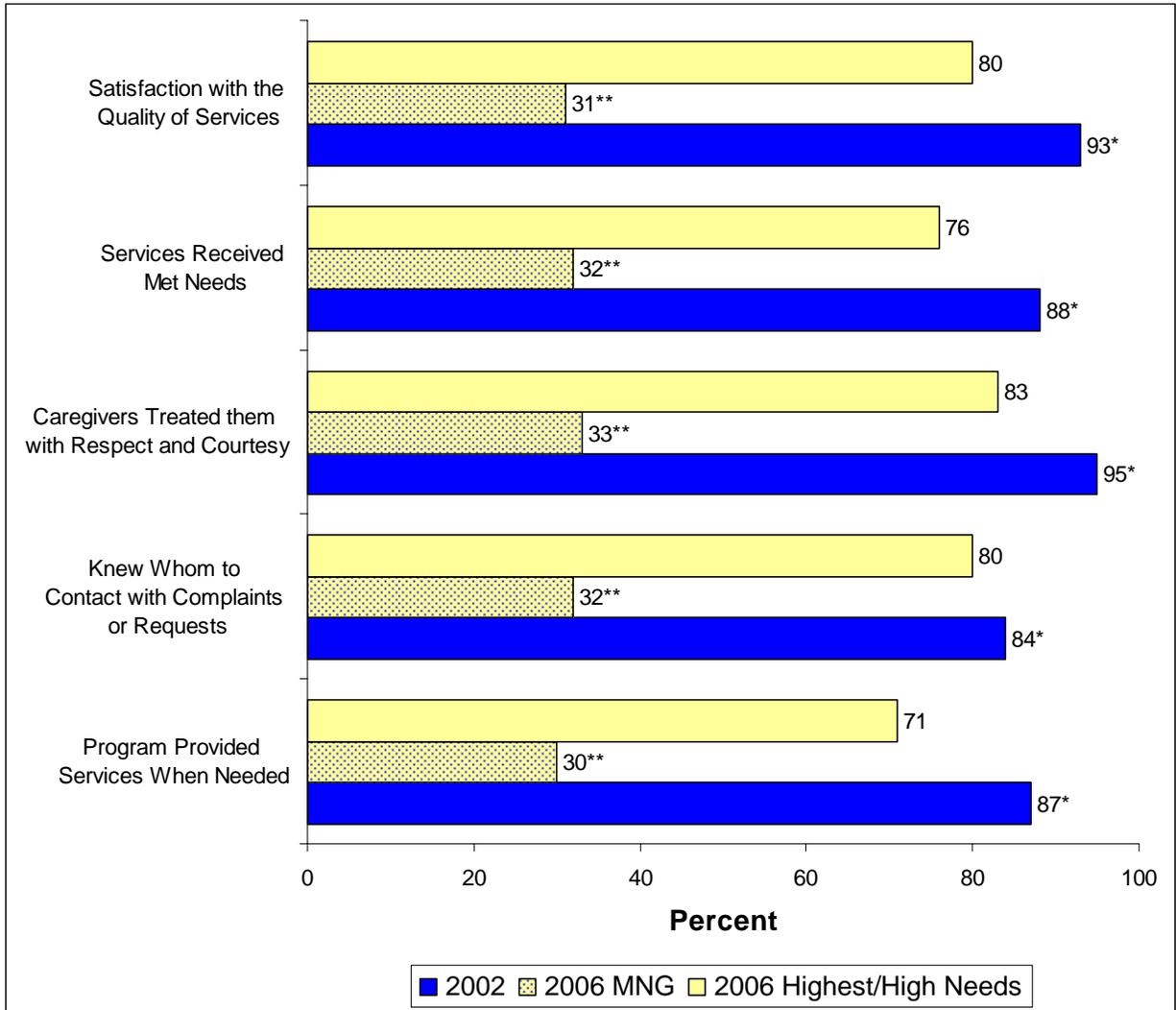
¹ Note that statistical significance testing was not performed on Chart ES.6c because sample sizes by county were not large enough to support this analysis.

Chart ES.6a: Percentage of Respondents Who Were Always or Almost Always Satisfied with CFC Services



* Indicates statistical difference between 2002 and 2006 at 5%

Chart ES.6b: Percentage of Respondents Who Were Always or Almost Always Satisfied with CFC Services



* Indicates statistical difference between 2002 and 2006 at 5%

** Indicates statistical difference between 2006 MNG and 2006 HHN at 5%

Chart ES.6c: Percentage of Respondents Who Were Always or Almost Always Satisfied with CFC Services in 2006

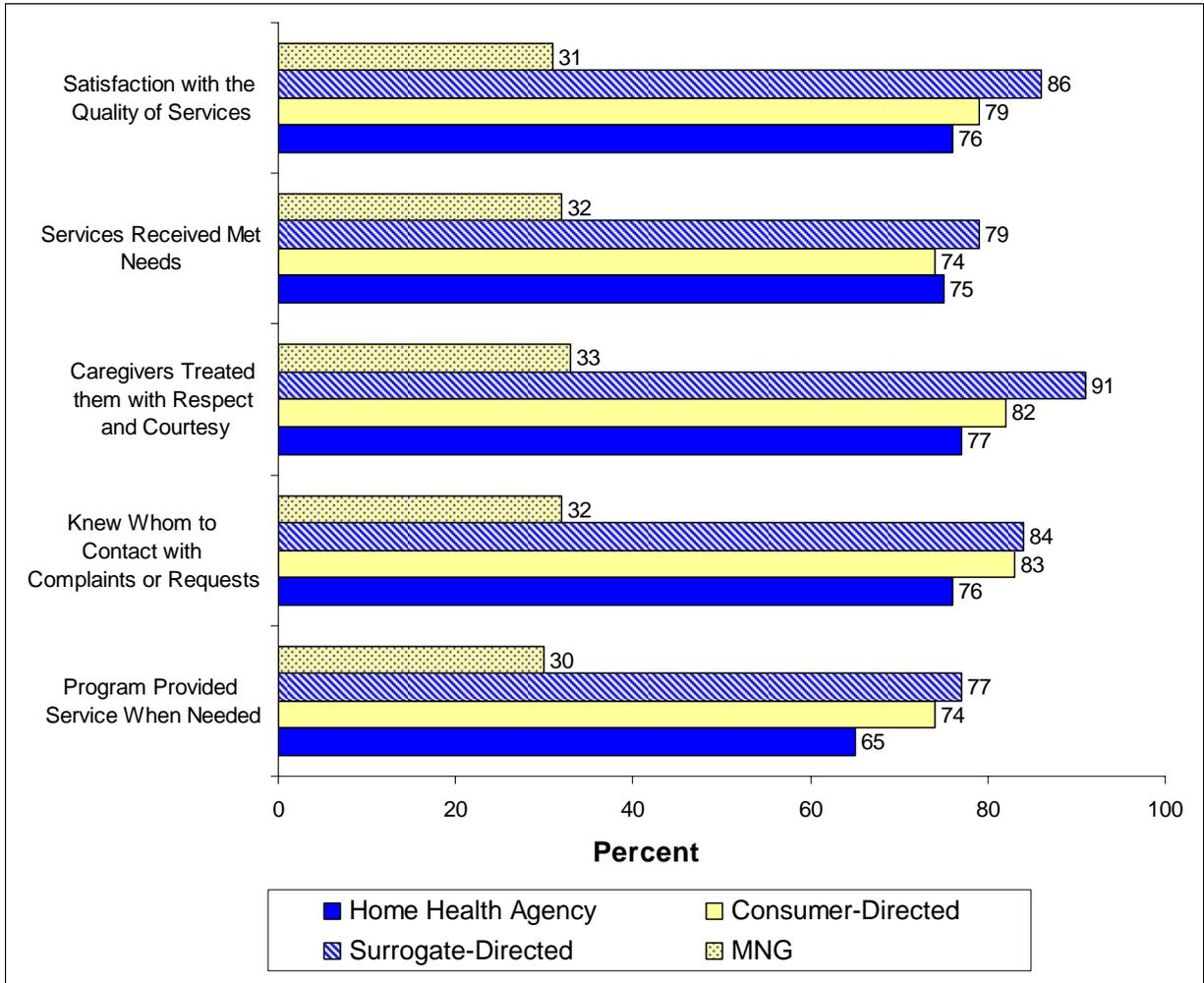
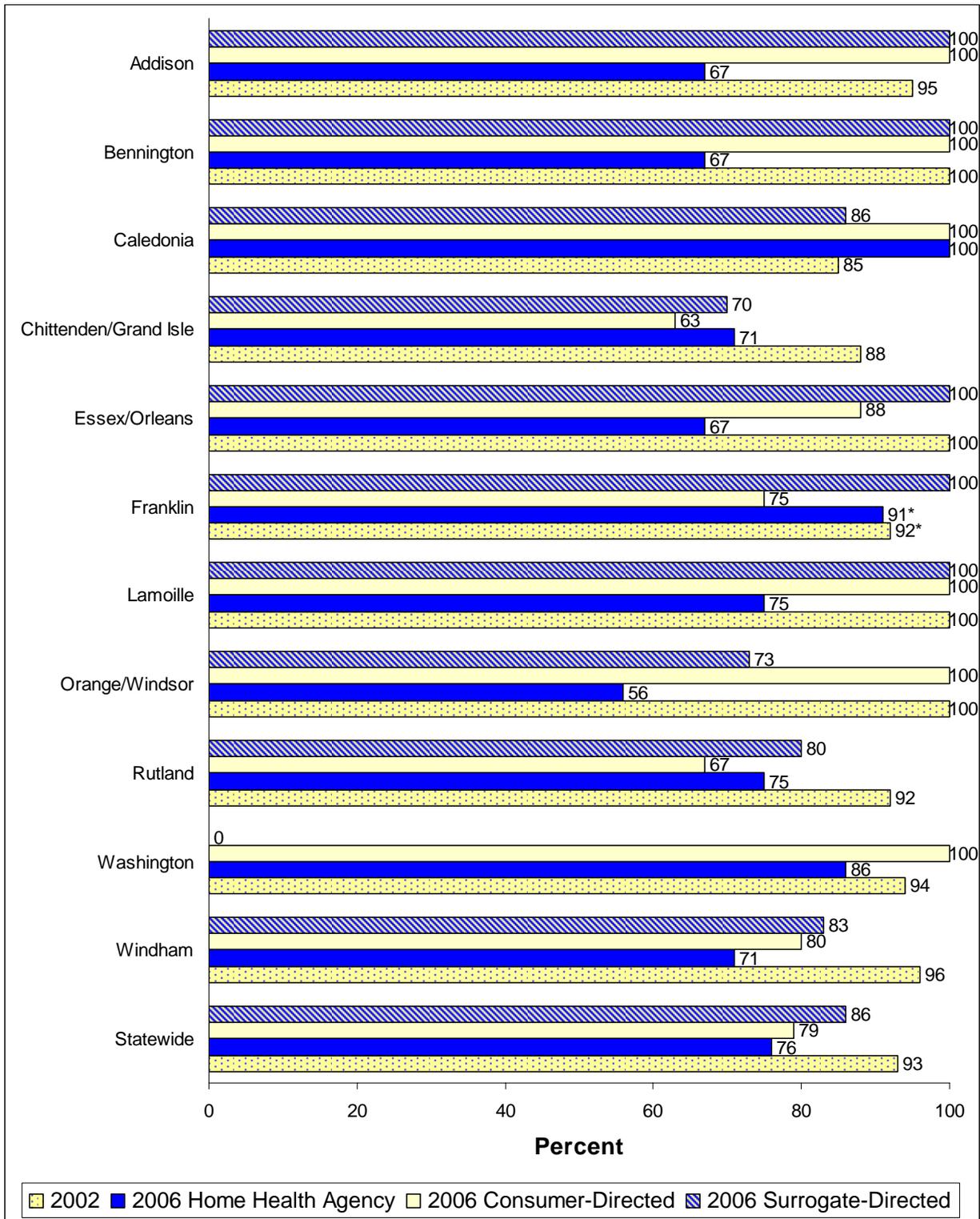


Chart ES.6d: Percentage of Respondents Who Were Always or Almost Always Satisfied with CFC Services



*Indicates statistical difference from statewide average at 5%
 Note: There were no Consumer-Directed respondents in Washington County.

INTRODUCTION

In 2006, the Department conducted a survey of clients who utilize long-term care programs and services. The Consumer Satisfaction Survey (CSS) provided the Department with measures of consumers' perceptions, experiences, and opinions about the services they receive. In 2006, the survey examined satisfaction with four different State programs: the Attendant Services Program, Homemaker Services, Adult Day Services, and the Choices for Care (CFC) Medicaid Waiver Program. This report also includes data related to the Home-Delivered Meals (HDM) Program. Specifically, this survey effort assessed:

- Overall consumer satisfaction with programs and services.
- The degree to which consumers perceived programs and services as having value.
- The degree to which programs and services have made a positive impact on the lives of consumers.
- The quality of life of individuals participating in programs and services.
- Levels of consumer satisfaction with specific measures of the Attendant Services Program, Homemaker Services, Adult Day Services and Choices for Care.

The survey provided measures of consumer satisfaction at the county and regional level, allowing comparisons among individual counties or regions and the State. The methodology was supported by a sampling plan that provides statistically valid estimates at the county/regional level. The survey was administered to clients in the following counties and regions: Addison, Bennington, Caledonia, Chittenden/Grand Isle, Essex/Orleans, Franklin, Lamoille, Orange/Windsor, Rutland, Washington, and Windham.

The following chapters detail the results of the 2006 CSS; the report also compares these results to those obtained during the 2002 survey.

- **Chapter I** describes an overview of long-term care services ratings for all programs combined.
- **Chapter II** explains quality-of-life measures among Vermonters who use long-term care services, comparing the results to statewide responses of a representative sample of all adult Vermonters.
- **Chapters III, IV, V, and VI** present a more detailed picture of satisfaction with the Attendant Services Program, Homemaker Services, Choices for Care, and Adult Day Services.

- **Chapter VII** offers data from respondents who have participated in the Home-Delivered Meals Program (HDM).
- **Chapter VIII** presents debriefing notes about conducting the survey from Macro's call center staff.
- **Appendix A** provides a detailed overview of the survey methodology.
- **Appendix B** includes tables containing the number of consumers who responded to each survey question.
- **Appendix C** contains a copy of the mail survey questionnaire.

CHAPTER I. OVERVIEW OF LONG-TERM CARE SERVICES RATINGS

In 2006, consumers of the Department's long-term care services indicated overwhelming satisfaction with, and approval of, the programs and services in which they participated. Ratings remained consistently high across all measures, including caregiver courtesy, communication with caregivers, overall quality of assistance received, and the degree to which the services met consumer needs. Similar to 2002's results, there was some variation between the county or region and statewide results. The data presented below represents responses to questions about four programs: Attendant Services; Homemaker Services; Adult Day Services, and Choices for Care (CFC) Medicaid Waiver Services. The questions and programs discussed in this chapter are the same as in 2002, and therefore offer the opportunity for year-to-year comparison.

In the questionnaire, respondents were asked to rate various measures using one of two five-point scales: the first scale included: "always," "almost always," "sometimes," "seldom," and "never". The second scale included: "excellent," "good," "average," "poor," and "unsatisfactory". Please note that in this report, "above average" indicates a rating of "excellent" or "good," while "below average" indicates a rating of "poor" or "unsatisfactory".

Sample sizes for data presented in Charts 1.1 through 1.12 are provided in *Appendix B*, starting on page 112.

A. SATISFACTION WITH LONG-TERM CARE MEASURES

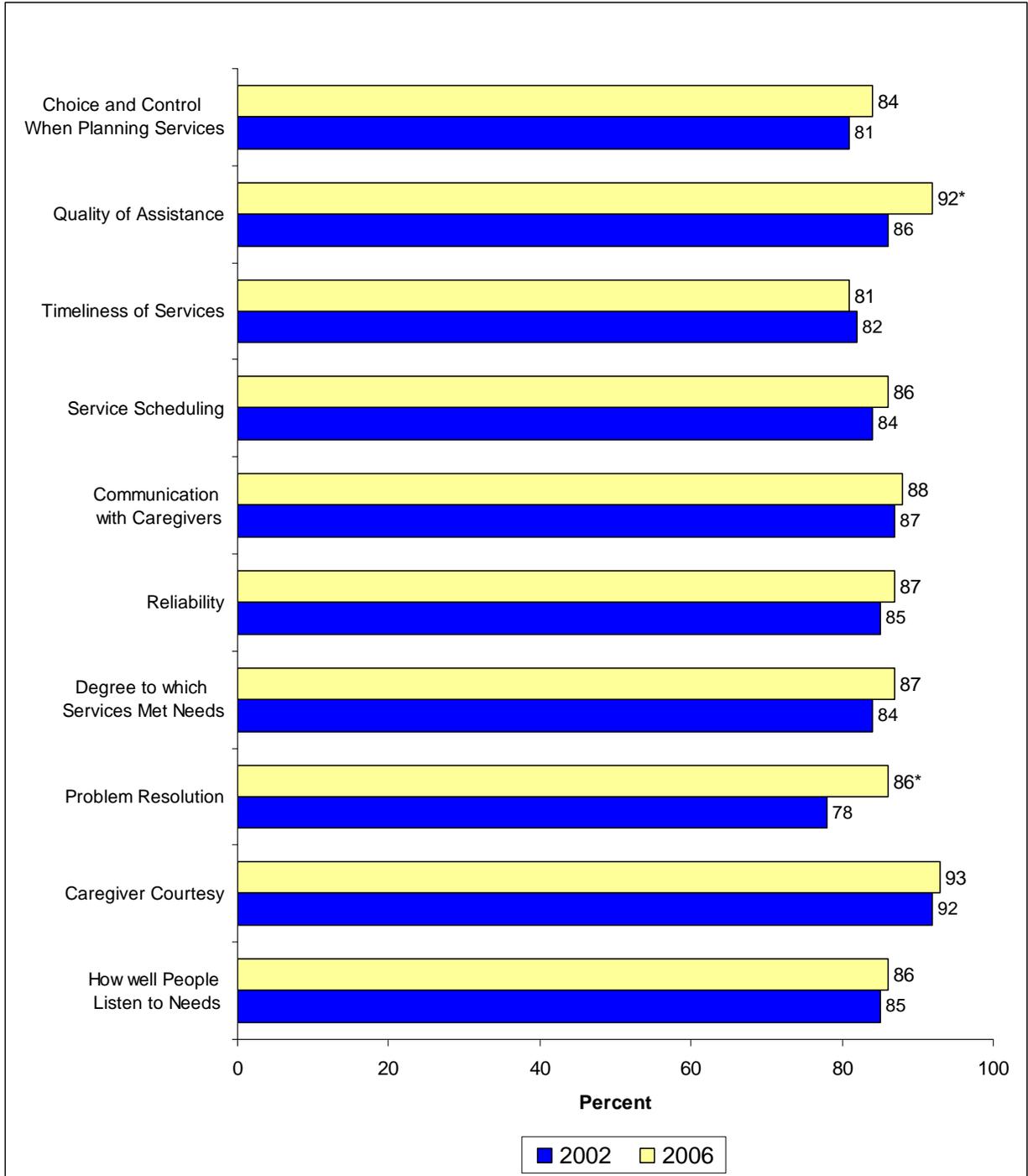
The majority of participants in the State's Attendant Services Program, Homemaker, Adult Day, and Choices for Care Services were pleased with the type, quality, and amount of services they had received from these programs. The survey included 10 questions about different aspects of program support and service delivery. Statewide, consumers rated their satisfaction with the programs as either "excellent" or "good". On average, satisfaction levels with measures (i.e., average ratings of "excellent" or "good") in 2006 (87.0%) were slightly higher than in 2002 (84.4%) (Chart 1.0).

Satisfaction levels increased between 2002 and 2006 for nine of 10 measures, although only two of these differences are statistically significant (quality of assistance and problem resolution). Satisfaction levels for one measure dropped between 2002 and 2006 – overall timeliness of services offered (82% to 81%); however, this was not a statistically significant decrease.

While the level of satisfaction with these programs was generally high, there was some variation among different measures. Caregiver courtesy was yet again the most highly rated measure by program participants, with 93% of respondents indicating they felt this

measure was either “excellent” or “good.” All measures received an overall rating of “excellent” or “good” by at least 81% of consumers.

Chart 1.0: Percentage of Respondents Statewide Who Rated Overall Services as Excellent or Good



*Indicates statistical difference between 2002 and 2006 at 5%

The following sections discuss survey results for each specific measure presented in the survey: amount of choice and control, quality of help received, timeliness of services, scheduling of services, communication with caregivers, caregiver reliability, degree to which services met consumers' needs, problem and concern resolution, caregiver courtesy, and how well program staff listen. In addition, survey results concerning consumers' perception of the value of the services they receive, as well as the impact of services on their lives and their ability to remain in their homes, are presented. Results are summarized by county or region, as well as statewide.

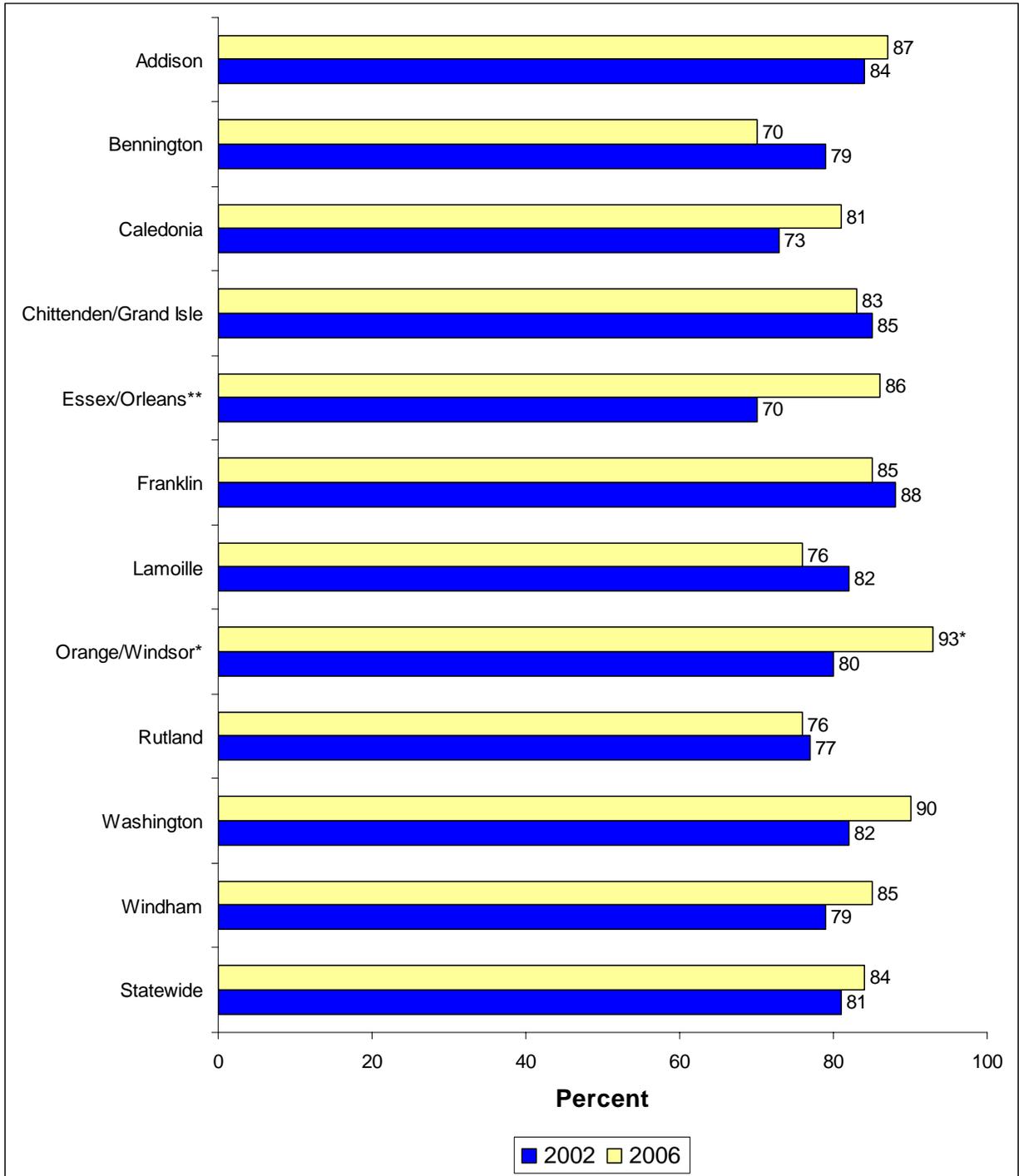
As in 2002, little variation was detected in the level of satisfaction among long-term care consumers in each county/region as compared to the statewide average (see Charts 1.1-1.10). On several measures, however, consumers in Addison County reported satisfaction levels higher than the statewide average.

B. AMOUNT OF CHOICE AND CONTROL

In 2006, 84% of consumers statewide were satisfied (using a rating of “excellent” or “good”) with their amount of choice and control when arranging services or care. This percentage is slightly higher than the 2002 results (81%), but the difference is not statistically significant. (Chart 1.1a)

There were significant increases in above-average ratings in Essex/Orleans (86% vs. 70%) and Orange/Windsor (93% vs. 80%) when comparing 2006 to 2002 data. The above-average rating for Orange/Windsor was significantly higher than the statewide average.

Chart 1.1: Percentage of Respondents Rating Amount of Choice and Control as Above Average



*Indicates statistical difference from statewide average at 5%

**Indicates statistical difference between 2002 and 2006 at 5%

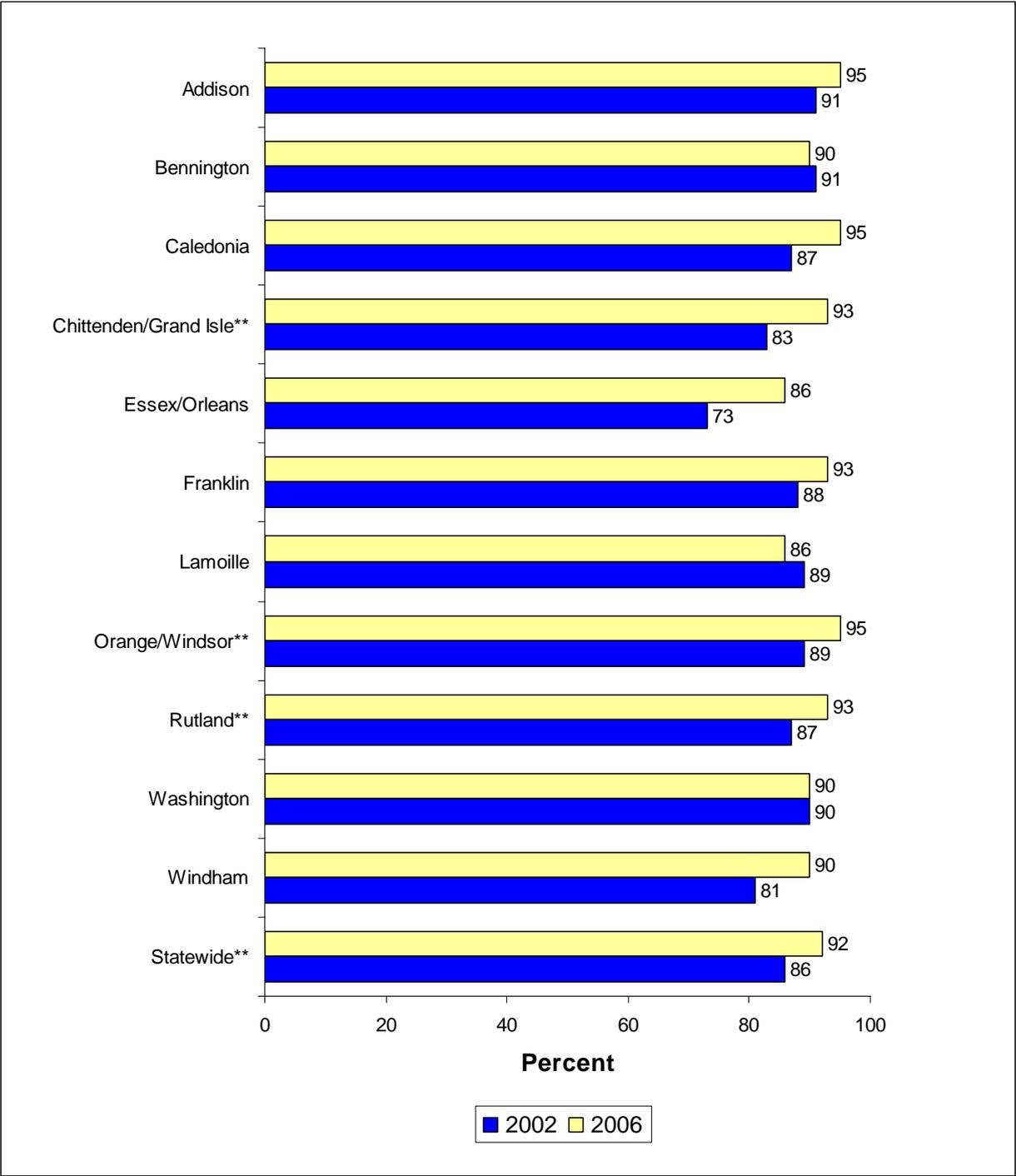
C. QUALITY OF HELP RECEIVED

In 2006, 92% of consumers statewide rated the overall quality of help received as above average (with a rating of “excellent” or “good”). This percentage is 6% higher than the 2002 results (86%), and represents a statistically significant increase.

A higher percentage of consumers in Chittenden/Grand Isle (93% vs. 83%), Orange/Windsor (95% vs. 89%), and Rutland (93% vs. 87%) counties reported above-average satisfaction in 2006 than in 2002.

Little variation by county or region was noted in 2006 – no above-average ratings by county were statistically different from the statewide average. (Chart 1.2)

Chart 1.2: Percentage of Consumers Who Rated Overall Quality as Above Average



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

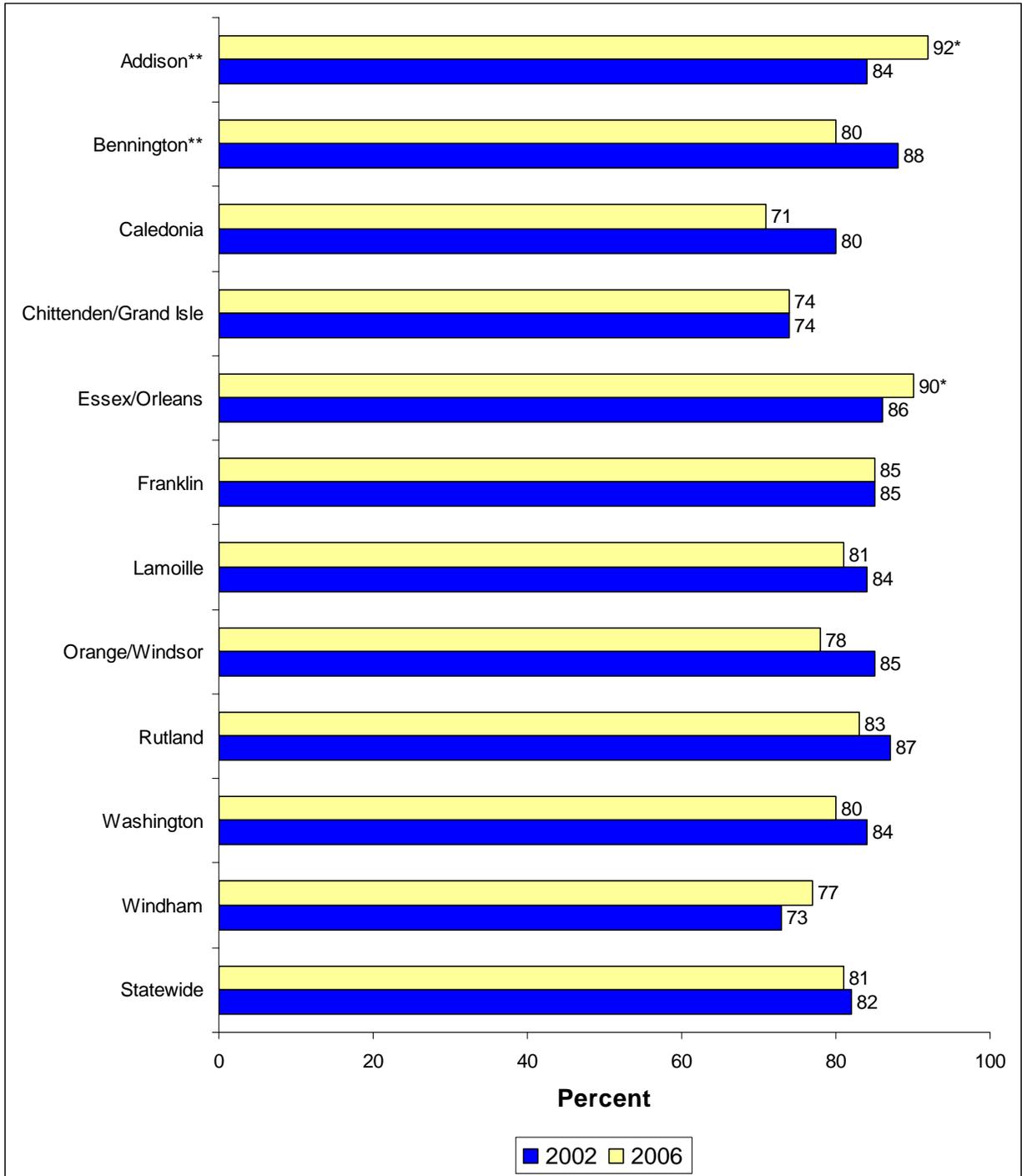
D. TIMELINESS OF SERVICES

Statewide, 81% of long-term care service consumers rated the timeliness of the services as “above average”. This rating is consistent with consumer satisfaction with this measure in 2002 (82%).

A significantly higher percentage of consumers in Addison County rated timeliness of services as above average in 2006 (92%) than did in 2002 (84%); the 2006 rating is significantly higher than the statewide average (81%). However, there was significant drop in satisfaction with timeliness of services in Bennington County in 2006 (80%) compared to 2002 (88%).

Consumers in Essex/Orleans County rated satisfaction with timeliness of services (90%) significantly higher than consumers statewide (81%). (Chart 1.3)

Chart 1.3: Percentage of Consumers Indicating Timeliness of Services was Above Average



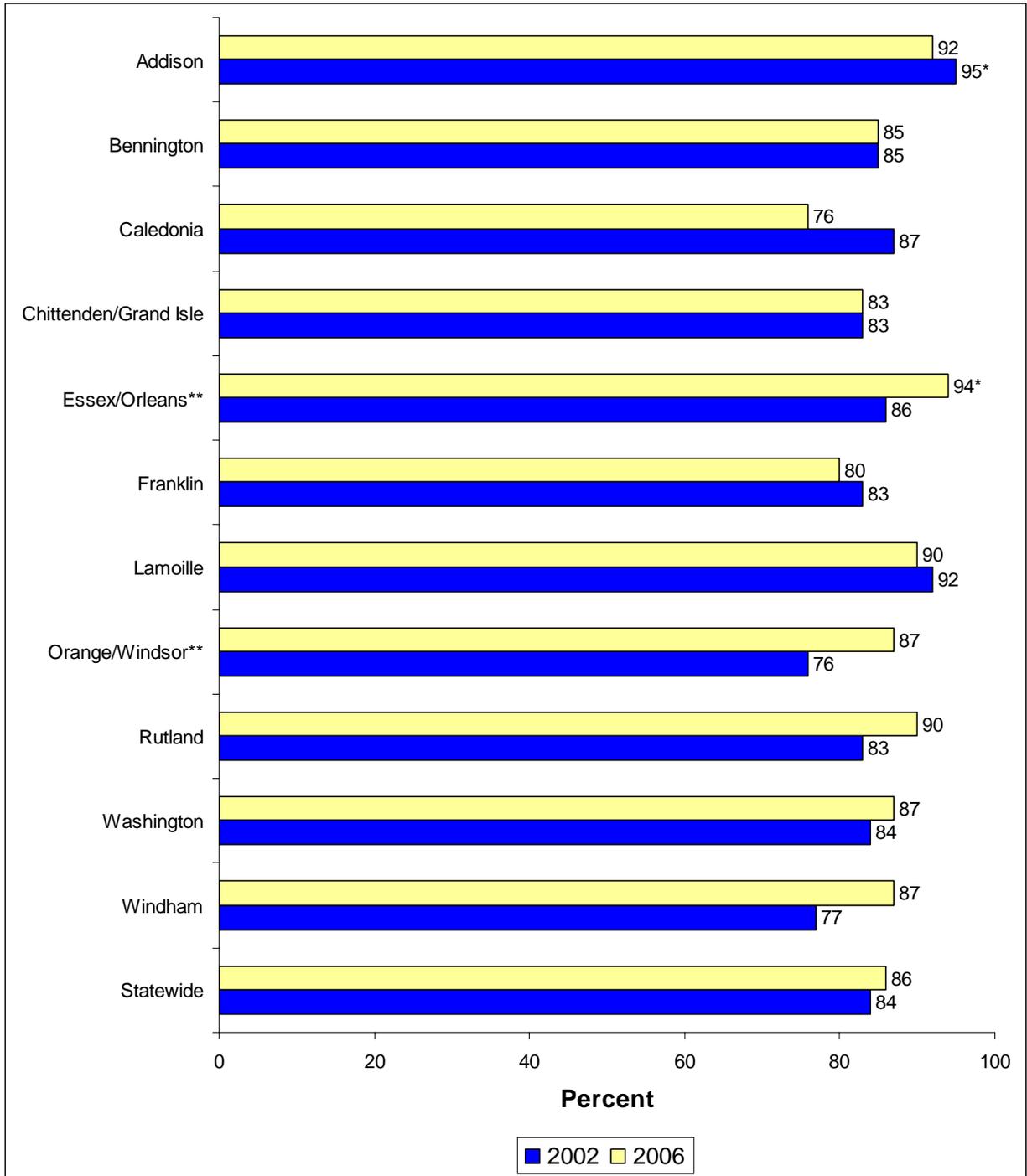
* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

E. SCHEDULING OF SERVICES

In 2006, 86% of consumers statewide said the schedule of when they received service or care was “excellent” or “good”, a small increase over 2002 (84%). The difference is not statistically significant.

The percentage of consumers in Essex/Orleans (94% vs. 86%) and Orange/Windsor (87% vs. 76%) in 2006 who rated schedule of services as above average was significantly greater than in 2002. In addition, a significantly higher percentage of consumers in Essex/Orleans (94%) rated their satisfaction with scheduling of services as above average than consumers statewide (86%). (Chart 1.4)

Chart 1.4: Percentage of Consumers Who Indicated Service Scheduling was Above Average



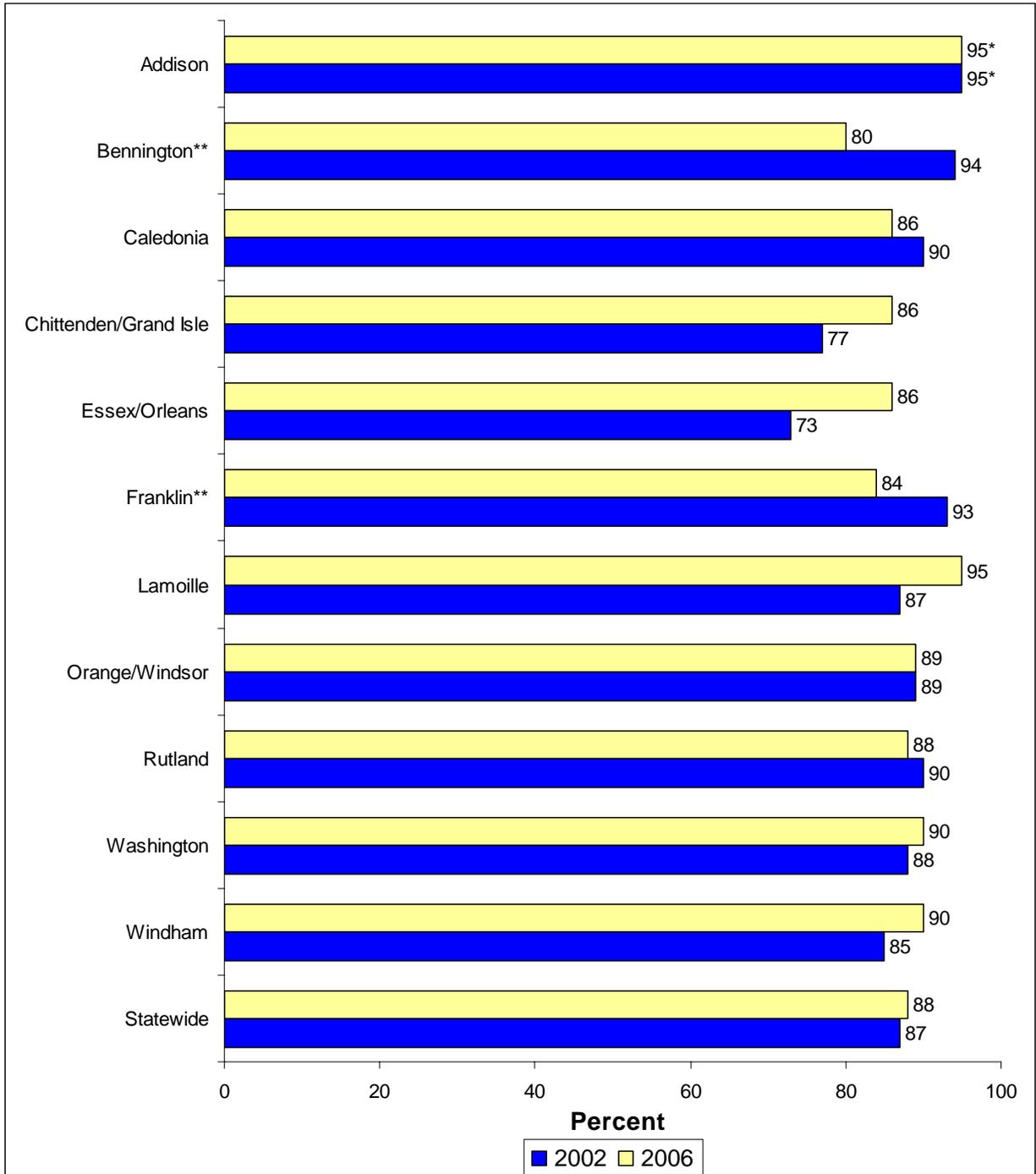
* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

F. COMMUNICATION WITH CAREGIVERS

Statewide, 88% of consumers rated their satisfaction with communication between themselves and their caregivers as above average in 2006. This level of satisfaction is comparable to above-average ratings reported in 2002 (87%).

