



Dane County Department of Human Services

2021 AAA Case Management Survey Results

February 2022

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Background

About the Area Agency on Aging (AAA) Case Management Services

Through contracts with purchase of service (POS) agencies, the Dane County Area Agency on Aging (AAA) provides publicly-funded case management services for older adults on behalf of Dane County Department of Human Service (DCDHS). Case management services in Dane County are provided through a network of 12 geographically-based Senior Focal Points (Focal Points).

The primary goal of case management services is to provide older adults with the support, resources, and community services that they need to safely remain in their own homes and communities.

Case management is defined as, “the provision of services by providers whose responsibility is to enable clients and, when appropriate, clients’ families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral.”¹

Case managers assist with the assessment of individual needs and the coordination of a variety of services from home chore and personal care to assistance with health insurance and prescription drug plans.

In order to receive County-funded services, clients must be Dane County residents, age 60 and older, live in their own home/apartment or home of a family member, and have an income below 240% of the Federal Poverty Level.

Dane County is committed to providing case management services to help older adults live independently for as long as possible in their own home and has made funding AAA case management a priority. County funding is 48% of the total needed for this program in 2021 – thus without additional financial support from cities, municipalities, townships, villages, and donations, it would not be possible. Dane is the only county in the state that has such a program and it has been recognized by the state as a “best practice” for meeting the ongoing needs of older adults.

¹ “604 Case management/Service Coordination,” in *Standard Program Categories*, Wisconsin Department of Health Services, p. 15, December 29, 2016, <https://www.dhs.wisconsin.gov/hhrs/spcdefinitions.pdf>.

About the survey

The purpose of this survey is to measure client satisfaction of case management services with the goal of improving program efficiency and ensuring the program is effectively helping clients.

The AAA Case Management Survey was last done in 2019 and is based on the mail version the Case Management Survey of the Administration on Aging (AoA), Performance Outcomes Measures Project (POMP).² Some modifications were made in 2019 and were carried forward for the 2021 survey –

- Including using the Focal Point name and case manager name in the introduction
- Excluding a question about the last time the case management services were received
- Retaining the list of services coordinated, but updating for Dane County from prior versions of the AoA survey
 - In 2021, “medical equipment (wheelchair, walker, etc.)” and “medication management” were removed from the list of services
- Using the wording, “Is your situation better because of your case manager’s help?” rather than “Has your situation improved because of the services your case manager arranges?”
- Adding back in the question, “Are you satisfied with the case management services you receive?” which was on prior versions of the AoA survey
- Adding a question regarding whether the person completed the survey on their own or received help completing the survey
- Editing the question whether case management services helped the individual continue to live at home to if the case management services helped the individual continue to live where they choose
- Adding space for open-ended comments about improving case management services and additional comments about their case manager or case management services

In 2021...

- References to “care plans” were changed to “service plan”
- Additionally, the question “Did you **receive** a copy of the care plan?” was changed to “Were you **offered** a copy of your service plan?”
- Adding the open-ended question “How has the case management service helped you?”
- Screening questions were added to the beginning of the survey to confirm the most knowledgeable person completed the survey
 - “Are you the person who usually talks with your case manager, [NAME]?” If they answered “no,” they were asked to give the survey to the person who usually talks to the case manager
 - “Do you remember any interaction with your case manager in the last year?” If they answered “no,” they were screened out and excluded from the analysis
 - Additionally, the question of who completed the survey was moved from the end of the survey to the beginning of the survey
- Sent an online survey to those with an email address and followed up with a mail survey to non-responders

² “POMP Final: Case Management Survey Instrument (Mail Version),” Administration for Community Living, Last modified November 13, 2019, https://acl.gov/sites/default/files/common/Case_Mgmt_mail.pdf.

- Formatted the survey as a booklet instead of sending two separate pages
- Surveys were not translated into Spanish. Due to low need and return in 2019 (12 need, 8 randomly sampled, 1 was undeliverable, 0 were completed) it was decided to take a different approach.
 - Bilingual case managers were mailed English surveys and asked to work with Spanish and Hmong speaking clients to translate the survey and submit the client’s answers
 - This is an imperfect approach – translations can vary from one administration to the next and we are counting on case managers to record what the client said without coaching them to a more favorable answer. It can also be uncomfortable for the client to give negative ratings when the person administering the survey is the person they are rating. For these reasons, surveys sent to case managers are tracked as they are expected to have more favorable responses.

A copy of the 2021 survey is in **Appendix A – Survey Instrument**.

Due to space restrictions, demographic questions were not included in the survey. Each survey contained a randomly assigned code used to append available demographic information from the DCDHS Information System (InfoSys) to the completed survey.

Key Findings

Overall, the vast majority of the 405 survey respondents are happy with AAA case management services and their case manager.

- 89% rated the overall quality of case management services as “excellent” or “very good”
 - Only 10 respondents (3%) rate the quality of case management services “fair” or “poor”
- 96% agree they are satisfied with the case management services they receive
- 96% say their situation is better because of their case manager’s help
- Almost all (99%) feel their case manager treats them with respect
- 90% say the services help them continue to live where they choose

Communication is extremely important to case management clients. While case managers are strong communicators, there are still opportunities for improvement.

- Those who qualified for the survey gave high marks to attributes related to communication with their case manager. Specifically, 96% said “yes” they know how to contact their case manager when they need to, 96% also said “yes” their case manager explains things in a way they can understand, and 93% responded “yes” that their case manager returns phone calls in a timely manner.
- Notably, 89 responses (15% of all returned surveys) were disqualified from the analysis because the respondents did not recall any interaction with their case manager in the past year.
 - This was reported by 22% of clients who have been clients of case management for less than six months – it is possible they are enrolled and waiting for an intake meeting.
 - Three Focal Points - Sugar River Senior Center (47%, 9 of the 19 returned surveys), Southwest Dane Senior Outreach (24%, 9 of the 37 returned surveys), and NewBridge

Madison (17%, 29 of the 169 returned surveys) had relatively higher proportions of respondents say they do not recall interaction with their case manager in the last year.

- Notably, organizational changes at Sugar River Senior Center may have disrupted services and resulted in this large proportion of clients not recalling interaction with their case manager.

The importance of good communication is reiterated in open-ended comments.

- 28% of recommendations to improve case management services were either to have the case manager call more frequently or generally improve communication. Poor communication was also called out by seven (7) people in response a prompt to provide additional comments about their case manager or case management services. For example, respondents said:
 - “Wish case manager would follow-up more. No contact since COVID hit.”
 - “We communicate by email. It would be good to have them check with me from time to time. I have to understand what services are available from NewBridge.”
 - “The only way I can get in contact with my case manager is to leave a message through the Colonial Club. It takes more than a week to call me back. I have no other phone number to call in case of an emergency.”
- Conversely, when providing comments about their case manager 12 praised the case manager for keeping in touch. Examples of specific praise include:
 - “They are so helpful. They call and send cards. It’s so nice to have someone who cares. They are so sweet.”
 - “They have been great calling me to check in about my dad and offering suggestions. They have great knowledge of programs we could possibly use. Enjoy working with them.”
 - “Very sweet and helpful person who continues to keep in touch with me even when not working on something.”

Survey results indicate high inconsistency around service plans. Critically consider the large proportions of respondents who said both “no” a service plan was not developed/offered compared to larger proportions responding that they “don’t know” if a service plan was developed/offered. AAA staff and Focal Points need to work together to quality check that plans are being developed and offered without assumption that the respondents are accurately recalling a lack of development/offer to share a copy. They should also take into account that these results might be impacted by case managers’ lack of access to printers. This likely prevents them from sharing the plan with clients in the clients’ preferred format.

- Overall, only 59% of respondents (214 people) remember having a service plan developed while 16% (57 people) said “no” they did not have one developed and another 26% (93 people) were unsure if they had a service plan developed.
 - This result is consistent by Focal Point, months of service, age, and race/ethnicity.
- As expected, fewer recall being offered a copy of the service plan (47% “yes” or 164 people; 24% “no” or 83 people; and 30% “don’t know” or 105 people).

- One Focal Point appears to underperform other Focal Points in offering a copy of the service plan.³
- Recall of being offered a copy of the plan is relatively consistent by months of service, client age, and race/ethnicity.

Foreign language assessment of satisfaction continues to be an area for improvement. Of the 54 Hmong- or Spanish-speakers, only two (2) returned a completed survey for a response rate of 3.7%.

- 55 of the 2,160 clients receiving case management services prefer a language other than English (6 Hmong, 49 Spanish).
- 54 were included in the random sample and/or oversample, and their surveys were mailed to their case manager who was to work with the client to complete the survey (6 Hmong, 48 Spanish).
- Only 2 of the 54 surveys were completed (3.7% response rate) – all were in Hmong.

³ Due to the small number of people answering this question by Focal Point, the name of the Focal Point is not shared.

Methodology

2021 survey

Impact of COVID-19

The COVID-19 pandemic began sweeping across the globe in 2020. Public health strategies to respond to the virus included “flattening the curve,” physical distancing, wearing masks, quarantining, and limiting travel/movement outside of one’s home. These efforts ultimately led to the closing of many physical business locations. It also caused service shortages, staffing issues, and supply chain delays. Businesses quickly adapted to deliver services as safely as possible in this new health crisis. However, many older adults still experienced isolation due to these safety measures.

Despite the development and distribution of vaccines, the impact of COVID-19 is long lasting. At the end of 2021, COVID-19 was still impacting the way we live our daily lives. Each Focal Point had its own discretion on how to administer case management services during the pandemic while staying within the guidelines of ever evolving local health orders. However, AAA did not forget its case management clients. AAA staff worked closely with Dane County Aging Network to leverage additional resources, establish new partnerships, and create innovative programs to rapidly respond to challenges that arose with COVID-19. Significant challenges included combatting social isolation and the continuation of services without the older adult volunteers who heavily support meals, transportation, and program operations. AAA’s innovation to combat these issues created program and service options case managers could pass on to their clients.

Who was surveyed?

The survey was sent to people who received case management services from a Dane County Focal Point between January 1, 2021 and August 31, 2021. The DCDHS Information System (InfoSys) was queried to identify appropriate records. The query pulled records for which clients were not marked as deceased, had a case management service code (604) from a corresponding Focal Point, and at least one service rendered between January and August of 2021. After several steps to clean the sample 1,587 surveys invitations were sent.

How was the sample cleaned?

In its initial pull from InfoSys, DCDHS Planning & Evaluation staff’s query identified 1,951 records (see **Table 1**). In preparation for sending the records through the National Change of Address database (NCOA), those who only received MA/Med D services or were duplicated within or across Focal Points were removed. This resulted in 1,710 unique persons being sent for address verification (see **Table 1**). Later it was uncovered that the initial 1,951 records were incomplete because they excluded anyone who did not have an address in InfoSys. The error in the initial pull from InfoSys was identified and fixed after sending the file for address verification. Notably, this error did not impact records that qualify for this service because National Change of Address needs an initial name and address to run a record.

Table 1: Initial Sample Cleaning

Total records pulled from InfoSys	1,950
<i>Less records where</i>	
MA/Med D only clients	-141
Duplicate clients within the same Focal Point	-53
Duplicate clients between Focal Points	-46
Records sent to National Change of Address (NCOA)	1,710

The 1,710 records were sent to National Change of Address on September 20, 2021 for verification. This service updates addresses when a person has filed a change of address with the postal service. In addition, it fixes formatting and indicates if an address is deliverable by USPS. After removing address updates that made the client ineligible – moved out of the service area – or that indicated the client could not be reached by mail – undeliverable as addressed, address vacant, or recipient moved and did not leave a forwarding address – 1,597 records remained in the sample (see **Table 2**).

