SUA Resource Library:

Community Assessment Materials

Foreword

In 2012, the Administration for Community Living (ACL), an operating division of the US Department of Health and Human Services, began a comprehensive evaluation of its National Family Caregiver Support Program (NFCSP). This was the first comprehensive federal evaluation of the NFCSP, which serves over 800,000 family caregivers annually. The NFCSP evaluation has three broad goals to benefit policy and program decision-making:

1. Collect and analyze information on program processes and site operations;
2. Evaluate program efficiency and cost issues for approaches best suited to specific contexts; and
3. Evaluate effectiveness of the program's contribution to family caregivers in terms of maintaining their health and well-being, improving their caregiving skills, and avoiding or delaying institutional care of the care recipient.

As part of the evaluation survey, State Units on Aging (SUAs) were asked to submit relevant documents if they answered 'yes' to any of the following five questions:

- Do you have a statewide task force, commission or coalition specifically to examine family caregiver issues?
- Have community needs assessments for caregiver support services been conducted?
- Does your state have a standardized caregiver assessment?
- Does your SUA conduct routine programmatic monitoring of the NFCSP program?
- Do you use a uniform caregiver satisfaction survey across all AAAs?

ACL received assessment tools and grouped them into the following categories:

1. Community Assessment Materials
2. General Customer Satisfaction Survey Materials
3. Grandparent Assessment Materials
4. High-Level Administrative Materials
5. Program Monitoring Materials
6. State Caregiver Assessments
7. State Care Recipient Assessments
8. Task Force Materials
9. Uniform Satisfaction Materials
10. Other Materials

While ACL does not specifically endorse these tools, we are sharing them because they may be helpful to other programs. For more information on the NFCSP please go to: http://www.aoa.acl.gov/. For more information on the evaluation of the NFCSP please go to: http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx

Community Assessment Materials

Center for the Study of Aging

Idaho Commission on Aging Needs Assessment Survey Results

May 2012

Conducted by
Center for the Study of Aging
Boise State University

Funded by
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Table of Contents

List of Tables

List of Figures

Appendices

Executive Summary

The findings reported in this document are based on a statewide survey of individuals 50 and older conducted for the Idaho Commission on Aging in March 2012. The survey, based on a similar assessment conducted in 2008, was designed to provide information for future planning for the long-term care needs of older Idahoans. A unique feature of this assessment as compared to the 2008 survey was the collection of information from participants at selected congregate meal sites representing each of the six Agency on Aging Area (AAA) regions in addition to a mailed survey. A total of 4,000 surveys were distributed, 3,000 through direct mail and 1000 at congregate meal sites, and 814 surveys were returned representing a response rate of 20 %.

The demographic characteristics of this population differ slightly from the 2008 report. In 2012, the age range of respondents was 51 to 97 years, with an average age of 71 in comparison to an average age of 67 for respondents to the 2008 survey. In 2012, 55% of respondents were retired compared with 62% in 2008. In this survey an additional 28% were still working either part- or full-time. Only 48% of the respondents were married, compared to 73% in the 2008 study, and 28% were widowed. For income, 29% reported being in the less than $20,000 income group, compared to 17% reporting that income level in the 2008 study.

For transportation, 85% of respondents indicated they drive themselves and those that indicated having problems with transportation reported health or disability as the major reasons. In the 2008 survey the question regarding transportation was asked as "Drive or ride in a car", making direct comparison difficult but when you combine this question from the 2012 survey with "Ride with a family member or friend" at 12.4% we come close to the 98% from 2008 who "Drive or ride in a car" with about 97% in the current survey falling into these two categories.

Overall 85% of respondents indicated their community is a good place to grow old with the remaining 15% reported transportation and lack of access to health services as factors contributing to their selection of a "No" response. The majority of respondents, almost 80%, indicated they did not have trouble affording items that were needed, but among those who did report difficulties, access to dental care and eye glasses were significantly different from other items.

As in the 2008 study, respondents provided information about their ability and desire to participate in activities, their ability to perform varying levels of physical activities, and ways they obtain information about services. New to the 2012 survey, respondents were asked how often they accessed the internet for information. Respondents were also asked about long-term care planning, support from community and family members, and their current quality of health.

Key results derived from the 2012 report were very consistent with the 2008 study and include the following:

- The majority of respondents do not have long-term care insurance (79.1%) and when asked how they were going to pay for long-term care, they indicated Medicare.
- Most respondents either participate in activities as much as they would like or are not interested. Overall, 46% of respondents indicated they were not interested in attending a Senior Center, which is much lower than the 61% who were not interested in the 2008 survey.
- Of those that provide care for someone else, 68% indicated they were not aware of care giver services provided in their community.
- Overall, 42% of respondents access the internet frequently or somewhat frequently, and most do so from their homes. Between ages 50-65, about 60% of respondents reported frequently using the

internet. In the 66-74 year old age group this dropped to 42% who frequently use the internet, and in the oldest age group only 19% reported frequently using the internet.

- Some individuals receive support from family and friends, but over 85% indicated they do not get support from their community or through community services.
- The majority of respondents (80%) indicate their quality of life is good to very good, with another 11% indicating neither bad nor good.
- The top concerns among this population were the cost of healthcare, long term care, and their concern about their ability to stay in their homes as they age.

Introduction

The purpose of this study was to investigate the current and future long-term care needs of older adults in Idaho. A random sample of 3,000 individuals aged 50 and older throughout Idaho were sent a survey asking them a range of questions about their needs, abilities, preferences and activities. This document is organized in sections to report the results

First, the report begins with a description of the study and the study instrument. The sampling procedure is detailed, as well as the data collection methods and the analysis plan. Next, the report summarizes the return rate and the demographic information about the survey participants. Preferences and needs of the participants follow the description of the survey participants. These preferences are divided into seven categories: social activities, physical activities, sources of information, transportation, care giving, assistance and support, and other concerns. The report ends with a summary of the results and implications for future planning and policy development.

Survey Instrument

The survey items and format were adapted from an existing needs assessment tool administered in 2008 by the Center for the Study of Aging at Boise State University under a subcontract from the Idaho Commission on Aging (ICOA). Other questions were created based on the needs and interests of the Idaho Commission on Aging and from a review of needs assessment tools used in other states. The survey was designed to collect basic demographic and socio-economic information, transportation uses and needs, sources of support and assistance, and potential caregiver responsibilities. Specific items included frequency of attendance at such services as senior centers, exercise and fitness classes, sporting events or religious services. In addition, respondents were asked how they find out about services, items that were needed but could not be afforded, and the activities they need help with or are able to perform for themselves. The survey form is reproduced in Appendix A.

Sampling

The Center for the Study of Aging contracted with AccuData to select a population of 3,000 individuals who mirrored the percent of aged 50 and older residents from each of the six AAA areas (shown in Appendix B). These were then sorted to select 50% males and 50% females within each area. All addresses were for non-institutional settings. The area population percentages aged 50 and older were obtained from the Department of Labor statistics. The Center for the Study of Aging purchased a one time mailing option and received the list in an Excel dataset. The envelopes were printed by the BSU Printing and Graphics Department and bulk mailed after printing. Because the envelopes were bulk mailed by zipcode, we did not receive undeliverable envelops back to BSU. Therefore we have no way to calculate the proportion of the mailing addresses which were no longer valid at the time of mailing. (Overall results from the survey are found in Appendix C).

In addition to the 3,000 randomly selected individuals who received a mail survey, 1,000 surveys were distributed to a representative sample of congregate meal sites. ICOA provided the researchers with a list of all congregate meal sites in the six AAA areas. Using the same percentage of the population in each area that was used from the random selection of mail participants, the researchers calculated the number of surveys to be sent to each Area. Using this population estimate, the researchers randomly selected small, medium, and large meal sites across the state as survey distribution points. The coordinator at each site was contacted to inform them of the purpose of the survey and distribution process and verify the mailing address. A packet of surveys and postage paid return envelopes were sent to each site and the site coordinators were asked to

give them to persons aged 50 and over receiving services at the center. The distribution of surveys by Area and meal site was as follows:

- Area 1: 6 sites selected and 165 surveys distributed;
- Area 2: 6 sites selected and 95 surveys distributed;
- Area 3: 5 sites selected and 400 surveys distributed;
- Area 4: 8 sites selected and130 surveys distributed;
- Area 5: 7 sites selected and 100 surveys distributed; and
- Area 6: 6 sites selected and 110 surveys distributed.

Results by area, based on findings from congregate meal sites are located in Appendix D. Although these results are based on a smaller sample of the population, because they were completed by individuals receiving services, they provide insight into the needs and concerns of some of the most vulnerable Idaho elderly. This provides a snapshot of a population of high interest to ICOA and the areas.

Data Collection

Prior to contacting any persons in the sample, approval for the study was received from the Institutional Review Board (IRB), approval #EX 193-SB12-039, of Boise State University, which is the federally mandated mechanism used to protect human subjects in research. The cover letter to the survey stated that this research was approved by the IRB and provided phone and address information for both the lead researcher of the Center for the Study of Aging and the IRB staff person who could be contacted with any questions. In addition, AccuData reviewed both the survey and cover letter to ensure that we were not purchasing the list for purposes other than our stated intent. AccuData required several minor wording changes which were sent through the BSU IRB for a second time to ensure both entities were aware of all changes to the documents prior to mailing.

Response Rates and Sample and Respondent Characteristics

Of the 3,000 surveys distributed by mail, 550 or 18.8% were returned with the survey form completed in total or in part. Of the 1,000 surveys sent to congregate meal sites, 236 or 23.6%, were returned. There was also an additional 28 surveys completed using the on-line version of the survey. The respondents of the survey were slightly different than Idaho's population. For example, the female response rates are slightly higher than the population mix. In the 2010 U.S. Census, 48% of the population age 50 and older in Idaho was male and 52% was female whereas the survey respondents were 43% male and 58% female.

Table 1. Demographic information of sample population.

	Idaho Population over 50 years old	Sample Sent Survey N=4000	Respondents N=814
	(2010)		
Male 50+	48%	50%	42%
Female 50+	52%	50%	58%

Data Preparation and Analyses

Data entry was performed by Center for the Study of Aging staff. Data entry checks were conducted after data entry was completed. Prior to analyses, data were checked for out-of-range values, appropriate skip patterns and patterns of missing responses. All analyses were conducted by staff at the Center for the Study of Aging using the statistical software package, SPSS v.19.

Demographic Characteristics

The survey respondents were generally equally represented across all demographic categories. Two participants ages were not included in the age characteristics (ages 34 & 37) as they appear to be care givers. Table 2 reports the survey participants' average age, standard deviation, and the range of ages. Overall the average age of respondents was 70 years old and participants ranged from 51-97 years old. Table 2 also represents the difference from the 2008 survey where the average age was slightly less at 67.5.

Table 2. Survey participant age

Survey Year	Average	Standard Deviation (sd)	Range
2012	70.5	11.1	51-97
2008	66.9	10.8	50-99

Table 3 provides additional demographic characteristics of the survey respondents. Approximately 61% of respondents have lived in their community for 20 years or more. Most of the respondents can be described as retired (55%), married (48%), and white (95%) and describe their health as very good or good (86%).

The income levels of respondents were 29% reporting being in the less than $20,000 group, compared to 17% reporting that income level in the 2008 study. In addition, the income range from $50,000-$59,999 was only 6% of the 2012 population. Thirty percent of respondents self-reported having an educational attainment of high school or less, 33% reported some college, with the remaining 34% reporting an Associate's degree or higher. Respondents also relied heavily on private insurance (38%) and Medicare (39%) for their health insurance. Forty-three percent of respondents indicated they used a combination of Medicare and private insurance. Only 6% of the respondents indicated they only used Medicaid as their health insurance, a reduction of 3% from the 2008 study. Of the 17% that reported "other insurance", 35% of those respondents indicated having no insurance.

Table 3. Demographic characteristics of survey respondents

	Characteristic (n=815)	n	2012 Results	2008 Results
Gender	Male	333	41.8	43.3
	Female	463	58.2	55.7
Health Status	Very Good	334	41.0	47.2
	Good	364	44.7	41.8
	Neither Good nor Bad	90	11.0	7.8
	Bad	6	0.7	0.7
	Very Bad	1	0.1	0.4
Household Income	Less than $10, 000	65	8.0	4.1
	$10,000 to $19,999	167	20.5	13.4
	$20,000 to $29,999	114	14.0	14.0
	$30,000 to $39,999	84	10.3	11.2
	$40,000 to $49,999	71	8.7	10.7
	$50,000 to $59,999	53	6.5	6.9
	$60,000 to $74,999	49	6.0	10.0
	$75,000 and over	100	12.3	19.3
Education	0-11 years, no diploma	56	6.9	6.2
	High School graduate/GED	191	23.4	22.3
	Some college/technical training	272	33.4	33.3
	Associate's degree	55	6.7	5.5
	Bachelor's degree	134	16.4	17.4
	Graduate/Professional degree	92	11.3	14.7
Employment	Retired	445	54.6	50.4
	Working part-time	78	9.6	7.9
	Working full-time	156	19.1	26.6
	Unemployed/looking for work	22	2.7	0.4
	Homemaker	32	3.9	4.6
	Disabled	44	5.4	2.9
	Other	19	2.3	1.3
Marital Status	Married	391	48.0	72.9
	Widowed	228	28.0	13.5
	Divorced	117	14.4	9.1
	Single	51	6.3	3.5
	Partnered	12	1.5	0.1
	Other	3	0.4	0.1
Ethnicity	White	771	94.6	96.2
	Black /African American	2	0.2	0.1
	American Indian /Alaskan Native	7	0.9	1.2
	Native Hawaiian/Other Pacific	0	0.0	0.1
	Other	15	1.8	1.5
	Hispanic or Latino	7	0.9	1.5
Years in Community	0-5	101	12.4	10.6
	6-10	78	9.6	8.6
	11-15	75	9.2	8.8
	16-20	48	5.9	7.7
	20 or more	495	60.7	62.4

Most respondents live in a single family home (78%) and reported owning their home (81%), with most having two people per household. Sixty-three percent live with their spouse and 17% live with at least one child (Table 4).

Table 4. Household characteristics of 2012 versus 2008 survey respondents

Household Characteristics (n=815)		n	2012 Results	2008 Results
Ownership	Rent	112	14.1	6.3
	Own	646	81.2	90.5
Type of Home	Single family home	633	77.7	86.5
	Townhouse, condo, duplex or apartment	61	7.5	6.1
	Mobile home	61	7.5	4.4
	Assisted living residence	8	1.0	0.4
	Nursing home	4	.5	0.0
	Subsidized housing	26	3.2	1.0
	Other	10	1.2	0.9
Residents	Spouse	313	63.0	72.4
	Significant Other	26	4.0	1.0
	At least one child	32	17.0	13.0
	Child(ren) and his/her/their family	2	2.0	1.7
	Other relative(s)	17	5.0	1.7
	Unrelated adults/friends	10	2.0	0.9
	Grandchildren/great-grandchildren	5	5.0	1.3
	Other	8	1.0	1.2
Number of Residents	1 person	304	37.3	23.7
	2 people	387	47.5	59.9
	3 people	57	7.0	8.5
	4 people	26	3.2	3.8
	5 or more people	24	2.9	2.7

Social Activities

Social activities can provide a plethora of benefits that can sometimes be overlooked in planning for older adults. Engaging with others can enhance the well-being of older adults, thus, survey respondents were asked about their ability to, and interest in, participating in various types of social activities.

When asked about the frequency of participating in different types of social activities, there was greater variation based on the type of activity. Remove “return” here
Table 5 illustrates the interest level as well as whether individuals are able to participate as often as they would like. The activities where respondents indicated they are not able to participate as often as they like included: exercise or fitness (21%), community events (16%), and volunteer

work (15%). Respondents also did not get to attend degree/non-degree courses (16%) or family activities (16%) as often as they would like.

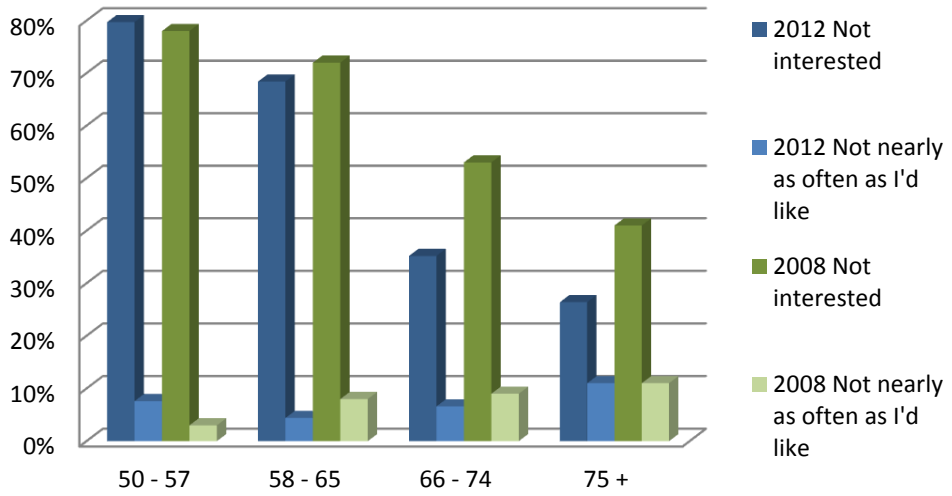
Table 5. Social activity participation from the 2012 respondents

	As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
Community Events/ Social Clubs	43.1%	15.1%	16.4%	25.5%
Degree/non-degree courses	16.1%	4.0%	16.0%	63.9%
Exercise / Fitness / Workouts / Activities	40.1%	11.9%	20.7%	27.3%
Family Activities	58.2%	19.5%	16.4%	5.9%
Library/Internet	48.3%	11.3%	14.3%	26.1%
Medical and pharmacy visits	76.8%	13.7%	4.0%	5.5%
Parks	58.1%	13.2%	13.8%	14.9%
Religion/worship	61.7%	8.0%	8.4%	21.9%
Senior centers	40.8%	6.8%	6.4%	46.0%
Shopping	73.4%	15.6%	7.1%	3.9%
Sporting events	42.8%	10.8%	12.8%	33.6%
Volunteer work	45.5%	10.8%	15.6%	28.1%
Working for pay	35.4%	6.4%	9.8%	48.4%

Two areas are notable, first almost half of survey respondents reported not being interested in taking degree and non-degree courses (64%) and going to senior centers (46%). Second, respondents were either not interested in working for pay (48%) or they were working for pay as often as they would like (35%).

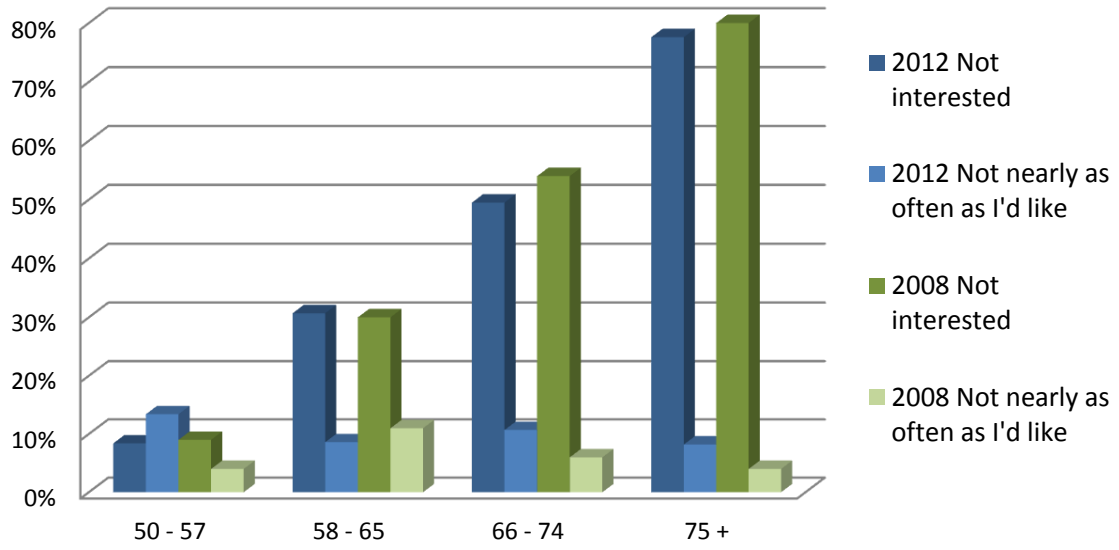
Interest in senior centers was very different by age group (
Figure 1). The majority of 50-57 year olds (79%) were not interested in using senior centers, followed closely by 58-65 years olds at 69%. Yet, of the age group that had the highest interest in going to a senior center, those age 75 and older, only 9% do not get to go as often as they would like. Figure 1 shows that, compared to 2008, there was a decrease in respondents who reported that they were not interested in a senior center among the 66 years and older age groups.

Figure 1. Percentage of respondents' interest in attending a senior center by age



As might be expected, the percentage of individuals who were not interested in working for pay increased dramatically by age (Figure 2) with 78% of respondents age 75 and older not interested in working for pay compared to 9% of those 50-57 years old. Conversely, the highest percentage of individuals who were not working for pay nearly as often as they would like was found in the 50-57 year old group (11%).

Figure 2. Percentage of respondents' interest in working for pay by age



Physical Activity

In order for older adults to remain independent, they must be able to perform a variety of tasks. These tasks can include Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include basic personal care activities such as eating, walking and bathing. IADLs include more complex activities such as managing finances, home care and grocery shopping.

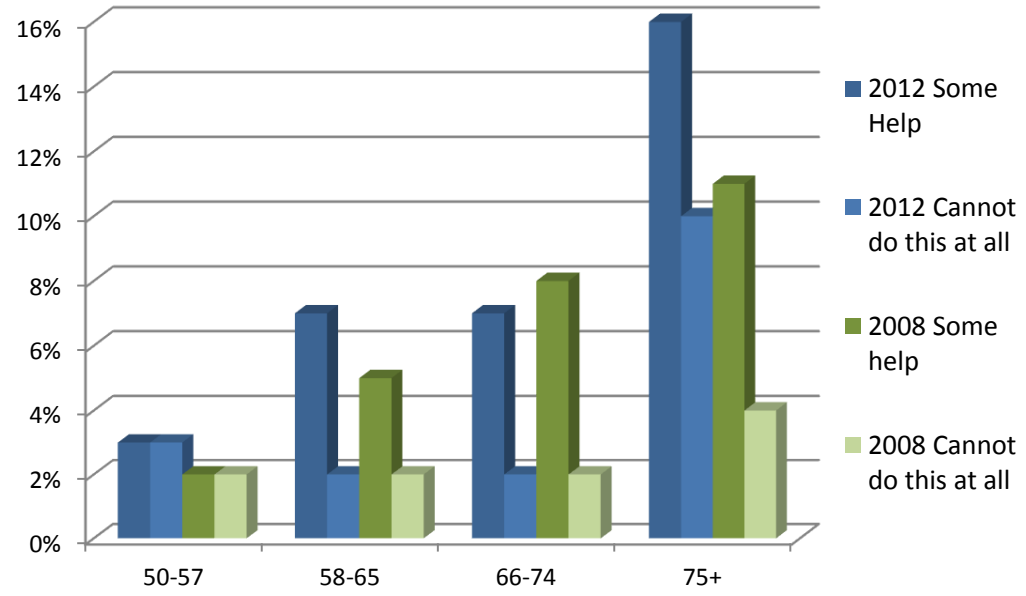
Most of the survey respondents were able to complete ADLs and IADLs without any help from others (Table 6). However, there are certain activities, particularly activities that require physical exertion, where respondents indicated more help is needed. For example, 27% of survey respondents indicated they need some help with heavy housework like moving furniture or washing windows and 15% indicated they cannot do this at all. Additionally, 34% need some help doing interior or exterior repairs and 27% need some help doing yard work and shoveling snow. The 2012 results of those able to complete ADLs and IADLs were similar to the 2008 results, with the exception that the percentage of those who cannot do activities such as interior or exterior repairs, yard work and heavy housework increased for those 65 years or older.

Table 6. Ability of respondents to perform various activities

Activity	Without any help		With some help		Cannot do this at all	
	n	%	n	%	n	%
Prepare own meals	737	90.9	56	6.9	18	2.2
Shop for personal items	735	91.1	57	7.1	15	1.9
Manage own medications	757	93.9	33	4.1	16	2.0
Manage own money	745	92.2	54	6.7	9	1.1
Use a telephone	775	96.6	19	2.4	8	1.0
Do light housework like dusting or vacuuming	688	85.3	80	9.9	39	4.8
Do heavy housework like moving furniture or washing windows	463	57.6	218	27.1	123	15.3
Do interior or exterior repairs	339	42.4	270	33.8	191	23.9
Do yard work and snow shoveling	445	55.3	217	27.0	143	17.8
Walk	720	89.6	66	8.2	18	2.2
Eat	795	98.8	8	1.0	2	.2
Dress self	786	97.3	20	2.5	2	.2
Bathe	774	95.7	29	3.6	6	.7
Use the toilet	797	98.6	9	1.1	2	.2
Get in and out of bed	795	98.1	10	1.2	2	.2
Respond to emergencies	720	90.0	63	7.9	17	2.1

The need for assistance or the inability to perform certain activities was exacerbated for the oldest survey respondents. Light and heavy housework, interior or exterior repairs, yard work, shoveling snow and walking presented increasing challenges as age group increased. Figures 3 through 7 illustrate the percentage of individuals by age group that reported the ability to do a particular activity with some help or if they cannot perform the activity at all.

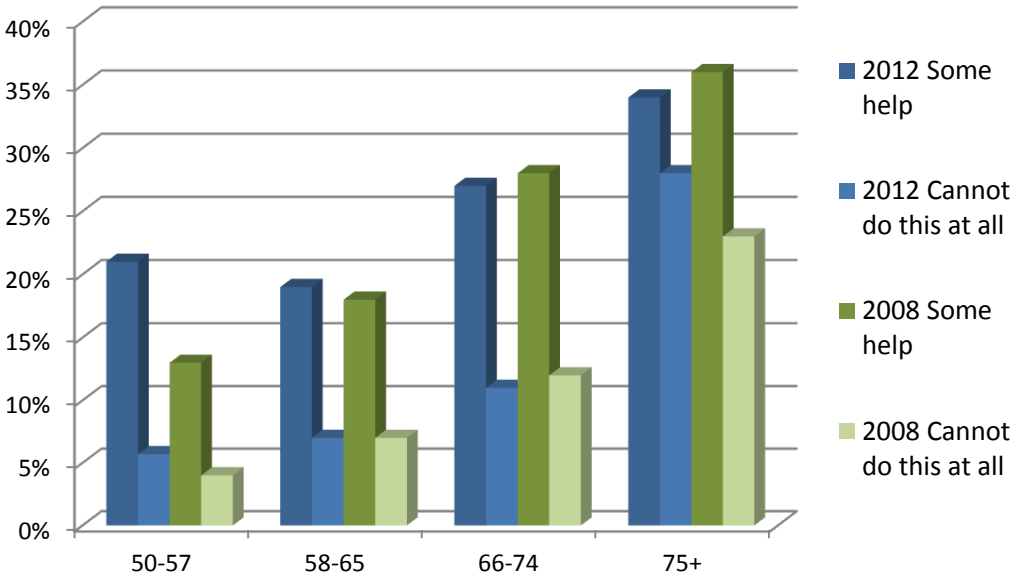
Figure 3. Respondents' level of help needed to perform light housework by age



Sixteen percent of survey respondents age 75 and older needed some help with light housework compared to 7% of 66-74 year olds and 3% of 50-57 year olds (Figure 3).

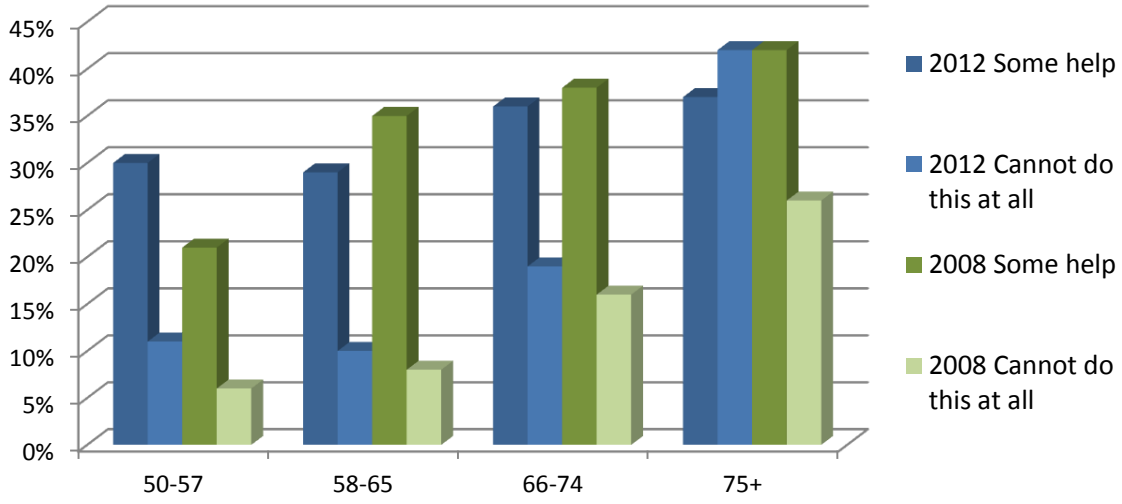
A larger proportion of survey respondents age 75 and older (34%) needed some help with heavy housework compared to 20% of individuals age 50-57. In addition, 28% of those 75 and older reported that they cannot do heavy housework, like moving furniture or washing windows at all compared to only 5% of 50-57 year olds (Figure 4).

Figure 4. Respondents' level of help needed to perform heavy housework by age



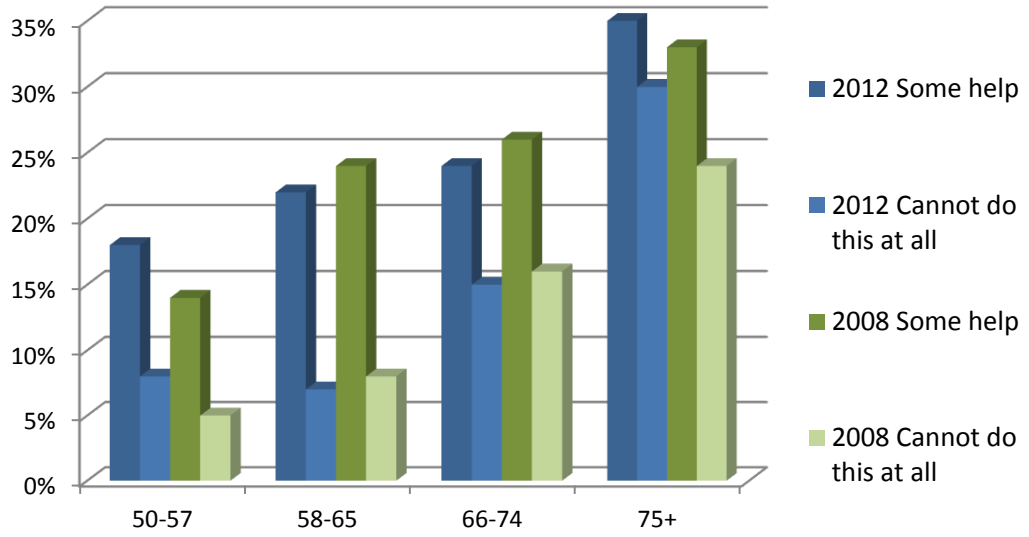
Performing interior and exterior repairs not only presents difficulties for the oldest group (37%), but also for the 66-74 (36%) and 58-65 (29%) year old groups (Figure 5). Overall, 42% of those surveyed in 2012 who self-reported being age 75 and older cannot do interior or exterior repairs at all, compared to 25% in 2008.

Figure 5. Respondents' level of help needed to perform interior or exterior repairs by age



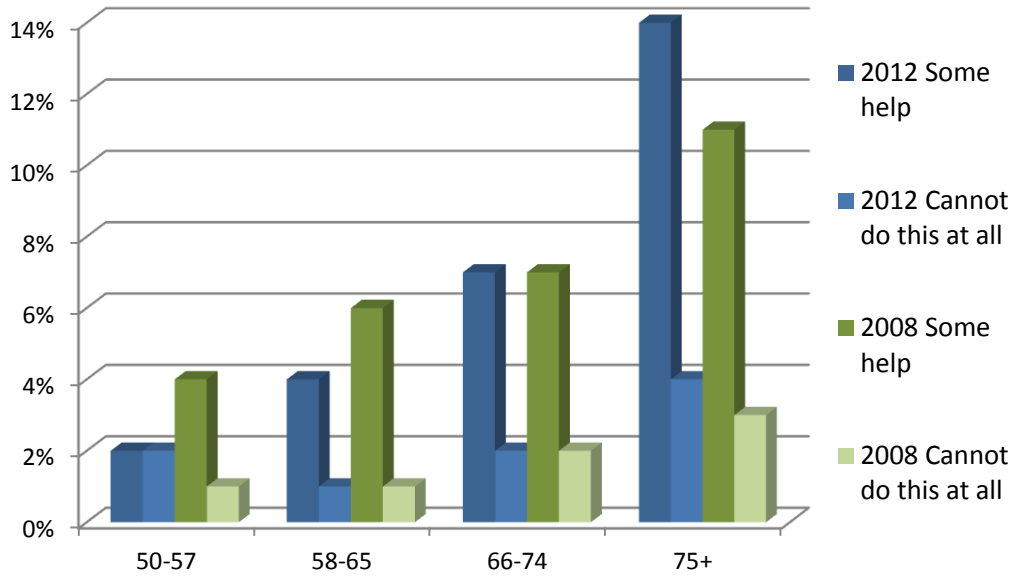
Physical work, such as yard work or shoveling snow, also presented increasing difficulties for the older groups (Figure 6). Twenty-nine percent of those age 75 and older and 14% of age 66-74 year olds cannot do any yard work or snow shoveling. More than a third (35%) of those respondents age 75 and older and another 41% of those respondents age 58-74 can perform those activities only with some help.

Figure 6. Respondents' level of help needed to do yard work or shovel snow by age



The percentage of respondents who need help walking also increased with age (Figure 7). Only 2% of 50-57 year olds needed some help with walking compared to 14% of respondents 75 and older.

Figure 7. Respondents' level of help needed to walk by age



Sources of Information

A key part of service delivery is understanding how the individuals who may require services prefer to receive information. In Idaho, respondents age 50 and older primarily use a newspaper to get information about available services and activities. Fifty-seven percent of respondents indicated they frequently use a newspaper to get information about services and activities. Another 31% sometimes use this medium. The next most frequently used sources were television (55%), word of mouth (49%) and the Internet (42%). Overall, 52% of respondents indicated they never use the library and 41% never use senior publications as a source of information for services or activities (Table 7).

