



Dependent Adult Abuse Partner Satisfaction Survey Report

May 2026

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I. Introduction

Iowa HHS' Dependent Adult Abuse Program (DAA) is a core component of Iowa's Adult Protective Services (APS) system. APS is not a single agency. Rather, it is a coordinated network of state and local partners working together to protect vulnerable adults through civil and criminal responses.

The Dependent Adult Abuse Program, housed within the Iowa Department of Health and Human Services (HHS), is responsible for receiving and responding to reports of suspected abuse, neglect, or financial exploitation of dependent adults living in the community under Iowa Code Chapter 235B.

Effective protection depends on collaboration. DAA staff work closely with law enforcement, county attorneys, service providers, community organizations, and other partners across Iowa to ensure the safety and well-being of dependent adults.

To support Iowa HHS's mission to provide high-quality, equitable, and effective services, HHS has begun implementing the Dependent Adult Abuse (DAA) Partner Satisfaction Survey. This survey is designed to measure how partners experience working with the Dependent Adult Abuse unit, the effectiveness of collaborative relationships, and opportunities to strengthen communication and coordination across the state. Developing this survey aligns with Strategy 2.1 of the HHS Strategic Plan in Action, which emphasizes advancing operational excellence by leveraging performance measure data to inform agency policies and processes.

The 2026 DAA Partner Satisfaction Survey represents Iowa's first statewide partner-focused assessment of this kind. This report summarizes the survey design, methodology, and intended use of findings.

II. Background

DAA relies on strong multi-sector collaboration to respond effectively to reports of dependent adult abuse. In Iowa, partners play a critical role in identifying and reporting maltreatment, sharing information, and coordinating interventions. According to the SFY2025 Dependent Adult Abuse Reporting and Evaluation (DARES) System, 9,525 total reports of dependent adult abuse were submitted by individuals representing the four key partner sectors:

- Law enforcement partners (sheriffs, police departments, Iowa State Patrol, investigators)
- Judicial partners (judges, county attorneys, prosecutors)
- Medical partners (clinics, hospitals, primary care, palliative care)
- Other community partners (financial institutions, religious organizations, social service agencies, advocacy groups)

This high volume illustrates the essential role these partners play and the importance of understanding their experiences with DAA. Although no Iowa statute currently requires DAA to administer a partner survey, implementing one supports improved coordination and aligns with section 1324.406 of the Administration for Community Living's final rule on Adult Protective Services Functions and Grants. States are expected to comply with coordination requirements by May 8, 2028.

Texas currently appears to be the only state in the nation with a long-standing Adult Protective Services Community Satisfaction Survey, and their experience served as a valuable model for Iowa's work. Texas functioned as an informal peer state during the planning phase, offering insight into survey structure, question design, dissemination strategies, and partner engagement practices. Learning from Texas's approach helped Iowa avoid common implementation challenges, more clearly define target partner groups, and structure questions in a way that would yield actionable data. Their willingness to share lessons learned and best practices contributed significantly to Iowa's ability to develop a high-quality, tailored, and intentional survey instrument.

By building on the foundation established by Texas, while adapting content to Iowa's unique landscape, Iowa is positioned to emerge as a leader in measuring collaboration, community engagement, and partner satisfaction within Adult Protective Services.

III. Methodology

Survey Design

Respondents qualified for participation if they indicated they work with or provide services to dependent adults, individuals with disabilities, or vulnerable adults in Iowa. Based on respondents' roles or sectors, they received survey questions specific to their area of work: judicial/legal partners, law enforcement, medical, or other community-based partners.

The core portion of the survey asked respondents to rate their level of agreement with a series of statements using a five-point scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." All statements were framed positively to measure perceptions of DAA effectiveness, trustworthiness, communication, timeliness, and partnership quality. Examples included:

- "I feel like a valued partner to DAA."
- "I trust that DAA is effective at protecting dependent adults in the community."
- "The referrals DAA sends to my agency are appropriate."

