AUGUST 2011

STAKEHOLDER SURVEY

Evaluation Results

Area Agency on Aging 1-B

Advocacy • Action • Answers on Aging

29100 Northwestern Highway, Suite 400 ▪ Southfield, Michigan 48034 ▪ (248) 357-2255

Prepared by Lynn Mabie, Analyst

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Survey Background & Design

In June 2011, administrators at the Area Agency on Aging 1-B (AAA 1-B) developed a survey issued to the agency's service provider network, consisting of direct service purchase (DSP) vendors and multi-year contractors. This survey was one component of the agency's 2011 efforts in preparation for the Commission on Accreditation of Rehabilitation Facilities, International (CARF) accreditation process. The potential accreditation of AAA 1-B does not apply to its provider agencies; however, as the agencies represent the AAA 1-B aging and disability services network, AAA 1-B administrators desired to assess the provider agencies' reflection of CARF standards and quality expectations. The survey was designed with two primary objectives: (i) assess the provider network's adherence to CARF standards and expectations and (ii) assess the provider network's satisfaction with AAA 1-B as a community and business partner.

The 15-question online survey was disseminated to 338 members of the provider network via email. Questions consisted of both closed- and open-ended items. Stakeholders were given from June 9, 2011 to June 21, 2011 to complete the survey. An incentive was provided to increase the survey response rate. Two respondents were randomly selected following the completion of the survey and each received a $100 gift card to Office Depot. Survey results were sorted and stored by the online survey tool.

Evaluation Methodology

Administrators of AAA 1-B initiated evaluation of the survey's results to provide insight regarding the CARF readiness of the agency's provider network and gain information about the network's satisfaction with AAA 1-B. Due to the small number of respondents completing the survey, the results of this evaluation are not statistically significant; however, the results allow program administrators and others to assess the agency's relationship with the provider network and the network's adherence to CARF standards.

Respondents' verbatim responses were imported to Microsoft Office Excel 2007 for analysis. The use of Microsoft Office Excel 2007 provided simple descriptive analysis of quantitative participant responses. A systematic data coding structure was developed to analyze qualitative participant responses (Miles & Huberman, 1994). Responses were considered line-by-line, with recurring themes and sub-themes identified. The results of this analysis follow in the subsequent sections of this report.

Evaluation Results

Response Rate

Of the 338 individuals receiving email invitations to complete the survey, 73 individuals (22%) completed at least 3 of 23 survey items. Approximately 44 individuals (13%) completed the survey, although response rates varied by item. Because of this variance, the response rate for items discussed in this report is identified along with the item's results. The 29 participants who began, but did not complete, the survey provided only demographic information about their organization. These participant provided answers to multiple-choice questions, but ceased

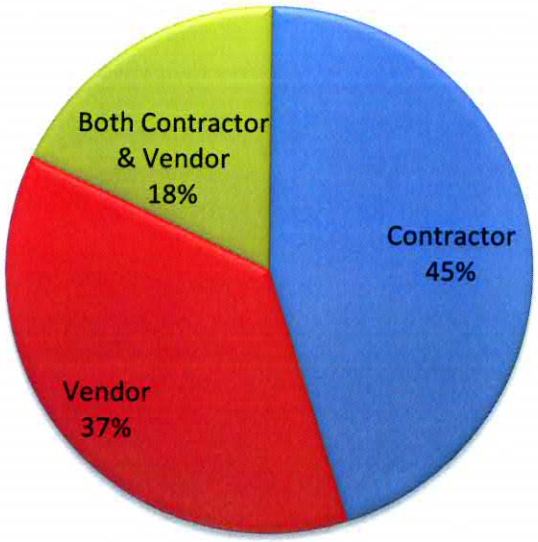
participation when the questions requested an open-ended response. These 29 participant responses were not included in the evaluation, because the surveys were incomplete and did not included information regarding CARF readiness or satisfaction.