Table 2: National Change of Address Results

Sent to National Change of Address (NCOA)	1,710
<i>Less</i>	
Addresses marked as undeliverable by USPS	-90
Addresses marked as vacant	-13
Addresses where the recipient moved but doesn't have a forwarding address	-10
The recipient moved out of state	-0
TOTAL RECORDS WITH A VALID ADDRESS	1,597

185 address were updated via NCOA before mailing

The list of clients with valid addresses was then sent to Focal Points. Focal Points were to add the name of the case manager and email addresses where clients might respond to the survey electronically. Additionally, Focal Points could identify if a survey should not be sent for any reason or if the survey should be addressed to a proxy. The Focal Points called out that clients were missing from the list and there were clients in the list who were deceased. This revealed needed changes to the initial InfoSys query. An additional file was sent to the Focal Points that identified deceased clients by closing code instead of a flag in the profile table and included clients without an address in InfoSys. Focal Points added addresses where they could. The client lists were returned to DCDHS staff on or before September 30, 2021. There were now 2,157 eligible records identified (see **Table 3**).

The files returned by Focal Points were used to identify population (2,610) and eligibility (2,157) counts (see **Table 3**). A random sample of 1,500 records was then pulled from eligible records. The sample was proportionate to Focal Point population by race and ethnicity.⁴ Additionally, an oversample of up to 100 Black, Indigenous, and persons of color (BIPOC) was pulled. There were not enough BIPOC records to fill all 100 spots so an additional 87 records were added to the sample for a total sample of 1,587 records. BIPOC were oversampled because prior surveys with older adults had a lower response rate among BIPOC than White respondents, which can cause underrepresentation during analysis. See **Appendix C – Population, Eligible, and Sample Distribution** for detailed counts and proportions by race/ethnicity and Focal Point.

⁴ Race and ethnicity is determined by demographic information available in InfoSys. See **Appendix B – Context of Race and Ethnicity** for more detail about how race/ethnic group is assigned in this survey and rationale of labels used throughout this report.

Table 3: Final Cleaning After Input from Focal Points

Corrected number of records pulled from InfoSys (POPULATION)	2,610
<i>Less</i>	
MA/Med D only clients	-116
Deceased	-98
No case manager identified	-87
Address not available	-42
Moved (no forwarding address, out of service area)	-15
<i>Indicated do not send by Focal Point because...</i>	
Moved to a care facility	-37
Referred to another program (HCPOA/CCS)	-28
Homeless, no address	-8
Not capable (MH, dementia, general)	-6
Did not serve in 2021	-3
Not currently serving	-10
Other	-3
TOTAL ELIGIBLE RECORDS	2,157

How could people participate?

Response rates to all types of surveys have been falling over time.⁵ Because of this, a pre-notification letter was sent to improve recipient participation in the 2021 AAA Case Management Survey. These letters were mailed in Focal Point envelopes and let people know the survey would be arriving in a DCHDS envelope and some people would receive an email invitation from SurveyMonkey to complete the survey. The purpose and sponsor of the survey was explained and signed by AAA Manager Cheryl Batterman. These letters were mailed October 20, 2021 (see **Figure 1**).

Email invitations to the web survey were sent to people with an email address on October 26, 2021. In all, 74 email invitations were sent and 8 people completed the survey online (10.8% response rate to the email invitation). On November 4, 2021 surveys were mailed to all non-respondents – those who didn't complete the survey online and those without an email address. Surveys were mailed in DCDHS envelopes with "Return Service Requested" printed below the return address. Respondents were asked to mail back their completed survey in the provided postage-paid, business reply envelope no later than December 20, 2021.

Fifty-nine (59) envelopes came back with a forwarding address and were remailed on November 8 or November 15. No envelopes were returned with a forwarding addresses after November 15, 2021. Analysis was conducted on surveys arriving no later than January 18, 2022.

⁵ "Response Rates – An Overview," American Association for Public Opinion, accessed June 28, 2021, <https://www.aapor.org/Education-Resources/For-Researchers/Poll-Survey-FAQ/Response-Rates-An-Overview.aspx>.

Figure 1: Survey Schedule

<p>JANUARY 2021</p> <p>S M T W T F S</p> <p>1 2</p> <p>3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>17 18 19 20 21 22 23</p> <p>24 25 26 27 28 29 30</p> <p>31</p>	<p>APRIL 2021</p> <p>S M T W T F S</p> <p>1 2 3</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30</p>	<p>JULY 2021</p> <p>S M T W T F S</p> <p>1 2 3</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>	<p>OCTOBER 2021</p> <p>S M T W T F S</p> <p>1 2</p> <p>3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>17 18 19 📧 21 22 23</p> <p>24 25 🌐 27 28 29 30</p> <p>31</p>	<p>JANUARY 2022</p> <p>S M T W T F S</p> <p>1</p> <p>2 3 4 5 6 7 8</p> <p>9 10 11 12 13 14 15</p> <p>16 17 📍 19 20 21 22</p> <p>23 24 25 26 27 28 29</p> <p>30 31</p>
<p>FEBRUARY 2021</p> <p>S M T W T F S</p> <p>1 2 3 4 5 6</p> <p>7 8 9 10 11 12 13</p> <p>14 15 16 17 18 19 20</p> <p>21 22 23 24 25 26 27</p> <p>28</p>	<p>MAY 2021</p> <p>S M T W T F S</p> <p>1</p> <p>2 3 4 5 6 7 8</p> <p>9 10 11 12 13 14 15</p> <p>16 17 18 19 20 21 22</p> <p>23 24 25 26 27 28 29</p> <p>30 31</p>	<p>AUGUST 2021</p> <p>S M T W T F S</p> <p>1 2 3 4 5 6 7</p> <p>8 9 10 11 12 13 14</p> <p>15 16 17 18 19 20 21</p> <p>22 23 24 25 26 27 28</p> <p>29 30 31</p>	<p>NOVEMBER 2021</p> <p>S M T W T F S</p> <p>1 2 3 📧 5 6</p> <p>7 📧 9 10 11 12 13</p> <p>14 📧 16 17 18 19 20</p> <p>21 22 23 24 25 26 27</p> <p>28 29 30</p>	
<p>MARCH 2021</p> <p>S M T W T F S</p> <p>1 2 3 4 5 6</p> <p>7 8 9 10 11 12 13</p> <p>14 15 16 17 18 19 20</p> <p>21 22 23 24 25 26 27</p> <p>28 29 30 31</p>	<p>JUNE 2021</p> <p>S M T W T F S</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10 11 12</p> <p>13 14 15 16 17 18 19</p> <p>20 21 22 23 24 25 26</p> <p>27 28 29 30</p>	<p>SEPTEMBER 2021</p> <p>S M T W T F S</p> <p>1 2 3 4</p> <p>5 6 7 8 9 10 11</p> <p>12 13 14 15 16 17 18</p> <p>19 📧 21 22 23 24 25</p> <p>26 27 28 29 📧</p>	<p>DECEMBER 2021</p> <p>S M T W T F S</p> <p>1 2 3 4</p> <p>5 6 7 8 9 10 11</p> <p>12 13 14 15 16 17 18</p> <p>19 📧 21 22 23 24 25</p> <p>26 27 28 29 30 31</p>	

In all, 560 completed surveys were returned (see **Figure 2**). In order to compute a response rate, we need to know the number of valid surveys. Those who said they did not remember talking with their case manager in the last year, marked that they only received Medicaid/Medicare Part D services (or did not mark any services on the survey), or could not be reached were ineligible for the survey. Dividing valid completed surveys by the eligible sample gives us the survey response rate. For this survey, the response rate is **29.8%** (405 usable surveys/1,358 eligible sample records).

Figure 2: 2021 Returned Surveys and Response Rate

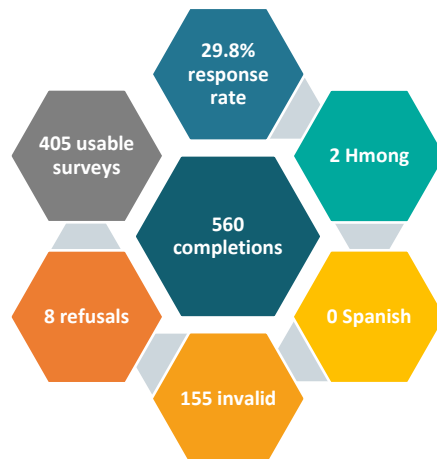


Table 4: Record Dispositions

Surveys mailed	1,587
<i>Less ineligible records</i>	
Wrong address, no forwarding	-55
Deceased	-3
Incapable	-3
Moved out of Dane County	-9
Mail stopped	-4
Cannot get to correct person (Q1)	-2
Do not remember interaction with case manager (Q3)	-84
Medicare/Medicaid service only (Q4)	-40
No services marked (Q4)	-29
Eligible sample	1,358
Total valid surveys	405
Total completed surveys	560
English	558
Spanish	-
Hmong	2
Less those whose answers make them invalid	-155
Returned, blank	4
Returned, refused to complete	4
Response rate completed surveys/eligible sample	29.8%

Can we trust the results of this survey?

Three measures to consider when evaluating the trustworthiness of a survey are the response rate, margin of error, and if respondents are representative (see **Appendix D – Survey Trustworthiness**).

- Studies have argued a high response rate does not ensure survey quality and that response rates have been falling over time. However, this survey has a strong response rate (29.8%).
- The margin of error for this survey is $\pm 4.48\%$ ⁶, which falls into the generally acceptable range of between 4% and 10%.
- The representativeness of usable surveys to the population could be better (see **Table 5**).
 - Comparing the population to eligible sample there are only differences by race (caused by oversampling BIPOC clients) and provider (a byproduct of racial oversampling and heavy White representation in Fitchburg and Waunakee while most Black or African American clients are served by New Bridge).
 - We see typical skewing of valid surveys from the population
 - More heavily female
 - White, even with supplementing sample of BIPOC
 - Older
 - Those with longer lengths of service (typically a more “loyal” group)

⁶ Calculated using online calculator at <https://aytm.com/pages/mes>. Population = 2,610; Confidence Level = 95%.

Table 5: Eligible Records Compared to Usable Surveys

Attribute	Population (n=2,610)	Eligible Records (n=1,358)	Valid Surveys (n=405)
Focal Point			
Colonial Club Senior Activity Center	10%	10%	13%
DeForest Area Community & Senior Center	4%	3%	5%
Fitchburg Senior Center	7%	3%	3%
McFarland Senior Outreach Services	5%	5%	6%
Middleton Senior Center	4%	4%	4%
NewBridge Madison	37%	43%	31%
Northwest Dane Senior Services	4%	5%	5%
Oregon Area Senior Center	7%	7%	10%
Southwest Dane Senior Outreach	4%	3%	5%
Stoughton Area Senior Center	7%	8%	9%
Sugar River Senior Center	3%	2%	2%
Waunakee Senior Center	9%	7%	9%
Gender			
Male	36%	35%	30%
Female	63%	64%	70%
Unknown	1%	1%	<1%
Race/Ethnicity			
White	84%	79%	88%
Asian	2%	2%	1%
Black	9%	11%	8%
Hispanic	3%	5%	2%
Native American	1%	1%	<1%
Pacific Islander	-	-	-
Unknown	2%	2%	2%
Age			
<60	1%	<1%	-
60-64	11%	12%	4%
65-69	15%	15%	13%
70-74	17%	19%	19%
75-79	15%	15%	17%
80-84	15%	16%	21%
85-89	14%	13%	14%
90-94	9%	8%	8%
95-99	3%	3%	3%
100+	<1%	<1%	1%
Unknown	1%	1%	<1%
Generation (Year of Birth)			
Generation X (1965-1980)	<1%	<1%	-
Baby Boomer (1946-1964)	45%	47%	38%
Silent (1929-1945)	49%	48%	57%
Greatest (1900-1928)	5%	4%	5%
Unknown	1%	1%	<1%
Length of Time Receiving Services			
<6 months	23%	21%	15%
6-12 months	18%	18%	13%
13-18 months	13%	12%	10%
19-24 months	11%	10%	13%
25-30 months	7%	8%	8%
31-36 months	10%	12%	15%
37+ months	19%	18%	26%

Statistically significant differences in the population to eligible records or valid surveys are shown in **orange, bold font**

Overall, the trustworthiness measures lean closest to “good” (see Figure 3). So although our survey results are not optimal (all “good”), it is promising that none of these measures of trustworthiness are “concerning” and two of the three are “good.” Making these survey results trustworthy.

