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# Are You Satisfied With the Services You Receive? : An Examination of the Level of Satisfaction Among Developmentally Disabled Adults Living in the Residential Program at Partnerships For People, Inc.

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*Are You Satisfied with the Services You Receive?*

An Examination of the Level of Satisfaction among Developmentally Disabled  
Adults living in the Residential Program at Partnerships for PEOPLE, Inc.

Submitted to the  
Center for Public Service  
Master of Public Administration Program  
Seton Hall University

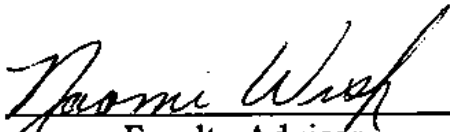
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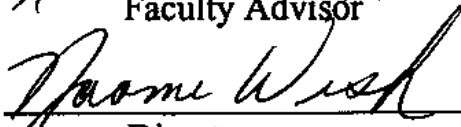
**Marian K. Aiken-Salahuddin**

A Research Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Public Administration

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Approved:   
Faculty Advisor

  
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## ACKNOWLEDGEMENTS

This Capstone Project was a very enlightening experience. The topic is something that I feel strongly about and I feel will benefit my professional development as director of operations at Partnerships for PEOPLE, Inc. Additionally, it is my hope that the information gathered from this study would benefit the individuals served at Partnerships.

I want to first thank each individual, who agreed to participate in the survey thus, this study. Without their participation, this particular study would not have been possible. Partnerships for PEOPLE is fortunate to serve some wonderful people. I am honored to know and serve them. I also want to thank the leadership team at Partnerships for taking time out from their very hectic schedules to assist me in gathering the information needed for this study. The agency is very fortunate to have such a wonderful, dedicated team of managers to carry out the agency's mission and guiding principles. I want to thank the executive director of the agency for her support of this project and of me. She has been patient and extremely generous in giving me the time I needed to work on and complete this project.

Last but not least, I want to acknowledge the support and encouragement I continuously receive from my family and friends. A special thanks to my name drawer who was instrumental in the selection process. Finally, I want to acknowledge the Center for Public Service for making it possible for me to pursue my educational goals.

## **Introduction**

Home and community based waivers were designed as an alternative to institutional living for people with developmental disabilities. As a result of the deinstitutionalization movement of people with developmental disabilities, there is a growing need for provider organizations to provide community care and other support services to these individuals. This focus on people with developmental disabilities has much to do with the recognition of human rights at the end of World War II (Marquis and Jackson 2000).

Thomas Hamilton, presenter at the Wingspread Conference (2000) asked whether or not the system designed to serve the developmentally disabled has met its intended purpose? "Are community based services a better alternative? Hamilton (Wingspread Conference 2000) urges that quality not be designed out of the system. Support services have changed over the last 20 years for this population. People with developmental disabilities prefer community-based care to institutional care. As a result, it is important for providers of care to assess its services as perceived by the individuals they serve.

Residential programs in community settings focus on every aspect of living for people with developmental disabilities. Whether people live in a group home environment or another living arrangement, provider agencies must provide the support they need in order for them to live happy, productive lives in their communities. The staff who provide the care in these programs are responsible for assisting individuals with their activities of daily living. This includes assisting with personal hygiene, medical needs, cooking, keeping their homes clean, dressing appropriately, recreational and community activities and working on individual goals. Depending on the type of living arrangement, staff work various hours, including overnight,

evenings and weekends. Some staff even live-in. A team of people paid to support them in their day-to-day lives constantly surrounds these individuals.

Prior to living in residential programs like Partnerships, many of the individuals lived in institutions most or all of their lives. Partnerships for PEOPLE, serves an individual 34 years old who was placed in an institution when he was 9 months old. Another individual lived in the institution for seventy-six years. She is now 101 years old and was institutionalized when she was 17 years of age. Now they are living in the community and receiving community services.

People whose whole life is centered on direct service and support do not live ordinary lives. Their lives are "service specific" (Marquis and Jackson 2000). The literature reveals that traditional outcome-oriented standards may not always address the specific issues that accompany living life "in a service" (Marquis and Jackson 2000).

Partnerships for PEOPLE, Inc. is a nonprofit organization dedicated to serving people with developmental disabilities in community settings, who are highly dependent on an array of services. Partnerships provides support services to individuals with developmental disabilities in the areas of Supported Employment, Case Management, Self-Determination and Residential. Partnerships' residential program provides three models of community living for individuals with developmental disabilities. They include a Supportive Living Program (SLP), a Supervised Apartment program (SA) and Group Home living (GH). Partnerships contracts with the Division of Developmental Disabilities (DDD) to provide residential services for forty-three individuals with developmental disabilities. Currently, the agency is serving thirty-six individuals. Seven vacancies exist in the residential program. These vacancies are a result of client deaths and client transfers. Fifteen individuals receive residential support services from the SLP, fourteen receive GH services and seven receive services from the SA program.

The mission of the agency is to “enable people with developmental disabilities to be valued members of their communities....”. Provider agencies like Partnerships for PEOPLE make it possible for people with developmental disabilities to live in the community, either in their own homes, apartments or group homes as opposed to institutions. As part of its Quality Assurance Plan the agency must determine whether or not these individuals are satisfied with its services, which may ultimately lead to overall satisfaction with their personal lives.

### **Research Question**

Are the individuals with developmental disabilities at Partnerships for PEOPLE satisfied with the services they receive? This study will examine the level of satisfaction of the individuals living in the agency’s residential program. The research will focus solely on consumer/individual satisfaction.

### **Subsidiary Questions**

1. What is important to developmentally disabled adults at Partnerships for PEOPLE?
2. What are the areas that the individuals find they are most satisfied with?
3. What are the key elements to developmentally disabled individual’s overall satisfaction?
4. In what areas do the individuals at Partnerships for PEOPLE find they are dissatisfied?

### **Purpose of Study**

According to the article, *Quality of Care and service as Perceived by Adults with Developmental disabilities, their parents, and primary caregivers*, by Gerry Larsson and Bodil Wilde Larsson (2000), there have been very few studies on measuring client satisfaction for people with developmental disabilities. The Accreditation Council on services for people with disabilities has been around since the 1960s. It has published standards for organizations that

provide services to people with developmental disabilities. Its focus more recently has been on Outcome Based Performance Measures. However, when it comes to determining satisfaction, more recent studies have revealed that the focus has shifted more towards understanding individual preferences. As a provider organization funded by the state of New Jersey, Partnerships for PEOPLE is required to assess consumer satisfaction as part of its Quality Assurance Plan. The only tool the agency has and attempted to use was the Outcome Based Performance Measure published by The Accreditation Council (1992).