Respondent Profile

Survey participants provided quantitative information addressing their organization's role in AAA 1-B's provider network and the respondent's role within the organization. This participant information is identified in Chart 1 and Chart 2. Individuals within contractor agencies accounted for the largest share of survey respondents (45%) and a significant majority of respondents (82%) held executive positions within their organization.

Chart 1

Type of Organization Represented in Survey (n=44)



Additionally, respondents identified the length of their organization's collaborative relationship with AAA 1-B. Notably, 73% of respondents reported their organization has been a collaborative working partner of AAA 1-B for more than ten years. Eighty-two percent of organizations represented in the survey reported having a working relationship with AAA 1-B for more than six years. These data, and other survey responses, are depicted in Chart 3.

Finally, respondents identified the Michigan counties served by their organization which overlap with AAA 1-B's service region. This service region includes six counties: Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw County. Three organizations (7%) represented in the survey reported serving all six counties. Twenty-six organizations (59%) reported serving in only one of the above counties. The counties served by responding organizations are depicted in Chart 4.

Chart 2
Respondent's Role in Organization (n=39)

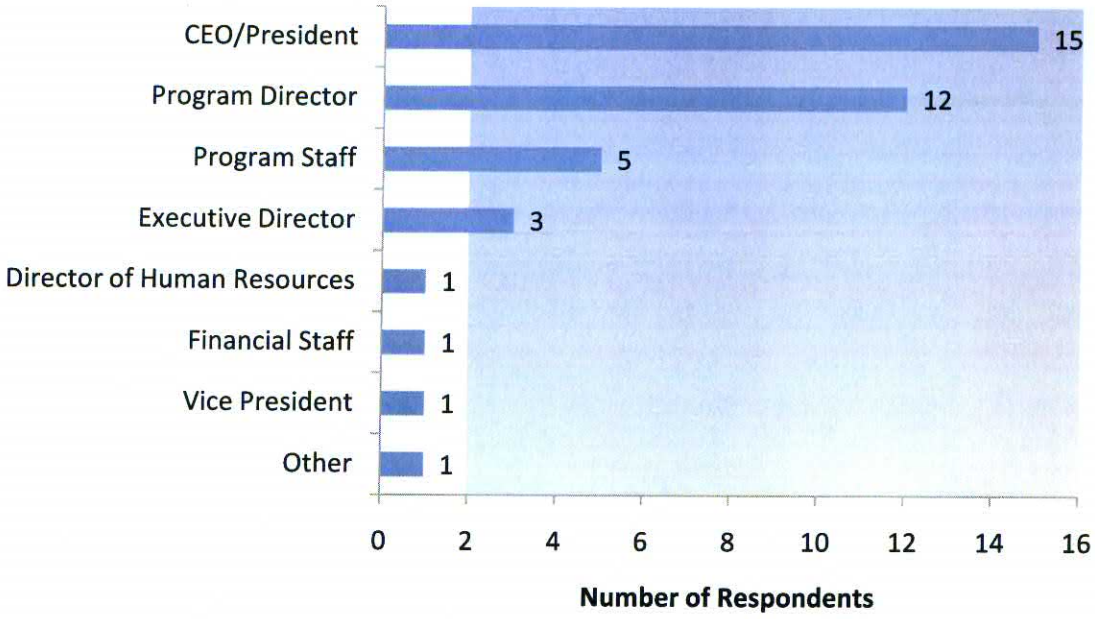


Chart 3
Length of Business Relationship between AAA-1B and Respondent's Organization (n=44)