Figure 3: Trustworthiness Measures



Municipalities

We do not consider the distribution of municipalities when evaluating the trustworthiness of the survey results, but we do analyze it because it is important for AAA Case Management funding. Recall, that funding from Dane County is 48% of the total needed for this program in 2021– meaning the program heavily relies on additional financial support from cities, municipalities, townships, villages, and donations.

Table 6: Distribution by Municipality

	Population (n=2,610)		Eligible Records (n=1,358)		Valid Surveys (n=405)	
	N	%	n	%	n	%
Cities	1,318	50.5%	786	57.9%	203	50.1%
Edgerton	-	-	-	-	-	-
Fitchburg	91	3.5%	49	3.6%	10	2.5%
Madison	779	29.8%	476	35.1%	104	25.7%
Middleton	82	3.1%	54	4.0%	17	4.2%
Monona	67	2.6%	33	2.4%	13	3.2%
Stoughton	164	6.3%	93	6.8%	33	8.1%
Sun Prairie	130	5.0%	77	5.7%	25	6.2%
Verona	5	0.2%	4	0.3%	1	0.2%
Towns	373	14.3%	197	14.5%	71	17.5%
Albion	-	-	-	-	-	-
Berry	8	0.3%	3	0.2%	1	0.2%
Black Earth	5	0.2%	4	0.3%	3	0.7%
Blooming Grove	5	0.2%	4	0.3%	2	0.5%
Blue Mounds	8	0.3%	6	0.4%	3	0.7%
Bristol	10	0.4%	4	0.3%	1	0.2%
Burke	10	0.4%	6	0.4%	2	0.5%
Christina	1	0.0%	-	-	-	-
Cottage Grove	9	0.3%	6	0.4%	2	0.5%
Cross Plains	9	0.3%	2	0.1%	1	0.2%
Dane	5	0.2%	3	0.2%	1	0.2%
Deerfield	3	0.1%	-	-	-	-
Dunkirk	8	0.3%	6	0.4%	1	0.2%
Dunn	27	1.0%	11	0.8%	4	1.0%
Madison	39	1.5%	26	1.9%	3	0.7%
Mazomanie	9	0.3%	7	0.5%	3	0.7%
Medina	4	0.2%	1	0.1%	-	-
Middleton	4	0.2%	1	0.1%	-	-
Montrose	13	0.5%	6	0.4%	3	0.7%
Oregon	30	1.1%	15	1.1%	7	1.7%
Perry	3	0.1%	3	0.2%	3	0.7%
Pleasant Springs	5	0.2%	3	0.2%	2	0.5%
Primrose	7	0.3%	4	0.3%	1	0.2%

	Population (n=2,610)		Eligible Records (n=1,358)		Valid Surveys (n=405)	
	N	%	n	%	n	%
Roxbury	10	0.4%	7	0.5%	2	0.5%
Rutland	15	0.6%	11	0.8%	6	1.5%
Springdale	7	0.3%	1	0.1%	-	-
Springfield	22	0.8%	10	0.7%	4	1.0%
Sun Prairie	2	0.1%	1	0.1%	-	-
Vermont	9	0.3%	4	0.3%	-	-
Verona	9	0.3%	5	0.4%	-	-
Vienna	7	0.3%	3	0.2%	2	0.5%
Westport	69	2.6%	34	2.5%	14	3.5%
York	1	0.0%	-	-	-	-
Villages	586	22.5%	313	23.0%	119	29.4%
Belleville	31	1.2%	13	1.0%	3	0.7%
Black Earth	13	0.5%	7	0.5%	4	1.0%
Blue Mounds	3	0.1%	-	-	-	-
Brooklyn	6	0.2%	4	0.3%	3	0.7%
Cambridge	6	0.2%	3	0.2%	3	0.7%
Cottage Grove	34	1.3%	20	1.5%	9	2.2%
Cross Plains	25	1.0%	16	1.2%	3	0.7%
Dane	5	0.2%	3	0.2%	3	0.7%
Deerfield	9	0.3%	4	0.3%	1	0.2%
DeForest	59	2.3%	34	2.5%	16	4.0%
Maple Bluff	3	0.1%	3	0.2%	2	0.5%
Marshall	19	0.7%	14	1.0%	4	1.0%
Mazomanie	16	0.6%	8	0.6%	1	0.2%
McFarland	82	3.1%	42	3.1%	16	4.0%
Mount Horeb	62	2.4%	26	1.9%	10	2.5%
Oregon	106	4.1%	58	4.3%	23	5.7%
Rockdale	-	-	-	-	-	-
Shorewood Hills	2	0.1%	2	0.1%	-	-
Waunakee	88	3.4%	45	3.3%	15	3.7%
Windsor	17	0.7%	11	0.8%	3	0.7%
Other	333	12.7%	62⁷	4.6%	12	3.0%
Post Office Box	15	0.6%	10	0.7%	1	0.2%
Current address is out of County	16	0.6%	6	0.4%	3	0.7%
Current address is out of state	11	0.4%	2	0.1%	-	-
Homeless	7	0.3%	-	-	-	-
Address is not in DCDHS System or not considered valid by Access Dane or the US Postal Service for geo-coding purposes	88	3.4%	29	2.1%	6	1.5%
No address available	196	7.5%	15	1.1%	2	0.5%

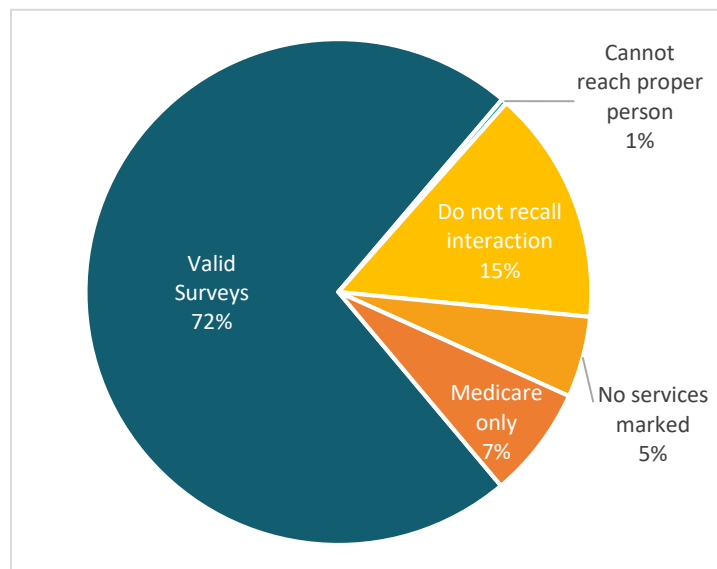
⁷ Eligible records could be out of county and out of state because their forwarding address put them into these categories. We did try to send surveys to just records in Dane County. Likewise, some are "no address available" as these were delivered to proxies such as case workers or family members and because this is not the client's address we categorized them as "no address available."

Results

Qualifying for Analysis

In order to get the most accurate data, the survey screened the respondents to look for the person who usually speaks to the case manager and asked the person completing the survey if they remember any interaction with the case manager within the last year. If the most knowledgeable person could not be reached or they did not recall an interaction with their case manager within the past year, then the survey is removed from this analysis. Additionally, to be included in the analysis, the survey respondent had to report receiving at least one service that was not Medicare/Medicaid/Medicare Part D (Drug).

Figure 4: Survey Qualification



Base = Total Sample (n=560)

Q1. Are you the person who usually talks with your case manager, [NAME]?

Q3. Do you remember any interaction with your case manager in the last year?

Q4. Which services does your case manager help coordinate for you?

Of the 560 returned surveys, 405 qualified for analysis (72%, see **Figure 4**). Those who disqualified most often did not recall any interaction with their case manager within the last year (15%). In all cases, we were almost always able to reach the person who usually speaks with the case manager (with the exception of two (2) returned surveys, 1%). However, some still disqualified because they indicated that their case manager only coordinated their Medicare/Medicaid/ Medicare Part D (Drug) services (7%) or did not mark any services their case manager coordinates for them (5%).

Communication between client and case manager is important in providing quality service. For this reason, we were not

expecting to see clients saying they do not recall interaction with their case manager in the past year when InfoSys indicated they had received services between January and August of 2021. This is a curious finding so we dug further to see if there were notable patterns (see **Table 7** and **Figure 5**). We see few statistically significant differences:

- The 22% of people who have been served for less than 6 months and do not recall interaction with their case manager is significantly larger than the 8% of people who have been served for 31-36 months and do not recall interaction with their case manager.
- Three Focal Points, Sugar River Senior Center, Southwest Dane Senior Outreach, and NewBridge Madison had higher proportions of respondents say, “no” they do not recall interaction with their case manager in the last year. These proportions are statistically significantly higher than at least one other Focal Point.

Table 7: Percent of category who do not remember interacting with their case manager in the past year

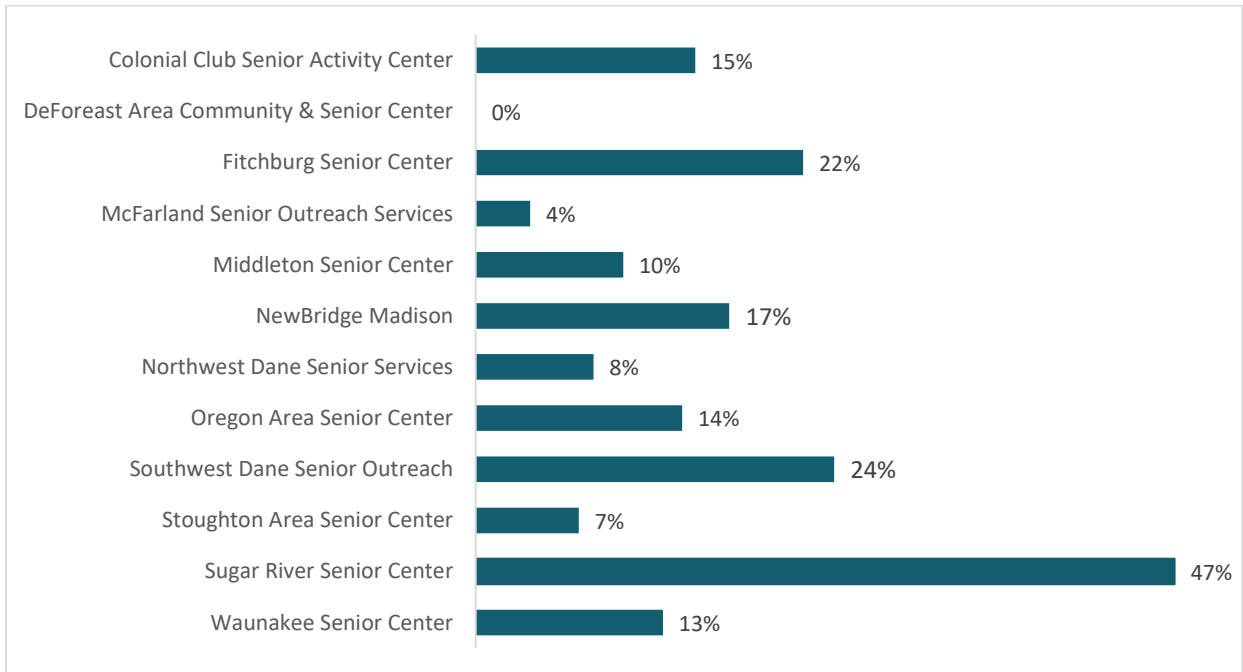
Months of Service		Race/Ethnicity		Gender	
<6 months	22%	White	15%	Male	14%
6-12 months	16%	Asian	25%	Female	16%
13-18 months	11%	Black	23%	Unknown	0%
19-24 months	16%	Hispanic	14%		
25-30 months	8%	Native American	0%		
31-36 months	8%	Unknown	0%		
37+ months	17%				

Base = Total Sample (n=560)

Q3. Do you remember any interaction with your case manager in the last year?