Table 7. Frequency of use of information sources for services or activities

	2012 Frequently	2012 Sometimes	2012 Never	2008 Frequently	2008 Sometimes	2008 Never
Newspaper	57%	31%	11%	65%	25%	7%
Radio	30%	40%	31%	33%	38%	22%
Television	55%	34%	11%	56%	31%	9%
Library	15%	33%	52%	12%	35%	44%
Internet	42%	26%	33%	42%	24%	25%
Word of mouth	49%	46%	5%	44%	45%	6%
Senior publications	18%	41%	41%	15%	36%	42%

Across all age groups newspapers remain the most frequently used source of information for services and activities. However, there are interesting differences between the age groups. For instance, respondents age 50-57 are much more likely to frequently use the Internet (57%) as a source than respondents age 66-74 (43%) and respondents, age 75 and older (19%). Frequent library use is also higher for the older groups; 17% of respondents age 66-74 and 12% of respondents age 75 and older frequently use the library as a source of information for services and activities (Figures 8-12).

Figure 8. Respondents age 50-57 frequently used information sources

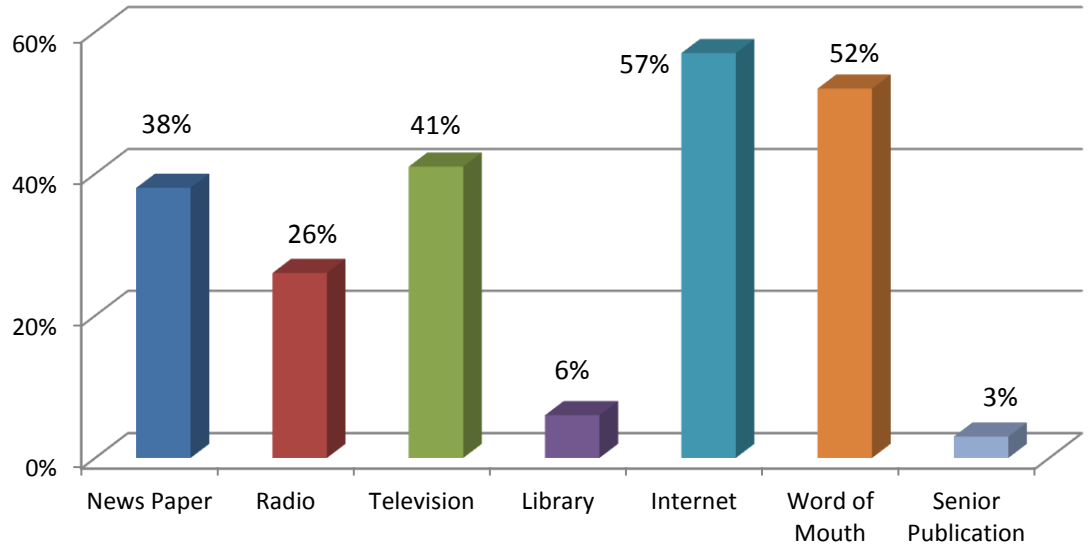


Figure 9. Respondents age 58-65 frequently used information sources

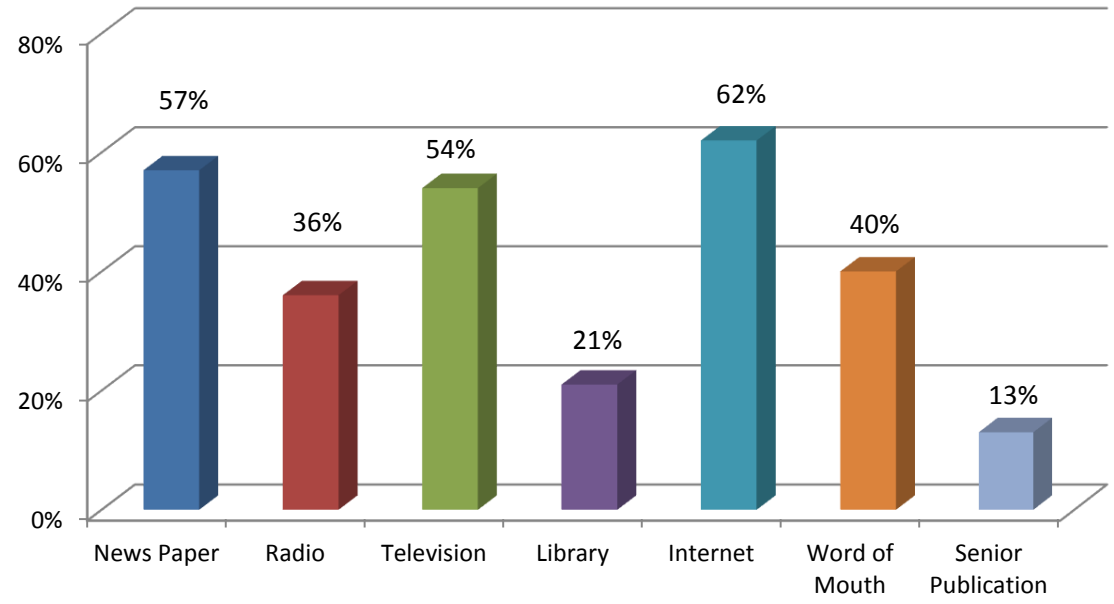


Figure 10. Respondents age 66-74 frequently used sources of information

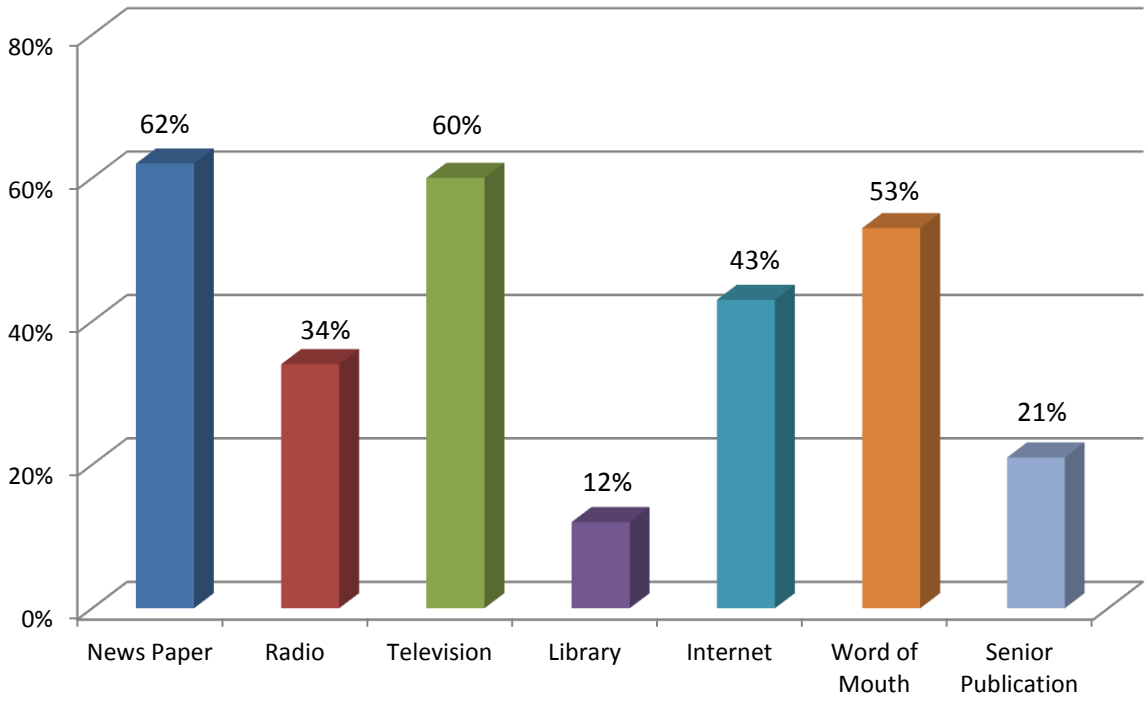
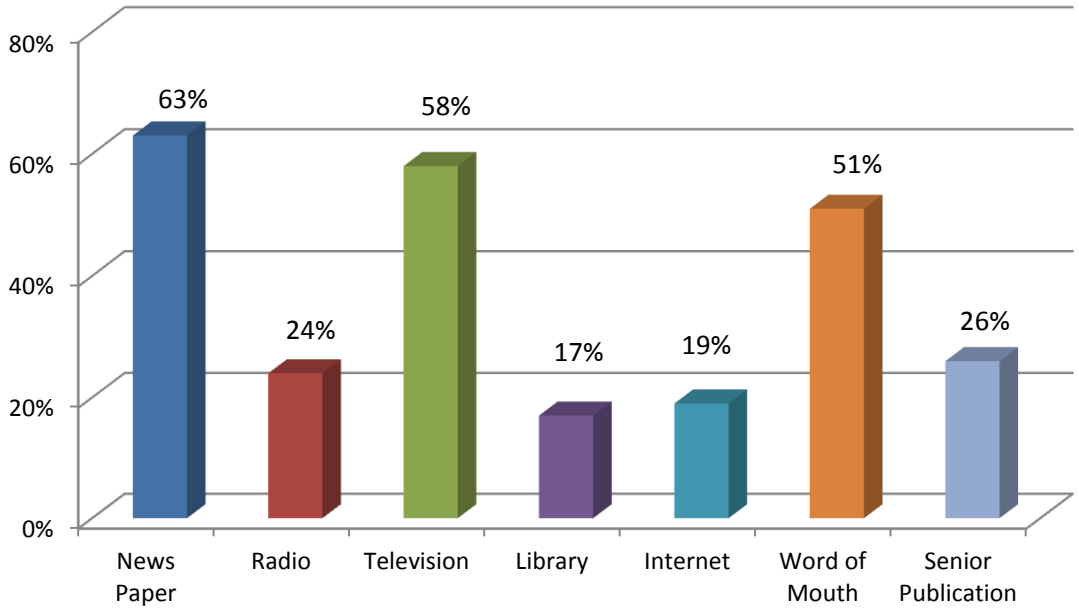
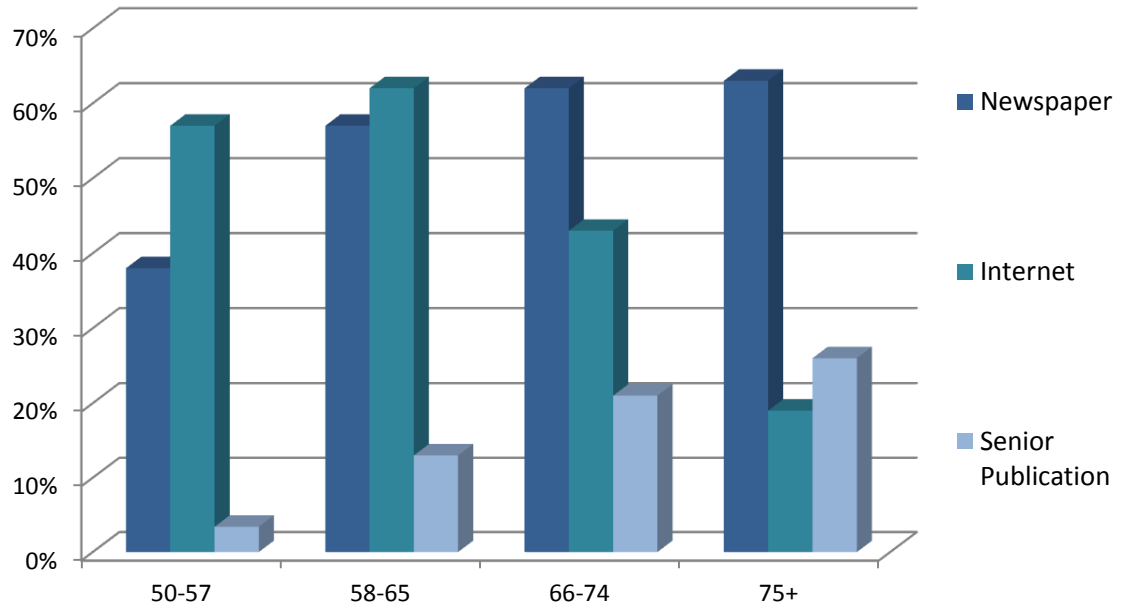


Figure 11. Respondents age 75+ frequently used information sources



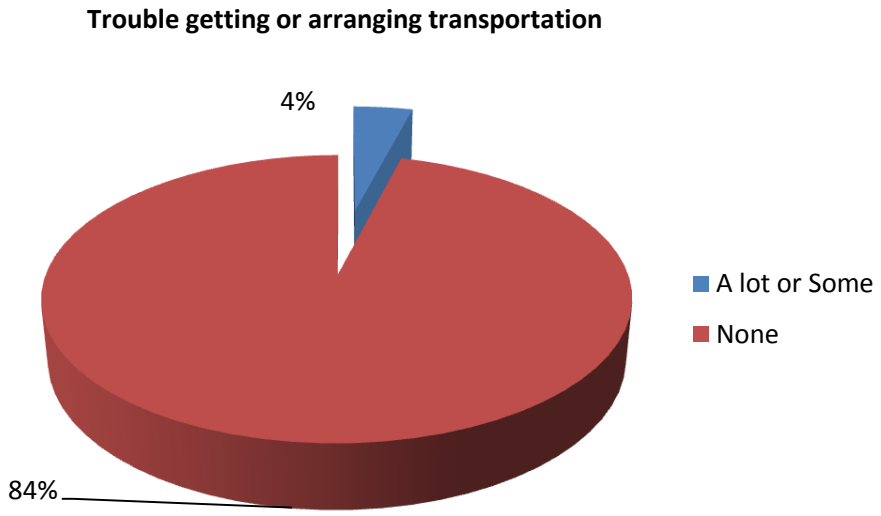
The most important differences between the age groups and the sources they frequently use for information about services and activities are TV, Internet, and senior publication use. Figure 12 shows that the use of senior publications and TV as a source of information increases as the age of the respondents' increases. The percentage of respondents using the Internet as a frequent source of information for services decreases with the increasing age, where as printed sources increase.

Figure 12. Use of newspaper, internet and senior publications for service information by age



Access to transportation is often cited as a major problem for seniors in western states like Idaho, where distances to medical facilities or locations where seniors might receive services can be many miles away. However, 84% of 2012 survey respondents indicated they have not needed any help getting or arranging transportation, down slightly compared to 88% in 2008 (Figure 13).

Figure 13. Percentage of individuals who need help getting or arranging transportation



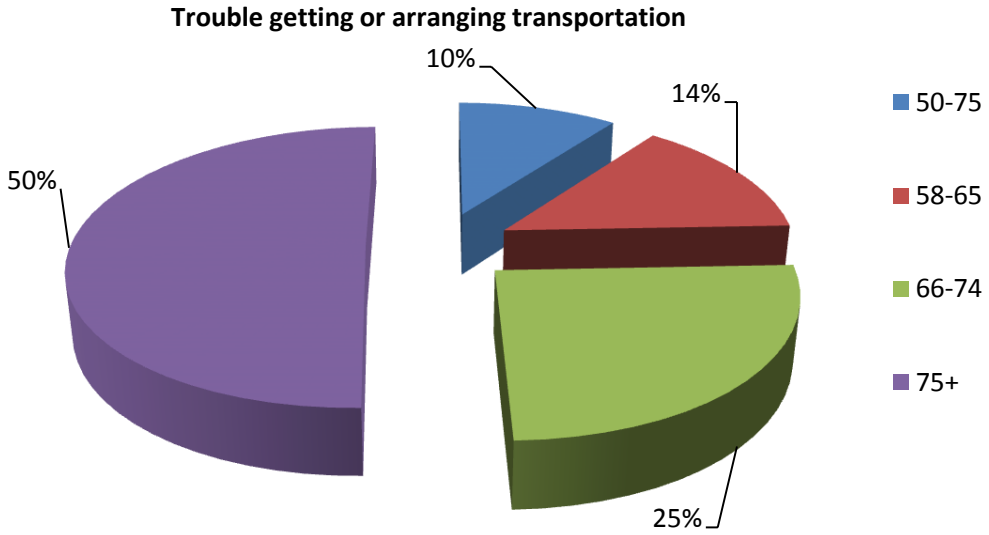
Survey respondents drive themselves (85%) or ride with friends or family members (12%) for most of their trips. Less than 1% walk, use public transportation, or take a senior van, shuttle, minibus, or taxi. Table 8 shows that when individuals do have trouble getting transportation, the most common reasons are; having to rely on others (7% vs.15% in 2008), disability (5% vs. 5%), or weather (4% vs. 13%). Overall the 2012 respondents seemed to have much lower difficulty with transportation problems than the 2008 survey results.

Table 8. Reasons for difficulties in finding or arranging transportation

Reasons for Difficulty	n	2012 %	n	2008 %
Have to rely on other(s)	56	6.9	121	14.7
Not available when I need to go	16	2.0	46	5.6
Can't afford it	21	2.6	59	7.2
Not available in my community	16	2.0	51	6.2
Have trouble getting around without someone to help	28	3.4	26	3.2
Unfamiliar with transportation options or systems	12	1.5	45	5.5
Car doesn't work/problems with vehicle	15	1.8	78	9.5
Don't know who to call	12	1.5	23	2.8
Too far/Distance related	18	2.2	33	4.0
Weather	33	4.0	109	13.3
Transportation does not go where I need to go	22	2.7	54	7.8
Disability/health related reasons	44	5.4	44	5.4
Other	13	1.6	33	4.0

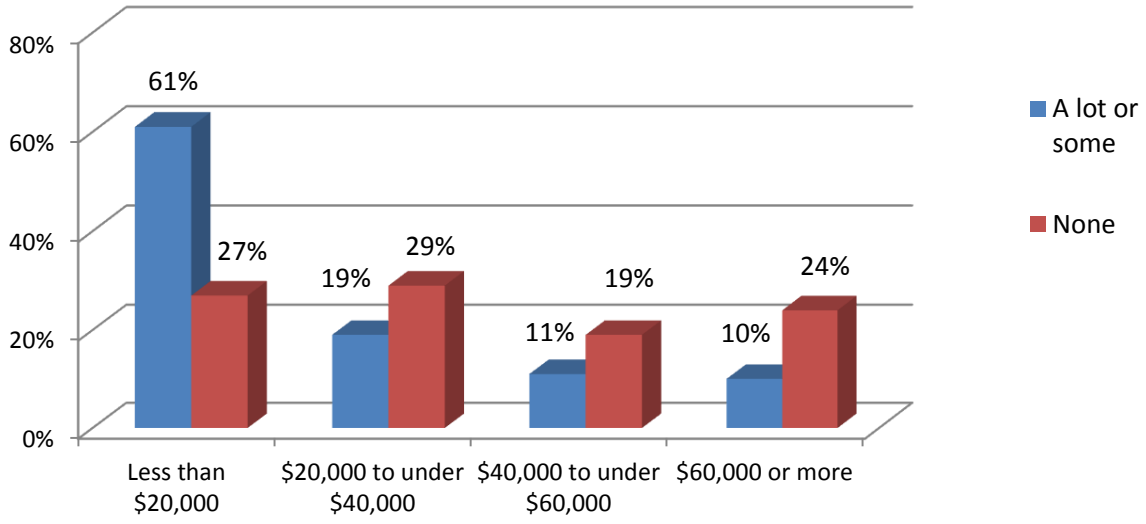
Of those individuals who indicated they needed a lot or some help getting or arranging transportation, half (50%) were age 75 and older and 25% were in the 66-74 year age group. Figure 14 illustrates how the need remains fairly stable among respondents aged 50-65.

Figure 14. Percentage of individuals who need a lot or some help finding or arranging transportation by age group



Respondents with lower household income levels had increased difficulty with transportation. Figure 15 shows that as respondents' household income increases, their need for help in finding transportation decreases. Over half (61%) of the respondents who needed a lot or some help in finding or arranging transportation had a reported household income of less than $20,000 per year, compared to 46% in 2008. Conversely, only 10% of those with a household income of $60,000 or more needed a lot or some help.

Figure 15. Comparison of percentage of respondents' ease in getting transportation, by income level

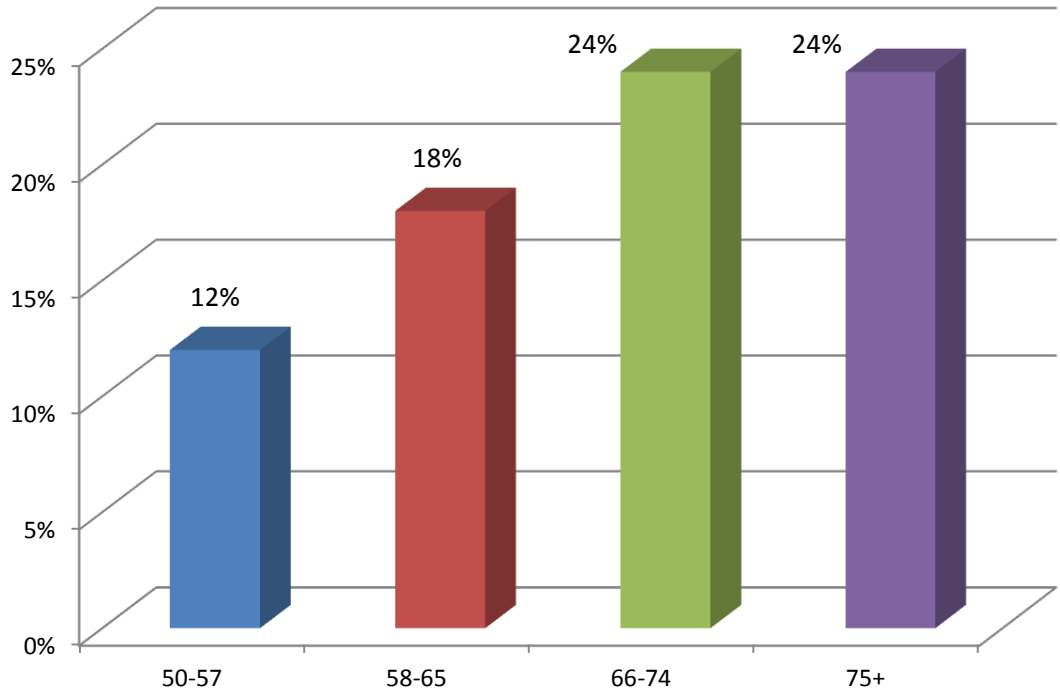


Difficulty in arranging transportation for specific trips tended to be more problematic. Over 17% of survey respondents either frequently or sometimes had trouble arranging transportation for medical trips, similar to the 2008 study (17%). Additionally, 11% and 10% frequently or sometimes had trouble arranging transportation for shopping or personal errands, respectively. Transportation difficulties can also hinder the ability for seniors to be social, with 14% noting they frequently or sometimes had difficulty arranging transportation for recreation or social trips; similar to the 15% from 2008.

Long-Term Care Insurance Plans

The majority (79%) of survey respondents do not have long-term care insurance. Most individuals (51%) noted they plan on paying for long-term care with Medicare. Additionally, 6% plan to use Medicaid (down from 15% in 2008), and of the 27% who indicated "other" (down from 32% in 2008). Overall in 2012, 30% don't know how they will pay for long term care, 8% plan to rely on family and 35% indicate savings and investments. Ten percent of respondents responded that they will rely upon their private insurance or veteran's benefits. Fewer respondents age 50-57 have long-term care insurance than those ages 75 and older (Figure 16). Still, over 75% of respondents age 66 and older do not have long-term care insurance, which is consistent with the 2008 survey results.

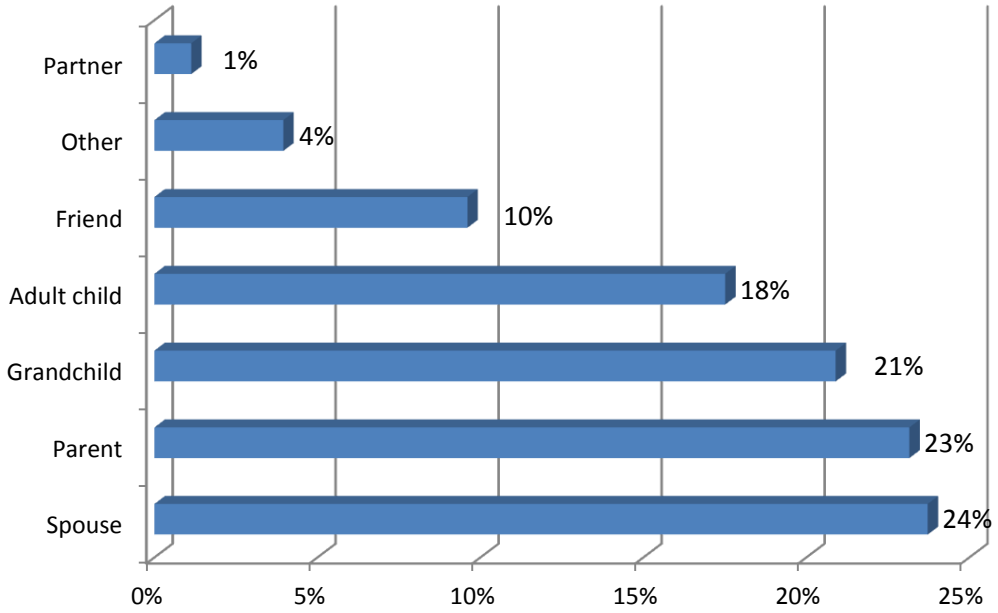
Figure 16. Percentage of respondents by age that have long-term care insurance



Care Giving

Among survey respondents, 19% (n=156) indicated they provide care for at least one friend or family member on a regular basis. Of those who provide care for friends or family members, 63% provide care for one person, 21% for two people and 16% for three or more people. Twenty-three percent of the caregivers in the sample are taking care of a parent and 24% are taking care of their spouse. In addition, 21% are taking care of a grandchild (Figure 17).

Figure 17. Percentage of care recipients among respondents who are caregivers



Caregivers who provide care for family and friends spend a great deal of time providing care. The average number of hours per week is illustrated in Table. The highest average (68 hours) is for spousal care giving, followed by caring for an adult child (49 hours), then grandchild member (35 hours).

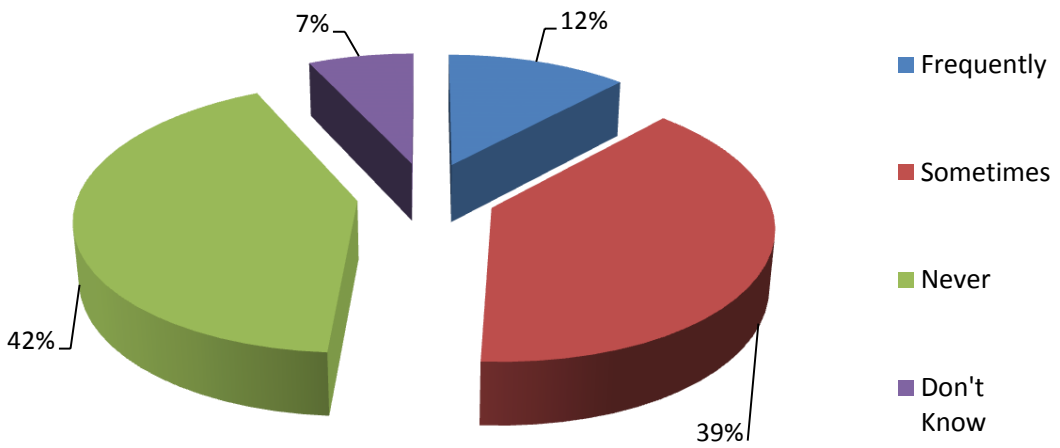
Table 9. Average number of hours of care by care recipient

Care Recipient	Average number of hours per week
Spouse	68
Parent	10
Friend/neighbor	11
Adult child	49
Grandchild	35
Partner	34
Other family member	21
Other	23

Forty-six percent of caregivers were providing care without any help from friends or family members (41% in 2008), and on average spend $293 per month of their own money to provide this care. Over half (68%) of caregivers are not aware of services in their community that could help them provide care, compared to 54% in 2008. Of those who are aware of available services, they were familiar with include home health care and Meals on Wheels. Few were aware of respite and transportation options.

Twenty-one percent of respondents who are caregivers said they receive no help or far less help than they need; a 3% increase from 2008. For those respondents who do share caregiving responsibilities, they share duties with other family members, such as taking turns providing transportation to appointments, cooking meals, and overseeing finances. Fifty-one percent of caregivers noted they are frequently or sometimes stressed by their caregiving responsibilities, which is down slightly from 2008 (59%). (Figure 18).

Figure 18. Caregiver rate of stress experienced in the past two months



Caregivers noted numerous types of supports that would help them in their care giving role (Table). The greatest need was for services such as financial support or formal advice. In 2012, financial support became the top need for caregivers, compared to adult day care services, which was the top need in 2008. Additionally, the 2012 results indicate a stronger need for formal advice or emotional support compared to 2008, 17% and 13% respectively.

Table 10. Type of help caregivers could use in caregiving

Type of Help	2012	2008
Financial support	21%	13%
Formal advice or emotional support (from a therapist, counselor, psychologist, or doctors) on issues such as caring for grandchildren and other caregiving issues	17%	12%
Services such as adult day services, supervision, benefits, transportation	14%	20%
Equipment (such as assistive devices, ramps, rails, etc.)	10%	11%
Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)	9%	11%
Organized support groups	8%	6%
Legal Assistance	8%	10%
Physical care information (lifting, diapering, transporting, cleaning for an ill person	4%	7%
Respite (services that allow me to have free time for myself)	7%	12%

Assistance and Support

Respondents were asked how much practical support they receive; such as being given a ride, having someone shop for them, loan them money, or do a home repair. Respondents indicated that do not receive much support. The most frequent source of support reported was from family members, with 32% receiving a lot of support, 19% some support, and 19% a little support. These findings were generally consistent with those from the 2008 survey. Table 9 illustrates the percentage of individuals receiving the different levels of support from different sources.

Table 9. Sources and level of support

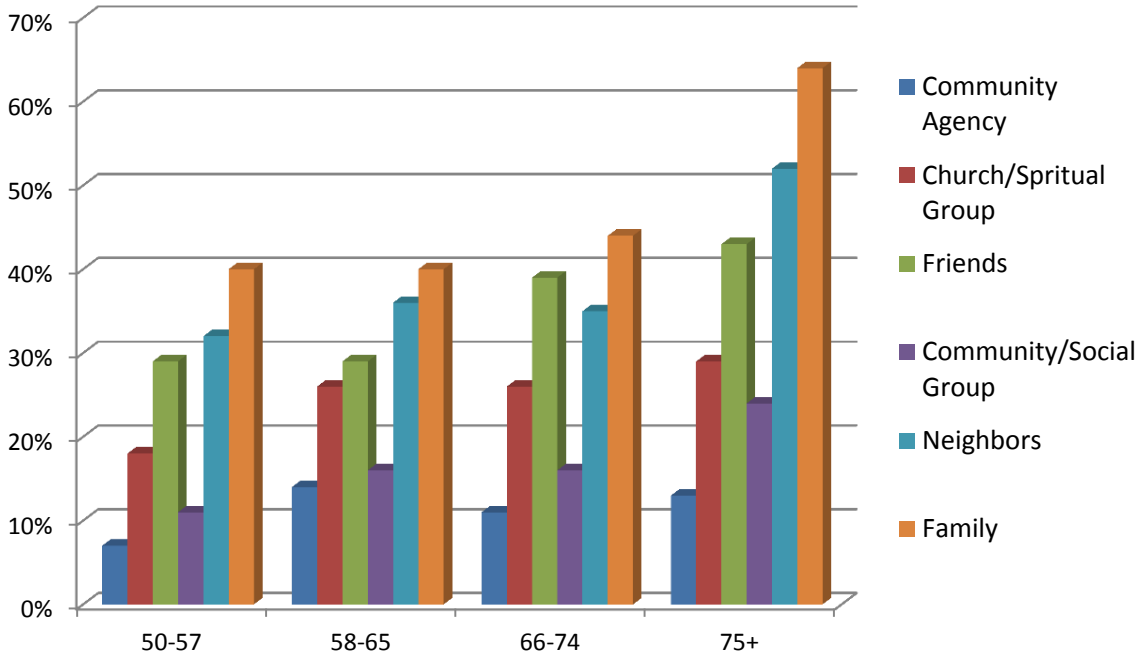
	A lot of support	Some support	A little support	No support
Your family	31.8%	18.6%	18.6%	31%
Your friends	14.8%	21.9%	25.5%	37.8%
Your neighbors	8.0%	16.5%	24.8%	50.7%
A church or spiritual group	10.5%	13.1%	12.8%	63.6%
A club or social group	3.2%	7.1%	10.4%	79.3%
A non-profit community agency	2.3%	4.9%	7.0%	85.8%

Despite reporting that they do not receive a lot of support from any one source, respondents overwhelmingly reported they could call a family member for help (74%). Fifteen percent said they had a friend or neighbor they could call. Of those who had someone they could call, 80% lived less than 10 miles from this person and 9% lived within 10-25 miles. Six percent said there was no one they could call for help. The results for assistance were consistent with the 2008 results.

Respondents of varying ages receive significantly different levels of assistance and support. As might be expected, the level of support received from all types of resources increased for the

older groups. Figure 19 shows the percentage of respondents who receive some level of assistance or support (a lot, some, or a little) by entity or organization. Family members provide the most support across all age groups followed by friends and neighbors. The percentage of respondents receiving some level of support or assistance from family members increases from the 50-57 year old group to the 58-65 year old group and again from the 66-74 year old group to the oldest group, age 75 and older. Respondents in the 58-65 year old and 66-74 year old groups are relatively consistent.

Figure 19. Percentage of respondents that receive a lot, some or a little support or assistance from various sources by age



The respondents have numerous areas of concern emotionally, physically and financially that might indicate that, while they have individuals they can call in an emergency situation, they may not be calling for help - especially for their emotionally needs. The area of most concern for respondents was their physical health. Forty-one percent said it was a minor problem and 14% said it was a major problem and an additional 4% anticipate having a problem with their health in the future representing a slight increase from 2008. While most respondents do not consider their emotional problems major, many noted feeling depressed (21%), feeling lonely, sad or isolated (19%) or having too few activities or feeling bored (16%) as a minor problem. Having financial problems (20%) and feeling lonely or depressed, 19% and 21%, respectively are among the top minor problems. The issues most concerning for respondents in the future (anticipating a problem in the future) were having financial problems (8% in 2012 and 4% in 2008), affording needed medications (6% in 2012 and 3% in 2008) and having housing suited to their needs (10% major and minor – or should this be a comparison to 2008).