Statistically significant decreases in satisfaction in 2006 compared to 2002 were noted in Bennington (80% vs. 94%) and Franklin (84% vs. 93%) Counties. In addition, a greater percentage of consumers in Addison rated their satisfaction with communication as above average than did consumers across the State (95% vs. 88%). (Chart 1.5)

Chart 1.5: Percentage of Consumers Who Indicated Communications with Caregivers was Above Average



* Indicates statistical difference from statewide average at 5%

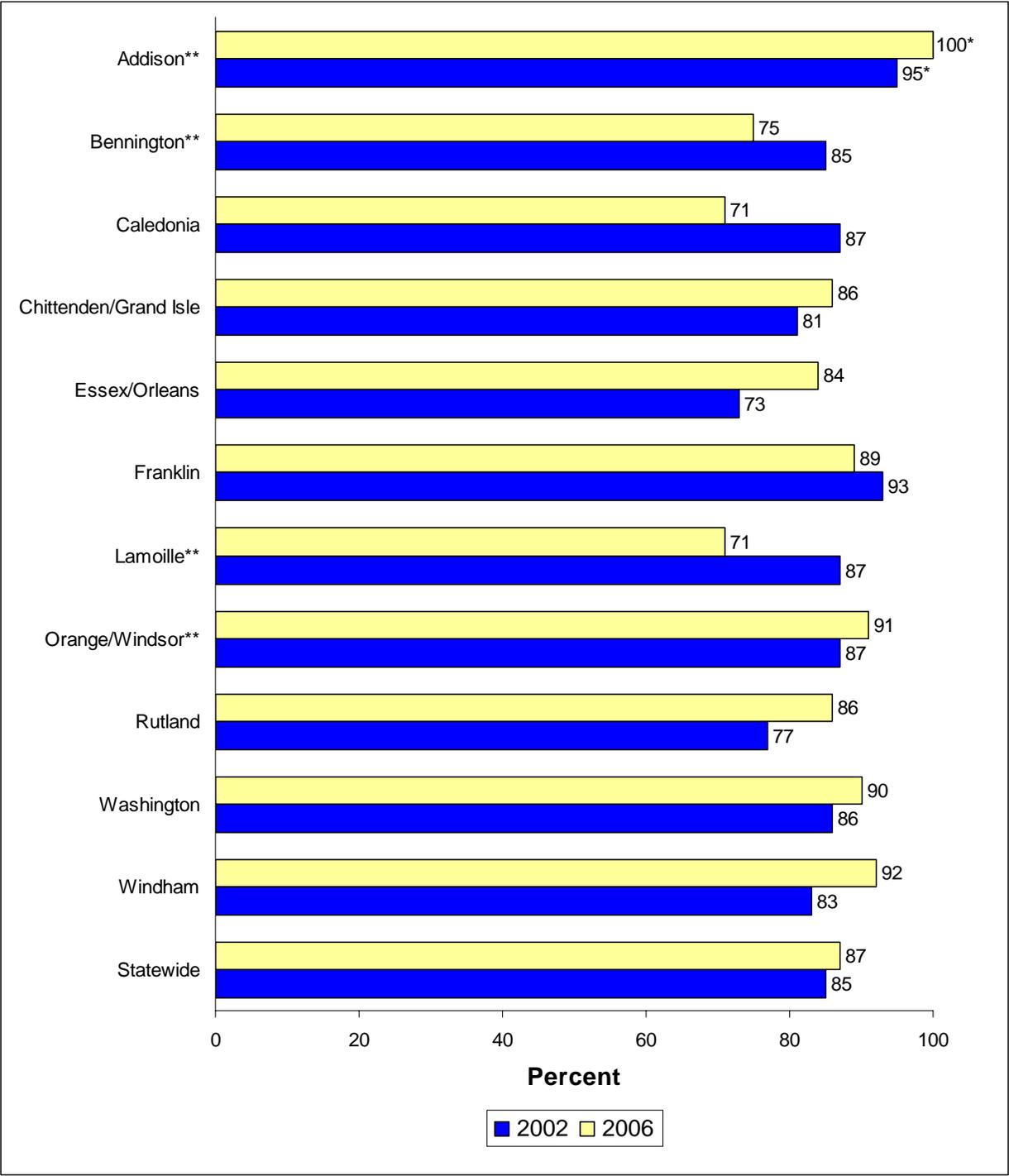
** Indicates statistical difference between 2002 and 2006 at 5%

G. CAREGIVER RELIABILITY

Overall, 87% of consumers statewide rated caregiver reliability as either “excellent” or “good” in 2006, representing an increase (although not statistically significant) in satisfaction from 2002 (85%).

A significantly greater percentage of consumers in Addison (100%) and Orange/Windsor (91%) reported high levels of satisfaction with caregiver reliability in 2006 than in 2002 (95% and 87%, respectively). In two other counties, however, ratings of caregiver reliability decreased significantly from 2006 to 2002 (Bennington: 75% vs. 85%; and Lamoille: 71% vs. 87%). In 2006, consumers in Addison (100%) were also significantly more likely than those statewide (87%) to rate caregiver reliability as “excellent” or “good”. (Chart 1.6)

Chart 1.6: Percentage of Consumers Who Rated Caregiver Reliability as Above Average



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

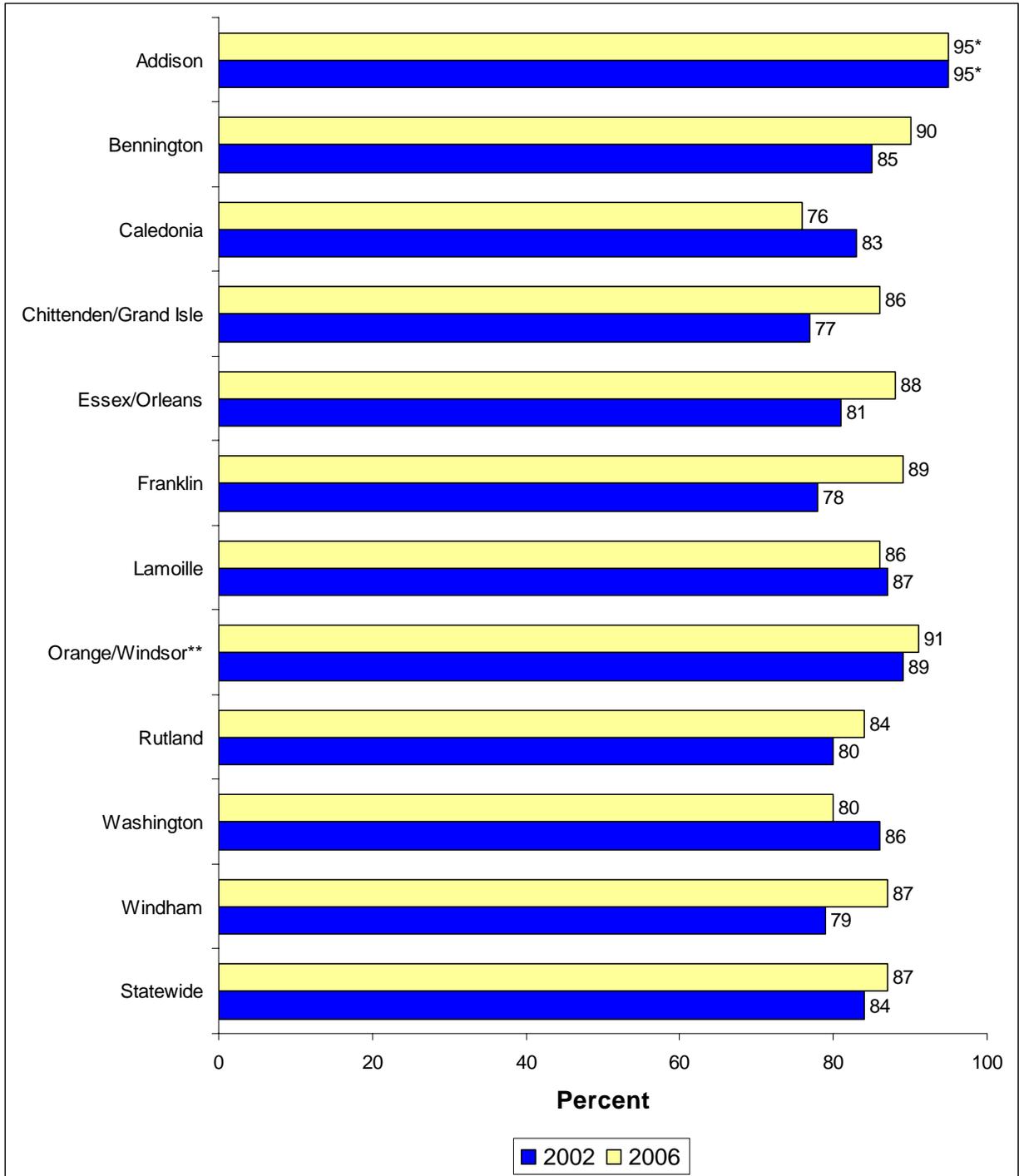
H. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

Statewide, 87% of consumers in 2006 felt that the long-term care services they received were an “excellent” or “good” match for their needs. This rating is slightly higher than in 2002 (84%), but the difference is not statistically significant.

Consumers in Orange/Windsor (91%) were more likely to positively rate the degree to which services met their needs, showing a significant increase from 2002 (89%).

Consumers in Addison County (95%) provided significantly higher ratings of satisfaction in 2006 than did consumers statewide. (Chart 1.7)

Chart 1.7: Percentage of Consumers Who Rated the Degree to Which Services Met Their Needs as Above Average



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

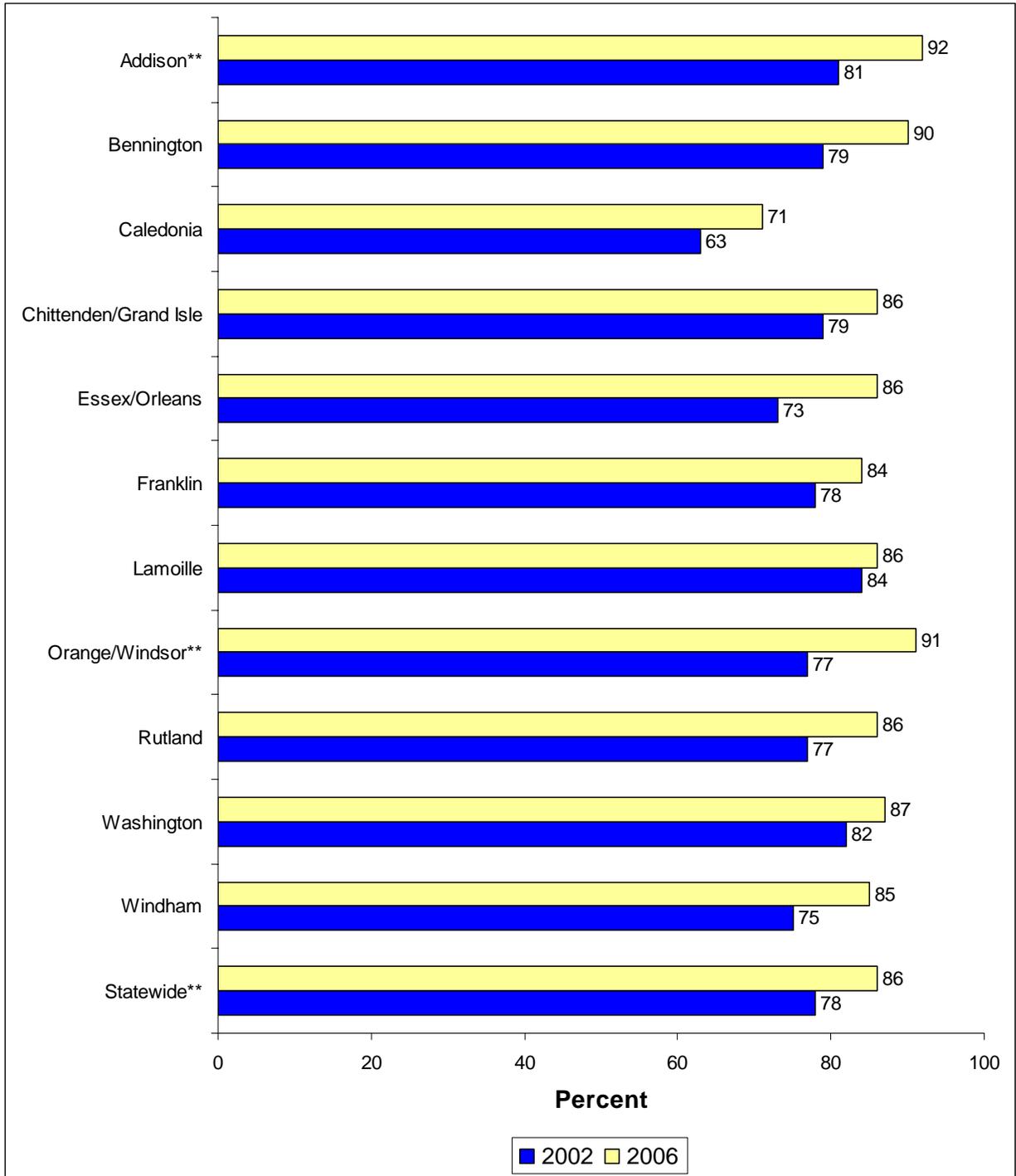
I. PROBLEM AND CONCERN RESOLUTION

When asked how effectively problems or concerns with their care were addressed, 86% of consumers statewide reported “excellent” or “good” resolution in the 2006 survey. Satisfaction with this measure increased significantly from 2002, when the percentage was 78%.

Among Vermont counties and regions, Addison and Orange/Windsor were the only areas that showed a significant difference from 2002 to 2006. In these counties, the ratings given to problem resolution in 2006 were significantly greater than ratings in 2002 (92% vs. 81% and 91% vs. 77%, respectively).

Satisfaction with problem and concern resolution was consistent across the state – no county/region showed a significant difference in their satisfaction rating compared to the statewide average. (Chart 1.8)

Chart 1.8: Percentage of Consumers Who Indicated Problem Resolution was Above Average



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

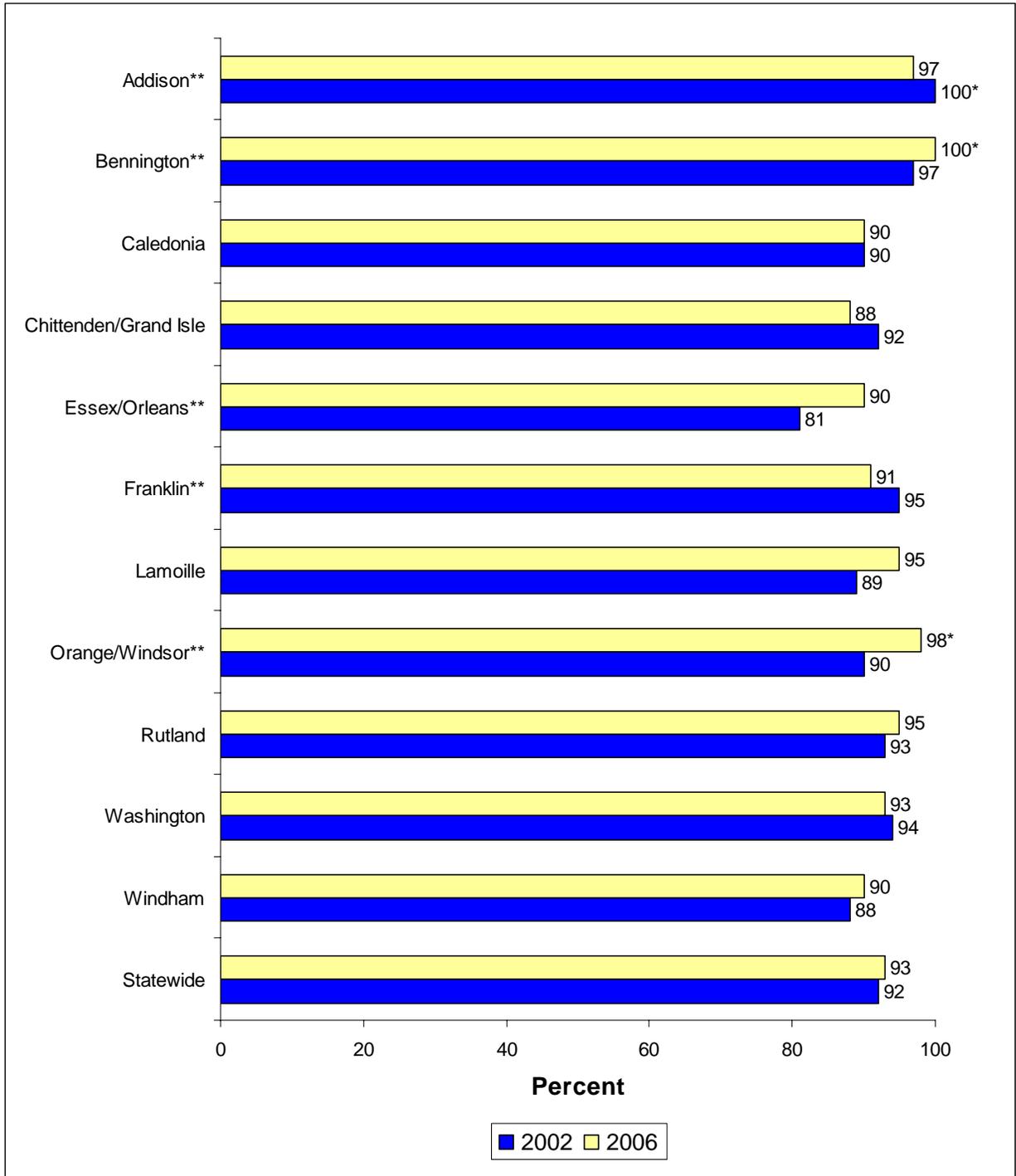
J. CAREGIVER COURTESY

In 2006, consumers indicated a higher level of satisfaction with the courtesy shown by their caregivers than any other aspect of the State's long-term care programs and services. Overall, 93% of consumers statewide indicated that caregiver courtesy was above average, a slight (but not statistically significant) increase over 2002 (92%) results.

Consumers in Addison and Franklin were less likely to indicate above-average satisfaction with caregiver courtesy in 2006 than in 2002 (97% vs. 100% and 91% vs. 95%). However, there were significantly higher caregiver courtesy ratings given in Bennington (100% vs. 97%), Essex/Orleans (90% vs. 81%), and Orange/Windsor (98% vs. 90%) in 2006 as compared to 2002.

The 2006 ratings given by consumers in Bennington (100%) and Orange/Windsor (98%) Counties were significantly higher than consumers statewide (93%). (Chart 1.9)

Chart 1.9: Percentage of Consumers Who Indicated Caregiver Courtesy was Above Average



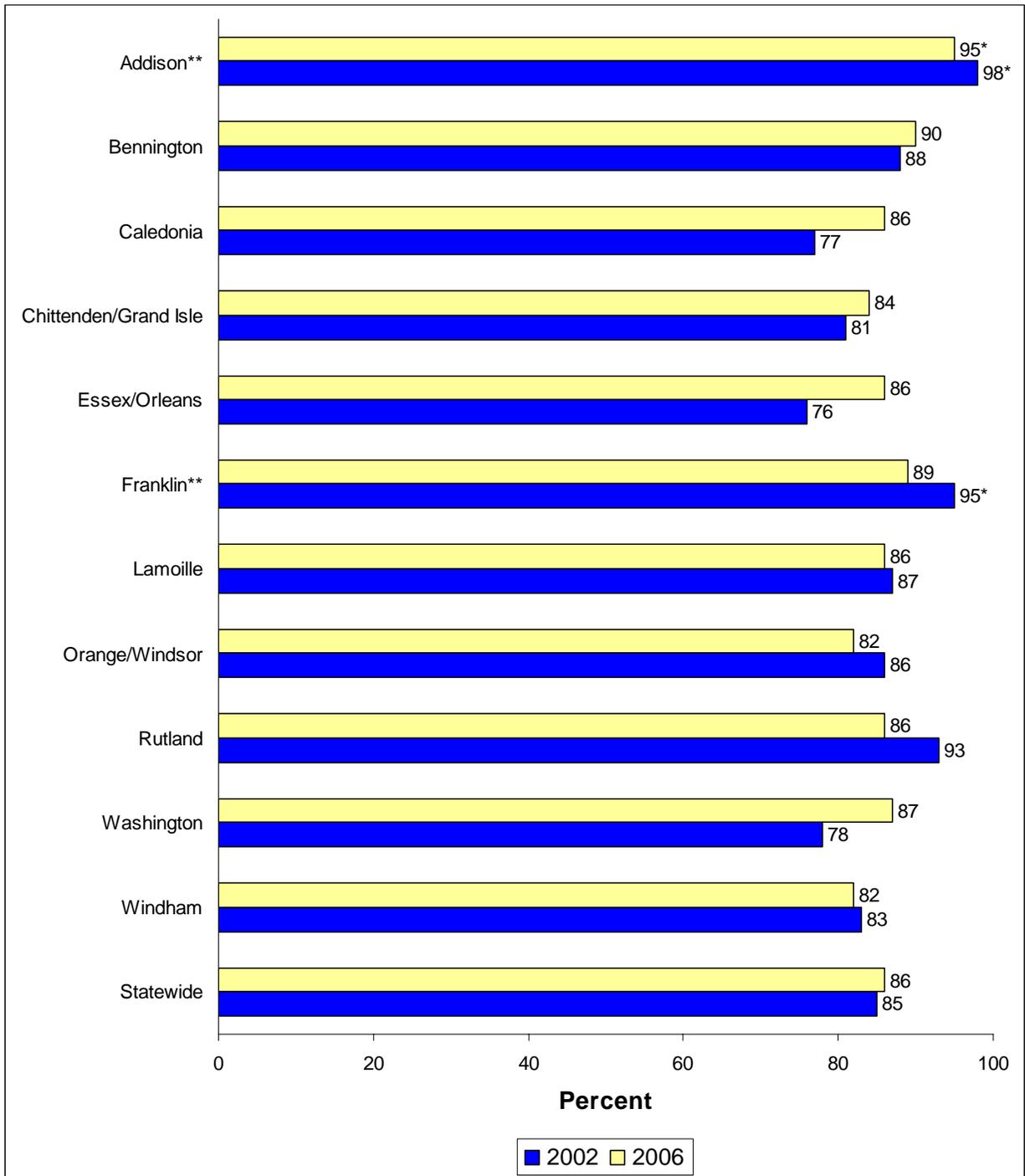
* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

K. HOW WELL PROGRAM STAFF LISTEN

Statewide, 86% of consumers rated how well program staff listened to their needs and preferences as “excellent” or “good” during the 2006 survey. This percentage is consistent with survey results for this measure in 2002 (85%).

Fewer consumers in Addison (95%) and Franklin (89%) rated program staff listening skills as above average in 2006 as compared to 2002 (98% and 95%, respectively). The statistically significant drop in satisfaction among Addison residents still represents a significantly higher level of satisfaction than the statewide average in 2006. (Chart 1.10)

Chart 1.10: Percentage of Consumers Who Indicated Program Staff Listening Skills were Above Average



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

L. PERCEIVED VALUE OF SERVICES RECEIVED

When asked about the value of the services received (measured against what consumers paid for these services), 83% of consumers statewide responded that the services were indeed "of good value" in 2006 (Figure 1.11). This percentage is slightly lower than in 2002 (86%), but the difference is not statistically significant.

Consumers in Addison, Essex/Orleans, Franklin, and Windham were more likely to feel that services received were a good value in 2006, as compared to their responses from 2002.

These differences are not statistically significant; however 2006 the rating in Essex/Orleans (94.1%) is significantly higher than the statewide average (83.0%).

Consumers in the remaining seven counties were less likely to have reported that services were a good value in 2006 compared to 2002. The drop in Bennington (60% vs. 85%) is statistically significant, and significantly lower than the statewide average.

Figure 1.11: Value of Services

For what you had to pay for the services you receive(d) did you find them of good value?

County	Yes		No	
	2002	2006	2002	2006
Addison	76.7% (64.1%-89.4%)	84.6% (73.2%-96.0%)	2.3% (0.0%-6.8%)	2.6% (0.0%-7.5%)
Bennington**	84.8% (72.6%-97.1%)	60.0%* (38.4%-81.6%)	6.1% (0.0%-14.2%)	0.0% (0.0%-0.0%)
Caledonia	86.7% (74.5%-98.9%)	71.4% (52.0%-90.8%)	0.0% (0.0%-0.0%)	9.5% (0.0%-22.1%)
Chittenden/ Grand Isle	83.0% (72.9%-93.2%)	75.4% (65.2%-85.6%)	3.8% (0.0%-8.9%)	2.9% (0.0%-6.9%)
Essex/ Orleans	91.9% (83.1%-100%)	94.1%* (87.6%-100%)	2.7% (0.0%-7.9%)	0.0% (0.0%-0.0%)
Franklin	85.0% (73.9%-96.1%)	90.9% (83.3%-98.5%)	0.0% (0.0%-0.0%)	1.8% (0.0%-5.4%)
Lamoille	86.8% (76.1%-97.6%)	85.7% (70.7%-100%)	0.0% (0.0%-0.0%)	0.0% (0.0%-0.0%)
Orange/ Windsor	85.9% (75.0%-96.8%)	83.6% (73.8%-93.4%)	5.6% (0.0%-12.2%)	5.5% (0.0%-11.5%)
Rutland	86.7% (74.5%-98.9%)	84.5% (75.1%-93.8%)	0.0% (0.0%-0.0%)	0.0% (0.0%-0.0%)
Washington	96.1% (90.7%-100%)*	90.0% (79.2%-100%)	0.0% (0.0%-0.0%)	0.0% (0.0%-0.0%)
Windham	83.3% (72.7%-93.9%)	84.6% (73.2%-96.0%)	4.2% (0.0%-9.8%)	2.6% (0.0%-7.5%)
Statewide	86.2% (82.8%-89.6%)	83.0% (79.4%-86.5%)	2.5% (0.9%-4.2%)	2.3% (0.9%-3.7%)

* Indicates statistical difference from statewide average at 5%

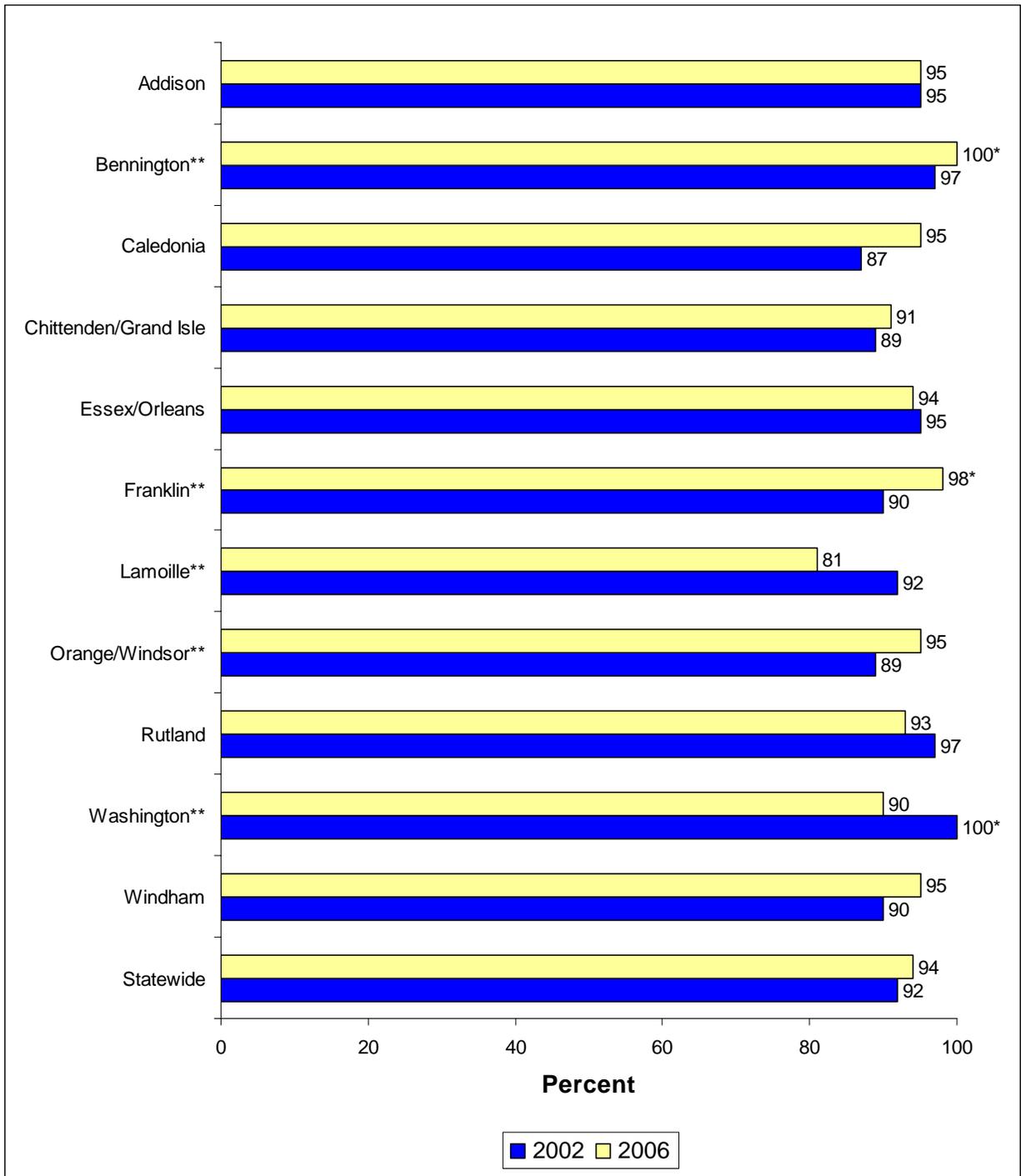
** Indicates statistical difference between 2002 and 2006 at 5%

M. IMPACT OF PROGRAMS AND SERVICES ON CONSUMERS' LIVES

An overwhelming majority (94%) of long-term care program consumers statewide reported that the help they received from State services made their lives “much” or “somewhat” better. This result is slightly higher than the statewide ratings in 2002 (92%), but the difference is not statistically significant.

Among consumers who felt that the services made life “much” or “somewhat” better, ratings in 2006 in Lamoille (81%) and Washington (90%) were significantly lower in 2006 than in 2002 (92% and 100%, respectively). However, a significantly higher percentage of consumers in Bennington (100%) and Franklin (98%) reported that the services they received made their life “much” or “somewhat” better in 2006 than they did in 2002 (97% and 90%, respectively); these responses were also significantly higher than the statewide average. (Chart 1.12)

**Chart 1.12: Would you say the help you have received has made your life...:
Percent Responding Much Better or Somewhat Better**



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

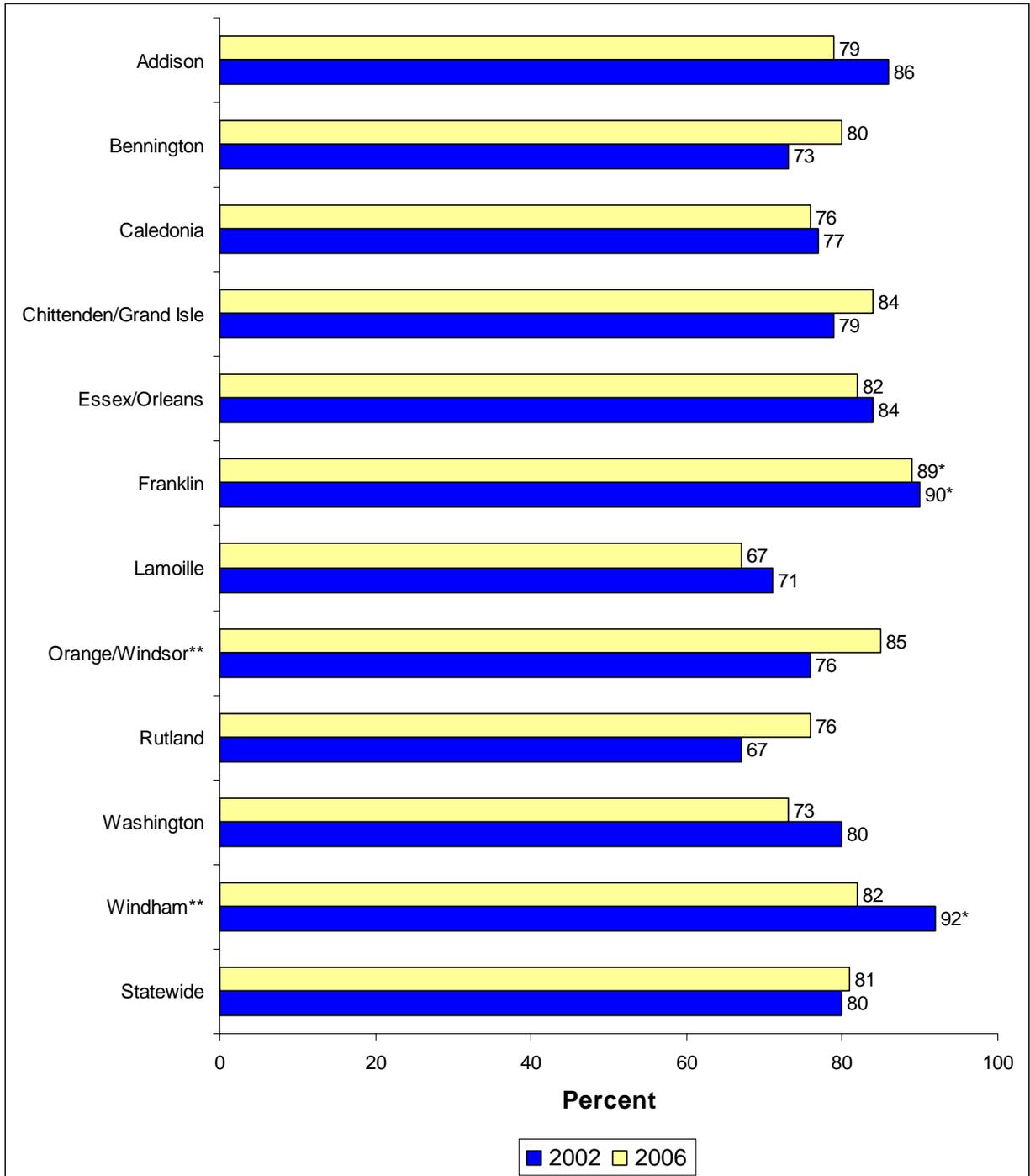
N. PROGRAM IMPACTS ON CONSUMERS' ABILITY TO REMAIN IN THEIR HOMES

In 2006, 81% of consumers statewide felt it would be “difficult” or “very difficult” to remain in their homes if they did not receive long-term care services. The percentage of respondents reporting “very difficult” or “difficult” was consistent with the survey results from 2002 (80%).

In 2006, significantly more consumers in Orange/Windsor Counties (85%) reported that it would be “very difficult” or “difficult” to remain in their homes without services than they did in 2002 (76%). However, fewer consumers (82%) in Windham County felt it would be “difficult” or “very difficult” to stay in their homes absent long-term care support services as compared with those in 2002 (92%).

Looking at regional differences, the percent of consumers in Franklin County (89%) who reported that it would be “difficult” or “very difficult” to stay in their homes without long-term care services was statistically higher than the statewide average (81%). (Chart 1.13)

Chart 1.13: Q6. How Easy Would It Be for You to Stay in Your Home if You Did Not Receive Services?: Percent Responding Very Difficult or Difficult



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

CHAPTER II. QUALITY OF LIFE AMONG VERMONTERS USING LONG-TERM CARE SERVICES

As in prior years, 2006 survey results show that, overall, elderly and disabled Vermonters who participated in the State's long-term care programs seemed to hold very different perceptions about their quality of life compared to the general Vermont public.

A total of 12 questions designed to assess quality of life were administered to long-term care survey participants. Eleven of these 12 questions were also administered to a random sample of Vermonters in a Macro Poll conducted in both 2002 and 2006. The Macro Poll is a quarterly telephone survey designed to offer a reliable representation of the opinions and attitudes of Vermonters statewide. Four-hundred interviews are conducted proportionally – by population, across Vermont's 14 counties – to ensure a true random sample and statewide representation. Macro Poll results are generalizable to the Vermont population as a whole, provide an accurate assessment of trends and perceptions statewide, and may be compared descriptively to results from the CSS.

The survey instrument used for the Macro Poll included questions on multiple topics from multiple clients. The eleven statements (A-K) presented in Question 7 of the mail survey instrument (see *Appendix C: Survey Instrument*) were administered in the Macro Poll. Respondents were asked "Please tell me whether the statement applies to you" and were read each statement. Response categories included: yes, no, sometimes/maybe, don't know/not sure, and refused. Statewide results for the quality-of-life questions presented in the Macro Poll and those from long-term care consumers in 2006 and 2002 are provided in Chart 2.1.

When comparing 2006 to 2002 data, overall, responses to quality-of-life measures among survey participants are more positive in 2006 than in 2002. Positive responses among the general Vermont population also increased from 2002 to 2006.

Survey results from 2006 showed that most elderly and disabled Vermonters who received assistance from the State's long-term care programs perceived their quality of life as good on several measures:

- Most consumers (93%) had someone they could rely on for support in an emergency.
- The majority of consumers (89%) reported feeling safe in their homes.
- The majority of consumers (72%) felt valued and respected.
- A majority of consumers (71%) indicated they felt safe out in their community.

Another way to understand the data is by comparing the responses of consumers of long-term care services to the responses from the general Vermont population (referred to as "Vermonters").

Survey data suggests that consumers of long-term care may experience a lower quality of life than other Vermonters. Comparison of Department consumers with Vermonters statewide (as measured by the Macro Poll) shows that Vermonters were consistently more positive about the quality of their lives than were long-term care consumers; Vermonters also indicated substantially higher levels of satisfaction on a number of measures. In fact, the responses of long-term care recipients were statistically different from statewide results for nine of the 11 questions. The areas of greatest difference between Vermonters and Department consumers include mobility outside the home, satisfaction with social life, satisfaction with free time, and mobility in the home:

- Department consumers report less mobility than other Vermonters. Whereas 93% of Vermonters felt that they can “get where I need and want to go,” only 58% of Department consumers felt the same way (a difference of 35%).
- Long-term care consumers were far less likely (54%) than other Vermonters (86%) to be satisfied with their social lives and connections to the community (a difference of 32%).
- While 91% of Vermonters were satisfied with how they spend their free time, only 61% of Department consumers were satisfied (a difference of 30%).
- Whereas 99% of Vermonters felt mobile inside their homes, only 70% of Department consumers felt that they could get around as much as they need to within their home (a difference of 29%).

On two measures, satisfaction of long-term care consumers matched that of Vermonters; no statistical difference was found for:

- The percentage of consumers who were concerned that they do not have enough money for the essentials (“financial security”) (26% of Department consumers and 23% of all Vermonters).
- The percentage of consumers who were concerned that someday they may have to go to a nursing home (44% of Department consumers and 41% of all Vermonters).

A. SAFETY AT HOME

In 2006, an overwhelming majority (89%) of long-term care consumers felt safe in their homes, up 2% from 2002 (87%). The 2006 results (89%) are statistically different from the Macro Poll results of 2006 (97%).

B. SAFETY IN THE COMMUNITY (OUTSIDE OF THE HOME)

In 2006, 71% of long-term care consumers statewide felt safe in their communities. This is slightly higher than 2002 results (68%). The 2006 results (71%) represent a statistically significant difference from the 2006 Macro Poll results of 92%.

C. MOBILITY OUTSIDE THE HOME

Statewide, 58% of long-term care consumers surveyed in 2006 reported they could get where they needed or wanted to go, compared to 52% who reported similar feelings in 2002. The 2006 results (58%) represent a statistically significant difference from the 2006 Macro Poll results of 93%.