Orange indicates a statistically significant relationship.

Figure 5: Percent of older adults served by each Focal Point who do not remember interacting with their case manager



Base = Total Sample (n=560); Those answering "no"

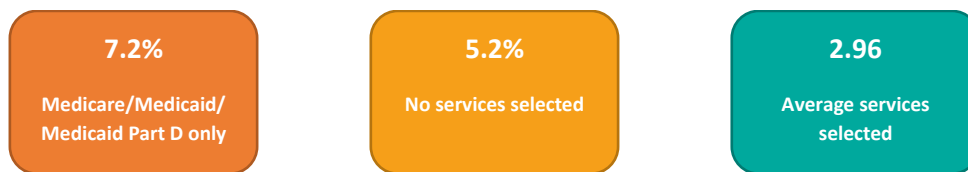
Q3. Do you remember any interaction with your case manager in the last year?

Services Coordinated

Survey respondents were directed to a list and instructed to check all the services their case manager coordinates.

Case management clients who only receive help with Medicare/Medicaid/Medicare Part D (Drug) have less interaction with their case manager, so they are excluded from the analysis. Only those who marked services their case manager coordinates and marked more than Medicare/Medicaid/Medicare Part D (Drug) were included. This resulted in 405 valid surveys for analysis, as 40 were disqualified for only receiving Medicare/Medicaid/Medicare Part D (7% of returned surveys) and another 29 were disqualified (5% of returned surveys) for not marking any services (see **Figure 6**). The remainder of this analysis focuses on the 405 valid surveys.

Figure 6: Services indicated by survey respondents



Base = Total Sample (n=560); Average services base = Valid Surveys (n=405)
Q4. Which services does your case manager help coordinate for you?

Two hundred eighty-nine (289) respondents (71%) marked more than one service and, on average, respondents marked three (3) services. Most commonly, survey respondents receive home-delivered meals (51%) (see **Figure 7**). With so many people receiving home-delivered meals, it isn't surprising that some complaints about the service, specifically the food provided, came up in open-ended comments. However, a very small number (5, 2% of people receiving the service) provided complaints and one person gave praise. This indicates, overall, home-delivered meals are meeting recipients' needs. A sample of comments related to preference is below:

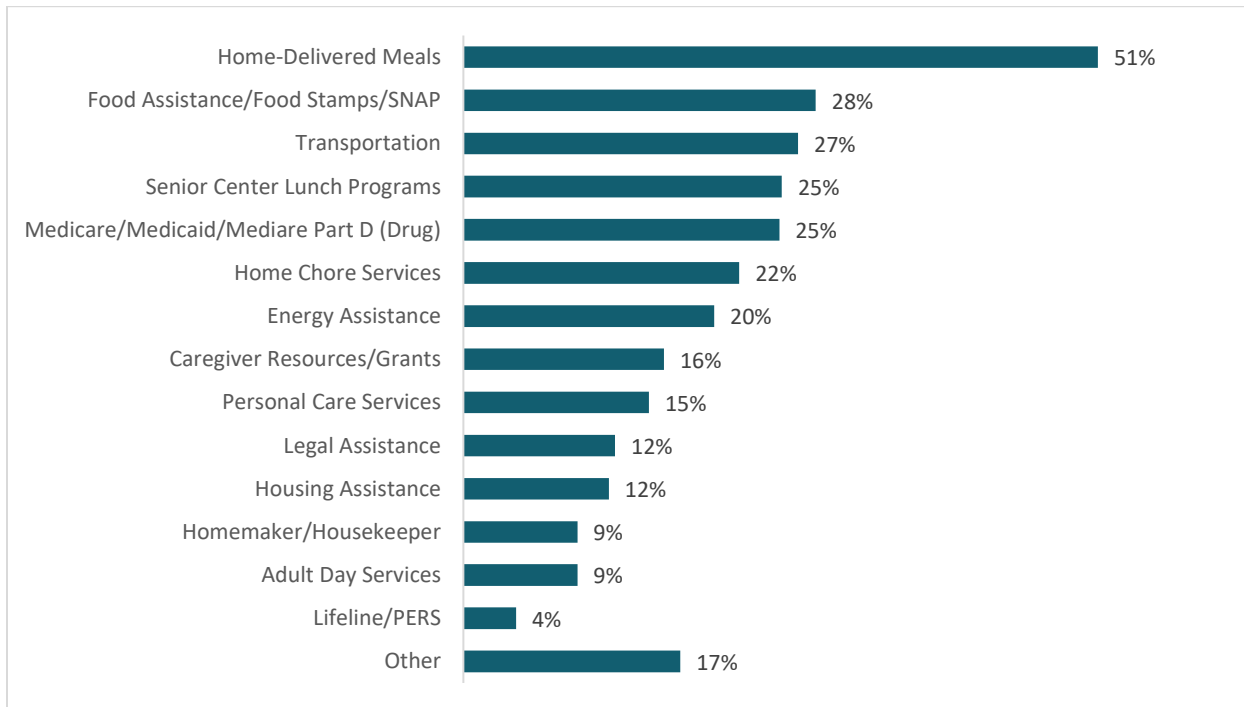
- “Were using Meals on Wheels but wasn't our kind of food so we discontinued.”
- “Meals on Wheels could use more variety than their standard menu. More meats and potato options.”
- “(Meals on Wheels) There are foods I can't stand. We do not have choices. There are fruits such as pineapple I can't stand it. The applesauce is loaded with cinnamon and I can't stand it. I am diabetic and yet I get all kind of gravy and fat on meat. I am supposed to limit salt. So when the ham & potatoes come around I have to take out all the pieces of ham. I need my doctor to tell them. I will contact them on Monday.”
- “Please tell the vegetarian chef that I am a huge fan.”

Aside from home-delivered meals, one-fourth or more of respondents receive Food assistance, Food Stamps or SNAP (28%), get help with transportation (27%), participate in Senior Lunch Programs (25%), and/or receive counseling about their Medicare/Medicaid/Medicare Part D (Drug) options (25%) (see **Figure 7**). The fewest have a personal emergency response system through case management (4%).

Notably, 17% of respondents mention some other service not listed on the survey (see **Figure 7**).

- Usually, this “service” was their case manager being a point of contact that can problem solve and help them with anything (6%)
 - “Any time I have questions she is there to answer them”
 - “Answers all my questions”
 - “Everything I need she helps me”
- Other times they talked about getting medical devices (3%), having someone to talk to (2%), access to food (1%), help with insurance (1%), SeniorCare (1%), and/or home repairs (<1%).
- Thirteen (3%) mentioned things that couldn’t be grouped with other responses because they were too unique or not specific enough:
 - “Coordination with medical services”
 - “Talk about neighbor’s needs”
 - “Art classes”
 - “Information”
 - “Got me subscribed to the newsletter and other ways to stay connected to people”
 - “Encouragement and empowerment”
 - “Social security”
 - “Shopping”
 - “Attempting to set up a meeting”
 - “Car issues”
 - “Banking”
 - “Husband didn’t like her getting help”
 - “Repair help”

Figure 7: Percent of respondents receiving each service



Base = Valid Surveys (n=405)

Q4. Which services does your case manager help coordinate for you?

Relationship with Case Manager

Respondents were asked a series of questions to measure their interactions with their case manager. These statements group into three themes – communication, care coordination, and choice/autonomy.

Case managers do an outstanding job communicating with clients more than 90% of respondents who responded to questions in this series, saying “yes” (see **Figure 8**):

- The case manager treats them with respect (99%),
- The case manager explains services in a way they can understand (96%),
- The respondent knows how to contact their case manager when they need to (96%), and/or
- The case manager returns their phone call in a timely manner (93%).

Generally, the case managers perform well on three out of four measurements related to allowing clients choice or autonomy for their care (see **Figure 10**):

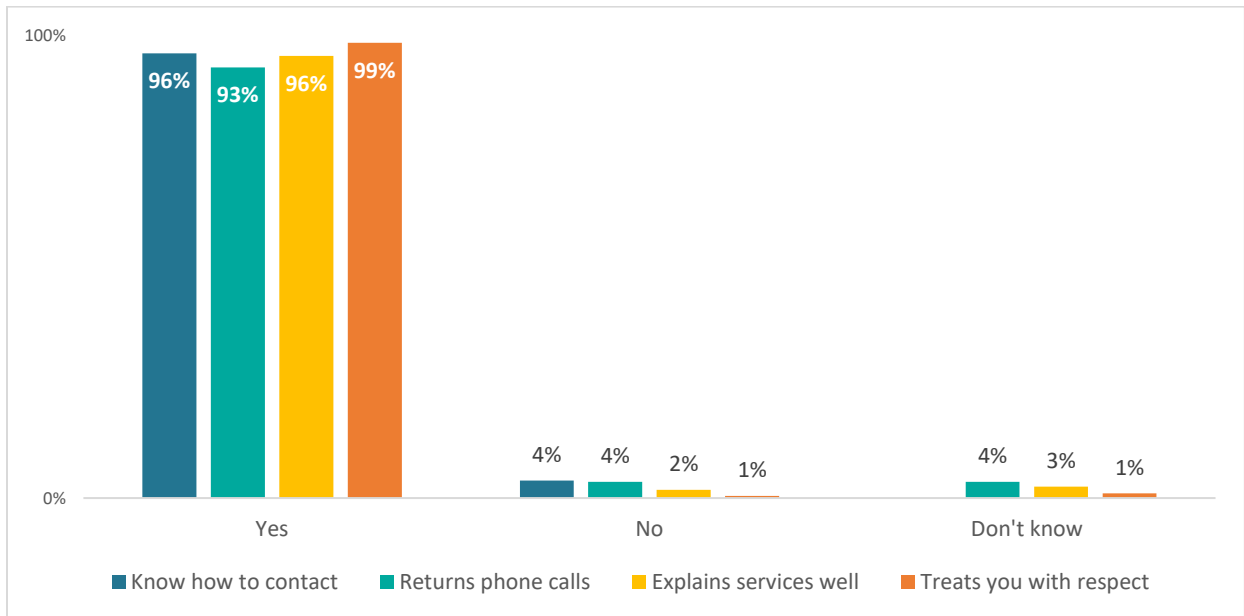
- 95% say “yes” they can select the services they receive,
- 91% say “yes” their case manager involves them in discussing and planning their services, and/or
- 89% say “yes” they and their case manager work together to decide what services they need.