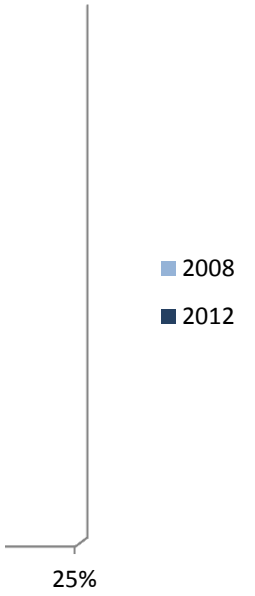
Table 12 illustrates the areas respondents describe as major or minor problems. In all categories, major and minor problems increased from 2008 to 2012 with the exception of physical health, which was unchanged.

	2012 Major	2012 Minor	2008 Major	2008 Minor
Your physical health	14.8%	41.0%	14.0%	41.4%
Having housing suited to your needs	2.5%	7.2%	0.9%	5.7%
Getting the health care you need	6.9%	11.4%	3.6%	10.2%
Having inadequate transportation	3.7%	7.8%	0.7%	7.2%
Feeling lonely, sad or isolated	3.3%	18.8%	2.9%	16.5%
Having enough food to eat	4.5%	5.0%	1.2%	2.6%
Affording the medications you need	6.1%	13.0%	3.4%	13.1%
Having financial problems	5.5%	20.3%	4.0%	16.7%
Feeling depressed	3.8%	20.8%	3.5%	23.1%
Being physically or emotionally abused	1.4%	3.0%	0.0%	1.0%
Being financially exploited	1.7%	6.4%	1.0%	3.9%
Being a victim of crime	1.4%	3.8%	0.4%	2.4%
Dealing with legal issues	2.6%	10.2%	1.2%	7.8%
Performing everyday activities such as walking, bathing, or getting in and out of a chair	3.3%	9.3%	1.3%	6.3%
Having too few activities or feeling bored	3.3%	16.1%	1.8%	13.4%

Between 2008 and 2012, the percentage of respondents choosing major or minor concerns increased for every category except affording gasoline. This likely reflects the current economic problems throughout the United States. In 2008, the highest financial concern was being able to afford gasoline, whereas in the 2012 survey; affording dental care was the highest concern at 21%. Other necessities that were reported as being difficult to afford were: 16% of respondents have not been able to afford eyeglasses compared to 9% in 2008 and 10% are unable to afford hearing aids, similar to the 2008 findings. Eleven percent cannot afford insurance, compared to 8% in 2008.

Figure 20 illustrates the percentage of respondents who have needed certain necessities like dental care, eyeglasses, and insurance and have not been able to afford them.

Figure 20. Percentage of respondents not able to afford necessities



Other Concerns

Many survey respondents have concerns about their future even though most (85%) consider their community a good place to grow old. Those concerns include how they will pay for health care or be able to afford other necessities, not having health insurance, and needing help with transportation, in-home repairs and caregiving. Numerous respondents also mentioned they are unnerved by the state of world affairs.

Primarily, all the concerns of respondents focused on their financial viability, even more so than in 2008. Several respondents from rural areas are concerned about having to leave their community when they need help: "I live in a rural area. I am at the point where I can no longer adequately take care of my house and yard. I do not need assisted living and do not want to live in a city or town."

Respondents also worry they will not have enough money to pay for health care and without health insurance many noted they will not be able to pay for prescription medications. Escalating costs for utilities, rent/mortgages and food make it even more difficult for individuals to afford health care. Additionally, some respondents worry about their own declining health in the mix of being able to afford to care for others. Some are concerned who will take care of them when their spouse dies. There is a need for more services to help care for family members (spouse or parents). There are a large percentage of those who care for family members who do not know what services are available.

Summary and Implications

The Idaho Commission on Aging Needs Assessment provides numerous important findings for future planning. Respondents provided information about their ability and desire to participate in various social activities, their ability to perform varying levels of physical activities and the ways they obtain information about services. In addition, respondents were asked about transportation options within their communities, the level of support they receive from family, friends or community members, and how they will pay for long-term care. The survey closed with an opportunity for respondents to share any other issues that might be of concern.

Key results derived from this study are overall similar to the 2008 findings, with some specific changes highlighted below.

1. **Respondents are most concerned about the cost of medical care, health insurance and staying in their homes as they age.**

Respondents are most concerned about their ability to afford their homes, health insurance and medical care. Numerous respondents noted they were already living on a tight budget. With increasing costs for utilities and food, being able to afford dental care, eyeglasses, medications, and health care has become increasingly difficult. Individuals who are not able to perform physical activities, such as housework or home repairs, or get the assistance they need to perform such tasks, will find it increasingly difficult to remain in their own homes. Providing the assistance for these physical household chores could impact the ability of many to remain in their homes and overall could reduce the cost of their care.

2. **Changes in access to information vary widely by age, and need to be considered when targeting specific segments of the over 50 population.**

The method used to reach seniors needs to be carefully considered. Across all age groups, respondents lack interest in senior centers. Senior centers, as one respondent put it, need to be "cheerful and bright for active intelligent people, not just [a place] to serve cheap meals and play Bingo." While this characterization may not be an accurate representation of many senior centers, it illustrates a perception about senior centers that may hinder participation by the younger groups or those closer to age 50. In addition, if a proposed service is to be delivered across all age groups (50 and older) then newspapers and television will reach the widest audiences. However, if the target audience is under 65, the Internet could be an effective way to reach a wide audience. Information from friends and family members carry a great deal of weight with the oldest group.

3. **The oldest Idahoans have the greatest needs for assistance in finding transportation and performing the physical activities necessary to remain in their homes.**

The results provide important information for service delivery planning for older adults. Key to this planning will be paying close attention to the oldest group of Idahoans (age 75 and older) as this group struggles the most to find transportation options and keep up with the physical activities necessary to keep their homes and remain in their communities. This is not to say that younger respondents do not also have difficulty; in fact, the results show an increasing percentage of individuals in each age group who struggle with these issues. Also key in planning is understanding that older adults in Idaho do not receive a significant amount of help from sources other than family members, most do not have long-term care insurance and more than half plan to pay for long-term care with Medicare.

4. **Even with 74% of respondents indicated they have someone to call who lives within 10 miles, most do not receive a significant amount of help.**

Only 32% of respondents receive a lot of help from family members and 36% receive some or a little support from family members. Even less receive any support from friends and neighbors or the community. However, the perception is that most have someone they can call who lives close by. Despite this perception, about 22% noted that feeling depressed, lonely, sad, or isolated was a major or minor problem and respondents overall were having more difficulty affording the necessities, including dental care (21%) and being able to afford eyeglasses (16%).

5. **Fewer than 25% of survey respondents have long-term care insurance and most believe they can use Medicare or private insurance to pay for long-term care.**

It is imperative that seniors receive more education about long-term care issues. Overall more than 50% of individuals plan to use Medicare to pay for their long-term care needs. Medicare does not currently cover many of the services that might be needed for long-term care and thus, a large percentage of elderly Idahoans are vulnerable should they need long-term care services.

6. **Almost 25% of respondents are caregivers for family or friends and 33% of those caregivers provide care for more than one person.**

Respondents who are caregivers for family or friends provide an invaluable service for those that depend upon them; however, the burden seems to be quite heavy. More than 33% of those respondents who are caregivers are caregivers for more than one person; 22% for two people and 13% care for three or more people. In addition, they spend an average of $293 per month of their own money. The most common care recipients are spouses and parents. Caregivers spend an average of 68 hours per week for spouses and 10 hours per week for parents. Of concern is the fact that approximately 51% of respondents reported being frequently or sometimes stressed in the past two months by their caregiving role.

Appendix A
Survey Instrument

Idaho Commission On Aging

Center for the Study of Aging

Dear Fellow Idahoan:

You have been selected to receive this survey from the Idaho Commission on Aging and the Center for the Study of Aging at Boise State University. The survey is part of our effort to identify ways to improve the quality of long-term care services for people in Idaho. Participation in this survey is completely voluntary. It should take about 20 minutes to complete.

The Idaho Commission on Aging (ICOA) is the sole state agency to administer programs and services for Idahoans 60 years of age and older funded by the federal Older Americans Act and the Idaho Senior Services Act. If you are an Idahoan age 50 years or older, we would like to ask about your opinions. Your responses will provide information for current and future planning efforts. Answering this survey gives you a chance to tell us about your values, priorities and concerns. We want to know how you feel, and what you know and think about the choices available as you age. Your responses will help shape future services provided to older Idahoans. Information from the Idaho survey will make it possible to tailor programs to specific needs in Idaho and more effectively promote services needed by you and your family.

If you choose to complete the paper survey, please return it in the pre-paid envelope by March 30, 2012. If you would prefer to complete the survey online, please type in the following web address.

https://boisestate.qualtrics.com/SE/?SID=SV_0vK4IZNcib4eLCk

For this research project, we are requesting demographic information. Due to the make-up of Idaho's population, the combined answers to these questions may make an individual person identifiable. We will make every effort to protect participants' confidentiality. However, if you are uncomfortable answering any of these questions, you may leave them blank. ***All survey responses will be kept completely confidential and no individual replies will be reported.***

If you have any comments or questions about this survey, please contact Dr. Lee Hannah at (208) 426-2508, or the Institutional Review Board at Boise State University, Office of Research Administration, 1910 University Drive, Boise, ID 83725-1135 or (208) 426-1574.

We thank you for your time and appreciate your assistance with this important project.

Sincerely,

Sam Haws

Sam Haws, Administrator
Idaho Commission on Aging
www.aging.idaho.gov

Lee Hannah, DVM, MS, MPH

Lee Hannah, DVM, MS, MPH
Center for the Study of Aging

Idaho Commission on Aging Community Needs Assessment

For each survey item below, ☑ check the box that best represents your opinion or experience.

1. My community is a good place to grow old?

❒$_1$ Yes
❒$_0$ No If No, please explain_____

2. For most of your trips, how do you travel? ***(select one)***

❒$_1$ Drive myself
❒$_2$ Ride with a family member or friend
❒$_3$ Take public transportation
❒$_4$ Take a senior van, shuttle, or minibus
❒$_5$ Take a taxi
❒$_6$ Walk
❒$_7$ Not applicable – Never leave house
❒$_8$ Other_____

3. In the past 12 months, how much help have you needed getting or arranging transportation?

❒$_1$ A lot ❒$_2$ Some ❒$_3$ None

4. If you selected A lot or Some in Question 3, what would you say were the reason(s)? ***(check all that apply)***

❒$_A$ Have to rely on other(s)	❒$_F$ Unfamiliar with transportation options or systems	❒$_J$ Weather
❒$_B$ Not available when I need to go	❒$_G$ Car doesn't work/ problems with vehicle	❒$_K$ Transportation does not go where I need
❒$_C$ Can't afford it	❒$_H$ Don't know who to call	❒$_L$ Disability / health related reasons
❒$_D$ Not available in my community	❒$_I$ Too far / Distance related	❒$_M$ Other
❒$_E$ Have trouble getting around without someone to help		

5. How often has it been difficult for you to arrange transportation for each of the following activities?

		Frequently	Sometimes	Never
a.	Medical trips	❒$_3$	❒$_2$	❒$_1$
b.	Shopping	❒$_3$	❒$_2$	❒$_1$
c.	Personal errands	❒$_3$	❒$_2$	❒$_1$
d.	Recreational or social trips	❒$_3$	❒$_2$	❒$_1$

6. Do you have long-term care insurance (Insurance policies which pay for long-term care services such as nursing home and home care)**?**

❒$_1$ Yes ❒$_0$ No

7. How do you plan on paying for your long-term care in the future?

❒$_1$ Medicare ❒$_3$ Long-term care insurance policy
❒$_2$ Medicaid ❒$_4$ Other please specify_____

8. How often do you use the following services or attend/visit the following locations?

		As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
a.	Community events / Social clubs	❒$_4$	❒$_3$	❒$_2$	❒$_1$
b.	Degree and non-degree courses	❒$_4$	❒$_3$	❒$_2$	❒$_1$
c.	Exercise & Fitness / Workouts / Activities	❒$_4$	❒$_3$	❒$_2$	❒$_1$
d.	Family activities	❒$_4$	❒$_3$	❒$_2$	❒$_1$
e.	Library	❒$_4$	❒$_3$	❒$_2$	❒$_1$
f.	Medical/pharmacy visits	❒$_4$	❒$_3$	❒$_2$	❒$_1$
g.	Parks	❒$_4$	❒$_3$	❒$_2$	❒$_1$
h.	Religion / worship	❒$_4$	❒$_3$	❒$_2$	❒$_1$
i.	Senior centers	❒$_4$	❒$_3$	❒$_2$	❒$_1$
j.	Shopping	❒$_4$	❒$_3$	❒$_2$	❒$_1$
k.	Sporting events	❒$_4$	❒$_3$	❒$_2$	❒$_1$
l.	Volunteer work	❒$_4$	❒$_3$	❒$_2$	❒$_1$
m.	Working for pay	❒$_4$	❒$_3$	❒$_2$	❒$_1$

9. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?

		Frequently	Sometimes	Never
a.	Newspaper	❒$_3$	❒$_2$	❒$_1$
b.	Radio	❒$_3$	❒$_2$	❒$_1$
c.	Television	❒$_3$	❒$_2$	❒$_1$
d.	Library	❒$_3$	❒$_2$	❒$_1$
e.	Internet	❒$_3$	❒$_2$	❒$_1$
f.	Word of mouth	❒$_3$	❒$_2$	❒$_1$
g.	Senior publications	❒$_3$	❒$_2$	❒$_1$

10. If you checked Frequently or Sometimes to Question 9e, how often do you use a computer to access information from the internet?

❒4 Frequently, at least once per week
❒3 Often, several times per month
❒2 Rarely, less than once per month
❒1 Never

11. If you use a computer to access information on the internet, where is the computer located? (check all that apply)

❒1 my home
❒2 library
❒3 senior center
❒4 the home of a family member or friend
❒5 work
❒6 other: _____

12. Please tell me if you can do each of the following activities without any help, with some help, or if you cannot do this at all. Can you…

		Without any help	With some help	Cannot do this at all
a.	Prepare your meals	❒3	❒2	❒1
b.	Shop for personal items	❒3	❒2	❒1
c.	Manage your medications	❒3	❒2	❒1
d.	Manage your money	❒3	❒2	❒1
e.	Use a telephone	❒3	❒2	❒1
f.	Do light housework like dusting or vacuuming	❒3	❒2	❒1
g.	Do heavy housework like moving furniture or washing windows	❒3	❒2	❒1
h.	Do interior or exterior repairs	❒3	❒2	❒1
i.	Do yard work and snow shoveling	❒3	❒2	❒1
j.	Walk	❒3	❒2	❒1
k.	Eat	❒3	❒2	❒1
l.	Dress yourself	❒3	❒2	❒1
m.	Bathe	❒3	❒2	❒1
n.	Use the toilet	❒3	❒2	❒1
o.	Get in and out of bed	❒3	❒2	❒1
p.	Respond to emergencies	❒3	❒2	❒1

13. How much practical support do you receive from the following sources? Examples of practical support are: being given a ride, having someone shop for you, or do a home repair for you.

		A lot of support	Some support	A little support	No support
a.	Your family	❒4	❒3	❒2	❒1
b.	Your friends	❒4	❒3	❒2	❒1
c.	Your neighbors	❒4	❒3	❒2	❒1
d.	A church or spiritual group	❒4	❒3	❒2	❒1
e.	A club or social group	❒4	❒3	❒2	❒1
f.	A non-profit community agency	❒4	❒3	❒2	❒1

14. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

		Major problem	Minor problem	No problem	Anticipate having a problem in the future
a.	Your physical health	❒4	❒3	❒2	❒1
b.	Having housing suited to your needs	❒4	❒3	❒2	❒1
c.	Getting the health care you need	❒4	❒3	❒2	❒1
d.	Having inadequate transportation	❒4	❒3	❒2	❒1
e.	Feeling lonely, sad or isolated	❒4	❒3	❒2	❒1
f.	Having enough food to eat	❒4	❒3	❒2	❒1
g.	Affording the medications you need	❒4	❒3	❒2	❒1
h.	Having financial problems	❒4	❒3	❒2	❒1
i.	Feeling depressed	❒4	❒3	❒2	❒1
j.	Being physically or emotionally abused	❒4	❒3	❒2	❒1
k.	Being financially exploited	❒4	❒3	❒2	❒1
l.	Being a victim of crime	❒4	❒3	❒2	❒1
m.	Dealing with legal issues	❒4	❒3	❒2	❒1
n.	Performing everyday activities such as walking, bathing, or getting in and out of a chair	❒4	❒3	❒2	❒1
o.	Having too few activities or feeling bored	❒4	❒3	❒2	❒1

15. Have you recently needed any of the following, but could not afford them?

		Yes	No
a.	Eyeglasses	❒1	❒0
b.	Hearing aids	❒1	❒0
c.	Walkers/Wheelchairs/Canes	❒1	❒0
d.	Dental Care	❒1	❒0
e.	Prescription medications	❒1	❒0
f.	Rent/Mortgage	❒1	❒0
g.	Utilities	❒1	❒0
h.	Taxes	❒1	❒0
i.	Insurance	❒1	❒0
j.	Food	❒1	❒0
k.	Gasoline	❒1	❒0

16. If you needed assistance, is there someone you could call for help? ***(Select one)***

❒0 No

❒1 Yes, a family member
❒2 Yes, a friend or neighbor
❒3 Yes, other

If yes, how far away does this person live?

❒1 0-9 miles
❒2 10-25 miles
❒3 26-50 miles
❒4 51-75 miles
❒5 76-100 miles
❒6 Greater than 100 miles

17. Do you <u>provide</u> care for one or more family members or friends on a regular basis?

❒1 Yes ❒0 No *(Please skip to question 26)*

18. For how many family members or friends do you provide care? _____

19. For whom do you provide care and about how many <u>hours</u> per week do you spend providing care for this person or these persons?

	Average number of hours per week		Average number of hours per week
a. Spouse	_____	e. Grandchild	_____
b. Parent	_____	f. Partner	_____
c. Friend/Neighbor	_____	g. Other family member	_____
d. Adult Child	_____	h. Other: _____	_____

20. Are other family members or friends involved in the care of this person(s)?

❒$_1$ Yes ❒$_0$ No

***If Yes,* how are they working together to provide care for this person(s)?**

21. Think of the help you get from all your family and friends in looking after the person(s) for whom you provide care. Please identify the one response that most closely identifies your situation: *(Check only one.)*

❒$_1$ I receive no help
❒$_2$ I receive about what I need in terms of help
❒$_3$ I receive somewhat less help than I need
❒$_4$ I receive far less help than I need
❒$_5$ I don't need any help

22. How much of your money do you spend every month to provide care for this person(s)?
$_____

23. How often in the past <u>two months</u> have you felt stressed by your care giving?

❒$_1$ Frequently ❒$_3$ Never
❒$_2$ Sometimes ❒$_4$ Don't know

24. Are you aware of services provided in your community that could help you provide care?

❒$_1$ Yes ❒$_0$ No

***If yes,* what is offered in your community?**

25. What kinds of help could you use more of in your caregiving? *(check all that apply)*

❒$_A$ Financial support
❒$_B$ Organized support groups
❒$_C$ Formal advice or emotional support (from a therapist, counselor, psychologist, or doctor) on care giving issues
❒$_D$ Services such as adult day services, supervision, benefits, transportation
❒$_E$ Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)
❒$_F$ Physical care information (lifting, diapering, transporting, cleaning) for an ill person
❒$_G$ Respite (services that allow me to have free time for myself)
❒$_H$ Legal assistance
❒$_I$ Equipment (such as assistive devices, ramps, rails, etc.)

26. How many years have you been a resident of your community?

❒$_1$ 0-5 ❒$_3$ 11-15 ❒$_5$ 20 or more
❒$_2$ 6-10 ❒$_4$ 16-20

27. What is your year of birth? _____

28. Overall, how do you rate your quality of life?

❒$_1$ Very good ❒$_2$ Good ❒$_3$ Neither good nor bad ❒$_4$ Bad ❒$_5$ Very bad

29. Which of the following kinds of <u>health</u> insurance do you have? *(check all that apply)*

❒$_A$ Medicaid ❒$_C$ Private insurance
❒$_B$ Medicare ❒$_D$ Other insurance_____

30. What is your gender?

❒$_0$ Male ❒$_1$ Female

31. Do you consider yourself to be Hispanic or Latino?

❒$_1$ Yes ❒$_0$ No

32. Which one or more of the following would you say is your race? *(check all that apply)*

❒$_1$ White
❒$_2$ Black or African American
❒$_3$ Native Hawaiian/Pacific Islander
❒$_4$ American Indian, Alaskan Native
❒$_5$ Other (Specify)_____

33. Do you currently rent or own your home?

❒$_1$ Rent ❒$_2$ Own ❒$_3$ Other_____

34. Which of the following best describes where you live?

❒$_1$ Single family home
❒$_2$ Townhouse, condo, duplex, or apartment
❒$_3$ Mobile home
❒$_4$ Assisted living residence
❒$_5$ Nursing home
❒$_6$ Subsidized housing
❒$_7$ Other_____

35. How many people, including yourself, live in your household?

❒$_1$ 1 person
❒$_2$ 2 people
❒$_3$ 3 people
❒$_4$ 4 people
❒$_5$ 5 or more people

36. Who lives with you? *(check all that apply)*

❒$_A$ Spouse (wife/husband)
❒$_B$ Significant other
❒$_C$ At least one child
❒$_D$ Child(ren) and his/her/their family
❒$_E$ Other relative(s)
❒$_F$ Unrelated adults/friends
❒$_G$ Grandchildren/great-grandchildren
❒$_H$ Other_____

37. What is your total annual household income?

❒$_1$ Less than $10,000
❒$_2$ $10,000 to under $20,000
❒$_3$ $20,000 to under $30,000
❒$_4$ $30,000 to under $40,000
❒$_5$ $40,000 to under $50,000
❒$_6$ $50,000 to under $60,000
❒$_7$ $60,000 to under $75,000
❒$_8$ $75,000 or more

38. What is your marital status?

❒$_1$ Married
❒$_2$ Widowed
❒$_3$ Divorced
❒$_4$ Single
❒$_5$ Partnered
❒$_6$ Other _____

39. How much formal education have you completed?

❒$_1$ 0-11 years, no diploma
❒$_2$ High school graduate / GED
❒$_3$ Some college or technical training
❒$_4$ Associate's degree
❒$_5$ Bachelor's degree
❒$_6$ Graduate or professional degree

40. What is your primary occupation?

❒$_1$ Retired
❒$_2$ Working full-time
❒$_3$ Working part-time
❒$_4$ Unemployed, looking for work
❒$_5$ Homemaker
❒$_6$ Disabled
❒$_7$ Other _____

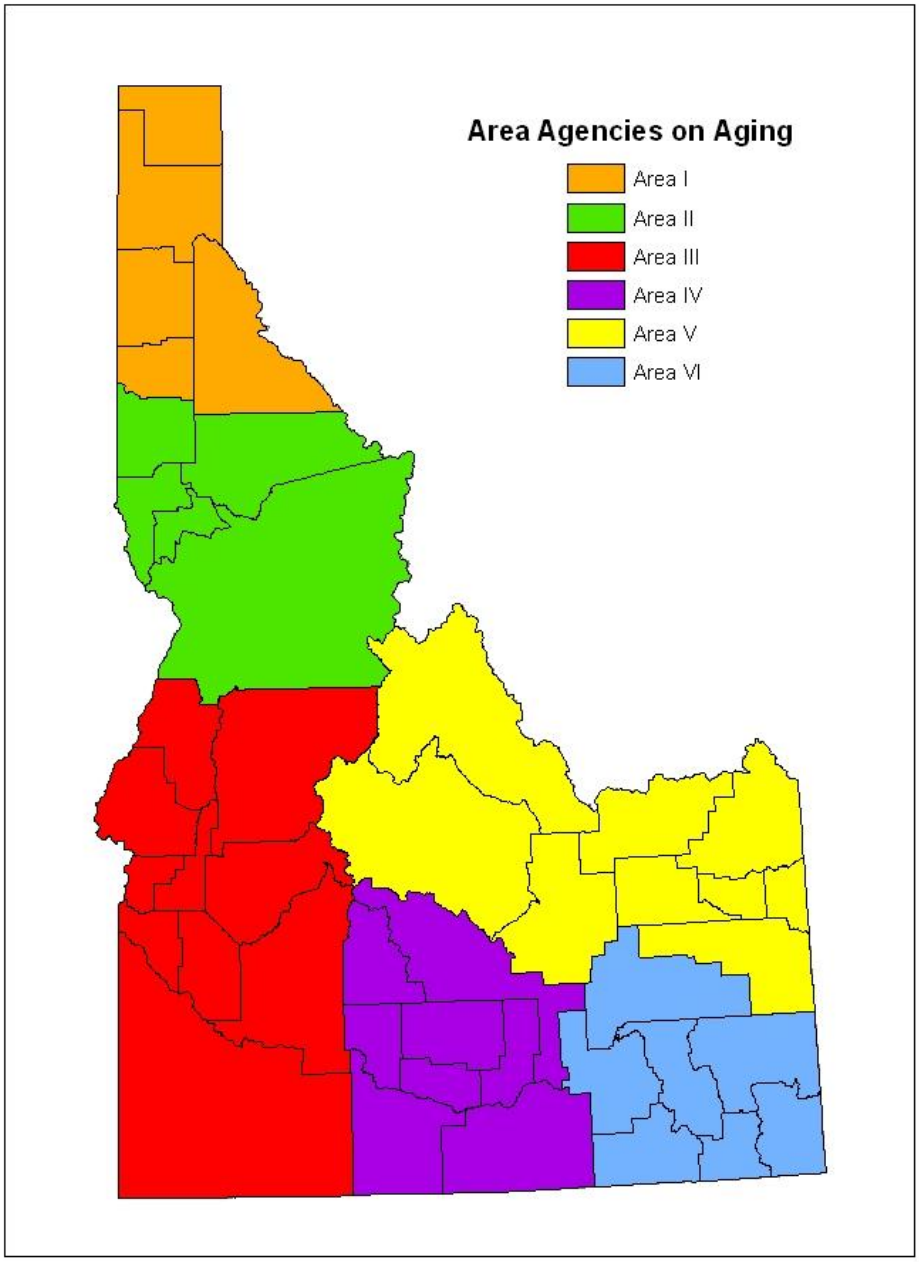
41. If you are looking for employment, do you need re-training?

❒$_1$ Yes ❒$_0$ No

42. Are there any other issues you are concerned about?

❒$_0$ No
❒$_1$ Yes (specify)_____

Appendix B
Idaho Commission on Aging Areas


Area Agencies on Aging
Area I
Area II
Area III
Area IV
Area V
Area VI

Appendix C
Overall Results

Idaho Commission on Aging Community Needs Assessment
Overall Results – 2012 Survey

1. My community is a good place to grow old?

85% Yes **15%** No

2. For most of your trips, how do you travel? ***(select one)***

85.0% Drive myself	**0.0%** Take a taxi
12.4% Ride with a family member or friend	**0.4%** Walk
0 .6% Take public transportation	**0.0%** Not applicable – Never leave house
1.4% Take a senior van, shuttle, or minibus	**0.2%** Other

3. In the past 12 months, how much help have you needed getting or arranging transportation?

3.5% A lot **12.8 %** Some **83.8%** None

4. When you have trouble getting the transportation you need, what would you say are the reason(s)? ***(check all that apply)***

6.9 %	Have to rely on other(s)
1.5%	Unfamiliar with transportation options or systems
4.0%	Weather
2.0%	Not available when I need to go
1.8%	Car doesn't work/ problems with vehicle
2.7%	Transportation does not go where I need to go
2.6%	Can't afford it
1.5%	Don't know who to call
5.4%	Disability / health related reasons
2.0%	Not available in my community
2.2%	Too far / Distance related
1.6%	Other
3.4%	Have trouble getting around without someone to help

5. How often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
a. Medical trips	1.2%	16.4%	82.3%
b. Shopping	1.4%	10.4%	88.2%
c. Personal errands	1.4%	9.5%	89.1%
d. Recreational or social trips	2.5%	11.9%	85.7%

6. Do you have long-term care insurance (Insurance policies which pay for long-term care services such as nursing home and home care)**?**

20.9% Yes **79.1%** No

7. How do you plan on paying for your long-term care in the future?

51.0% Medicare
6.0% Medicaid
16.0% Long-term care insurance policy
27.0% Other

8. How often do you use the following services or attend the following locations?

	As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
a. Community events / Social clubs	43.1%	15.1%	16.4%	25.5%
b. Degree and non-degree courses	16.1%	4.0%	16.0%	63.9%
c. Exercise & Fitness / Workouts / Activities	40.1%	11.9%	20.7%	27.3%
d. Family activities	58.2%	19.5%	16.4%	5.9%
e. Library / Internet	48.3%	11.3%	14.3%	26.1%
f. Medical and pharmacy visits	76.8%	13.7%	4.0%	5.5%
g. Parks	58.1%	13.2%	13.8%	14.9%
h. Religion / worship	61.7%	8.0%	8.4%	21.9%
i. Senior centers	40.8%	6.8%	6.4%	46.0%
j. Shopping	73.4%	15.6%	7.1%	3.9%
k. Sporting events	42.8%	10.8%	12.8%	33.6%
l. Volunteer work	45.5%	10.8%	15.6%	28.1%
m. Working for pay	35.4%	6.4%	9.8%	48.4%

9. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?

		Frequently	Sometimes	Never
a.	Newspaper	57.0%	31.5%	11.5%
b.	Radio	29.6%	39.8%	30.6%
c.	Television	54.9%	33.8%	11.4%
d.	Library	14.9%	33.2%	51.9%
e.	Internet	42.0%	25.5%	32.5%
f.	Word of mouth	49.2%	45.9%	4.9%
g.	Senior publications	18.1%	40.9%	41.0%

10. If you checked frequently or Sometimes to Question 9e, how often do you use a computer to access information from the internet?

77.9% Frequently, at least once per week
12.6% Often, several times a month
8.2% Rarely, less than once per month
1.2% Never

11. If you use a computer to access information on the internet, where is the computer located? (check all that apply)

79% my home
3% library
2% senior center
2% home of friend or family
11% work
3% other

12. Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you…

		Without any help	With some help	Cannot do this at all
a.	Prepare your meals	90.9%	6.9%	2.2%
b.	Shop for personal items	91.1%	7.1%	1.9%
c.	Manage your medications	93.9%	4.1%	2.0%
d.	Manage your money	92.2%	6.7%	1.1%
e.	Use a telephone	96.6%	2.4%	1.0%
f.	Do light housework like dusting or vacuuming	85.3%	9.9%	4.8%
g.	Do heavy housework like moving furniture or washing windows	57.6%	27.1%	15.3%
h.	Do interior or exterior repairs	42.4%	33.8%	23.9%
i.	Do yard work and snow shoveling	55.3%	27.0%	17.8%
j.	Walk	89.6%	8.2%	2.2%
k.	Eat	98.8%	1.0%	.2%
l.	Dress yourself	97.3%	2.5%	.2%
m.	Bathe	95.7%	3.6%	.7%
n.	Use the toilet	98.6%	1.1%	.2%
o.	Get in and out of bed	98.1%	1.6%	.2%
p.	Respond to emergencies	90.0%	7.9%	2.1%

13. How much practical support do you receive these days from the following sources? Examples of practical support are: being given a ride, having someone shop for you, loan you money or do a home repair for you.

		A lot of support	Some support	A little support	No support
a.	Your family	31.8%%	18.6%	18.6%	31.0%
b.	Your friends	14.8%	21.9%	25.5%	37.8%
c.	Your neighbors	8.0%	16.5%	24.8%	50.7%
d.	A church or spiritual group	10.5%	13.1%	12.8%	63.6%
e.	A club or social group	3.2%	7.1%	10.4%	79.3%
f.	A non-profit community agency	2.3%	4.9%	7.0%	85.8%

14. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

		Major problem	Minor problem	No problem	Anticipate having a problem in the future
a.	Your physical health	14.8%	41.0%	40.1%	4.1%
b.	Having housing suited to your needs	2.5%	7.2%	84.8%	5.5%
c.	Getting the health care you need	6.9%	11.4%	76.4%	5.3%
d.	Having inadequate transportation	3.7%	7.8%	83.4%	5.1%
e.	Feeling lonely, sad or isolated	3.3%	18.8%	73.3%	4.6%
f.	Having enough food to eat	4.5%	5.0%	87.3%	3.2%
g.	Affording the medications you need	6.1%	13.0%	75.2%	5.7%
h.	Having financial problems	5.5%	20.3%	66.2%	8.0%
i.	Feeling depressed	3.8%	20.8%	71.1%	4.2%
j.	Being physically or emotionally abused	1.4%	3.0%	91.4%	4.2%
k.	Being financially exploited	1.7%	6.4%	87.9%	4.0%
l.	Being a victim of crime	1.4%	3.8%	89.9%	4.9%
m.	Dealing with legal issues	2.6%	10.2%	82.2%	5.0%
n.	Performing everyday activities such as walking, bathing, or getting in and out of a chair	3.3%	9.3%	82.5%	4.9%
o.	Having too few activities or feeling bored	3.3%	16.1%	76.5%	4.1%

15. Have you recently needed any of the following, but could not afford them?

		Yes	No
a.	Eyeglasses	16.1%	83.9%
b.	Hearing aids	10.4%	89.6%
c.	Walkers/Wheelchairs/Canes	2.0%	98.0%
d.	Dental Care	21.0%	79.0%
e.	Prescription medications	8.8%	91.2%
f.	Rent/Mortgage	5.9%	94.1%
g.	Utilities	8.0%	92.0%
h.	Taxes	7.1%	92.9%
i.	Insurance	11.3%	88.7%
j.	Food	7.4%	92.6%
k.	Gasoline	13.0%	87.0%

16. If <u>you</u> needed assistance, is there someone you could call for help? ***(Select one)***

<u>6.4%</u> No

<u>74.2%%</u> Yes, a family member
<u>15.3%</u> Yes, a friend or neighbor
<u>4.1%</u> Yes, other

If yes, how far away does this person live?