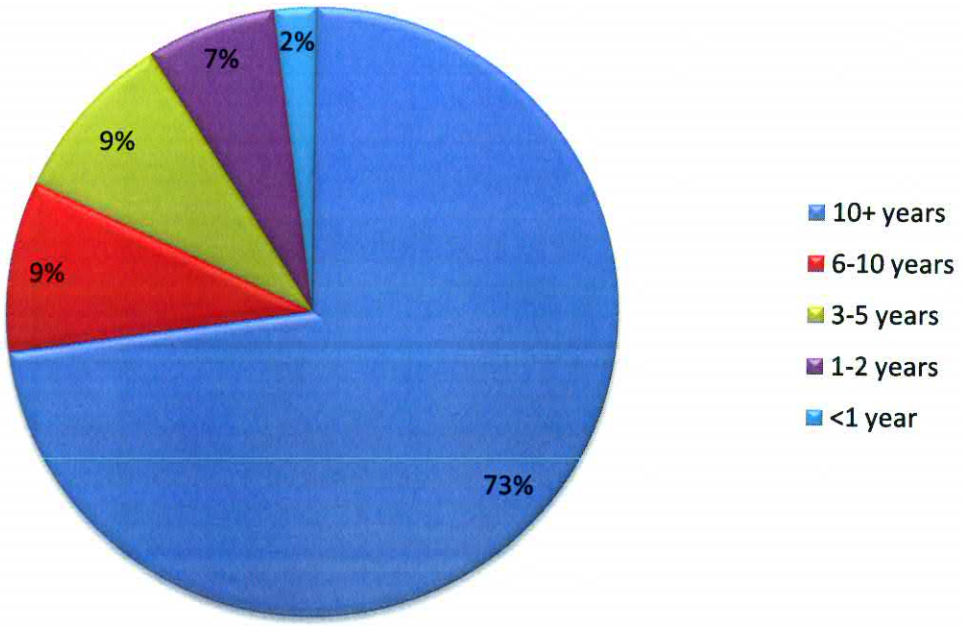
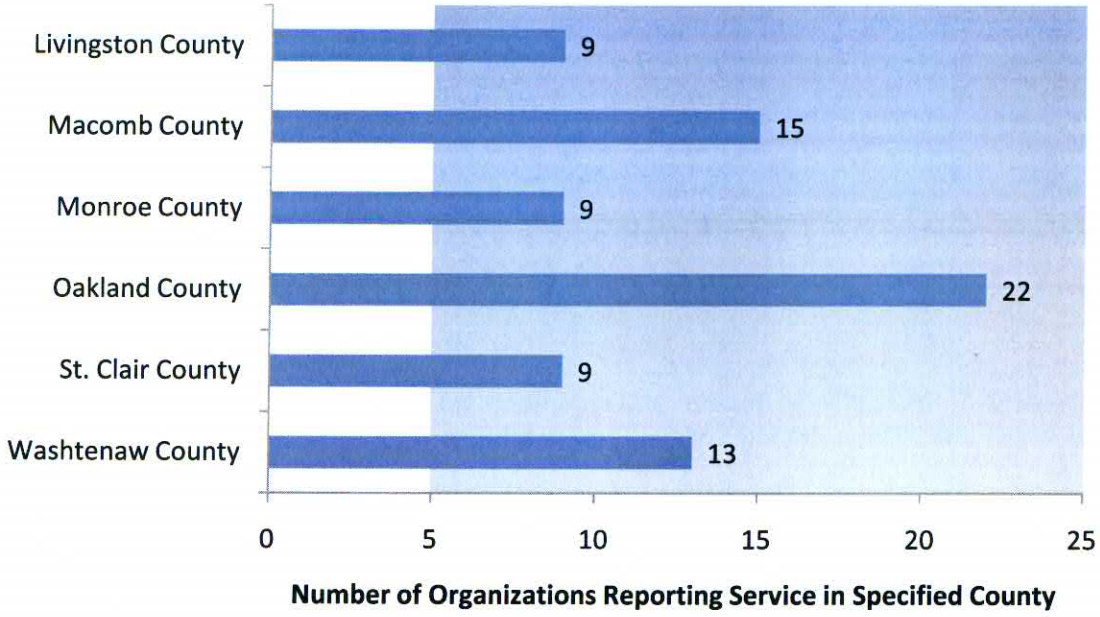


Chart 4
Counties Served by Respondent's Organization (n=44)



Cultural Issues
As cultural competence is one of the key components in the CARF accreditation process, the survey inquired about respondents' impressions of cultural issues facing older adults and adults with disabilities. Further, the survey provided respondents with the opportunity to describe how the organization in which they work addresses cultural diversity and strives to attain cultural competence. Forty-one respondents provided open-ended comments regarding the culture-related barriers and gaps in service facing older adults and adults with disabilities. Of these, 17% stated older adults and adults with disabilities in the counties served by their organizations did not face barriers or gaps in service relating to culture. Four respondents (10%) provided answers unrelated to the survey item.