D. MOBILITY INSIDE THE HOME

Long-term care consumers felt more positively about their ability to get around inside their homes than outside of their homes. In 2006, 70% of consumers statewide indicated that they could get around inside their home as much as they need to, the same percentage reported in 2002. The 2006 results (70%) represent a statistically significant difference from the 2006 Macro Poll results of 99%.

E. SATISFACTION WITH FREE TIME

In 2006, 61% of long-term care consumers reported satisfaction with the way they spent their free time, up from 58% in 2002. The 2006 results (61%) represent a statistically significant difference from the 2006 Macro Poll results of 91%.

F. CONTACT WITH FAMILY AND FRIENDS

Satisfaction levels with the amount of contact long-term care consumers had with family and friends increased slightly in 2006 (66%) compared to 2002 (63%). The 2006 results (66%) represent a statistically significant difference from the 2006 Macro Poll results of 87%.

G. SUPPORT IN AN EMERGENCY

Ninety-three percent of 2006 consumers statewide indicated they had someone to count on in an emergency – this is an increase from 2002 (88%). The 2006 results (93%) represent a statistically significant difference from the 2006 Macro Poll results of 97%.

H. SOCIAL LIFE AND CONNECTIONS TO THE COMMUNITY

A little more than half of long-term care consumers statewide (54%) indicated satisfaction with their social life and connections to the community, up 4% from 2002 (50%). The 2006 results (54%) represent a statistically significant difference from the 2006 Macro Poll results of 86%.

I. CONCERNS ABOUT FINANCIAL SECURITY

Long-term care participants were asked if they were concerned about having enough money to pay for the essentials. In 2006, 26% of respondents reported this concern, the same percent as in 2002. In 2006, a slightly larger percentage of long-term care consumers (26%) reported concerns about financial security than the general Vermont population (23%), although the difference is not significant.

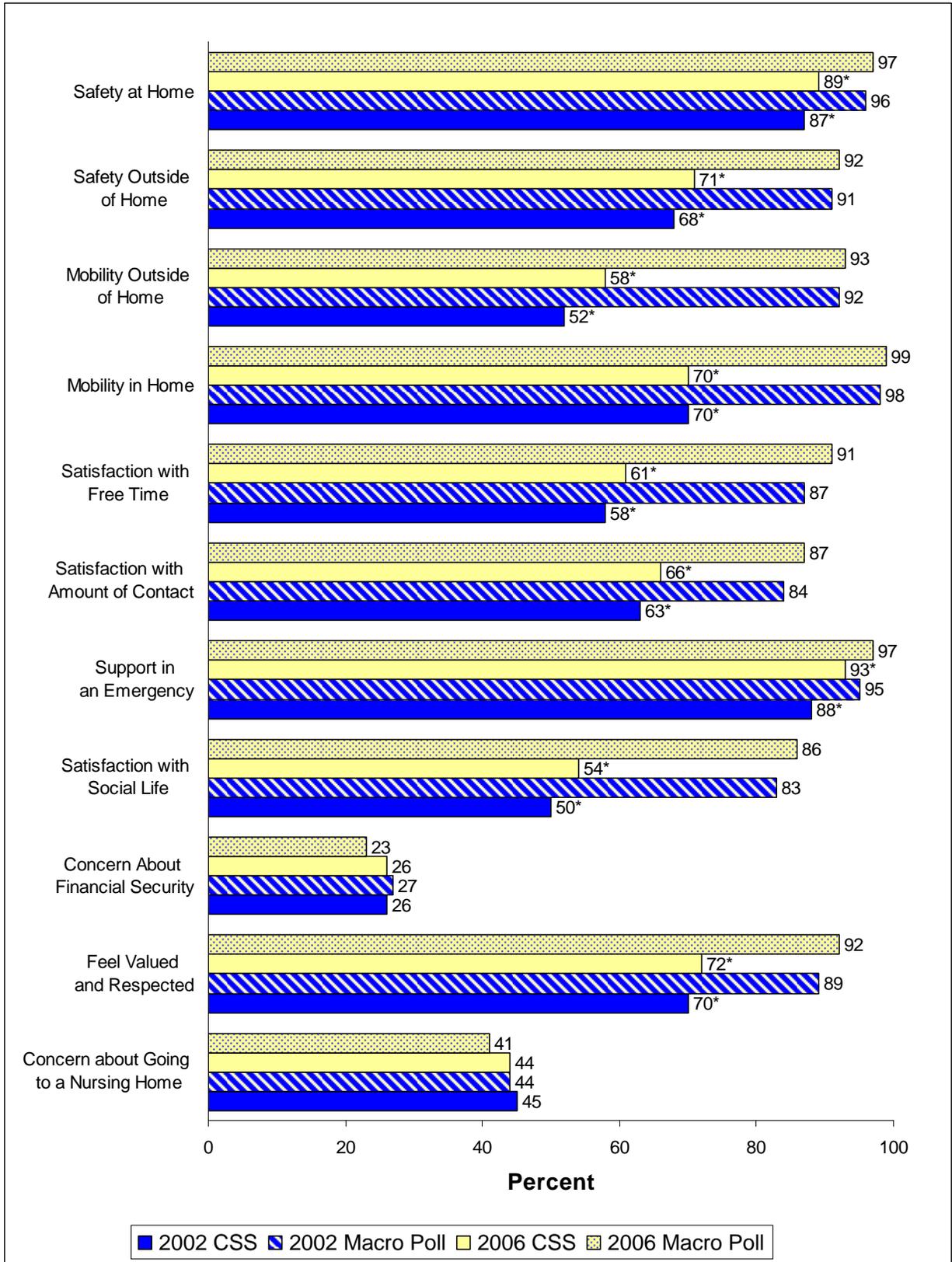
J. PERCEIVED VALUE AND DEGREE OF RESPECT

The percentage of consumers who reported that they feel valued and respected in 2006 (72%) is slightly higher than the percent who reported similar feelings in 2002 (70%). The 2006 results (72%) represent a statistically significant difference from the 2006 Macro Poll results of 92%.

K. CONCERN ABOUT GOING TO A NURSING HOME

In 2006, 44% of long-term care consumers reported having at least some concern about going to a nursing home in the future, slightly fewer than in 2002 (45%). Asked the same question, the response from Vermonters in 2006 (41%) was also slightly fewer than in 2002 (44%). The difference between consumers and Vermonters in 2006 is not statistically significant.

Chart 2.1: Quality-of-Life Measures: A Comparison of Macro Poll and Consumer Satisfaction Survey (CSS) Results (Percentage 'Yes')



* Indicates statistical difference between CSS Survey and Macro Poll results at 5%

L. OVERALL QUALITY OF LIFE

In 2006, 61% of consumers statewide indicated that their quality of life was “excellent” or “good,” a slight – although not significant – increase over the percentage who reported above average quality of life in 2002 (57%). (Chart 2.2)

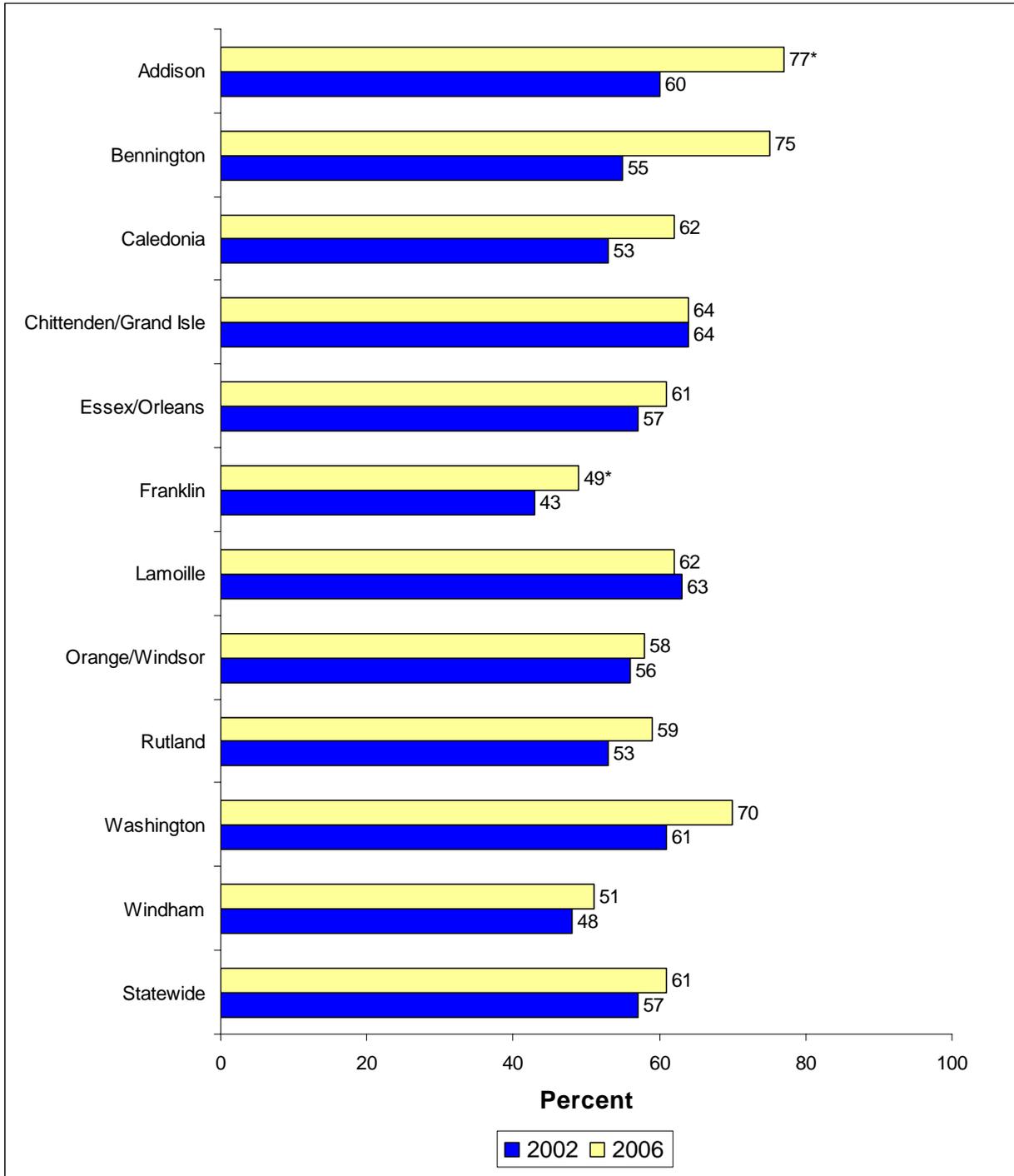
A county/regional analysis shows that the percentage of consumers reporting an above-average quality of life in 2006 increased or remained equal to 2002 results in 10 of 11 regions. Slightly fewer consumers in Lamoille County reported satisfaction with quality of life in 2006 (62%) compared to 2002 (63%). However, this difference is not statistically significant.

The increased satisfaction in 2006 was fairly consistent across the state. Only two regions reported levels of satisfaction in overall quality of life that were statistically different from the 2006 statewide average:

- Consumers in Addison (77%) were significantly more likely than consumers statewide (61%) to consider their quality of life “excellent” or “good.”
- Consumers in Franklin were significantly less likely to consider their quality of life above average (49%) compared to consumers statewide (61%).

Sample sizes for data presented in Chart 2.2 are provided in *Appendix B*, starting on page 112.

Chart 2.2: Percentage of Respondents Who Rated Overall Quality of Life Above Average



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

CHAPTER III. SATISFACTION WITH THE ATTENDANT SERVICES PROGRAM

Long-term care consumers who participated in the State’s Attendant Services Programs indicated high levels of satisfaction with the care they had received in 2006 and 2002. For each measure, at least 92% of consumers statewide indicated they were “always” or “almost always” satisfied in 2006 (Charts 3.1-3.5). Overall, consumers statewide were most satisfied with the quality of services (96%), the respect and courtesy shown to them by their caregivers (96%), and with the timeliness and availability of services (95%). In addition, satisfaction levels increased significantly for four of five measures in 2006 (quality of services, services received met needs, caregivers showed respect and courtesy, and services provided when and where needed).

With few exceptions, consumers in all Vermont regions rated measures of the Attendant Services Program very highly. For example, in each of the following areas, at least 90% of consumers rated all measures as “excellent” or “good”:

- Addison,
- Chittenden/Grand Isle,
- Lamoille,
- Orange/Windsor, and
- Washington.

Sample sizes for data presented in Charts 3.1- 3.5 are provided in *Appendix B*, starting on page 112.

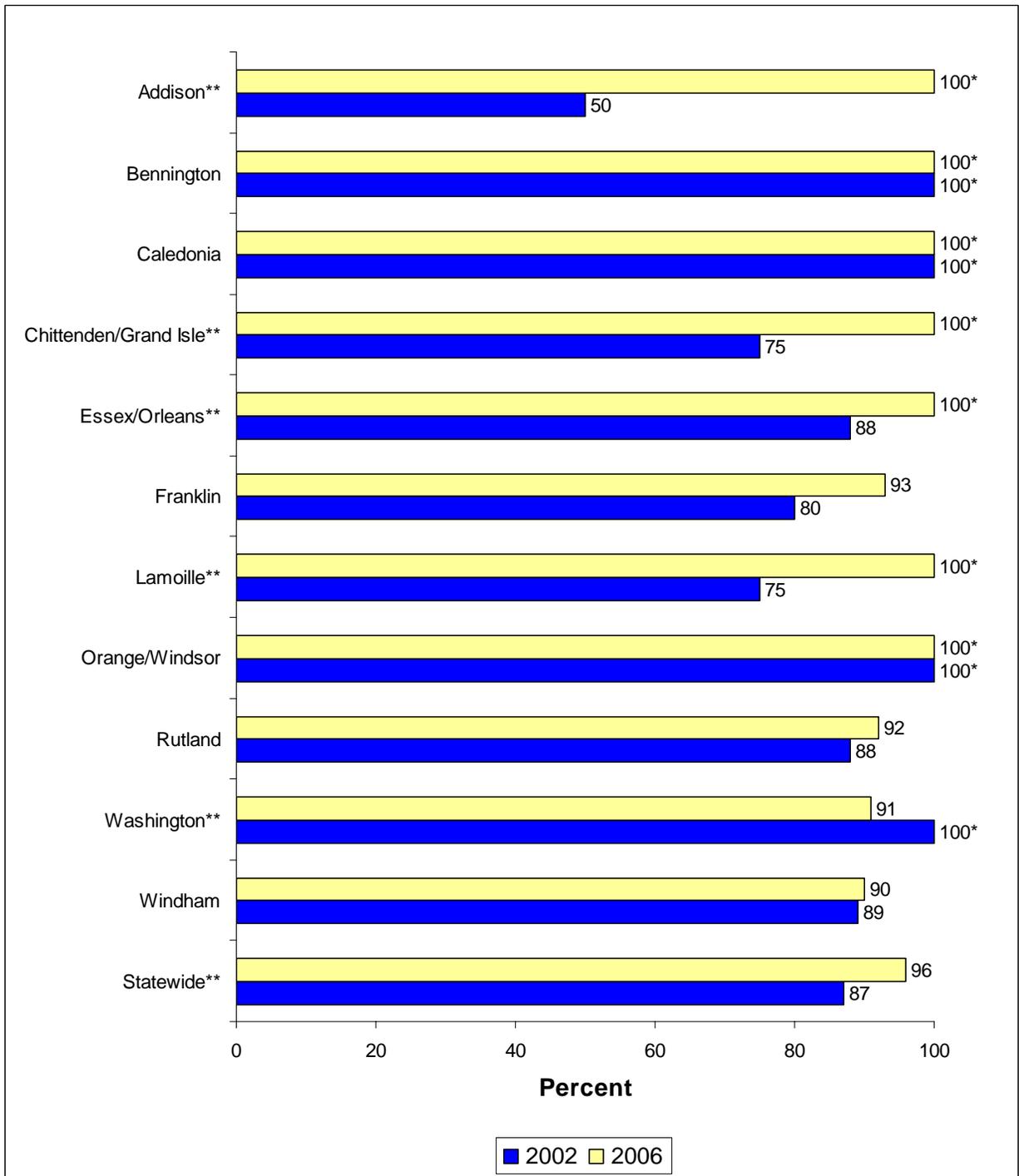
A. SATISFACTION WITH QUALITY OF SERVICES

A vast majority of Attendant Services Program consumers were satisfied with the quality of the services provided by the program, with 96% indicating they were “always” or “almost always” satisfied. This was a significant increase compared to the percent of consumers who indicated that they were “always” or “almost always” satisfied in 2002 (87%).

In seven Vermont counties or regions, 100% of consumers reported “always” or “almost always” being satisfied with the quality of services; these were Addison, Bennington, Caledonia, Chittenden/Grand Isle, Essex/Orleans, Lamoille, and Orange/Windsor. In each county or region, these results are significantly different from the statewide average of 96%.

In several counties, statistically significant increases were found in satisfaction levels in 2006 as compared to 2002: Addison (100% vs. 50%), Chittenden/Grand Isle (100% vs. 75%), Essex/Orleans (100% vs. 88%), and Lamoille (100% vs. 75%). In Washington County, a smaller percentage of respondents reported satisfaction with quality of services in 2006 (91%) than in 2002 (100%). (Chart 3.1)

Chart 3.1: Percentage of Consumers Who Rated Quality of Attendant Services Program as Above Average



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

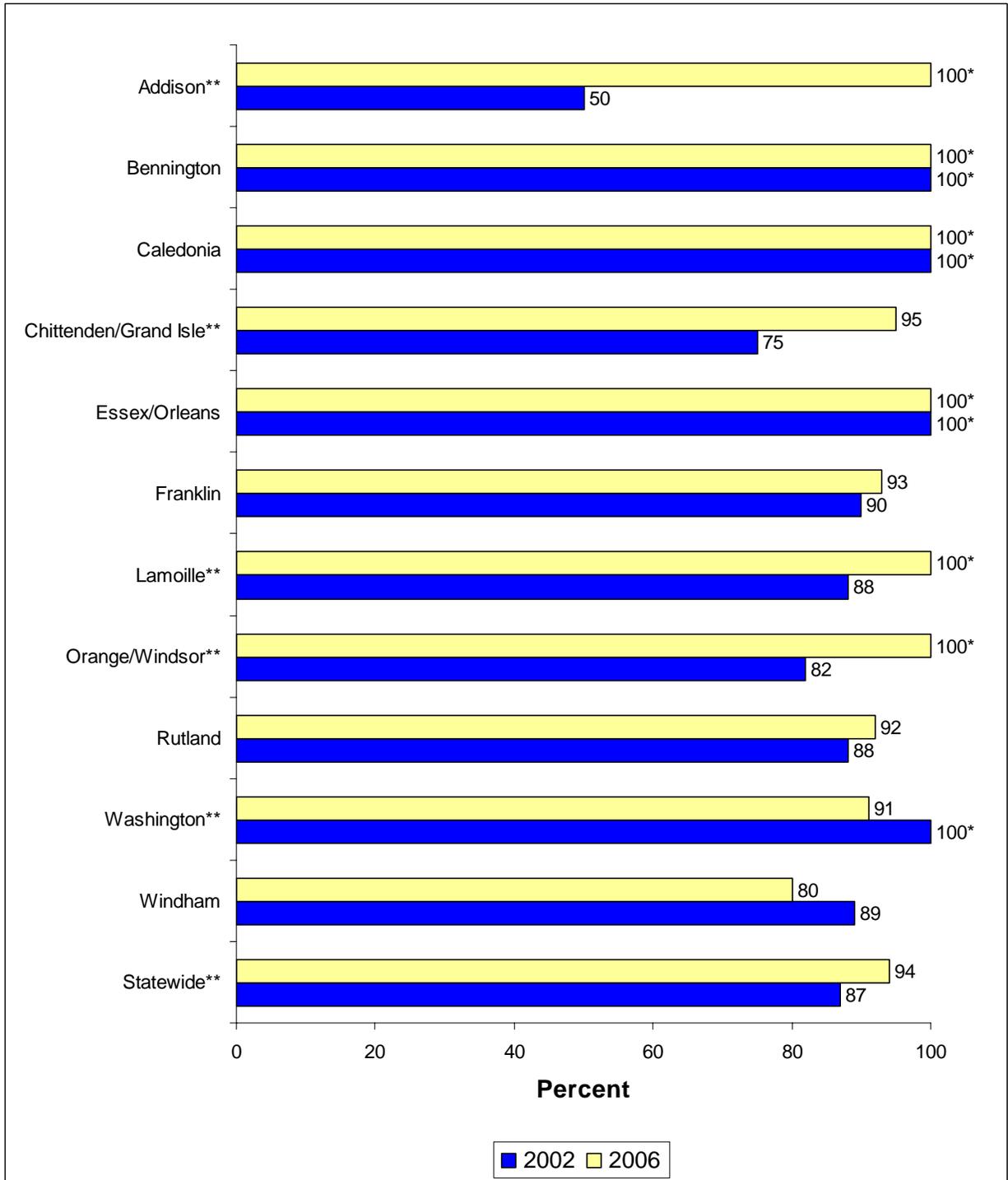
B. DEGREE TO WHICH SERVICES MEET CONSUMER NEEDS

In 2006, 94% of consumers statewide reported that the services they received from the Attendant Services Program “always” or “almost always” met their needs. This level of satisfaction is significantly higher than in 2002 (87%).

In six counties, satisfaction levels differed significantly from the statewide average; 100% of consumers in Addison, Bennington, Caledonia, Essex/Orleans, Lamoille, and Orange/Windsor reported that services they received from the Attendant Services Program “always” or “almost always” met their needs. In Addison, Lamoille, and Orange/Windsor Counties, the 2006 ratings represented a significant increase over 2002 (50%, 88%, and 82%, respectively). A significant increase in 2006 (95%) compared to 2002 (75%) was also noted in Chittenden/Grand Isle.

In Washington County, however, significantly fewer consumers reported that the Attendant Services Program “always” or “almost always” met their needs in 2006 (91%) than did in 2002 (100%).

Chart 3.2: Percentage of Consumers Who Indicated That the Services Provided by the Attendant Services Program Always or Almost Always Met Their Needs



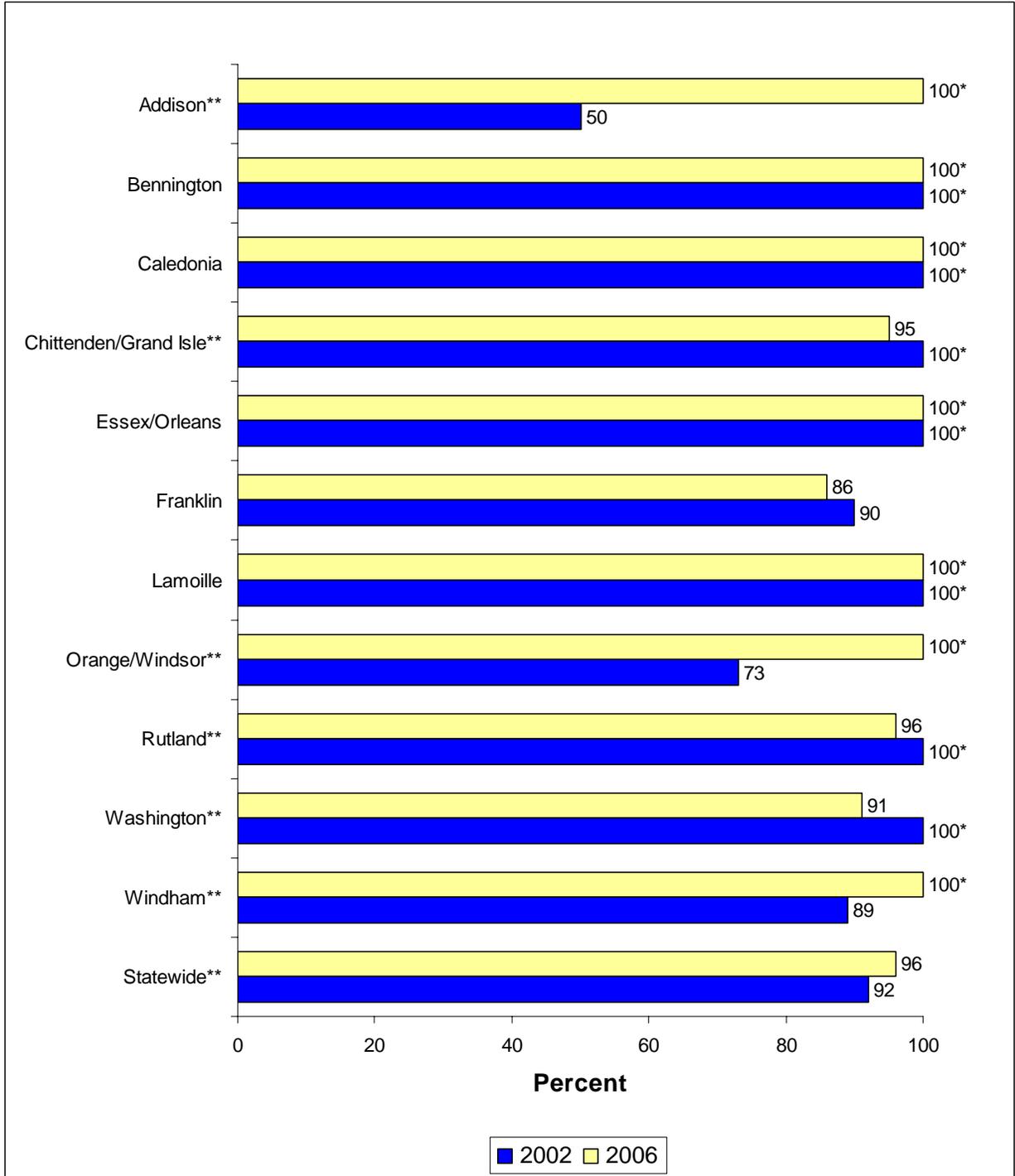
* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

C. RESPECTFULNESS AND COURTESY OF ATTENDANT SERVICES CAREGIVERS

Consumers across the State rated their satisfaction with the respect and courtesy shown by attendant services caregivers very highly – 96% were “always” or “almost always” satisfied in 2006, a significant increase over 2002 (92%) survey results.

Furthermore, 100% of consumers in seven counties and regions (Addison, Bennington, Caledonia, Essex/Orleans, Lamoille, Orange/Windsor, and Windham) indicated that their caregivers “always” or “almost always” treated them with respect and courtesy. These ratings represent a significant increase compared the 2002 ratings for Addison (50%), Orange/Windsor (73%), and Windham (89%) Counties. Although ratings were still very high, there were significant drops in satisfaction levels in 2006 compared to 2002 for Chittenden/Grand Isle (95% vs. 100%), Rutland (96% vs. 100%) and Washington (91% vs. 100%) Counties. (Chart 3.3)

Chart 3.3: Percentage of Consumers Who Indicated That They Were Always or Almost Always Shown Respect and Courtesy by Attendant Services Caregivers



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

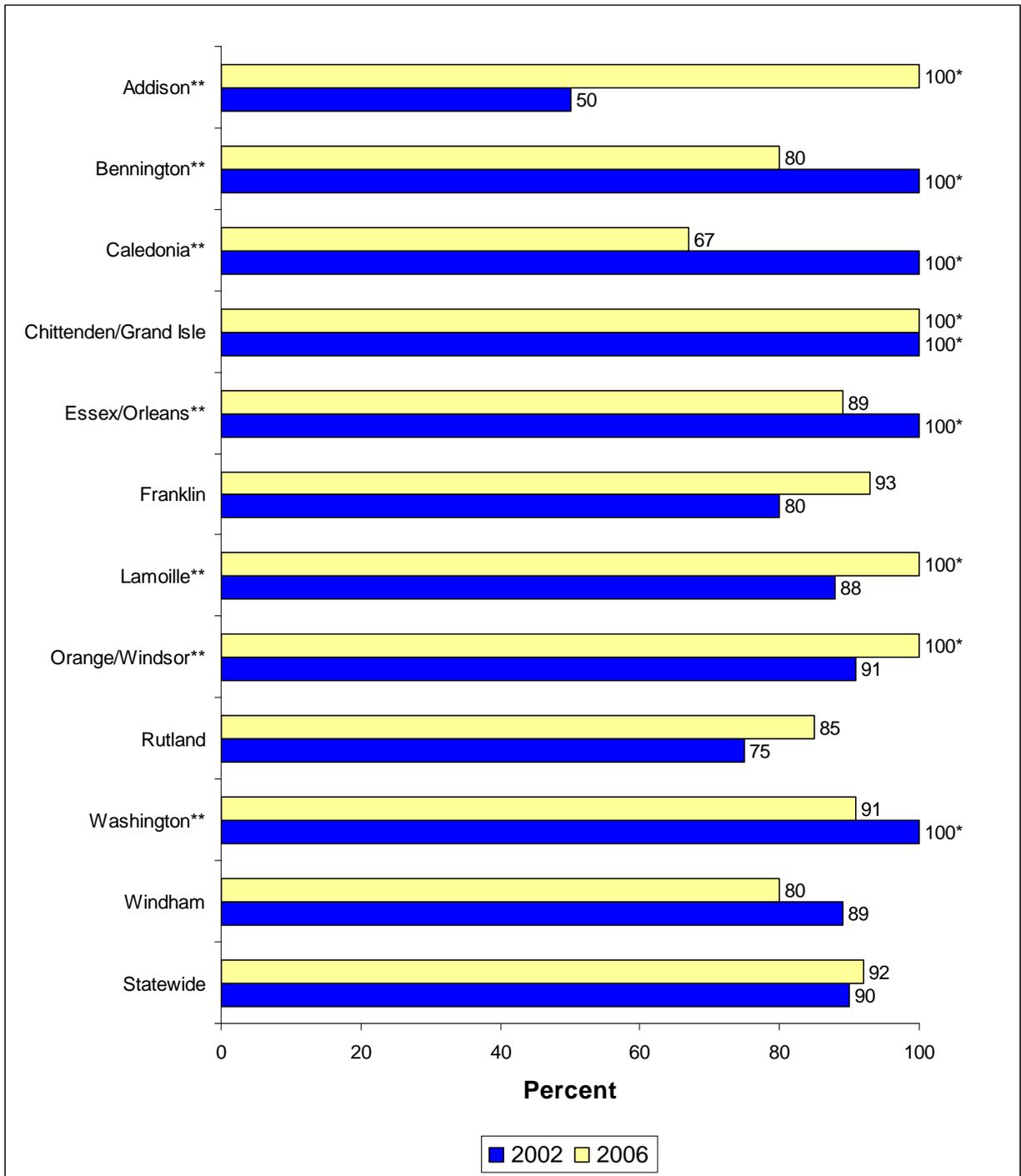
D. KNOWLEDGE OF WHOM TO CONTACT WITH COMPLAINTS OR REQUESTS

Statewide, 92% of consumers who participated in the Attendant Services Program reported that they “always” or “almost always” knew whom to contact if they had a complaint or wanted to request more help from the program. While this result represents an increase from 2002 (90%), the difference is not statistically significant.

As with several other aspects of satisfaction with the Attendant Services Program, 100% of consumers in Addison, Chittenden/Grand Isle, Lamoille, and Orange/Windsor “always” or “almost always” knew whom to contact with a complaint—a statistically significant difference from the statewide average results in 2006 (92%).

Comparing 2006 to 2002, there was a statistically significant increase in satisfaction for the following counties: Addison (100% vs. 50%), Lamoille (100% vs. 88%), and Orange/Windsor (100% vs. 91%). A significant decrease was noted for Bennington (80% vs. 100%), Caledonia (67% vs. 100%), Essex/Orleans (89% vs. 100%), and Washington (91% vs. 100%). (Chart 3.4)

Chart 3.4: Percentage of Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help



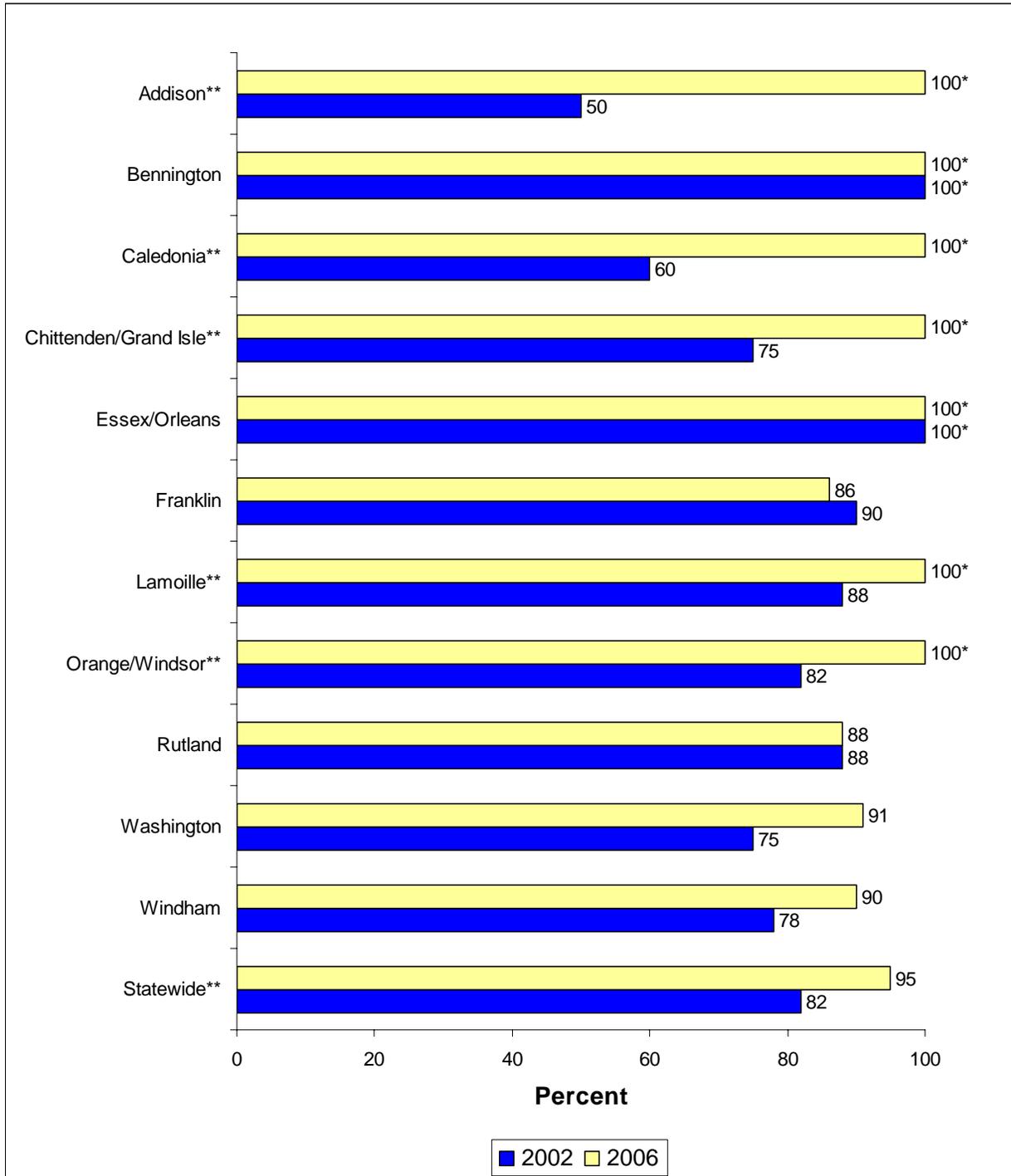
* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

E. MEETING CONSUMERS' NEEDS WHEN AND WHERE NECESSARY

Statewide, 95% of Attendant Services consumers surveyed in 2006 indicated the program “always” or “almost always” provided services when and where needed. This level of satisfaction is up significantly from that measured among consumers statewide in 2002 (82%).

Consumers in Addison, Bennington, Caledonia, Chittenden/Grand Isle, Essex/Orleans, Lamoille, and Orange/Windsor were significantly more likely (100% in all counties) than consumers statewide to “always” or “almost always” report this level of satisfaction. The 100% satisfaction levels in these counties represent significant increases in each area over 2002 ratings, with the exception of Bennington and Essex/Orleans, which remained at 100% above-average satisfaction. (Chart 3.5)

Chart 3.5: Percentage of Consumers Who Indicated the Attendant Services Program Always or Almost Always Provided Services When and Where They Needed Them



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

CHAPTER IV. SATISFACTION WITH HOMEMAKER SERVICES

At least 79% of consumers statewide rated each element of Homemaker Services as “excellent” or “good.” (Charts 4.1-4.5) Satisfaction levels with this program in 2006 were similar to levels reported in 2002. While decreases in satisfaction were noted in statewide ratings for four of the five measures, only one difference was statistically significant: whereas 94% of consumers were satisfied with the care and respect shown by caregivers in 2002, only 86% reported similar levels of satisfaction in 2006.

Note that Homemaker Services changed between 2002 and 2006. In 2002, people receiving Homemaker Services were supported by general funds. In 2006, however, all Homemaker Service recipients were enrolled in the Choices for Care MNG.

Sample sizes for data presented in Charts 4.1- 4.5 are provided in *Appendix B*, starting on page 112.

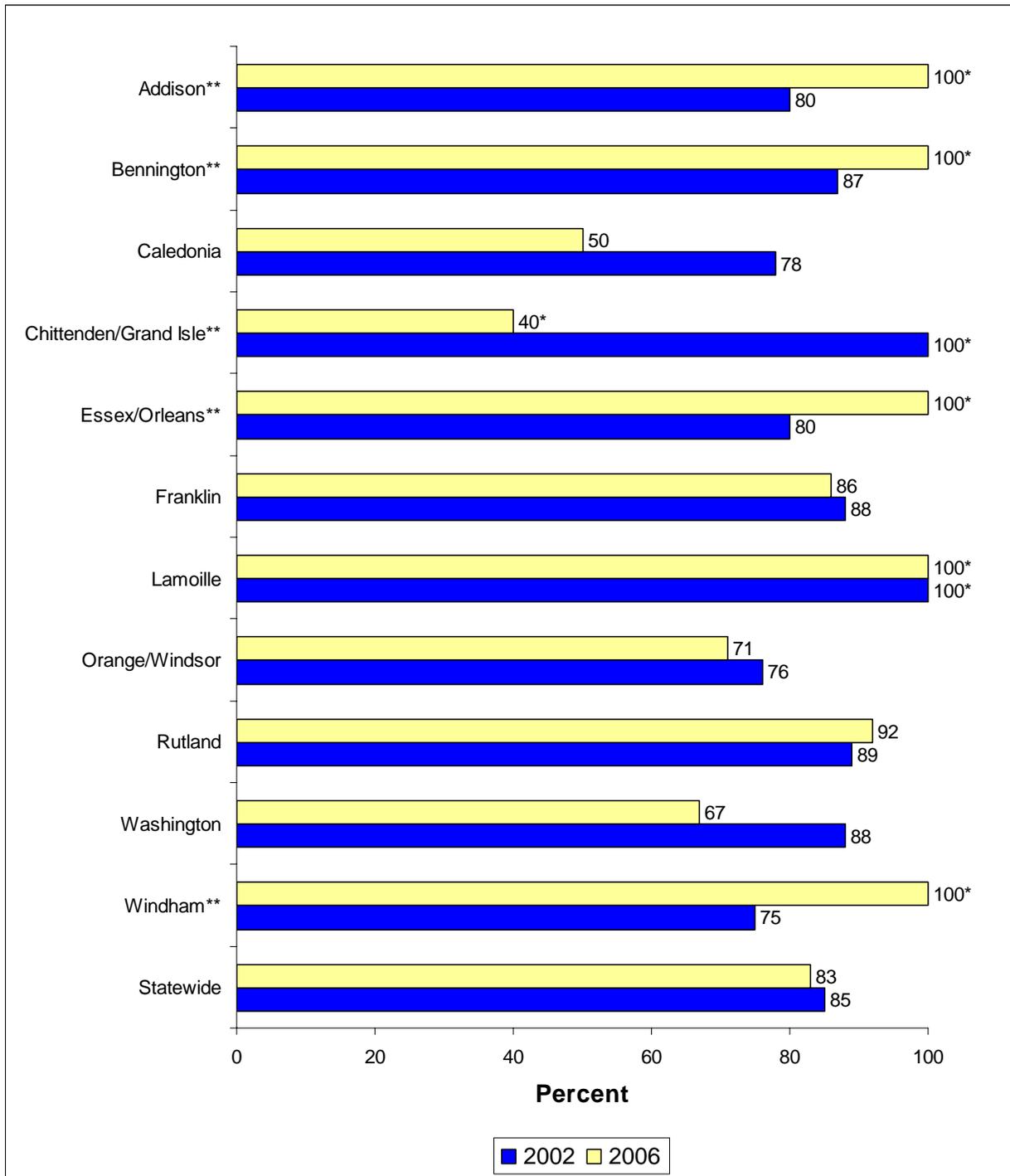
A. SATISFACTION WITH QUALITY OF SERVICE

Statewide, 83% of respondents who received Homemaker Services reported being “always” or “almost always” satisfied with the quality of the services they received. These results are not significantly different from 2002, when 85% of consumers indicated satisfaction with the quality of Homemaker Services.