<u>79.8%</u> 0-9 miles
<u>8.6%</u> 10-25 miles
<u>3.6%</u> 26-50 miles
<u>.8%</u> 51-75 miles
<u>1.2%</u> 76-100 miles
<u>4.6%</u> Greater than 100 miles

17. Do you <u>provide</u> care for one or more family members or friends on a regular basis?

<u>19.1%</u> Yes **<u>80.90%</u>** No

18. For how many family members or friends do you provide care?

<u>62.4%</u>	1
<u>21.8%</u>	2
<u>5.9%</u>	3
<u>3.0%</u>	4
<u>4.0%</u>	5
<u>2.0%</u>	6
<u>0.2%</u>	10

19. For whom do you provide care and about how many <u>hours</u> per week do you spend providing care for this person or these persons?

Average number of hours per week

	Range	Avg.	SD
a. Spouse	2-168	68.6	69.9
b. Parent	1-56	9.8	10.2
c. Friend/Neighbor	1-80	10.7	20.1
d. Adult Child	1-168	49.6	64.0
e. Grandchild	1-168	34.5	45.8
f. Partner	8-60	34.0	36.7
g. Other family member	1-168	20.7	51.9
h. Other	2-80	23.0	29.0

20. Are other family members or friends involved in the care of this person(s)?

54.0% Yes **46.0%** No

***If Yes,* how are they working together to provide care for this person(s)?**

21. Think of the help you get from all your family and friends in looking after the person(s) for whom you provide care. Please identify the one response that most closely identifies your situation: *(Check only one.)*

17.3% I receive no help
44.9% I receive about what I need in terms of help
8.3% I receive somewhat less help than I need
3.8% I receive far less help than I need
22.4% I don't need any help

22. How much do you spend every month of your money to provide care for this person(s)?

$0-5,000 Range **$293.61** Avg. **$579.74** SD:

23. How often in the past two months have you felt stressed by your care giving?

12.0% Frequently **42.0%** Never
39.2% Sometimes **6.8%** Don't know

24. Are you aware of service provided in your community that could help you provide care?

32.1% Yes **67.9%** No

***If yes,* what is offered in your community?**

25. What kinds of help could you use more of in your caregiving? ***(check all that apply)***

21% Financial support
8 % Organized support groups
17% Formal advice or emotional support (from a therapist, counselor, psychologist, or doctor) on issues such as caring for grandchildren and other caregiving issues
14% Services such as adult day services, supervision, benefits, transportation
9% Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)
4% Physical care information (lifting, diapering, transporting, cleaning) for an ill person
7% Respite (services that allow me to have free time for myself)
8% Legal assistance
10% Equipment (such as assistive devices, ramps, rails, etc.)

26. How many years have you been a resident of your community?

12.4% 0-5	**9.2%** 11-15	**60.7%** 20 or more
9.6% 6-10	**5.9%** 16-20	

27. What is your age? **34-97** Range **70.36** Avg. **11.2** SD

28. Overall, how do you rate your quality of life?

41.0% Very good	**44.7%** Good	**11.0%** Neither good nor bad	**0.7%** Bad	**0.1%** Very bad

29. Which of the following kinds of health insurance do you have? ***(check all that apply)***

6% Medicaid
39% Medicare
38% Private insurance
17% Other insurance

30. What is your gender?

41.8% Male **58.2%** Female

31. Do you consider yourself to be Hispanic or Latino?

.9% Yes **99.9%** No

32. Which one or more of the following would you say is your race?

94.6% White
0.2% Black or African American
0.0% Native Hawaiian/Other Pacific Islander
0.9% American Indian, Alaskan Native
1.8% Other (Specify)

33. Do you currently rent or own your home?

14.1% Rent **81.2%** Own **4.7%** Other

34. Which of the following best describes where you live?

77.7% Single family home
7.5% Townhouse, condo, duplex, or apartment
7.5% Mobile home
1.0% Assisted living residence
0.5% Nursing home
3.2% Subsidized housing
1.2% Other

35. How many people, including yourself, live in your household?

37.3% 1 person
47.5% 2 people
7.0 % 3 people
3.2% 4 people
2.9% 5 or more people

36. Who lives with you? *(check all that apply)*

63% Spouse (wife/husband)
4% Significant other
17% At least one child
2% Child(ren) and his/her/their family
1% Other relative(s)
2% Unrelated adults/friends
5% Grandchildren/great-grandchildren
1% Other

37. What is your household income?

8.0% Less than $10,000
20.5% $10,000 to under $20,000
14.0% $20,000 to under $30,000
10.3% $30,000 to under $40,000
8.7% $40,000 to under $50,000
6.5% $50,000 to under $60,000
6.0% $60,000 to under $75,000
12.3% $75,000 or more

38. What is your marital status?

48.0% Married
28.0% Widowed
6.3% Single
1.5% Partnered

14.4% Divorced **0.4%** Other

39. How much formal education have you completed?

6.9% 0-11 years, no diploma
23.4% High school graduate / GED
33.4% Some college or technical training
6.7% Associate's degree
16.4% Bachelor's degree
11.3% Graduate or professional degree

40. What is your employment status?

54.6% Retired
19.1% Working full-time
9.6% Working part-time
2.7% Unemployed, looking for work
3.9% Homemaker
5.4% Disabled
2.3% Other

41. If you anticipate looking for employment, would you need re-training?

6.1% Yes **93.9%** No

42. Are there any other issues you are concerned about?

25.2% Yes **74.8%** No

Appendix D
Area Agency on Aging Results

Table 10. Demographic information of sample population overall and by AAA area.

	Idaho Population over 50 years old	Sample Sent Survey N=3,000	Respondents N=814
	(2010)		
Male 50+	48%	50%	42%
Female 50+	52%	50%	58%
		Congregate Sites N= 1,000	Respondents N = 236
Area I		16%	18%
Area II		9%	6%
Area III		40%	25%
Area IV		13%	20 %
Area V		10%	13%
Area VI		11%	18%

Table 11. Survey participant age from surveys, overall and by AAA area.

	Average	Standard Deviation	Range
2008	66.9	10.8	50-99
2012 Total	70.5	11.1	51-97
2012 Area	76.3	8.7	53-95
Area I	77.1	8.6	58-92
Area II	76.9	8.9	61-91
Area III	75.3	8.6	53-91
Area IV	74.7	9.3	54-92
Area V	78.6	7.5	64-95
Area VI	76.9	9.1	59-92

Social Activities Area Results

As with the 2008 data, there were very few differences across regions compared to the overall results in terms of whether individuals are able to participate in social activities as often, almost as often, or not as often as they would like. The one major exception was the interest in senior centers. Since the area specific information was collected from congregate meal sites, respondents who participate in congregate meals would be more aware of, or interested in, senior centers compared to the mail respondents.

More respondents from Area II indicated they don't attend senior centers as often as they would like (14.3%), compared to the remaining regions at less than 5% each. When asked whether respondents were interested in degree or non-degree programs, again, there was little difference across area agencies, with the exception of Area IV that had the highest percentage of respondents reporting that they do not attend nearly or as often as they would like (26.3%) compared to the remaining area agencies (average 17%).

Additionally, Area I was among the highest percentage of not interested in working for pay but they are also among the highest of not working nearly as often as they would like (17.6%). (Figures 1 and 2)

Figure 1. Percentage of respondent interest in attending senior centers by AAA area

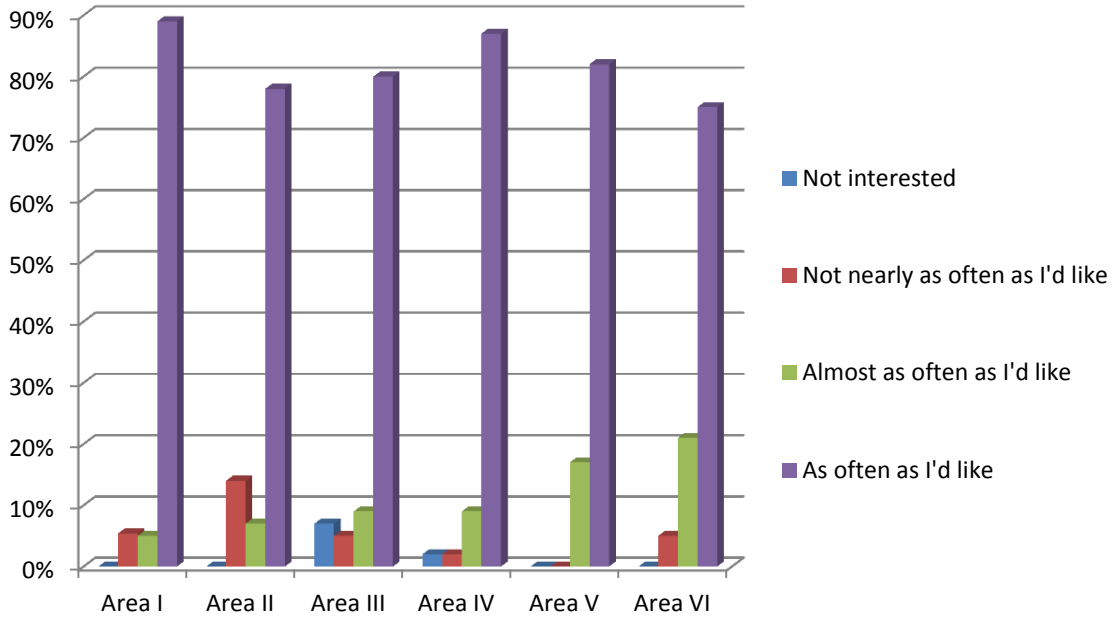
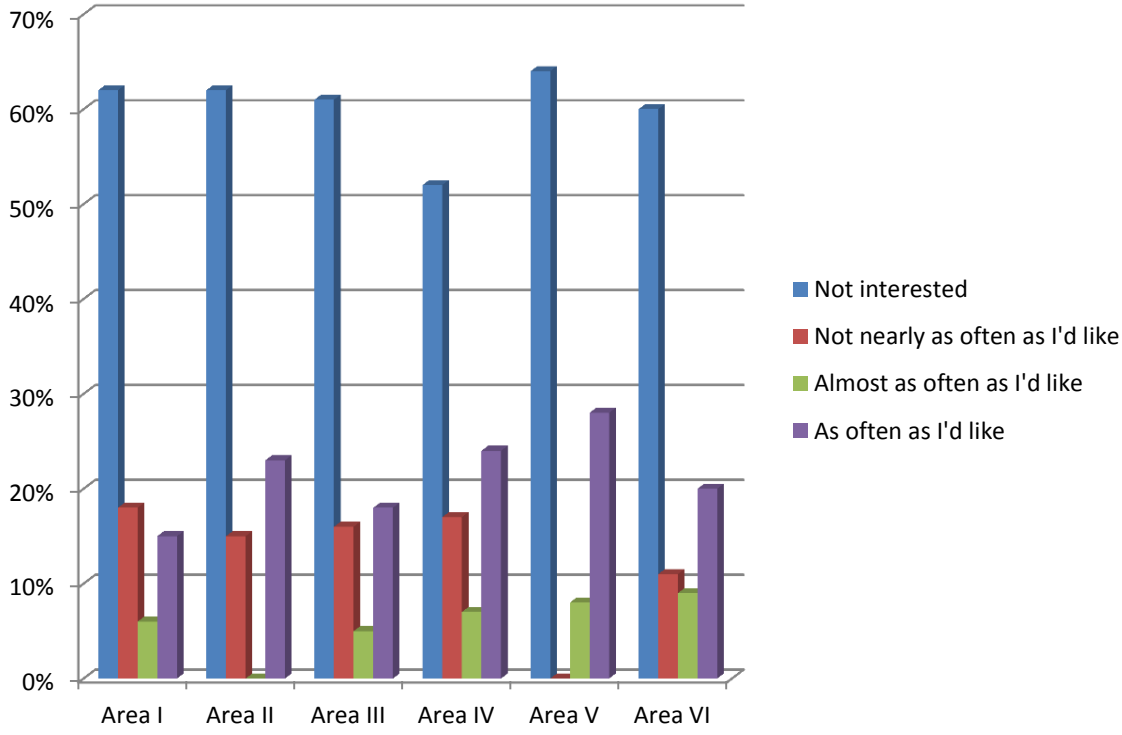


Figure 2. Percentage of respondents interested in working for pay by AAA area



Physical Activity Area Results

For most activities, the area results were similar to the overall results. There were some slight differences in ability to do light and heavy housework. Respondents in Areas I and VI have the greatest need for help with light and heavy housework. Twenty-four percent of respondents in Area I and 26% in Area VI can only do light housework like dusting and vacuuming with some help and 35% in Area VI need help with heavy housework, like moving furniture or washing windows (Figure 3 and 4). Area III and IV were among the highest areas who self-reported needing help to do tasks like yard work, 36% and 48% respectively. When asked about yard work, 40% of respondents in Area II and 38% in Area V reported they cannot do this at all (Figure 5).

Figure 3. Percentage of responses to ability to do light housework by AAA area.

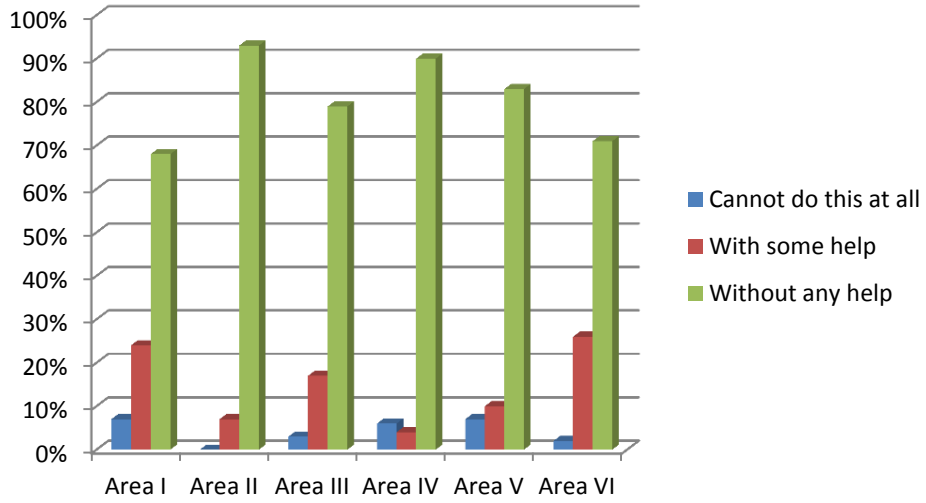


Figure 4. Percentage of responses to ability to do heavy housework by AAA area.

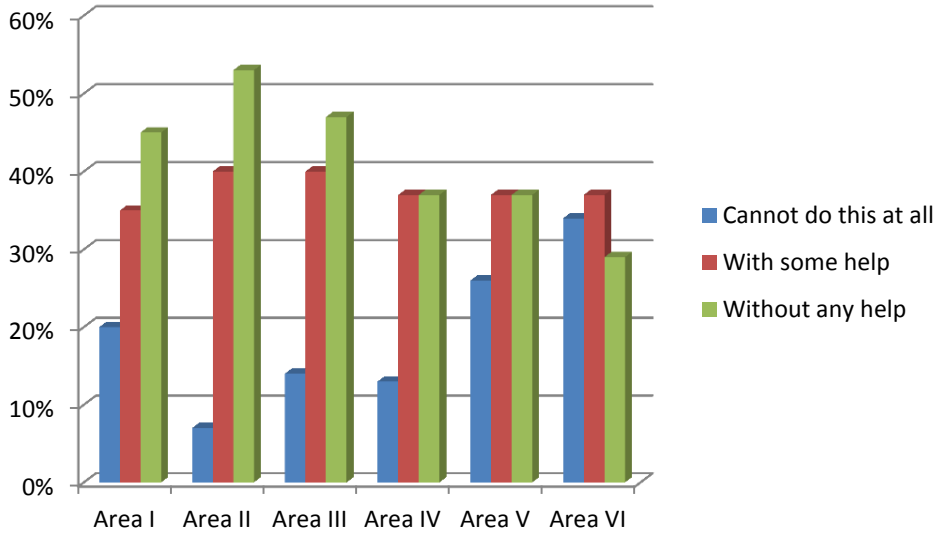
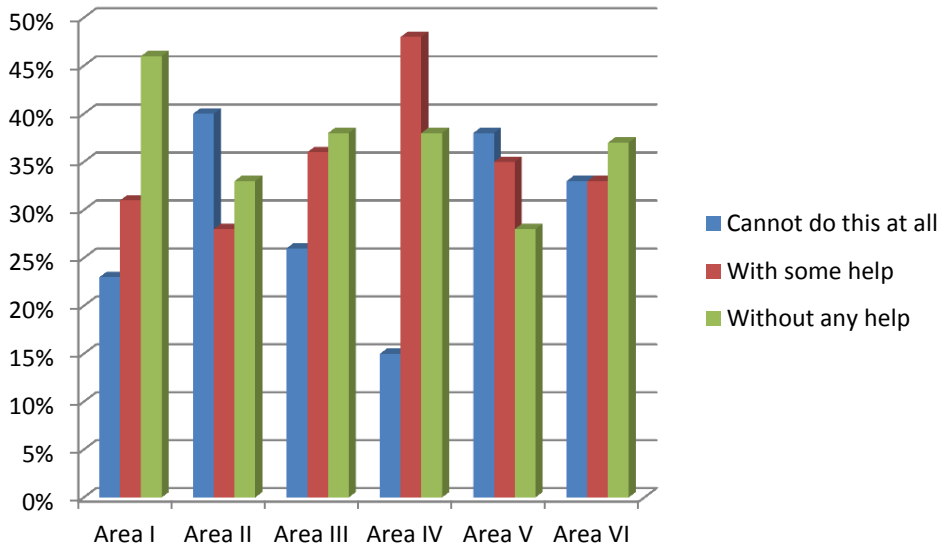


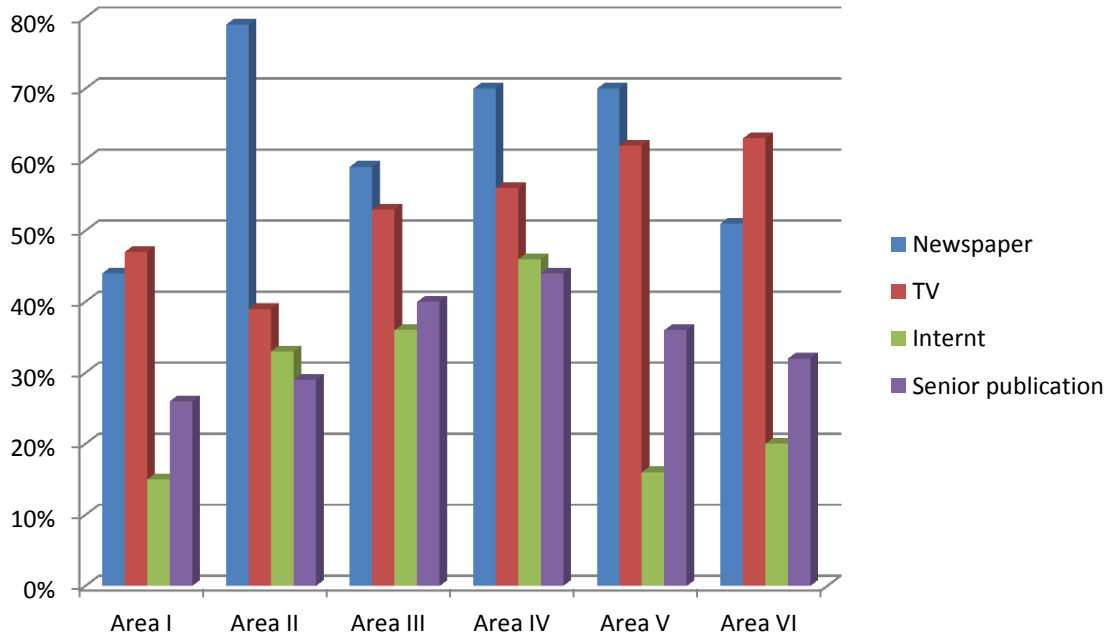
Figure 5. Percentage of responses to ability to do yard work by AAA area.



Sources of Information Area Results

Regionally, survey respondents were consistent with the sources they use most frequently to find information about services or activities. Newspapers remain the most frequently used source in all regions except region VI (**Error! Reference source not found.**). Area IV respondents use the internet as a frequently used source of information about services and activities at 46%, but still as a secondary source to newspaper. Area V indicated the lowest response to internet usage for information sources at 16%.

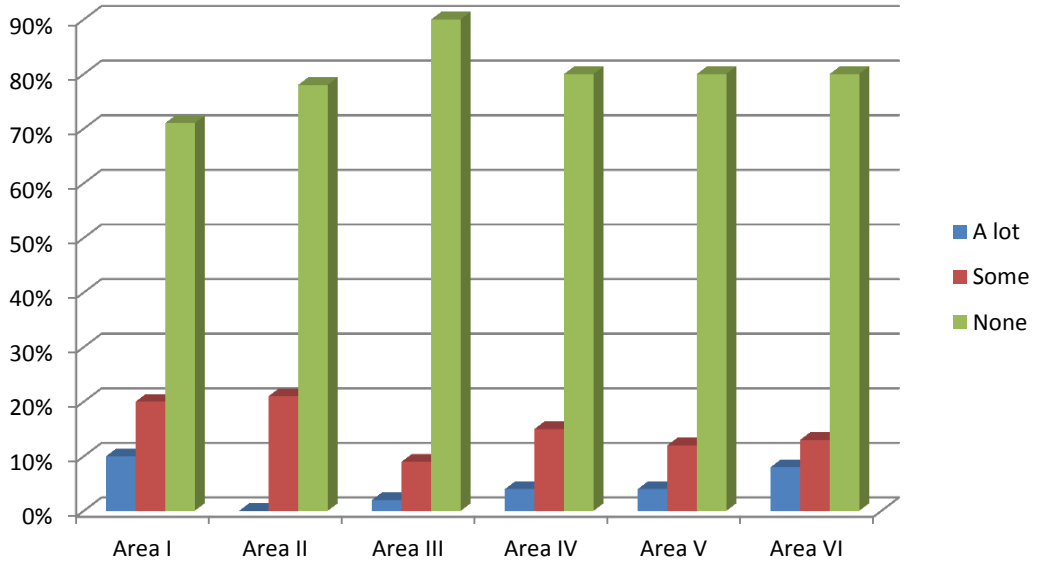
Figure 6. Percentage of responses to frequently used sources of information by AAA area.



Transportation Area Results

Areas I and VI had the highest percentage of individuals who indicated they needed a lot of help getting or arranging transportation in the past 12 months. In Area I, 10% of respondents indicated they need a lot of help and 8% in Area VI indicated this need (Figure 7). However, respondents across all regions reported some difficulty in finding transportation for specific activities such as medical trips, shopping, personal errands or recreational or social trips.

Figure 7. Percentage of responses to difficulty in getting or arranging transportation by AAA area.



The greatest difference in transportation between areas was when respondents self-reported the reasons why they had difficulty finding or arranging transportation.
illustrates the reasons by region. In all areas, "Having to rely on others" was the top reason for having difficulty arranging transportation. The second highest reason for having difficulty arranging transportation was "The transportation doesn't go where I need it to"; Area III was the highest at 10.8% followed by Area I at 9.2%. Weather was also a top reason for Area II (13%) compared to less than 5 % for other regions.

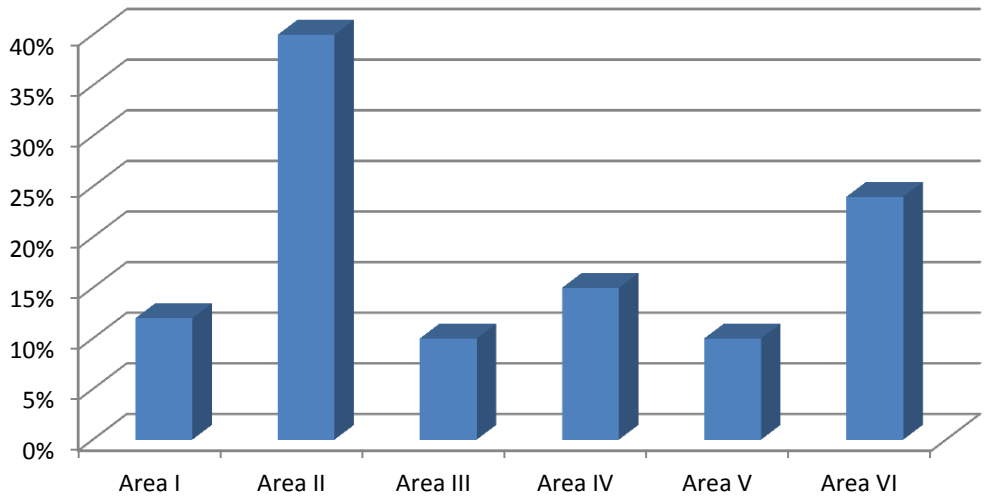
Table 3. Reasons for difficulties in finding or arranging transportation by AAA area.

	Region					
	I	**II**	**III**	**IV**	**V**	**VI**
Have to rely on other(s)	12%	7%	9%	10%	13%	12%
Not available when I need to go	2%	0%	3%	4%	3%	5%
Can't afford it	2%	7%	5%	2%	0%	2%
Not available in my community	10%	0%	2%	2%	3%	0%
Have trouble getting around without someone to help	2%	0%	3%	0%	7%	2%
Unfamiliar with transportation options or systems	2%	0%	2%	0%	0%	5%
Car doesn't work/problems with vehicle	0%	0%	0%	4%	0%	0%
Don't know who to call	2%	0%	2%	0%	3%	5%
Too far/Distance related	7%	0%	3%	2%	3%	2%
Weather	5%	13%	3%	2%	3%	5%
Transportation doesn't go where I need to go	9.2%	2.4%	10.8%	4.8%	6.7%	6.7%
Disability/health related reasons	5.3%	6.0%	4.9%	3.2%	7.8%	6.7%
Other	3.8%	2.4%	3.5%	4.8%	5.6%	4.8%

Caregiving Area Results

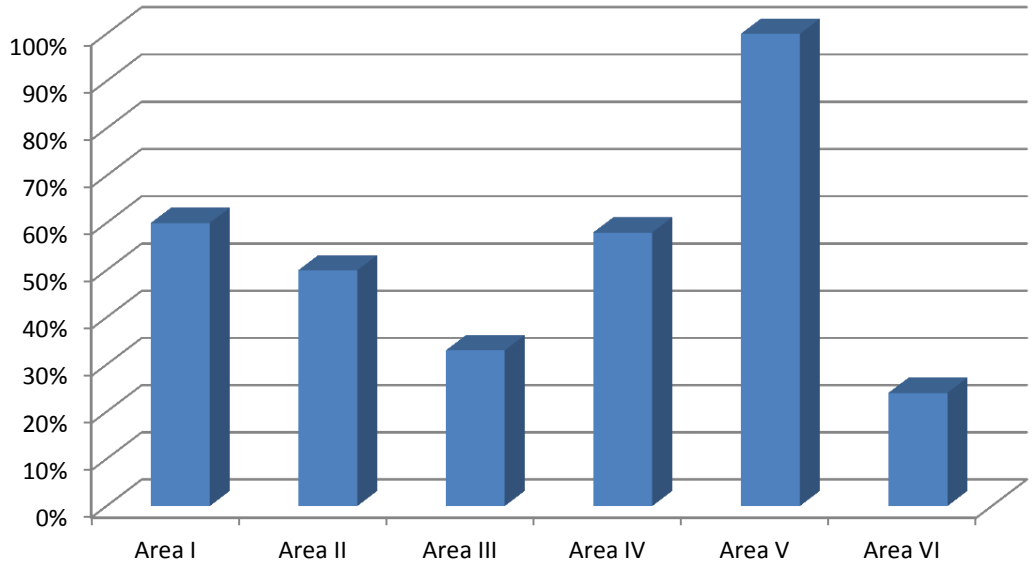
The distribution of caregivers was similar across the areas (**Error! Reference source not found.**). Area II had a higher percentage of respondents who identified themselves as caregivers (40%), however this region had the lowest number of respondents and this finding may not by representative of the larger population of Area II.

Figure 8. Percentage of respondents self-reporting being caregivers by AAA area.



One key difference in area responses was in the area of awareness of services available for caregivers. With the exception of Area V, less than 50% of caregivers were aware of services available in their area (Figure 9). Area III and VI respondents indicated that only 30% of care givers were aware of services. Area V indicated that all respondents were aware of services, but the sample size of care givers by region is too small to allow for statistical comparisons so these results may not represent the area population.

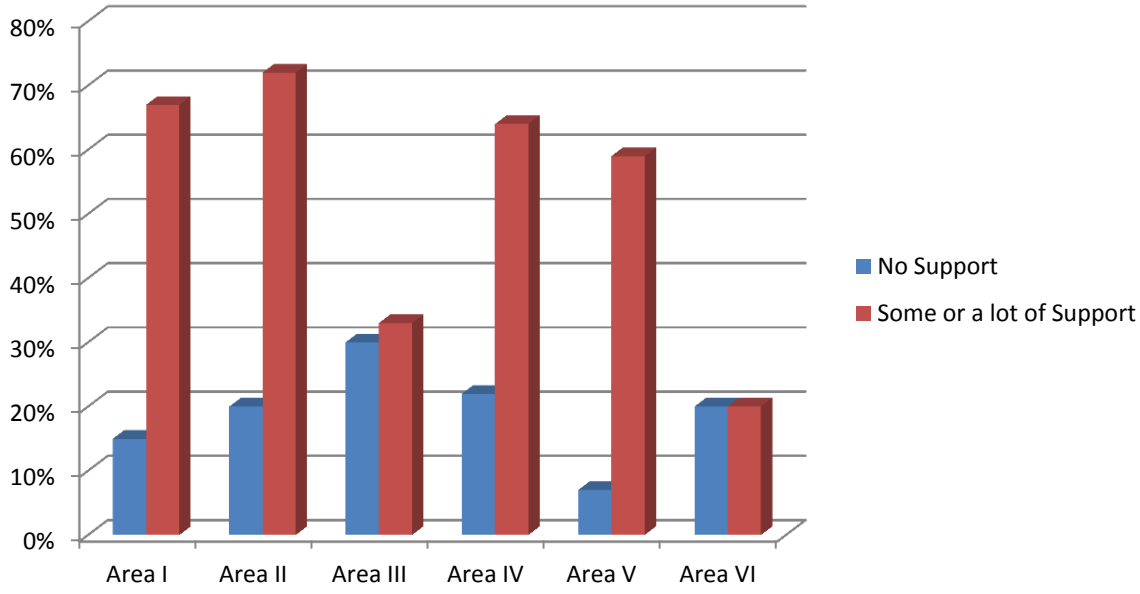
Figure 9. Percentage of caregiving respondents who are aware of services by AAA area.



Assistance and Support Area Results

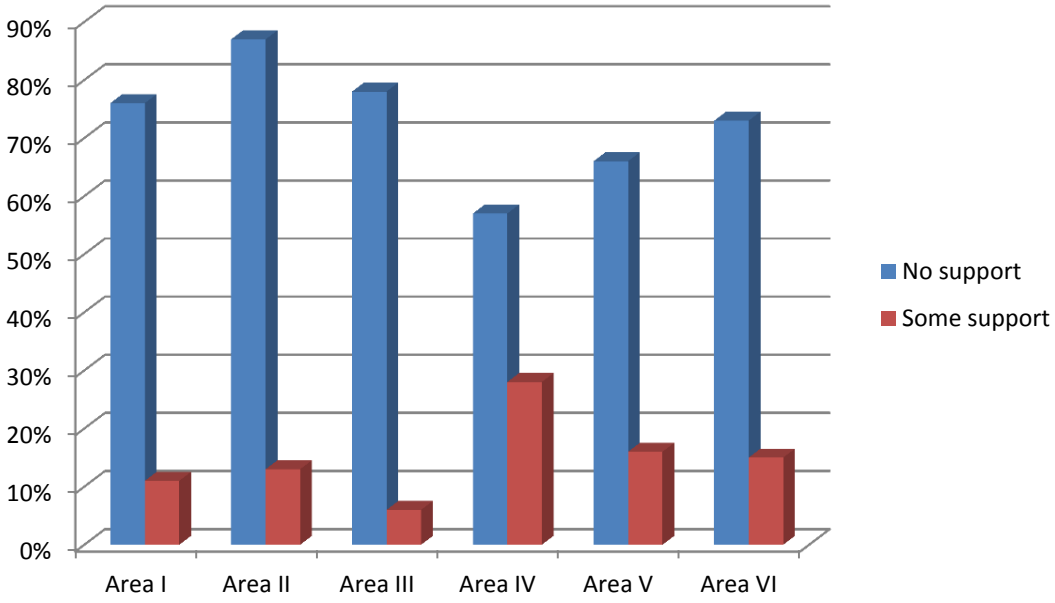
Across the regions, roughly the same percentage of respondents receive some type of support and assistance from family, church or spiritual groups, clubs or social groups, and non-profit community agencies. Figure 10 and 11 illustrates the percentage of respondents who receive some level of support from family and community agencies, respectively. Area III was highest among those that receive no or little support from family and Area II was among the highest in receiving some or a lot of support from family.

Figure 10. Percentage of respondents who reported receiving support from family, by AAA area.



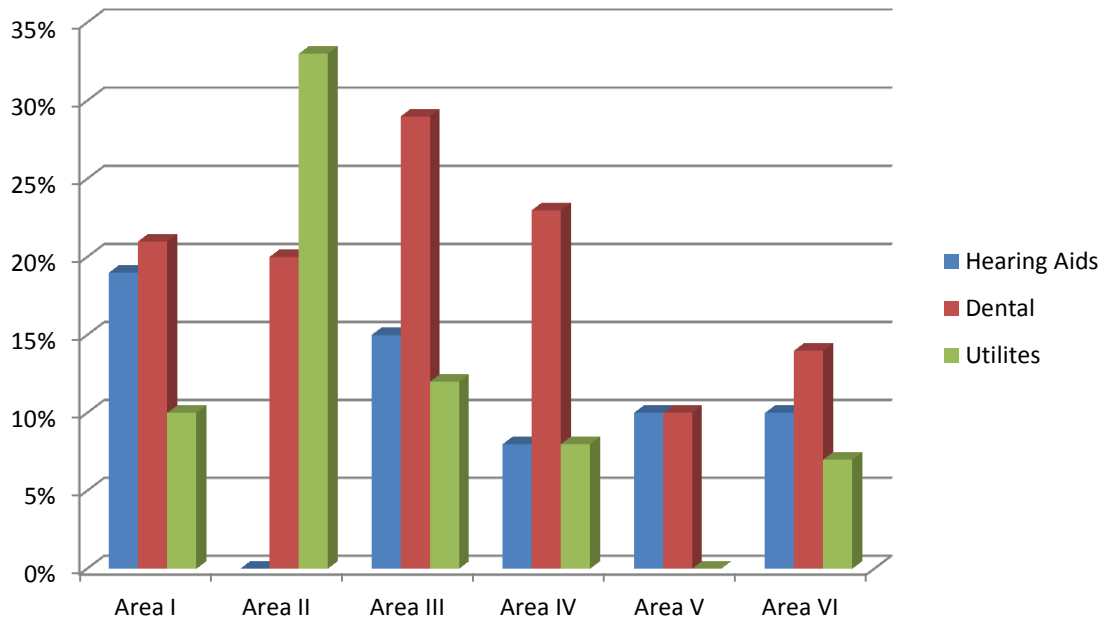
The number of respondents who indicated they get some support from community agencies is very low compared to other areas of support. Area IV respondents indicated they get some or a lot of support at 28% compared to less than 16% in other regions.