While the agency attempted to implement this tool five years ago, to determine whether it was providing quality care and if people were happy with its services, it found that this tool was not to its liking. It was too cumbersome to use. The basic format of this measure was to gather information from a variety of sources i.e. meetings, talking with the person, and interviews with formal and informal support networks, reviewing records. With all of this information, then you were ready to answer a series of questions about the person. The author did not feel that this tool collected the true and raw feelings of the individuals at Partnerships for PEOPLE.

With the urgency to address consumer satisfaction in the agency, the author wanted to focus her attention in this direction. In addition, the author wanted to find a survey tool that would be more suitable to the needs of the individuals, staff and agency as a whole in determining consumer satisfaction. Through personal knowledge of many of the individuals served by the agency, this author believes that the individuals served at Partnerships for PEOPLE have strong, valuable opinions and feelings that they are capable of voicing when asked directly. The author believes client satisfaction is more than determining if an outcome is present or not. Through this study the author will attempt to find out what is important to the individuals and what makes them happy. This will help determine their level of satisfaction.



## **Objective**

1. To find a tool designed to measure the satisfaction of the developmentally disabled at Partnerships for PEOPLE, Inc.
2. To measure consumer satisfaction within Partnerships for PEOPLE's residential program.

## **Literature Review**

Over the past 10 years, disabilities studies from a grassroots movement have increased in number. It has become increasingly recognized as a legitimate field of study (Cassuto 1999). As a result, providers of care for the developmentally disabled served in community settings have become increasingly concerned with issues of quality of care, quality of life and other service relationships as perceived by people with developmental disabilities.

Patient evaluations have been used to determine quality of care and patient satisfaction. With regards to people with developmental disabilities, a review of the literature reveals no awareness of reports of satisfaction measures designed specifically for this population (Larsson and Larsson 2000). However, a more in depth view of the literature does reveal reports of satisfaction measured. The National Center on Outcomes Resources (NCOR) is the research division of The Council on Quality and Leadership (formerly known as The Accreditation Council). NCOR is a clearinghouse of information and resources and provides leadership in outcomes, research and data. The National Center on Outcomes Resources (2001) has several publications pertaining to all aspects of people with developmental disabilities including a satisfaction survey called the Importance/satisfaction map (ISmap). Additionally, The Lifestyle Satisfaction Scale (LSS) was developed to " assess mentally retarded persons' satisfaction with their residence and its community setting and associated services" (Heal and Chadsey-Rusch

1985). According to Heal and Chadsey-Rusch (1985) the LSS was important in evaluating the outcome of deinstitutionalization.

Nevertheless, interest in patient satisfaction has become more prevalent over the past 25 years (Sitzia and Wood 1997). In somatic health care, patient opinions have become an intricate part of assessment and are used as an indicator of quality (Larsson and Larsson 2000). Reported in the literature, "interests in patients opinions developed along side the sociological interest in interpersonal relationships." This led to "studies of patient-practitioner relationships which demonstrated the importance of understanding the patients' point of view" (Sitzia and Wood 1997, 1829).

According to Sitzia and Wood (1997) the study of patient satisfaction focuses on consumerism in all aspects of public service. It is important to examine service provision from the patients'/person's point of view (Sitzia and Wood 1997; Larsson and Larsson 2000; Marquis and Jackson 2000; Goode 1994). There is a common assumption that patient surveys will only focus on the negative aspects of service and reveal patients' dissatisfaction with services. Or it has been assumed that answers from patients are "ill-considered, whimsical or unstable thoughts and feelings". However, the opposite is often true (Sitzia and Wood 1997).

With respect to the developmentally disabled person, filling out and/or answering questions related to satisfaction is not an easy task. It is difficult to gather information from individuals with profound intellectual and multiple disabilities. This presents a major challenge in determining satisfaction and quality of care (Goode 1994; Marquis and Jackson 2000). Yet, determining patient satisfaction can provide the caretaker with vital information. Measurement of patient satisfaction fulfills four distinct functions including understanding patients'

experiences of health care, promoting cooperation with treatment, and identifying problems and evaluation of health care (Sitzia and Wood 1997).

From a nursing context, Sitzia and Wood (1997) define satisfaction as quality services as perceived by the patient. What is the view of the developmentally disabled person who is receiving services? How can one determine their level of satisfaction? Sitzia and Wood (1997) say there are avenues for which a person/patient can give their feedback. One way is for a patient's personal comments to be given directly to the health care professional. Another, less direct way is for the patient to cast a vote. Other options include comment boxes in hospitals, patient committees, compliant mechanisms, focus groups and other formal and informal surveys (Sitzia and Wood 1997). According to Larsson and Larsson (2000) there are no mechanisms designed to specifically address the needs of individuals with developmental disabilities. These avenues as outlined by Sitzia and Wood (1997) are not easily applicable to individuals with profound intellectual and multiple disabilities (Goode 1994). Yet people with developmental disabilities should not be excluded from assessment of quality care. The literature reveals that this is ethically problematic (Larsson and Larsson 2000). Given the fact that these individuals are cognitively impaired, measurements of satisfaction may include feedback from the person's family members and caretakers alike in order to understand how services are perceived by people with developmental disabilities (Goode 1994; Marquis and Jackson 2000; Larsson and Larsson 2000; The Accreditation Council – Field Review Edition 1992). More recent studies show that it is important to understand the experiences of people with developmental disabilities. The National Center on Outcomes Resources (2001), the research division of The Council on Quality and Leadership has studied people with disabilities for years to learn what they expect from services and supports and what they want in their lives.

There are three variables of satisfaction ratings; patients' personal preferences, patients' expectations and the realities of the care received (Sitzia and Wood 1997). In October 2000, the Wingspread Conference Proceedings discussed the struggle of policy makers, executives and state leaders to define quality of care and increase quality of life experiences for people with developmental disabilities. In these proceedings a panel of self-advocates reveal what satisfaction means to them. Satisfaction is not so much re-designing systems and writing policy, but more importantly satisfaction is being respected, having good personal care, good caring staff, self-determination, leadership responsibilities, good jobs and power over their lives.

Sitzia and Wood (1997) define satisfaction through an analysis of satisfaction studies looking at five social-psychological variables. They include; *occurrences* (the event which actually takes place), *expectations* (beliefs), *value* (evaluation of good and bad), *entitlement* and *interpersonal comparisons*. Satisfaction is an expression of an attitude and patient satisfaction is defined as "an individual's positive evaluations of distinct dimensions of health care" (Sitzia and Wood 1997).