Sector-specific questions were included to capture the unique responsibilities and interactions of each partner group. Additional questions asked respondents to describe their role, level of experience with DAA, and awareness of reporting processes and APS functions.

Survey Dissemination

The survey was created and distributed using Qualtrics, Iowa HHS's internal survey platform. It was disseminated statewide to essential DAA partner sectors. The survey is intended to be conducted periodically to provide an ongoing assessment of DAA partnerships and community perceptions.

The online survey was open from February 11, 2026, through February 27, 2026. Invitations to participate were emailed to stakeholder groups and partner agency contacts across Iowa. A flyer was created with a QR code that linked directly to the survey and was disseminated across several Health and Human Services agencies. DAA staff and Aging & Disability Division personnel also shared the survey link with local partners to encourage wide participation.

Data gathered will serve as a snapshot of how DAA is viewed as a partner in Iowa communities. Results will be used by Aging & Disability leadership, supervisors, and local staff to identify strengths, measure collaboration effectiveness, and highlight opportunities for improvement in engagement, communication, and coordination.

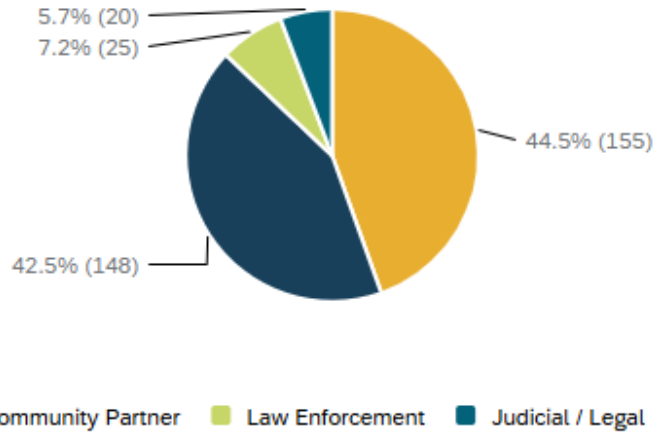
IV. Survey Results

Survey Participation

The 2026 DAA Partner Satisfaction Survey received 348 qualified, unique responses. The number of responses received by partner sector is shown in Table 1, below.

Table 1

Respondents by sector 348



Survey Responses by Partner Sector

The table below shows the distribution of respondents by sector, based on responses to the question,

“Which sector best describes your organization or role?”

Partner Sector	Number of Responses	Percentage of Responses
Medical / Health (first responders, nurses, physicians, gerontologists)	155	44.2%
Other Community Partners (social services, nonprofit, faith-based, financial institutions, etc.)	148	42.2%
Law Enforcement (sheriff, police, Iowa State Patrol)	25	7.7%
Judicial / Legal (judges, prosecutors, county attorneys)	20	5.7%

Total Responses: 348

Interpretation

- Medical and health professionals represent the largest share of responses (44%), reflecting their high frequency of interaction with vulnerable or dependent adults and their routine role in mandatory reporting.
- “Other Community Partners” make up 42%, which includes social service agencies, long-term care providers, nonprofit organizations, meal programs, housing entities, financial institutions, and faith-based groups.

- Law enforcement respondents (8%) and judicial/legal partners (6%) together represent about 14% of the sample; enough to identify trends, but proportionally smaller than service-sector respondents.

This variation in sector distribution is important when interpreting satisfaction results later in the report. Differences in job roles, case volume, and statutory responsibilities influence how partners perceive DAA involvement, responsiveness, communication, and outcomes.

V. Partner Sector Profiles

This section examines characteristics of survey respondents by work sector, including organizational type, job role, length of time interacting with DAA, and the nature of their involvement with dependent adult abuse cases.