Figure 11. Percentage of respondents who get support from community agencies by AAA area.



Respondents in some areas had more difficulty being able to afford needed items such as dental care, hearing aids, and utilities. Nineteen percent of respondents in Area I needed hearing aids but have been unable to afford them compared to 0% in Area II (Figure 12). Twenty-eight percent of respondents have needed dental care and could not afford it in Area III; however, consistent with the overall results, affording dental care is a concern across all regions. Thirty-three percent of respondents in Area II indicate they have difficulty affording utilities compared to 0% in Area V.

Figure 12. Percentage of respondents who had trouble affording the top three needed expenses by AAA area.



Idaho Caregiver Needs and Respite Capacity Report, 2014

Prepared for the

Idaho Caregiver Alliance

. . . advancing the well-being of caregivers by promoting collaboration that improves access to quality, responsive support services across the state

December 2014

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Table of Contents

Executive Summary

Prepared for the Idaho Caregiver Alliance (formerly the Idaho Lifespan Respite Coalition)

In 2014 the Idaho Caregiver Alliance (ICA) conducted a statewide assessment to describe the demographic characteristics and needs of primary caregivers and identify available respite services. Respite or a "time-out" provides a caregiver with a short-term break from the constant responsibilities of caring for a dependent child or adult and can extend the caregivers ability to provide home-based care. This in turn, can enhance the quality of life for both the caregiver and care recipient and reduce costs associated with facility-based care. For example, in 2012, the number of unpaid caregiving hours in Idaho was approximately 8.5 million hours and valued at $1,037,881,136.[1]

The assessment provides a snapshot of caregivers and the individuals they care for, experiences associated with caregiving, and what role respite support may play in the lives of caregivers. This information will be used to identify priority needs and as a baseline for planning and evaluation.

The caregiver assessment findings reported in this document are based on a web-based survey distributed to primary caregivers through email distribution lists and web-sites maintained by organizations providing services to caregivers and/or recipients of care. In addition, the survey and/or postcards announcing the survey were distributed at events designed for caregivers, individuals receiving care, and/or representatives from organizations who may have contact with caregivers.

The capacity assessment of available respite providers was conducted using a mixed methods strategy of a review of online resources and solicitation of information about resources from key informant agencies. The findings were organized by region of the State and coded by whether the provider was listed in the Idaho 2-1-1 Careline database and the availability of respite services.

Portrait of an Idaho Caregiver

The caregiver survey was completed by 261 individuals. The majority of participants were female (82.5%), over the age of 55 (58%), and had been care for one individual for more than 21 hours per week (69.7%) for more than four years (63.2%). Approximately two-thirds of the respondents were employed on either a full- or part-time basis and an additional 10% were looking for employment. Almost all (96%) of the participants had access the internet in their homes.

The most common relationships between caregiver and care recipient were minor or adult child (35.5%) and parent or parent-in-law (33.6%). Only 27% of respondents indicated they had used respite services in the past six months with use more common among younger caregivers and those providing care for a longer period of time. Of the caregivers who had not previously used

[1] Across the States: Profiles of Long-Term Care and Independent Living, Idaho, 2012). Across the States: Profiles of Long-Term Care and Independent Living, Idaho, 2012

respite, 77% stated they would use the support once a month or more. The most frequently identified barriers noted by those who had not used respite were: 1) locating and paying for services; 2) concerns related to an outsider caring for their loved one; and 3) the person they provided care for would refuse help from others. When asked where they would look for information about respite the most common responses were the internet, friends and/or family, or a health care provider.

Identified Priority Needs and Future Action

Caregivers would use respite services if available in their community. Based on the findings from this survey, caregivers know the benefits of respite (i.e. rejuvenate, do tasks and chores, attend to needs of other family members) although 69.5% did not know where to find respite services and 57.7% indicated they would need assistance with making arrangements for respite.

- Future action should focus on effectively promoting respite and other supports to caregivers.
- Use a common language for caregiver supports – make it easy for consumers to understand the "who, what, and how" of respite.

Caregivers need assistance overcoming commonly perceived barriers. In addition to needing information about available respite services, caregivers need assistance with overcoming common barriers. Securing quality respite providers, having an "outsider" come into a person's home, and cost/financing are top-ranking barriers to caregivers.

- Caregivers need to be empowered to make informed decisions about providers and the type of services needed.
- Consumer and respite provider education is a priority. Respite providers need to be supported in their efforts to provide quality services.
- Future actions should focus on promoting standards of care and development of effective consumer-focused feedback mechanisms.

Access points for information and services are needed. Caregivers who had used respite received information from a variety of sources including case managers, social workers, friends and family, or by word of mouth. For caregivers who had not received respite information, they identified internet, friends and/or family, or a health care provider as preferred sources for information.

- Future actions should focus on consumer-driven access points where caregivers can obtain the information they need regarding respite services.
- Health care providers were identified as a preferred source of information. Access to information through this "trusted" source should be expanded.

Many caregivers in Idaho are full-time or part-time employees. Two-thirds of Idaho caregivers are employed (outside the home) in full-time (37%) or part-time (20%) positions or looking for employment (10%). The impact of caregiving on work ranges from using vacation/sick leave, to reducing hours, to leaving paid employment.

- Engagement of employers and policy makers in efforts to champion the need for and access to sustainable, high quality services for caregivers is imperative.

Previous respite use did not meet the needs of most caregivers. Of the caregivers reporting the use of respite services, nearly two-thirds (61.7%) indicated services did not cover their needs.

- Further exploration of the unmet needs of caregivers who have used respite services is warranted.

Introduction

Caregiver respite or the ability to have some "time way" from the responsibility of providing care is not always easily accessible. The diversity of caregivers and those receiving care, availability of services, ability to pay and/or access to funding, and geographical differences make it difficult to establish a statewide comprehensive picture of respite services and those who need those services.

The purpose of this project was two-fold; first, to begin to document the need for respite services and secondly, to identify the available respite services in Idaho. These efforts serve as initial statewide assessments and provide a baseline for continued evaluation of need, preferences, availability and gaps in respite support in Idaho. By identifying needs and the difference between needs and available services, these findings will serve as a basis for future program and policy development.

This report is a component of the scope of work of the Idaho Caregiver Alliance (formerly known as the Idaho Lifespan Respite Coalition). The mission of the Idaho Caregiver Alliance (ICA) is to "advance the well-being of caregivers by promoting collaboration that improves access to quality, responsive lifespan support services across the state". The work of the coalition is guided by representatives from state and local governmental and non-profit agencies and individuals involved in caregiving. Oversight of the Alliance is provided by the Idaho Commission on Aging with funding from a three-year grant from the Administration for Community Living.

Methods

A work group, consisting of members from the Idaho Caregiver Alliance, was formed to develop data collection strategies for the needs and capacity assessments. This section of the report includes a description of strategies used for the caregiver needs and respite service assessment process.

Caregiver Needs Assessment Survey

An on-line survey was designed to provide information on the characteristics of unpaid caregivers and care recipients, awareness of and need for respite services, barriers and patterns of use of respite, and impact of caregiving on employment or career, see Appendix A for survey. The survey was based on assessment tools used in other states and the following caregiver assessments conducted in Idaho:

- Idaho Commission on Aging Needs Assessment Survey (2012)

- Idaho Needs Assessment: Alzheimer's Disease and Related Dementias (2012)
- Respite Care Needs Assessment (2002)

Caregivers residing in Idaho who do not receive compensation for the services they provide were the population of interest for the survey. Due to the diverse nature of the lifespan caregiver population and lack of an established database of caregivers, a purposive recruitment strategy was used. This strategy included the distribution of a web address for the on-line survey to informal caregivers through email distribution lists and web-sites maintained by organizations providing services to caregivers and/or recipients of care. In addition, the survey and/or postcards promoting the survey were distributed at events designed for caregivers, individuals receiving care, and/or representatives from organizations who may have contact with caregivers, see Table 1. All data collection procedures were approved by the Boise State University Institutional Review Board, approval #199-SB14-002.

Table 1. Survey Distribution Strategies

Websites used to host link to survey	
Center for the Study of Aging, Boise State University	Justice Alliance for Vulnerable Adults
Homewatch Caregivers of Southwest Idaho	Idaho Department of Health and Welfare
Idaho 2-1-1 Careline	Idaho Council on Developmental Disabilities
Idaho Commission on Aging	Southwestern Idaho Area Agency on Aging
State Independent Living Council	
Conferences used to distribute survey recruitment cards	
Caregiver Conference, 1/ 2014	Strengthening Families Training Institute, 3/2014
Wrightslaw Conference, 4/2014	
Events used to distribute survey recruitment cards	
Foster Parent Training Event, 3, 21014	Autism Awareness Walk/Run, 4, 2014
Multiple Sclerosis Walk, 4/2014	

The online Caregiver Needs Assessment survey was available from January 10 - August 15, 2014. Data analysis and compilation of the report were performed by staff with the Center for the Study of Aging. All analyses were conducted using SPSS v. 20.

Respite Provider Assessment

The assessment of available respite providers was conducted using a mixed methods strategy of the review of online resources and solicitation of resources from key informant agencies. The online information sources used to identify available respite providers included:

- AARP's Idaho Price Guide to Long-Term Care Insurances & Services (2013)
- Idaho 2-1-1 Careline
- Idaho Department of Health and Welfare
- Idaho Federation of Families for Children's Mental Health
- Idaho Senior Blue Book

In addition to a web-based search, key informant agencies, identified by members of the Idaho Caregiver Alliance, were contacted and asked to provide information about respite providers. The following agencies responded with region-specific provider information:

- Area Agency on Aging, Area 1
- Area Agency on Aging, Area 2
- Area Agency on Aging, Area 3
- Area Agency on Aging, Area 4
- Area Agency on Aging, Area 5
- Children's Mental Health, Region 3
- Children's Mental Health, Region 7

The findings were organized by region of the State and coded by whether the provider was listed in the Idaho 2-1-1 Careline database and identified the delivery of services specific to respite. The resulting catalog of respite providers reflects an assessment of capacity as of August 2014 (Appendix B).

Results

Between January 10 to August 15, 2014, 261 surveys were started, with an approximate drop-out rate of 11%. Three-fourths (75.1%) of the respondents completed 60% or more of the survey. Approximately one-third (34.6%) of the surveys were completed by individuals participating in a caregiver conference.

Caregiver Demographic Data and Characteristics

The typical Idaho caregiver is female (82.5%), 55 years of age or older (58%), has internet access in their home (96.3%), provides care for more than 21 hours per week (69.7%), has been providing care for four years or more (63.2%), and provides care for one individual (59.5%), see Table 2.

The most common relationships between caregiver and care recipient were minor or adult child (35.5%) and parent or parent-in-law (33.6%). Based on postal zip codes, 21% and 79% of respondents were found to reside in rural and metropolitan areas, respectively. Zip codes of cities with a population of 32,000 or greater, and those within the greater Boise/Treasure Valley area were classified as metropolitan.

Table 2. General Caregiver Demographics

Caregiver Demographics		
Characteristic	***n***	***%***
Gender	**211**	
Male	37	17.5
Female	174	82.5
Age (mean=55.58, range=24-87)	**200**	
54 years of age or less	84	42.0

Caregiver Demographics		
55 years of age or more	116	58.0
Residence	**202**	
Metropolitan	160	79.2
Rural	42	20.8
Years Providing Care	**223**	
Less than 1 year	25	11.2
1-3 years	57	25.6
4-6 years	42	18.8
More than 6 years	99	44.4
Number of Current Care Recipients	**215**	
None	5	2.3
One individual	128	59.5
More than one individual	82	38.1
Care Recipient Relationship to Caregiver	**214**	
Parent or Parent-in-law	72	33.6
Minor Child	42	19.6
Spouse or partner	37	17.3
Adult Child	34	15.9
Other relative	15	7.0
Friend or Neighbor	7	3.3
Other (group home individual, local agencies such as Friends in Action and Legacy Corp.)	5	2.3
Grandparent	2	0.9
Hours per Week Providing Care	**201**	
Zero	5	2.5
1-20 hours per week	56	27.9
21-100 hours per week	52	25.9
101-167 hours per week	19	9.5
168 hours per week	69	34.3
Regular Internet Access	**215**	
Yes	207	96.3
No	8	3.7

Caregiver Employment

Two-thirds of Idaho caregivers are employed either full-time (37%) or part-time (20%). The following graphics describe the employment status of Idaho caregivers (Figure 1) and the potential effects of caregiving on employment (Table 3).

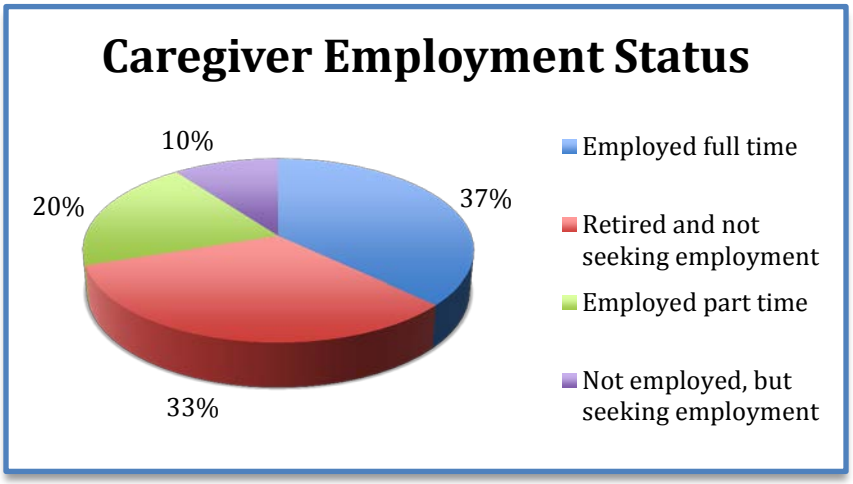


Figure 1. Employment Status

Providing care for an individual may influence a caregiver's schedule and affect employment practices. While 40 survey respondents indicated that caregiving had no impact on employment, the majority of those in the workforce identified one or more impact on career. The most frequently cited impacts of caregiving were using vacation time or sick leave to provide care, arriving to work late or leaving early, and having to arrange for flexible work hours.

Table 3. Affects of Caregiving on Employment

Affects of Caregiving on Employment	
Caregiving has affected my employment or career in the following ways: (check all that apply)	***n***
I used vacation time to provide care	61
I arrived late or left work early	60
I used sick leave to provide care	58
I arranged for flexible work hours	56
Caregiving had no impact on my employment or career	40
I changed from full-time to part-time work or reduced my work hours	37
I considered taking early retirement or leaving the labor force	37
I used Family and Medical Leave to provide care	30
I took a leave of absence to provide care	27
I took a less demanding job	25
I quit work, I cannot work, or I choose not work	18
I declined a promotion	16
I quit school to provide care	2
Other (identified below)	14

The following qualitative comments illuminate some of challenges experienced by caregivers who are in the workforce or would like to work.

- "Laid off at work became a CFH [certified family home] to care for my brother and daughter."

- "I have stayed at a job for almost 4 years because of the flexibility of schedule. However, I have no benefits and have not received an increase in pay for 3 years."
- "Employment is out of the question given our circumstances, so the result is...I cannot work outside the home."
- "I very much desire to go back and finish my education (2 yrs left for BA) and find employment to help contribute to our income."

Care Recipient Characteristics

In addition to caregiver characteristics, information about the individual receiving care was gathered. Care recipient ages ranged from 21 months to 102 years of age, with an average age of 57.9 years. Approximately half (51%) of the care recipients were 65 years of age or older, see Figure 2.

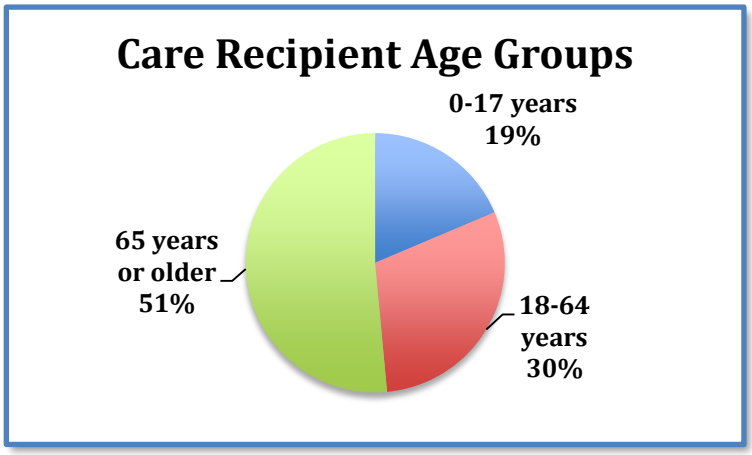


Figure 2. Age of Care Recipient

The primary condition of the care recipients varied, with intellectual, cognitive, or developmental disabilities (38.2%) and chronic health conditions (25.6%) as the top-ranking conditions. Originally entered in the "other" category, 30 responses were redistributed as either an intellectual, cognitive, or developmental disability, chronic health condition, or general aging, see Figure 3.

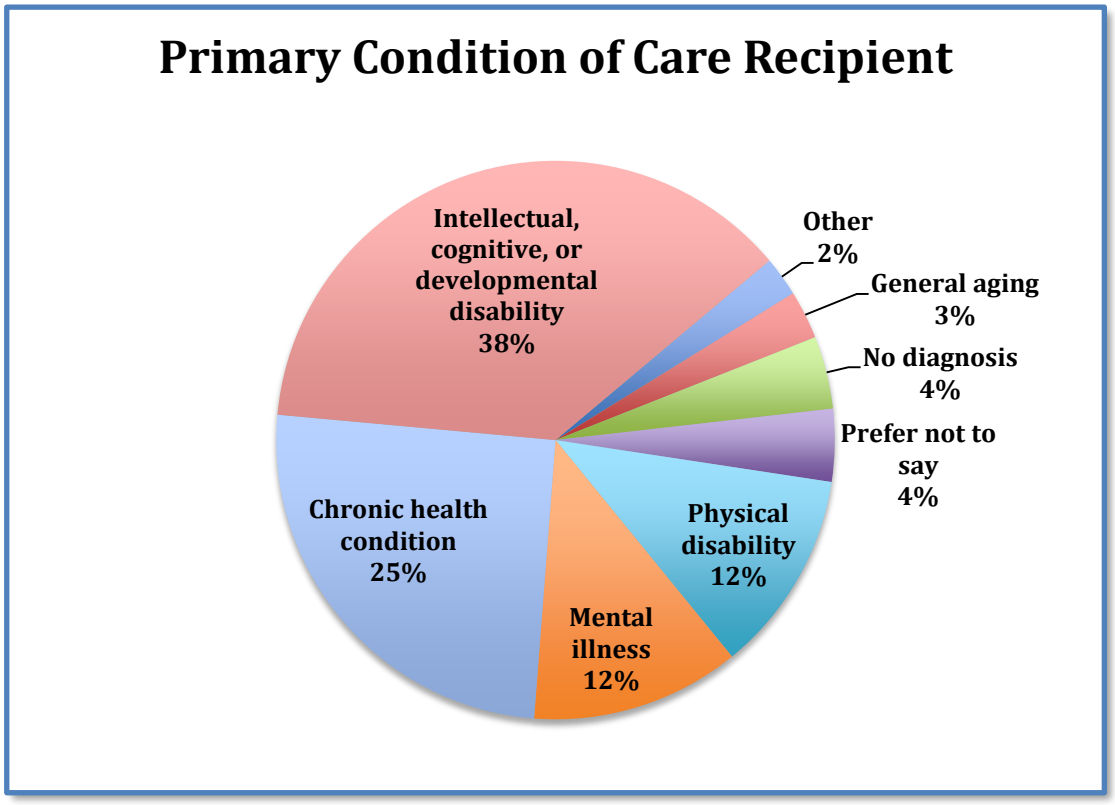


Figure 3. Primary Condition of Care Recipient

Respite Awareness

Knowledge of the definition of respite and awareness of services are key components to understanding the needs of Idaho caregivers. Almost all of the respondents knew what respite was (98.2%) and believed it would be beneficial for them (85.9%).

Respondents were asked a series of questions related to respite use. Nearly half (44.4%) of the caregivers were unsure if respite services were available in their community, just over two-thirds (69.5%) did not know where to find respite services, and nearly three-quarters (73.1%) would need assistance securing respite resources (Table 4).

One-third of the respondents stated indicated they did not need or were not sure of the need for respite services. Further examination of these respondents revealed that 84.5% had not used respite services in the past and nearly half (48.4%) had been providing care for three years or less. In addition, those providing fewer hours of care or providing care for older individuals and being older themselves were more likely to indicate they did not need or were unsure of need for respite.

Table 4. General Caregiver Need for and an Awareness of Respite

	General Awareness of Respite		
	Yes	**No**	**Not Sure**

	n	*%*	*n*	*%*	*n*	*%*
I understand what respite is.	232	98.3	0	0.0	4	1.7
I need respite.	150	67.0	50	22.3	24	10.7
I can benefit from respite.	195	85.9	18	7.9	14	6.2
Respite services are available in my community.	105	45.3	24	10.3	103	44.4
I know where to find respite services in my community.	70	30.6	84	36.7	75	32.8
If I wanted to arrange for respite, I would need assistance.	131	57.7	61	26.9	35	15.4

Delivery of Respite Messages

All survey participants were asked if they had ever received information regarding respite services in their community. Nearly one-third (31.4%) of the respondents answered in the affirmative, with 68.6% reporting they had not received information.

The caregivers who had received respite information were asked how they learned about the services. The three most frequently cited methods were; 1) from a case manager or social worker, 2) friend, family member, or word of mouth, and 3) from a social service agency. Other methods of locating respite information were a booth at a fair or conference, personal research, and employment within the health care field.

Those caregivers indicating they had not received information were asked where they would look for respite materials. The most frequently identified methods were the internet, friends or family members, word of mouth, or through a health care provider. Other routes of gaining information included the Chamber of Commerce, local nursing home staff, and caregiving seminars.

Perceived Benefits of Respite Use

One outcome of using respite services is that it allows the caregiver a break from providing care and "frees up" time for other endeavors. All survey participants were asked to identify perceived benefits of respite (Table 5). The most frequently identified benefits of respite were time for the caregiver to rejuvenate, run errands, attend personally enjoyable events, give other family members a break, and help reduce caregiver stress and burnout.

Table 5. Perceived Benefits of Respite

Perceived Benefits of Respite	
I feel respite would benefit me in the following ways (check all that apply):	***n***
Time for me to rejuvenate, catch up on sleep, or go on vacation	193
Time for me to run errands	137
Time for me to attend events I like (sports, arts, music, or worship)	131
Time to give family members a break	123
Time for me to seek help for caregiver stress and burnout	122

Time for me to build relationships with family members	120
Time for me to pursue hobbies	117
Time for me to go to my own doctor appointments	117
Time to take care of unplanned events or emergency situation	101
Time for me to learn about caregiving techniques and skills	85
Time for me to pursue educational goals	57
Other (all of the above, none of the above, to go to work, for household tasks/chores, exercise, to care for my own family, when the caregiver is ill)	17
I'm not sure of the benefits of respite	5

Perceived Barriers to Respite Use

The respondents who had not used respite (73% of sample) were asked to identify why they had not used respite services. The three top-ranking answers were: 1) not knowing where to find respite services, 2) inability to afford respite services, and 3) concerns about an outsider caring for their loved one (Table 6). Other responses included unfamiliarity with respite, not being able to find a qualified caregiver, difficulty in obtaining the service, and it not being available when needed.

Some caregivers indicated they had not sought respite services because they were able to care for their loved one without assistance and/or had enough help and did not need respite services.

Table 6. Barriers to Seeking Respite

Barriers to Seeking Respite	
I have not used or sought respite services because: (check all that apply)	***n***
I do not know where to find respite services.	69
I cannot afford respite services.	68
I am concerned about outsiders caring for my loved one(s).	45
I think I do not qualify for respite services.	42
The person I care for refuses help from others.	38
I have no family or friends to ask for help.	31
I am able to provide care to my loved one without assistance.	31
I have enough help and do not need respite services.	28
I am embarrassed to ask for help.	23
I cannot find qualified people or agencies who provide respite.	23
Respite service is too difficult to obtain.	22
Respite service is not available when I need it.	13
Other (no need for respite, did not know about respite, care recipient passed, another person has custody, in assisted living facility, I am a respite provider)	18

Anticipated Use of Respite if Available

Respondents indicating they had not used respite services were asked how often they would use respite if they could receive it. Figure 4 shows the responses from the caregivers. Just over three-fourths of the respondents stated they would use respite, if the service were available, for caregiver support outside of emergencies.

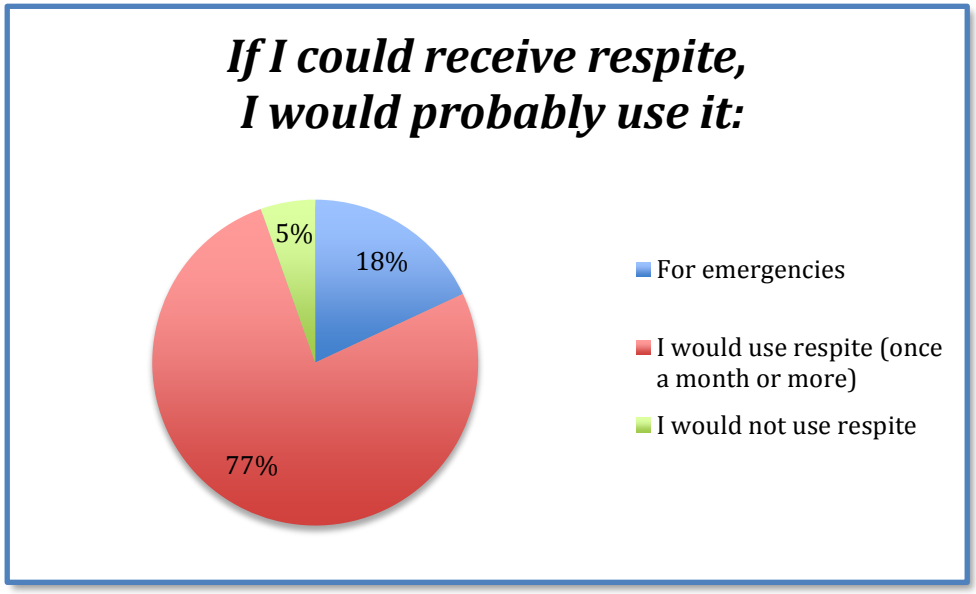


Figure 4. Potential Use of Respite

Patterns of Respite Use

Approximately one-fourth (27%) of the respondents indicated they had used respite services in the past six months with 49.2% reporting they had been able to secure respite services when needed. The majority of respite providers were either family members or paid staff from an agency with 68.9% of the providers receiving some form of payment for the service (Table 7).

Caregivers using respite were also asked if the amount of service received met their needs. Of the 60 respondents, nearly two-thirds (61.7%) had not received adequate respite services.

Table 7. Characteristics of Caregivers who had used Respite Services

Demographics of Caregivers Using Respite Services		
Characteristic	***n***	***%***
How often have you received respite in the past 6 months?	**62**	
I have not received any respite services	14	22.6
Once a month or less often	16	25.8
1-2 times per month	7	11.3
3 or more times per month	25	40.3
The amount of respite received in the past 6 months has met respite needs.	**60**	
Yes	23	38.3
No	37	61.7
I have been able to get respite when I needed it.	**61**	
Yes	30	49.2
No	24	39.3
Not sure	7	11.5
In general, who has provided you with respite? (check all that apply)		
Family member	33	
Paid staff from an agency	29	
Friend or neighbor	14	
Volunteer	7	
Other (paid individual, private caregiver, staff from a Developmental Center)	7	
Did the person(s) who provided respite receive financial payment?	**61**	
Yes	42	68.9
No	17	27.9
Not sure	2	3.3
Source of the financial payment	**43**	
My own money	13	30.2
A community social service agency	6	14.0
A government agency	17	39.5
An insurance policy	1	2.3
Other (family member, care recipient's money)	6	14.0

Demographics of Caregivers Using Respite Services		
Estimated total amount I paid for respite in the last six months	**26**	
Under $500	13	50.0
$550 to $1,499	3	11.5
$1,500 to $2,999	2	7.7
$3,000 to $4,999	1	3.8
$5,000 and over	4	15.4
Not sure	3	11.5
Why did you seek respite? (check all that apply)		
To attend to my own personal needs	47	
To relieve emotional stress/prevent burnout	44	
To help me continue to provide care	29	
To do tasks/chores	26	
To attend to the needs of other family members	22	
To take care of an urgent or emergency situation	17	
To be able to work	16	
To participate in caregiver support group/training or self-care classes	15	
Other (to provide a variety of visitors for care recipient, to fill in time gaps in care)	2	

Characteristics of Respite Users and Non-Users

An analysis of characteristics of respondents reporting the use of respite in the past 6 months and those that had not used respite was conducted. This included a comparison of factors such as the age, gender, and employment status of the caregiver; years providing care; and the age of the care recipient. The characteristics of the respondents who had used respite were similar to non-users with the exception of age with respite users being younger (χ^2= 5.521, p=0.02) than non-users.

Use of respite was also explored based on location of residence (Table 8). Similar patterns of use were found between caregivers living in metropolitan and rural areas although while not statistically significant, the use of respite was more frequent among respondents living in rural.

Table 8. Respite Use by Location

Have you used respite?				
	Yes		No	
	n	%	n	%
Metropolitan	44	28	116	73
Rural	14	33	28	67

Summary and Identification of Priority Needs and Future Action

The outcome of the needs assessment survey shows that caregivers in Idaho understand the benefits of receiving a break from providing care. The desire for respite services is present among the population, and caregivers resoundingly state their need of it. Caregivers need assistance in overcoming certain barriers to obtain respite services.

Limitations of the study are primarily related to the relatively low number of respondents. The lack of common access points to individuals engaged in unpaid caregiving hampered distribution efforts and as the survey was electronic, caregivers who did not have access to the internet may have been underrepresented in the survey.

This effort serves as an initial statewide assessment and provides a baseline for continued evaluation of need, preferences, availability and gaps in respite support in Idaho. The findings provide valuable insight to the Idaho Caregiver Alliance and other organizations and illuminate priority needs and future actions.

Identified Priority Needs and Future Action

Caregivers would use respite services if available in their community. Based on the findings from this survey, caregivers know the benefits of respite (i.e. rejuvenate, do tasks and chores, attend to needs of other family members) although 69.5% did not know where to find respite services and 57.7% indicated they would need assistance with making arrangements for respite.

- Future action should focus on effectively promoting respite and other supports to caregivers.
- Use a common language for caregiver supports – make it easy for consumers to understand the "who, what, and how" of respite.

Caregivers need assistance overcoming commonly perceived barriers. In addition to needing information about available respite services, caregivers need assistance with overcoming common barriers. Securing quality respite providers, having an "outsider" come into a person's home, and cost/financing are top-ranking barriers to caregivers.

- Caregivers need to be empowered to make informed decisions about providers and the type of services needed.
- Consumer and respite provider education is a priority. Respite providers need to be supported in their efforts to provide quality services.
- Future actions should focus on promoting standards of care and development of effective consumer-focused feedback mechanisms.

Access points for information and services are needed. Caregivers who had used respite received information from a variety of sources including case managers, social workers, friends and family, or by word of mouth. For caregivers who had not received respite information, they identified internet, friends and/or family, or a health care provider as preferred sources for information.

- Future actions should focus on consumer-driven access points where caregivers can obtain the information they need regarding respite services.

- Health care providers were identified as a preferred source of information. Access to information through this "trusted" source should be expanded.

Many caregivers in Idaho are full-time or part-time employees. Two-thirds of Idaho caregivers are employed (outside the home) in full-time (37%) or part-time (20%) positions or looking for employment (10%). The impact of caregiving on work ranges from using vacation/sick leave, to reducing hours, to leaving paid employment.

- Engagement of employers and policy makers in efforts to champion the need for and access to sustainable, high quality services for caregivers is imperative.

Previous respite use did not meet the needs of most caregivers. Of the caregivers reporting the use of respite services, nearly two-thirds (61.7%) indicated services did not cover their needs.

- Further exploration of the unmet needs of caregivers who have used respite services is warranted.

Appendix A - Caregiver Survey

Idaho Lifespan Respite Needs Assessment Survey

We invite you to take our survey! The Idaho Commission on Aging has received a three-year grant from the Administration for Community Living to enhance the support available to people who care for others. A first step in this project is to conduct a statewide survey of informal (unpaid) caregivers.

If you are an informal (unpaid) caregiver we encourage YOU to complete this survey. If you know of other informal caregivers we encourage you to send this survey to them (a message and link to the survey has been included at the end of the survey for this purpose).

The information you provide will be used to guide the actions of the Idaho Lifespan Respite Coalition as it works to enhance the network of support available to people who care for others. This survey will take an estimated 10 minutes to complete. Please complete the survey only once.

Your responses will not affect any services or benefits you receive because we will not know who answered this questionnaire. You are not required to complete this survey and you do not need to answer any question you don't want to answer.

Your individual responses are anonymous and confidential. Responses will only be reported after they are combined with the responses from everyone who took the survey.

Please read each question carefully. If you have any questions please contact Sarah Toevs, Center for the Study of Aging (208-426-2452, stoevs@boisestate.edu) or Pam Catt-Oliason, Commission on Aging (208-577-2852, Pam.Catt-Oliason@aging.idaho.gov).

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office by calling (208) 426-5401 or emailing humansubjects@boisestate.edu.

Thank you.

Members of the Idaho Lifespan Respite Coalition

Please read the definition of respite below and answer the questions that follow.

> Respite simply means having some "time away" from the responsibility of providing care. It is an opportunity for you to have a break from providing care while someone else helps the person you care for. That "someone else" can be a family member, friend, acquaintance, volunteer, or a paid worker. Respite can be provided in-home, or in different places out-of-the-home. You can receive respite from a few hours a month to several days and/or nights a week. The benefits of respite include reduced feelings of stress and improved well-being. Respite can also benefit the care receiver's well-being and quality of care.