The Accreditation Council on Services for People with Disabilities (now known as The Council on Quality and Leadership) is a national quality enhancement organization established to improve the quality of services for people with developmental disabilities. The Accreditation Council (1992) has published standards since 1960 for organizations serving people with developmental disabilities. The attention is focused on outcomes for people with developmental disabilities rather than compliance with specific standards. The shift to focus more on individual outcomes came about in the 1970s and 1980s. The Accreditation Council (1992) has developed a set of *Outcome Based Performance Measures* to determine the differences that support services have on individuals with disabilities. The Accreditation Council (1992) believes that outcome

measures address the results that people with developmental disabilities expect from services. Therefore, quality and satisfaction is examined by focusing on outcomes rather than standards. Individuals' satisfaction and individuals' viewpoints are key in determining quality. Similarly, the National Center on Outcomes Resources (2001), a research division of The Council on Quality and Leadership in Supports of People with Developmental Disabilities, focuses on outcome-based planning.

In order to focus on health care satisfaction specifically geared towards people with developmental disabilities, research on quality of life is relative (Larsson and Larsson 2000). Review of the literature suggests a holistic approach to the assessment of quality of life for people with developmental disabilities (Goode 1994). Assessing satisfaction and quality of life for this population will take a long time to get right due to the complexity of issues surrounding this field of study and the lack of literature available (Larsson and Larsson 2000; Goode 1994). In addition to a holistic study of the satisfaction and outcomes for people with disabilities, subjective and objective components must be addressed (Goode 1994; Marquis and Jackson 2000). Quality of life issues for the developmentally disabled focus on a sense of self, of belonging, personal achievements and relationships (Marquis and Jackson 2000). The Importance/satisfaction map (ISmap) addresses these areas (National Center on Outcomes Resources 2001). Information must be gleaned directly from the individuals in order to gain insight into their quality of life experiences. As the literature shows, in addition to interviewing those who know the person best to gather information, it is important to note that the style, attitude and relationship of the health care worker, service provider, plays an important role in determining patient satisfaction (Haq 1993; Goode 1994; Sitzia and Wood 1997).

## **METHODOLOGY**

### **Population Sampled**

In this study, the author examined the level of satisfaction among developmentally disabled adults receiving services from Partnerships for PEOPLE, Inc. While Partnerships provides support services to individuals with developmental disabilities in the areas of Supported Employment, Case Management, Self-Determination and Residential, the author selected only those individuals receiving services through the residential program to participate in this study.

Twelve individuals were randomly selected to participate in this study. Three additional individuals were identified and asked to participate. It is important to note that these three individuals were personally selected because their names were not selected in the random selection process, yet more importantly, these three individuals were capable of understanding the questionnaire. The author knew they would be able to articulate their responses and be reliable participants in the study. This made a total of fifteen participants for the study. As a result of this process, seven individuals were selected from the supportive living program (SLP), four from the group homes (GH) and three from the supervised apartment program (SA).

### **Selection Process**

The rationale for selecting the number of individuals to survey from a particular program had to do with a combination of the number of individuals served in a particular program and the level of functioning of the individuals. For example, individuals served in the SLP, function at a higher level than those in the SA, or in the GHs. Individuals in the SAs are all over 50, with ages ranging from 54 years to 101 years. Three of these individuals are hearing impaired. One of the three is deaf and mute. Partnerships' three group homes have individuals who function at different skill levels and who have various behavioral and psychiatric issues.

The selection process included writing the names of all the individuals served in the residential program on small pieces of paper. These pieces of paper were folded up so the names could not be seen and put in containers separated by category/program i.e. SLP, GH, and SA. The author chose someone who was not affiliated with the agency to draw the names. While the author chose not to use a random number table in the selection process, alternately it could have been used in this study. Once the names were selected, the author sent out a memo to the managers, the clinical coordinator and the executive director of Partnerships for PEOPLE, to inform them of this study and asked for their cooperation with the survey process. The author then met with the team/interviewers and gave them each a folder that included a survey for each individual they would be questioning and a memo about this project. The author discussed the guidelines of the interviewing process with them. The team was instructed to complete Part I, II and IV of the *Importance/satisfaction map*. The author informed them that they did not need to complete the results section, section III. This would be done for them. Also included in each folder was a copy of the LSS. Each team member was asked to read and comment on the LSS,

but not to use it to survey the individuals. This was for the purposes of comparing and contrasting and to decide which tool would be more useful for the agency. The interviewers were asked to schedule dates and times for interviewing the individuals. They were given a deadline of November 9, 2001 to complete and return all survey packets. The author asked each program manager to conduct the surveys for their individual program(s).

In addition to interpreting the results of the survey, the author solicited feedback from each interviewer on the use of the survey tool(s). The author made recommendations as to which tool the agency should incorporate into its overall quality improvement system to be used in determining the satisfaction level of the individuals. This is discussed in the recommendations chapter.

The author spoke at length with the executive director of Partnerships for PEOPLE, about this study. She welcomed the project and agreed that determining the level of satisfaction of the individuals served in its residential program will be of value in developing a comprehensive quality improvement plan for the agency. The executive director participated in the interviewing process as well. She was very enthusiastic about meeting with the individuals assigned to her as well as with the information she gained by participating in the interviewing process. In fact, all of the interviewers had the same enthusiasm about the project, including the author. All of the participants interviewed were very cooperative and seemed to enjoy the one to one attention they received during the actual interview. There was only one person randomly selected who did not participate in the interviewing process. This was due to the individual's illness and then a scheduling conflict as a result of trying to meet timelines for completing the interviews. This individual will be interviewed at a later date when the agency surveys the



remainder of the individuals currently receiving services as part of the overall quality improvement plan.

### **The Surveys**

Initially, the author contemplated using two different surveys for this study. However, only one survey tool (ISmap) was used. However, the team of interviewers was asked to read and comment on the other tool, The Lifestyle Satisfaction Scale (LSS) for its effectiveness in determining the level of satisfaction of the developmentally disabled individuals at Partnerships. According to Laird W. Heal and Janis Chadsey-Rusch (1985), this scale was developed to assess the satisfaction of mentally retarded persons with their residence, community setting and associated services. Nevertheless, this author collected the information by using the *Importance/satisfaction map* (ISmap) as designed by the National Center on Outcomes Resources (2001). The author found this tool more appropriate and user friendly for conducting the survey.

The team of interviewers surveyed all participants using the ISmap only. Instructions for conducting the surveys were given to the team as outlined in the ISmap. The ISmap questionnaire can be done in two parts depending on the individual's ability to tolerate and answer questions. The team was instructed to begin the interviews by speaking directly to the individual. In event that an individual who was randomly selected was unable to communicate, the interviewer was to ask a staff person who knew the person best. In several cases where the participant had difficulty understanding, the interviewer had to explain the question(s) after reading them in order to help the person to better understand.