The most frequent issue identified was lacking cultural competence or adequate resources on the part of service organizations' staff, as mentioned by 29% of respondents. Language barriers were also identified as a significant cultural barrier or contributing element of gaps in service by 20% of respondents. Finally, 15% of respondents stated cultural barriers or gaps in service resulted from the difficulty service organizations face in reaching minority populations. As one respondent stated, "Currently our services are offered in areas accessed by the "general public," we lack locations that are culturally targeted." Other responses included discrimination (7%), resistance to help (5%), and transportation (5%).

When asked how the organization approaches or addresses cultural diversity and competence, 33 individuals provided responses. The most frequent effort identified addressing cultural

diversity and cultural competence was staff participation in internal trainings (36%). Three participants (8%) answered there is no need for a specific approach to cultural diversity and/or competency. These, and other, responses are identified in Table 1.

Table 1
Organizational Approaches to Cultural Diversity and Competence (n=33)

	Response (n = 33)	
Organizational Approach	Frequency	Percent
Require staff participation in internal cultural diversity/ competence training(s)	12	36%
Possess diverse representation on staff	6	18%
Engage in community collaborations	5	15%
Utilize culturally-sensitive client assessment	2	6%
Require client to have limited English proficiency or provide interpreter	2	6%
No need for a specific approach to cultural diversity and/or competency	3	8%

Organization Evaluation & Risk Management
Information regarding organizations' evaluation efforts and implementation of evaluation data comprised two items of the survey. Of 43 respondents, merely one individual answered the organization did not complete satisfaction or feedback surveys with clients, as evidenced in Chart 5. Respondents whose organizations conduct satisfaction or feedback surveys were provided the opportunity to describe how results are implemented. The results of these responses are depicted in Chart 6. More than half of the respondents (56%) stated the results are used to develop responses to current issues, and 23% reported the organization uses the survey results in the planning process.

Survey participants also were asked about their organization's risk management plan. Forty individuals responded, and their responses are depicted in Chart 7. The majority of respondents reported their organizations utilize a risk management plan (72%). Twenty-eight percent of respondents reported their organization does not have a risk management plan. Respondents were asked to list the components of these plans. Respondents provided a wide variety of descriptions, with some relating to the organization's financial risk (25%), staff and client health risks (17%), and information security (8%). One respondent outlined the components of his or her organization's risk management plan, stating, "The Quality Management Teams reviews the agency annual risk management plan quarterly. Components include: program and/or location; risk; level of severity; type/nature; strategy to reduce, control or eliminate risk; and person responsible to implement plan."

Chart 5
Organizations Conducting Satisfaction or Feedback Surveys with Clients (n=43)