Satisfaction levels in five counties – Addison, Bennington, Essex/Orleans, Lamoille, and Windham – reached 100% in 2006. These results are statistically different from the statewide satisfaction rating of 83%, and represent a significance increase from 2002 ratings for Addison (80%), Bennington (87%), Essex/Orleans (80%), and Windham (75%).

In Chittenden/Grand Isle, however, a significantly smaller percentage of consumers reported satisfaction with quality of service in 2006 (40%) than in 2002 (100%). This 2006 rating is significantly lower than the statewide average (83%). (Chart 4.1)

Chart 4.1: Percentage of Consumers Who Rated Quality of Homemaker Services as Above Average



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

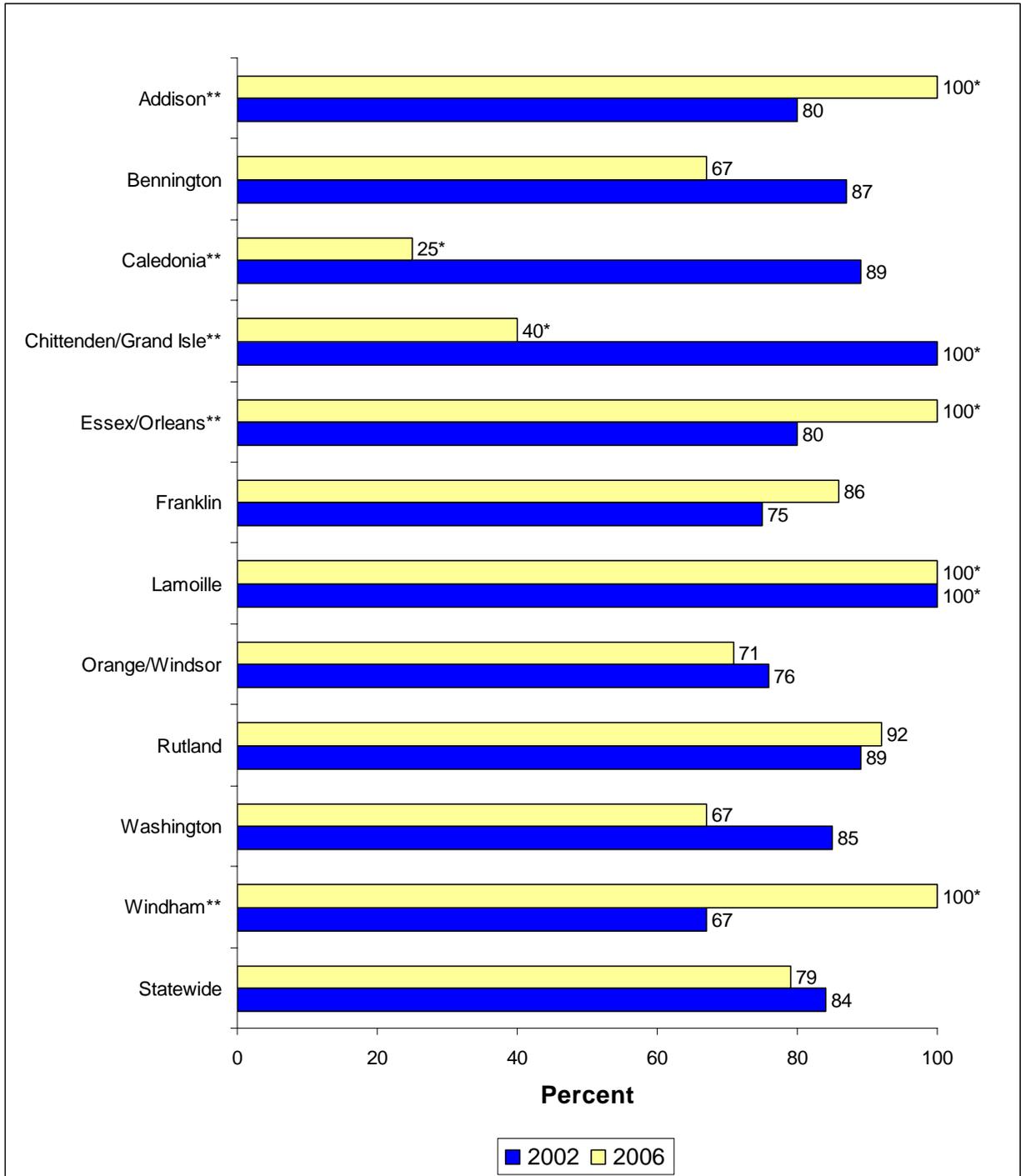
B. DEGREE TO WHICH SERVICES MET CONSUMER NEEDS

Statewide, 79% of consumers who used Homemaker Services reported that the services they received “always” or “almost always” met their needs. This percentage is slightly smaller than the percentage who expressed the same level of satisfaction in 2002 (84%), but the difference is not statistically significant.

Satisfaction levels in four counties reached 100% in 2006 (Addison, Essex/Orleans, Lamoille, and Windham), representing significant increases over 2002 results for three of those four counties (Addison, 80%; Essex/Orleans, 80%, and Windham, 67%). These 2006 ratings for all four counties also represent a statistically significant increase over the statewide average for 2006 (79%).

There was a statistically significant decrease in satisfaction in two counties in 2006 compared to 2002: Caledonia (25% vs. 89%) and Chittenden/Grand Isle (40% vs. 100%). The percent of consumers in these counties who felt that Homemaker Services met their needs when and where needed was significantly less than the percent of consumers statewide with the same opinion. (Chart 4.2)

Chart 4.2: Percentage of Consumers Who Indicated That Homemaker Services Always or Almost Always Met Their Needs



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

C. RESPECTFULNESS AND COURTESY OF HOMEMAKER SERVICES CAREGIVERS

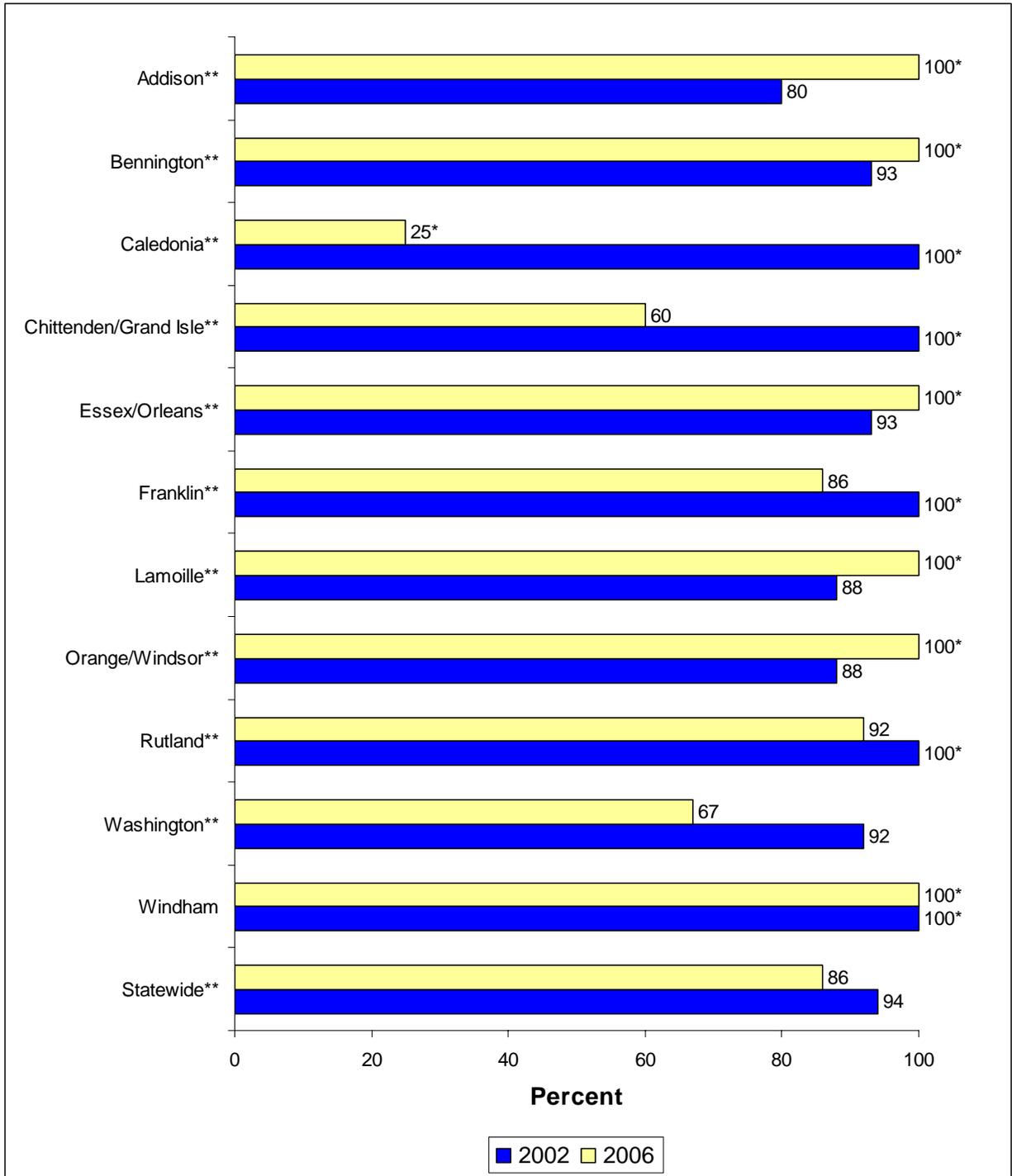
Statewide, 86% of consumers who received Homemaker Services indicated their caregivers “always” or “almost always” treated them with courtesy and respect, a significant decrease from 2002 (94%).

In all but one county, the level of satisfaction with caregiver respectfulness and courtesy was significantly different in 2006 than it was in 2002.

Six counties registered 100% satisfaction on this measure in 2006, and all but one (Windham) showed a significant increase over 2002 satisfaction levels (Addison, 80%; Bennington, 93%; Essex/Orleans, 93%; Lamoille, 88%; Orange/Windsor, 88%). In all cases, these results also represented a statistically higher level of satisfaction than consumers statewide (86%).

Results from four counties showed a significant drop in 2006 compared to 2002: Caledonia (25% vs. 100%), Chittenden/Grand Isle (60% vs. 100%), Franklin (86% vs. 100%), Rutland (92% vs. 100%), and Washington (67% vs. 92%). The 2006 rating in Caledonia (25%) is significantly lower than the statewide average of 86%. (Chart 4.3)

Chart 4.3: Percentage of Consumers Who Indicated that They Were Always or Almost Always Shown Respect and Courtesy by Homemaker Caregivers



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

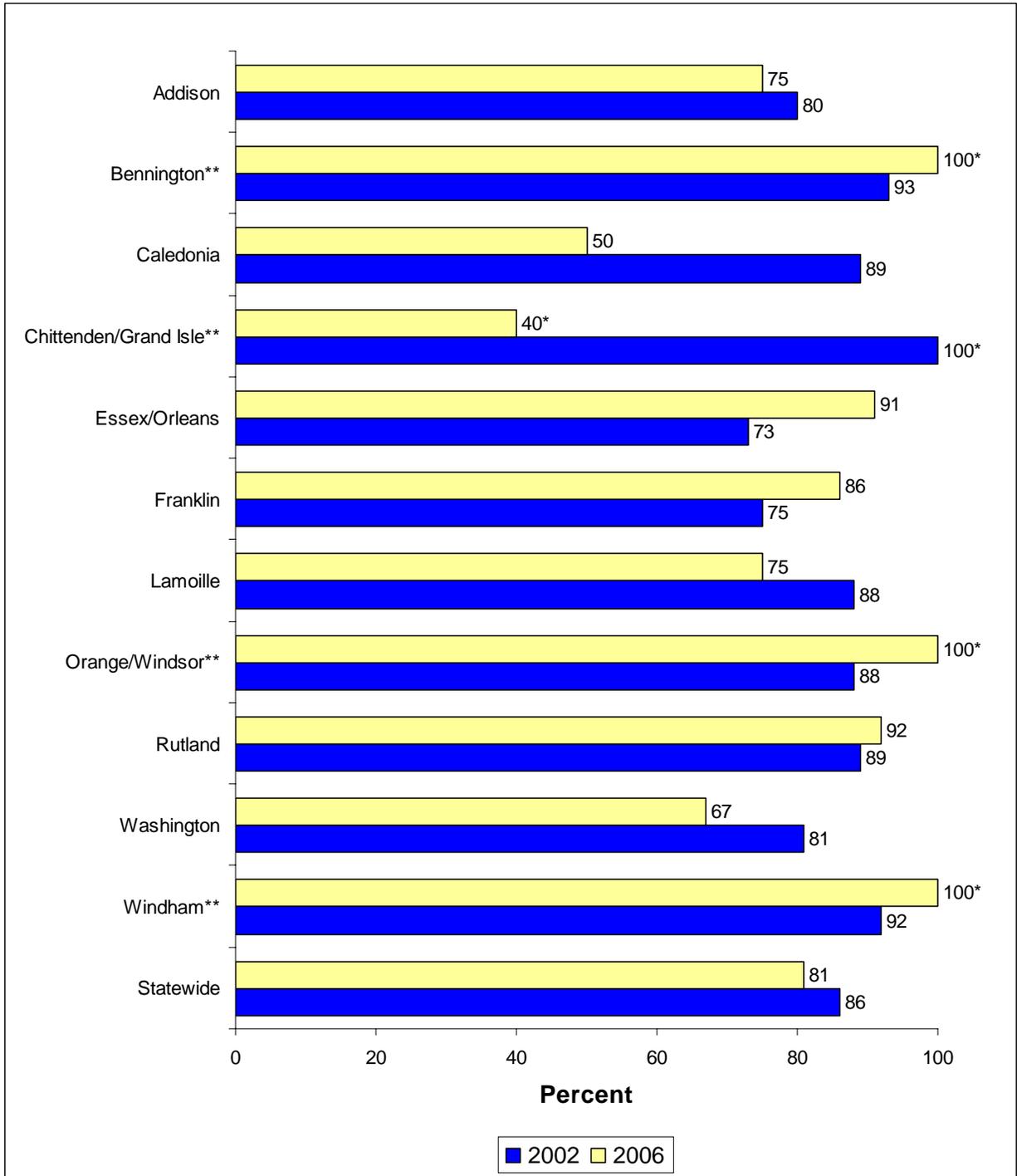
D. KNOWLEDGE OF WHOM TO CONTACT WITH COMPLAINTS OR REQUESTS

In 2006, 81% of all Homemaker Services recipients statewide reported they “always” or “almost always” knew whom to contact with complaints or requests. This percentage is lower than the percentage which indicated the same level of satisfaction in 2002 (86%), but the difference is not statistically significant. (Chart 4.4)

There were statistically significant increases in three counties in 2006 as compared to 2002 results: Bennington (100% vs. 93%), Orange/Windsor (100% vs. 88%), and Windham (100% vs. 92%). A greater percentage of consumers in these counties were satisfied with this measure than consumers across the state (81%).

Consumers in Chittenden/Grand Isle felt differently: a significantly smaller percentage of consumers reported satisfaction with knowledge of whom to contact in 2006 (40%) than in 2002 (100%). This percentage is also significantly lower than satisfaction levels across the state (81%).

Chart 4.4: Percentage of Homemaker Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

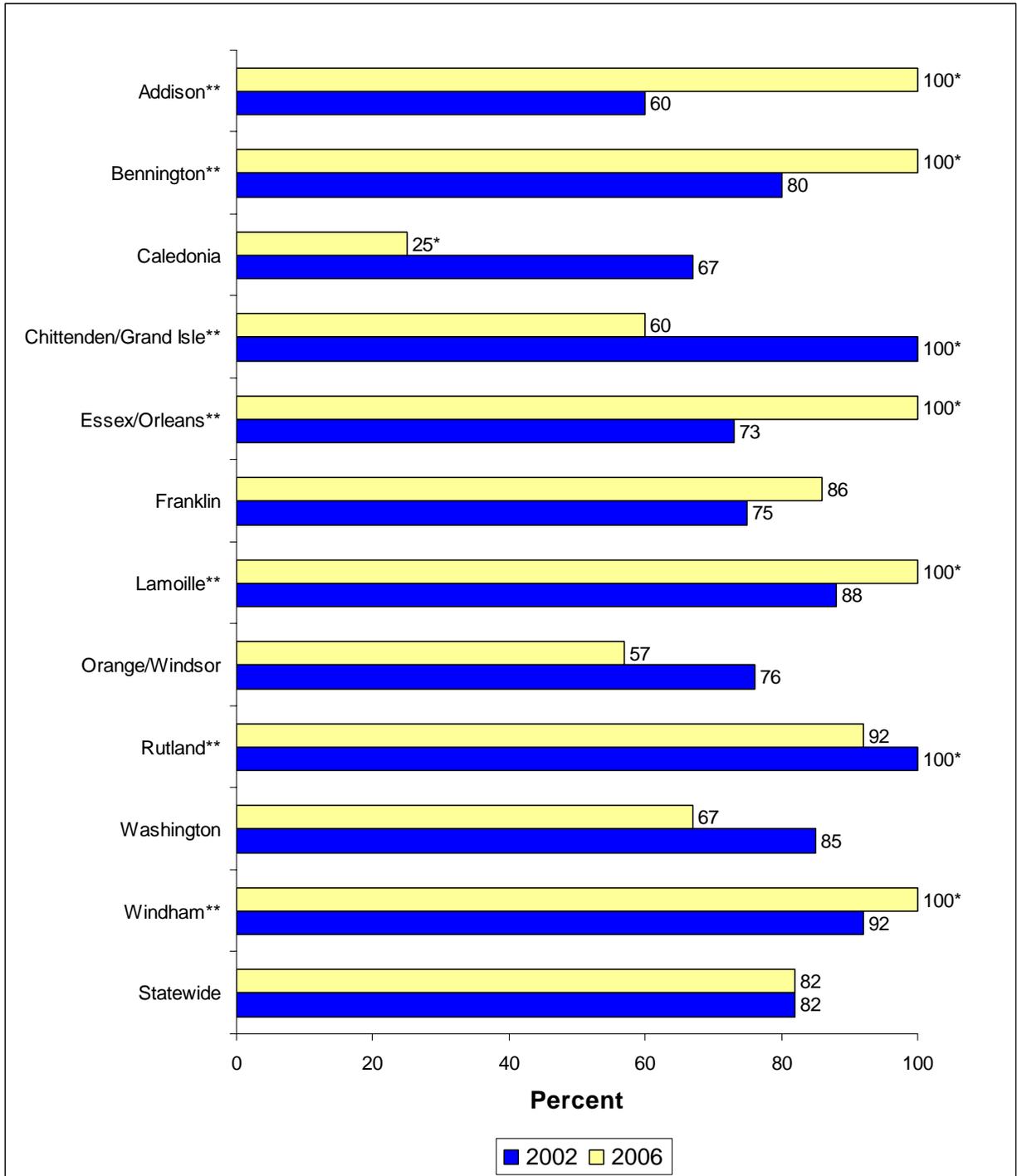
E. MEETING CONSUMERS' NEEDS WHEN AND WHERE NECESSARY

Statewide, 82% of consumers who received Homemaker Services indicated that their services were “always” or “almost always” provided when and where they were needed. This percentage is equal to survey results in 2002.

Satisfaction with this measure reached 100% in five counties in 2006. In all cases, these ratings were significantly higher than levels of satisfaction in 2002 (Addison, 60%; Bennington, 80%; Essex/Orleans, 73%; Lamoille, 88%; and Windham, 92%). In addition, these ratings were significantly higher than the statewide average in 2006 (82%).

There was a significant drop in the percentage of consumer satisfaction in Chittenden/Grand Isle (60% vs. 100%) and Rutland (92% vs. 100%) Counties in 2006, when compared to 2002 results (100%). In addition, the rating in Caledonia (25%) is significantly lower than the statewide average of 82%. (Chart 4.5)

**Chart 4.5: Percentage of Consumers Who Indicated
Homemaker Services Were Always or Almost Always Provided
When and Where They Needed Them**



* Indicates statistical difference from statewide average at 5%

** Indicates statistical difference between 2002 and 2006 at 5%

CHAPTER V. SATISFACTION WITH ADULT DAY SERVICES

At least 83% of Adult Day participants were “always” or “almost always” satisfied with each measure of the program asked about during the 2006 survey. Consumers were most satisfied with the degree of respect and courtesy they received from their caregivers; 90% of consumers reported that their caregivers “always” or “almost always” treated them with respect and courtesy. Consumers also gave “knowing whom to contact with a complaint or for help” high marks, with 88% of consumers reporting that they were “always” or “almost always” satisfied with this measure. As with Homemaker Services, whereas 2002 respondents consisted of multiple types of long-term care consumers, 2006 respondents to the Adult Day survey consisted entirely of consumers in the Choices for Care Moderate Needs Group.

Sample sizes for data presented in Charts 5.1- 5.5 are provided in *Appendix B*, starting on page 112.

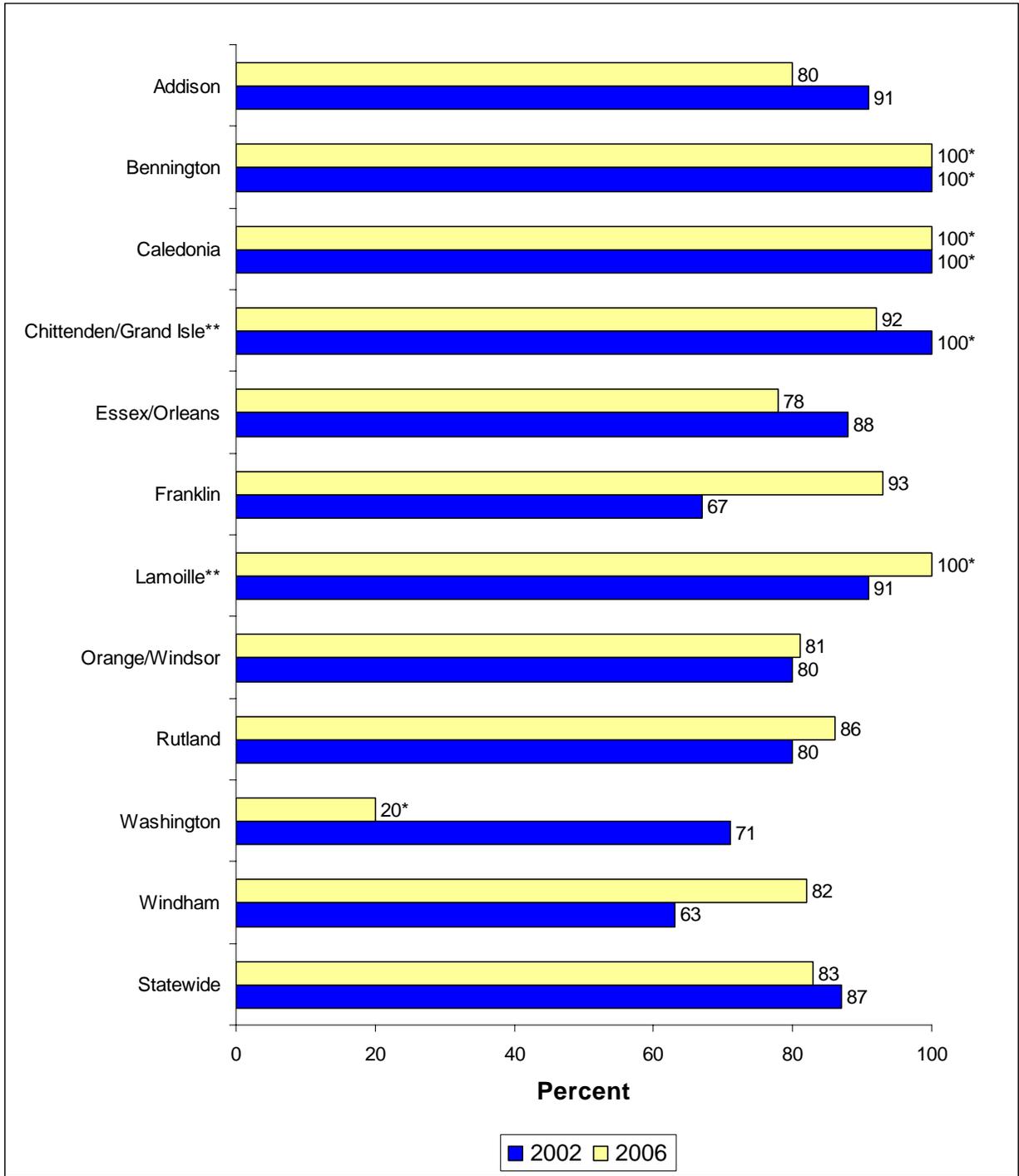
A. SATISFACTION WITH QUALITY OF SERVICES

Eighty-three percent of consumers statewide who received Adult Day Services indicated they were “always” or “almost always” satisfied with the quality of the services they received. This percentage is slightly lower than the 2002 result (87%), but the difference is not statistically significant.

While still high, the 2006 rating of satisfaction in Chittenden/Grand Isle (92%) represented a significant drop from the 2002 rating of 100%. However, a significant increase in satisfaction was noted in Lamoille (100% vs. 91%).

Consumers in Bennington (100%), Caledonia (100%), and Lamoille (100%) were significantly more likely to indicate that they were “always” or “almost always” satisfied with this aspect of adult day services than consumers statewide (83%). However, consumers in Washington (20%) were significantly less likely to express satisfaction with this measure than consumers across the State (83%). (Chart 5.1)

Chart 5.1: Percentage of Consumers Who Rated Quality of Adult Day Services as Above Average



* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

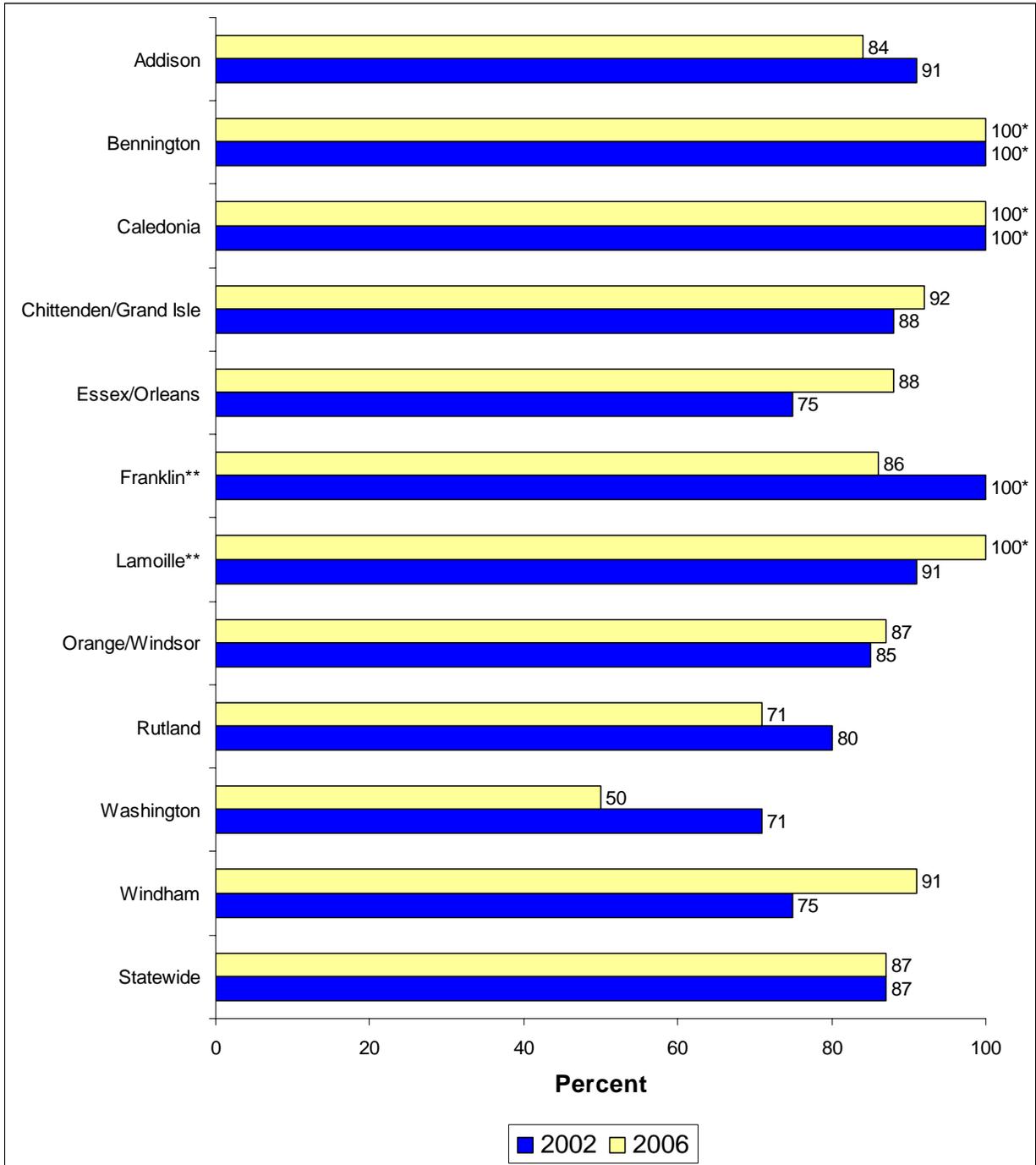
B. DEGREE TO WHICH SERVICES MET CONSUMER NEEDS

In 2006, 87% of consumers statewide indicated that Adult Day Services “always” or “almost always” met their needs, the same percentage as indicated satisfaction with this element in 2002.

Consumers in Bennington, Caledonia, and Lamoille were significantly more likely to indicate that they were “always” or “almost always” satisfied with the services provided than other consumers across the State. In these counties, 100% of consumers reported being “always” or “almost always” satisfied with the quality of the services in 2006. In Lamoille, the 2006 rating (100%) represents a significant increase over 2002 (91%).

In Franklin County, 86% of consumers gave a satisfactory rating to this measure, significantly fewer than in 2002 (100%). (Chart 5.2)

Chart 5.2: Percentage of Consumers Who Indicated That Adult Day Services Always or Almost Always Met Their Needs



* Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 at 5%.

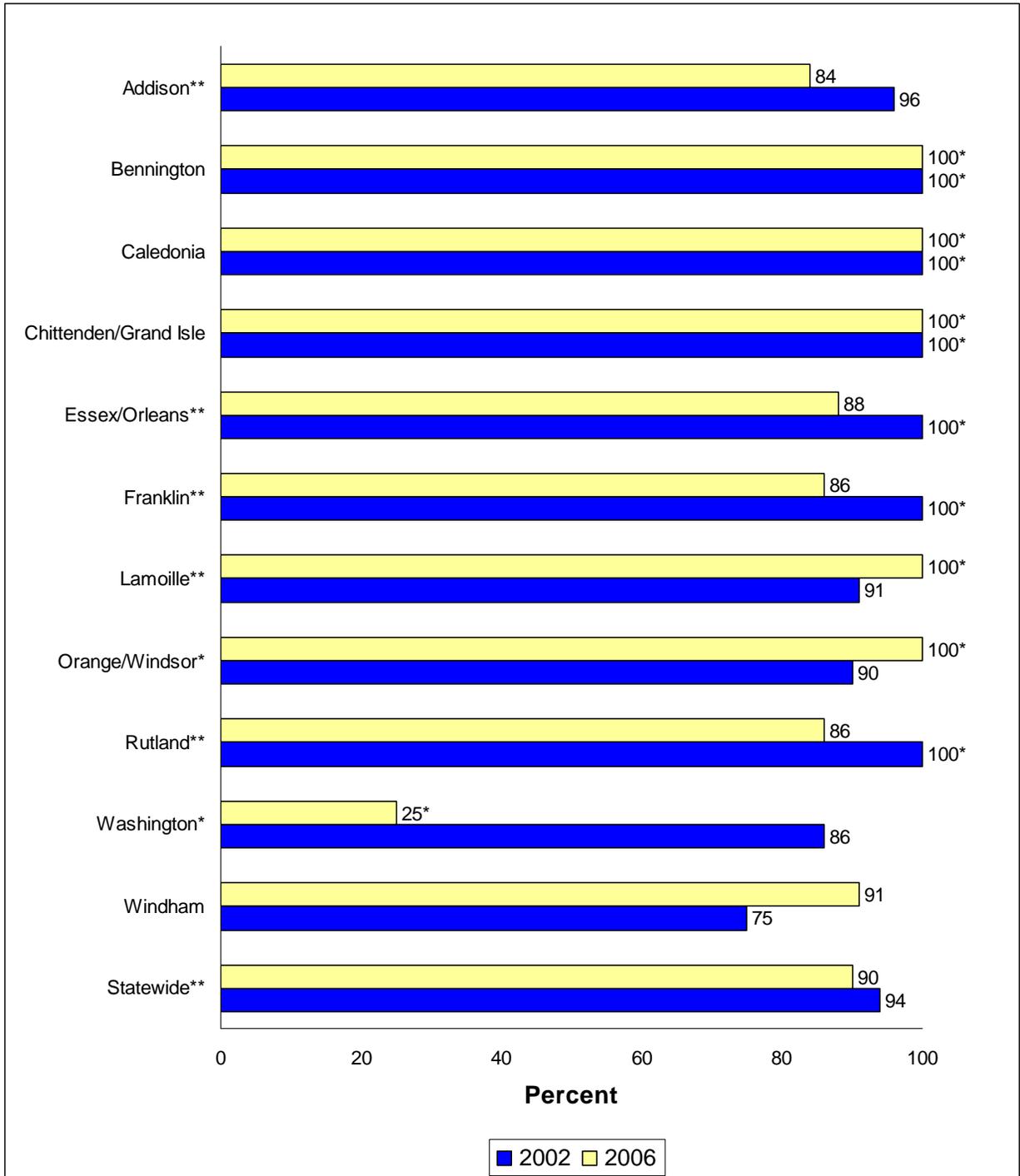
C. RESPECTFULNESS AND COURTESY OF ADULT DAY CENTER CAREGIVERS

Of Adult Day users surveyed in 2006, 90% reported that their caregivers “always” or “almost always” treated them with respect and courtesy. While high, this percentage is significantly lower than the percent who expressed this level of satisfaction in 2002 (94%).

In five counties or regions, 100% of consumers reported above-average satisfaction with caregiver courtesy: Bennington, Caledonia, Chittenden/Grand Isle, Lamoille, and Orange/Windsor. These results are all significantly higher than ratings given by consumers statewide (90%), and represent significant increases over 2002 ratings for Lamoille (91%) and Orange/Windsor (90%).

The percent of consumers in Washington who reported being “always” or “almost always” satisfied with this measure was significantly lower in 2006 (25%) than in 2002 (86%), and also less than the statewide average. Other counties which reported statistically significant drops in satisfaction in 2006 as compared to 2002 are Addison (84% vs. 96%), Essex/Orleans (88% vs. 100%), Franklin (86% vs. 100%), and Rutland (86% vs. 100%). (Chart 5.3)

Chart 5.3: Percentage of Consumers Who Indicated That They Were Always or Almost Always Shown Respect and Courtesy by Adult Day Caregivers



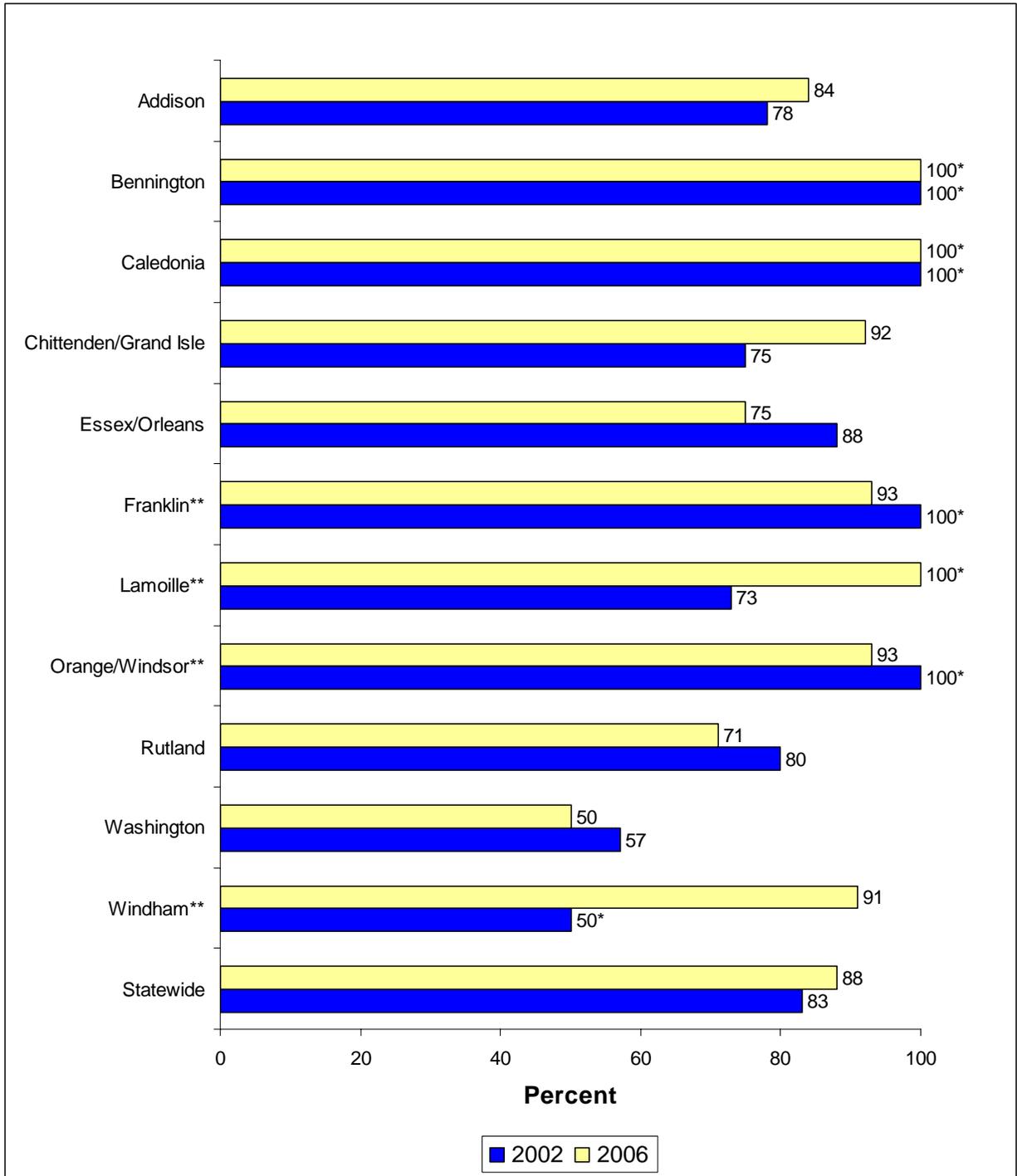
* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

D. KNOWLEDGE OF WHOM TO CONTACT WITH COMPLAINTS OR REQUESTS

In 2006, 88% of consumers who used Adult Day Services indicated that they “always” or “almost always” knew whom to contact with complaints or requests for additional help. This percentage is not statistically different from the percentage of consumers reporting this level of satisfaction in 2002 (83%).