As outlined in the instructions, setting the tone for conducting the survey was important (National Center on Outcomes Resources 2001). The team was instructed to make the

participants feel as comfortable as possible. The ISmap suggests that starting the interview off with questions about one's room decorations, personal belongings, or having them talk about their goals and/or an accomplishment is a good place to start. In their article, *The Lifestyle Satisfaction Scale (LSS): Assessing the Individuals' Satisfaction with Residence, Community Setting, and Associated Services*, Heal and Chadsey-Rusch (1985) suggest that "during an interview mentally retarded individuals reported that they were proud of their apartments and felt good about having their own things". The article goes on to report "that quality of life is reflected not only by skill functioning level, but also by the feelings and wishes of the clients themselves". The ISmap gives other guidelines for what to do before the meeting, during the conversation, how to follow-up, re-direct or re-phrase questions and what to do if it was difficult for the participant to communicate. Questions about importance were asked first. Questions about satisfaction were asked second.

The author thoroughly reviewed all surveys for completion of Part I, II and IV of each packet, after which, the author completed the Importance/Satisfaction Table (See Appendix), Part III of each survey to chart the results.

## Data Collection

The ISmap is designed to address these key areas in understanding the level of satisfaction of the developmentally disabled: (a) *Work*; (b) *Living*; (c) *Community*; (d) *Relationships*; (e) *Health*; (f) *Safety* and (g) *Organization*.

For the questions about importance, participants were asked to select one of the following responses: (1) *Yes*, the item is important to me, (2) *No*, the item is not important to me, (3) *I don't know*, if the item is important to me. "I don't know" is an indicator that the participant or respondent has had too little experience with the item to make a decision about whether or not it is important. For the questions about satisfaction, participants were asked to select one of the following responses: (1) *Very satisfied* – the situation could not be better, (2) *It's okay* – participant accepts the situation, (3) *Not at all* – unacceptable, needs improvement and (4) *I don't know* – level of satisfaction not known, or there was too little experience to make a decision. For the purposes of analyzing the data, "very satisfied" and "It's okay" were combined into one answer, which is "satisfied" (see Table 11). The survey did ask for the participant's name, however, names will not be revealed in this study and will be kept confidential. Names will be used for the purpose of better understanding and addressing the level of satisfaction of the individuals served within the Partnerships for PEOPLE agency. Of the fifteen surveys distributed a total of fourteen were completed and returned.

Participants were asked to respond to but not limited to the following importance questions:

1. Is it important to you that you have/had options (several/different) to choose from for work/day program?

2. Is it important to you that you choose where you live?
3. Is it important to you that you go where you want to go?
4. Is it important to you that you see family members as often as you want to?
5. Is it important to you that you see doctors, dentists?
6. Is it important to you that you are safe at home?
7. Is it important to you that you choose the services you want?

Participants were asked to respond to, but not limited to the following satisfaction questions:

1. How satisfied are you with the money you have (pay from work)?
2. How satisfied are you with your neighbors?
3. How satisfied are you that you go where you want to go?
4. How satisfied are you that you see your friends as often as you want?
5. How satisfied are you with the information you get about your health care?
6. How satisfied are you that you are free from abuse?
7. How satisfied are you that you have support from staff who knows you well?

## Results and Discussion

Results are presented in percentages in tables 1, 2, and 3. In order to get the percentages for the *importance questions*, the author took the total number of "yes" answers and divided it by the total number of "yes" and "no" answers. The "I don't know" responses were not included in determining the results. The same was done for the *satisfaction questions*. "Very Satisfied" and "Okay" were added together to determine overall satisfaction. For example, under "having work options", 3 (very satisfied) plus 7 (okay) total 10 individuals' being satisfied in this area. This number added to the total number of "not satisfied" equals 12. To get the percentage, 10 is divided by 12. This is shown in the column "Total Satisfied\Total Satisfied and Dissatisfied".

The matrix in table 4 shows the survey results according to high/low importance and satisfaction. Questions were placed in the appropriate square according to the percentage of their importance and satisfaction. To determine the cut off for high versus low importance and satisfaction, the author took the lowest percentage and subtracted it from 100%. This number was divided by two and added to the original number to determine the cut off for highs and lows. For example, in looking at table 1, we can see that 61% is the lowest percentage for importance questions. If you subtract that from 100% you get 39. Then you divide that by 2 and you get 19.5. If you add 19.5 plus 61, you get 80.5. Therefore, the cut off rate is determined at 80% and above to equal high satisfaction and 79% and below to equal low satisfaction.

Table 1, shows the results from the questions about *importance*. Questions about importance ask the individual "is it important to you that you...? Individuals responded yes, no or I don't know. As stated earlier, the "I don't know" responses were not significant to the results of this study. Under the *work* category, 83% of the individuals who were able to answer

this question said that having options to choose from for work is important to them. With regards to having money/pay from work, 100% said this is important to them. Under the *living* category, we see that 85% of the individuals, who responded, answered yes to choosing where they live. Only 58% of the individuals feel that knowing your neighbors is important to them. Regarding transportation to get where you want, 100% said this is important to them. 85% of the individuals said that it is important that they have the freedom to set their own schedules. Every individual interviewed (100%) feels it is important to have his or her own things.

Under the *community* category, 100% said it is important to go where they want and 92% said that going when they want is important as well. With regards to meeting new people when they go places, only 64% of the individuals who responded feel this is important, while only 71% feel it is important to them that they interact with others when they go places. When it comes to using community resources, such as banks, churches, barbershops and stores, 100% responded yes to this question. With regards to accessibility to buildings, 90% said this was important to them. 84% said that it is important that they are treated as all other people are treated. Under the *relationship* category, 92% of the individuals responded yes to whether or not it is important that they see family members as often as they want and 92% responded yes to seeing friends. Only 78% responded yes to having a close relationship with someone and 92% of the individuals responded yes, it is important to them that they are respected.

Under the *health* category, when it comes to seeing doctors and dentists, only 78% responded yes to its importance. However, 100% responded yes to importance regarding being informed about medical treatments recommended and 100% said it is important that they make decisions about their healthcare. Under the *safety* category, 100% of the individuals surveyed said it is important to them that they are safe at home, and 100% said it is important that they are

safe at work. Yet only 75% said being safe in their neighborhoods is important to them. In knowing what to do in emergencies, 100% feel that this is important. With regards to the questions pertaining to being free from abuse and neglect, 100% feel it is important to them to be free from abuse and 100% feel it is important to be free from neglect. This is very important to an individual's overall satisfaction with the services they receive.

Under the *organization* category, 92% of the individuals answered "yes" to having support from staff who knows them well is important. 71% feel it is important to have support to help them work on their personal goals. With regards to choosing services, 92% of the individuals responded that this is important to them. Lastly, 100% feel it is important to them to be able to decide whom they will share personal information with.