A. Medical / Health Sector

The medical/health sector comprises the largest respondent group (44%) and includes:

- Nurses and nursing leadership
- Hospital social workers and case managers
- Emergency department clinicians
- EMS personnel
- Physicians and advanced practice providers
- Long-term care facility clinical teams
- Behavioral health/psychiatric staff

Across this sector:

- Respondents reported a wide range of experience, from less than one year to more than 3 years interacting with DAA. 87% of respondents have been interacting with DAA for more than 3 years.
- Many respondents noted regular interactions with the program when reporting suspected abuse, coordinating complex discharges, addressing self-neglect, or seeking assistance with unsafe or unstable home environments.

Given their routine contact with vulnerable adults in crisis, medical sector respondents frequently referenced urgent timelines, need for clear communication, and desire for faster case resolution.

B. Other Community Partners

This sector includes a diverse range of organizations:

- Social service agencies/Area Agencies on Aging
- Housing and homelessness support programs
- Faith-based organizations
- Financial institutions
- Meal and nutrition services
- Disability service agencies
- Long-term care support programs

- Community mental health and substance use providers

Among these respondents:

- 84% reported more than 3 years of interaction with DAA.
- Organizations often work with DAA on:
 - Financial exploitation concerns
 - Self-neglect
 - Housing instability
 - Food insecurity
 - Service navigation for vulnerable adults

These partners emphasized their role in the broader community safety net and often described frustration when DAA cases were screened out or declined, particularly when community providers perceived significant risk but the Centralized Intake Unit did not find statutory criteria to initiate an investigation.

C. Law Enforcement Sector

Law enforcement respondents represent 7.7% of the sample and include:

- Sheriffs
- Police officers and detectives
- State Patrol
- Investigators
- Command staff

Law enforcement often partners with DAA on:

- Criminal investigations involving dependent adults
- Emergency welfare checks
- Situations involving exploitation, financial crimes, or caregiver misconduct
- Coordination on cross-agency roles and responsibilities

Feedback from this group often referenced:

- Clarity (or lack thereof) in each agency's role
- Challenges around definitions of "dependent adult"
- Frustration when reports were not accepted
- Positive recognition of individual DAA workers but concerns about consistency across the system

D. Judicial / Legal Sector

Judicial/legal respondents include:

- County attorneys
- Prosecutors
- Civil legal staff
- Judges (limited)
- Assistant county attorneys

They represent 5.7% of all responses.

This sector engages with DAA primarily regarding:

- Court orders
- Guardianship/conservatorship issues
- Criminal charges where abuse or exploitation is present
- Affidavits and supporting documentation for legal proceedings

Many judicial/legal respondents reported:

- Longstanding experience with DAA
- High variance in the clarity of DAA documentation
- Concern about case acceptance thresholds
- The need for increased collaboration, especially regarding financial exploitation and safety planning

VI. Familiarity with the DAA Program

Respondents were asked several questions measuring their understanding of DAA's purpose, legal authority, scope, and role within Iowa's adult safety net. Agreement levels were strong for most items, though not universally high.

Below are the key familiarity indicators from Likert-scale items:

Overall Understanding of DAA's Mission and Authority

Statement	Agree	Neutral	Disagree
"I understand the purpose of the Dependent Adult Abuse Program within the adult protective services system."	82.5%	3.8%	13.3%
"I am familiar with the legal authority and legal limitations of DAA."	75.2%	10.2%	14.3%

These results demonstrate:

- Strong overall understanding of the program's mission
- Less understanding of DAA's legal parameters. Several respondents linked to confusion about case acceptance criteria and the statutory definition of a "dependent adult"

DAA's Role in the Community Safety Net

Statement	Agree	Neutral	Disagree
"DAA is an important component of the community safety net for vulnerable adults."	84.2%	5.4%	10.1%

This is one of the highest-rated items across the survey, showing strong consensus that DAA is viewed as a critical part of the protection infrastructure for dependent adults in Iowa.