Consumers in Bennington (100%), Caledonia (100%), and Lamoille (100%) were more likely than consumers statewide to indicate that they “always” or “almost always” knew whom to contact— for Lamoille, this rating is a significant increase from 2002 results (73%). Windham County also saw a statistically significant increase in satisfaction levels in 2006 compared to 2002 (91% vs. 50%). In Franklin and Orange/Windsor, however, 2006 satisfaction ratings were significantly lower than in 2002 (93% vs. 100% for both counties). (Chart 5.4)

Chart 5.4: Percentage of Adult Day Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help



* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

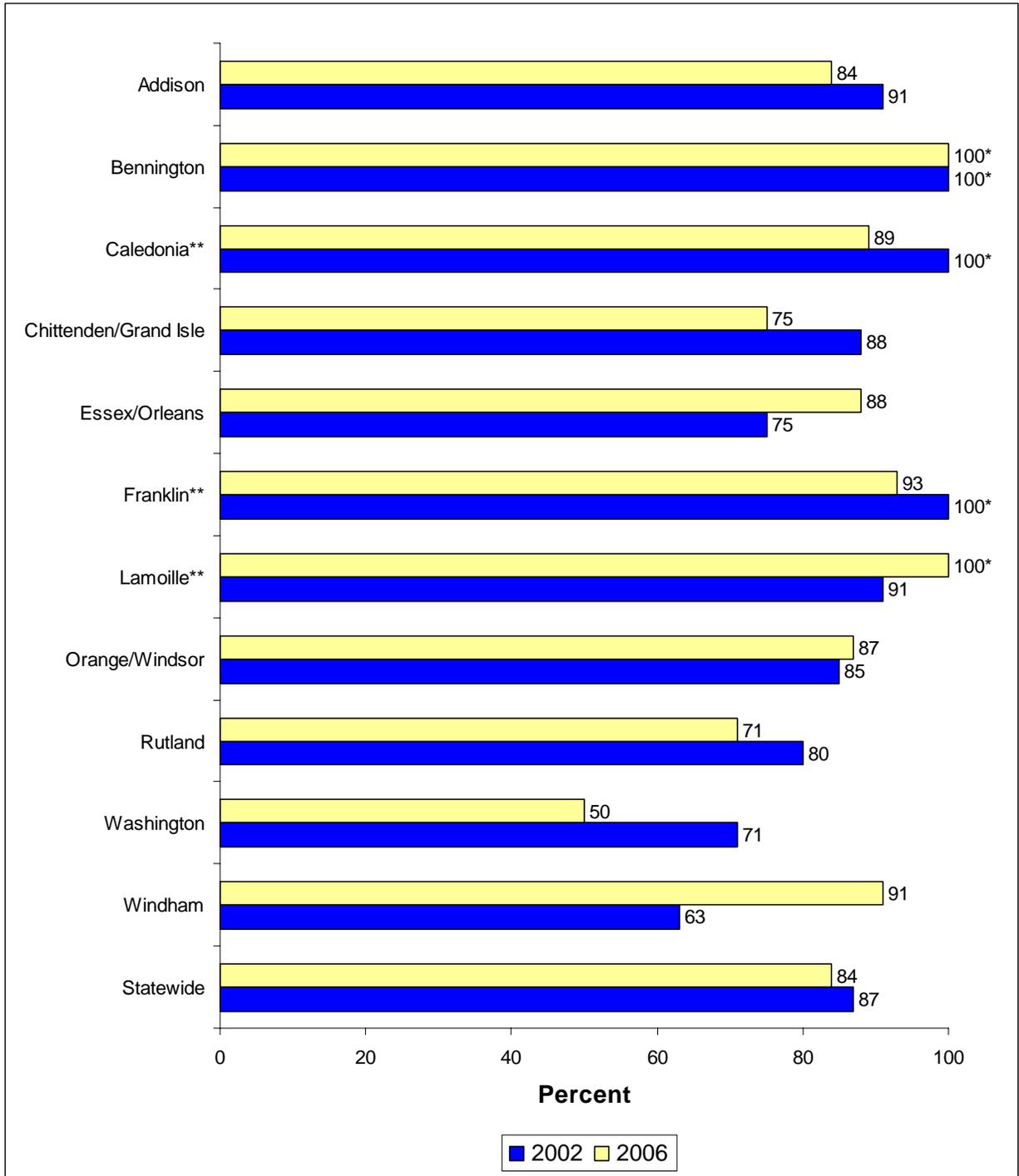
E. MEETING CONSUMER NEEDS WHEN AND WHERE NECESSARY

Of consumers using Adult Day Services, 84% felt that the program “always” or “almost always” provided services to them when and where they were needed, a similar percentage to 2002 (87%).

Compared to their peers across the State, consumers in Bennington and Lamoille (100%) were significantly more likely to report that the program “always” or “almost always” provided services to them when and where they were needed. In Lamoille, the percentage of consumers satisfied with the measure in 2006 was significantly higher than the percentage in 2002 (91%).

In Caledonia and Franklin, significantly fewer consumers reported that services were provided when and where needed in 2006 than in 2002 (89% vs. 100% and 93% vs. 100%, respectively). (Chart 5.5)

Chart 5.5: Percentage of Consumers Who Indicated Adult Day Center Services Were Provided When and Where They Needed Them



* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

CHAPTER VI. SATISFACTION WITH CHOICES FOR CARE

Taken as a whole, a smaller percentage of long-term care consumers participating in Vermont's Choices for Care (CFC) program reported being "always" or "almost always" satisfied with all measures in 2006 than in 2002 (Charts 6.1a-6.5a). For consumers statewide, the differences were all statistically significant on these measures. In addition, the decrease in percent of consumers reporting satisfaction with different measures was seen across all counties/regions.

This drop in overall satisfaction ratings for CFC is largely due to the responses of people in the Moderate Needs Group (MNG). This group did not exist in 2002, and is eligible for fewer service options with lower levels of service.

ADDITIONAL ANALYSES FOR CFC

In order to explain these data further, additional charts are provided throughout this chapter which illustrate statistics for the program's sub-groups. CFC includes several different groups of consumers, including MNG consumers, discussed above, as well as those considered Highest/High Needs (HHN) consumers. HHN consumers include personal care services groups such as Home Health Agency (HHA), Surrogate-Directed (SD), and Consumer-Directed (CD) consumers. The number of consumers from each of these groups who were included in the 2006 CSS is presented in the following table:

CFC Group	N
Home Health Agency	176
Consumer-Directed	55
Surrogate-Directed	120
Moderate Needs Group	192

In this chapter, Charts 6.1a-6.5a present satisfaction levels with measures for 2002 CFC Medicaid Waiver consumers and all 2006 CFC consumers.

Charts 6.1b-6.5b present satisfaction levels with measures for 2002 CFC Medicaid Waiver consumers, 2006 MNG consumers, and 2006 HHN consumers (comprised of HHA consumers, CD consumers, and SD consumers).

Charts 6.1c-6.5c present satisfaction levels with measures for the following 2006 groups: MNG consumers, HHA consumers, CD consumers, and SD consumers.

Charts 6.1d-6.5d present satisfaction levels with measures for the 2006 HHA consumers only.

Statistical significance testing was not performed on Charts 6.1d-6.5d because sample sizes were not large enough to support county-level analyses.

These charts demonstrate that MNG consumers were much less likely to express above-average satisfaction with measures than other CFC participants. As described above, MNG consumers are a new group. MNG consumers have access to fewer services than do other Department consumers (e.g., CD and SD options are not available to them), and are provided less service volume overall.

Sample sizes for data presented in Charts 6.1a-6.5d are provided in *Appendix B*, starting on page 112.

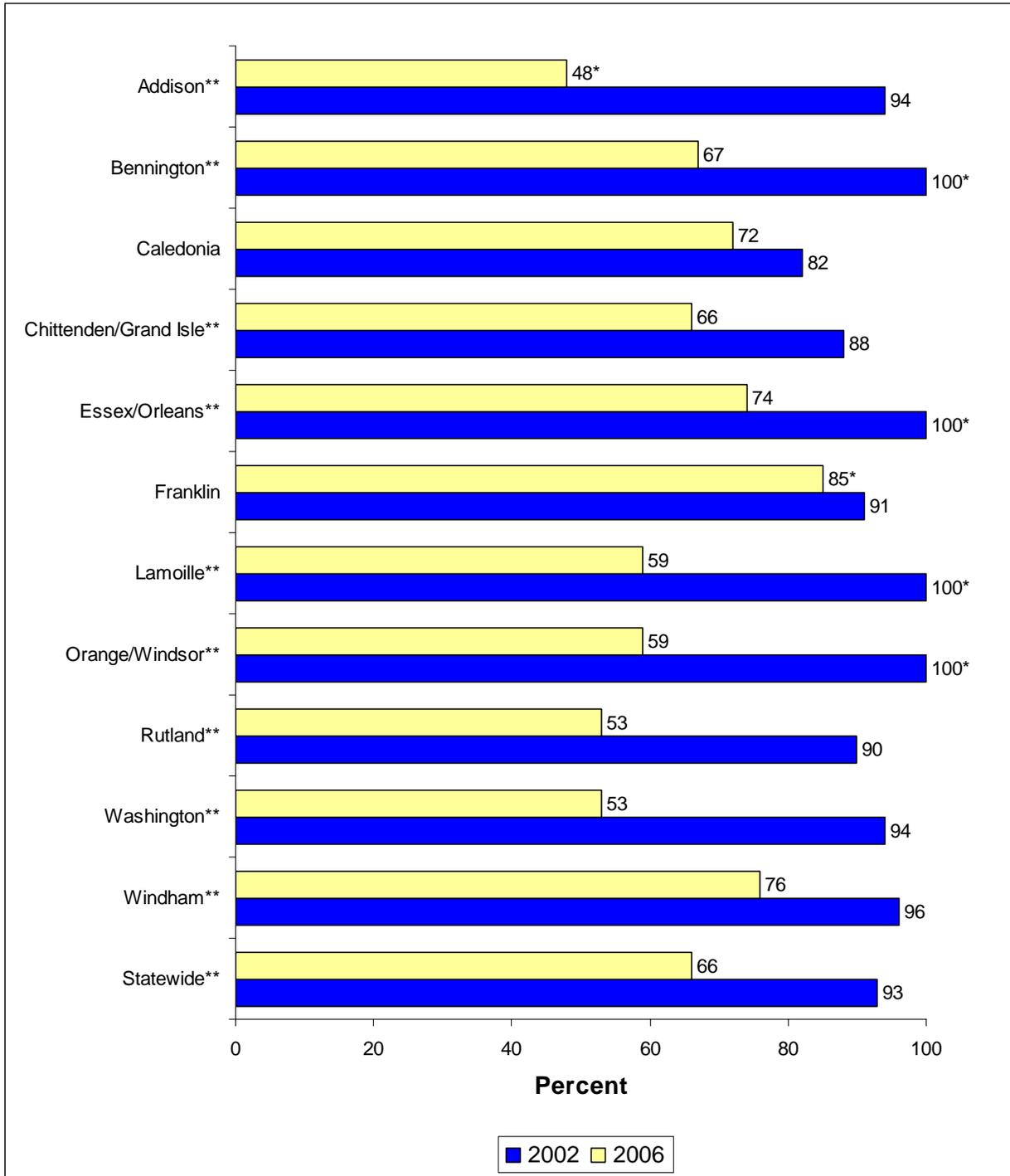
A. SATISFACTION WITH QUALITY OF SERVICES

Statewide, 66% of CFC consumers reported they were “always” or “almost always” satisfied with the quality of the services they received, a significant decrease from 2002 (93%).

In all but two counties, significantly fewer consumers reported above-average satisfaction with quality of services in 2006 as compared to 2002. While consumers in Caledonia reported a drop in satisfaction in 2006 (72%) as compared to 2002 (82%), the change was not statistically significant. Consumers in Franklin also reported a slight drop in satisfaction in 2006 (85%) as compared to 2002 (91%), but the change was not significant.

Satisfaction ratings were fairly consistent across the State, with the exception of two counties. In Addison, the percent of consumers reporting above-average satisfaction (48%) was significantly less than the statewide average (66%). In Franklin (85%), however, satisfaction levels were significantly higher than results from across the State. (Chart 6.1a)

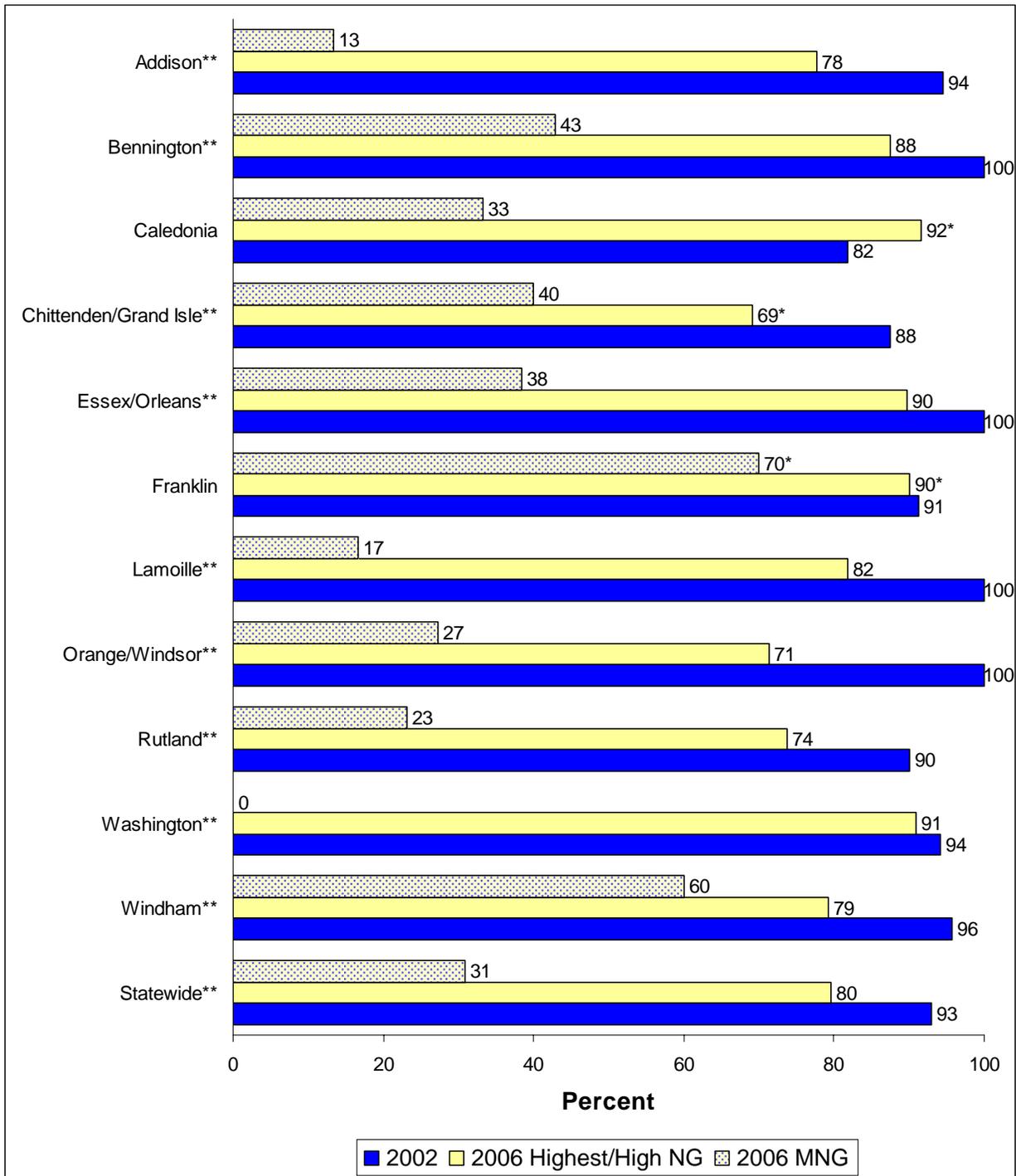
Chart 6.1a: Percentage of Consumers Who Rated Quality of CFC Services as Above Average



* Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 at 5%.

Chart 6.1b: Percentage of Consumers Who Rated Quality of CFC Services as Above Average

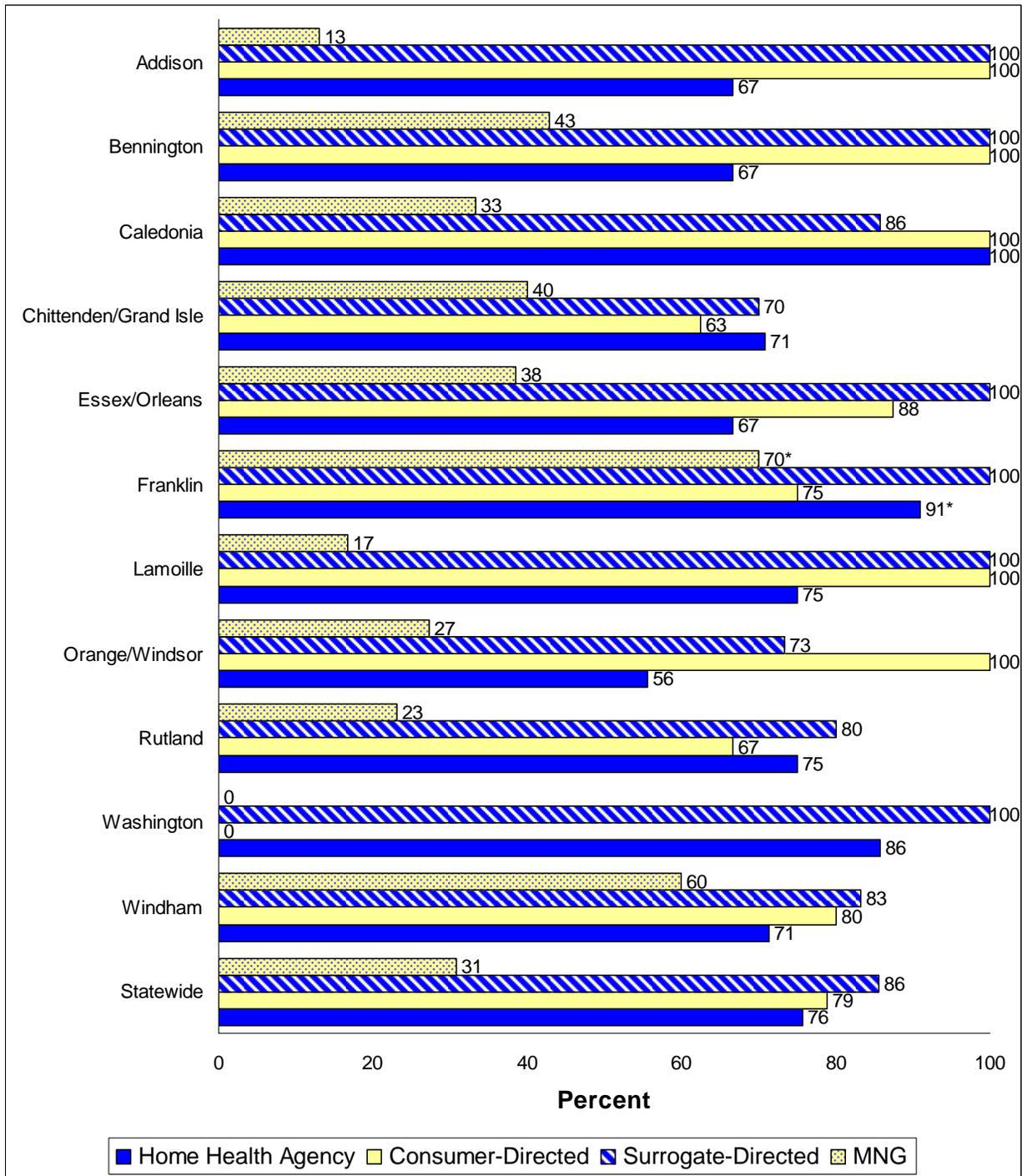


*Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 (all groups) at 5%.

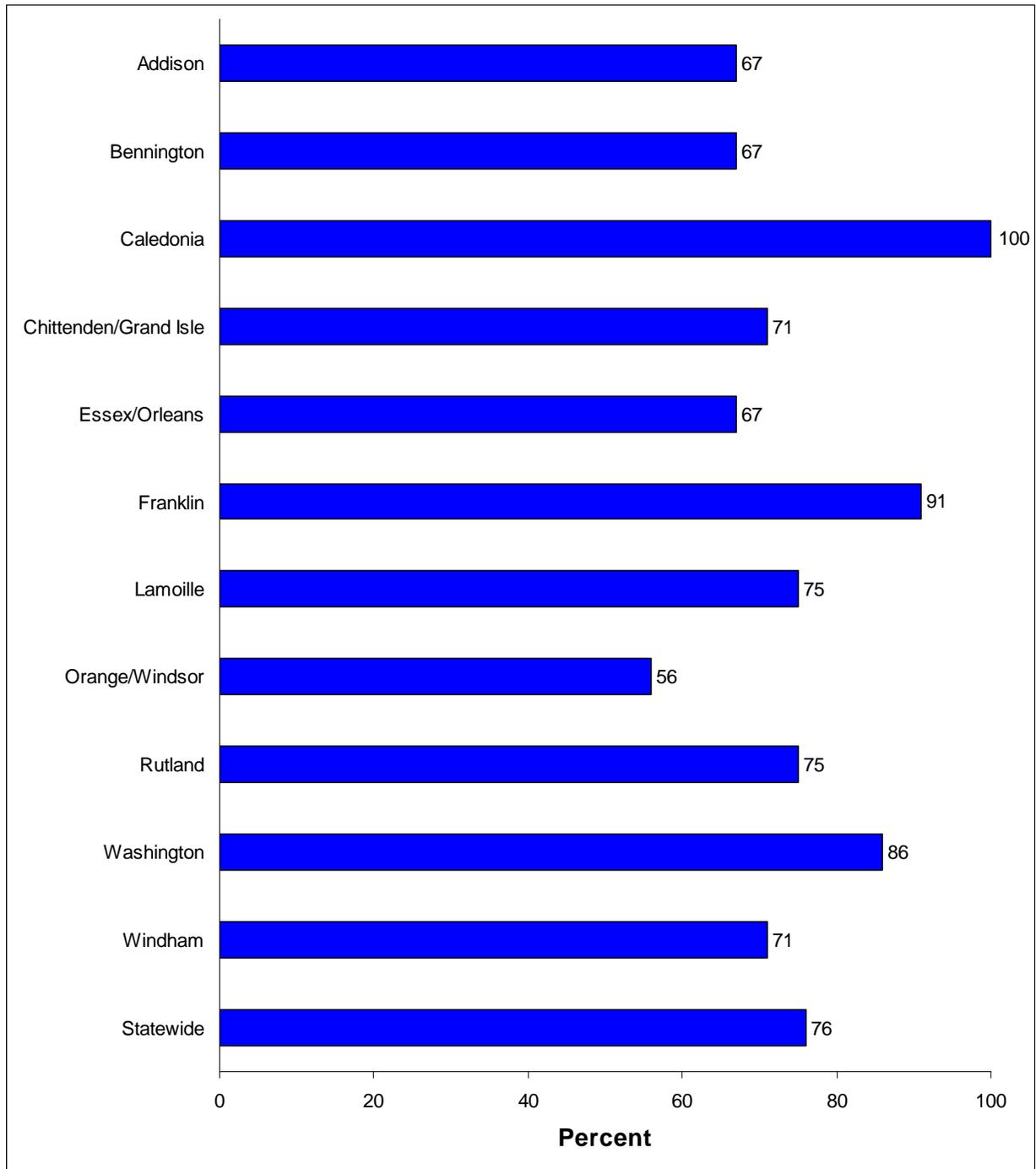
Note: There were no above-average ratings by MNG respondents in Washington County.

Chart 6.1c: Percentage of Consumers Who Rated Quality of CFC Services as Above Average in 2006



* Indicates statistical difference from statewide average at 5%.
 Note: There were no CD respondents in Washington County.
 Note: There were no above-average ratings by MNG respondents in Washington County.

**Chart 6.1d: Percentage of Home Health Agency Consumers (HHA Only)
Who Rated Quality of CFC Services as Above Average in 2006**



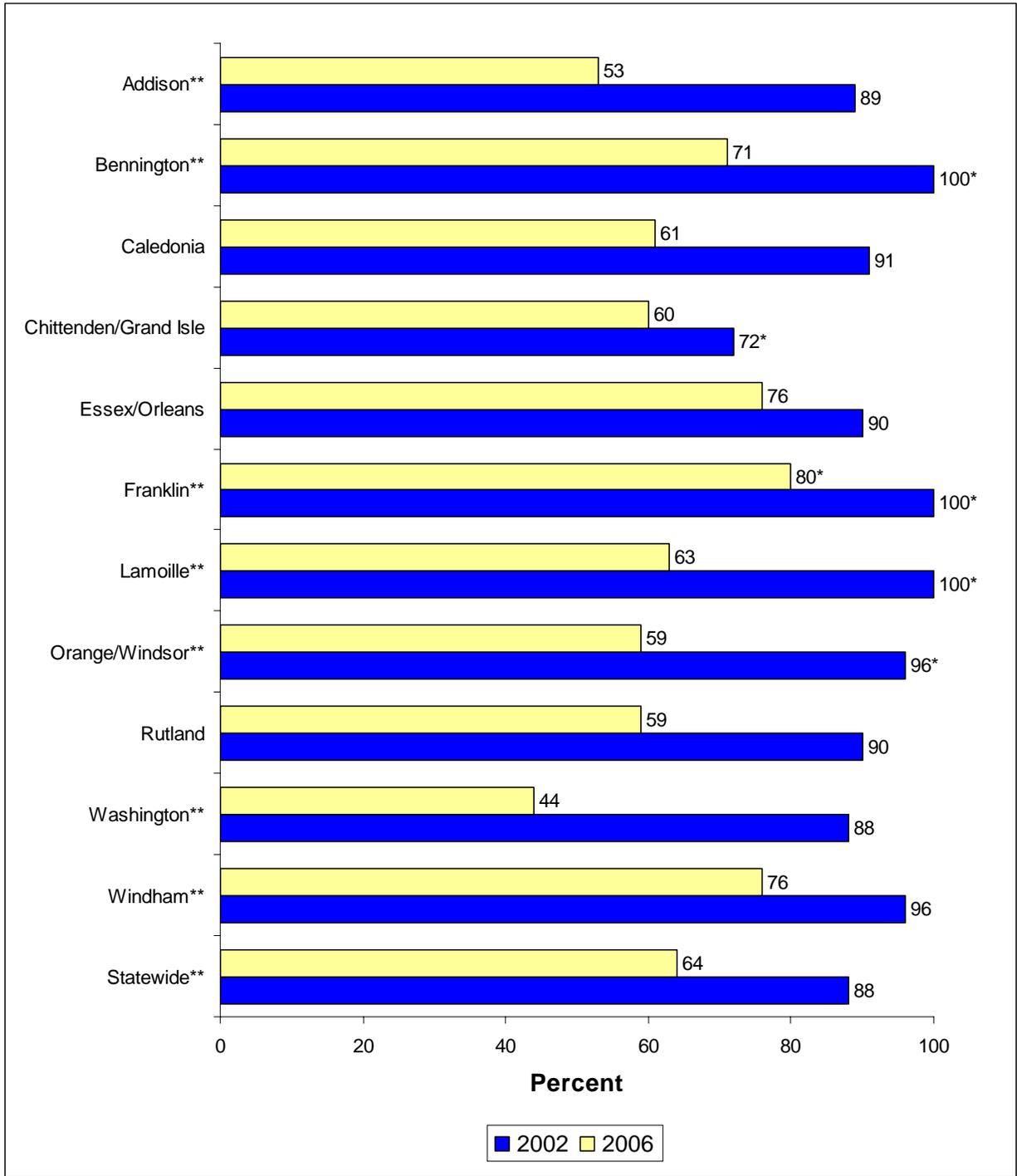
B. DEGREE TO WHICH SERVICES MET CONSUMER NEEDS

Statewide in 2006, 64% of CFC consumers felt that services provided by the program “always” or “almost always” met their needs. This percentage is significantly less than in 2002 (88%).

More than half of the counties/regions surveyed in 2006 reported significantly lower levels of satisfaction in 2006 as compared to 2002. These are Addison (53% vs. 89%), Bennington (71% vs. 100%), Franklin (80% vs. 100%), Lamoille (63% vs. 100%), Orange/Windsor (59% vs. 96%), Washington (44% vs. 88%), and Windham (76% vs. 96%).

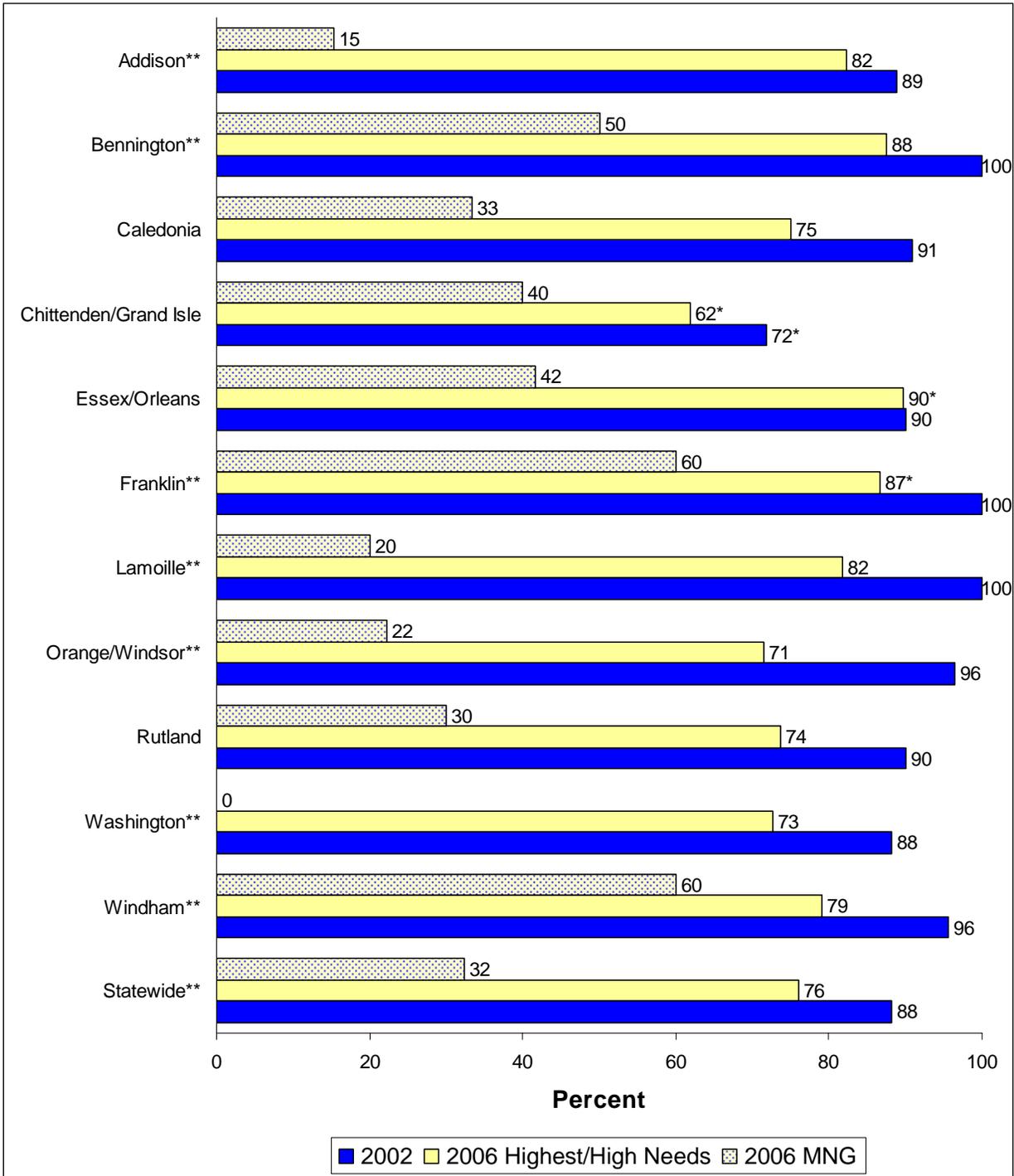
In Franklin County, the percent of respondents who felt that the program “always” or “almost always” met their needs was significantly higher in 2006 (80%) than the statewide average (64%). (Chart 6.2a)

Chart 6.2a: Percentage of Consumers Who Indicated That CFC Services Always or Almost Always Met Their Needs



* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

Chart 6.2b: Percentage of Consumers Who Indicated That CFC Services Always or Almost Always Met Their Needs

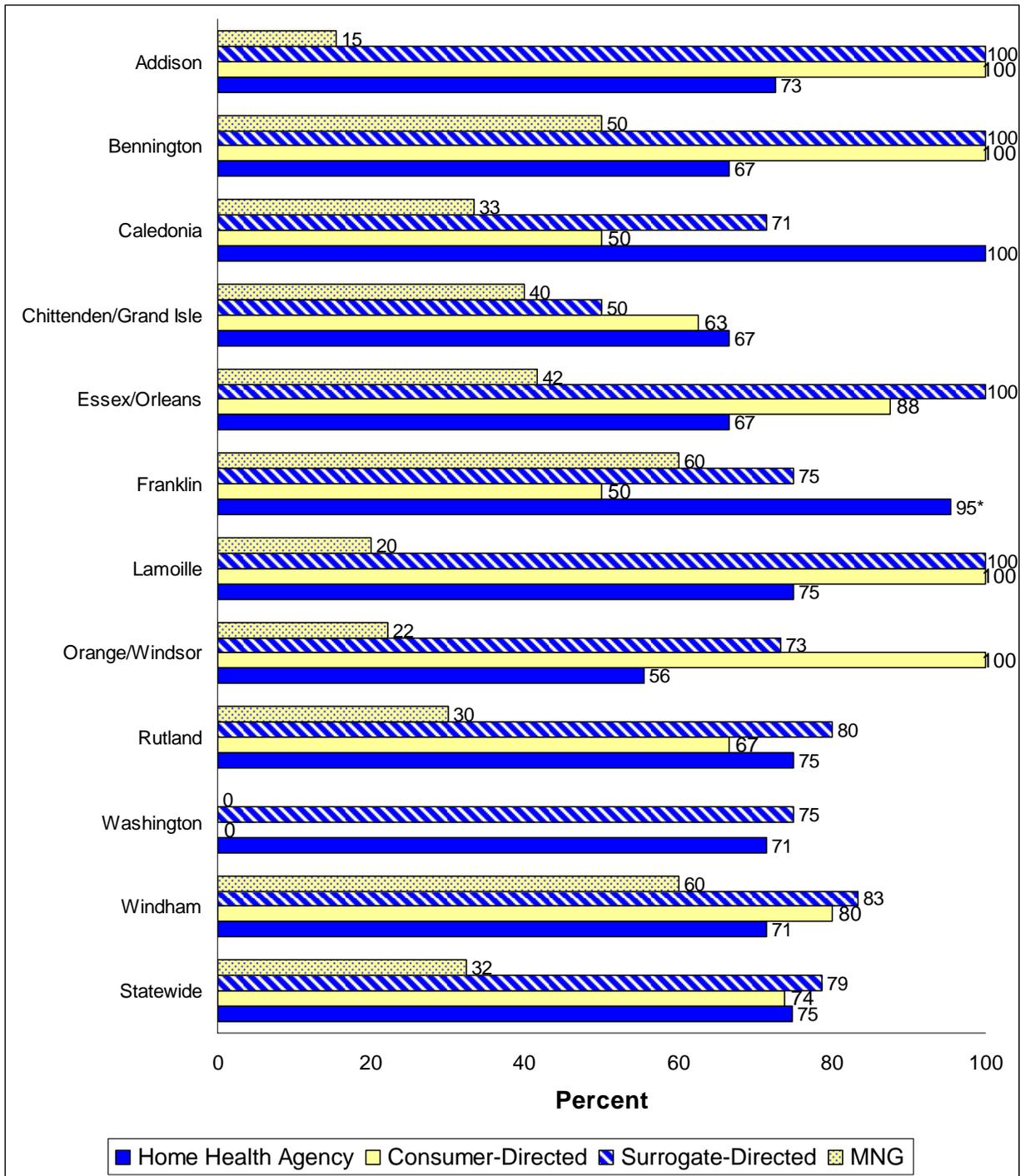


*Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 (all groups) at 5%.

Note: There were no above-average ratings by MNG respondents in Washington County.

Chart 6.2c: Percentage of Consumers Who Indicated That CFC Services Always or Almost Always Met Their Needs in 2006

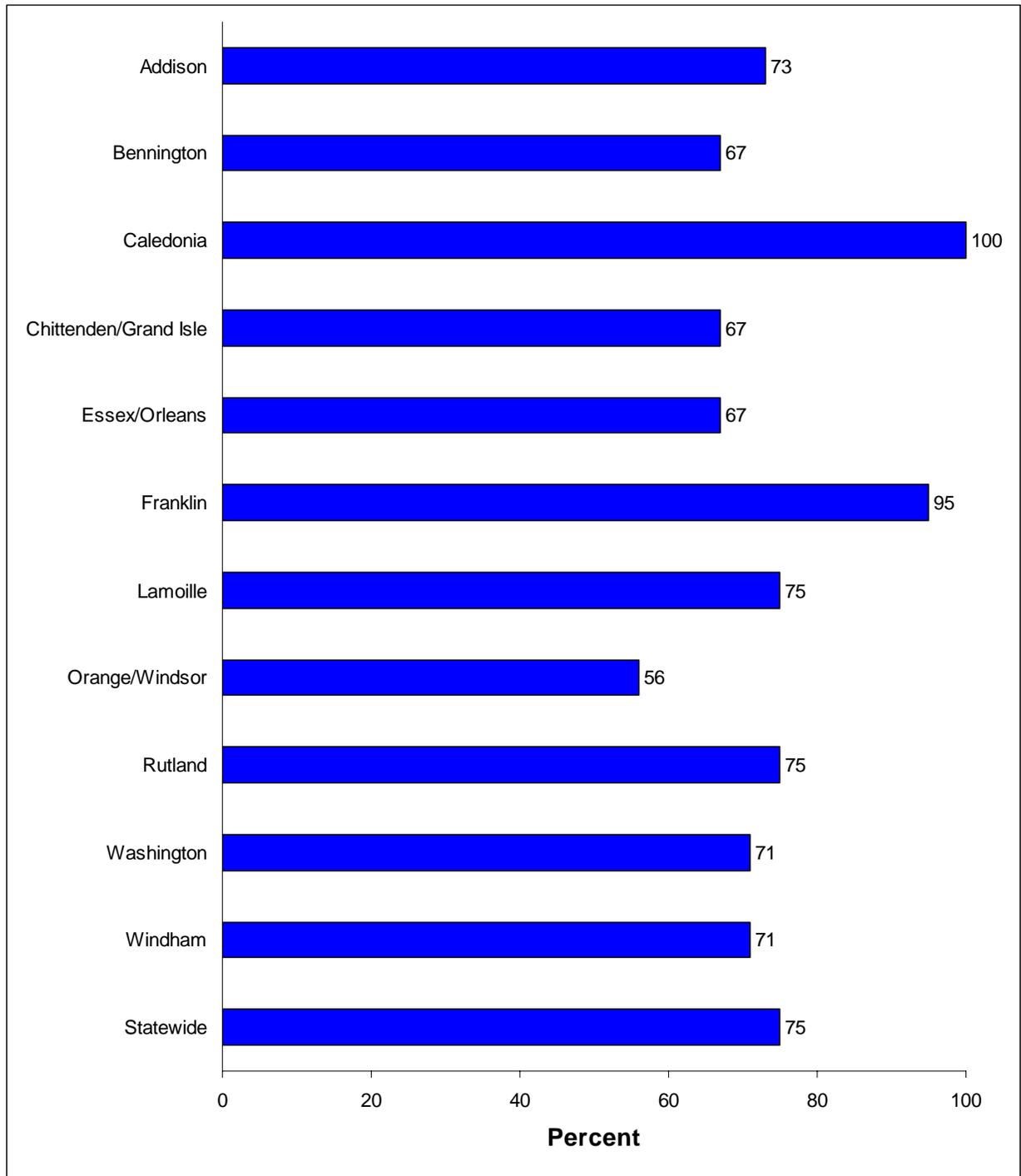


* Indicates statistical difference from statewide average at 5%.

Note: There were no CD respondents in Washington County.

Note: There were no above-average ratings by MNG respondents in Washington County.

Chart 6.2d: Percentage of Consumers Who Indicated That CFC Services Always or Almost Always Met Their Needs in 2006



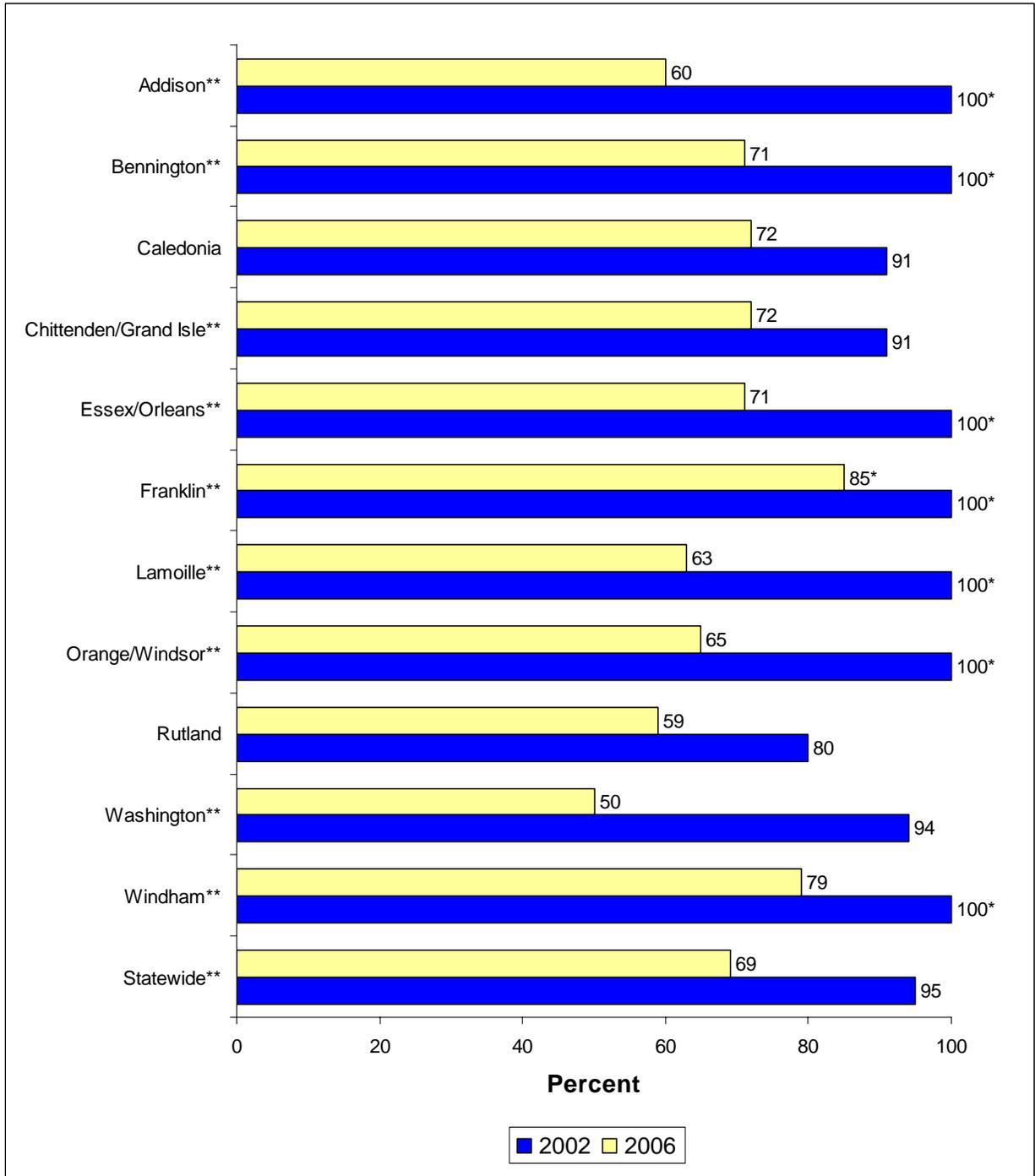
C. RESPECTFULNESS AND COURTESY OF CFC CAREGIVERS

Statewide in 2006, 69% of CFC consumers felt that they were “always” or “almost always” shown respect and courtesy. This result is down significantly from the sentiments of consumers statewide (95%) in 2002.