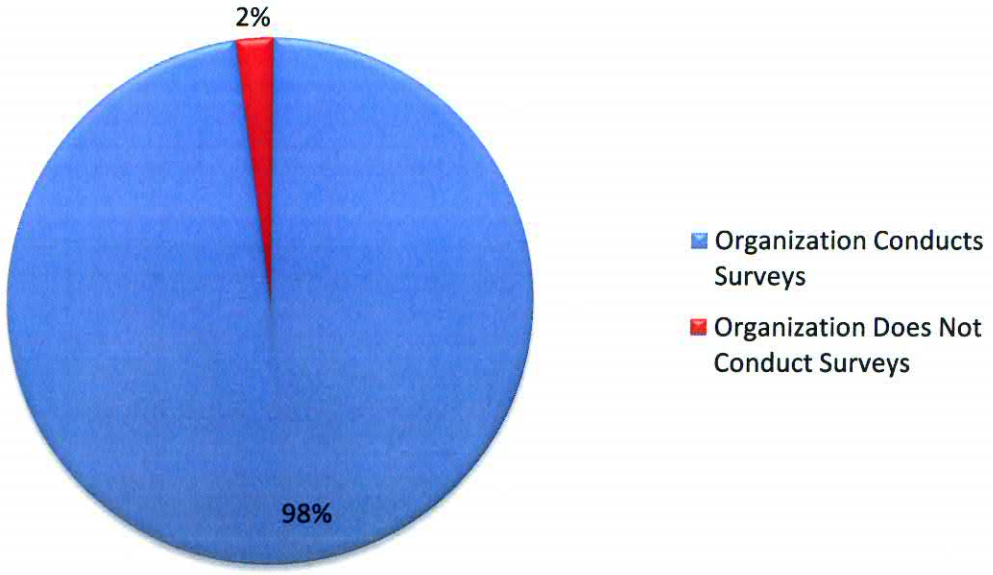


Chart 6
Use of Organizations' Satisfaction or Feedback Surveys Results (n=39)

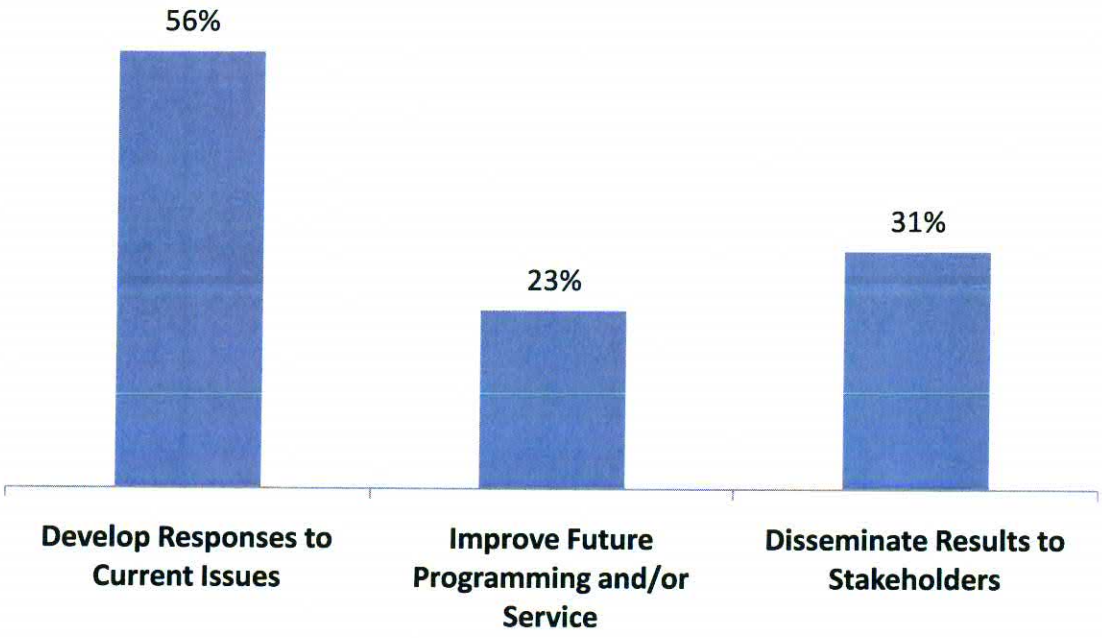


Chart 7
Organizations Utilizing Risk Management Plan (n=40)

Overcoming Barriers to Service
Participants were asked to identify non-financial barriers for clients receiving services from their organization and the organizations' efforts to address the barriers. The barriers identified are listed in Table 2. Transportation/participant location was cited most frequently as a barrier to service, with 32% of respondents mentioning it in their responses. Twenty-six respondents identified how their organization strives to overcome these barriers: 50% refer clients to other community providers, 19% utilize volunteer staff, and 15% provide transportation or position programming near public transit.