Clarity of Roles and Responsibilities

Statement	Agree	Neutral	Disagree
"The roles and responsibilities of DAA and partner organizations are clear."	66.8%	13.9%	19.0%

Interpretation:

- While most respondents agree that roles are clear, nearly 1 in 5 respondents expressed disagreement.
- This aligns with open-ended comments about:
 - Overlap between DAA and other service providers
 - Inconsistency in how criteria are applied
 - Confusion about investigation thresholds

- Variations in interpretation across counties

This item is an important indicator when considering interagency collaboration and training needs.

VII. Average Satisfaction Measures

This section provides an overview of partner satisfaction with key aspects of HHS' Dependent Adult Abuse (DAA) program. To calculate satisfaction indicators, responses to Likert-scale items were categorized using APS methodology:

- Agreement = *Strongly agree* + *Somewhat agree*
- Neutral = *Neither agree nor disagree*
- Disagreement = *Somewhat disagree* + *Strongly disagree*

Across all satisfaction related items included in this analysis:

- The average agreement rate across all DAA satisfaction statements was approximately 64%.
- The average neutral rate was around 19–23%, depending on the item.
- Average disagreement varied, with overall rates between 8–20% depending on topic.

Overall Patterns

DAA program's 2026 results reflect:

- Strong performance on some core mission and safety-net items
- Higher disagreement levels in areas tied to efficiency, responsiveness, and clarity of roles
- Greater neutral responses on questions involving inter-agency coordination and referral appropriateness

These patterns align with open-ended feedback describing variability in case acceptance, communication difficulties, and differences across counties.

Items with Strongest Agreement

- "DAA is an important component of the community safety net." (84.2%)
- "I understand the purpose of the DAA program." (82.5%)
- "Client outcomes are generally positive." (61.6%)
- "DAA requests/services are appropriate for my organization." (57.7%)

Items with Lower Agreement and Higher Disagreement

- "DAA procedures are efficient."
 - Responses varied by sector and often reflected concerns over delays, communication gaps, or lack of clarity.
- "DAA staff demonstrate professionalism."
 - Although still positive, agreement was 56.6%, with a notable 20.6% disagreeing.

- “Roles and responsibilities between DAA and partners are clear.”
 - Agreement 66.8%, disagreement 19.0% — one of the highest disagreement rates among familiarity items.

These findings indicate meaningful opportunities for improvement in the areas of communication, clarity of expectations, and consistency in case handling.

VII. Key Satisfaction Indicators

To align with DAA survey methodology, several key topic areas were analyzed across all partner groups. These high-level indicators focus on:

1. Understanding of DAA mission and role
2. DAA's contribution to the community safety net
3. DAA's ability to ensure safety and dignity
4. Appropriateness of referrals and requests
5. Quality of communication
6. Effectiveness of working relationships

Below is a summary of DAA's performance in these areas.

1. Understanding of Mission, Scope, and Purpose

- 83% of respondents agreed they understand DAA's mission.
- Agreement was especially high among medical providers and community partners with long-term involvement.
- Lower familiarity in some law enforcement and judicial/legal respondents suggests a need for targeted outreach or training.

2. Importance in the Community Safety Net

- 84.2% agreed that DAA is an important part of Iowa's safety net.
- Consistent across all sectors — strongest consensus indicator in entire survey.

3. Safety and Dignity of Vulnerable Adults

While not directly measured by a single item identical to the APS statement ("APS ensures safety and dignity"), several items indirectly addressed DAA's effectiveness with:

- Case outcomes (61.6% agreement)
- Use of appropriate interventions
- Coordination with service providers

Respondents often differentiate between:

- Individual workers, praised for dedication and communication
- System-level barriers, where respondents expressed concern about screening thresholds, lack of available protective orders, and delays in case follow-up

4. Appropriate Referrals & Requests to Partners

Sector-specific questions yielded the following:

Question	Agree	Neutral	Disagree
DAA requests are appropriate (Q21)	57.7%	29.6%	11.3%
DAA informs partners of client needs (Q22)	59.2%	31.0%	8.5%

Themes:

- Many reported appropriate, well-aligned referrals.
- However, a substantial percentage marked “neutral,” reflecting inconsistency in experience.
- Rural partners reported delays and difficulty reaching workers.
- Medical providers cited challenges in coordination around discharge planning.