Lower levels of satisfaction were reported across the State. In all but two counties/regions (Caledonia and Rutland), 2006 ratings were significantly lower than in 2002.

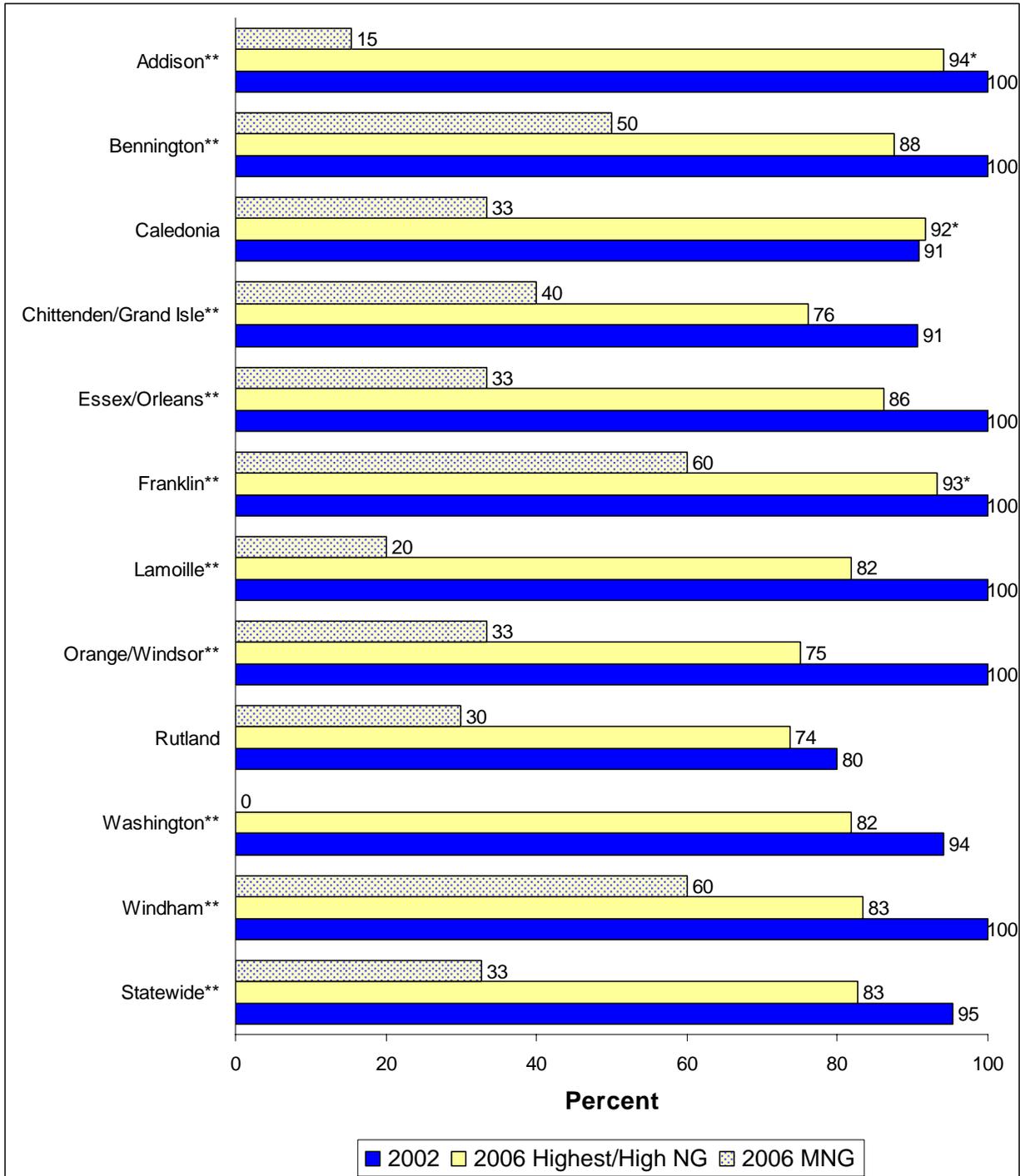
Again, consumers in Franklin County reported higher levels of satisfaction in 2006 (85%) with this measure than did consumers statewide (69%). (Chart 6.3a)

Chart 6.3a: Percentage of Consumers Who Indicated That They Were Always or Almost Always Shown Respect and Courtesy by CFC Caregivers



* Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 at 5%.

Chart 6.3b: Percentage of Consumers Who Indicated That They Were Always or Almost Always Shown Respect and Courtesy by CFC Caregivers

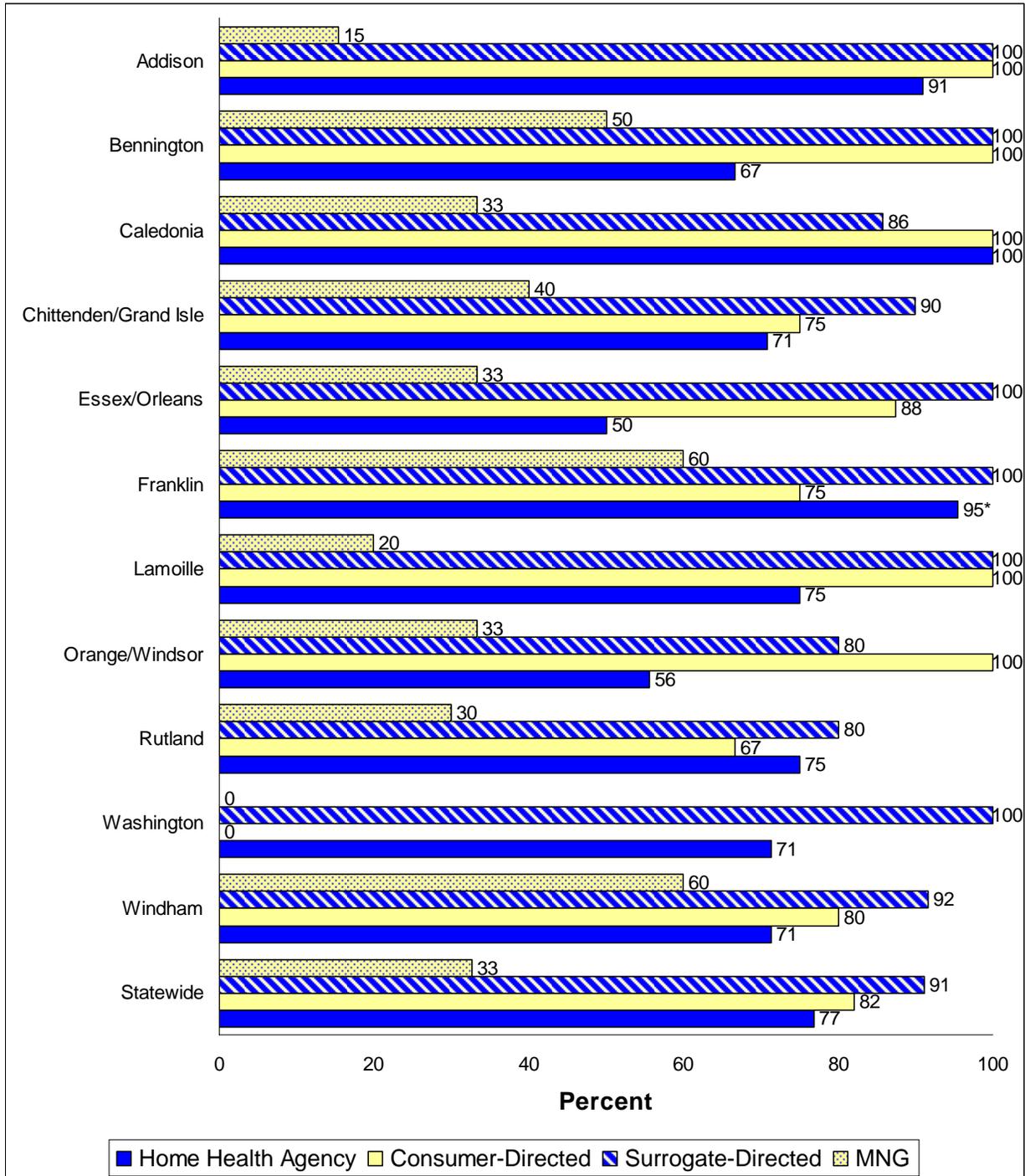


*Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 (all groups) at 5%.

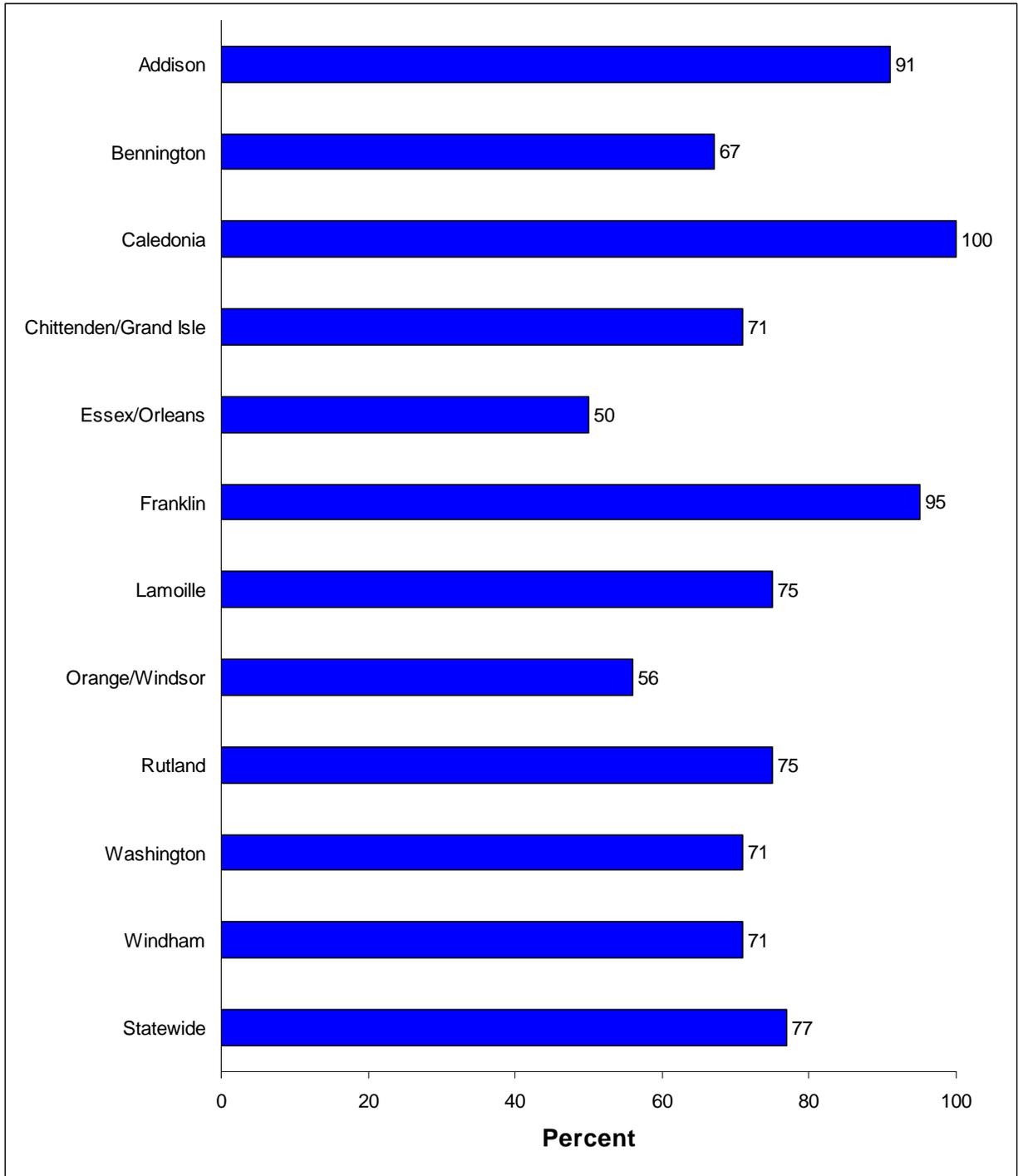
Note: There were no above-average ratings by MNG respondents in Washington County.

Chart 6.3c: Percentage of Consumers Who Indicated That They Were Always or Almost Always Shown Respect and Courtesy by CFC Caregivers in 2006



* Indicates statistical difference from statewide average at 5%.
 Note: There were no CD respondents in Washington County.
 Note: There were no above-average ratings by MNG respondents in Washington County

**Chart 6.3d: Percentage of Consumers (HHA Only)
Who Indicated that they Were Always or Almost Always Shown
Respect and Courtesy by CFC Caregivers in 2006**



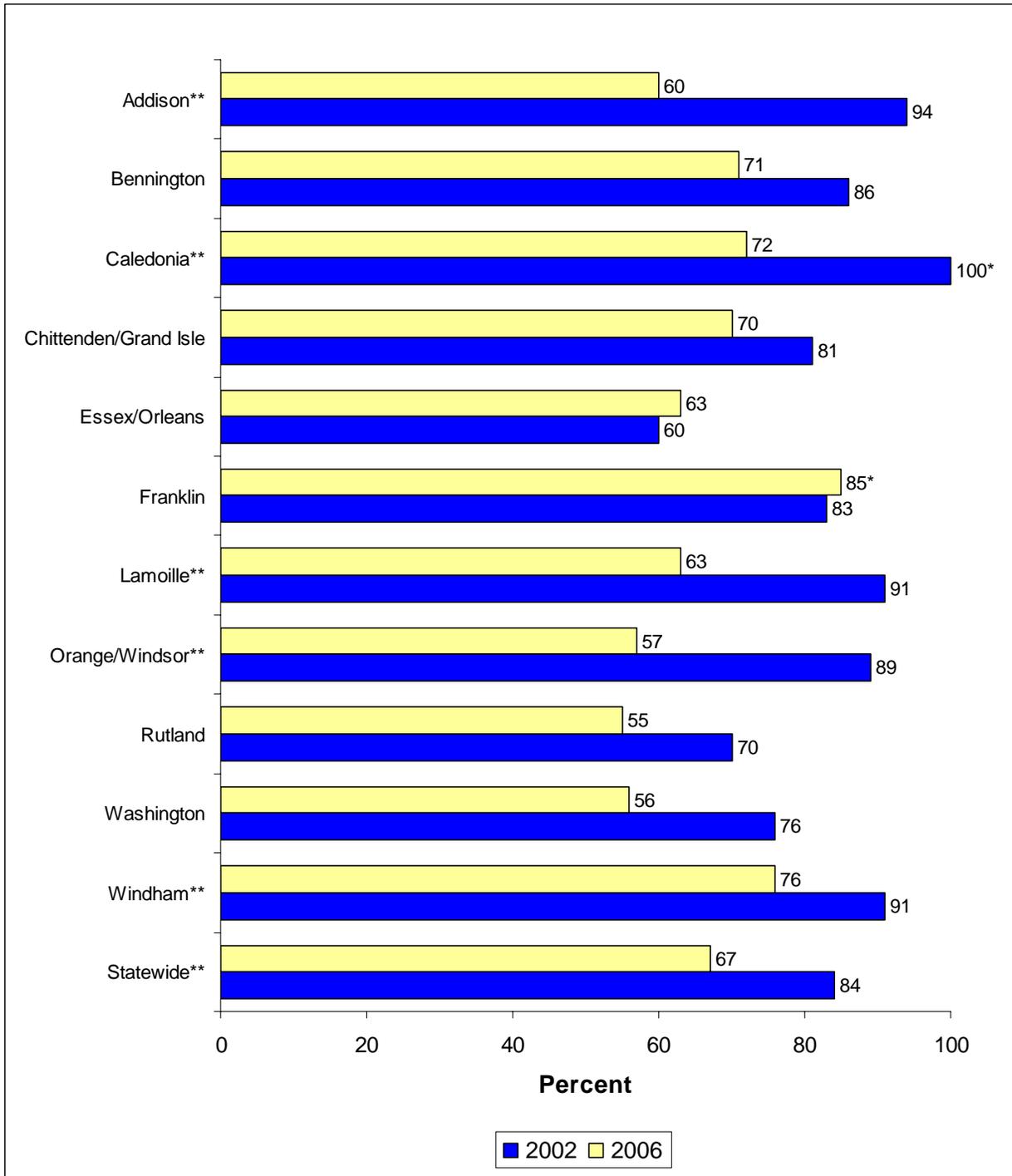
D. KNOWLEDGE OF WHOM TO CONTACT WITH COMPLAINTS OR REQUESTS

In 2006, 67% of CFC consumers statewide reported that they “always” or “almost always” knew whom to contact with complaints or requests; this percentage was significantly lower than the percentage reporting similar levels of satisfaction in 2002 (84%).

Five counties/regions surveyed in 2006 reported significantly lower levels of satisfaction in 2006 as compared to 2002. These are Addison (60% vs. 94%), Caledonia (72% vs. 100%), Lamoille (63% vs. 91%), Orange/Windsor (57% vs. 89%), and Windham (76% vs. 91%).

In Franklin, the percentage of consumers reporting satisfaction with this measure is slightly higher in 2006 (85%) than in 2002 (83%), although the difference is not statistically significant. However, the 2006 rating is significantly higher than the statewide average (67%). (Chart 6.4a)

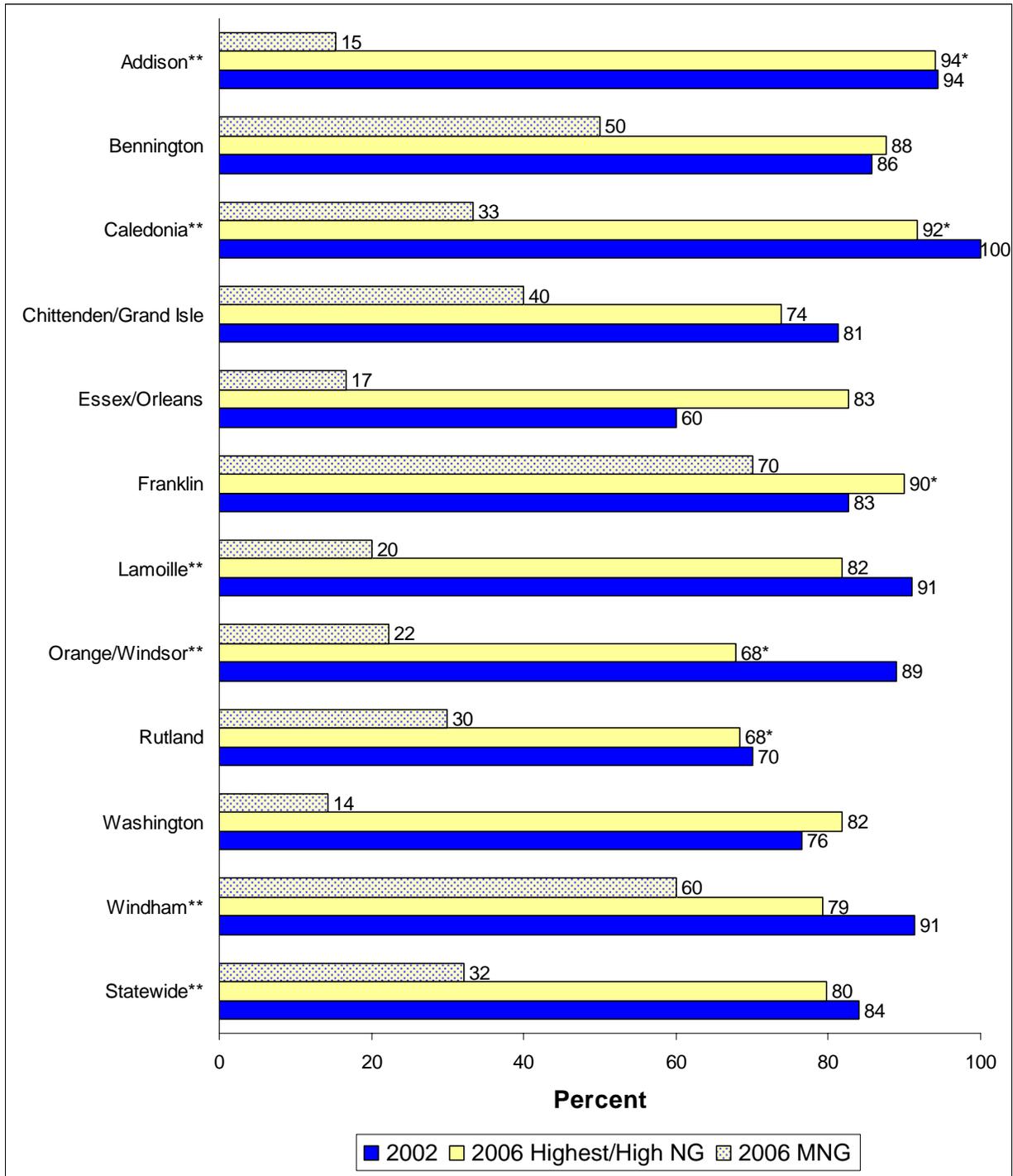
Chart 6.4a: Percentage of CFC Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help



* Indicates statistical difference from statewide average at 5%.

** Indicates statistical difference between 2002 and 2006 at 5%.

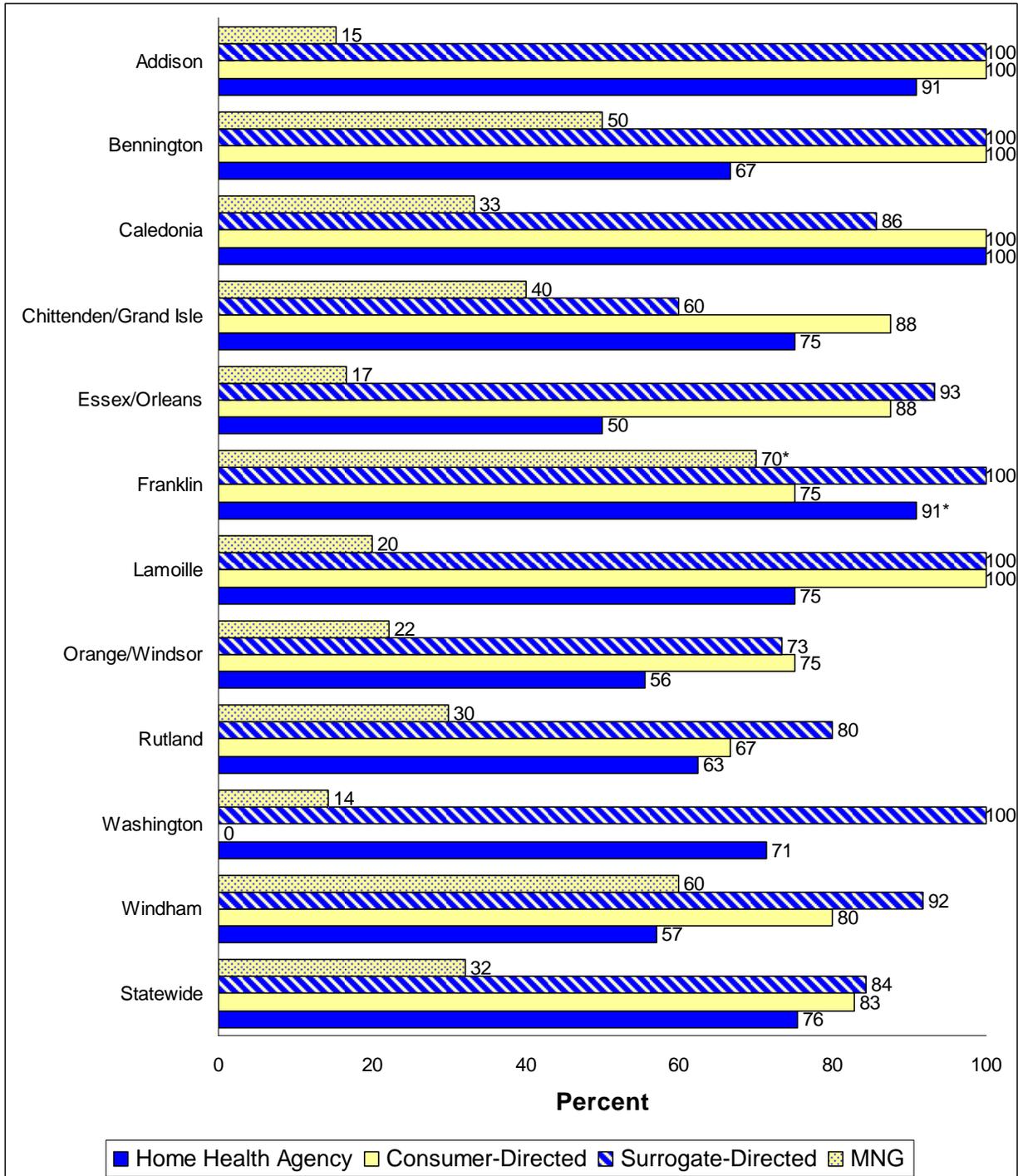
Chart 6.4b: Percentage of CFC Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help



*Indicates statistical difference from statewide average at 5%.

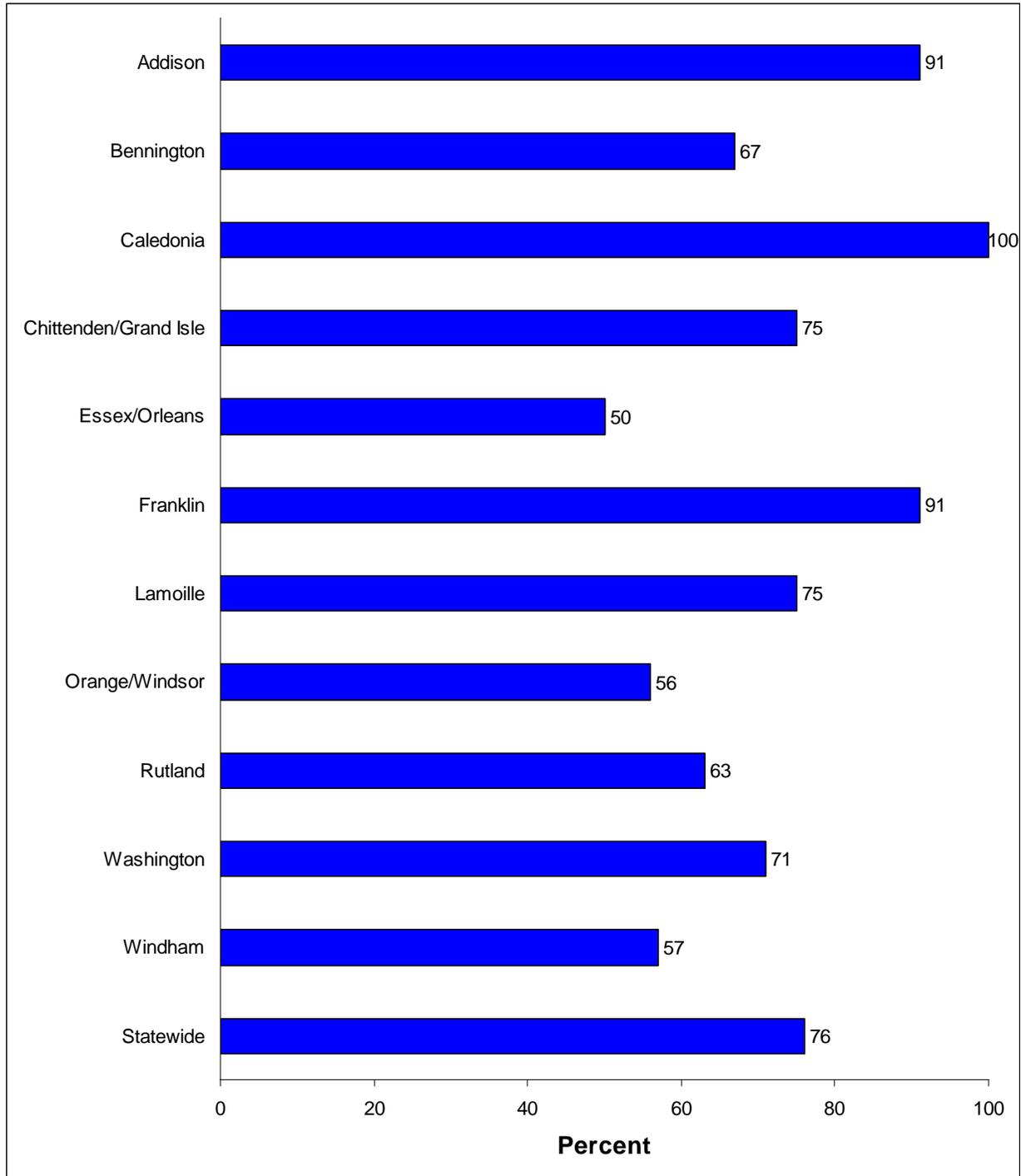
** Indicates statistical difference between 2002 and 2006 (all groups) at 5%.

Chart 6.4c: Percentage of CFC Consumers Who Always or Almost Always Knew Whom to Contact with a Complaint or for More Help in 2006



* Indicates statistical difference from statewide average at 5%.
 Note: There were no CD respondents in Washington County.

**Chart 6.4d: Percentage of CFC Consumers (HHA Only)
Who Always or Almost Always Knew Whom to Contact
with a Complaint or for More Help in 2006**



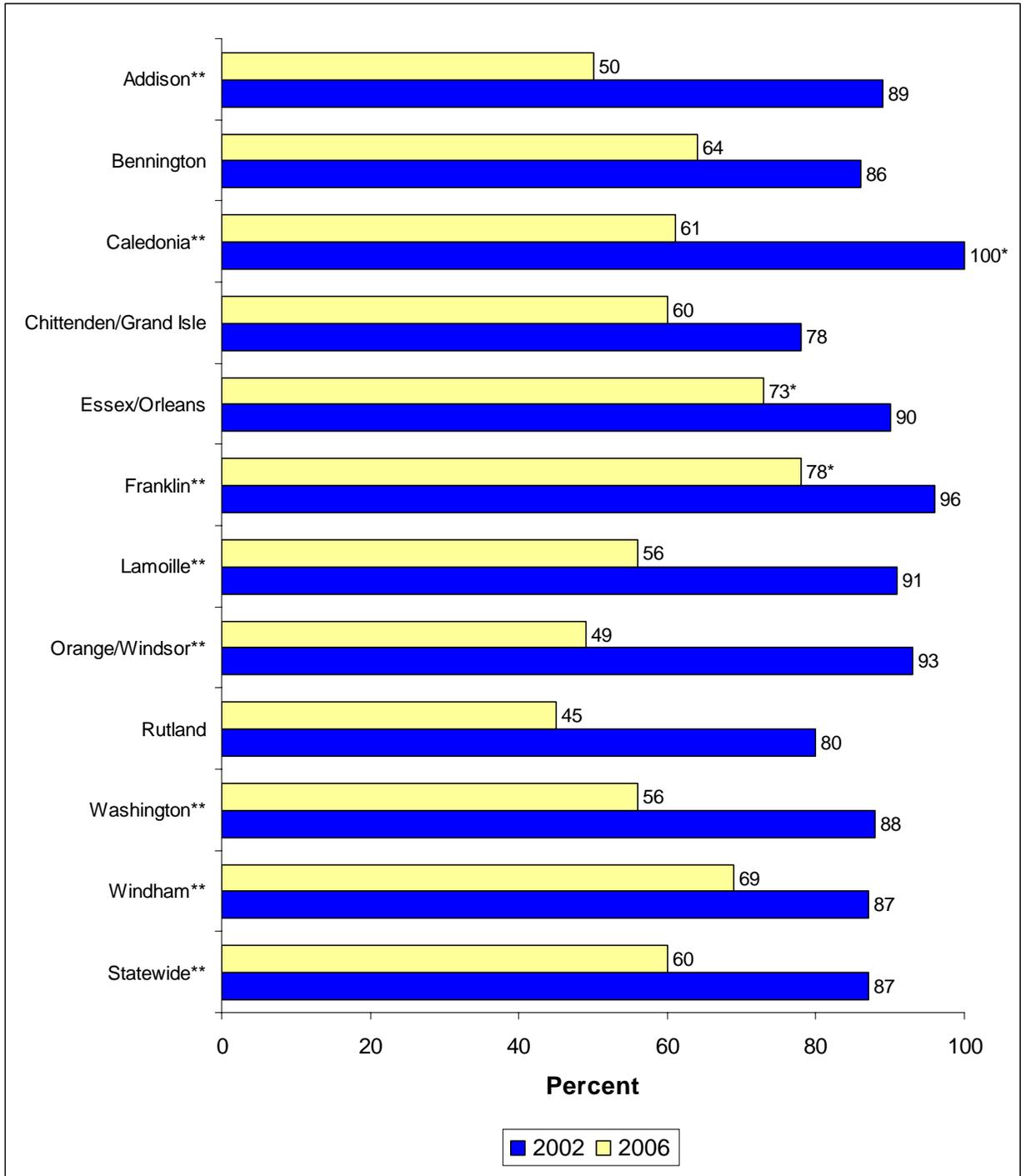
E. MEETING CONSUMER NEEDS WHEN AND WHERE NECESSARY

In 2006, 60% of consumers indicated that CFC had “always” or “almost always” provided service to them when and where they needed assistance. This percentage is significantly less than satisfaction levels in 2002 (87%).

Seven counties/regions reported significantly lower levels of satisfaction in 2006 as compared to 2002. These are Addison (50% vs. 89%), Caledonia (61% vs. 100%), Franklin (78% vs. 96%), Lamoille (56% vs. 91%), Orange/Windsor (49% vs. 93%), Washington (56% vs. 88%), and Windham (69% vs. 87%).

In Essex/Orleans (73%) and Franklin (78%) Counties, significantly more consumers reported that services were “always” or “almost always” provided to them when and where needed than did consumers statewide (60%). (Chart 6.5a)

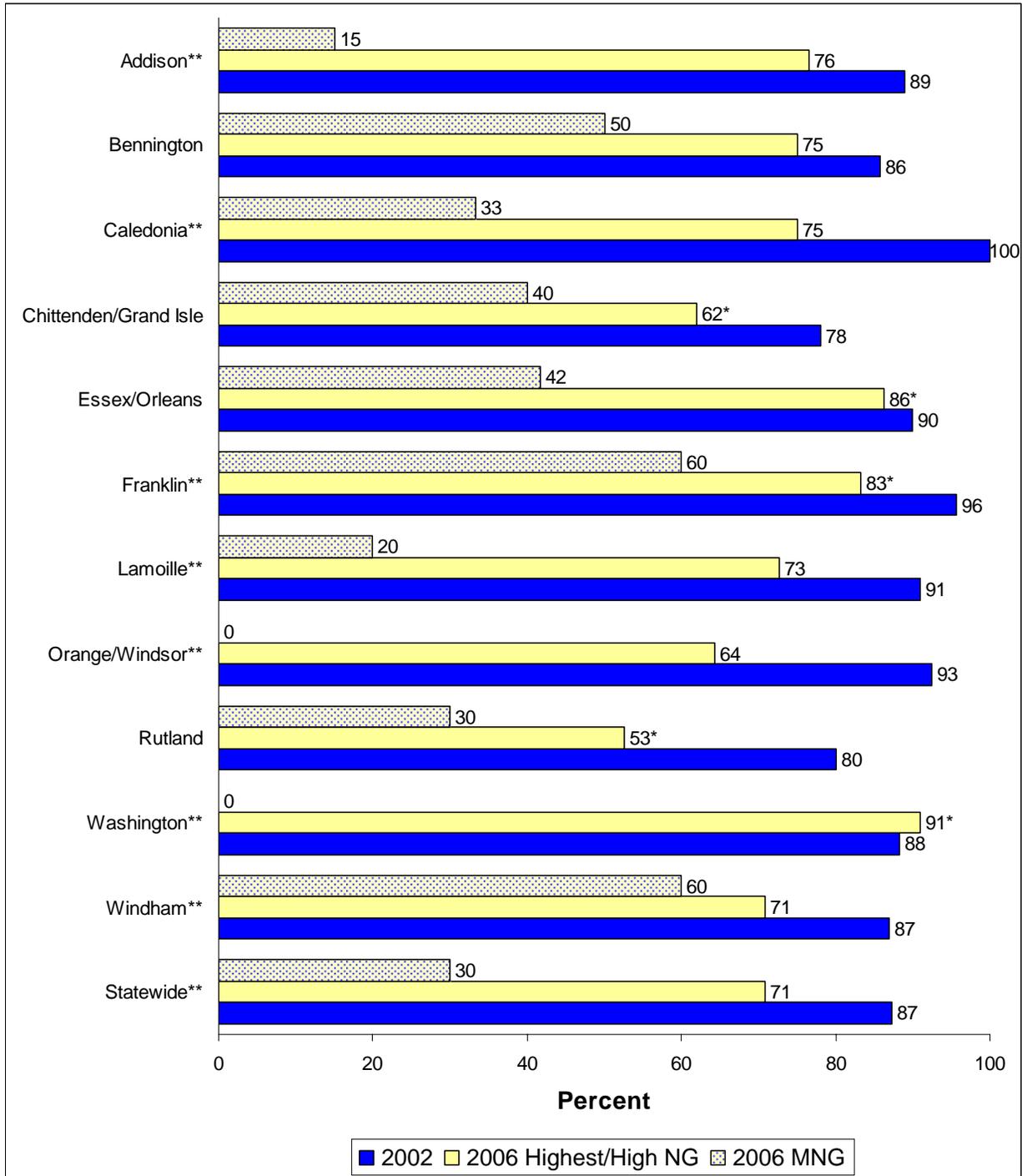
Chart 6.5a: Percentage of Consumers Who Indicated CFC Always or Almost Always Provided Services When and Where They Needed Them



* Indicates statistical difference from statewide average at 5%.

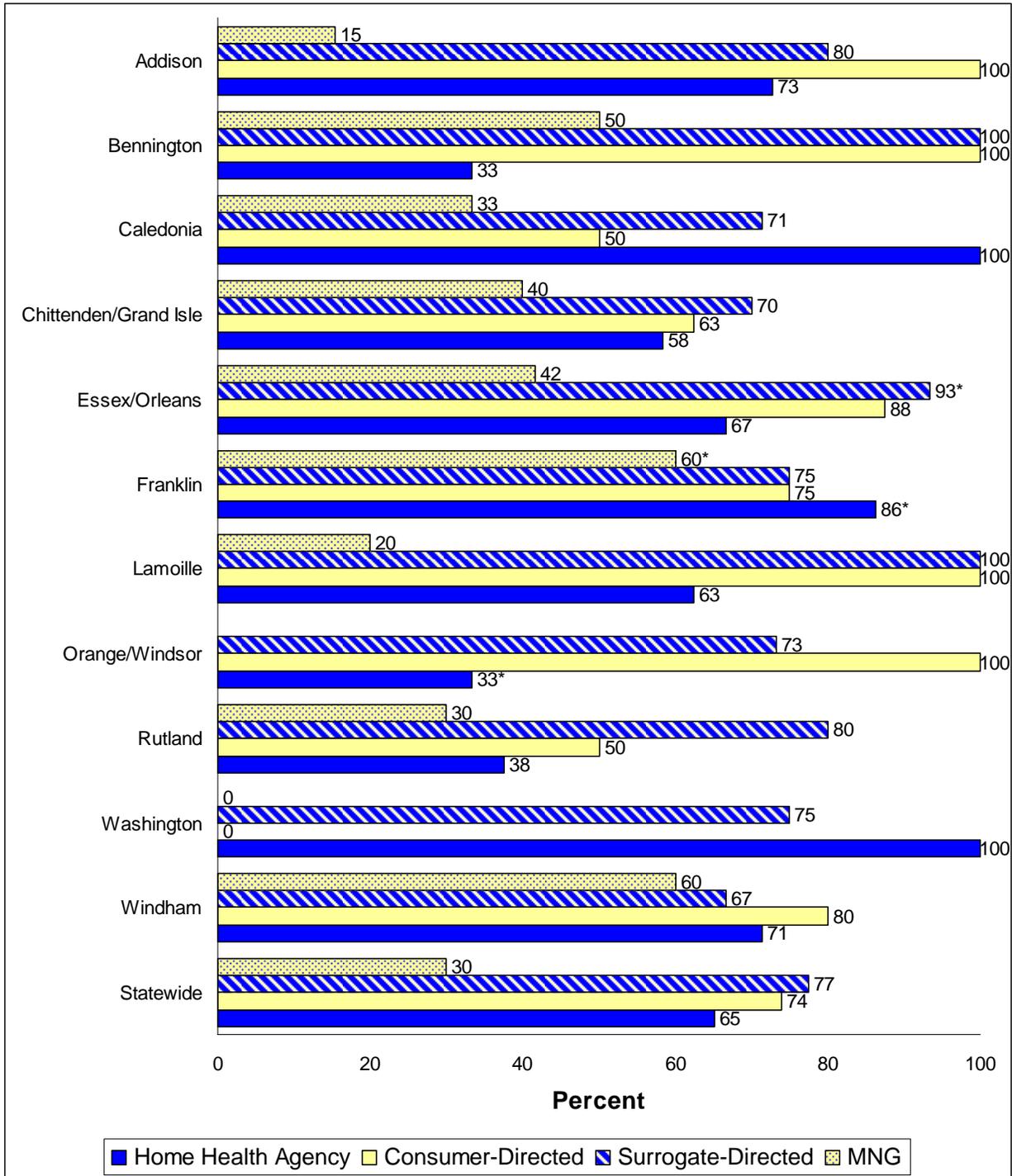
** Indicates statistical difference between 2002 and 2006 at 5%.