However, measures of coordination of care are mixed. Generally, those reporting that their case manager does a good job setting up services is on par with other measures (86% “yes”) (see **Figure 9**). Fewer, however, report that their case manager helps them get services that they did not have before (80% or 290 people “yes”). But most concerning are the low numbers of respondents recalling their service plan:

- Only 59% (214 respondents) say “yes” their case manager developed a service plan for the services they need
 - There are no statistically significant differences by Focal Point, months of service, client age, nor race/ethnicity
- Fewer, 47% (164 respondents), say “yes” they were offered a copy of their service plan
 - This is consistent by months of service, client age, and race/ethnicity
 - However there are notable differences by Focal Point.⁸

⁸ Due to small n-sizes by Focal Point, specific differences are not shared in this report. This does not mean the n-sizes are too small to determine statistical significance.

Figure 8: Respondent Ratings of Communication with Case Manager



Base = Valid Surveys and answering

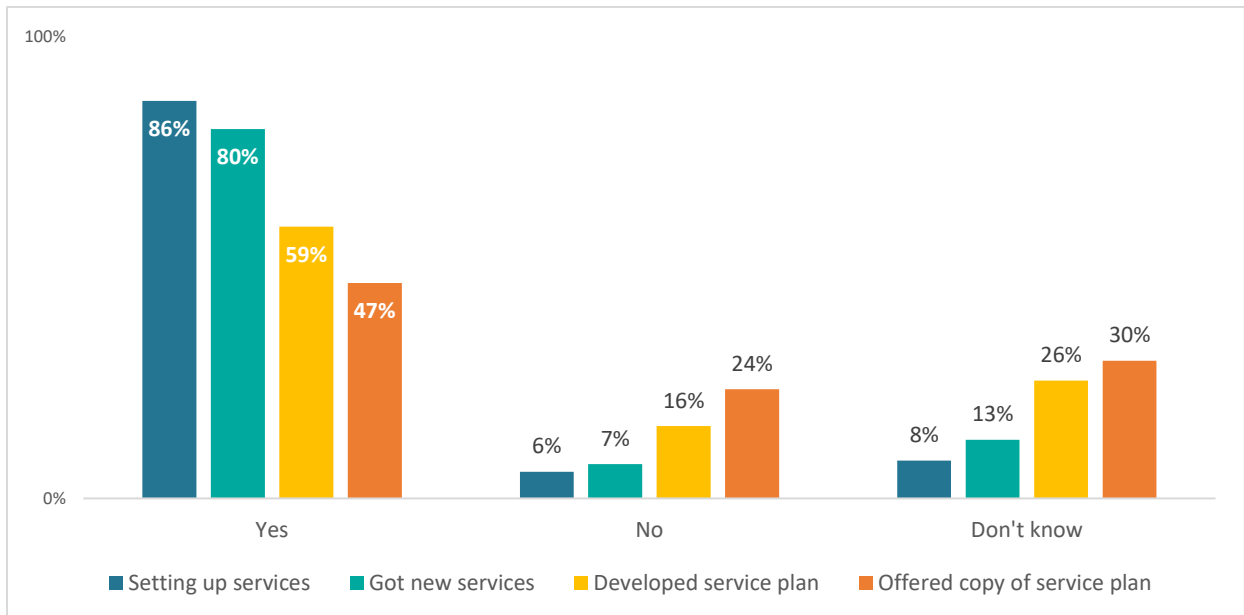
Q5. Do you know how to contact your case manager when you need to? (n=398)

Q6. Does your case manager **return** your **phone calls** in a timely manner? (n=396)

Q7. Does your case manager **explain** your **services** in a way you can understand? (n=394)

Q9. Does your case manager treat you with respect? (n=399)

Figure 9: Respondent Ratings of Care Coordination from Case Manager



Base = Valid Surveys and answering

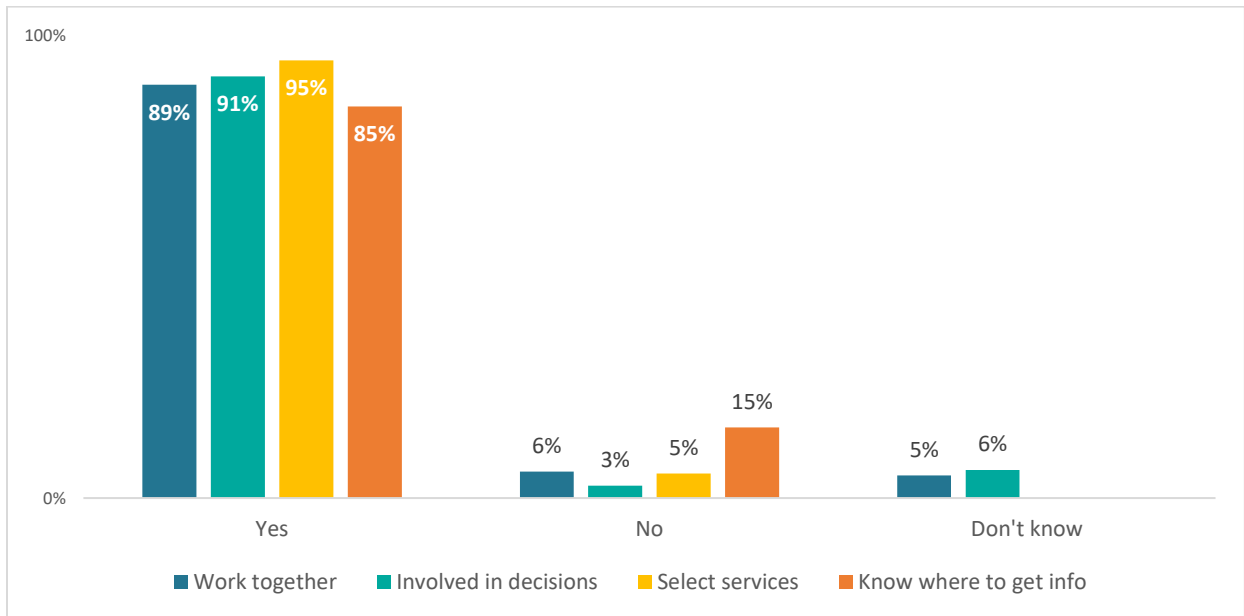
Q11. Does your case manager do a good job **setting up services** (transportation, meals, medical appointments, etc.) for you? (n=364)

Q12. Did your case manager help **you get services** that you did not have before? (n=363)

Q13. Did your case manager develop a service plan for the services you need? (n=364)

Q14. Were you offered a copy of your service plan? (n=352)

Figure 10: Respondent Ratings of Choice and Autonomy



Base = Valid Surveys and answering

Q8. Do you and your case manager **work together** to decide what services you need? (n=388)

Q10. Does your case manager **involve you** in discussing and planning your services? (n=375)

Q15. Are you able to select the services you receive? (n=359)

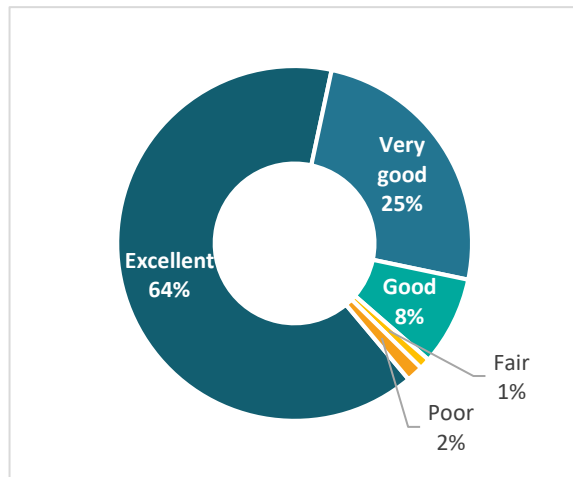
Q16. As a result of the case management services, do you have a better understanding of where to get information about other services? (n=379)

It may be tempting to improve choice/autonomy by strengthening the attribute *as a result of receiving case management services, do you have a better idea of where to get information about other services*. Only 85% say “yes” to this question (see **Figure 10**). From the open-ends we learn case management clients depend on their case manager to problem solve anything they have questions about. The case managers are called “god sends,” “angels,” and “blessings” for making services easy to get. And, part of that ease is being knowledgeable enough of available services to connect clients with the correct services. Due to the heavy amount of trust clients put in their case manager, it is not surprising they are not learning where to get information for themselves, as they would rather ask their case manager. This dependency on the case manager as a problem solver is unlikely to change.

Satisfaction

A number of questions were asked to measure satisfaction with case management services overall. In

Figure 11: Overall quality of case management



Base = Valid Surveys and answering (n=393)

Q21. How would you rate the overall quality of the case management services you have received? Would you say...

all, nearly two-thirds (64%, 253) of respondents rated the quality of case management services they received as “excellent” – the highest possible rating (see **Figure 11**). Another quarter of respondents said it is “very good” (25%, 98). In all, 89% (351) of respondents gave the two highest possible ratings to the quality of case management services. The remainder mainly rated these services “good” but ten (3%) gave the lowest possible ratings – fair (1%, 4) or poor (2%, 6).

Looking into the ten (10) people who rated the overall quality of case management low, we learn access to services, choice, and communication are issues.

Meanwhile, identity plays little role in the dissatisfaction. They are evenly distributed across months of service received, age group, and gender.

Eight (8) of the ten identify as White and two (2)

identify as Black or African American. Notably, six (6) receive services through the same Focal Point.⁹

We conclude access to services is a problem because:

- 7 out of 10 say “no” or “don’t know” to their case manager doing a good job setting up services for them
- 9 out of 10 say “no” or “don’t know” that their case manager helps them get services they did not have before
- In their open-ended responses they describe:
 - “Case manager is incompetent in their job. I don’t think they are able to make improvements. They’ll act like they do to management to keep their job. They doesn’t treat me with respect. We made up a plan and there is no follow-up.”
 - In responding to the question **how has the case management service helped you** one said, “None!! Food Pantry ONLY but not for the last 6 months.”
 - While another recounts, “Not at all. They could not find any help I needed. They acted like they didn’t care. I think in their position as case manager they think they can treat the elderly like they want (badly) and won’t get fired. They are a disgrace as a case manager and should not hold this job anymore. Since they are not doing their job please hire someone that is a caring, knowledgeable case manager instead of them.”

Likewise, choice appears as problem:

- 9 out of 10 say “no” or “don’t know” that they and their case manager work together to decide what services the client needs
- 7 out of 10 say “no” or “don’t know” to being involved in discussing and planning their services

⁹ Out of respect for the Focal Point, the name of the Focal Point is not shared in this report.

- One further describes, “I would like to be informed of (all) the services that I qualified for and services added. I would like to address home ownership for seniors, and my [indiscernible] that will benefit me and others.”