Table 2, shows the level of *satisfaction* among the developmentally disabled at Partnership for PEOPLE, Inc. Again by category, we see that 83% are satisfied with the options they have from work. From Table 1, we can see in comparison that the importance level and the satisfaction level are the same for this question. 92% are satisfied with their money/pay from work. Under *living*, we see that 92% are satisfied with their choice of living. 85% are satisfied with their neighbors. 84% are satisfied with the transportation that they have to go places. 83% are satisfied that they have the freedom to set their own schedule. Only 78% are satisfied with the amount and type of things they have. Under *community*, 91% are satisfied that they go where they want to go and 90% are satisfied that they go when they want to go. When it comes to meeting people, only 75% of the individuals who answered this question are satisfied that they meet people when they go places. In this same vein, only 75% are satisfied with the interactions that they have with others when they go places. 90% of the respondents are satisfied with their

community resources and 91% are satisfied that they are treated equally. With regards to accessibility to buildings, 87% of the individuals able to answer this question are satisfied.

Under *relationships*, table 2 shows that only 61% of the individuals who responded are satisfied that they see their family members as often as they want. Yet, as shown in table 1, 92% of the respondents said seeing their family members is important to them. It is important to note here that 39% expressed dissatisfaction in this area. This is an area where a provider organization such as Partnerships for PEOPLE, may have minimal control. Many of the individuals have no or few family members. Of those who do have family, many of them are either elderly or live away. In some cases, family members do not want to have contact with their developmentally disabled relative. This is an area where the satisfaction level is low at Partnerships for PEOPLE, Inc. There are a few individuals who are fortunate to have caring family members who are actively involved in their lives.

Table 2 shows that 83% are satisfied that they see their friends as often as they want. When it comes to having close relationships, only 76% are satisfied. Yet it is important to note as the literature states, direct service workers become the friends of the individuals. According to Marquis and Jackson (2000) "many people with disabilities living in the community report that service workers provide their most frequent and enduring contacts and subsequently, their avenue for social relations and sense of self". Many of the respondents were referring to staff when they answered the questions pertaining to friends and relationships. The literature states that the outcome is not met if an individual says that a staff person is their friend or that they have a close relationship with a staff person (The Accreditation Council 1992). The rationale is that the staff person would not necessarily be in the individual's life if it were not for the fact that they are paid to do so. The author does not necessarily agree that the outcome is not met in this



case. We must keep in mind whose point of view we are trying to understand here. There are many relationships between staff and the individuals they support (at least at Partnerships) where "friendships" have been developed. Even though it may only be for a period of time. For example, many of the direct service workers at Partnerships have been employed for more than 10 years. In a few cases, the direct service workers have become family and friends to some of the individuals they have supported over the years. Direct service workers have taken people home on an individual basis for the holidays to spend time with their families. They have also gone on vacation with an individual on their own time. In these situations, the author feels that the outcome of having friends and relationships is met to a certain degree, especially when an individual expresses a desire to be with staff (the people they know best) and enjoy engaging in such activities. Finally, under the *relationship* category, table 2 shows that only 70% of the individuals were satisfied that they are respected.

Under the *health* category as shown in table 2, only 78% are satisfied that they see their doctors. However, 90% are satisfied with the information they receive about their healthcare and 81% are satisfied that they make decisions about their health care.

Under the *safety* category, table 2 shows that 92% of the individuals feel they are safe at home, while 91% feel they are safe at work. 81% are satisfied that they are safe in their neighborhoods. 90% are satisfied that they know what to do in emergencies. When it comes to abuse and neglect, we see the same as in table 1 that 100% are satisfied that they are free from abuse and neglect. This is very significant to providing quality care when serving people with developmental disabilities. Again, the literature shows that the way individuals are treated by their staff is very important to how they perceive the services and thus respond to certain questions regarding services (Marquis and Jackson 2000). 92% of the individuals, who

responded to this question, said they are satisfied that they have the support they need to work on their personal goals. When it comes to choosing services, 91% of the individuals are satisfied that they choose the services they want. Finally, 87% of the individuals who responded are satisfied that they decide what information is shared about them.

Table 3 is a comparison of all the data collected both from the importance table and the satisfaction table. It shows the percentage of individuals who feel a particular question is important to them and the percentage of individuals who are actually satisfied with a particular area as it relates to their life. In addition, we see that there are questions that have a high level of importance and satisfaction as well as questions that have a low level. For example, table 3 shows 92% importance regarding seeing family members. Yet in the satisfaction column, only 61% of the individuals who responded to this question are satisfied. As previously discussed, this is an area where individuals are less satisfied. In fact, the majority of individuals are not satisfied that they see their family as often as they like.

Table 4 helps to organize and analyze the data in tables 1, 2, and 3. Importance questions with a percentage range of 80% and above and satisfaction questions with a range of 80% and above were placed in the top left rectangle of the matrix. This denotes high importance and high satisfaction (high/high). Satisfaction questions that fall in the high/high area can be considered as successes and accomplishments for the agency in fulfilling its mission. The agency can celebrate the number of successes where there is high satisfaction amongst the individuals.

Importance questions with a range of 80% and above and with satisfaction ranging 79% and below were placed in the top right rectangle. This denotes high importance yet low satisfaction (high/low). This is the area where the agency should focus its attention. Importance questions with a range of 79% and below and a satisfaction range of 80% and above are placed

in the bottom left rectangle. This denotes low importance but high satisfaction (low/high). This is not an area to be concerned with. However, it is good to know that while these services are not of great importance to the individuals who responded, they are nevertheless satisfied with them. Especially since these are services the agency is required to provide in accordance with the Individual Habilitation Plan (IHP). Finally, importance questions with a range below 79% and satisfaction questions 79% and below are located in the bottom right rectangle. This denotes low importance and low satisfaction. (low/low). Here again, the low/low area is not of real concern. If something is of no importance to someone then one can assume that his or her satisfaction level is of no real importance. However, if people to began to express an interest in an area that was previously of no importance, it can become an issue.

## Conclusion

The author's goal in this research was to learn whether or not the individuals living in Partnerships for PEOPLE's residential program are satisfied with the services they receive. The results of this study show that these individuals are satisfied with the majority of the services provided to them. Table 4 shows that of the thirty one questions identified as being important in determining satisfaction of developmentally disabled persons, (by the National Center on Outcome Resources (NCOR)), twenty one (67%) of these questions fall in the *high satisfaction/high importance* section of the matrix. We see that there are only three questions in the *low importance/high satisfaction* section.

Therefore, one can conclude that these individuals are relatively happy with their lives and daily activities. For example, the results show that the developmentally disabled at Partnerships for PEOPLE are satisfied with their jobs and the money they earn. They are satisfied with their living arrangements. They feel safe. They are satisfied that they have friends, etc. If one does not know the agency, the assumption could be made that Partnerships for PEOPLE, is doing a fantastic job at providing services to the developmentally disabled (not that they are not) and that there is overall satisfaction with these services on the part of the individuals being served.