1. Before you read the definition above, did you know what respite was?

☐ Yes
☐ No

2. I feel respite would benefit me in the following ways (please check all that apply):

☐ Time for me to rejuvenate, catch up on sleep, or go on vacation
☐ Time for me to build relationships with family members
☐ Time for me to attend events I like (sports, arts, music, or worship)
☐ Time for me to run errands
☐ Time for me to go to my own doctor appointments
☐ Time for me to pursue educational goals
☐ Time for me to pursue hobbies
☐ Time for me to learn about caregiving techniques and skills
☐ Time for me to seek help for caregiver stress and burnout (attend self-care classes, join a support group, talk with a counselor)
☐ Time to give family members a break
☐ Time to take care of unplanned events or emergency situations
☐ Other (please specify)
☐ I'm not sure of the benefits of respite

3. Please select the response that best describes your opinion on the following statements about respite.

	Yes	No	Not Sure
I understand what respite is.			
I need respite.			
I can benefit from respite.			
Respite services (volunteer or paid) are available in my community.			
I know where to find respite services in my community.			
If I wanted to arrange for respite, I would need assistance.			

4. Have you ever received information about respite services in your community?
____Yes _____No <skip to # 6>

5. How did you learn about respite services? (Check all that apply)

☐ Friend, family, or word of mouth
☐ Member of my church or religious group
☐ Health care provider
☐ Case Manager, Service Coordinator, or Social Worker

☐ My child's school

☐ Idaho's 211 Careline

☐ Social Service Agency (Area Aging on Aging, Center for Independent Living)

☐ Internet

☐ Newspaper article or pamphlet

☐ Other (please specify)

☐ I don't remember.

☐ I have never received information about respite services.

<skip to # 7>

6. If you wanted information about respite services in your community where would you look? (Check all that apply)

☐ Friend, family, or word of mouth

☐ Member of my church or religious group

☐ Health care provider

☐ Case Manager, Service Coordinator, or Social Worker

☐ My child's school

☐ Idaho's 211 Careline

☐ Social Service Agency (Area Aging on Aging, Centers for Independent Living)

☐ Internet

☐ Newspaper article or pamphlet

☐ Other (please specify)

☐ I don't know.

☐ I have never tried to find information about respite services.

7. Have you used respite?

____Yes _____No <skip to # 16>

8. Why did you seek respite? (Check all that apply.)

☐ To be able to work

☐ To relieve emotional stress/prevent burnout

☐ To attend to the needs of other family members

☐ To attend to my own personal needs (social/business/recreation/medical)

☐ To help me continue to provide care

☐ To do tasks/chores

☐ To take care of an urgent/emergency situation

☐ To participate in caregiver support group/training or self-care classes

☐ Other (please specify)

9. How often have you received respite in the past 6 months?

☐ I have not received any respite services.

☐ Once a month or less often

☐ 1 to 2 times per month

☐ 3 or more times per month

10. The amount of respite I received in the past 6 months has met my respite needs.

☐Yes

☐ No

☐ Not sure

11. I have been able to get respite when I needed it.

☐Yes

☐ No

☐Not sure

12. In general, who has provided you with respite? (Check all that apply.)

☐ Family member

☐ Friend/neighbor

☐ Volunteer

☐ Paid staff from an agency

☐ Other (please describe)

13. Did the person(s) who provided you respite receive financial payment?

☐Yes

☐ No

☐ Not sure

<Respondents who select "No" and "Not sure" will skip to # 18>

14. What was the source of that financial payment?

☐ My own money

☐ A community social service agency

☐ A government agency (federal, state or local)

☐ An insurance policy

☐ Other (please describe)

<Respondents who select "My own money" will go to # 15. All others will skip to # 18>

15. I estimate the total amount I paid for respite in the last six months as:

- ☐ Under $500
- ☐ $500 to $1,499
- ☐ $1,500 to $2,999
- ☐ $3,000 to $4,999
- ☐ $5,000 and over
- ☐ Not sure

<Respondents answering this question will go to # 18>

16. I have not used or sought respite services because: (Check all that apply.)

- ☐ I am able to provide care to my loved one without assistance.
- ☐ I have enough help and do not need respite services.
- ☐ I have no family or friends to ask for help.
- ☐ I am embarrassed to ask for help.
- ☐ The person I care for refuses help from others.
- ☐ I am concerned about outsiders caring for my loved one(s).
- ☐ I do not know where to find respite services.
- ☐ I cannot afford respite services.
- ☐ I think I do not qualify for respite services.
- ☐ Respite service is too difficult to obtain.
- ☐ I cannot find qualified people or agencies who provide respite.
- ☐ Respite service is not available when I need it.
- ☐ Other (please describe)

17. If I could receive respite, I would probably use it:

- ☐ For emergencies
- ☐ Once a month or less
- ☐ 1-2 times a month
- ☐ 3 or more times a month
- ☐ I would not use respite

18. I am currently:

- ☐ Employed full time
- ☐ Employed part time
- ☐ Not employed, but seeking work
- ☐ Retired and not seeking work

19. Caregiving has affected my employment or career in the following ways. (Check all that apply.)

- ☐ Caregiving had no impact on my employment or career
- ☐ I arrived late or left work early
- ☐ I used sick leave to provide care
- ☐ I used vacation time to provide care
- ☐ I used Family and Medical Leave to provide care
- ☐ I arranged for flexible work hours
- ☐ I changed from full-time to part-time work or reduced my work hours
- ☐ I took a leave of absence to provide care
- ☐ I took a less demanding job
- ☐ I declined a promotion
- ☐ I considered taking early retirement or leaving the labor force
- ☐ Other (please describe)

20. How long have you been providing care?

- ☐ Less than one year
- ☐ 1-3 years
- ☐ 4-6 years
- ☐ more than 6 years

21. How many family members or friends do you provide care for? _____

If you provide care or assistance for more than one person, please think about the person for whom you provide the <u>most care</u> and answer the following questions for that person.

22. What age is the person you care for? (Enter a whole number, e.g. 45) _____

23. The person I care for is a:

- ☐ spouse or partner
- ☐ parent or parent-in-law
- ☐ adult child
- ☐ Minor child
- ☐ Grandparent
- ☐ Other relative
- ☐ Friend or neighbor
- ☐ other: _____

24. What is the primary condition of the person you care for?

- ☐ Intellectual, cognitive, or developmental disability
- ☐ Physical disability
- ☐ Mental Illness
- ☐ Chronic health condition
- ☐ No diagnosis
- ☐ Other (please describe)
- ☐ I prefer not to say.

25. How many <u>hours</u> per week do you provide care for this person? _____

26. Do you have regular access to the Internet?

☐ Yes, I have regular access to the Internet at home, work or another place.
☐ No, I do not have regular access to the Internet.

27. What is the ZIP Code of your home address? _____

28. What year were you born? _____

29. What is your gender?

- ☐ Female
- ☐ Male

Please provide additional feedback. _____

Thank you for completing this survey. Please help us in getting this survey to other caregivers by sending them the following message and survey link. (This can be done by copying and pasting the message and link in to an email message.)

Greetings from members of the Idaho Lifespan Respite Coalition. The Idaho Commission on Aging has received a three-year grant from the Administration for Community Living to enhance the support available to people who care for others. The purpose of this message is to invite you to participate in a statewide survey of informal (unpaid) caregivers, see below for link to survey. The survey is designed to gather information about the needs of caregivers and the results will be used to guide the actions of the Coalition.

Your responses will not affect any services or benefits you receive because we will not know who answered this questionnaire. Your responses are anonymous and confidential and you do not need to answer any question you don't want to answer.

If you have any questions please contact Dr Sarah Toevs, Center for the Study of Aging (208-426-2452, stoevs@boisestate.edu) or Pam Catt-Oliason, Commission on Aging (208-577-2852, Pam.Catt-Oliason@aging.idaho.gov

Appendix B

The following key explains the color-coding system for the list of respite providers:

- YELLOW = company or organization not listed on Idaho 2-1-1 Careline
- TEAL = company or organization listed on Idaho 2-1-1 Careline, but not associated with respite specifically
- NO COLOR = listed as a respite provider on Idaho 2-1-1 Careline

District 1 – Boundary, Bonner, Kootenai, Benewah, and Shoshone Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
AAging Better In-Home Care	208-777-0308 866-464-2344	In-Home Respite	Post Falls 5 northern counties
A Better Personal Care	choskins@pcareinc.com	In-Home Respite	
ACE Elder Care	208-267-1481	Adult Day Care & Facility Respite	Bonners Ferry Boundary County
Addus HealthCare	208-667-2309 www.addus.com	In-Home Respite	Coeur d'Alene 5 northern counties
Aging and Long Term Care of Eastern Washington – Spokane	www.altcew.org		
All Valley Home Care	208-664-2764 www.allvalleyhomecare.com	In-Home Respite	Coeur d'Alene 5 northern counties
Alzheimer's Association	www.alz.org/inlandnorthwest		
Area Agency on Aging of North Idaho	208-667-3179 www.aaani.org	Adult Respite	Coeur d'Alene 5 northern counties
August Home Health	208-664-0858 800-664-0838	In-Home Respite	Coeur d'Alene 5 northern counties
Bennett House	208-651-9060 www.**bennetthouse**.org	Adult Day Care	Coeur d'Alene 5 northern counties
Bestland of Coeur d'Alene	208-665-1600	Adult In-Home Respite	
The Bridge Assisted Living at Sandpoint	208-263-1524 www.thebridgeatsandpoint.com	Facility Respite	Bonner County
Bristol Heights Assisted Living	208-661-6173 www.bristolheightscda.com	Adult Day Care & Facility Respite	Coeur d'Alene Kootenai
Boundary County Nursing	208-267-4847	Adult Day Care &	Bonners Ferry

District 1 – Boundary, Bonner, Kootenai, Benewah, and Shoshone Counties			
Home	www.bcch.org	Facility Respite	Boundary County
Children's Village	208-667-1189 www.thechildrensvillage.org	Children's Respite	Coeur d'Alene Greater Northwest
Comfort Keepers	208-765-9511	In-Home Respite	Coeur d'Alene 5 northern counties
Community Restorium	208-267-2453 www.boundarycountyid.org	Adult Day Care	Bonners Ferry Boundary County
Coeur d'Alene Health Care & Rehabilitation	208-664-8128	Facility Respite	Coeur d'Alene Kootenai County
The Courtyard	208-765-9264 www.courtyardsatcoeurdalene.com	Facility Respite	Coeur d'Alene Kootenai County
Creekside Inn	208-665-2444 www.koelschseniorcommunities.com	Adult Day Care & Facility Respite	Coeur d'Alene 5 northern counties
DayBreak Center	208-265-8127	Adult Day Care	Sandpoint Bonner County
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Emeritus at Coeur d'Alene	208-765-4352 **www.emeritus.com**	Facility Respite	Coeur d'Alene Kootenai County
Evergreen Assisted Living	208-265-2354 www.evergreenhealthcare.com	Facility Respite	Sandpoint Bonner County
Good Samaritan Silver Wood Village Assisted Living	208-556-1147 www.good-sam.com	Facility Respite	Silverton Shoshone County
Guardian Angel Homes	208-777-7797 **www.guardianangelhomes**.com	Facility Respite	Post Falls 5 northern counties
Hayden Valley Assisted Living	208-762-9292	Facility Respite	Hayden Kootenai County
Hayden View Cottage LLC	Aspensprings.us/Hayden_View_Cottage .html		
Hearthstone Village	208-255-4849 www. hearthstonevillage.net	Facility Respite	Kootenai Bonner County
Hearthstone Village Post Falls	208-777-4179 www. hearthstonevillage.net	Facility Respite	Post Falls Kootenai County
Hospice House	208-772-7994 www.honi.org	Facility Respite End-of-Life	Coeur d'Alene 5 northern counties

District 1 – Boundary, Bonner, Kootenai, Benewah, and Shoshone Counties			
Home Instead Senior Care	208-415-0366 www.homeinstead.com/764	In-Home Respite	Coeur d'Alene Kootenai, Bonner, Boundary Counties
Huckleberry Retirement Homes II	208-255-7248	Facility Respite	Sandpoint Bonner County
Huckleberry Retirement Homes IV	208-255-5333	Facility Respite	Sandpoint Bonner County
Ivy Court	208-667-6486 www.extendedcare.com	Facility Respite	Coeur d'Alene Kootenai County
Kindred Nursing & Rehab Center – Mountain Valley	208-784-1283	Facility Respite	Kellogg 5 northern counties
Kootenai Health Senior Care Program	208-625-5354 www.kh.org	Adult Day Care	Coeur d'Alene Kootenai County
LaCrosse Health & Rehabilitation Center	208-664-2185 www.lacrosse skillednursing.com	Facility Respite	Coeur d'Alene Kootenai County
Legends Park Assisted Living Community	208-666-9900 www.prestigecare.com	Facility Respite	Coeur d'Alene Kootenai County
Life Care of Coeur d'Alene	208-762-1122 www.lcca.com	Facility Respite	Coeur d'Alene Kootenai County
Life Care of Post Falls	208-777-0318 www.lcca.com	Facility Respite	Post Falls Kootenai County
Life Care of Sandpoint	208-265-9299 www.lcca.com	Facility Respite	Sandpoint Bonner County
Living Springs	208-773-6145 www.livingspringshome.com	Facility Respite	Post Falls Kootenai County
The Lodge at Fairway Forest & Riverside Harbor	208-457-3403 www.lodgeliving.net	Adult Day Care & Facility Respite	Post Falls Kootenai County
Loving Care & More	208-752-1019	In-Home Respite	Silverton 5 northern counties
Luther Park At Sandpoint, LLC	www.luther-park.org		
Mental Health Services, H & W	healthandwelfare.idaho.gov		
North Idaho Children's Mental Health	Nicmh.com		

District 1 – Boundary, Bonner, Kootenai, Benewah, and Shoshone Counties			
North Star Assisted Living	208-765-5505 www.stellarliving.com	Facility Respite	Coeur d'Alene Kootenai County
Pacifica Senior Living – Coeur d'Alene	208-665-2100 www.pacificiacoeurdalene.com	Facility Respite	Coeur d'Alene Kootenai County
Pacifica Senior Living	208-556-1147 www.pacificaseniorliving.com	Facility Respite	Pinehurst Shoshone County
Panhandle Home Health, Senior Companion Respite Program	208-415-5177 www.panhandlehomehealth.org	In-Home Adult Respite	Hayden 5 northern counties
The Renaissance at Coeur d'Alene Assisted Living	208-664-6116 www.assistedlivingcda.com	Facility Respite	Coeur d'Alene Kootenai County
ResCare Home Care	208-665-5579 888-390-6730 www.rescare.com	In-Home Respite	Coeur d'Alene 5 northern counties
Rose Terrace Cottages	208-665-0580 www.roseterrace.org	Adult Day Care & Facility Respite	Coeur d'Alene Kootenai County
Rose Terrace Country Homes	208-623-6154 www.roseterrace.org	Adult Day Care & Facility Respite	Spirit Lake Kootenai County
Sandpoint Assisted Living	208-265-2354 www.sandpointassistedliving.com	Facility Respite	Sandpoint Bonner County
Sylvan House	www.alcco.com		
Tesh, Inc.	208-765-5105 www.teshinc.com	Day Care Respite School age on up	Coeur d'Alene 5 northern counties
Valley Vista Care Center of Sandpoint	208-265-4514 www.valleyvista.org	Facility Respite	Sandpoint Bonner County
Veterans Affairs Medical Center	509-434-7000		Spokane, Washington
Visiting Angels of Coeur d'Alene	www.visitingangels.com/coeurdalene		
Wellspring Meadows	208-762-9001 www.wellspringmeadows.com	Adult Day Care, In-Home & Facility Respite	5 northern counties

District 2 – Latah, Clearwater, Nez Perce, Lewis, and Idaho Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
Addus HealthCare	www.addus.com	Adult Day Health	
Alternative Nursing Services	208-746-5487 or 208-746-3050	Adult Day Health	Nez Perce County
Area Agency on Aging of North Idaho	208-798-4197 www.aaani.org	Adult Respite	Lewiston and Region
Circles of Caring Adult Day Health Foundation Inc.	208-883-6483 www.circlesofcaring.org	Adult Day Health	Latah County
Compassionate Care	208-476-3714	Adult Respite	Clearwater County
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Devin's Home Care	208-983-1237	Adult Respite	Grangeville and Surrounding Area
Mental Health Services, Adult and Children, Lewiston	208-799-4440 healthandwelfare.idaho.gov	Children's Respite	Lewiston
Mental Health Services, Adult and Children, Moscow	208-882-0562 healthandwelfare.idaho.gov	Children's Respite	Moscow
Seubert's Quality Home Care	208-743-1818 800-597-6620	Adult Respite	5 North Idaho Counties
Sundance Services	208-983-0041	Adult Respite	Grangeville
Wedgewood Terrace	208-743-4545	Adult Day Health	Lewiston

District 3 – Adams, Washington, Payette, Gem, Canyon, and Owyhee Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
24-7 Idaho Home Care	208-908-6080 services@247idahomecare.com	Respite	In-home or facility
Addus HealthCare	www.addus.com	Adult Day Health	
Advocates for Inclusion			
Area Agency on Aging, Caldwell	208-908-4990 seniors.idahocog.com	Respite	Caldwell and Region
Assisting Angels	208-344-7979	Respite	Nights and weekends, no holidays
A Tender Heart	208-442-2978	Respite	
Care at Home	208-642-1838, 208-453-2659	Respite	
CCOA	208-459-0063	Respite	
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Havenwood	208-327-1011	Respite	
Horizon Healthcare	208-884-5051		
Idaho Federation of Families for Children's Mental Health	Idahofederation.org 208-433-8845	Referrals to Respite Care providers	
Johnson, Edrie	208-602-8157	Respite	Caldwell
Mental Health Services, Adult and Children, Caldwell	For children's respite care contact Jose Valle at 208-459-0092 healthandwelfare.idaho.gov	Children's Respite	Caldwell
Mental Health Services, Adult and Children, Payette	208-642-6416 healthandwelfare.idaho.gov	Children's Respite	Payette

MultiCare Home Health & Personal Care Services	www.multicareinc.com	Respite	
Sara Care of Boise	208-375-2273	Adult Day Health	Serves District 3
Villegas, Cecilia	208-275-9753	Respite	Caldwell
WICAP	208-549-2066	Respite	
WITCO (Western Idaho Training Co.)	208-454-3051	Adult In-Home Respite	

District 4 – Ada, Valley, Boise, and Elmore Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
A & R Case Management	www.arcasemanagement.com	Adult Day Health (mentally disabled), respite care (children)	At facility for adults, in home or at facility for children
A Place for Mom	208-344-1375	Adult Respite	Boise
A Tender Heart Home Care	www.atenderheart.net	Respite	
Addus Health Care	www.addus.com	Adult Day Health	
Area Agency on Aging, Boise	208-908-4990 seniors.idahocog.com	Respite	Boise and region
Ashley Manor	208-376-7298	Adult Day Health	
Assisting Angels Home Care – Boise, Emmett, Mt Home, Nampa	assistingangels.biz	Respite	In home
Assisting Hands Home Care	www.assistinghands.com	Respite, companion services	In home services, Seniors
Brightstar	www.brightstarcare.com/boise	Respite Care	
Children and Families Service Program, H & W	healthandwelfare.idaho.gov		
Comfort Keepers	comfortkeepers.com	Respite	Seniors
Community Partnerships of Idaho	www.mycpid.com		
The Cottages of Boise	www.assistedlivingidaho.com	Respite, Adult Day Health	At facility
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Dillon, Christine	208-639-1663	Respite	
Everyday Angels Home Health Care	www.everydayangelshomehealth.com	Respite	Private pay and Medicaid
Frazier, Robin	208-866-1035	Respite	Boise
Friends in Action	208-333-1363	Adult Respite	Senior Advocacy, Boise

District 4 – Ada, Valley, Boise, and Elmore Counties			
Havenwood Caregiver Services	havenwoodhomecare.com	Respite	In home, Boise and Treasure Valley (Nampa phone number)
Hays Shelter Home	208-322-6687	Respite	Boise
Henderson, Dan and Mary	208-866-8782	Respite	Eagle
Home Instead Senior Care	www.homeinstead.com	Respite	In home, Seniors
Idaho Commission on Aging	208-334-3833	Adult Respite	Boise
Idaho Federation of Families	208-433-8845	Respite resources	Boise
Kiser, Jana	208-287-1038	Respite	Meridian
Mental Health Services, Adult and Child	208-334-0808 healthandwelfare.idaho.gov	Children's Respite	Boise
Mental Health Services, Adult and Child	208-587-9061 healthandwelfare.idaho.gov	Children's Respite	Mt. Home
MultiCare Home Health & Personal Care Services	www.multicareinc.com	Respite	
Phillips, Amanda	208-515-6497	Respite	Meridian
Progressive Nursing Staff prn, Inc.	www.progressivenursingprn.com	Respite	Specialists in vent, trach, wound, quad care and and IV infusion for ALL AGES, incl. infants
Shepherd's Home	www.shephers-home.org		
Synergy Home Care	www.synergyhomecare.com	Respite	
Vida Inc, Senior Resource	www.vidaseniorresource.com	Respite Grants	Compiles resource information
Visiting Angels	www.visitingangels.com	Respite	

District 5 – Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
A Caring Hand	208-736-4903	Respite	Twin Falls, Jerome and Gooding Counties
A-1 Home Care	208-404-7524	Respite	Gooding County, cities of Twin Falls, Burley and Jerome
Accomplishments In-Home Services	208-324-8409	Respite	Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Addus HealthCare	208-733-9100 www.addus.com	Adult Day Health	Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Alliance Home Health & Hospice	208-733-2234	Respite	Gooding, Jerome, Lincoln and Twin Falls Counties
Alpine Manor I	208-734-1794	Adult Day Health Facility Respite	Twin Falls
Alpine Manor II	208-423-5417	Adult Day Health Facility Respite	Twin Falls
An Angel's Touch In-Home Care	208-324-5605	Respite	Gooding, Jerome and Twin Falls Counties
Applegate Retirement Center	208-543-4020 www.applegateassistedliving.com	Adult Day Health Facility Respite	Buhl
Area Agency on Aging, Twin Falls & Burley offices	208-736-2122 officeonaging.csi.edu	Respite	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Ashley Manor – Buttercup Trail	208-423-5971 www.ashleycares.com	Adult Day Health Facility Respite	Kimberly
Ashley Manor – Lincoln	208-423-5971 www.ashleycares.com	Adult Day Health Facility Respite	Jerome
Assisting Angel's	208-733-2550	Respite	Jerome, Lincoln, Minidoka and Twin Falls Counties
Autumn Haven, Inc	208-436-3200	Adult Day Health Facility Respite	Rupert
Birchwood Retirement Estates	208-734-4445	Adult Day Health Facility Respite	Twin Falls
Blaine County Senior Connection	208-788-3468	Respite	Blaine & Camas Counties

District 5 – Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia Counties			
Bridgeview Estates	208-736-3933 www.lcca.com/bridgeview	Facility Respite	Twin Falls
Cedar Draw Living Center	208-326-3342	Adult Day Health Facility Respite	Twin Falls
Cenoma House	208-735-9796 cenomahouse.com	Adult Day Health Facility Respite	Twin Falls
Chardonnay Assisted Living	208-736-4808 www.chardonnaytwinfalls.com	Adult Day Health Facility Respite	Twin Falls
Children and Family Services Program	208-678-0974 healthandwelfare.idaho.gov	Children's Respite	Burley
Comfort Keepers	208-733-8988	Respite	Cassia, Jerome, Minidoka and Twin Falls Counties
Country Cottage Assisted Living	208-736-1856	Facility Respite (disabilities)	Twin Falls
Country Living	208-326-6560 www.countrylivingretirementhomes.com	Adult Day Health Facility Respite	Twin Falls, Jerome, Gooding, Blaine, Lincoln Counties
Creekside Care Center	208-324-4941	Adult Day Health Facility Respite	Jerome
DeSano Place Suites	208-934-4623 www.desanoplace.com	Adult Day Health Facility Respite	Gooding
DeSano Place LLC	208-886-7665 www.desanoplace.com	Adult Day Health Facility Respite	Shoshone
DeSano Village	208-595-1589	Adult Day Health Facility Respite	Jerome
Desert Rose Retirement	208-734-1866	Adult Day Health Facility Respite	Twin Falls
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Devine Living Centers at Curry Retirement Estates	208-734-0626	Adult Day Health Facility Respite	Twin Falls
Encompass Home Health	208-733-8600	Respite	Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties

District 5 – Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia Counties			
Havenwood Home Care	208-358-4772	Respite	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Heritage/Woodstone Retirement	208-733-9064 heritagewoodstone.com	Adult Day Health Facility Respite	Twin Falls
Highland Estates	208-678-4411 www.highlandretirement.com	Adult Day Health Facility Respite	Cassia & Minidoka Counties
Interfaith Volunteer Caregivers	Ivcmagicvalley.com	Homemaker services	
Jewel's Home Care	208-733-6849 www.jewelshomecare.com	Respite	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Julie's Premier Home Care	208-280-0327	Respite	Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Koehn, Nancy	208-406-6268	Respite	Buhl
Living Independent Network Corporation (LINC)	208-733-1712 www.lincidaho.org	Respite	Blaine, Camas, Cassia, Elmore, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Loving Hands	208-734-3001	Respite	Jerome and Twin Falls Counties
Mental Health Services, Adult and Children	208-677-5390 healthandwelfare.idaho.gov	Children's Respite	Burley
Mental Health Services, Adult and Children	208-736-2177 healthandwelfare.idaho.gov	Children's Respite	Twin Falls
Minidoka Memorial Home Health	208-436-9019	Respite	Cassia and Minidoka Counties
MJ Home Care	208-420-6202	Respite	Jerome and Twin Falls Counties
Personal Connections	208-543-8222	Respite	Buhl and Castleford
Rosetta Assisted Living - Hiland	208-677-5451 www.rosettahomes.com	Facility Respite	Burley
Rosetta Assisted Living – Eastridge	208-734-9422 www.rosettahomes.com	Adult Day Health Facility Respite	Twin Falls
Safe Haven Homes of Bellevue	208-788-9698 www.safehavenhealthcare.org	Adult Day Health Facility Respite	Bellevue

District 5 – Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia Counties			
Safe Haven Homes of Burley	208-678-2955 www.safehavenhealthcare.org	Adult Day Health Facility Respite	Burley
Safe Haven Homes of Wendell	208-536-6623 www.safehavenhealthcare.org	Adult Day Health Facility Respite	Wendell
Senior Companion Program	208-736-2122 flewis@ooa.csi.edu	Adult Respite	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls Counties
Stonebridge Assisted Living	208-837-4153	Adult Day Health Facility Respite	Gooding
Tasks Unlimited	208-733-0497	Respite	Cassia (partial), Minidoka and Twin Falls Counties
Visions Home Care	208-732-8100	Respite	Gooding, Jerome and Twin Falls Counties
Vista Assisted Living Community	208-436-3332	Adult Day Health Facility Respite	Rupert
Warren House	208-677-8212 www.alcco.com	Facility Respite	Burley
Willowbrook Assisted Living	208-736-3727 www.willowbrookassistedliving.com	Adult Day Health Facility Respite	Twin Falls
Woodland Retirement Estates	208-543-9050	Adult Day Health Facility Respite	Buhl
Wynwood at Twin Falls	208-735-0700	Facility Respite	Twin Falls
Zions In-Home Health Care	208-319-4587	Respite	Gooding, Jerome and Twin Falls Counties

District 6 – Butte, Bingham, Power, Bannock, Caribou, Oneida, Franklin, and Bear Lake Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
Area Agency on Aging of Pocatello	208-233-4032 x 16 www.sicog.org	Respite	Pocatello and region
Bear Lake Home Care	208-847-4454 www.blmhospital.com/elderly-services/home-health	Adult Respite	Montpelier
Bingham Memorial Extended Care	208-785-4100 www.binghammemorial.org	Adult Day Health	Bingham County
Caring Hearts	208-269-7150 caringheartsassist.com	Adult Respite	Bannock, Bingham, Caribou, Power
Children and Family Services Program	208-785-5826 healthandwelfare.idaho.gov	Children's Respite	Blackfoot
Dawn Enterprises, Inc.	208-785-5890	Adult Day Health	Bingham County
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Developmental Options, Inc.	208-233-6833 developmentaloptions.com	Adult Day Health	Bannock & Bingham County
Franklin County Medical Center/PCS	208-852-1937 www.fcmc.org	Adult Day Health	Franklin County
Friends and Family	208-244-4136 www.homecaresoutheastidaho.net	Adult Respite	Bannock, Bingham, Power
Heartworks Connection	208-782-1088	Adult Respite	Bannock, Bingham, Caribou, Oneida, Power
Helping Hands	208-232-2009 www.helpinghandshomehealth.net	Adult Respite	Bannock, Bingham, Caribou, Franklin
Home Helpers	208-406-2380 homehelpershomecare.com	Adult Respite	Bannock, Bear Lake, Bingham, Power
Mental Health Services, Adult and Children	208-785-5871 healthandwelfare.idaho.gov	Children's Respite	Blackfoot
Mental Health Services, Adult and Children	208-234-7900 healthandwelfare.idaho.gov	Children's Respite	Pocatello
Mental Health Services, Adult and Children	208-852-0634 healthandwelfare.idaho.gov	Children's Respite	Preston
Miner, Steve	208-406-6268	Respite	Pocatello

District 6 – Butte, Bingham, Power, Bannock, Caribou, Oneida, Franklin, and Bear Lake Counties			
Oneida County Hospital Home Care	208-766-1054 www.oneidahospital.com	Adult Day Health	Oneida County
SE Idaho Developmental Center	208-782-1301	Adult Day Health	All Counties

District 7 – Duster, Lemhi, Clark, Fremont, Jefferson, Madisen, Teton, and Bonneville Counties			
Organization	**Website/Contact Number**	**Services**	**Notes**
Affiliates, Inc. dba The Adventure Center	208-403-6420 theadventurecenter.org	Adult Day Health	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties
Area Agency on Aging/EICAP	208-522-5391 www.eicap.org	Respite	Idaho Falls and region
Catanese, Debbi	208-881-9212	Respite	Idaho Falls
Children With Disabilities Foundation	208-520-823	Children's Respite	Idaho Falls
Developmental Disabilities Program, H & W	healthandwelfare.idaho.gov		
Joshua D. Smith Foundation	208-403-6420	Adult Day Health	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties
Mental Health Services, H & W	healthandwelfare.idaho.gov		
Northfork Developmental Services	208- 624-7781	Adult Day Health	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties
Villarreal, Robin	208-552-2115	Respite	Idaho Falls
Wilcox, Darcie	804-731-4214	Respite	Rexberg
Wright, Melanie	208-201-8167	Respite	Idaho Falls

MICHIGAN OFFICE OF SERVICES TO THE AGING
NEEDS ASSESSMENT SUMMARY

Introduction

The Michigan Office of Services to the Aging (OSA) has recognized the value of garnering feedback from the population it serves since its formation in 1973. This understanding was the driving force behind the decision to conduct a new needs assessment to aid in statewide planning and program activities for the future.

The last needs assessment was completed by OSA in 1987 and focused exclusively on Michigan residents age 60 and over, the population that OSA serves. However, it was determined that with the addition of a new program set to launch in 2014, the Michigan Aging and Disability Resource Collaboration, additional data should be collected from the disability community.

Further, the Older Americans Act – the federal law establishing most aging services in the U.S. – outlines lesbian, gay, bisexual and transgender (LGBT) older adults as a group for whom special efforts should be made to address the specific challenges they face. Therefore, it was also determined that the needs assessment should focus on LGBT residents as well. This decision made Michigan one of the first states in the country to conduct a statewide needs assessment specifically for LGBT residents. The expansion to a broader demographic makes this the most comprehensive statewide assessment ever conducted by OSA.

Efforts to develop this needs assessment began in January 2011. It was supported by an advisory group, comprised of individuals and organizations across Michigan's aging, disability and LGBT communities. More than 5,000 Michigan residents participated. The assessment itself began in May 2012 and concluded in October 2012. The needs assessment is broken into three data sets:

1) 60 and over;
2) 60 and under with disabilities;
3) Lesbian, gay, bisexual and transgendered residents over 50, or under 50 with disabilities.

Data highlights of each set are included in this document, which includes information on demographics, housing, employment and finances, transportation, health care, social connections, end of life and legal issues, caregiving, and information. To request the tables from any data set, please contact OSA.

Helping older adults maintain their quality of life and independence is OSA's continued focus. In the coming months we will be working with our partners to utilize each data set to improve the effectiveness, efficiency, and quality of services provided throughout the aging network.

We are honored to have been able to conduct this unprecedented effort to give a voice to those who have concerns and needs in the state. We also look forward to developing partnerships and new and innovative ways to help meet those needs.

Giving and Receiving Care

- Twelve-point-six percent (12.6%) are providing care for others. Of those, 38.8% are caring for a spouse, 23.2% for a parent and 15.6% are caring for a child.

- Nearly four-out-of-five (77.8%) caregivers are caring for one person, and 12.9% are caring for two people.

- Of those surveyed, 26.7% indicated that they are providing care because services are not available.

- Caregivers report that caregiving causes them to make adjustments in their lives; 42.3% indicated there were emotional adjustments, 37.6% indicated there were personal adjustments, and 33.6% have feelings of stress or illness.

- Of those surveyed, 64.1% of caregivers provide companionship, 61.2% provide transportation, and 59.7% help with shopping.

- Almost half of caregivers (48.9%) indicated that there are services available that would make things easier for them, but 42.6% indicated that they won't use the services because the person they are caring for does not like other people to help with their care. More than thirty percent (33.5%) mentioned that they do not have money to pay for services.

- Twenty-point-three percent (20.3%) of respondents indicated that they need someone to help them with daily activities such as preparing meals, bathing or housekeeping.

- Family and friends help in the areas of housecleaning (62.1%), transportation (51.4%), shopping (46.9%) and yard work or house maintenance (40.9%).

- Paid workers help with house cleaning (67.7%), meal preparation (24.3%), yard work or house maintenance (23.7%) and transportation (22.8%).

- Most paid workers are paid out-of-pocket only (45.2%).

- Most respondents (68.8%) are paying $50 or less a week out-of-pocket for services in their home.

Methodology

The 60 and over needs assessment was developed in partnership with an advisory group, which was a workgroup of individuals representing agencies and organizations working with older adults, and individuals with disabilities.