And communication could be stronger as:

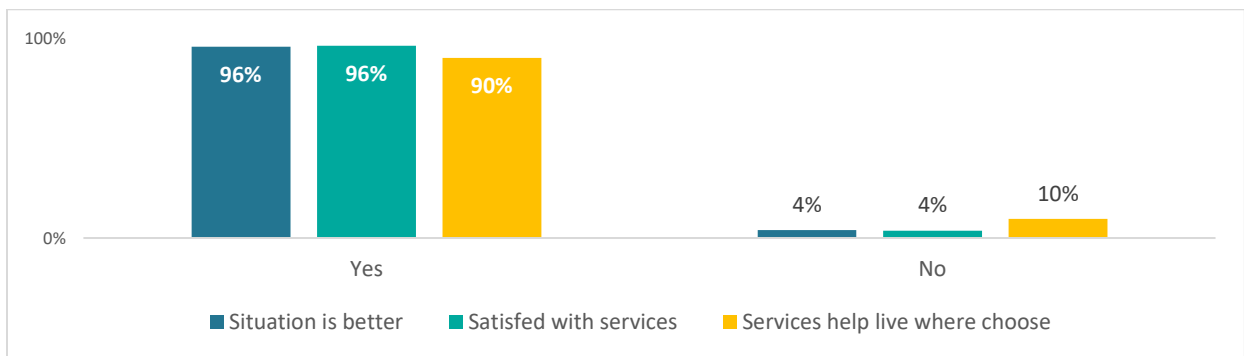
- 7 out of 10 say “no” or “don’t know” to their case manager returning their call in a timely manner
- 8 out of 10 say “no” or “don’t know” if a service plan was developed for their needs
 - And all 10 say “no” or “don’t know” to being offered a copy of their service plan
- Communication recommendations also appear in open-ends:
 - “More contact. More follow up. Provide more assistance.”
 - “Return phone calls. Follow through on setting up meetings.”
 - “They really don’t listen to me.”
 - “No one responded to my inquiry during COVID but then the director called and said they ‘weren’t open.’ No one called my 94 year old mom for 15 months although she had been an active participant for the past 4 years.”

This negativity flows over with them saying *their situation is not better because of their case manager’s help* (8 out of 10) and/or *case management services do not help them continue to live where they choose* (7 out of 10).

It is important to consider these ten respondents separately, because when we look at overall impact of case management services in aggregate, the case management program performs strongly and these respondents’ dissatisfaction is drowned out by the majority who are very happy with the case management program. Again, AAA case management receives strong positive ratings with at least 90% saying the case management service (see **Figure 12**):

- Makes their situation better (96%),
- That they are satisfied with the services (96%), and/or
- The services help them continue to live where they choose (90%).

Figure 12: Impact of case management services



Base = Valid Surveys and answering

Q17. Is your situation better because of your case manager’s help? (n=378)

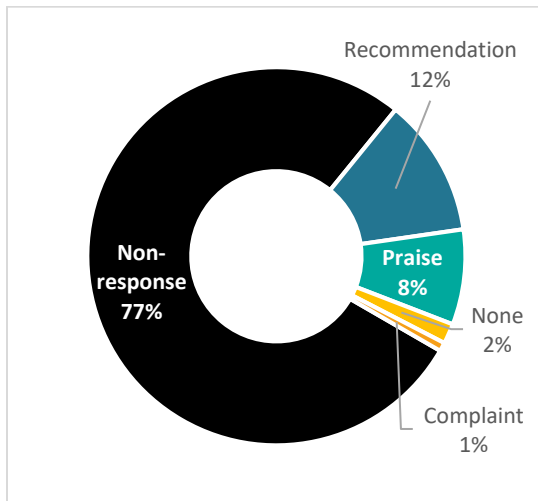
Q19. Are you satisfied with the case management services you receive? (n=385)

Q20. Do the case management services help you continue to live where you choose? (n=365)

Deep Dive into Client Voice

Throughout this report, we have pulled in quotes from open-ends as appropriate. In this section, we will specifically analyze all responses to the three open-ended questions asked in this survey. Respondents were given the opportunity to share recommendations, provide comments on their case manager or case management services, and describe how case management services help them.

Figure 13: Recommendations

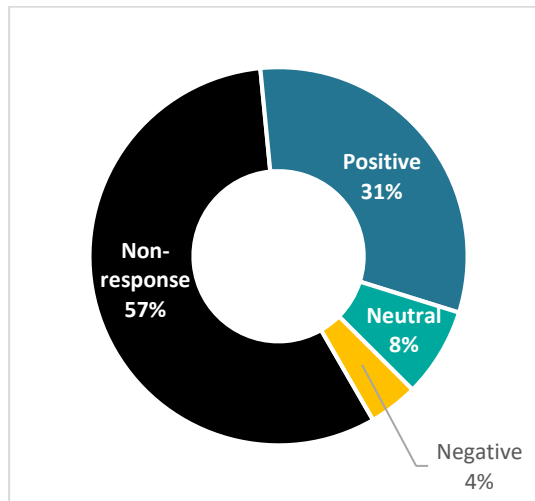


Base = Valid Surveys (n=405)

Q18. What recommendations do you have for improving case management services?

Those commenting (n=91): 48 made recommendations; 33 gave praise; 7 said "none"; 3 left complaints

Figure 14: Additional Comments

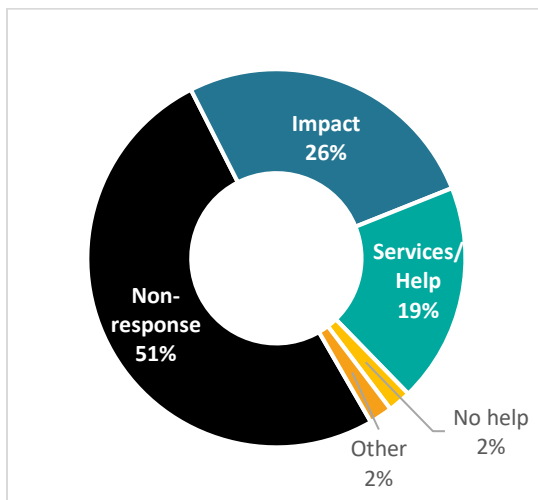


Base = Valid Surveys (n=405)

Q22. Please use the space below for any other comments you have about your case manager or case management services.

Those commenting (n=175): 127 made positive comments; 31 were neutral; 17 had a negative comment

Figure 15: Impact



Base = Valid Surveys (n=405)

Q23. How has the case management service helped you?

Those commenting (n=199): 107 describe impact; 76 state services or they generally got help; 8 said they did not get help; 8 made some other comment

They have helped me to feel secure knowing they are just a phone call away. I feel blessed to have someone like them to be available to discuss needs or concerns with because I know they care. They inform me of services available to me.

First and foremost they have empowered me to be a confident woman making my own decisions and they are on the sidelines ready to jump in and help when needed.

Most respondents (77%, 314) chose not to leave recommendations for case management services (see **Figure 13**). Others provided praise (8%, 33) or said no improvements were needed (2%, 7). While few left complaints (1%, 3) without suggestions for improvement. Leaving just more than one in ten (12%, 48) providing recommendations.

- Communication was important to those who did provide recommendations. They either generally recommend improving communication, or specifically say call more frequently (6%).
 - “It would help to have more time to talk through things, but I realize others need help too.”
- Another 3% want more information about the services available to them through case management.
- Others recommend hiring more staff (1%) or compensating current staff better (<1%).
- Eleven (3%) had specific service recommendations with little in common:
 - “More services like mowing lawns, shoveling and lite cleaning”
 - “We need more in-house volunteers, but hey, COVID”
 - “Need and requested household help. Vacuuming, carpet cleaning, lawn mowing, etc.”
 - “Would like help with section 8, paying rent, know where I am on the list. House cleaning help. Haven’t had a call or talked to a case manager in a long time.”
 - “I would like to address homeownership for seniors, and my [indiscernible] that will benefit me and others”
 - “More in-person visits”
 - “Transportation”
 - “Have more transportation to gyms”
 - “My mother has dementia and needs constant socialization but gets very little now. Would be nice to have more socialization for those that don’t play cards, etc.”
 - “Provide the resources necessary to enhance case management personnel to provide respite services for in-home caregivers caring for patients with dementia and related needs.”
 - “I wish that the case management of ADRC/NewBridge could help me further increase my Medicare coverage of ophthalmological and dental insurance, which includes eye-glass replacement and implant.”

When offered an opportunity to provide additional comments about their case manager or case management services, more than one-half chose not to (57%, 230) (see **Figure 13**). Those who provided comments commonly had positive things to say (31%, 127), while few made negative comments (4%, 17) or neutral comments (8%, 31).

Figure 16: Descriptors of case managers

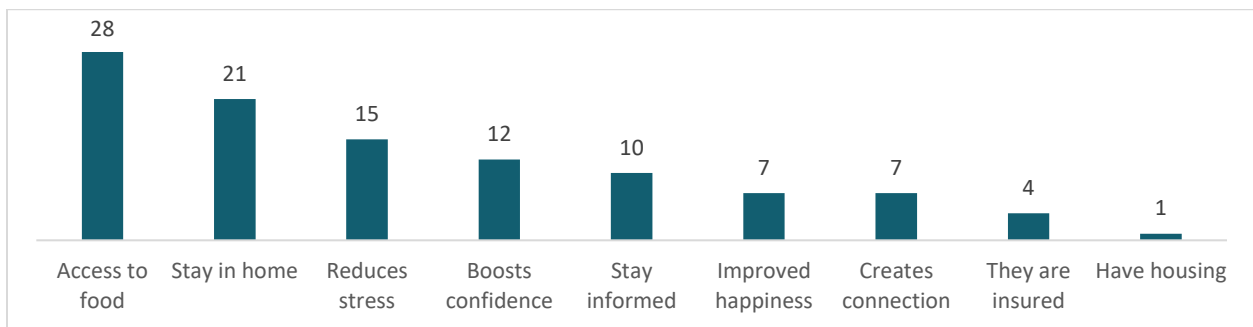


- Positive comments include heavy praise for case managers. The volume as well as tone of words used to describe their case managers speaks to the importance of the case manager to older adults (see **Figure 16**). They are someone older adults deeply trust and rely on.
 - More than 50 words are used to describe case managers.
 - Most commonly, case managers are described as “helpful” (mentioned by 38 respondents), “caring” (16 mentions), “good” (13 mentions), and/or “knowledgeable” (11 mentions).
 - Some of the strongest descriptors include:
 - calling the case manager a blessing, angel, God send, or devoted
 - describing the case manager as their “rock” or “backbone”
 - saying their case manager is “like a mother” to them
 - or simply saying their case manager is “The best”
- Only 17 respondents (4%) had something negative to say about their case manager or case management services (see **Figure 13**). These negative comments, however do not mean they were unhappy with case management services overall. Most rated case management services as “excellent,” “very good,” or “good.” Only four (4) rated it as “fair” or “poor” – and one did not rate the service.
 - Their negative comments were mainly complaints about communication with the case manager or needing help with specific services such as shopping, home chores, and home-delivered meals.
 - One explains it would be nice if caller ID said NewBridge or the case manager always called from the same number. Older adults are targets of phone scams and when they don’t recognize the number it takes longer to get in contact with one another.
 - “Seen one time for an intake survey and received a letter. And that was all?? Not much help for service.”
 - Others need assigned a new case manager now that their previous case manager no longer works for their Focal Point.
 - And, one vaguely referenced racism, “I feel extra hurt when seniors are involved. Racism needs cut out.”

- The remaining 31 responses are grouped as “neutral.” The statements were either factual with little emotion in their word choices, a mix of positive and negative comments, or explanations that it was hard for them to comment because they don’t interact with the service much.

Lastly, we asked respondents to describe how case management has helped them. About one in five (19%, 76) listed out the services they received or generically mentioned that the services/case manager is helpful. Very few (2%, 8) said that they didn’t get any help or made unrelated comments (2% or 8 people grouped as “other”) (see Figure 15). Those who did list an impact (107 people) often mentioned access to food, staying in their home, reduction of stress, or a boost in confidence (see Figure 17).

Figure 17: Impact of case management services



Base = Those describing an impact (n=103)

Q23. How has the case management service helped you?