However, in keeping with the agency's mission, "...enable people with developmental disabilities to become valued members of their community, by fostering relationships..." one could ask if the agency is meeting its objective. By its nature, like other provider organizations for the developmentally disabled, the agency delivers a very protective, select type of service. With this in mind, the agency has done a great job at taking care of the individuals' wants and

needs. The state of New Jersey's Division of Developmental Disabilities (DDD) contracts with Partnerships for PEOPLE to assure the health, safety and welfare of people with developmental disabilities. The agency has and continues to do a good job in this department. However, these services are provided in a very segregated environment and thus, a segregated system of support exists. For example, when it comes to transportation, the majority of individuals are satisfied with the transportation they have to go places. In this case, however, transportation is provided by or arranged by the agency's staff. If we look at public transportation in New Jersey, it is not that great. As a result, special transportation services such Access Link and other medical transports have been designed to meet the needs of the elderly and the disabled.

Another observation is that there exists a great deal of ambiguity when conducting a study such as this one. Individuals with developmental disabilities have limited cognitive abilities (Goode, 1994) which made parts of this survey somewhat complicated to conduct. Let us look at the low/low category for example. When it comes to "having close relationships", "meeting people" and "interaction with people", the response was low importance and low satisfaction. The author made the point earlier, that if something is of low importance and low satisfaction to an individual, then this is really not an area to be concerned with. However, in re-examining the data, the author questions the ability of the developmentally disabled person to truly understand what it means to "interact with people" or to "have close relationships". In this case, one can ask the question, "How can you miss what you never had"? The author believes, however, that these things are important to the individuals at Partnerships. Part of the agency's mission is to assist individuals in developing meaningful relationships. While this is a difficult area to address, the agency is not meeting its values in this area. People are not connected to

their communities. At least the responses from the individuals indicate this. However, it is difficult to get quality feedback.

Additionally, in looking at high importance/low satisfaction, this is another area of ambiguity. For example, when it comes to the "amount and type of belongings" they have, the majority of the individuals are not satisfied. After revisiting the results, at least three of the individuals who expressed dissatisfaction in this area have more belongings than they really need. Yet, they were not satisfied because they do not see it as "their" belongings. Having "things" are important to individuals living in a group home. The author concludes that these individuals do not truly realize what they have, especially when everything is bundled together in the group home environment.

On the other hand, the responses from the individuals concerning seeing family members are accurate to the number of families actually involved. Some of the responses were discussed earlier in the results section.

Finally, this study proved that it is difficult to survey people who have personality disorders and other developmental disabilities. There is a question of reliability when gathering information from such individuals. In one situation, a response seems valid and in others, the response seems to lack validity. In this case there has to be a blend of the experience of the individual and of the reality of the situation.

### **Recommendations**

Overall, the individuals at Partnerships for PEOPLE have expressed their satisfaction with the services they receive to the best of their ability. As professionals and leaders in the field of disabilities, the agency as a whole must continue to strive for a higher standard of living for their developmentally disabled clientele. Some of the ways in which Partnerships can approach

this would be to first, look at the high/high area and expound upon it. The agency must determine which questions have accurate responses and which do not. For instance, do all the individuals who responded to the question, "are you satisfied that you know what to do in emergency situations?" really understand the question? Do they truly know what do in emergency situations? For those individuals who are not cognitively impaired, who only have a physical disability, who do understand and have demonstrated this through their response and/or actions, their responses can be deemed as accurate and reliable. In contrast what about the individuals who do have a cognitive disability? Are they just responding to the training of the routine fire drills that the agency is responsible for teaching them? With regards to healthcare, the same can apply. Are those individuals, who do not have a true understanding of and/or little control over their healthcare, satisfied with the decisions they make concerning their health? Once this determination is made, then the agency will have a better handle on what types of supports are needed to assist the individuals in the areas in question. Unfortunately, depending on the severity of the disability may be nothing can be done to make a difference in a particular area.

Some areas of satisfaction will be easier for the agency to address than others. Nevertheless, every effort should be made to re-evaluate the satisfaction responses and address as many as possible in whatever way possible in order to improve the quality of life for the developmentally disabled served by the agency. Case and point, looking at the low/low section of the matrix, we see that the majority of the individuals are not satisfied that they see their family members as often as they like. As mentioned earliest, this is a difficult area to address. However, the agency can look more towards reciprocity of family on the behalf of the individuals. In recalling a comment from a "difficult parent" some years ago, where the

statement was made "my daughter doesn't even send me a birthday card"; the author would make this recommendation. The agency staff can assist the individuals in acknowledging their family more often in a variety of ways. One way would be to set up dinners and have the individuals invite their families or have them send cards to their family members acknowledging their birthdays and other holidays. While this does exist occasionally with those individuals who have regular family involvement, it probably does not happen enough with those who do not. The author believes that staff tend to give up easily in cases where family members have or want little involvement. Concentration should be geared towards assisting the individuals in making those relationships more equal as opposed to trying to maintain the dependency relationships that now exists. Agency staff should focus on enhancing these relationships so that families feel less obligated. This, in turn, will assist and teach the individuals the importance of "giving back" when it comes to relationships.

In the case where individuals do not have family at all, the focus can be on developing opportunities for building meaningful relationships. One suggestion would be to establish a companionship program where the agency can recruit volunteers from churches, colleges, civic organizations, etc. Someone who will volunteer 1 to 2 hours per week to visit with the individuals, take them on outings, and participate in their birthday or other important events in their life. The author believes this is easier to say than to do. However, every effort should be made in this direction.

Last but not least, in this type of study, the author realizes the importance of soliciting feedback from other people such as, parents/family, staff and even neighbors when trying to understand the satisfaction level and "quality of life" of individuals with developmental disabilities. While it is very important to fully include the developmentally disabled person in



such a quest to determine their level of satisfaction, they do need advocates to assist them in expressing their ideas, wants, desires, likes and dislikes.

### **Future Study**

Future studies of satisfaction should include the remaining individuals in the agency's residential program who were not interviewed. An extensive study could include looking at the level of satisfaction of the individuals receiving case management services supported employment services and self-determination services. This would enable the agency to determine the overall satisfaction of Partnerships for PEOPLE's clientele. This will prove to be valuable to its service delivery system and assist the agency in monitoring and enhancing and providing quality services. It will also increase the overall credibility of the agency.

In addition, networking with other similar organizations can be explored to see what mechanisms they use to determine consumer satisfaction and to examine other survey tools. Through a collaborative effort, provider organizations in New Jersey such as Partnerships for PEOPLE can focus on determining the level of satisfaction of the developmentally disabled on a broader scale.