Table 2
Barriers to Service (n=31)

Barrier	Response (n = 31)	
	Frequency	Percent
Client-level		
Transportation/participant location	10	32%
Language	4	13%
Eligibility	2	6%
Organization/Community-level		

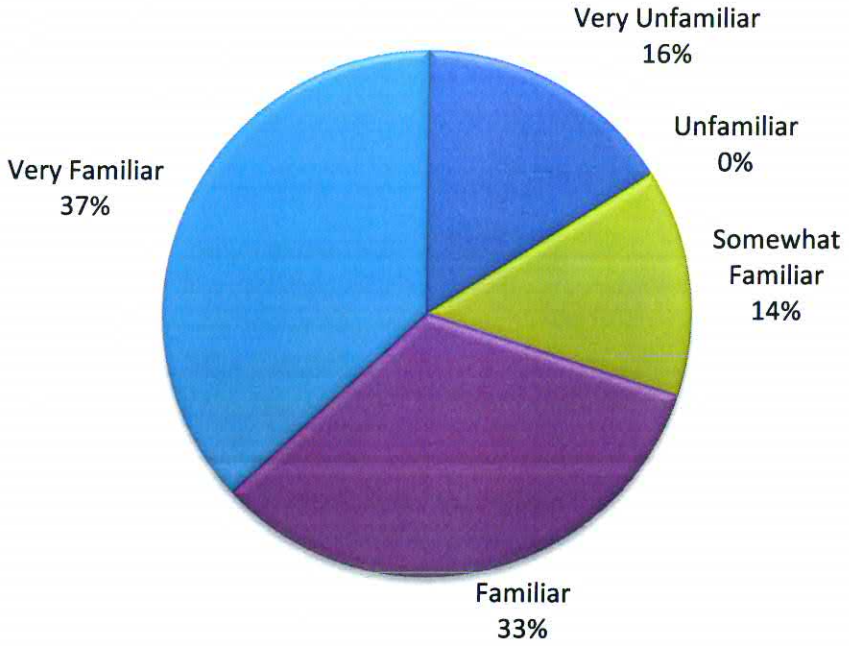
Lack of adequate staff	6	19%
Community unaware of service/program proficiency or provide interpreter	2	6%
No non-financial barriers exist	5	16%

Knowledge of Community Resources

Survey participants were asked to report their organizations' degree of familiarity with other community programs and services assisting older adults and persons with disabilities. Responses are identified in Chart 8, with most respondents (37%) reporting being very familiar with other community programs and services. When participants were asked what programs or services they felt their organization ought to be increasingly familiar with in AAA 1-B's region, the following responses were provided by 22 respondents: services for individuals with disabilities (9%), programs for ethnic minorities (9%), meal programs (9%), new programming (4%), social programs (4%), day programs for older adults (4%), transportation services (4%), housing resources (4%), and chore services (4%). Four respondents (18%) felt the AAA 1-B provides helpful information regarding available resources, and therefore did not feel there was a particular area in which their agency needed increased familiarity with community resources.

Chart 8

Familiarity with Other Community Program and Services (n=43)



Responses were collected regarding other services provided by the respondent's organization which fall outside the purview of the collaborative relationship with AAA 1-B. Fourteen individuals provided descriptions of other services available outside of the organization's relationship with AAA 1-B. Home services were mentioned by 36% of respondents. Education

and training for staff, caregivers, and/or clients were identified by 25% of respondents. Care management, skilled care, or transportation services were mentioned by 14% of respondents. Finally, the provision of housing resources for low income individuals was listed by 7% of respondents.

Relationship with AAA 1-B

This survey gathered information regarding organizations' fit within AAA 1-B's mission, AAA 1-B's communication efficiency, and quality of the collaborative partnership. Thirty-two respondents reported the mission of AAA 1-B tied to their organizations' efforts due to having the same target population (94%). Respondents provided suggestions regarding strategies the AAA 1-B may implement in its network to help older adults and adults with disabilities achieve the optimal quality of life. These suggestions are included in Table 3.