Hearing the description of the impact from the voice of the client is compelling (see Figure 15 and below):

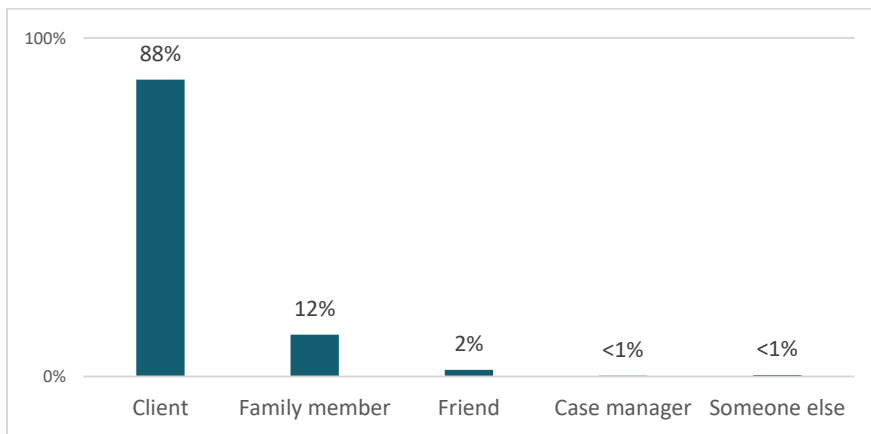
- “The case management services have assisted me in finding and getting services I’ve needed. This has helped lessen my worry and made me feel more secure.”
- “Making sure we have meals and trying to reduce the stress a caregiver deals with.”
- “They were instrumental in helping me with Meals on Wheels for my mom and sister. This has really helped me with my care for them.”
- “The case management service has been invaluable to me. Allows me to maintain my residence in the community vs an institution, until I can make that decision. My independence in my community and my apartment is the most important thing to my longevity and I know that [case manager name] understands that and respects that.”
- “Being in my home alone is so much easier. The meals are very welcome. I am so fortunate to use this program and I feel at least one person is doing a welfare check. That’s comforting to know.”
- “Many big reliefs ever since I met them and their colleagues in the past years. I cannot conceive how much my hardship would continue without their concerted endeavors, which I should appreciate very much.”
- “Knowing I can call them when/if needed is reassuring. I trust them completely. That is so valuable.”
- “To be able to know that they always help me to do what I can. That means so much to me and be happier with my life. Life is great, we should all learn to enjoy it every day :)”

- “Made my days easier, my pain less and made sure I didn't need anything.”

Role of Survey Completer

Finally, we look at who completed the survey. Recall that we asked the person who usually talks with the case manager fill out the survey – so this means it is not always the client completing the survey. However, most commonly the client filled out the survey or was at least involved in completing the survey (88%) (see **Figure 18**). Others who either completed or helped to complete the survey, were usually family members (12%). Very few were friends (8, 2%), case managers (1, <1%), or identified as some other relationship to the client (2, <1%).

Figure 18: Who completed this survey?



Base = Valid Surveys (n=405)

Q2. Who is completing this survey? **Please mark all that apply.**

Percentages add to more than 100% because people could mark more than one response

Appendix A – Survey Instrument

«Final_ID»



CASE MANAGEMENT SURVEY

Dane County Department of Human Services needs your help! We want to know how things are going with the services you received from «Case_Manager_Name» through «Provider». This person is your “case manager” and helps coordinate things such as transportation, personal care services, home delivered meals, and more for you.

This survey is voluntary – you choose whether or not to answer. It is also completely confidential – your answers will **not** impact the services you receive from your case manager and he/she will not know what you said.

Please have the person who usually talks with «Case_Manager_Name» fill out this survey.

Return your completed survey in the included, postage-paid envelope no later than December 20, 2021.

Q1. Are you the person who usually talks with your case manager, «Case_Manager_Name»?

¹..... Yes → **CONTINUE**

²..... No → **PLEASE GIVE THIS TO THE PERSON WHO USUALLY TALKS TO YOUR CASE MANAGER**

Q2. Who is completing this survey?

Please check all that apply.

¹..... The person the envelope was addressed to

²..... A family member

³..... A friend

⁴..... A case manager

⁵..... Someone else

Q3. Do you remember any interaction with your case manager in the last year?

¹..... Yes → **CONTINUE**

²..... No → **STOP, PLEASE RETURN THIS SURVEY**

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Q4. Which services does your case manager help coordinate for you?

Please check all that apply.

- ¹..... Adult Day Services
- ²..... Caregiver Resources/Grants
- ³..... Energy Assistance
- ⁴..... Food Assistance/Food Stamps/SNAP
- ⁵..... Home Chore Services
- ⁶..... Home-Delivered Meals
- ⁷..... Homemaker/Housekeeper
- ⁸..... Housing Assistance
- ⁹..... Legal Assistance
- ¹⁰..... Lifeline/PERS
- ¹¹..... Medicare/Medicaid/Medicare Part D (Drug)
- ¹²..... Personal Care Services
- ¹³..... Senior Center Lunch Programs
- ¹⁴..... Transportation
- ¹⁵..... Other (please explain): _____

Q5. Do you know how to contact your case manager when you need to?

- ¹..... Yes
- ²..... No

		Yes	No	Don't know
Q6.	Does your case manager return your phone calls in a timely manner?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Q7.	Does your case manager explain your services in a way you can understand?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Q8.	Do you and your case manager work together to decide what services you need?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Q9.	Does your case manager treat you with respect?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

		Yes	No	Don't know
Q10.	Does your case manager involve you in discussing and planning your services?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Q11.	Does your case manager do a good job setting up services (transportation, meals, medical appointments, etc.) for you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Q12.	Does your case manager help you get services that you did not have before?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q13. Did your case manager develop a service plan for the services you need?
(A service plan is a document that contains information about who saw you, your needs, the kinds of services you receive, and how you are doing once you receive the services.)

¹..... Yes ²..... No ³..... Don't know

Q14. Were you offered a copy of your service plan?

¹..... Yes ²..... No ³..... Don't know

Q15. Are you able to select the services you receive?

¹..... Yes ²..... No

Q16. As a result of receiving the case management services, do you have a better idea of where to get information about other services?

¹..... Yes ²..... No

Q17. Is your situation better because of your case manager's help?

¹..... Yes ²..... No

Q18. What recommendations do you have for improving case management services?

Q19. Are you satisfied with the case management services you receive?

¹..... Yes ²..... No

Q20. Do the case management services help you continue to live where you choose?

¹..... Yes ²..... No

Q21. How would you rate the overall quality of the case management services you have received?
Would you say...

¹..... Excellent

²..... Very good

³..... Good

⁴..... Fair

⁵..... Poor

Q22. Please use the space below for any other comments you have about your case manager or case management services.

Q23. How has the case management service helped you?

Thank you for completing the survey!

Please return it in the included envelope to 1202 Northport Drive/4th Floor, Madison, WI 53704

Appendix B – Context of Race and Ethnicity

Data Sources

Race and ethnicity data in this report come from the DCDHS Information System (InfoSys). AAA case management clients are grouped into one race/ethnic category for this analysis. InfoSys can store up to five race codes for a person. AAA case management clients had up to two race codes per person – Asian, Black or African American, American Indian/Alaska Native, White, Unknown, and/or blank. There is a separate field for ethnicity – Hispanic or Latino, Not Hispanic or Latino, Unknown, and/or blank.

AAA case management clients were assigned to one race/ethnic category using the following criteria:

- If ethnicity is Hispanic or Latino, then the participant is grouped into Hispanic or Latino regardless of their race
- If the participant has only one race and their ethnicity is Not Hispanic or Latino, Unknown, or blank then they are grouped into that one race
- If the participant has multiple races recorded but are Not Hispanic or Latino, Unknown, or blank then they are grouped into the non-White race. If more than one race is non-White then the person is grouped into the first non-White race that is recorded.
 - Order is determined by race variable (race_one through race_five) in InfoSys

This results in a single race/ethnic category per client used for the rest of the analysis.

Language Used

In order to conduct analyses, we must group people together in actionable ways and ways that form groups that are large enough to draw conclusions. To do this, two things happen (1) race and ethnic identity options are often limited at the time of data collection and/or (2) more specific and detailed identities are merged into more general groups at time of analysis and reporting. For example, someone who identifies as more than one race or ethnicity may be reported as only one race/ethnicity or broadly as “multiracial.” See **Data Sources** section above for how labels are assigned for this particular report.

Language used in the text of the report is the Planning & Evaluation Team’s best approach at accurate, inclusive language and will vary from the labels used in tables and charts. Labels in charts and graphs have been shortened due to space restrictions (see **Table 8**). Note that the terms used in the text of this report may not match the terms used in data collection.

Table 8: Race and Ethnicity Labels Crosswalk to Mentions in Text

Table & Chart Labels	Text	Data Source
White	White	White
Asian	Asian or Pacific Islander	Asian
Black	Black or African American	Black or African American
Hispanic	Hispanic or Latino	Hispanic or Latino
Native American	Native American or Alaska Native	American Indian/Alaska Native
Pacific Islander	Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander

Important Acknowledgements

As stated before, categorizing people into races and ethnicities is imperfect. However, in some cases, the language used to describe these groups can be hurtful. Until work is completed to better represent the identities of Dane County, the Planning & Evaluation Team uses language present on forms or modeled after other government resources – specifically the US Census Bureau. While we work towards more representative and inclusive language, we must be careful that we can collapse these categories back to federal standards as “information on race is required for many Federal programs and is critical in making policy decisions, particularly for civil rights. States use these data to meet legislative redistricting principles. Race data are also used to promote equal employment opportunities and to assess racial disparities in health and environmental risks.”¹⁰ Dane County’s ties to federal and state funding, rules, and regulations limits our ability to move away from traditional race and ethnicity labels in reporting and analysis.

The official race category used by the United States Census Bureau, as required by the Office of Management and Budget (OMB) standard, for Indigenous/First Nations/Native American people is “American Indian or Alaska Native.”¹¹ The category is defined as “a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.”¹²

The Planning & Evaluation Team takes this space to acknowledge two important things:

1. “American Indian” is a poor label and a term pushed on Indigenous/First Nations/Native American people when Columbus landed in the Americas but thought he was on the continent of India. Terms similar to Indian have historically been used in a “pejorative” manner.¹³ For this reason, we will only use the term “American Indian” when the data source has used this label.
2. Native Americans have a deep history going back centuries in Wisconsin. They inhabited the land before European settlers came to the area and changed the way of living and people’s relationship with land. For more information on Native American history in Wisconsin see Wisconsin Department of Health Services’ article, “American Indians in Wisconsin: History.”¹⁴

¹⁰ “About Race,” United States Census Bureau, last modified November 22, 2021, <https://www.census.gov/topics/population/race/about.html>.

¹¹ Ibid.

¹² Ibid.

¹³ Dacoda McDowell-Wahekeche. “Which is correct? Native American, American Indian or Indigenous?,” *The Oklahoman*, last modified April 23, 2021, <https://www.oklahoman.com/story/special/2021/04/22/what-do-native-people-prefer-called/4831284001/>.

¹⁴ “American Indians in Wisconsin: History,” Wisconsin Department of Health Services, last modified September 10, 2018, <https://www.dhs.wisconsin.gov/minority-health/population/amind-pophistory.htm>.