Chart 6.5b: Percentage of Consumers Who Indicated CFC Always or Almost Always Provided Services When and Where They Needed Them



*Indicates statistical difference from statewide average at 5%.
 ** Indicates statistical difference between 2002 and 2006 (all groups) at 5%.
 Note: There were no above-average ratings by MNG respondents in Washington County.

Chart 6.5c: Percentage of Consumers Who Indicated CFC Always or Almost Always Provided Services When and Where They Needed Them in 2006

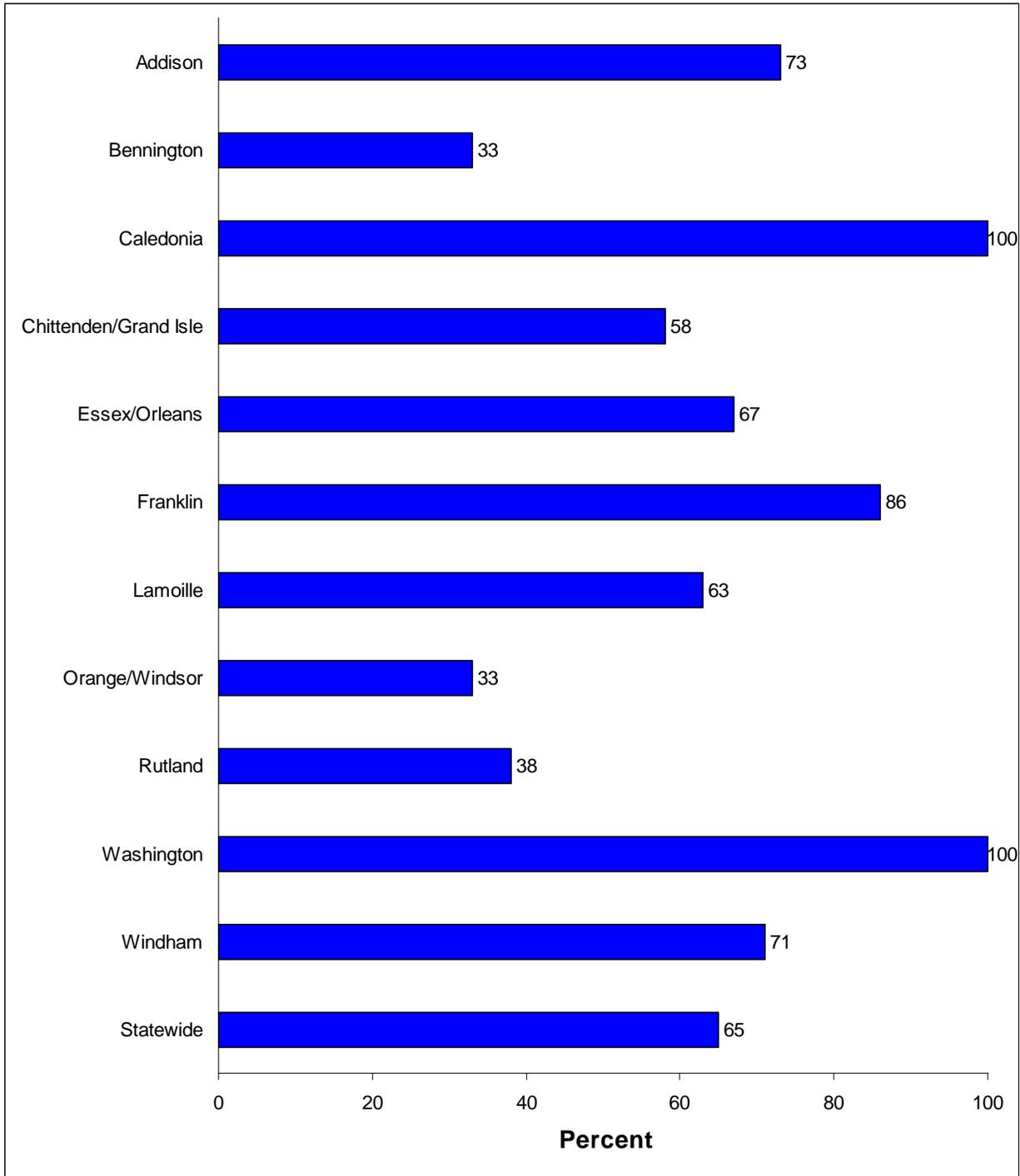


* Indicates statistical difference from statewide average at 5%.

Note: There were no CD respondents in Washington County.

Note: There were no above-average ratings by MNG respondents in Washington County.

**Chart 6.5d: Percentage of Consumers (HHA Only)
Who Indicated CFC Always or Almost Always Provided Services
When and Where They Needed Them in 2006**



CHAPTER VII. HOME-DELIVERED MEALS

In 2006, the Consumer Satisfaction Survey included a set of questions exclusively for participants in the Home-Delivered Meals (HDM) Program. These questions were intended to provide additional information about the length of consumer participation in the program, the number of meals received per week, and the adequacy of the meals for particular health problems, as well as client participation in other food programs.

The 2006 survey results show that, overall, 134 elderly and disabled respondents who participated in the State's long-term care programs also received home-delivered meals, and another 114 respondents had received home-delivered meals sometime in the past (pre-2006).

The 2006 survey included 10 questions about different aspects of program support and service delivery. In the questionnaire, respondents were asked to rate various measures using one of two five-point scales. The first scale included "always," "almost always," "sometimes," "seldom," and "never." The second scale included "excellent," "good," "average," "poor," or "unsatisfactory."

Overall, responses to the home-delivered meals are more positive in 2006 than they were in 2002. Results showed that most elderly and disabled Vermonters who received assistance from the State's long-term care programs perceived the home-delivered meals program positively on a several measures:

- About two-thirds of consumers (75%) reported that the quality of the food delivered was good.
- Many consumers (44%) had health conditions that affected the foods they were advised to eat and felt the food delivered met their dietary needs (88%).
- The majority of consumers (90%) felt that the home-delivered meals program improved the quality of their lives.
- Approximately 22% of consumers indicated that they also got help from other food programs in the State of Vermont.

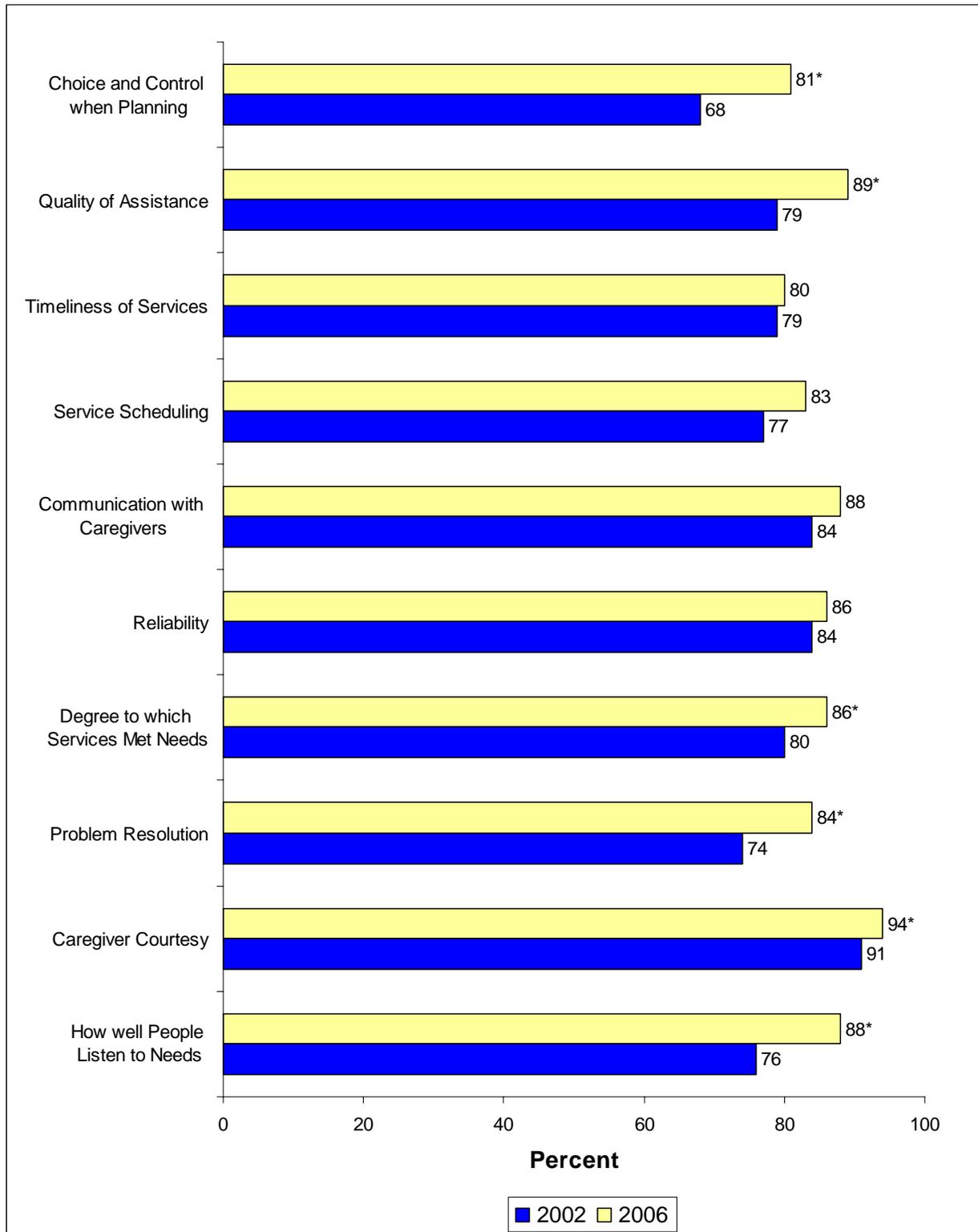
Survey results from HDM participants are provided in Charts 7.1-7.15.

A. SATISFACTION WITH HDM MEASURES

As with all long-term care consumers, HDM consumers were asked to rate the program on 10 aspects of program support and delivery. On all measures, more HDM consumers reported that services were “excellent” or “good” in 2006 than did in 2002. Significant increases were reported in: choice in control and planning (81% vs. 68%); quality of assistance (89% vs. 79%); degree to which services met needs (86% vs. 80%); problem resolution (84% vs. 74%); caregiver courtesy (94% vs. 91%); and how well people listened to their needs (88% vs. 76%). (Chart 7.1).

In addition, participants were asked about the value of services, the degree to which services made life better, the degree to which services allowed consumers to stay in their homes, and their overall quality of life. (Charts 7.2-7.5)

Chart 7.1: Percentage of HDM Respondents Statewide Who Rated Overall Services as Excellent or Good



* Indicates statistical difference from statewide average at 5%
 ** Indicates statistical difference between 2002 and 2006 at 5%

B. VALUE AND QUALITY OF LIFE MEASURES

HDM participants provided overwhelming positive responses to questions regarding the value of the program services, and its impact on their lives:

- Eighty-five percent of HDM consumers felt that the services they received were a good value for what they paid for them. (Chart 7.2)
- More than 90% of consumers reported that the help they received made their lives "somewhat" or "much better". (Chart 7.3)
- Eighty percent of HDM consumers reported that it would be "very difficult" or "difficult" to stay in their homes if they did not receive services. (Chart 7.4)

However, as with other long-term care consumers, HDM participants were less positive about their overall quality of life than a random sample of Vermonters. Only 57% of HDM consumers rated their quality of life as "excellent" or "good". (Chart 7.5)

Chart 7.2: For What You Had to Pay for the Services You Received; Did You Find Them of Good Value?

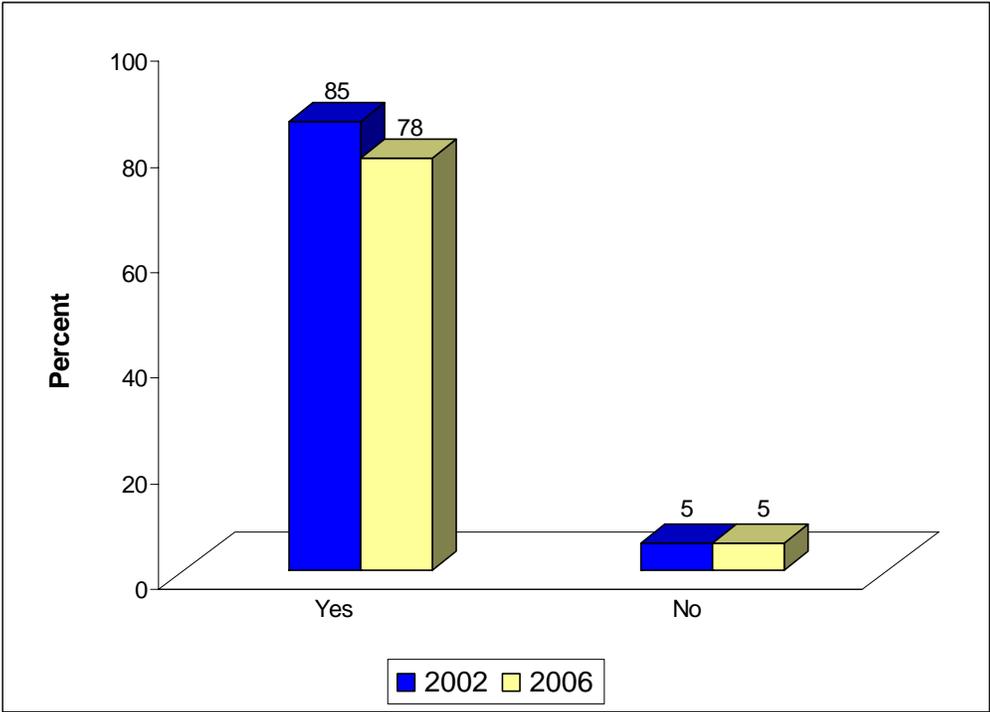
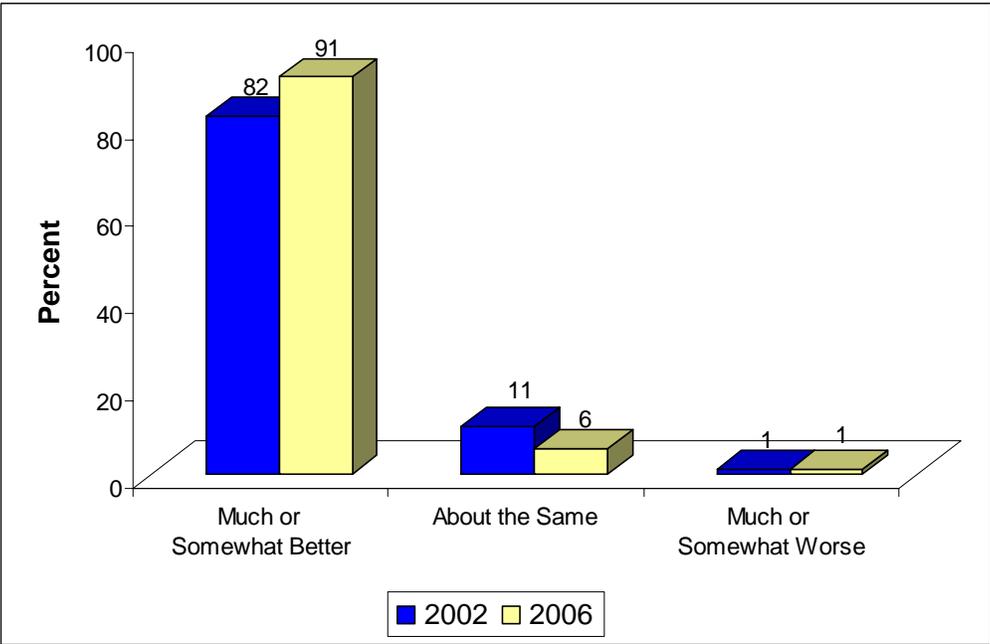


Chart 7.3: Would You Say The Help You Have Received Has Made Your Life...



**Chart 7.4: How Easy Would It Be For You to Stay in Your Home if You Did Not Receive Services?
Would You Say:**

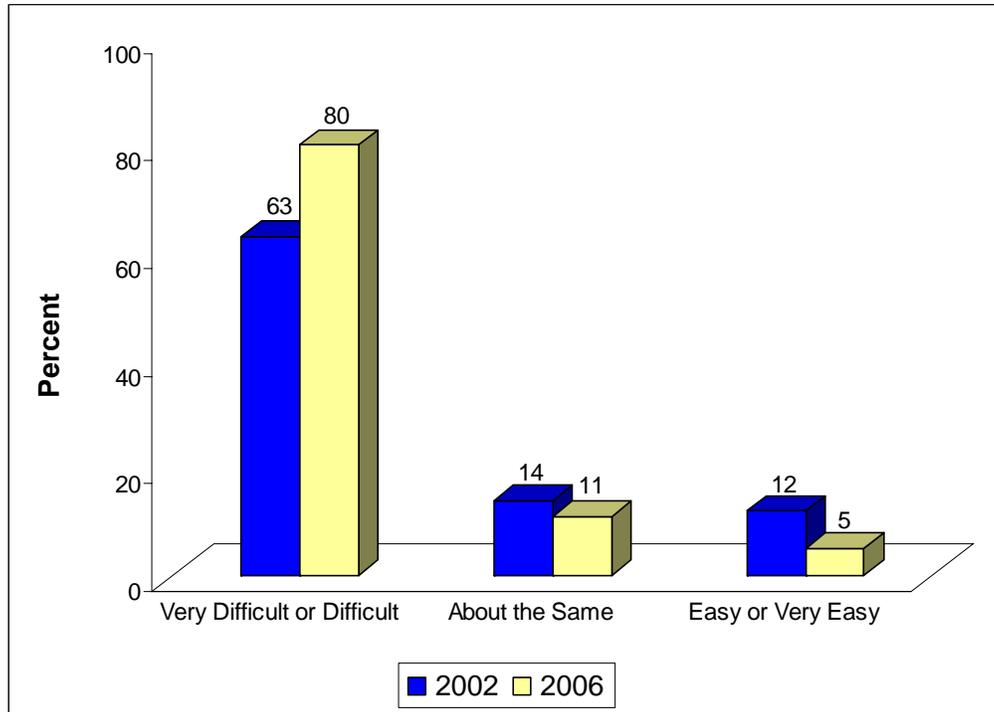
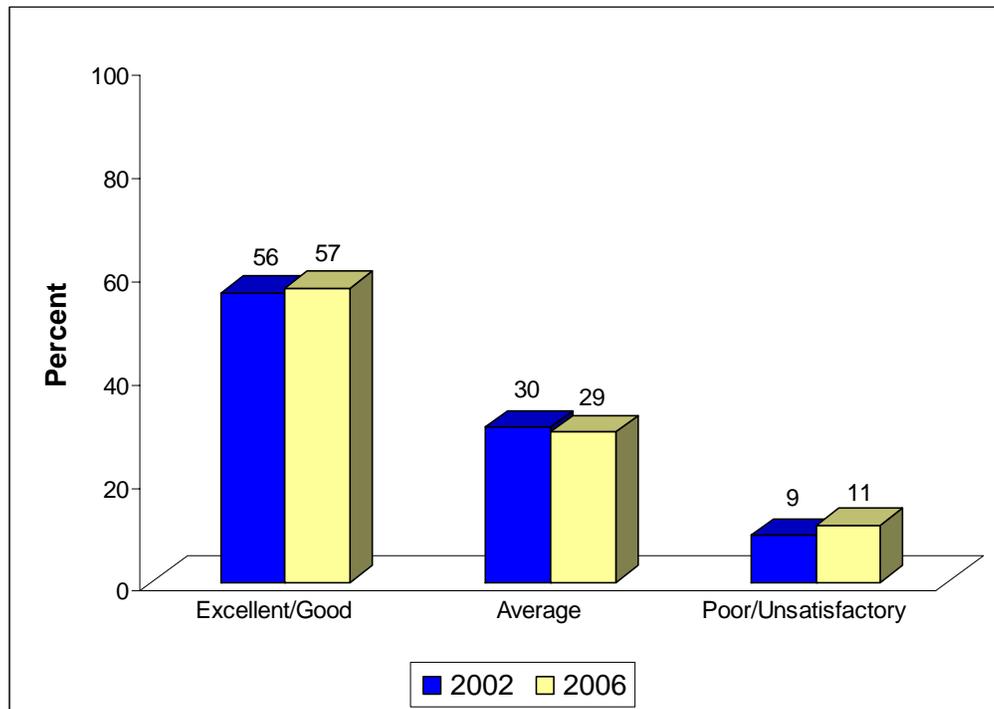


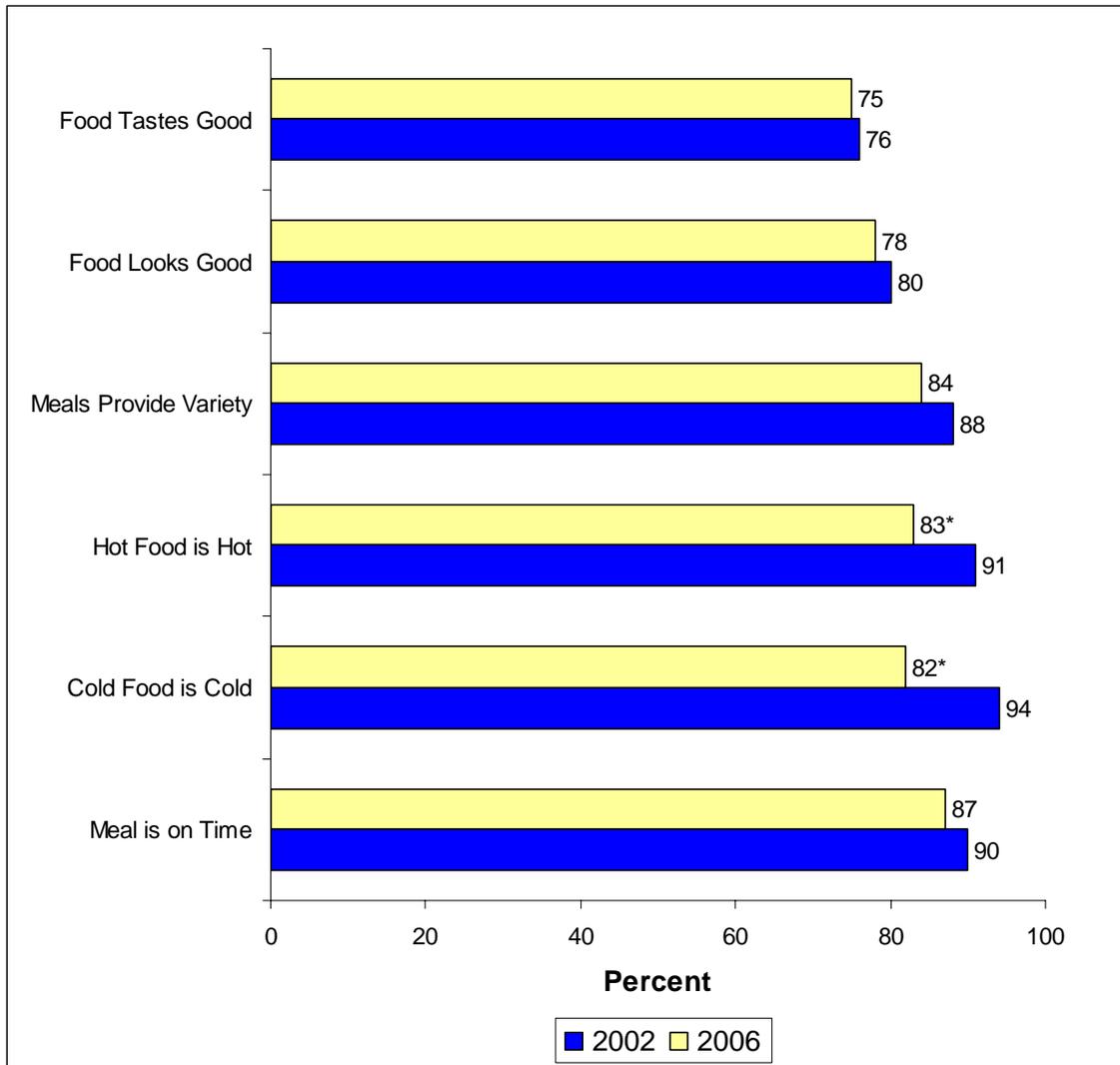
Chart 7.5: Overall How Would You Rate Your Quality of Life?



C. SATISFACTION WITH HOME-DELIVERED MEALS PROGRAM

More than 75% of HDM participants rated all food and service characteristics as above average. In 2006, significantly fewer consumers rated two characteristics regarding food temperature as above average than in 2002 – hot food is hot (83% vs. 91%) and cold food is cold (82% vs. 94%). (Chart 7.1.)

Chart 7.6: Percentage of Respondents Who Rated Home-Delivered Meals Characteristics as Always or Almost Always



* Indicates statistical difference between 2002 and 2006 at 5%

D. HDM PARTICIPATION AND PROGRAM-SPECIFIC QUESTIONS

Charts 7.7-7.15 present results from several questions asked to measure participation in the HDM program, and questions asked exclusively of HDM program participants.

Chart 7.7: Do You Currently Receive Meals through the Home-Delivered Meals Program?

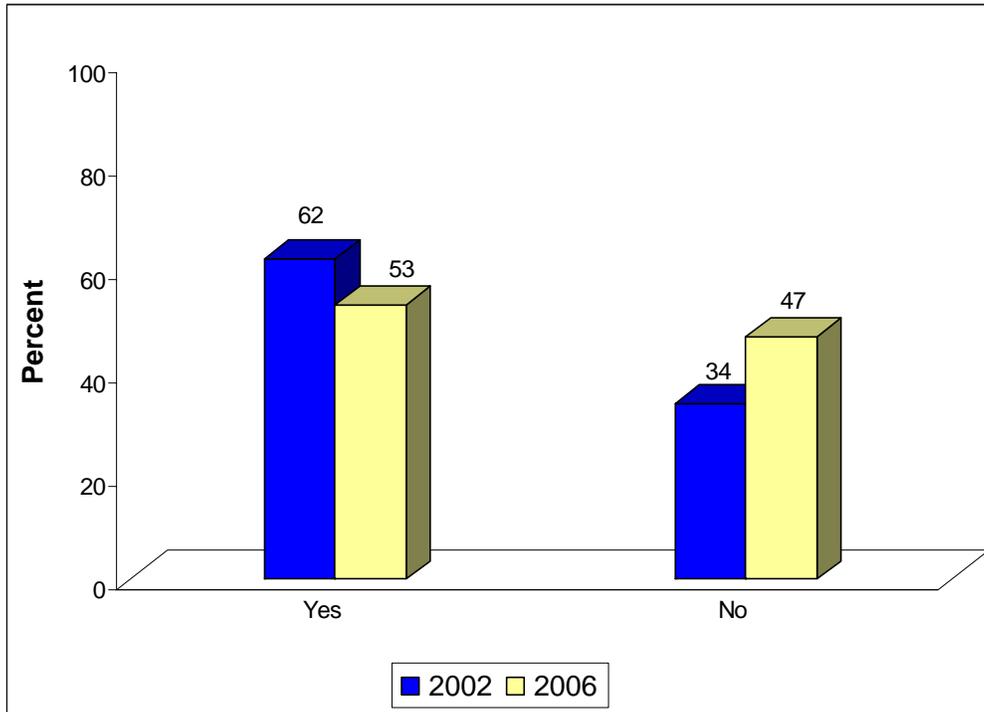


Chart 7.8: Did You Receive Meals in the Past?

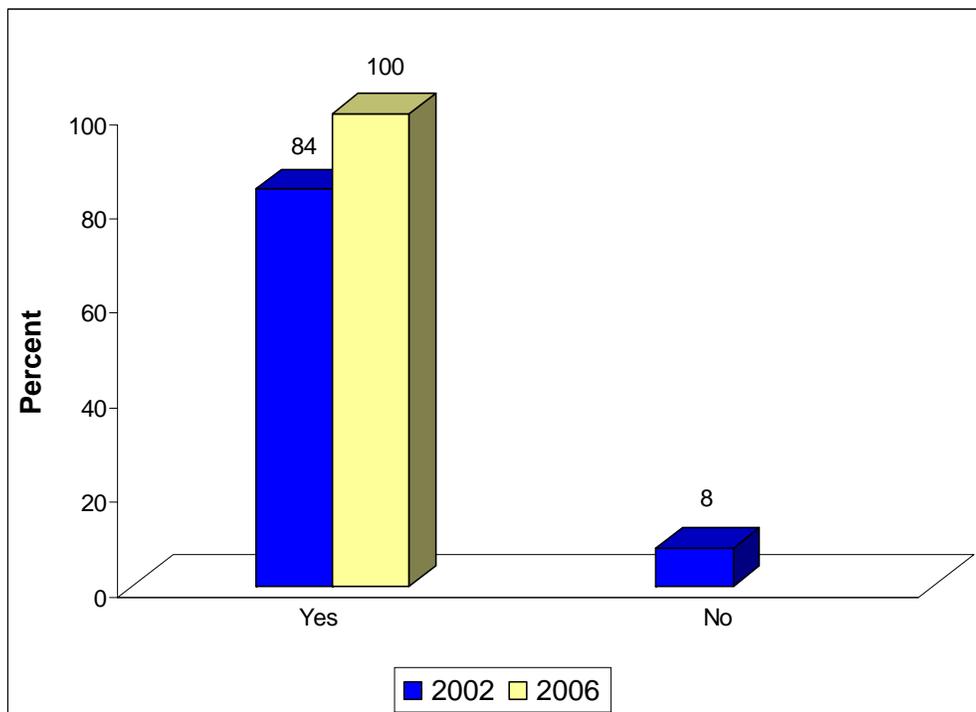


Figure 7.9 How Long Have You Been Receiving Home-Delivered Meals?

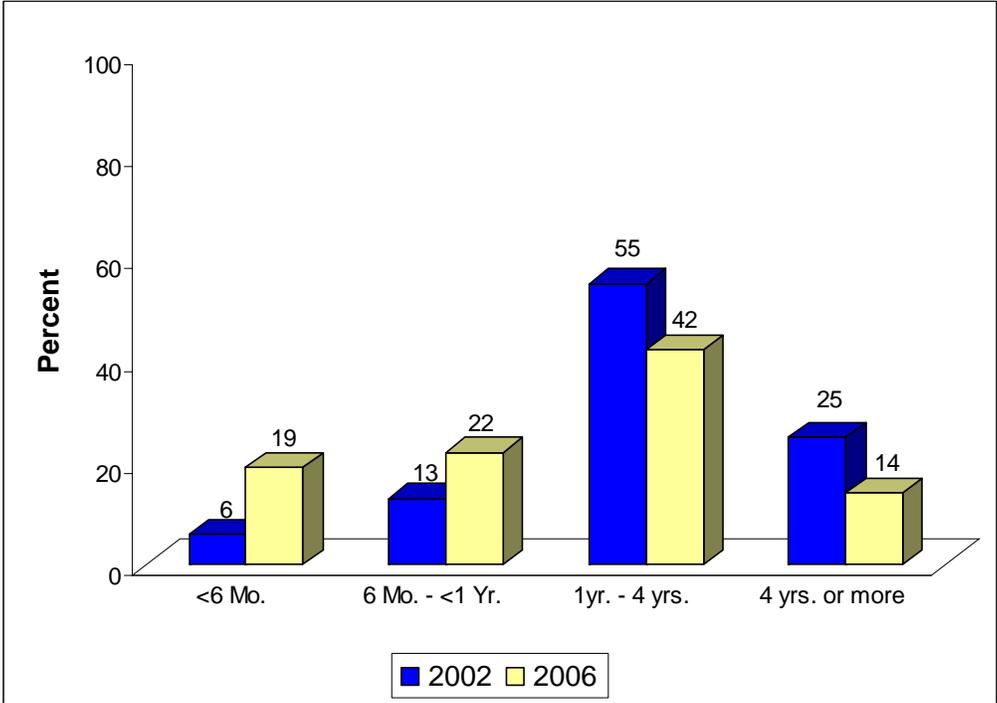


Chart 7.10: How Many Meals Per Week Do You Receive?

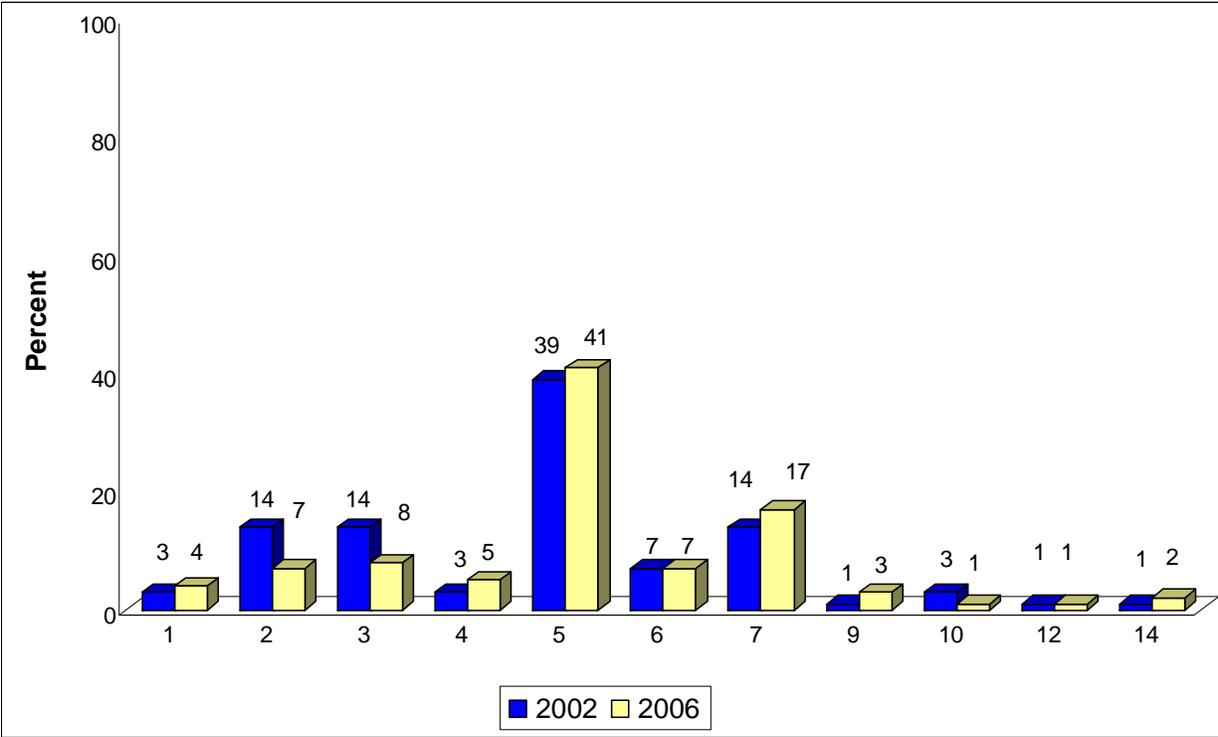


Chart 7.11: Do You Have Any Health Conditions That Affect Which Foods You Have Been Advised to Eat?

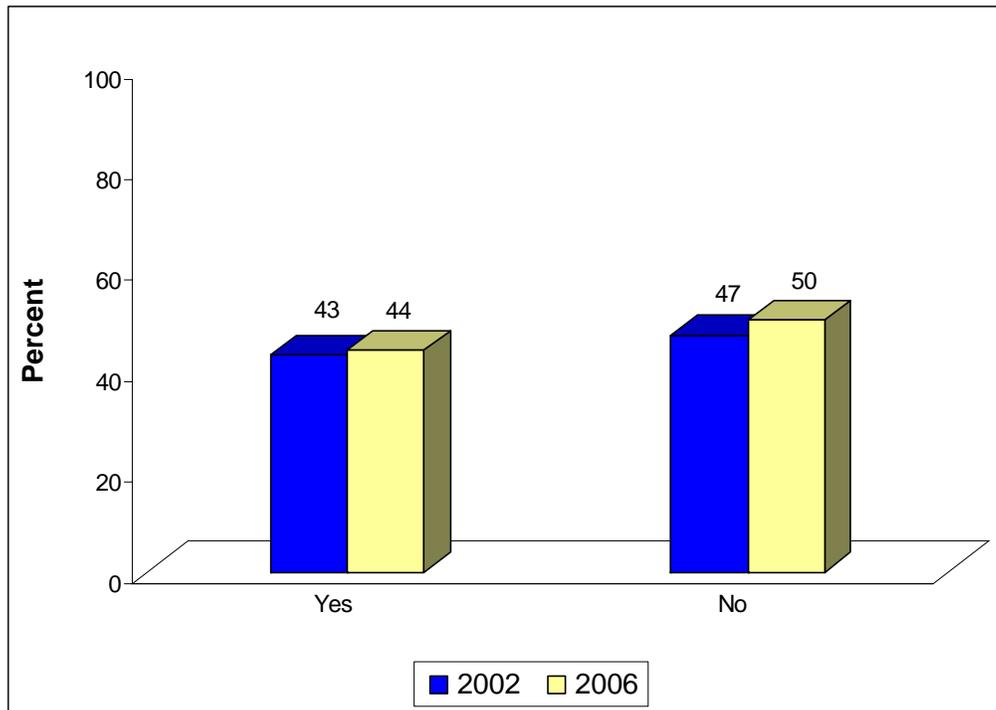


Chart 7.12: Which Health Conditions Affected the Foods You Have Been Advised to Eat? (Multiple Responses Allowed)

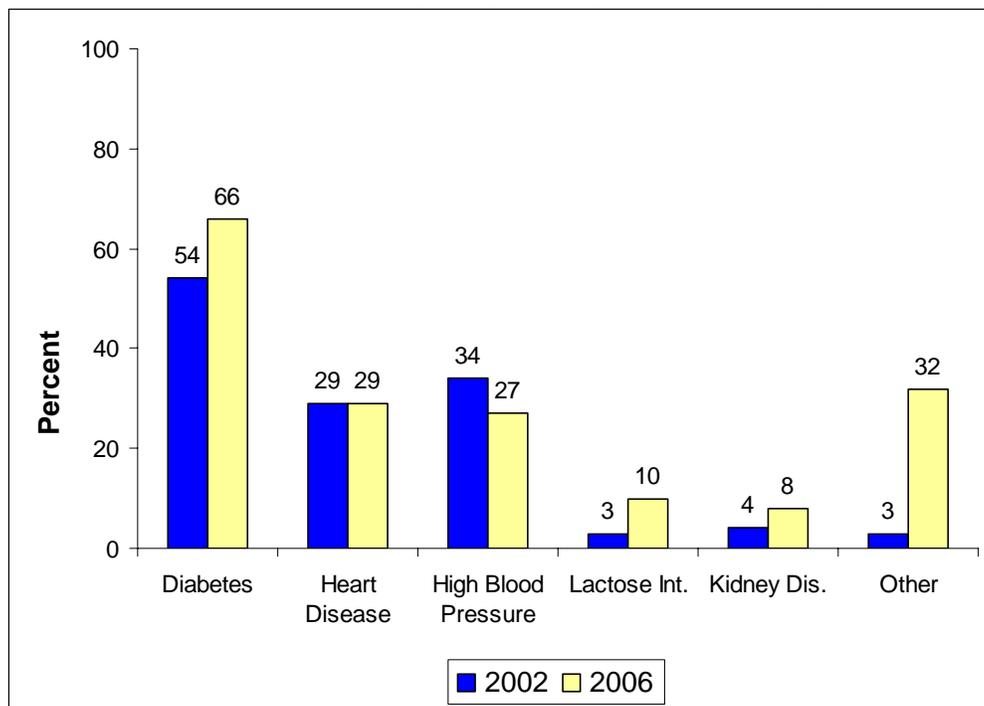


Chart 7.13: How Often Do Foods Offered through the Home-Delivered Meals Program Meet Your Specific Dietary Needs?