Table 3
Suggestions for AAA 1-B Network (n=25)

	Response (n = 25)	
Suggestion	Frequency	Percent
Increase provider network and/or hours of services provided to clients	6	24%
Emphasize support services	4	16%
Conduct provider evaluations and community needs assessment	4	16%
Provide staff and client education	3	12%
Engage community in strategic planning	1	4%
Provide transportation in rural areas	1	4%

The efficiency and consistency of communication from the AAA 1-B was rated by 40 respondents, and 38 assessed the working relationship between their organization and the AAA 1-B. In both items, the majority of respondents reporting having an average, above average, or excellent impression of the AAA 1-B. Detail regarding participant responses are included in Chart 9 and 10.

Sixteen respondents provided suggestions for how the AAA 1-B may improve its relationship with their organizations. Continuing or improving communication to all levels of the contractor or vender organization's staff was identified as a suggestion by 44% of respondents. Maintaining consistent operations and procedures was mentioned by 13% of respondents. Six percent of respondents suggested conducting annual site visits to organizations, providing increased funding, reducing the number of levels in AAA 1-B's phone screening system, sponsor events and programs, or increase flexibility for meetings.

Chart 9
Efficiency (n=40) and Consistency (n=33) of AAA 1-B's Communication with Organization

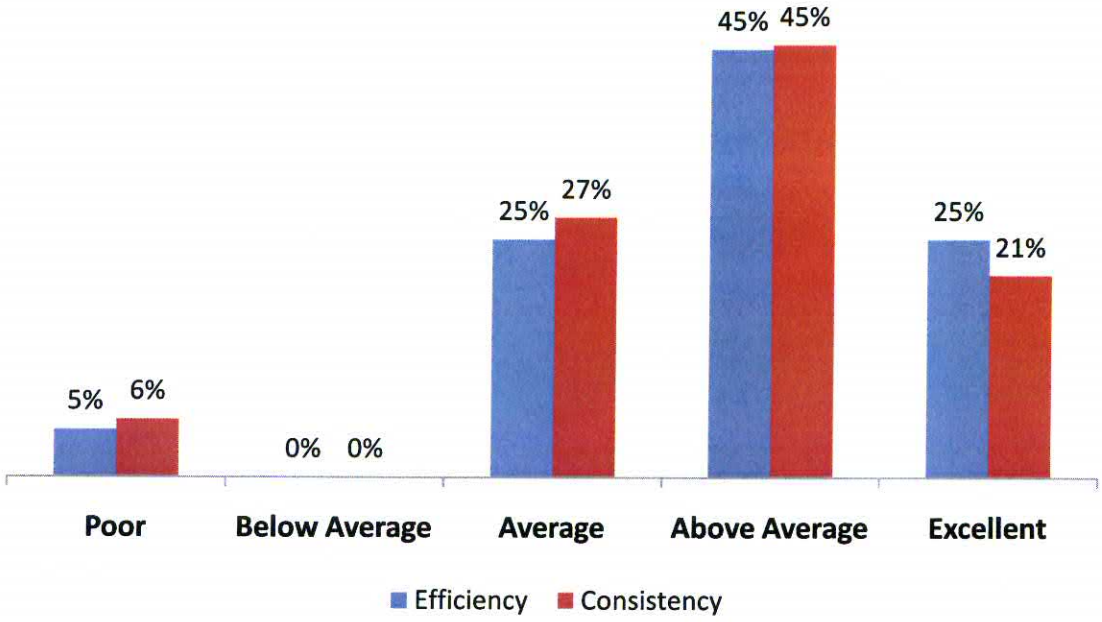
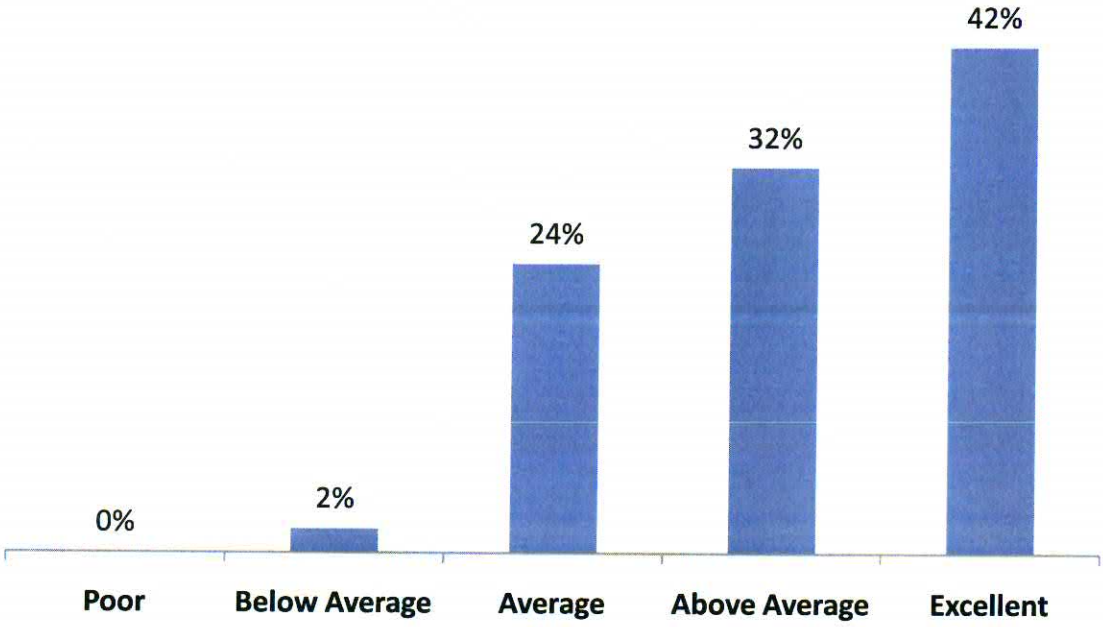