Appendix C – Population, Eligible, and Sample Distribution

Population = Those in Infosys who received case management services from a Focal Point and are not deceased

Eligible = Those in Infosys who received case management services from a Focal Point, are not deceased, and have a mailing address or email

Sample = Random selection from Eligible list (excluding of oversample of non-White identities)

Table 9: Count of Case Management Clients¹⁵

	Population							Eligible							Sample						
	A	B	H	N	W	U	T	A	B	H	N	W	U	T	A	B	H	N	W	U	T
Colonial Club Senior Activity Center	2	9	3	1	235	1	251	2	9	3	1	213	1	229	1	6	2	1	148	1	159
DeForest Area Community & Senior Center	1	2	-	1	93	3	100	-	1	-	1	66	2	70	-	1	-	1	46	1	49
Fitchburg Senior Center	2	29	3	1	143	1	179	1	11	1	1	55	1	70	1	8	1	1	37	1	49
McFarland Senior Outreach Services	3	2	4	1	124	-	134	3	2	4	1	93	-	103	2	1	3	1	64	-	71
Middleton Senior Center	3	4	2	-	91	-	100	3	4	2	-	76	-	85	2	3	1	-	53	-	59
NewBridge Madison	29	178	67	9	661	21	965	16	152	61	7	591	21	848	11	106	42	5	411	15	590
Oregon Area Senior Center	-	3	-	-	164	11	178	-	3	-	-	151	11	165	-	2	-	-	105	8	115
Southwest Dane Senior Outreach	-	-	1	-	97	-	98	-	-	-	-	89	-	89	-	-	-	-	62	-	62
Stoughton Area Senior Center	-	2	1	-	183	-	186	-	1	1	-	159	-	161	-	1	1	-	110	-	112
Sugar River Senior Center	-	-	1	-	72	-	73	-	-	-	-	65	-	65	-	-	-	-	45	-	45
Wauwaukee Senior Center	1	1	-	-	231	-	233	1	1	-	-	168	-	170	1	1	-	-	116	-	118
TOTAL	42	230	82	13	42	2,201	2,610	26	184	72	11	40	1,824	2,157	18	129	50	9	29	1,265	1,500

¹⁵ Due to space restrictions, column headers are truncated. A = Asian or Pacific Islander; B = Black or African American; H = Hispanic or Latino; N = Native American or Alaska Native; W = White; U = Unknown; T= Total. See **Appendix B – Context of Race and Ethnicity** for further discussion on category assignment and labels used in this report.

Population = Those in Infosys who received case management services from a Focal Point and are not deceased

Eligible = Those in Infosys who received case management services from a Focal Point, are not deceased, and have a mailing address or email

Sample = Random selection from Eligible list (excluding of oversample of non-White identities)

Table 10: Percent of Case Management Clients

	Population							Eligible							Sample						
	A	B	H	I	W	U	T	A	B	H	I	W	U	T	A	B	H	I	W	U	T
Colonial Club Senior Activity Center	.08	.34	.11	.04	9.0	.04	9.6	.09	.42	.14	.05	9.9	.05	10.6	.07	.04	.13	.07	9.9	.07	10.6
DeForest Area Community & Senior Center	.04	.08	-	.04	3.6	.11	3.8	-	0.5	-	.05	3.1	.09	3.3	-	.07	-	.07	3.1	.07	3.3
Fitchburg Senior Center	.08	1.1	.11	.04	5.5	.04	6.9	.05	.51	.05	.05	2.6	.05	3.3	.07	.53	.07	.07	2.5	.07	3.3
McFarland Senior Outreach Services	.11	.08	.15	.04	4.8	-	5.1	.14	.09	.19	.05	4.3	-	4.8	.13	.07	.20	.07	4.3	-	4.7
Middleton Senior Center	.11	.15	.08	-	3.5	-	3.8	.14	.19	.09	-	3.5	-	3.9	.13	.20	.07	-	3.5	-	3.9
NewBridge Madison	1.1	6.8	2.6	.34	25.3	.80	37.0	.74	7.1	2.8	.32	27.4	.97	39.3	.73	7.1	2.8	.33	27.4	1.0	39.3
Oregon Area Senior Center	-	.11	-	-	6.3	.42	6.8	-	.14	-	-	7.0	.51	7.7	-	.13	-	-	7.0	.53	7.7
Southwest Dane Senior Outreach	-	-	.04	-	3.7	-	3.8	-	-	-	-	4.1	-	4.1	-	-	-	-	4.1	-	4.1
Stoughton Area Senior Center	-	.08	.04	-	7.0	-	7.1	-	.05	.05	-	7.4	-	7.5	-	.07	.07	-	7.3	-	7.5
Sugar River Senior Center	-	-	.04	-	2.8	-	2.8	-	-	-	-	3.0	-	3.0	-	-	-	-	3.0	-	3.0
Waunakee Senior Center	.04	.04	-	-	8.9	-	8.9	.05	.05	-	-	7.8	-	7.9	.07	.07	-	-	7.7	-	7.9
TOTAL	1.6	8.8	3.1	0.5	84.3	1.6	100	1.2	8.5	3.3	.51	84.6	1.9	100	1.2	8.6	3.3	.60	84.3	1.9	100

Table 10 shows the distribution between population, eligible records, and sample remains very stable with the exception of Fitchburg that drops in representation from the population to the eligible group.

Appendix D – Survey Trustworthiness

The American Association for Public Opinion (AAPOR) states the response rate “has historically been central to survey research in the United States because of the assumption that the larger the proportion of participating sample units, the more accurate the survey estimates.”¹⁶ The same article goes on to say

- “Largely due to refusals, responses rates across all modes of survey administration have declined.”
- “Results that show the least bias have turned out, in some cases, to come from surveys with less than optimal response rates.”
- “Experimental comparisons have also revealed few significant differences between estimates from surveys with low response rates and short field periods and surveys with high response rates and long field periods.”

This tells us a high response rate does not ensure survey quality and seeing lower response rates over time is expected. So, we should not discard the results of this survey based solely on a lower response rate, nor should we accept it based only on a high response rate.

Notably, the response rate for this study is strong at (29.8%) and the margin of error is also within industry standards ($\pm 4.48\%$). We know everyone who is asked to complete a survey will not answer, creating non-response bias. While we cannot completely avoid non-response bias we are hopeful those that did respond are representative *enough*. That’s where margin of error and comparing survey respondents to the population are useful tools in assessing the trustworthiness of survey results.

“The goal of sampling strategies in survey research is to obtain a sufficient sample that is representative of the population of interest. It is often not feasible to collect data from an entire population of interest (e.g., all individuals with lung cancer); therefore a subset of the population or sample is used to estimate the population response (e.g., individuals with lung cancer currently receiving treatment). [...] In order to accurately draw conclusions about the population, the sample must include individuals with characteristics similar to the population.”¹⁷

When we make important decisions we want to be sure in those decisions. The more important the decision or the larger the impact a decision will have, the more sure we want to be. In scientific testing they repeat experiments to prove they get the same results time and time again. This provides confidence in the conclusions. However, the results of the repeated experiments are not likely to be exactly the same every time, rather they are close enough to not be considered different. Like with

¹⁶ “Response Rates – An Overview,” American Association for Public Opinion, accessed June 28, 2021, <https://www.aapor.org/Education-Resources/For-Researchers/Poll-Survey-FAQ/Response-Rates-An-Overview.aspx>.

¹⁷ Julie Ponto. “Understanding and Evaluating Survey Research,” *Journal of the Advanced Practitioner in Oncology* 6, no. 2 (Mar-Apr 2015): 168-171, Accessed June 29, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4601897/>.

scientific testing we want to be sure of our survey results. But repeating surveys several times is not feasible, so we must determine how much variation we can accept. This is called the **margin of error**. There is no hard and fast rule for a desirable margin of error, but many people accept surveys with margins of error be between 4% and 10%¹⁸.

- Pollfish (a hybrid-service survey platform) states “an acceptable margin of error used by most survey researches typically falls between 4% and 8% at the 95% confidence level.”¹⁹
- DataStar (a market research firm) says “often, an ‘acceptable’ margin of error falls between 5% and 10% at the 95% confidence level.”²⁰
- National Institute of Health’s paper *Sample Size Calculations for the Modular Grant Application Process Outcome Evaluation Study* states “the margin of error in social science research generally ranges from 3% to 7% and is closely related to sample size.”²¹

The maximum margin of error for this survey is $\pm 4.48\%$ (see **Table 11**) and is within these guidelines, giving reason to trust the survey results.

To the right (see **Figure 19**) is an example of how to interpret margin of error. If 50% of respondents gave a specific response to a question (such as “yes”) then it is likely between 45.5% and 54.5% of all AAA case management clients would also say “yes.”

Figure 19: Interpreting Margin of Error

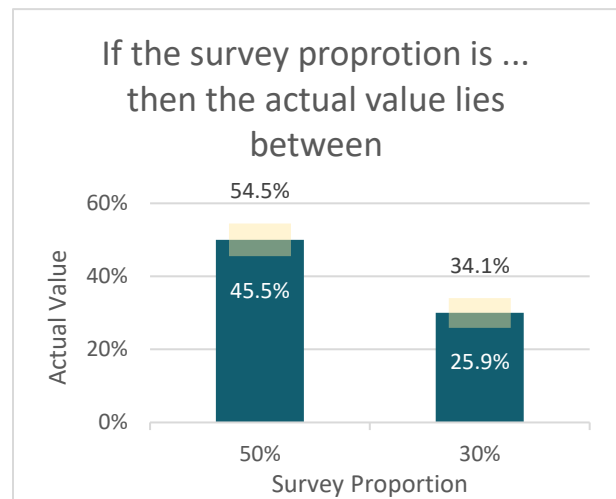


Table 11: Survey Margin of Error²²

If the survey proportion is ____ then we can be confident the actual value lies between...				
10%/90%	20%/80%	30%/70%	40%/60%	50%
$\pm 2.69\%$	$\pm 3.58\%$	$\pm 4.10\%$	$\pm 4.39\%$	$\pm 4.48\%$

¹⁸ Although there is no one acceptable margin of error, the surveying industry standard is to calculate margin of error based on the 95% confidence level. “Margin of error calculator,” SurveyMonkey, accessed June 30, 2021, <https://www.surveymonkey.com/mp/margin-of-error-calculator/>.

¹⁹ “Margin of Error & Sample Size Calculator,” Pollfish, accessed June 30, 2021, <https://www.pollfish.com/margin-of-error-calculator/>.

²⁰ “Frequently Asked Questions (FAQs) - StarStat,” DataStar, accessed June 30, 2021, http://www.surveystar.com/starstat_faqs.htm.

²¹ “Sample Size Calculations for the Modular Grant Application Process Outcome Evaluation Study,” NIH, accessed August 8, 2021, https://grants.nih.gov/grants/funding/modular/eval/sample_mgap.doc#:~:text=The%20margin%20of%20error%20in,as%20the%20sample%20size%20increases.&text=Common%20confidence%20levels%20in%20social,closely%20related%20to%20sample%20size.

²² Calculator used: <https://goodcalculators.com/margin-of-error-calculator/>

The last thing to check when evaluating the trustworthiness of a survey is that those responding to the survey have similar characteristics to the population (see **Table 5** and section **Can we trust the results of this survey?** for detailed discussion of the representativeness of this survey).

Overall, the trustworthiness measures lean closest to “good” (see **Figure 20**). So although our survey results are not optimal (all “good”), it is promising that none of these measures of trustworthiness are “concerning.” Additionally, the ways in which survey respondents misalign with the population are expected. Therefore, the results of this survey can be trusted, but should not be the sole source of information when making decisions. However, the survey can be one factor in decision making.

Figure 20: Trustworthiness Measures



Measures were taken to improve the representation of the population:

- Bilingual case managers were to administer the survey to their non-English speaking clients in their preferred language
- Non-White clients were over sampled to counteract that, generally, this demographic is less likely than people who identify as White to respond to surveys