5. Communication Quality

Across communication-related items:

- Agreement around communication practices averaged 56–60%.
- Neutral responses were high (20–30%), suggesting partners often had some contact but not enough to form a strong opinion.
- Disagreement tended to concentrate in:
 - rural county interactions
 - situations involving self-neglect
 - cases declined at intake

6. Working Relationship with DAA

Feedback indicates:

- Many partners view their relationship with individual workers positively.
- System-level issues (case screening decisions, delays, limited authority) reduced agreement levels.
- Judicial/legal respondents consistently noted the need for:
 - better documentation
 - more timely submission of affidavits or reports
 - clearer communication around legal intervention thresholds

Across respondents who collaborate with DAA frequently, agreement rates were notably higher.

IX. Partner Sector Comparisons

A core component of the survey is comparison across different stakeholder sectors. For Iowa's DAA survey, four main partner groups were analyzed:

1. Medical / Health
2. Other Community Partners
3. Law Enforcement
4. Judicial / Legal

These groups differ widely in legal responsibilities, the context in which they encounter dependent adults, and the frequency of DAA involvement. As a result, satisfaction and familiarity outcomes vary in meaningful ways.

1. Medical / Health Sector

Strengths

- Highest agreement on understanding DAA's purpose and value.
- Strongest recognition of DAA's importance in client safety.
- Many praised timely contact and good collaboration with individual workers.

Concerns

- Most substantial concerns about:
 - delays in returning calls
 - inconsistent investigation decisions
 - difficulty obtaining protective orders
 - unclear communication related to discharge plans
- Many noted they often report the same individuals repeatedly with limited intervention options available.

2. Other Community Partners

Strengths

- Broad agreement that DAA is important to Iowa's safety net.
- Many acknowledged strong relationships with local workers.
- Recognized DAA's efforts to make referrals and coordinate services.

Concerns

- Most likely to state that roles and responsibilities are unclear.
- Frequent frustration about report screenings and perceived inaction.

- Partners serving individuals with disabilities or those experiencing homelessness reported barriers when clients did not meet full statutory definitions for “dependent adult.”

3. Law Enforcement

Strengths

- Value collaboration with DAA in jointly responding to certain cases.
- Recognize DAA’s role in supporting vulnerable adults when criminal investigations are underway.

Concerns

- More disagreement than other sectors regarding clarity of roles.
- Cases closed quickly by DAA created challenges for criminal investigations requiring longer timelines.
- Officers noted inconsistent communication about safety planning and next steps.

Law enforcement's lower agreement rates align with national APS/DAA trends, where differing investigative standards can create tension between protective services and criminal justice objectives.

4. Judicial / Legal

Strengths

- Strong support for DAA’s purpose and mission.
- Recognition that outcomes are often positive when DAA does take action.

Concerns

- Expressed the highest levels of dissatisfaction among sectors on:
 - timeliness
 - documentation quality
 - clarity about investigation decisions
- Several respondents emphasized the opinion that leadership level programmatic decisions interfere with successful intervention.

Judicial/legal responses align with comments about the need for:

- better alignment on legal authority
- clearer criteria for protective interventions
- more proactive communication during court-related activities

X. Considerations and Context for Interpreting Findings

Interpreting the results of the 2026 Iowa Dependent Adult Abuse (DAA) Partner Satisfaction Survey requires an understanding of several contextual factors that influenced both participant responses and overall satisfaction patterns. As with the APS model survey, differences in sample composition, variation across service systems, and evolving program structures all affect outcomes.