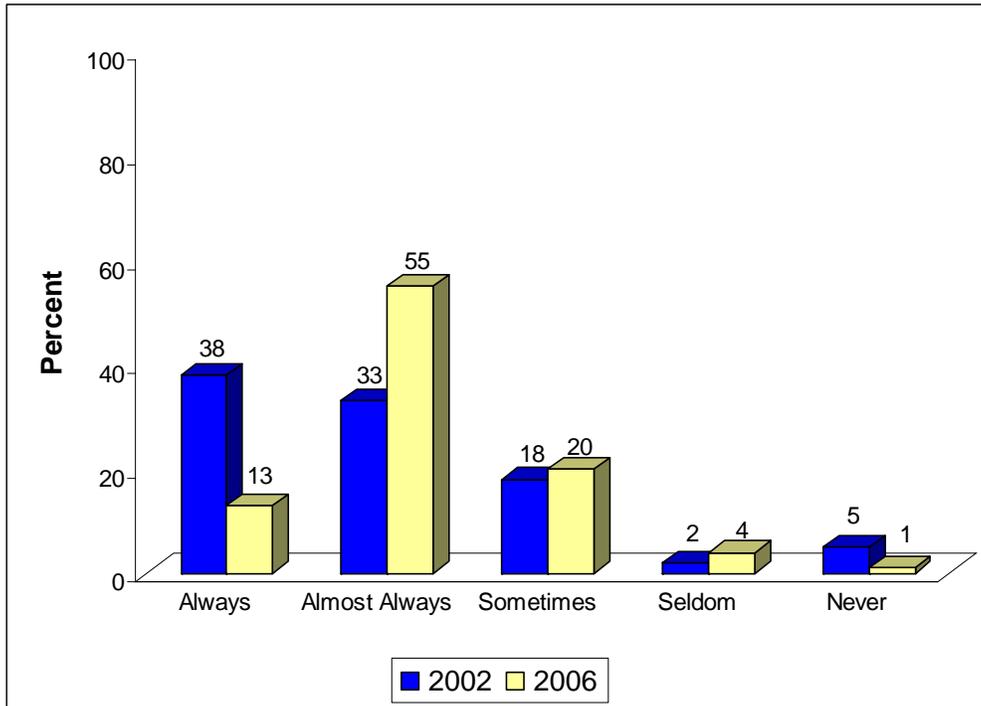
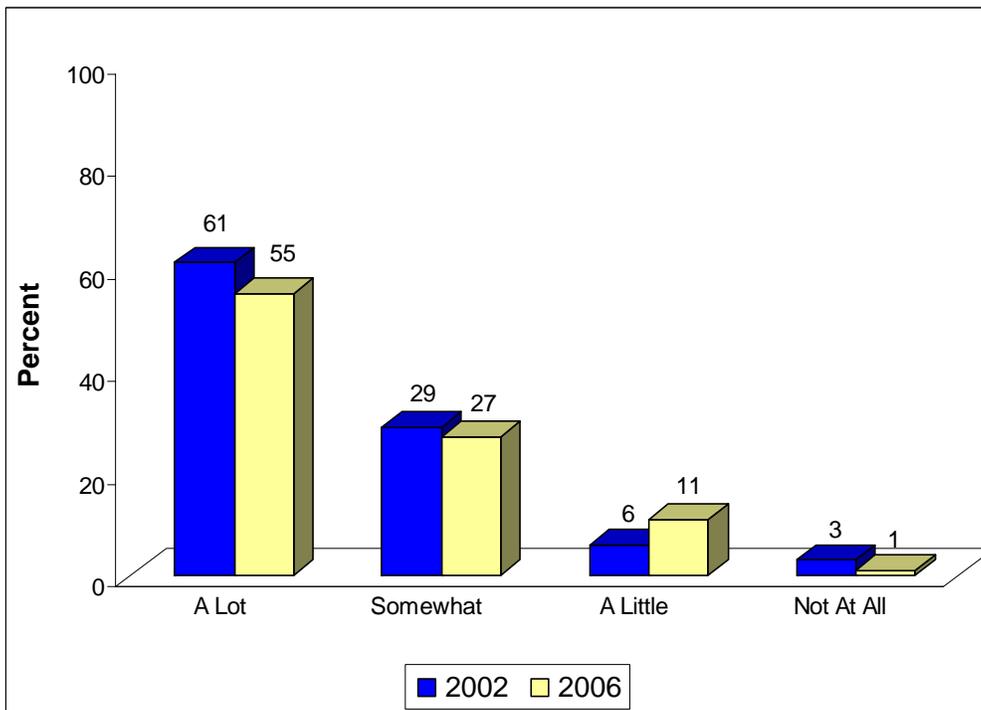
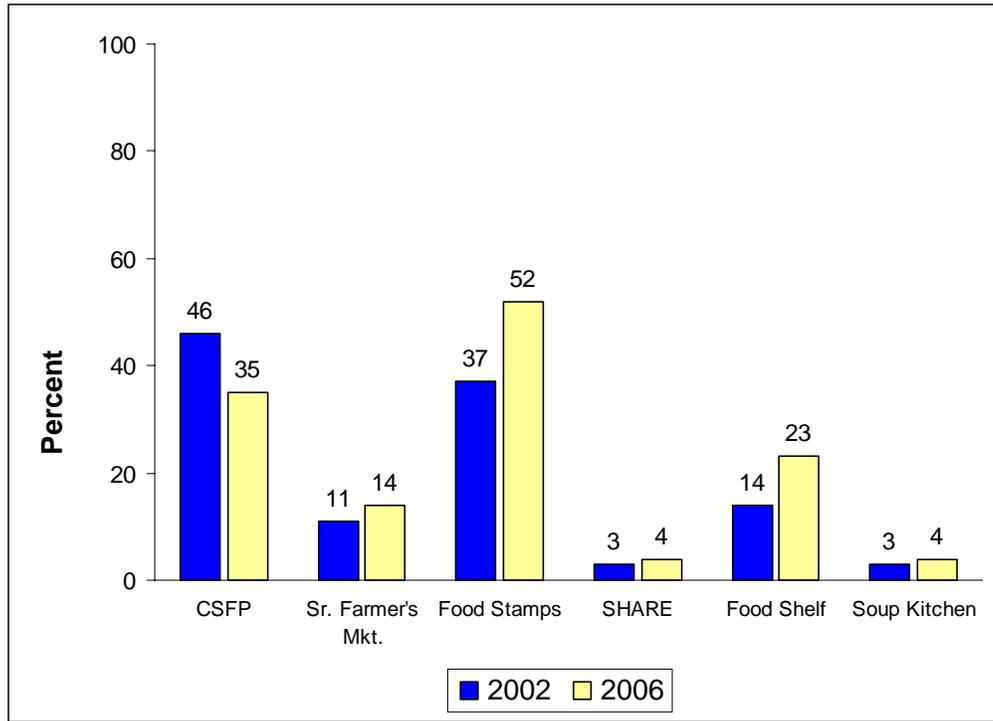


Chart 7.14: To What Degree Do You Feel That Home-Delivered Meals Have Improved Your Quality of Life?



**Chart 7.15: Do You Participate in the Following Programs?
(Percent “Yes”)**



* Indicates statistical difference between 2002 and 2006 at 5%

A. DEBRIEFING NOTES

Following data collection, project staff met with call center managers, supervisors, and quality control staff to discuss the telephone fielding portion of the 2006 CSS. Overall, the call center staff reported that obtaining completed interviews with long-term care consumers was easier than many other telephone survey projects, because respondents were more likely to be at home than target populations for many other surveys. Call center staff also shared the following observations:

- While respondents were easy to reach on the phone, interviews were sometimes difficult to complete because of the varying degrees of disability of the respondents.
- Some respondents indicated that they had not received a mail survey. This indicates that a certain portion of the sample contained incorrect or outdated mailing addresses. Some respondents also told interviewers that they did not gather their mail daily or that someone else in the home retrieved the mail.
- Telephone interviewing staff mentioned that some of the respondents were glad to have the option to call in or be called to complete the survey because many of them did not have the ability to write without pain or felt that their handwriting was not legible. Having someone else record their answers put them more at ease.
- Telephone interviewing staff mentioned that some of the caregivers expressed the need for a toll-free number to talk with someone about services available to them as caregivers. They would also like a support group to talk with others in the same situation.
- The respondents mentioned to the telephone interviewing staff that they were thankful to have an interviewer willing to repeat the questions as many times as needed. They also appreciated that interviewers were patient with them as they answered the survey.
- Respondents who were in the HDM program expressed a need for a program like those seen in hospitals that provide special meals to those suffering from dietary-related diseases, such as Crohn's and Celiac disease.

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.

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:²

² 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 , which yields:

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

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 2006. A total of 1,618 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 measures 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 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:

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

III. SURVEY ANALYSIS

Survey data analysis answered the key research questions identified by the Department. Two primary statistical analysis tools helped to analyze the survey data:

- **Descriptive Statistics**

Response frequencies for survey variables were analyzed and descriptive results, or trends, were identified. Statewide percents are computed were computed as weighted percents from aggregate data.

- **Tests for Statistical Differences**

T-tests for proportions determined whether there were statistically significant differences among sub-groups of the survey population. Results of these tests are reported in terms of their level of significance, or p-value, of the statistical test. The smaller the p -value, the heavier the weight of the sample evidence that there is a statistical difference between groups.

All analyses were conducted using the SAS software package, and incorporated the weights described above. This software correctly models the stratified sampling design, resulting in accurate estimates of variances underlying error margins and other tests for differences among groups.

APPENDIX B: NUMBER OF RESPONDENTS TO EACH SURVEY QUESTION

Sample Sizes for Chart 1_1

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Sample Sizes for Chart 1_2

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_3

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Sample Sizes for Chart 1_4

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Sample Sizes for Chart 1_5

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Sample Sizes for Chart 1_6

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_7

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_8

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_9

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_10

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_11

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 1_12

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 2_2

Region	Year	N
Addison	2002	43
	2006	39
Bennington	2002	33
	2006	20
Caledonia	2002	30
	2006	21
Chittenden/ Grand Isle	2002	53
	2006	69
Essex/ Orleans	2002	37
	2006	51
Franklin	2002	40
	2006	55
Lamoille	2002	38
	2006	21
Orange/Windsor	2002	44
	2006	55
Rutland	2002	30
	2006	58
Washington	2002	51
	2006	30
Windham	2002	48
	2006	39
Statewide	2002	447
	2006	459

Samples Sizes for Chart 3_1

Region	Year	N
Addison	2002	2
	2006	3
Bennington	2002	5
	2006	5
Caledonia	2002	5
	2006	3
Chittenden/ Grand Isle	2002	8
	2006	22
Essex/ Orleans	2002	7
	2006	9
Franklin	2002	10
	2006	14
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	7
	2006	16
Rutland	2002	8
	2006	26
Washington	2002	4
	2006	11
Windham	2002	9
	2006	10
Statewide	2002	73
	2006	123

Samples Sizes for Chart 3_2

Region	Year	N
Addison	2002	2
	2006	3
Bennington	2002	5
	2006	5
Caledonia	2002	5
	2006	3
Chittenden/ Grand Isle	2002	8
	2006	22
Essex/ Orleans	2002	7
	2006	9
Franklin	2002	10
	2006	14
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	7
	2006	16
Rutland	2002	8
	2006	26
Washington	2002	4
	2006	11
Windham	2002	9
	2006	10
Statewide	2002	73
	2006	123

Samples Sizes for Chart 3_3

Region	Year	N
Addison	2002	2
	2006	3
Bennington	2002	5
	2006	5
Caledonia	2002	5
	2006	3
Chittenden/ Grand Isle	2002	8
	2006	22
Essex/ Orleans	2002	7
	2006	9
Franklin	2002	10
	2006	14
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	7
	2006	16
Rutland	2002	8
	2006	26
Washington	2002	4
	2006	11
Windham	2002	9
	2006	10
Statewide	2002	73
	2006	123

Samples Sizes for Chart 3_4

Region	Year	N
Addison	2002	2
	2006	3
Bennington	2002	5
	2006	5
Caledonia	2002	5
	2006	3
Chittenden/ Grand Isle	2002	8
	2006	22
Essex/ Orleans	2002	7
	2006	9
Franklin	2002	10
	2006	14
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	7
	2006	16
Rutland	2002	8
	2006	26
Washington	2002	4
	2006	11
Windham	2002	9
	2006	10
Statewide	2002	73
	2006	123

Samples Sizes for Chart 3_5

Region	Year	N
Addison	2002	2
	2006	3
Bennington	2002	5
	2006	5
Caledonia	2002	5
	2006	3
Chittenden/ Grand Isle	2002	8
	2006	22
Essex/ Orleans	2002	7
	2006	9
Franklin	2002	10
	2006	14
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	7
	2006	16
Rutland	2002	8
	2006	26
Washington	2002	4
	2006	11
Windham	2002	9
	2006	10
Statewide	2002	73
	2006	123

Samples Sizes for Chart 4_1

Region	Year	N
Addison	2002	5
	2006	8
Bennington	2002	15
	2006	6
Caledonia	2002	9
	2006	4
Chittenden/ Grand Isle	2002	7
	2006	5
Essex/ Orleans	2002	15
	2006	11
Franklin	2002	8
	2006	7
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	9
	2006	7
Rutland	2002	9
	2006	12
Washington	2002	26
	2006	6
Windham	2002	12
	2006	4
Statewide	2002	123
	2006	74

Samples Sizes for Chart 4_2

Region	Year	N
Addison	2002	5
	2006	8
Bennington	2002	15
	2006	6
Caledonia	2002	9
	2006	4
Chittenden/ Grand Isle	2002	7
	2006	5
Essex/ Orleans	2002	15
	2006	11
Franklin	2002	8
	2006	7
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	9
	2006	7
Rutland	2002	9
	2006	12
Washington	2002	26
	2006	6
Windham	2002	12
	2006	4
Statewide	2002	123
	2006	74

Samples Sizes for Chart 4_3

Region	Year	N
Addison	2002	5
	2006	8
Bennington	2002	15
	2006	6
Caledonia	2002	9
	2006	4
Chittenden/ Grand Isle	2002	7
	2006	5
Essex/ Orleans	2002	15
	2006	11
Franklin	2002	8
	2006	7
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	9
	2006	7
Rutland	2002	9
	2006	12
Washington	2002	26
	2006	6
Windham	2002	12
	2006	4
Statewide	2002	123
	2006	74

Samples Sizes for Chart 4_4

Region	Year	N
Addison	2002	5
	2006	8
Bennington	2002	15
	2006	6
Caledonia	2002	9
	2006	4
Chittenden/ Grand Isle	2002	7
	2006	5
Essex/ Orleans	2002	15
	2006	11
Franklin	2002	8
	2006	7
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	9
	2006	7
Rutland	2002	9
	2006	12
Washington	2002	26
	2006	6
Windham	2002	12
	2006	4
Statewide	2002	123
	2006	74

Samples Sizes for Chart 4_5

Region	Year	N
Addison	2002	5
	2006	8
Bennington	2002	15
	2006	6
Caledonia	2002	9
	2006	4
Chittenden/ Grand Isle	2002	7
	2006	5
Essex/ Orleans	2002	15
	2006	11
Franklin	2002	8
	2006	7
Lamoille	2002	8
	2006	4
Orange/Windsor	2002	9
	2006	7
Rutland	2002	9
	2006	12
Washington	2002	26
	2006	6
Windham	2002	12
	2006	4
Statewide	2002	123
	2006	74

Samples Sizes for Chart 5_1

Region	Year	N
Addison	2002	23
	2006	20
Bennington	2002	10
	2006	2
Caledonia	2002	10
	2006	9
Chittenden/ Grand Isle	2002	8
	2006	12
Essex/ Orleans	2002	8
	2006	9
Franklin	2002	3
	2006	14
Lamoille	2002	11
	2006	3
Orange/Windsor	2002	13
	2006	16
Rutland	2002	5
	2006	7
Washington	2002	7
	2006	5
Windham	2002	8
	2006	11
Statewide	2002	106
	2006	108

Samples Sizes for Chart 5_2

Region	Year	N
Addison	2002	23
	2006	19
Bennington	2002	10
	2006	2
Caledonia	2002	10
	2006	9
Chittenden/ Grand Isle	2002	8
	2006	12
Essex/ Orleans	2002	8
	2006	8
Franklin	2002	3
	2006	14
Lamoille	2002	11
	2006	3
Orange/Windsor	2002	13
	2006	15
Rutland	2002	5
	2006	7
Washington	2002	7
	2006	4
Windham	2002	8
	2006	11
Statewide	2002	106
	2006	104

Samples Sizes for Chart 5_3

Region	Year	N
Addison	2002	23
	2006	19
Bennington	2002	10
	2006	2
Caledonia	2002	10
	2006	9
Chittenden/ Grand Isle	2002	8
	2006	12
Essex/ Orleans	2002	8
	2006	8
Franklin	2002	3
	2006	14
Lamoille	2002	11
	2006	3
Orange/Windsor	2002	13
	2006	15
Rutland	2002	5
	2006	7
Washington	2002	7
	2006	4
Windham	2002	8
	2006	11
Statewide	2002	106
	2006	104

Samples Sizes for Chart 5_4

Region	Year	N
Addison	2002	23
	2006	19
Bennington	2002	10
	2006	2
Caledonia	2002	10
	2006	9
Chittenden/ Grand Isle	2002	8
	2006	12
Essex/ Orleans	2002	8
	2006	8
Franklin	2002	3
	2006	14
Lamoille	2002	11
	2006	3
Orange/Windsor	2002	13
	2006	15
Rutland	2002	5
	2006	7
Washington	2002	7
	2006	4
Windham	2002	8
	2006	11
Statewide	2002	106
	2006	104

Samples Sizes for Chart 5_5

Region	Year	N
Addison	2002	23
	2006	19
Bennington	2002	10
	2006	2
Caledonia	2002	10
	2006	9
Chittenden/ Grand Isle	2002	8
	2006	12
Essex/ Orleans	2002	8
	2006	8
Franklin	2002	3
	2006	14
Lamoille	2002	11
	2006	3
Orange/Windsor	2002	13
	2006	15
Rutland	2002	5
	2006	7
Washington	2002	7
	2006	4
Windham	2002	8
	2006	11
Statewide	2002	106
	2006	104

Samples Sizes for Chart 6_1a

Region	Year	N
Addison	2002	18
	2006	33
Bennington	2002	7
	2006	15
Caledonia	2002	11
	2006	18
Chittenden/ Grand Isle	2002	32
	2006	47
Essex/ Orleans	2002	10
	2006	42
Franklin	2002	23
	2006	40
Lamoille	2002	11
	2006	17
Orange/Windsor	2002	18
	2006	39
Rutland	2002	10
	2006	32
Washington	2002	17
	2006	19
Windham	2002	23
	2006	29
Statewide	2002	180
	2006	332

Samples Sizes for Chart 6_1b

Region	Year	Subgroup	N
Addison	2002	Total	18
	2006	Highest/High NG	18
		MNG	15
Bennington	2002	Total	7
	2006	Highest/High NG	8
		MNG	7
Caledonia	2002	Total	11
	2006	Highest/High NG	12
		MNG	6
Chittenden/Grand Isle	2002	Total	32
	2006	Highest/High NG	42
		MNG	5
Essex/Orleans	2002	Total	10
	2006	Highest/High NG	29
		MNG	13
Franklin	2002	Total	23
	2006	Highest/High NG	30
		MNG	10
Lamoille	2002	Total	11
	2006	Highest/High NG	11
		MNG	6
Orange/Windsor	2002	Total	18
	2006	Highest/High NG	28
		MNG	11
Rutland	2002	Total	10
	2006	Highest/High NG	19
		MNG	13
Washington	2002	Total	17
	2006	Highest/High NG	11
		MNG	8
Windham	2002	Total	23
	2006	Highest/High NG	24
		MNG	5
Statewide	2002	Total	180
	2006	Highest/High NG	233
		MNG	99

Samples Sizes for Chart 6_1c

Region	Subgroup	N
Addison	Home Health Agency	12
	Consumer-Directed	1
	Surrogate-Directed	5
	MNG	15
Bennington	Home Health Agency	3
	Consumer-Directed	1
	Surrogate-Directed	4
	MNG	7
Caledonia	Home Health Agency	3
	Consumer-Directed	2
	Surrogate-Directed	7
	MNG	6
Chittenden/Grand Isle	Home Health Agency	24
	Consumer-Directed	8
	Surrogate-Directed	10
	MNG	5
Essex/Orleans	Home Health Agency	6
	Consumer-Directed	8
	Surrogate-Directed	15
	MNG	13
Franklin	Home Health Agency	22
	Consumer-Directed	4
	Surrogate-Directed	4
	MNG	10
Lamoille	Home Health Agency	8
	Consumer-Directed	1
	Surrogate-Directed	2
	MNG	6
Orange/Windsor	Home Health Agency	9
	Consumer-Directed	4
	Surrogate-Directed	15
	MNG	11
Rutland	Home Health Agency	8
	Consumer-Directed	6
	Surrogate-Directed	5
	MNG	13

Samples Sizes for Chart 6_1c continued

Region	Subgroup	N
Washington	Home Health Agency	7
	Consumer-Directed	0
	Surrogate-Directed	4
	MNG	8
Windham	Home Health Agency	7
	Consumer-Directed	5
	Surrogate-Directed	12
	MNG	5
Statewide	Home Health Agency	110
	Consumer-Directed	40
	Surrogate-Directed	83
	MNG	99

Samples Sizes for Chart 6_1d

Region	N
Addison	12
Bennington	3
Caledonia	3
Chittenden/Grand Isle	24
Essex/Orleans	6
Franklin	22
Lamoille	8
Orange/Windsor	9
Rutland	8
Washington	7
Windham	7
Statewide	110

Samples Sizes for Chart 6_2a

Region	Year	N
Addison	2002	18
	2006	30
Bennington	2002	7
	2006	14
Caledonia	2002	11
	2006	18
Chittenden/ Grand Isle	2002	32
	2006	47
Essex/ Orleans	2002	10
	2006	41
Franklin	2002	23
	2006	40
Lamoille	2002	11
	2006	16
Orange/Windsor	2002	18
	2006	37
Rutland	2002	10
	2006	29
Washington	2002	17
	2006	18
Windham	2002	23
	2006	29
Statewide	2002	180
	2006	320

Samples Sizes for Chart 6_2b

Region	Year	Subgroup	N
Addison	2002	Total	18
	2006	Highest/High NG	17
		MNG	13
Bennington	2002	Total	7
	2006	Highest/High NG	8
		MNG	6
Caledonia	2002	Total	11
	2006	Highest/High NG	12
		MNG	6
Chittenden/Grand Isle	2002	Total	32
	2006	Highest/High NG	42
		MNG	5
Essex/Orleans	2002	Total	10
	2006	Highest/High NG	29
		MNG	12
Franklin	2002	Total	23
	2006	Highest/High NG	30
		MNG	10
Lamoille	2002	Total	11
	2006	Highest/High NG	11
		MNG	5
Orange/Windsor	2002	Total	18
	2006	Highest/High NG	28
		MNG	9
Rutland	2002	Total	10
	2006	Highest/High NG	19
		MNG	10
Washington	2002	Total	17
	2006	Highest/High NG	11
		MNG	7
Windham	2002	Total	23
	2006	Highest/High NG	24
		MNG	5
Statewide	2002	Total	180
	2006	Highest/High NG	232
		MNG	88

Samples Sizes for Chart 6_2c

Region	Subgroup	N
Addison	Home Health Agency	11
	Consumer-Directed	1
	Surrogate-Directed	5
	MNG	13
Bennington	Home Health Agency	3
	Consumer-Directed	1
	Surrogate-Directed	4
	MNG	6
Caledonia	Home Health Agency	3
	Consumer-Directed	2
	Surrogate-Directed	7
	MNG	6
Chittenden/Grand Isle	Home Health Agency	24
	Consumer-Directed	8
	Surrogate-Directed	10
	MNG	5
Essex/Orleans	Home Health Agency	6
	Consumer-Directed	8
	Surrogate-Directed	15
	MNG	12
Franklin	Home Health Agency	22
	Consumer-Directed	4
	Surrogate-Directed	4
	MNG	10
Lamoille	Home Health Agency	8
	Consumer-Directed	1
	Surrogate-Directed	2
	MNG	5
Orange/Windsor	Home Health Agency	9
	Consumer-Directed	4
	Surrogate-Directed	15
	MNG	9
Rutland	Home Health Agency	8
	Consumer-Directed	6
	Surrogate-Directed	5
	MNG	10

Samples Sizes for Chart 6_2c continued

Region	Subgroup	N
Washington	Home Health Agency	7
	Consumer-Directed	0
	Surrogate-Directed	4
	MNG	7
Windham	Home Health Agency	7
	Consumer-Directed	5
	Surrogate-Directed	12
	MNG	5
Statewide	Home Health Agency	109
	Consumer-Directed	40
	Surrogate-Directed	83
	MNG	88

Samples Sizes for Chart 6_2d

Region	N
Addison	11
Bennington	3
Caledonia	3
Chittenden/Grand Isle	24
Essex/Orleans	6
Franklin	22
Lamoille	8
Orange/Windsor	9
Rutland	8
Washington	7
Windham	7
Statewide	109

Samples Sizes for Chart 6_3a

Region	Year	N
Addison	2002	18
	2006	30
Bennington	2002	7
	2006	14
Caledonia	2002	11
	2006	18
Chittenden/ Grand Isle	2002	32
	2006	47
Essex/ Orleans	2002	10
	2006	41
Franklin	2002	23
	2006	40
Lamoille	2002	11
	2006	16
Orange/Windsor	2002	18
	2006	37
Rutland	2002	10
	2006	29
Washington	2002	17
	2006	18
Windham	2002	23
	2006	29
Statewide	2002	180
	2006	320

Samples Sizes for Chart 6_3b

Region	Year	Subgroup	N
Addison	2002	Total	18
	2006	Highest/High NG	17
	2006	MNG	13
Bennington	2002	Total	7
	2006	Highest/High NG	8
	2006	MNG	6
Caledonia	2002	Total	11
	2006	Highest/High NG	12
	2006	MNG	6
Chittenden/Grand Isle	2002	Total	32
	2006	Highest/High NG	42
	2006	MNG	5
Essex/Orleans	2002	Total	10
	2006	Highest/High NG	29
	2006	MNG	12
Franklin	2002	Total	23
	2006	Highest/High NG	30
	2006	MNG	10
Lamoille	2002	Total	11
	2006	Highest/High NG	11
	2006	MNG	5
Orange/Windsor	2002	Total	18
	2006	Highest/High NG	28
	2006	MNG	9
Rutland	2002	Total	10
	2006	Highest/High NG	19
	2006	MNG	10
Washington	2002	Total	17
	2006	Highest/High NG	11
	2006	MNG	7
Windham	2002	Total	23
	2006	Highest/High NG	24
	2006	MNG	5
Statewide	2002	Total	180
	2006	Highest/High NG	232
	2006	MNG	88

Samples Sizes for Chart 6_3c

Region	Subgroup	N
Addison	Home Health Agency	11
	Consumer-Directed	1
	Surrogate-Directed	5
	MNG	13
Bennington	Home Health Agency	3
	Consumer-Directed	1
	Surrogate-Directed	4
	MNG	6
Caledonia	Home Health Agency	3
	Consumer-Directed	2
	Surrogate-Directed	7
	MNG	6
Chittenden/Grand Isle	Home Health Agency	24
	Consumer-Directed	8
	Surrogate-Directed	10
	MNG	5
Essex/Orleans	Home Health Agency	6
	Consumer-Directed	8
	Surrogate-Directed	15
	MNG	12
Franklin	Home Health Agency	22
	Consumer-Directed	4
	Surrogate-Directed	4
	MNG	10
Lamoille	Home Health Agency	8
	Consumer-Directed	1
	Surrogate-Directed	2
	MNG	5
Orange/Windsor	Home Health Agency	9
	Consumer-Directed	4
	Surrogate-Directed	15
	MNG	9
Rutland	Home Health Agency	8
	Consumer-Directed	6
	Surrogate-Directed	5
	MNG	10

Samples Sizes for Chart 6_3c continued

Region	Subgroup	N
Washington	Home Health Agency	7
	Consumer-Directed	0
	Surrogate-Directed	4
	MNG	7
Windham	Home Health Agency	7
	Consumer-Directed	5
	Surrogate-Directed	12
	MNG	5
Statewide	Home Health Agency	109
	Consumer-Directed	40
	Surrogate-Directed	83
	MNG	88

Samples Sizes for Chart 6_3d

Region	N
Addison	11
Bennington	3
Caledonia	3
Chittenden/Grand Isle	24
Essex/Orleans	6
Franklin	22
Lamoille	8
Orange/Windsor	9
Rutland	8
Washington	7
Windham	7
Statewide	109

Samples Sizes for Chart 6_4a

Region	Year	N
Addison	2002	18
	2006	30
Bennington	2002	7
	2006	14
Caledonia	2002	11
	2006	18
Chittenden/ Grand Isle	2002	32
	2006	47
Essex/ Orleans	2002	10
	2006	41
Franklin	2002	23
	2006	40
Lamoille	2002	11
	2006	16
Orange/Windsor	2002	18
	2006	37
Rutland	2002	10
	2006	29
Washington	2002	17
	2006	18
Windham	2002	23
	2006	29
Statewide	2002	180
	2006	320

Samples Sizes for Chart 6_4b

Region	Year	Subgroup	N
Addison	2002	Total	18
	2006	Highest/High NG	17
	2006	MNG	13
Bennington	2002	Total	7
	2006	Highest/High NG	8
	2006	MNG	6
Caledonia	2002	Total	11
	2006	Highest/High NG	12
	2006	MNG	6
Chittenden/Grand Isle	2002	Total	32
	2006	Highest/High NG	42
	2006	MNG	5
Essex/Orleans	2002	Total	10
	2006	Highest/High NG	29
	2006	MNG	12
Franklin	2002	Total	23
	2006	Highest/High NG	30
	2006	MNG	10
Lamoille	2002	Total	11
	2006	Highest/High NG	11
	2006	MNG	5
Orange/Windsor	2002	Total	18
	2006	Highest/High NG	28
	2006	MNG	9
Rutland	2002	Total	10
	2006	Highest/High NG	19
	2006	MNG	10
Washington	2002	Total	17
	2006	Highest/High NG	11
	2006	MNG	7
Windham	2002	Total	23
	2006	Highest/High NG	24
	2006	MNG	5
Statewide	2002	Total	180
	2006	Highest/High NG	232
	2006	MNG	88

Samples Sizes for Chart 6_4c

Region	Subgroup	N
Addison	Home Health Agency	11
	Consumer-Directed	1
	Surrogate-Directed	5
	MNG	13
Bennington	Home Health Agency	3
	Consumer-Directed	1
	Surrogate-Directed	4
	MNG	6
Caledonia	Home Health Agency	3
	Consumer-Directed	2
	Surrogate-Directed	7
	MNG	6
Chittenden/Grand Isle	Home Health Agency	24
	Consumer-Directed	8
	Surrogate-Directed	10
	MNG	5
Essex/Orleans	Home Health Agency	6
	Consumer-Directed	8
	Surrogate-Directed	15
	MNG	12
Franklin	Home Health Agency	22
	Consumer-Directed	4
	Surrogate-Directed	4
	MNG	10
Lamoille	Home Health Agency	8
	Consumer-Directed	1
	Surrogate-Directed	2
	MNG	5
Orange/Windsor	Home Health Agency	9
	Consumer-Directed	4
	Surrogate-Directed	15
	MNG	9
Rutland	Home Health Agency	8
	Consumer-Directed	6
	Surrogate-Directed	5
	MNG	10

Samples Sizes for Chart 6_4c continued

Region	Subgroup	N
Washington	Home Health Agency	7
	Consumer-Directed	0
	Surrogate-Directed	4
	MNG	7
Windham	Home Health Agency	7
	Consumer-Directed	5
	Surrogate-Directed	12
	MNG	5
Statewide	Home Health Agency	109
	Consumer-Directed	40
	Surrogate-Directed	83
	MNG	88

Samples Sizes for Chart 6_4d

Region	N
Addison	11
Bennington	3
Caledonia	3
Chittenden/Grand Isle	24
Essex/Orleans	6
Franklin	22
Lamoille	8
Orange/Windsor	9
Rutland	8
Washington	7
Windham	7
Statewide	109

Samples Sizes for Chart 6_5a

Region	Year	N
Addison	2002	18
	2006	30
Bennington	2002	7
	2006	14
Caledonia	2002	11
	2006	18
Chittenden/ Grand Isle	2002	32
	2006	47
Essex/ Orleans	2002	10
	2006	41
Franklin	2002	23
	2006	40
Lamoille	2002	11
	2006	16
Orange/Windsor	2002	18
	2006	37
Rutland	2002	10
	2006	29
Washington	2002	17
	2006	18
Windham	2002	23
	2006	29
Statewide	2002	180
	2006	320

Samples Sizes for Chart 6_5b

Region	Year	Subgroup	N
Addison	2002	Total	18
	2006	Highest/High NG	17
	2006	MNG	13
Bennington	2002	Total	7
	2006	Highest/High NG	8
	2006	MNG	6
Caledonia	2002	Total	11
	2006	Highest/High NG	12
	2006	MNG	6
Chittenden/Grand Isle	2002	Total	32
	2006	Highest/High NG	42
	2006	MNG	5
Essex/Orleans	2002	Total	10
	2006	Highest/High NG	29
	2006	MNG	12
Franklin	2002	Total	23
	2006	Highest/High NG	30
	2006	MNG	10
Lamoille	2002	Total	11
	2006	Highest/High NG	11
	2006	MNG	5
Orange/Windsor	2002	Total	18
	2006	Highest/High NG	28
	2006	MNG	9
Rutland	2002	Total	10
	2006	Highest/High NG	19
	2006	MNG	10
Washington	2002	Total	17
	2006	Highest/High NG	11
	2006	MNG	7
Windham	2002	Total	23
	2006	Highest/High NG	24
	2006	MNG	5
Statewide	2002	Total	180
	2006	Highest/High NG	232
	2006	MNG	88

Samples Sizes for Chart 6_5c

Region	Subgroup	N
Addison	Home Health Agency	11
	Consumer-Directed	1
	Surrogate-Directed	5
	MNG	13
Bennington	Home Health Agency	3
	Consumer-Directed	1
	Surrogate-Directed	4
	MNG	6
Caledonia	Home Health Agency	3
	Consumer-Directed	2
	Surrogate-Directed	7
	MNG	6
Chittenden/Grand Isle	Home Health Agency	24
	Consumer-Directed	8
	Surrogate-Directed	10
	MNG	5
Essex/Orleans	Home Health Agency	6
	Consumer-Directed	8
	Surrogate-Directed	15
	MNG	12
Franklin	Home Health Agency	22
	Consumer-Directed	4
	Surrogate-Directed	4
	MNG	10
Lamoille	Home Health Agency	8
	Consumer-Directed	1
	Surrogate-Directed	2
	MNG	5
Orange/Windsor	Home Health Agency	9
	Consumer-Directed	4
	Surrogate-Directed	15
	MNG	9
Rutland	Home Health Agency	8
	Consumer-Directed	6
	Surrogate-Directed	5
	MNG	10

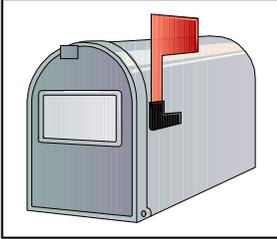
Samples Sizes for Chart 6_5c continued

Region	Subgroup	N
Washington	Home Health Agency	7
	Surrogate-Directed	4
	MNG	7
Windham	Home Health Agency	7
	Consumer-Directed	5
	Surrogate-Directed	12
	MNG	5
Statewide	Home Health Agency	109
	Consumer-Directed	40
	Surrogate-Directed	83
	MNG	88

Samples Sizes for Chart 6_5d

Region	N
Addison	11
Bennington	3
Caledonia	3
Chittenden/Grand Isle	24
Essex/Orleans	6
Franklin	22
Lamoille	8
Orange/Windsor	9
Rutland	8
Washington	7
Windham	7
Statewide	109

APPENDIX C. SURVEY INSTRUMENT



2006 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 the State of Vermont, and your community, improve long-term care services. You were chosen to participate in the survey because you receive, or have received help in the past, from a long-term care program, such as Adult Day Programs, Choices for Care/Medicaid Waiver Personal Care Services, Homemaker Services, Attendant Services, or Home Delivered Meals.

You can be assured that all of your responses to this survey will be strictly confidential. **Your answers will never be shared with your caregivers, program staff, or anyone else associated with your care or services.** Please answer the survey questions truthfully and to the best of your abilities. There are *no right or wrong answers* to these questions.

If you need help with 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 in this survey!

The State of Vermont thanks you for your help with this important study. Your participation will help us to better serve the people who use long-term care programs and services!

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

- 1The person who receives the services or care. (CONTINUE TO QUESTION 2)
- 2Someone 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
2No

2. Are you: (Circle one answer.)

- 1A man
- 2A woman

2006 Survey of Vermonters Who Use Long-Term Care Programs and Services

3. For this question, please think about *all* of the services you receive and 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 = Average D = Poor F = Unsatisfactory

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 <i>Excellent</i>	B <i>Good</i>	C <i>Average</i>	D <i>Poor</i>	F <i>Unsatis.</i>
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. <i>For example, did your services start when you needed them?</i>					
D. <i>When</i> you receive your services or care. <i>For example, do they fit with your schedule?</i>					
E. The <i>communication</i> between you and the people who help you.					
F. The <i>reliability</i> of the people who help you. <i>For example, do they show up when they are supposed to be there?</i>					
G. The degree to which the services <i>meet your needs</i> .					
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.					

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

1YES

2NO

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

1MUCH BETTER

2SOMEWHAT BETTER

3ABOUT THE SAME

4SOMEWHAT WORSE

5MUCH WORSE

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

1VERY EASY

2EASY

3ABOUT THE SAME

4DIFFICULT

5VERY DIFFICULT

2006 Survey of Vermonters Who Use Long-Term Care Programs and Services

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 am concerned that I don't have enough money for the essentials.			
J. I feel valued and respected.			
K. I am concerned that some day I may have to go to a nursing home.			

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

	A <i>Excellent</i>	B <i>Good</i>	C <i>Average</i>	D <i>Poor</i>	F <i>Unsatis.</i>
A. Overall, how would you rate your quality of life?					

2006 Survey of Vermonters Who Use Long-Term Care Programs and Services

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 from the program.					
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 participate in the **HOMEMAKER** program. The Homemaker program serves adult Vermonters who need help at home with activities such as cleaning, laundry, shopping, respite care, and limited person care. **If you do not participate in the HOMEMAKER program, skip to Question 11.**

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

- 11.** Please answer the following question if you participate in the **CHOICES FOR CARE/MEDICAID WAIVER PROGRAM (CFC/MWP)**. The Choice for Care/Medicaid Waiver Program provides long-term care to elders and adults with physical disabilities who live at home. Services include help with personal care, adult day services, respite care, assistive devices and case management. **If you do not participate in the Choice for Care/Medicaid Waiver Program, skip to Question 12 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 Choice for Care/Medicaid Waiver Program (CFC/MWP).					
B. The services I receive from the CFC/MWP meet my needs.					
C. My caregivers in the CFC/MWP treat me with respect and courtesy.					
D. I know who to contact if I have a complaint about the CFC/MWP or if I need more help from the CFC/MWP.					
E. The CFC/MWP provides services to me when and where I need them.					

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12. Please answer the following question if you participate in the ADULT DAY CENTER PROGRAM. Adult Day Centers provide programs for adults with cognitive or physical disabilities including activities, social interaction, meals and personal and health screening. **If you do not participate in the Adult Day Center Program, 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 Program.					
B. The services I receive from the Adult Day Program meet my needs.					
C. My caregivers in the Adult Day Program treat me with respect and courtesy.					
D. I know who to contact if I have a complaint about the Adult Day Program or if I need more help from the Adult Day Program.					
E. The Adult Day Program provides services to me when and where I need them.					

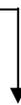
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The following series of questions are about your experience with the HOME DELIVERED MEALS PROGRAM, or MEALS ON WHEELS. The Home Delivered Meals program provides nourishing meals to seniors in their homes who are unable to attend a community meal site and who are experiencing food insecurity. **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

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14. How long have you been receiving home delivered meals? (Circle one answer.)

- 1Less than 6 months
- 26 months to less than 1 year
- 31 year to less than 4 years
- 44 years or more

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

I receive _____ meals per week.

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

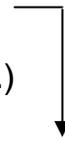
	Always	Almost Always	Some-times	Seldom	Never
A. The food tastes good.					
B. The food looks good.					
C. The meals provide a variety of foods.					
D. When the meal arrives, the hot food is hot.					
E. When the meal arrives, the cold food is cold.					
F. The meal is delivered on time.					

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

1 YES (IF YES, please answer questions 17A and 17B.)

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



17A. Which health conditions have affected the foods you have been advised to eat? (Circle all that apply.)

- 1Diabetes (you have “sugar”)
- 2Heart Disease
- 3High Blood Pressure
- 4Lactose Intolerance
- 5Kidney Disease
- 6Other _____

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

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

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

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

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

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

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.** Would you like someone to contact you about worries or concerns you have about the services or care you are receiving 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:

- 22.** The Department of Disabilities, Aging and Independent Living is very 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.)

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

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