Chart 10
Rating of Business Relationship between AAA 1-B and Organization (n=38)



Survey participants were asked to reflect on the changes within AAA 1-B and its provider network over the past three years. Of 41 respondents, 63% deemed the changes positive, 0% reported the changes were negative, 10% felt the changes were neither positive nor negative, and 27% were unsure about the direction of the changes. Twenty-eight individuals elaborated on their response. The sentiment mentioned most frequently was a recognition of the economic conditions facing the AAA 1-B and its efforts to "maximize services and minimize administration costs" (29%). The utilization of Harmony, a data management system, was also highlighted as a notable positive change by multiple respondents (14%). Four percent of participants stated the organization's needs are not being met by the AAA 1-B. Other comments reflected on the affordability of workshops (4%), responsive nature of the AAA 1-B (7%), and unfamiliarity with the changes within AAA 1-B (11%).

Recommendations

Based on participants' positive responses to receiving this survey and having an opportunity to provide feedback, AAA 1-B administrators anticipate conducting similar surveys on a regular basis. As these surveys are developed, pilot testing the questions may prove valuable in receiving targeted responses. Including a greater proportion of close-ended questions may increase response rates and provide the opportunity to conduct in-depth statistical analysis. Additionally, increasing the amount and/or value of incentives may help elicit an increased response rate. Future iterations of this type of survey are likely to benefit from administrators' consideration of this survey's design, response rate, and participant responses.

Conclusion

The survey conducted by AAA 1-B provided insight regarding its provider network. This survey addressed issues relevant to the agency's preparation for the CARF accreditation process. Additionally, the survey provided respondents with the opportunity to give feedback regarding current satisfaction with their collaborative relationship with AAA 1-B and suggestions for improvement.

Despite the low response rate, this survey provided valued feedback to AAA 1-B administrators regarding areas for improving communication with the network, topics for future trainings, and opportunities to allow agencies to share programs and resources. This report will be shared with the provider network as well as the AAA 1-B Board of Directors and key staff, including care managers. While this survey addressed a wide breadth of issues, generally, the survey's results indicate the respondents are satisfied with their relationship with AAA 1-B and are taking efforts to increase cultural competence, overcome barriers to service, and respond to client feedback.

References

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook.* Thousand Oaks, CA: SAGE Publications, Inc.