1. Variation in Partner Roles and Responsibilities

Different partner sectors engage with DAA in fundamentally different ways:

- Medical providers often interact with DAA during high-acuity situations, discharge planning, or mandatory reporting.
- Community partners may act as ongoing supports, assisting with housing, food access, social engagement, and case follow-up.
- Law enforcement encounters DAA most often in contexts involving criminal activity or immediate danger.
- Judicial/legal professionals require timely, accurate documentation to support court involvement or protective actions.

Because these groups rely on DAA for different functions, their expectations and satisfaction levels vary naturally.

2. Differences in Case Volume and Complexity

Respondents with frequent and high-stakes interactions, particularly hospitals, long-term care providers, and law enforcement, tended to offer more detailed and often more critical feedback, consistent with:

- Time-sensitive decision-making
- Repeated interactions with vulnerable adults in crisis
- Dependency on DAA for rapid safety assessment or intervention

Meanwhile, partners who rarely contact DAA provided more neutral responses, reflecting limited experience on which to draw.

3. Rural–Urban Variation

Open-ended responses indicate notable differences between counties:

- Rural partners experience longer delays reaching staff or receiving updates.
- Urban partners note higher caseloads, impacting availability.
- Decision-making consistency varies, leading to different experiences of DAA support across regions.

These patterns mirror national APS challenges where staffing, workload, and local resources affect service quality.

4. Interpretations of “Dependent Adult”

Several respondents highlighted confusion or disagreement with:

- Statutory definitions
- Thresholds for accepting or declining cases
- The degree of functional impairment required to qualify
- The distinction between elder abuse and dependent adult abuse

These definitions directly affect screening decisions, which in turn influence satisfaction — particularly when partners believe risk is present but statutory criteria are unmet.

5. Impact of System-Level Policies

Many respondents differentiated between:

- Frontline workers, who were widely praised for professionalism, communication, and care.
- Systemic constraints, including regulatory limitations, lack of authority for protective actions, and guidance directing staff away from certain interventions.

This distinction is important: partners may approve of DAA staff performance while still expressing dissatisfaction with program structure or policy direction.

XI. Summary of Key Insights

The following section summarizes major themes that emerged from the 2026 Iowa DAA Partner Satisfaction Survey:

1. Strong Understanding of DAA's Role

Most partners (75–84%) report understanding DAA's purpose, legal authority, and role within Iowa's adult protection framework.

2. High Confidence in DAA's Importance

Across all sectors, a notable majority believe DAA is a critical part of the safety net for vulnerable adults.

3. Positive Relationships With Frontline Staff

Numerous respondents highlighted:

- Professionalism
- Compassion
- Dedication
- Responsiveness
- Willingness to collaborate

These strengths appear across all sectors.

4. Communication Remains a Growth Area

Partners described challenges with:

- Delayed return calls
- Limited follow-up after initial reports
- Uncertainty about case status
- Varied communication across counties

Satisfaction with communication was roughly 56–60%, suggesting room for improvement.

5. Case Screening and Definitions Drive Dissatisfaction

The most consistent concern across open-ended responses involved:

- Reports being screened out
- Perceived high thresholds for accepting cases
- Limited interventions available for self-neglect
- Inconsistent application of criteria

This issue disproportionately affects medical providers, law enforcement, and community agencies that work with high-risk individuals.

6. Geographic and Staffing Differences Affect Experiences

Rural understaffing and urban high-volume caseloads contributed to:

- Delayed contact
- Limited availability
- Gaps in collaboration
- Variability in satisfaction across counties

7. Judicial/Legal Partners Desire More Timely Documentation

County attorneys and prosecutors stressed:

- Need for more consistent affidavits
- Better communication regarding case timelines
- Clarification of investigative processes

Although small in number, their concerns aligned with broader themes around clarity and follow-up.