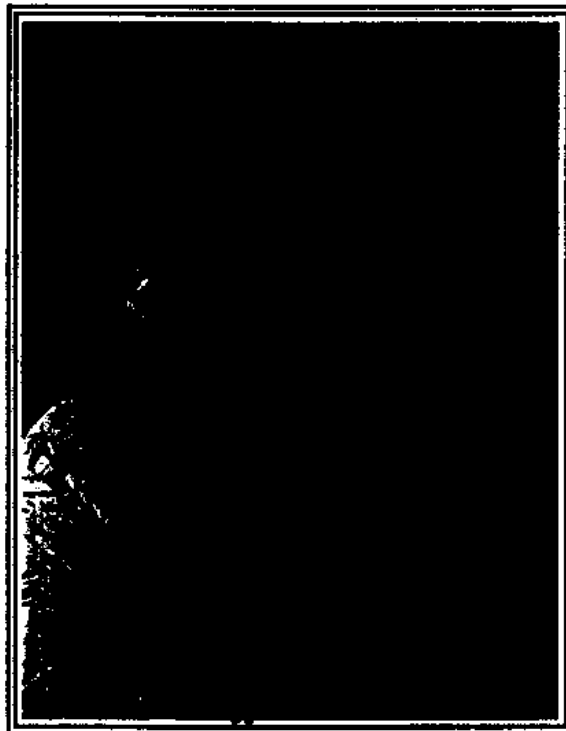
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## **Appendixes**

A Guide for Exploring Satisfaction with Services

i m p o r t a n c e /  
s a t i s f a c t i o n  
m a p <sup>TM</sup>



**The ISMAP™ is designed for organizations to assess satisfaction. Staff in these organizations use the ISMAP™ to interview people about the importance of services and supports and their satisfaction with those services they receive. The ISMAP™ identifies important aspects of quality as defined by people receiving services and supports. The ISMAP™ is the result of The Council's years of experience talking with people throughout the country — learning from them what they expect from services and supports and what they want in their lives.**



## how the survey is organized

The questionnaire is organized in two parts:

- Part 1 is intended to learn what is important to a person. **Importance** is defined as meaning a great deal, having much significance or value.
- Part 2 is intended to learn about the person's satisfaction. **Satisfaction** is defined as fulfilling needs, expectations, wishes, desires, being content with. **Contentment** implies a filling of requirements to the degree that one is not disturbed by a desire for something more or different.

## how to use the survey

The questionnaire can be done in one or two sessions depending on the person's tolerance for answering questions. Begin the interview by talking directly with the person. In some instances you may not be able to communicate with the person and may have to talk with staff, volunteers, or family who know the person well.

### ● About Importance

Questions about importance are asked first. There are three possible answers to the Importance questions:

- Yes, the item is important to me.
- No, the item is not important to me.
- I don't know if the item is important to me (or to the person). This response can indicate that:  
The individual has too little experience with the item to make a decision about importance; or  
The respondent does not have enough information to answer the question for the individual.

### ● Satisfaction

Questions about satisfaction are asked after questions of importance. There are four possible answers to the Satisfaction questions:

- Very satisfied can be explained as the situation couldn't be better.
- It's okay can be explained as accepting the current situation.
- Not at all can be explained as unacceptable, the situation could be much improved.
- I don't know my level of satisfaction, or the respondent does not know the level of satisfaction of the individual.  
This response can indicate that:  
The individual has too little experience with the item to make a decision about satisfaction; or  
The respondent does not have enough information to answer the questions for the individual.

## Interview

Many people will respond directly to the question as written. Some people will need help to better understand the intent of the questions. The interviewer may want to explain the statement with examples and then re-ask the question. You may find that examples or different words are more comfortable for the person, or you, or the situation.

The actual content and sequence of the information collection is usually determined by the person and how and what she or he wants to communicate. The most productive conversations build upon the interests and priorities of the person. Some people want to begin a meeting by talking about their friends; other people want to describe their accomplishments or goals. As you first meet the person, you may find that his or her personal belongings, room decorations, clothing or other signs will suggest a good place to start the conversation.

The goal is to learn as much as possible about the person. However, respect for the person is more important than the collection of information. The challenge is to both establish a dialogue and protect individual respect and integrity.

## Conducting the Survey Interview

### *Before the meeting:*

- Contact the person, explain the purpose of your visit, and get permission to proceed.
- Find out if any special accommodations (seating, communication assistance, personal supports, etc.) are needed.
- Give the person options about the time and place. A location familiar to the person often contains environmental cues and symbols that contribute to a good information exchange.
- Check the person's comfort level with the setting — seating arrangements, open or closed doors, other people present.
- Do not let assumptions, perceptions, or opinions about the person form ahead of time.

### *During the conversation:*

- Explain why you are meeting with the person.
- Provide the person with a copy of the questionnaire you will be using.
- Affirm the person's right to decline to answer questions and to end the meeting.
- Observe and listen to everything.
- Take notes on exactly what is communicated.

### *Follow-up, redirect, or reframe questions if answers are unclear or are inconsistent with previous answers:*

- Do not be afraid to say "I don't understand."
- Some questions may have to be asked a number of times in different ways to clarify your understanding.
- Do not be afraid to explain the questions or format.
- When inconsistencies or contradictions arise, redirect questions to the person.

### *When you have difficulty with communication:*

- Always begin by meeting with the person with an expectation for success.
- Spend time with the person, observing how the person interacts (or does not) with you or other people.
- Find out who knows the person best.
- Enlist the assistance of the people most familiar with the person and his or her style of communication.
- Talk with as many people as possible who are very close to the person.









## use of results

After completing Part 1 and Part 2, the service coordinator can complete Table 1, the Importance/Satisfaction Table. Each of the 31 items can be placed in one of seven table locations.

The following combinations of answers to Part 1 and Part 2 are assigned to the designated table locations:

Importance	and	Satisfaction	equals	Map location
important		very satisfied		A
not important		very satisfied		B
important		okay		C
not important		okay		D
important		not at all satisfied		E
not important		not at all satisfied		F
don't know or not enough information in either Importance or Satisfaction column				G

There is no correct distribution of the 31 items in the 7 table locations. However, service coordinators should pay particular attention to Table locations A, E, and G.

- Table location A contains items identified as being important and also being a source of great satisfaction. Service coordinators should ask "Why is this so important for this person?" and also determine why the individual is very satisfied with these items.
- Table location E contains items identified as being important and also being a source of great dissatisfaction. Service coordinators can determine the reason for the dissatisfaction. Items in Table location C generally deserve more attention than items in locations B, D, and F.
- Table location G is designated for all "don't know – not enough information" answers for either the Importance or Satisfaction questions. Table location G contains items for which there is insufficient information to make determinations of Importance or Satisfaction. Service coordinators should determine if service recipients need more experience with, and knowledge of, these items. In addition, service coordinators and other service and support staff may need to learn more about the person's definitions of importance and level of satisfaction.