Other people with specialized knowledge were also consulted during the planning and implementation of the assessment. The development process took more than a year as domains were identified, questions from past needs assessments were reviewed, and new questions were developed to meet identified information gaps.

A convenience sample was used rather than a random sample for several reasons related to our information goals, sampling frames, costs, and expected returns.

The Michigan Office of Services to the Aging (OSA) wanted to support participation by people who are normally excluded from survey sampling. Traditionally, samples may be chosen from lists of people who have drivers' licenses, state IDs, are on voting rolls, or have received services from the agency or agencies undertaking a survey. Sampling can also be done through random digit dialing of landlines and cell phones.

OSA's goal was to also reach people who would be served by a new state program called the Aging and Disability Resource Collaboration. This target population is anyone who needs information and counseling about all aspects of life related to aging or living with a disability.

Had OSA used voting lists, drivers' licenses, state IDs, or service roles it would have omitted people in nursing homes, young adults with disabilities who do not have drivers' licenses or voting records, and people who do not have access to a permanent phone number. For that reason a convenience sample was used.

The advisory group reviewed sampling approaches and supported the decision to use a convenience sample with an emphasis on outreach. This decision meant that while OSA was able to collect a large number of responses, the sample was open to bias. Therefore, the findings cannot be generalized to all Michigan residents. Still, the information collected provides insights into the breadth of needs identified by respondents.

The needs assessment survey was available in three formats: online, hard copy and interview.

The online version of the survey held several advantages for those taking the survey and those working with the data. It was shorter since the survey skipped through questions that did not apply to the respondent. The data was accurately collected behind the scenes, avoiding the cost, time, and errors associated with data entry. It was pre-tested and modified in three rounds by more than one hundred people. The average time to take the online version ranged from 10-20 minutes.

The same online survey was used to conduct interviews. One experienced interviewer administered the 80 interviews requested by participants. The average time for the interview was 15-20 minutes.

The hard copy version of the survey was constructed and pre-tested in two rounds by 78 people. The survey was adjusted to read clearly, especially where respondents were asked to skip sections of questions. There was more variation in the amount of time needed to fill out the hard copy of the survey. Some could do it fairly quickly in about 20 minutes and others took as long as one hour.

A lesbian, gay, bisexual, and transgender (LGBT) version of the survey was also created that contained the same questions with additional questions to learn about additional financial, legal, family and social challenges faced by LGBT residents.

Outreach

A website (www.needsmichigan.com) was set up as the hub for much of the activity for the needs assessment. The website served as the access point for the online version of the assessment and the place for agencies to connect with PDF versions of the hard copy of the

survey. It was also a source for informational sheets, webinar links, and helped field questions. Finally, it served as a contact point for survey participants to connect with project coordinators to find distribution sites for the hard copy version or public computer sites to take the online version of the assessment.

An email address (needsmichigan@gmail.com) and a phone line were set up for people to ask questions or to request an interview or hard copy. Agencies or people could call to get hard copies of the survey sent to them. Return postage was provided if requested.

Social media was also used in outreach with the use of a Facebook page. A total of 21 people responded that they heard about the survey through Facebook.

A needs assessment information packet was created to send to all potential community partners informing them of the assessment and asking for their assistance. Postcards with the web address of the assessment, the number for the project coordinator and a short explanation of the survey were created as well. Nearly 30,000 were distributed to people through various community partners including senior centers, area agencies on aging, service providers, centers for independent living, and other disability organizations. More than 40 percent of respondents indicated they had heard about the survey through senior centers or area agencies on aging. More than 11 percent indicated they had heard of the survey through word of mouth from friends or family members.

Data Analysis

There were 3,805 useable responses in the 60 and over needs assessment.

Demographic statistics were compared to 2010 Michigan census data. The use of a convenience sample produced a sample with demographic characteristics that were similar to those of Michigan, with a few differences.

The largest difference was in the gender of respondents. The proportion of women in the 60 and over assessment is significantly higher than the proportion seen in the Michigan population, 70.3% in the sample compared to 55.3% in the actual population.

To review other differences, contact OSA to request a copy of the 60 and over tables.

In the coming months, OSA will be working alongside Michigan's aging and disability communities to examine the findings in the 60 and over assessment and develop recommendations if necessary.

The 60 and over assessment will be critical for OSA as it works to develop its fiscal year 2014 state plan and better understand and predict more accurately the services that will be required in the coming years for the population it serves.

Data Highlights – 60 and Under with Disabilities

There were 417 respondents who participated in the 60 and under with disabilities needs assessment. Data highlights of the assessment are broken out and listed below.

Demographics

- Females comprised 68.1% of the respondents, males 28.5%, transgender 2.9% and 0.5% preferred not to answer.

- Of those surveyed, 36.7% were single, 26.3% were married, 15.5% were divorced, 9.7% have a long-term partner, 6.3% were widowed, 2.4% were separated and 3.1% listed other.

- Most of the respondents were white (86.7%), 7.4% were black or African American, 2.7% American Indian, Eskimo or Aleut, 2.5% other, 0.5% Asian American and 0.2% multi-racial.

- Two-point-six percent (2.6%) of the respondents were of Hispanic origin (Hispanic was considered an ethnic group as opposed to a race).

- Most of the respondents (38.8%) were age 55-59, 32.1% were age 18-49 and 29% were age 50-54.

- Most of the respondents have had some college level education (31.8%), 23.2% were college graduates and 21.7% have completed grade 12.

- Of those surveyed, 37.6% have two people in the household, 32.2% has one person, and 17.5% have three people.

- Most of the respondents (29.9%) make between $1,000 and $2,000 household monthly income. Another 27.9% make between $600 and $1,000, 21.5% make more than $3,000, 14.3% make between $2,001 and $3,000 and 6.4% make less than $600.

- Fifteen-point-four percent (15.4%) are blind or have serious difficulty seeing and 10.7% are deaf or have serious difficulty hearing.

- Over half (55.1%) had serious difficulty walking or climbing stairs.

- Of those surveyed, 22.3% had difficulty dressing or bathing.

- Of those surveyed, 44.5% have difficulty doing errands alone because of a physical, mental, or emotional condition.

- Most of the respondents (62.9%) have difficulty concentrating or remembering because of a physical, mental, or emotional condition.

Housing

- Of those surveyed, 61.4% were living “where they want to be.”

- Most of the respondents (58.5%) live in a house, 27.6% in an apartment, 5.6% a mobile home, 2.4% a condominium, 1.5% assisted living, 0.7% home for the aged and 3.7% indicated other.

- Fifty-point-six percent (50.6%) of respondents rent and 49.4% own where they live. Twenty-seven percent (27%) have paid off their mortgage.

- The costs that have been the biggest problem for respondents include utilities (56.3%), maintenance (44.7%) and mortgage/rental payments (39.8%).

- Over half (51.7%) were aware of utility assistance programs.

- Sixty-four percent (64%) live in a home they rate as in good or excellent condition, and 6.5% are in homes rated as poor.

- Of those surveyed, 35.7% live in homes that can be used by people who use wheelchairs or cannot climb stairs.

- Over half (56.5%) of the sample sees them moving in the future. Of those respondents, 44.6% want a place they can stay as they get older and 42.4% want a place that is more affordable.

- Seventeen-point-two percent (17.2%) of respondents have been a victim or had someone in their household be a victim of a crime in their neighborhood in the last year.

Employment and Finances

- Forty-point-one percent (40.1%) of respondents had income from disability payments, 37.3% from Social Security and 33.2% from salary and wages.

- Of those surveyed, 25.5% of respondents were not working due to a disability. Another 21.8% were working full-time, 10% were working part-time and 10.7% were looking for work.

- Of those working, 52.7% would rather be retired but need to work to support themselves or their family (38.9%), or pay for healthcare (13.8%).

- Forty-two percent (42%) report it is hard to find or keep a job because of they have a disability.

- Forty-four percent (44%) report they do not have enough money for their basic needs, and 40.3% use a bridge card.

- Most of the respondents (78.2%) are worried their money will run out.

- Twenty-five percent (25%) are helping to support other people.

- Thirty-seven percent (37%) report that other people help pay for things they need, with parents (38.5%) helping most often.

Transportation

- Of those surveyed, 65.6% drive a car to get around the community, and 64.7% drive daily.

- Over half (52.3%) of people surveyed indicated that they have trouble getting to places they want to go at least sometimes. The most common reason for lack of transportation is that it is too expensive (46.3%).

- Most frequently mentioned reasons for not using public transportation include the bus not taking them where they want (36.8%) or need (31.7%) to go, and length of time it takes to ride the bus (32%).

- Fifty-one percent (51%) responded there were special bus programs to provide transportation for older people or those with disabilities in their area and 44.7% use those programs.

Health Care

- Most of the respondents (88.5%) indicated they have a personal primary care physician, and 44.1% have had a physical in the last six months.

- Most of the respondents (94.3%) indicated they can get emergency medical care when they need it.

- Most of the respondents (81.9%) indicated they have access to mental health care. The most often used sites for mental health services are a private practice office (42.3%) and community mental health (40.5%) for mental health services.

- Nearly one-third (31.4%) reported that they have had problems getting medical care. Not having enough money for payment or co-payment (55.5%) was the most frequently mentioned reason for not getting care.

- Of those surveyed, 54.8% did not go to the dentist during the past two years when they should have.

- Not having enough money (68.3%) was the main reason respondents did not go to the dentist.

Social Connections

- Forty-point-eight percent (40.8%) of those surveyed live with a spouse or partner, 33.8% live alone, and 10.1% live with parents.

- Sixty-point-three percent (60.3%) report they connect with family members by phone or internet every day. Another 25.9% connect at least once a week.

- Nearly half (46.8%) reported visiting with family and friends at least once a week. Another 22.9% visit at least once a month.

- Over half (54.9%) of respondents consider their close friends to be part of their family. Fifty-nine percent (59%) consult with their friends for advice first, followed by other family members (48.2%) and their spouse/partner (40%).

End of Life and Legal Issues

- Over half (54.6%) have discussed end of life issues with someone else.

- Of those answering yes, 53.6% have spoken to their spouse/partner, 36.4% a friend, 33.6% a child, and 33.2% a sibling.

- Over one-third (35.2%) have legal documents related to end of life issues, with the most common being a power of attorney for health care decisions (57.7%).

Giving and Receiving Care

- Of those surveyed, 18.3% of respondents are providing care for others. Of those, 33.8% are caring for a parent, 24.3% for a spouse or partner and 23% for a son or daughter.

- Three-quarters (75.7%) of caregivers are caring for one person and 15.7% are caring for two people.

- Of those surveyed, 42.3% indicated they are providing care because services are not available.

- Caregivers report that caregiving causes them to make adjustments in their lives. Of those, 64.9% indicated there were emotional adjustments, 52.7% indicated stress or illness and 48.6% indicated there were personal adjustments.

- Most of the caregivers (67.6%) were providing companionship, 64.9% were helping with housekeeping and laundry, 62.2% were providing transportation and 56.8% were helping with food preparation.

- Sixty-point-nine percent (60.9%) indicated that there were services available that would make things easier for them, but 61.9% responded that lack of money keeps them from using those services.

- Of those surveyed, 43.7% indicated that they need someone to help them with daily activities such as preparing meals, bathing or housekeeping.

- Family and friends tend to provide help in the areas of transportation (61.7%), shopping (60.2%), house cleaning (56.3%) and yard work or house maintenance (45.3%).

- Paid workers help with house cleaning (51.1%), transportation (43.2%), meal preparation (42%) and shopping (39.8%).

- Forty-five percent (45%) are paying $50 or less a week out-of-pocket for services.

Information

- Fifty-eight percent (58%) go to the Internet for information, 57.3% get their information from friends and family and 20.9% from the Michigan Medicare/Medicaid Assistance Program (20.9%).

Methodology

The 60 and under with disabilities needs assessment was developed in partnership with an advisory group, which was a workgroup of individuals representing agencies and organizations working with older adults, and individuals with disabilities.

Other people with specialized knowledge were also consulted during the planning and implementation of the assessment. The development process took more than a year as domains were identified, questions from past needs assessments were reviewed, and new questions were developed to meet identified information gaps.

A convenience sample was used rather than a random sample for several reasons related to our information goals, sampling frames, costs, and expected returns.

The Michigan Office of Services to the Aging (OSA) wanted to support participation by people who are normally excluded from survey sampling. Traditionally, samples may be chosen from lists of people who have drivers' licenses, state IDs, are on voting rolls, or have received services from the agency or agencies undertaking a survey. Sampling can also be done through random digit dialing of landlines and cell phones.

OSA's goal was to also reach people who would be served by a new state program called the Aging and Disability Resource Collaboration. This target population is anyone who needs information and counseling about all aspects of life related to aging or living with a disability.

Had OSA used voting lists, drivers' licenses, state IDs, or service roles it would have omitted people in nursing homes, young adults with disabilities who do not have drivers' licenses or voting records, and people who do not have access to a permanent phone number. For that reason a convenience sample was used.

The advisory group reviewed sampling approaches and supported the decision to use a convenience sample with an emphasis on outreach. This decision meant that while OSA was able to collect a large number of responses, the sample was open to bias. Therefore, the findings cannot be generalized to all Michigan residents. Still, the information collected provides insights into the breadth of needs identified by respondents.

The needs assessment survey was available in three formats: online, hard copy and interview.

The online version of the survey held several advantages for those taking the survey and those working with the data. It was shorter since the survey skipped through questions that did not apply to the respondent. The data was accurately collected behind the scenes, avoiding the cost, time, and errors associated with data entry. It was pre-tested and modified in three rounds by more than one hundred people. The average time to take the online version ranged from 10-20 minutes.

The same online survey was used to conduct interviews. One experienced interviewer administered the 80 interviews requested by participants. The average time for the interview was 15-20 minutes.

The hard copy version of the survey was constructed and pre-tested in two rounds by 78 people. The survey was adjusted to read clearly, especially where respondents were asked to skip sections of questions. There was more variation in the amount of time needed to fill out the hard copy of the survey. Some could do it fairly quickly in about 20 minutes and others took as long as one hour.

A lesbian, gay, bisexual, and transgender (LGBT) version of the survey was also created that contained the same questions with additional questions to learn more about the financial, legal, family and social challenges faced by LGBT residents.

Outreach

A website (www.needsmichigan.com) was set up as the hub for much of the activity for the needs assessment. The website served as the access point for the online version of the

assessment and the place for agencies to connect with PDF versions of the hard copy of the survey. It was also a source for informational sheets, webinar links, and helped field questions. Finally, it served as a contact point for survey participants to connect with project coordinators to find distribution sites for the hard copy version or public computer sites to take the online version of the assessment.

An email address (needsmichigan@gmail.com) and a phone line were set up for people to ask questions or to request an interview or hard copy. Agencies or people could call to get hard copies of the survey sent to them. Return postage was provided if requested. Social media was also used in outreach with the use of a Facebook page. A total of 21 people responded that they heard about the survey through Facebook.

A needs assessment information packet was created to send to all potential community partners informing them of the assessment and asking for their assistance. Postcards with the web address of the assessment, the number for the project coordinator and a short explanation of the survey were created as well. Nearly 30,000 were distributed to people through various community partners including senior centers, Area Agencies on Aging, service providers, Centers for Independent Living, and other disability organizations. More than 20 percent of respondents indicated they had heard about the survey through friends or family members. More than 14 percent indicated they had heard of the survey through other sources.

Data Analysis

There were 417 useable responses in the 60 and under with disabilities needs assessment.

Comparisons between census 2010 Michigan census data and the 60 and under with disabilities needs assessment are not possible due to the use of a convenience sample.

Those wanting to review all of the data related to the 60 and under with disabilities needs assessment may request a copy of the tables by contacting OSA.

In the coming months, OSA will be working alongside Michigan's aging and disability communities to examine the findings in the 60 and over assessment and develop recommendations if necessary.

The 60 and under with disabilities assessment will be critical for OSA to better understand and predict more accurately the services that will be required in the coming years.

Data Highlights – Lesbian, Gay, Bisexual and Transgendered Residents Over 50, or Under 50 with Disabilities

There were 753 respondents who participated in the lesbian, gay, bisexual and transgendered residents over 50, or under 50 with disabilities needs assessment. Data highlights of the assessment are broken out and listed below.

Demographics

- Females comprised 51.5% of the respondents, males 42.5%, transgender 5.1% and 0.9% preferred not to answer.
- Most of the respondents were white (90.8%), 4.7% were black or African American, 2.4% other, 1.2% American Indian, or Eskimo or Aleut, 0.4% Asian American, 0.3% multi-racial and 0.1% Native Hawaiian or other Pacific Islander.
- Three percent (3%) of the respondents were of Hispanic origin (Hispanic was considered an ethnic group as opposed to a race).
- Most of the respondents (17.5%) were age 55-60, 17% were age 50-54, 15.2% were age 60-64, 8.7% were age 65-70, 4.7% were age 70-74, 3.5% were age 18-50, and 30.1% were simply identified as 60 or older.
- Most of the respondents (43.8%) have a graduate degree, 30.7% were a college graduate, 20.7% have had some college level education, and 3.1% have completed grade 12.
- Of those surveyed, 46.8% have two people in the household, 40.1% have one person and 8.4% have three people.
- Nearly half (46.9%) are single, 23.7% have a long-term partner, 13.9% listed other, and 1.6% are married.
- Of those surveyed, 31.2% had a disability.

- Fourteen-point-six percent (14.6%) of respondents had serious difficulty walking or climbing stairs.

- Twenty-point-eight percent (20.8%) had difficulty concentrating or remembering things because of a physical, mental, or emotional condition.

- Most of the respondents (87.4%) considered themselves to be gay or lesbian, and 9% considered themselves to be bisexual.

Housing

- Three-quarters (75.3%) were living "where they want to be."

- Of those surveyed, 74.9% live in a house, 11.4% in a condominium, 9.7% in an apartment, 1.8% a mobile home, and 1.7% indicated other.

- Most respondents own their home (82.4%) and 27.1% have paid off their mortgage.

- Nearly half (45.5%) can comfortably afford their housing costs.

- Over half (51.3%) had lived at their current address for more than 10 years.

- Of those surveyed, 84.8% rate the physical condition of their home/residence as being good (49.2%) or excellent (35.6%).

- Over half (59.4%) of respondents sees themselves moving in the future. Of those, 50.6% want to be in a place where they can stay as they get older, and 45.9% want a place with less upkeep.

- One-third (33.6%) of respondents indicated that finding housing in a LGBT-friendly community is difficult when finding a new home.

- Fifteen-point-four percent (15.4%) of respondents were a victim or had someone in their household be a victim of a crime in their neighborhood in the last year.

Employment and Finances

- Of those surveyed, 38.7% were working full-time, 29% were retired, 9.6% were working part-time and 3.9% were looking for work.

- Of those working, 34.8% need a job to care for themselves or their family, and 11.4% need their job for health care.

- Nearly one-quarter (23.3%) report it is hard to find or keep a job because of their age, and 8.8% report it is hard to find or keep a job because of their sexual orientation.

- Most of the respondents (84.4%) have enough money to meet basic needs (including food, clothing, housing, utilities).

- Salary and wages (56%), pensions and annuities (32.4%) and Social Security (32.3%) are the main sources of income for respondents.

- Eight-point-six percent (8.6%) use a bridge card or food stamps.

- Of those surveyed, 64.4% were worried their money will run out.

- Eighteen-point-two percent (18.2%) were financially supporting adult children, grandchildren or others.

Transportation

- Most of the respondents (94.6%) drive a car to get around the community, and 86% drive daily.

- Over half (55.4%) feel unsafe driving a car at night.

- Fourteen-point-eight percent (14.8%) of people surveyed indicated that they have trouble getting to places they want to go often or sometimes.

- The most frequently mentioned reasons for not using public transportation are that it does not take me where I want to go (38.8%), and it takes too long (35.5%).

Health Care

- Most of the respondents (91.7%) indicated they have a primary care physician, and 46.9% have had a physical in the last six months.

- Most of the respondents (96.9%) indicated they can get emergency medical care when they need it.

- Most of the respondents (87.7%) indicated they have access to mental health care. The most often used sites for mental health services are a private practice office (73.2%), and a large group practice (15.2%).

- Fourteen-point-five percent (14.5%) reported problems getting medical care.

- Of those surveyed, 29.1% did not go to the dentist during the past two years when they thought they should have.

- Not having enough money (61.2%) was the main reason respondents did not go to the dentist.

- Most of the respondents (92.7%) have health insurance.

- Nearly three-quarters (74.3%) have self-identified as LGBT to their health care provider.

- Over three-quarters (76.2%) believe they are not treated differently by their health care provider because of their LGBT status.

- Of those surveyed, 26.4% were victimized or had someone in their household victimized because of sexual orientation or gender identity in the last 10 years.

Social Connections

- Nearly half (48.8%) live with a spouse or partner and 40% of respondents live alone.

- Of those surveyed, 38.6% report they connect with family members by phone every day, and 43.1% connect at least once a week.

- Fifty-point-five percent (50.5%) report they connect with family members through the Internet every day, and 33.9% connect at least once a week.

- Of those surveyed, 43.5% reported visiting with family and friends at least once a week. Another 32% visit at least once a month.

- Most of the respondents (68.6%) consider their close friends to be part of their family.

- Respondents report that they consult their friends (79.9%) and spouse/partner (54.6%) the most when they need advice.

End of Life and Legal Issues

- Most of the respondents (78.7%) have discussed end of life issues with someone else.

- Of those who have discussed end of life issues, 64.9% have spoken to their spouse/partner, 45.8% have spoken to a friend, 36.9% a sibling, and 35.1% have spoken to a lawyer.

- Of those surveyed, 64.5% have legal documents related to end of life issues, with the most common being a power of attorney for health care decisions (78.5%).

Giving and Receiving Care

- Fifteen-point-nine percent (15.9%) of respondents are providing care for others. Of those, 46.7% care for a parent, 25.2% care for a spouse or partner, and 12.1% care for a friend or neighbor.

- Nearly three-quarters (74.8%) of caregivers care for one person, and 18.4% care for two people.

- Thirty-point-five percent (30.5%) indicated they are providing care because services are not available.

- Caregivers report that caregiving causes them to make adjustments in their lives. Of those, 63.6% indicated there were personal adjustments, 59.8% indicated emotional adjustments, 49.5% indicated it takes a lot of time, and 40.2% indicated it causes stress/illness.

- Most caregivers (77.6%) provide companionship, 70.1% help with transportation, 54.2% help with shopping, and 52.3% help with paperwork/paying bills.

- Fifty percent (50%) indicated that there were services available that would make things easier for them, but 49% responded that a lack of money keeps them from using those services.

- Ten-point-six percent (10.6%) indicated that they need someone to help them with daily activities such as preparing meals, bathing or housekeeping.

Information

- Trusted sources of information mentioned most frequently include the Internet (68.4), friends and family (55%) and the library (18.8%).

- Of those surveyed, 21.2% would go to the Internet if they had questions.

Methodology

The lesbian, gay, bisexual and transgendered (LGBT) 50 and over or under 50 with disabilities needs assessment was developed in partnership with an advisory group, which was a workgroup of individuals representing agencies and organizations working with older adults and individuals with disabilities, and members from organizations serving the LGBT community.

Other people with specialized knowledge were also consulted during the planning and implementation of the assessment. The development process took more than a year as domains were identified, questions from past needs assessments were reviewed, and new questions were developed to meet identified information gaps.

Questions were identified to explore financial, legal, and social dimensions of aging related to LGBT identity, as well as questions related to LGBT identity and disclosure of LGBT identity with family members, friends and co-workers.

An LGBT sub-group was instrumental in developing the outreach necessary to inform Michigan residents about the LGBT needs assessment.

The advisory group reviewed sampling approaches and supported the decision to use a convenience sample with an emphasis on outreach. This decision meant that while OSA was able to collect a large number of responses, the sample was open to bias. Therefore, the findings cannot be generalized to all Michigan residents. Still, the information collected provides insights into the breadth of needs identified by respondents.

The LGBT needs assessment was available in online and interview format.

The online version of the survey held several advantages for those taking the survey and those working with the data. It was shorter since the survey skipped through questions that did not apply to the respondent. The data was accurately collected behind the scenes, avoiding the cost, time, and errors associated with data entry.

It was pre-tested and modified in three rounds by more than one hundred people. The average time to take the online version ranged from 10-20 minutes. The online survey was used to conduct interviews but only four individuals requested an interview.

Outreach

A website (www.needsmichigan.com) was set up as the hub for much of the activity for the needs assessment. The website served as the access point for the online version of the assessment and the place for agencies to connect with PDF versions of the hard copy of the survey. It was also a source for informational sheets, webinar links, and helped field questions. Finally, it served as a contact point for survey participants to connect with project coordinators to find distribution sites for the hard copy version or public computer sites to take the online version of the assessment.

48

An email address (needsmichigan@gmail.com) and a phone line were set up for people to ask questions or to request an interview or hard copy. Agencies or people could call to get hard copies of the survey sent to them. Return postage was provided if requested.

The survey was implemented on August 3, 2012 and ended on September 18, 2012. More than half of respondents heard about the needs assessment through an LGBT organization and another 33 percent heard of it through friends or family members. Social media was also utilized through the use of a Facebook page and about 8 percent of respondents heard of the assessment through that page.

Data Analysis

There were 753 useable responses from the LGBT residents over 50, or under 50 with disabilities needs assessment.

To review the tables for the assessment, contact OSA to request a copy.

In the coming months, OSA will be working alongside Michigan's aging, disability and LGBT communities to examine the findings and develop recommendations if necessary.

The LGBT residents over 50, or under 50 with disabilities needs assessment will be critical for OSA to better understand and predict more accurately the services that may be required in the coming years.

ATTACHMENT I

MICHIGAN OFFICE OF SERVICES TO THE AGING NEEDS ASSESSMENT RECOMMENDATIONS

Michigan Aging and Disability Needs Assessment Workgroup: Caregiving-Receiving

The Michigan Office of Services to the Aging (OSA) staff, designated as champions for this workgroup, reviewed and studied the results and trends of the 2012 OSA Needs Assessment. The data from the assessment was fairly consistent across the three target population groups; residents age 60 and over, residents under 60 with disabilities and LGBT residents 50 and over, and under 50 with disabilities.

The workgroup focused on four primary areas as trends identified from the OSA Assessment Surveys;

A) The importance of family caregiving
B) The stress of caregiving
C) Service utilization by caregivers
D) Service Utilization by care receivers

While the discussion, review and recommendations centered on family caregivers and those receiving care from family members, the workgroup did note some similar issues, challenges and recommendations with respect to paid caregivers. One in four households in the nation is involved in caregiving for a loved one.

It is estimated that family caregivers provide 80% of all in-home care. Paid caregivers through private and public agencies, provide the remaining 20% of care.

National and State Background Data and Issues in Caregiving and Care Receiving:

The Importance of Family Caregiving

The definition of the informal or family caregiver is an unpaid individual (spouse, partner, family member, friend or neighbor) involved in assisting others with activities typically not part of the relationship; this may include instrumental activities, such as driving a person to appointments, helping or doing weekly shopping, etc. It may also include daily activities, such as cooking, eating, and personal grooming. A growing trend is the delivery of medical assistance by family members, such as medication monitoring, and other in-home medical tasks.

Informal caregiving of older adults among families had not attracted much attention until an article in 1985 proposed that caregiving for aging parents was becoming so common, it would become a normative experience.[1] Since then, families became heavily engaged in caregiving, shifting providers' perspective to include the needs of caregivers. Studies of caregiving and organizations supporting caregivers have proliferated.

Nationally, informal caregivers are estimated at 65.7 million or 29% of the adult U.S. population. This equates to more than one in four households engaged in caregiving for an adult over age 50 (1.5 million in Michigan). Fifty two million caregivers provide care for adults age 18 and over

[1] Brody, E.M, Parent Care as a Normative Family Stress, The Gerontologist (1985) 25 (1): 19-29.

50

and 43.5 million of adult family caregivers are caring for someone age 50 and over. Fourteen-point-nine million people care for someone who has Alzheimer's disease or some form of dementia.

A majority of caregivers (86%) care for a relative and most (36%) of those care for a parent. Twenty-six percent (26%) care for their mother and 10% care for their father. Only 14% care for a friend, neighbor or another non-relative. Twenty one percent of LGBT respondents provided care for an adult friend. One in seven (14%) caregivers assists their child (children) as well.[2]

Nationally, the value of unpaid family caregiving is estimated at more than $450 billion. In Michigan, the value is estimated at $15.5 billion[3]

The average age of a caregiver is 48, with 51% of caregivers being between the age of 18 and 49. Rates of caregiving vary somewhat by ethnicity. Of the U.S. adult population age 18 and over, approximately 72% are white; 13% are African-American, 12% are Hispanic and 2% are Asian-American. Ethnic differences are also found with regard to the need of the care recipient. African-American caregivers (41%) were more likely to provide help with more than three of the core adult daily living activities (ADL's; e.g. getting in/out of bed, dressing, feeding, managing incontinence or getting to and from the toilet). White caregivers are around 28% and Asian-Americans around 23%.[4]

The percentage of caregivers caring for individuals over 85 years of age has increased based on national surveys of informal caregivers conducted by National Alliance for Caregiving. Parent care continues to be the primary caregiving situation for mid-life caregivers with 70% of the caregivers between the age of 50 and 64.
Interestingly, most care recipients live in their own home (58%) and 1 in 5 (20%) live in their caregiver's home.[5]

The Stress of Caregiving
The experience of caregiving produces varying levels of stress. The amount of stress experienced by family members varies as well. Some people report stress while providing brief or minimal care, while others don't experience stress when spending 20 plus hours per week engaging in caregiving. Caregiving situations often develop based on a close relationship between the caregiver and care recipient; but there are family members who become caregivers purely from a sense of duty.

Caregivers who care for a person with dementia, cognitive, or emotional issues are more likely to report stress. The unexpected behaviors and/or need for constant supervision can be exhausting. Some additional factors that contribute to stress are described below.

Work life: Of Americans working full or part time, More than 1 in 6 reports assisting in the care of an elderly or disabled family member, relative, or friend. Caregivers who work at least 15 hours per week said it "significantly affected their work life." About 69% of working caregivers report having to rearrange their work schedule, decrease their hours, or take an unpaid leave in

[2] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data
[3] AARP Public Policy Institute; Valuing the Invaluable: 20122 Update The Economic Value of Family Caregiving in
2009 (based on $11.23 per hour).
[4] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data
[5] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data

order to meet their caregiving responsibilities. Ten million caregivers over the age of 50 who care for their parents suffer loss of wages, health insurance and other job benefits, retirement saving/investing, and Social Security benefits to the tune of $3 trillion. [6]

Working women caregivers: Women are the original source of concern in caregiving situations, due in part to their "being in the middle." Middle age women may be active with children or grandchildren, while increasing their assistance to aging parents. Women also may suffer a particularly high level of economic hardship due to their caregiving. Female caregivers are more likely to make alternate work arrangements, take a less demanding job, give up work entirely and lose job related benefits. Single women caring for their elderly parents are 2.5 times more likely than non-caregivers to live in poverty in their old age.[7]

The 2008 the economic downturn had a hard effect on the working family caregiver. A study found that 6 in 10 caregivers expressed they are less comfortable with risking time off from work to care for a family member or friend, which resulted in more than half feeling more stress because of the need to accommodate for care for a loved one and work. Of the employed caregivers, half sought additional jobs to cover their own living needs and 33% sought additional employment to cover the caregiving costs of a loved one.[8]

Travel distance: The majority of caregivers (72%) live within 20 minutes of the care recipient. Thirteen percent live within an hour of the care recipient. As the age of the caregiver increases, they are more likely to report living with their care recipient. More than one-third (37%) of older caregivers live with their recipient compared to 1 in 5 (20%) of middle aged and about one in six for (14%) of younger caregivers.

The proportion of caregivers reporting living less than 20 minutes from the recipient has increased in the last 5 years from 44% to 51% and some attribute this to the 2008 economic downturn. Long distance caregivers had the highest annual expenses (average just under $8,800/yr.) compared to co-resident caregivers (average just under $5900/yr.) while those who cared for a loved one nearby (average $4800/yr.).[9]

Of those providing care, 24% say caring for a family member, relative, or friend has a direct impact on their work performance, and it keeps them working more hours. Caregivers miss an average of 6.6 workdays per year. Approximately 17% of full time workers missed 126 million workdays per year. Thirty six percent of caregivers missed 1-5 days per year while 30% missed 6 or more days per year. One third of working caregivers are working professionals and another 12% are in service or management roles. Seventy one percent indicate their employers know of their caregiving status with 28% reporting their employers were unaware.

When surveyed about workplace programs, one-quarter or less stated they have access to employer sponsored support groups (e.g. support group discussions, ask-a-nurse type services, financial or legal consultation and assisted living counselors).[10]

The time spent caregiving, on average, is 20.4 hours per week. Those who live with their care recipient spend 39.3 hours per week for that person. Those caring for a child under the age of

[6] Ibid
[7] Ibid
[8] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data
[9] Ibid
[10] Ibid

18 spend 29.7 hours per week. Older caregivers who are 65 plus provide 31 hours per week on average while middle aged caregivers report spending approximately 19 hours per week. Older caregivers are more likely than younger caregivers to bathe and shower their care recipient (33% vs. 22%).[11]

Caregiving for person with Alzheimer's disease: In 2010, 14.9 million families and other unpaid caregivers of people with Alzheimer's disease and other dementias provided 17 billion hours of unpaid care. This represents an average of 21.9 hours of care giving/week or 1,139 hrs. of care per caregiver valued annually at $11.93/hr. for an estimated $202.6 billion in 2010 alone. Measured by duration of care, Alzheimer's and dementia caregivers provide care on average of 1-4 yrs. longer than a caregiver providing care for someone with a other illness (43% vs. 33%).