8. Partners Want More Transparency and Education

Across sectors, partners expressed a desire for:

- Clear explanations of what information is needed when reporting
- More consistent updates on reports
- Guidance about what DAA can and cannot do
- Training opportunities to clarify definitions, thresholds, and expectations

XII. Recommendations Based on Partner Feedback

Drawing from quantitative responses and themes identified from open-ended comments, the following recommendations are tailored to Iowa's DAA program.

1. Strengthen Communication Pathways

Partners consistently requested:

- More timely return calls
- Updates on case acceptance or closure
- Greater clarity on next steps after a report
- Improved consistency across counties

Recommendation:

Implement structured communication protocols, including:

- Defined timelines for return contact
- Standardized closure summaries
- Centralized or regionalized communication supports

2. Clarify Statutory Definitions and Case Acceptance Thresholds

Confusion and frustration around the definition of a “dependent adult” and screening criteria were widespread.

Recommendation:

Develop and share clear, accessible guidance materials:

- Eligibility flowcharts
- Reporting criteria checklists
- Examples of cases that meet vs. do not meet criteria
- Sector-specific guidance (healthcare, law enforcement, financial institutions)

Offer recurring, statewide training to reinforce consistency.

3. Enhance Collaborative Practices and Multidisciplinary Coordination

Many respondents expressed a desire for deeper collaboration when handling complex cases.

Recommendation:

Expand multidisciplinary opportunities, potentially through:

- Regular MDT (multidisciplinary team) meetings
- Joint training programs
- Shared case review mechanisms
- Clear handoff procedures for crossover cases

- Increased collaboration with guardianship resources, disability services, and community aging networks

4. Improve Responsiveness and Timeliness

Delays in communication or inability to reach assigned workers were frequently cited.

Recommendation:

Consider:

- Conducting annual evaluations of regional caseload and county assignment coverage
- Enhancing training and support for after-hours coverage staff
- Offering best practice guidelines for communication regarding case-related inquiries

5. Increase Transparency in Case Processes

Respondents desire better insight into:

- Why reports are accepted or declined
- How risk is assessed
- What options exist when DAA cannot intervene
- What partners can expect after making a report

Recommendation:

Create transparent, user-friendly materials and workflows, such as:

- Automated notifications
- Public-facing explanation guides
- Simple case decision templates
- Partner education modules available statewide

6. Support Consistency Across Counties

Partners noted significant differences in:

- Communication practices
- Decisions on protective orders
- Engagement levels
- Timeliness

Recommendation:

Promote statewide consistency through:

- Standardized protocols
- Uniform training for new workers
- Regular regional case consultation
- Quality review of screening and closure decisions

7. Strengthen Collaboration With Law Enforcement and Judicial Partners

These groups expressed both appreciation for individual workers and frustration with systemic limitations.

Recommendation:

Provide:

- Cross-training about investigative timelines and evidence needs
- Clear role definitions during criminal or legal proceedings
- Timely submission of affidavits or supportive documentation
- Improved alignment between protective and criminal processes

8. Invest in Public and Partner Education

Partners across sectors identified the need for:

- More public understanding of dependent adult abuse
- Greater awareness of reporting options
- Guidance for families and caregivers
- Clarity about what DAA can do in cases of self-neglect or exploitation

Recommendation:

Expand outreach through:

- Community presentations
- Updated website materials
- Partnerships with aging networks, hospitals, and disability services
- Printable guides and toolkits for agencies

XIII. Conclusion

The 2026 Dependent Adult Abuse Partner Satisfaction Survey reflects a system valued by partners who understand its mission and depend on its services to protect vulnerable adults. The data demonstrate strong commitment from frontline staff and broad recognition of DAA's importance.

At the same time, responses highlight significant opportunities to strengthen:

- Communication
- Consistency
- Transparency
- Inter-agency collaboration
- Education and outreach

By addressing systemic concerns, while continuing to support and empower frontline workers, the DAA program can better meet partner expectations, enhance service quality, and improve outcomes for Iowa's adult protective services system.