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

Date: \_\_\_\_\_

**Table 1**  
importance/satisfaction table

	Very Satisfied	OK	Not At All Satisfied
Important	<b>A</b>  Ask why this is so important for the person.	<b>C</b>	<b>E</b>  Ask why there is so much dissatisfaction.
No Importance	<b>B</b>	<b>D</b>	<b>F</b>
<b>G Don't Know - Not Enough Information</b>  Ask why.			

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

Date: \_\_\_\_\_

## for service coordinators

What I learned from the interview:

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What I don't know and need more information about:

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Suggested follow-up action:

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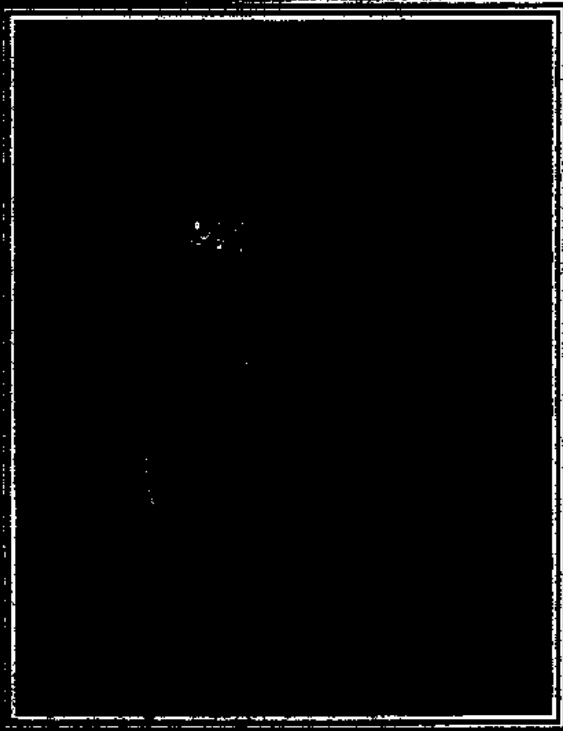
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## background information

Name of person interviewed

Service/Support Agency

Name of interviewer





National Center on Outcomes Research

The National Center on Outcomes Resources (NCOR) is the research division of The Council on Quality and Leadership in Supports for People with Disabilities and provides leadership in outcomes research, analysis and dissemination. NCOR is a clearinghouse and information resource on outcomes data on all aspects pertaining to people with disabilities, with a special focus on developmental disabilities.

*NCOR operates under a cooperative agreement between The Administration on Developmental Disabilities - United States Department of Health and Human Services and The Council on Quality and Leadership in Supports for People with Disabilities. The views expressed herein, however, do not necessarily reflect the position of The Administration on Developmental Disabilities.*



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## **Tables of Observed Data**



**TABLE 1. IMPORTANCE QUESTIONS**

Is it important to you?	YES	NO	DON'T KNOW	TOTAL IMPORTANCE \	100%
				TOTAL IMPORTANCE and UNIMPORTANCE	
<b>WORK</b>					
Having work options	10	2	2	10\12	83%
Having money	13	0	1	13\13	100%
<b>LIVING</b>					
Choice of Living	12	2	0	12\14	85%
Know neighbors	7	5	2	7\12	58%
Transportation	14	0	0	14\14	100%
Freedom to set schedule	12	2	0	12\14	85%
Amount/type of belongings	14	0	0	14\14	100%
<b>COMMUNITY</b>					
Go where you want	14	0	0	14\14	100%
Go when you want	13	1	0	13\14	92%
Meet people	9	5	0	9\14	64%
Interaction w/people	10	4	0	10\14	71%
Community resources used	14	0	0	14\14	100%
Access buildings	9	1	4	9\10	90%
Treated equally	11	2	1	11\13	84%
<b>RELATIONSHIPS</b>					
See family members	12	1	1	12\13	92%
See friends	13	1	0	13\14	92%
Have close relationship	11	3	0	11\14	78%
Are respected	12	1	1	12\13	92%
<b>HEALTH</b>					
See your doctors	11	3	0	11\14	78%
Info about your healthcare	12	0	2	12\12	100%
Make decisions about health	11	0	1	11\11	100%
<b>SAFETY</b>					
Safe at home	13	0	1	13\13	100%
Safe at work	12	0	2	12\12	100%
Safe in neighborhood	9	3	2	9\12	75%
Know what to do in emergencies	13	0	1	13\13	100%
Free from abuse	13	0	1	13\13	100%
Free from neglect	12	0	2	12\12	100%
<b>ORGANIZATION</b>					
Have support from staff	13	1	0	13\14	92%
Support to work on goals	10	4	0	10\14	71%
Choose services you want	12	1	1	12\13	92%
Decide what info is shared	10	0	4	10\10	100%

**TABLE 3. COMPARISON of IMPORTANCE and SATISFACTION**

<b>Survey Questions</b>	<b>% of Importance</b>	<b>% of Satisfaction</b>
<b>WORK</b>		
Having work options	83%	83%
Having money	100%	92%
<b>LIVING</b>		
Choice of Living	85%	92%
Know neighbors	58%	85%
Transportation	100%	84%
Freedom to set schedule	85%	83%
Amount/type of belongings	100%	78%
<b>COMMUNITY</b>		
Go where you want	100%	91%
Go when you want	92%	90%
Meet people	64%	75%
Interaction w/people	71%	75%
Community resources used	100%	90%
Access buildings	90%	87%
Treated equally	84%	91%
<b>RELATIONSHIPS</b>		
See family members	92%	61%
See friends	92%	83%
Have close relationship	76%	76%
Are respected	92%	70%
<b>HEALTH</b>		
See your doctors	78%	78%
Info about your healthcare	100%	90%
Make decisions about health	100%	81%
<b>SAFETY</b>		
Safe at home	100%	92%
Safe at work	100%	91%
Safe in neighborhood	75%	81%
Know what to do in emergencies	100%	90%
Free from abuse	100%	100%
Free from neglect	100%	100%
<b>ORGANIZATION</b>		
Have support from staff	92%	92%
Support to work on goals	71%	100%
Choose services you want	92%	91%
Decide what info is shared	100%	87%

**TABLE 4. HIGH'S AND LOW'S IMPORTANCE AND SATISFACTION**

	<b>HIGH SATISFACTION</b>	<b>LOWER SATISFACTION</b>
<b>OF High Importance</b>	Having work options Having money Choice of living Decide what info is shared Transportation Set schedule Go where you want Go when you want Community resources Access buildings Treated equally Info about healthcare Safe @ home Safe @ work Know what to do in emergencies Free from abuse Free from neglect Have support from staff See friends Make decisions about Healthcare Choose services	Amount/type of belongings See family members Are respected
<b>Of Lower Importance</b>	Support with goals Know neighbors Safe in neighborhood	Meet people Interaction w/people Have close relationships See doctors
<b>Note:</b>	80% and above = High Importance 79% and below = Lower Importance  80% and above = High Satisfaction 79% and below = Lower Satisfaction	