The average duration of a caregiver's role is 4.6 yrs. Only 3 in 10 caregivers provide care for less than a year. Similarly, caregivers for a loved one is 1-4 yrs. and 3 in 10 caregivers cared for 5 yrs. or more with 15% reporting caring for 10+yrs.[12]

Caregiving for Veterans: Ninety-six percent (96%) of caregivers of veterans are female and 70% provide care to their spouse or partner. Thirty percent (30%) of veterans' caregivers care for 10 years or more as compared to 15% of caregivers nationally. Eighty-eight percent (88%) report increased stress or anxiety as a result of caregiving and 77% state sleep deprivation as an issue. Veterans suffer more frequently from traumatic brain injuries, post-traumatic stress disorder, diabetes; and paralysis or spinal cord injury.[13]

Other Caregiver and Care Receiver Trends: Caregivers, regardless of employment status, report that positive activities in their life is reduced by 27.2% as a result of caregiving responsibilities, and the effect on their personal life is three times more than the effect on their employment.[14]

Care recipients/Caregiver Service Utilization:

- Forty-nine percent of caregivers reported use of at least three specific types of help on behalf of their care recipient. Most commonly used was an outside transportation service (29%) followed by requesting resources for financial assistance (28%). Only 12% have used respite services. Caregivers of adults aged 18-49 are more likely to have sought financial help (44%), than those caring for older (25%) or younger (32%) recipients.[15]
- One in five caregivers report having had training (19%) but seek additional resources. Seventy-eight percent report needing more help and information with at least 14 specific topics related to caregiving. Caregivers in high burden situations are more likely to seek help (83% vs. 73% of low burden caregivers).[16]

The Top Three Topics of Concern to Caregivers are:
Keeping their loved one safe (37%); managing their own stress (34%); finding easy activities to do with their care recipients (34%); and finding time for them. The demand for information by

[11] Ibid
[12] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data
[13] National Alliance for Care giving/United Health Foundation, Caregivers of Veterans: Serving on the Home Front (2010)
[14] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data
[15] Ibid
[16] Ibid

caregivers has increased in the last 5 years to 77% vs. 67%. Transportation is a vital component provided by the family caregiver and family or friends provide transportation for 1.4 billion medical visits a year for older relatives (70+ who no longer are able to drive themselves).[17]

Additional Caregiver and Care-Receiver Issues/Trends:

- Caregivers are getting younger
- Caregivers are increasingly asking for stipends – to get paid for caregiving tasks
- There is usually one primary person who serves in the caregiver role
- "Being in the middle" stress is greater for parents with children at home
- It takes an army to do the caregiving, so it helps to get help from others
- Some caregivers are not aware of available services
- The caregiving experience is often unexpected – or stops unexpectedly
- Prior relationship (or lack thereof) impacts ability/willingness to engage in caregiver role
- Ethnicity, cultural concerns are factors in accessibility to services
- Caregiver and care receivers have concerns about quality of care
- Caregivers may need training to do caregiving tasks well
- The workforce of those who provide care are a really difficult population to reach and maintain

*Information above, in aggregate, based on information and input from FCA (Family Caregiving Alliance) and National Alliance on Caregiving (2012 data), as well as experienced case management input and work group members personal experience as caregivers, as well as work experiences with persons in the role of caregivers and care receivers.

Workgroup members felt that the results of the OSA Needs Assessment were consistent with national studies and with participants' experiences of working with caregivers and care receivers and other surveys and evaluations of caregiver needs in their regions.

Barriers to Support Caregivers and Care Receivers, Reduce Caregiver Stress and Increase effective Service Utilization:

The needs assessment found that the number one reason people don't use services is that the care recipient doesn't want a formal caregiver. The workgroup looked at some of the possible factors that contribute to that perspective, on both sides of the equation: caregiver and care recipient.

The workgroup concluded that trust and quality of care were often important underlying factors to not using available services. People are wary of allowing strangers in their homes, care recipients may be uneasy about receiving personal care from a stranger, and for some individuals there is concern about acceptance of personal attributes, e.g., race, ethnicity, gender orientation, etc. The care recipient is relatively vulnerable in a caregiving situation. The list:

- Caregivers think they provide services best, "Only I can take good care of…"
- Care recipients/care givers are in denial about the needs

[17] FCA (Family Care giving Alliance) and NCA (National Alliance on Caregiving) 2012 data

- Nobody has confirmed the actual cost of services
- There is concern that receiving services is like being on welfare
- Privacy is a big issue for both, letting someone into the home
- Ethnicity and cultural concerns: will they be respected and treated with dignity?
- How do you achieve a comfortable match between the professional aide and the care recipient?
- Quality of care concerns
- Training issues: staff knowledge and training
- Risk assessment: possible abuse, theft, inappropriate acts, etc.
- Guilt: if family members allow professional services, they look "neglectful" to others or unable to do the task.

Survey respondents also indicated being unable to locate services or people to perform services that they needed, ranging from house cleaning to assistance eating. The top reason they didn't use services is inability to pay. The workgroup generated a list of concerns for this group:

- Lack of knowledge of where to seek service and don't know who to call
- Respite and other service designations seem arcane, specialized, or not easily understood, examples:
    - Adult day services
    - Aging Disability Resource Collaborations
    - Area Agencies on Aging
    - Personal Care Services
    - Congregate meals
- Need for greater public education about the aging network, services, and eligibility

Finally, the workgroup generated a list of various supportive programs, initiatives and resources. While certainly not conclusive, the list demonstrates the types of programs that are known and valued. This was part of the recognition that it takes "an army of friends, colleagues, information, supports, and resources" to navigate caregiving.

- Lotsa Helping Hands website - https://www.lotsahelpinghands.com/
- Villages - http://vtvnetwork.clubexpress.com/content.aspx?page_id=0&club_id=691012
- Faith in Action (example) - http://www.faithinaction1.org/
- Time Banks - http://www.mitimebanks.org/
- Parish Nursing (example) - http://www.allnursingschools.com/nursing-careers/career/parish-nurse

- Block Nurses Program (example) - http://www.elderberry.org/

- NORC: naturally occurring retirement communities - http://www.norcs.org/

The workgroup also cited the importance of coordination between home service providers and health care and inpatient settings. The continuum of care includes hospitals, rehabilitation facilities and often the lynchpin is a discharge planner. The Aging and Disability Resource Collaboration can help bridge the service gap. Factors noted include:

- Specialized delivery of healthcare services and overall lack of coordination of care between providers (systems don't always talk to one another)

- HIPAA rules preclude effective communication between providers and supportive service agencies

- Continuum of care in home/community based settings are more labor intensive for the discharge planners after an acute care episode

- Penalty of readmissions are causing a shift towards skilled nursing care and often have the "pendulum affect" of providing care on a continuum based on admitting diagnosis

- Qualifications for Medicare Skilled Home services

- Time limits on most services: less than typical work week.

Recommendations to Support Caregivers and Care Receivers, Reduce Caregiver Stress and Increase effective Service Utilization:

Overall Recommendations:

1. Provide solid professional information and support to caregivers (OSA and ADRCs)
2. Continue to provide and enhance evidence-based programs, such as Creating Confident Caregivers® and TCARE®. Multi-functional caregiver programs e.g., programs providing information, respite/support, and skill building, are more effective than respite care or education alone, according to the AoA, 2013.

Primary Opportunities:

There were several opportunities cited by the workgroup that OSA should consider.

- Increase cultural competency, including the LGBT population, in service practices and policies

- Recognize the importance of quality of care and personal trust between service providers and service recipients.

- Create collaborative connections with health care facilities, residential care and other settings to improve personal care aides' and nursing aides' skills

- Recognize and support the variety of caregiving and support networks developed by non-governmental entities and encourage collaboration.

Recommended Activities:

1. Provide families accurate information and effective support services to facilitate them being proactively engaged in addressing issues/problems as they arise.
2. Explore how the service system can take a broader look at “extended family” to better support LGBT caregivers.
3. Encourage staff training t to increase their cultural competency with ethnic, diverse participants, including LGBT.
4. Explore how caregivers can receive more training and education and how to best facilitate a family meeting process.
5. Promote the use of case management and case coordination and support services agencies as a source of information for caregivers and care receivers.
6. Use ADRC’s to get information out to caregivers and care receivers.
7. Collaborate with recognized entities for a state registry of direct care workers; a mandated state approved curriculum for direct care workers; a mandated licensure for direct care workers; and bonding home care providers.
8. Encourage the utilization of BTBQ Training Grant pilot programs and based on positive outcomes, consider expanding.
9. Provide care managers more training and expertise in gerontology.
10. Increase and improve the geriatric knowledge and resource knowledge of hospital discharge planners.
11. Provide more information to baby boomers and others so they can proactively plan ahead to avoid crisis.
12. Advocate for the inclusion of caregiving processes and planning in retirement planning packages.
13. Continue to expand the utilization of Creating Confident Caregiver® (CCC) and Tailored Caregiver Assessment and Referral® (TCARE) Programs.
14. Include partner – inclusiveness in planning for care receiver.
15. Provide more public education about the aging network services and eligibility.
16. Get information out about Lotsa Helping Hands.
17. Get information out about Faith in Action and Parish Nurse Programs.
18. Get information out about Villages and Time Banks.
19. Get information out about Buddy Programs.
20. Provide information and education about Hospice at home and palliative care.
21. Promote with consumers that COAs and Senior Centers are sources of information as well.
22. Promote more education about buying LTC insurance and understanding the associated cost/benefits.
23. For home care agency staff explore bonding for staff as it increase the perception of safety and trust on the part of families and caregivers.
24. Provide more information for consumers regarding what private individuals can do for checks background checks.
25. Share this information with AAA Directors and ask for their input.

57

The Office of Services will consider the range of recommendations above in developing the OSA State Plan and in exploring, shaping and expanding policy and program initiatives for caregivers and care receivers in 2014-2016.

When taking the recommendations of the workgroup as a whole, it is interesting to note that they are quite consistent with recommendations made by the 2012 AARP Public Policy Institute Paper, “A Call to Action: What Experts Say Needs to Be Done to Meet the Challenges of Family Caregiving.” In that paper, the four primary themes stated in which public policies and communities best can respond to the needs of family caregivers are:

- Greater Public awareness and education
- Better communication, coordination, and collaboration with health care professionals
- Heightened recognition of and support for family caregivers in policy initiatives
- More financial relief

2012 County Long-Term Services and Supports Gaps Analysis Survey
Aging and Adult Services

Full Report

Department of Human Services
Continuing Care Administration
Aging and Adult Services Division

August 2013

Contents

Introduction

Every two years, the Minnesota Department of Human Services (DHS) gathers local information about the current capacity and gaps in services and housing needs to support older adults in Minnesota. Since 2001, all counties in Minnesota have been requested to respond to a survey of local capacity to meet long-term services and supports (LTSS) needs of current residents, including any significant "gaps" in services or supports. This information is submitted to DHS through a County Gaps Analysis Survey.

This report provides a statewide summary of the 2012 Gaps Analysis for Aging and Adult Services. These results will provide an overview of statewide trends in home and community-based services (HCBS) needs, capacity and development as it relates to services for older adults. Individual county profiles are also available at www.dhs.state.mn.us/GapsAnalysis/aasd.

Background

In 2001, in order to re-balance Minnesota's long-term services and supports system, the Minnesota Legislature approved a set of reform measures to develop and provide a wider range of home and community-based service options to better meet the preferences and needs of older adults and their families. To launch this effort, the Legislature provided funding for counties to prepare an analysis of the long-term services and supports system, including the current availability of - and projected need for - additional services and supports, housing and service arrangements and facility-based long-term services.

In 2002, the Legislature eliminated state funding for the Gaps Analysis. However, DHS has continued to be required by statute[1] to report to the Legislature on the status of the full range of LTSS for older adults in Minnesota, including an update on the state's efforts toward balancing its LTSS system.

2012 Long-Term Services and Supports Gaps Analysis

Over the years, the Gaps Analysis has primarily collected information about service capacity to meet the needs of older adults. **In 2013, additional surveys were sent to the counties to gauge the capacity of services for people with disabilities, children and youth with mental health conditions and adults living with mental illnesses.**

A bulletin was issued in March 2013 requesting counties to complete the Gaps Analysis survey based on data for 2012. There were 84 total replies, which represent all of

[1] https://www.revisor.leg.state.mn.us/statutes/?id=144A.351

Minnesota's 87 counties (five of which are part of multi-county agencies[2]). For the purposes of calculating our percentages, each multi-county agency is counted as one response. Within this report, the term *county* will refer to both individual counties and multi-county agencies.

Results

The results presented in this report are based on county self-reports of capacity in their county. Counties were asked to report on their county's capacity to meet the long-term service and support needs of older adults in their community through (1) home and community-based services (2) housing and (3) nursing facility specialty beds/services along with relocation assistance. This survey consisted of two specific categories of questions: *change* in capacity of home and community-based services since January 2011; and *current* HCBS capacity as of December 2012.

Unless otherwise noted, any percentages provided in parentheses throughout this report indicate the percentage of counties that reported the finding under discussion.

Home and Community-Based Services

Counties were asked to report on any recent changes in home and community-based service (HCBS) capacity as well as current service capacity in their county. Counties also reported on local capacity to provide culturally competent services, issues or barriers related to HCBS capacity along with their county's priorities for HCBS development.

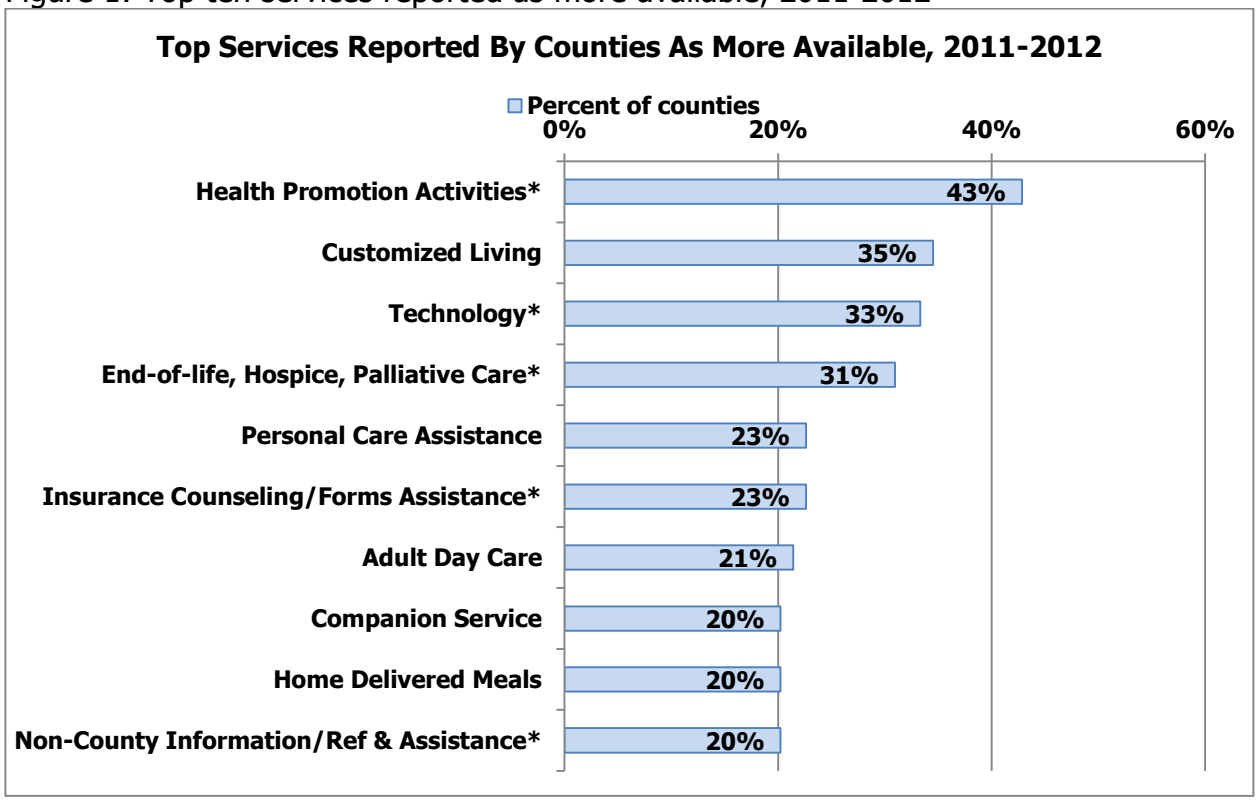
Changes in Service Capacity

Counties were asked to report on any changes in capacity since January 2011 across 30 services that support older adults in the community. For each service, counties could indicate whether the service is more available, less available or there was no change in the service.

Counties have experienced a combination of increases and decreases in their local service capacity between 2011 and 2012. This maintains a trend that was first seen in the 2009 survey. In the Gaps Analysis surveys conducted before 2009, counties tended to report service capacity as maintained or sometimes even increased. In the 2012 survey, all but one county reported an increase in at least one service area. Figure 1 on the next page shows the services that counties most commonly reported as more available. The services most commonly reported as *more available* were: *health promotion activities* (with 43% of counties reporting this service as *more available*), *customized living* (35%), *technology* (33%), *end-of-life/hospice/palliative care* (31%), *personal care assistance* (23%) and *insurance counseling/forms assistance* (23%).

[2] The following counties submitted a single survey because they operate as multi-county human service agencies: Human Services of Faribault and Martin counties; and Southwest Health and Human Services (Lincoln, Lyon, and Murray counties)

Figure 1: Top ten services reported as more available, 2011-2012

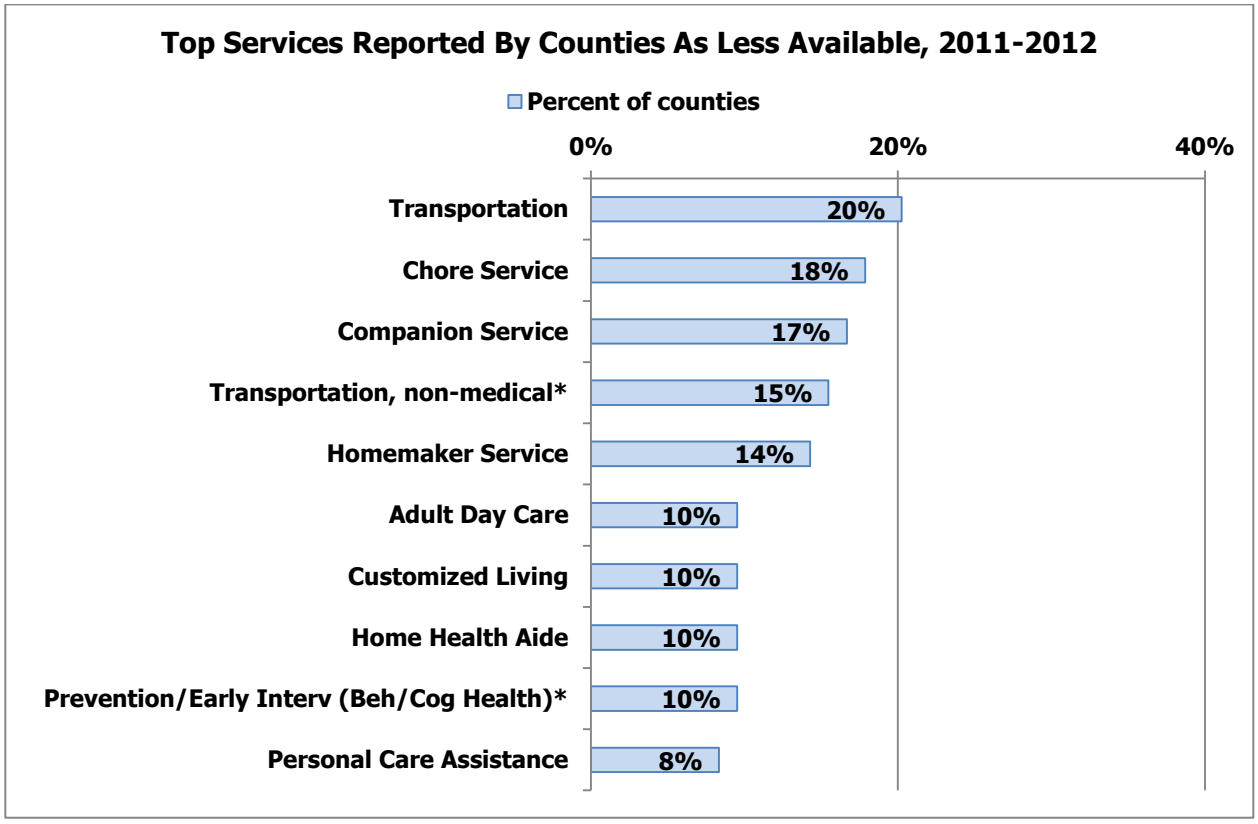


***Related service**

Decrease in services

Nearly half of counties (48%) reported a decrease across two or more services since 2011. This is fairly consistent with the 2009 Gaps Analysis survey, where 55% of counties reported that two or more services became less available between 2007 and 2009. As shown in Appendix A – Table 1, many services that were reported by counties as *less available* were also reported as not meeting the demands of the service population (i.e., a gap) for 2012: *transportation* (20% reported that this service was *less available*), *chore service* (18%), *companion service* (17%), *non-medical transportation* (15%), and *homemaker service* (14%).

Figure 2: Top ten services reported by counties as less available, 2011-2012 (see next page)



***Related service**

Current Service Capacity

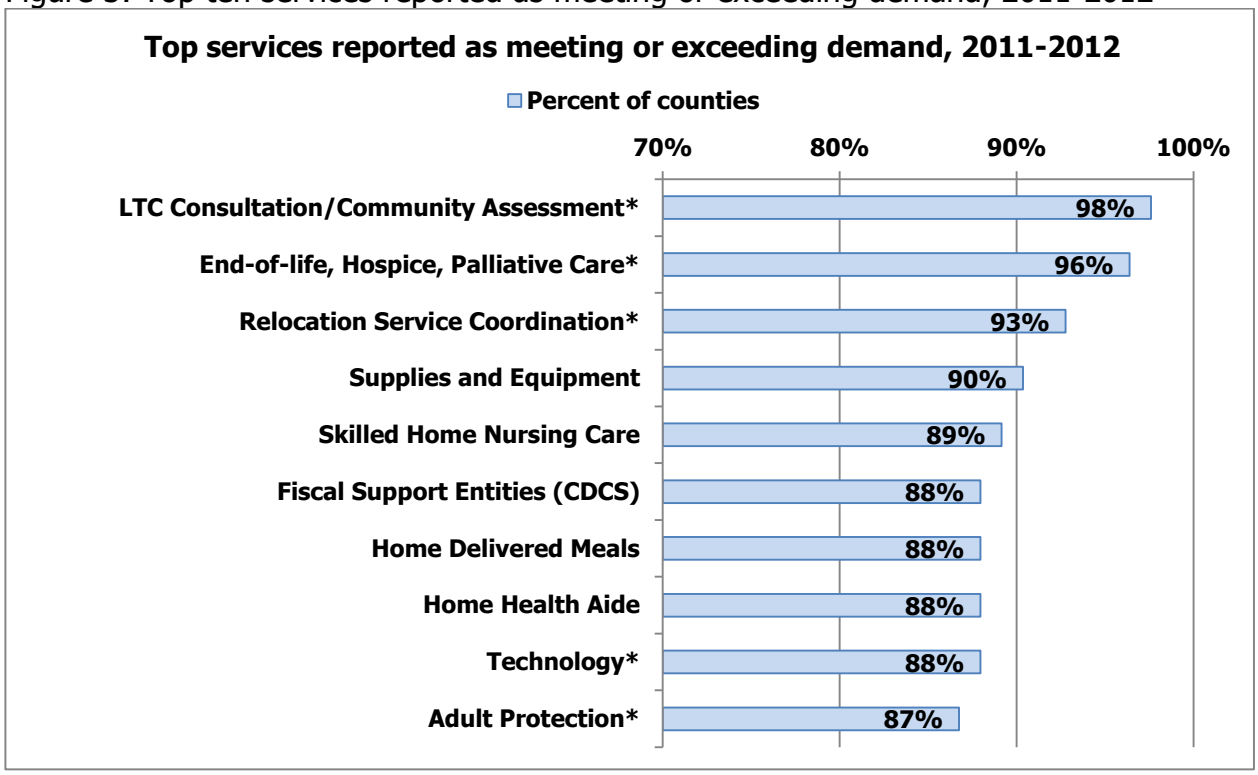
Counties were given a list of 17 Home and community-based services and 13 related services that support older adults in the community and were asked to determine if the service was *not available*, *available but limited*, *meets demand* or *exceeds demand* as of December 2012.

Strong Service Capacity

Figure 3 displays the top ten services with capacity reported as sufficient for their jurisdiction[3]. *Long Term Care Consultation/ community assessment* (98%), *End-of-life / hospice / palliative care* (96%), *relocation service coordination* (93%), *supplies and equipment* (90%), and *skilled home nursing care* (89%) were at the top of the list.

[3] Sufficient capacity includes any county that reported a service "meets demand" or "exceeds demand".

Figure 3: Top ten services reported as meeting or exceeding demand, 2011-2012

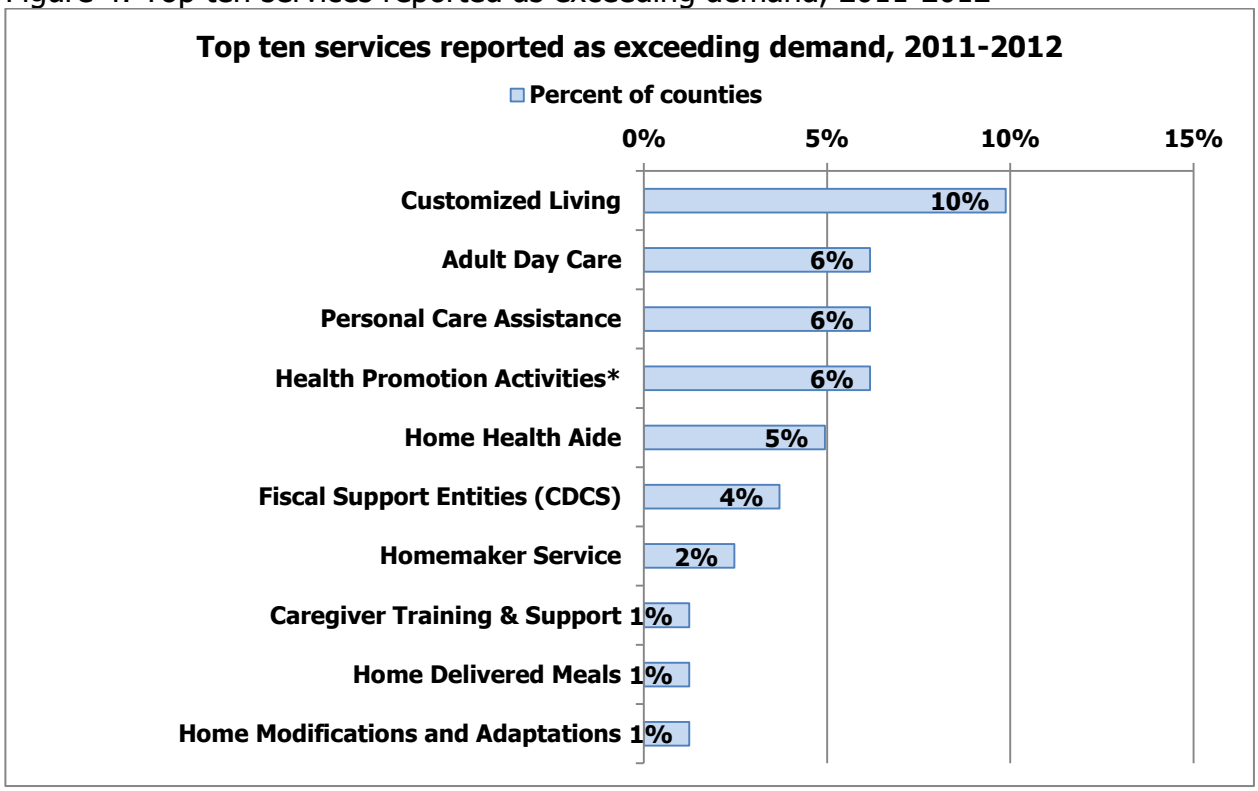


***Related service**

Service capacity exceeds demand

Several services were reported as exceeding demand by counties. Most commonly, 10% of counties report that the availability of *customized living* currently exceeds demand. Other services most reported as exceeding demand were: *adult day care*, *personal care assistance*, and *health promotion activities* (all at 6%); and *home health aide* (5%).

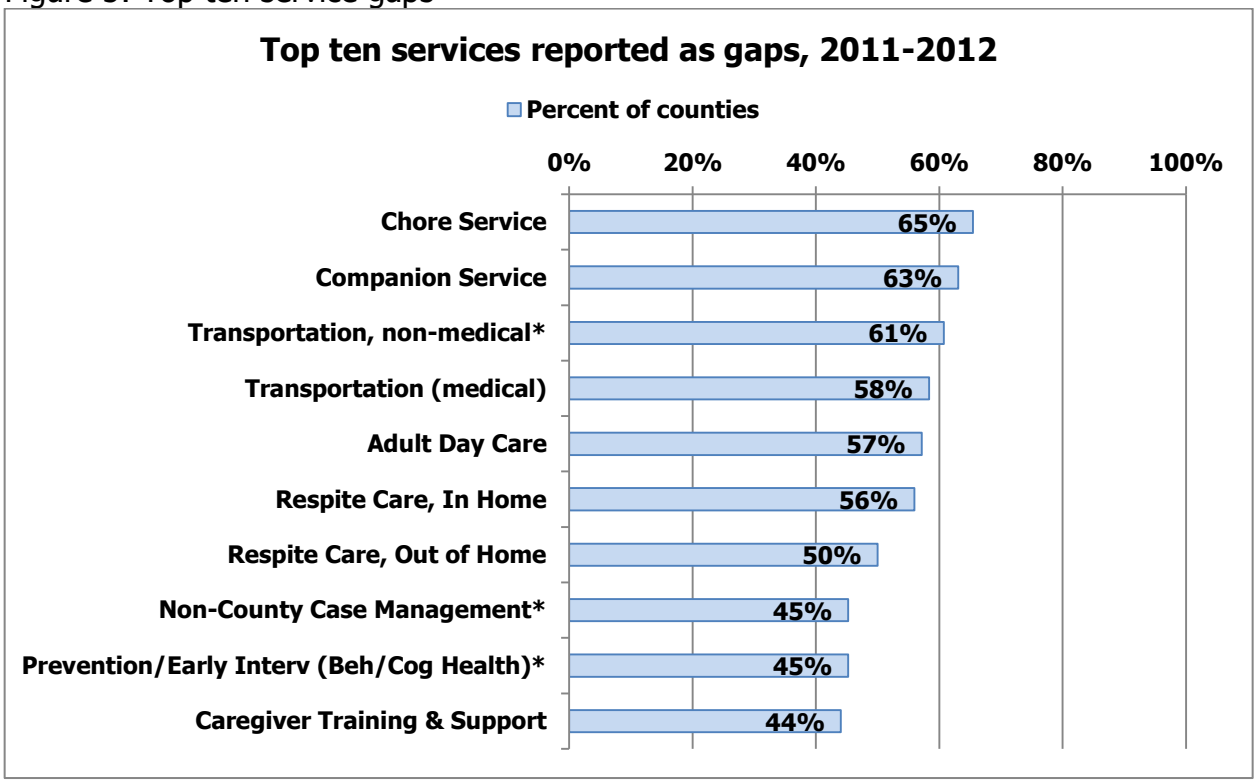
Figure 4: Top ten services reported as exceeding demand, 2011-2012



Most Common Service Gaps

Figure 5 below summarizes the top ten services where counties reported insufficient capacity. These rankings were calculated by combining the percent of counties who reported a service as *not available* with those that reported the service as *available but limited*. The service most frequently reported as a gap was *chore service*, with 65% of counties reporting as such. Gaps were also found in *companion service* (63%), *transportation, non-medical* (61%), *transportation, medical* (58%), and *adult day care* (57%). In a review of the county aging gaps analysis results, health plan representatives noted strong agreement with these gaps and added personal care assistance, forms assistance and guardianship.

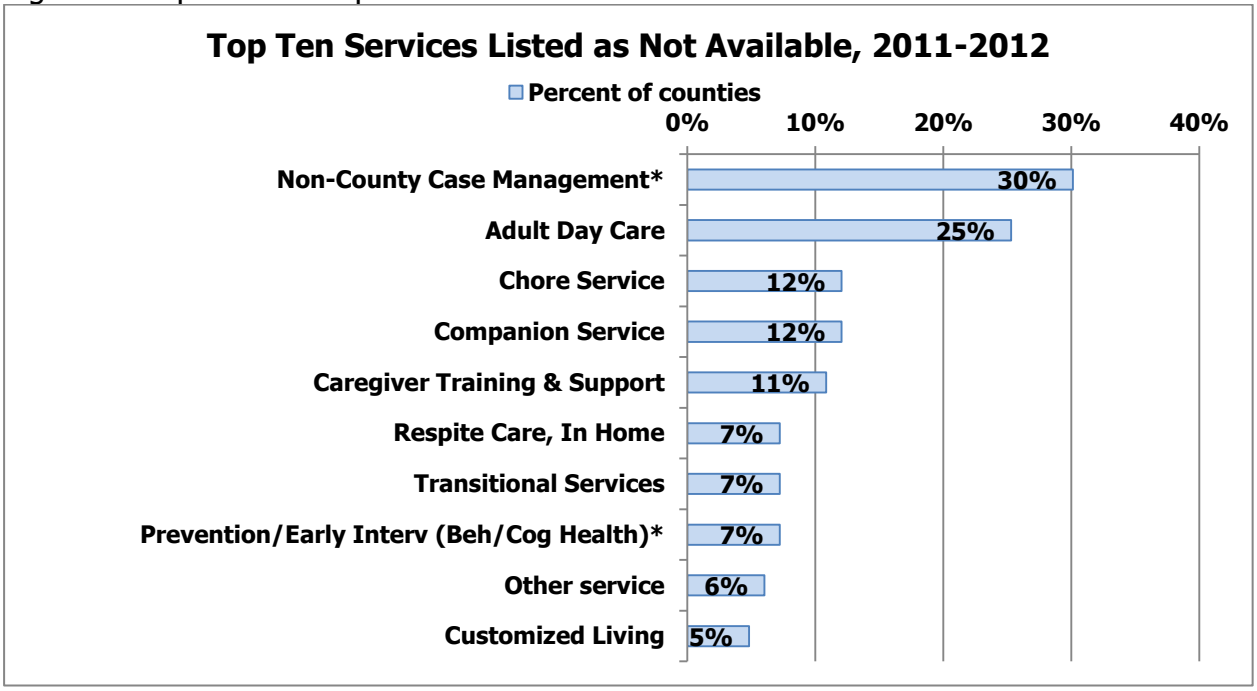
Figure 5: Top ten service gaps



***Related service**

Many of the top ten gaps are services that support informal caregivers (*companion service, respite care, adult day care, caregiver training and support*). Figure 6 shows the top ten services that were reported as not at all available by counties, many of which also support informal caregivers (*adult day care* – 25% unavailable - and *caregiver training and supports* – 11% unavailable - placing 2nd and 5th, respectively). Table 2 in Appendix A provides a complete summary of county reports of capacity for each service. Appendix B of this report includes a summary of the barriers reported by counties and health plans to developing and maintaining capacity for these ten services.

Figure 6: Top services reported as not available



***Related service**

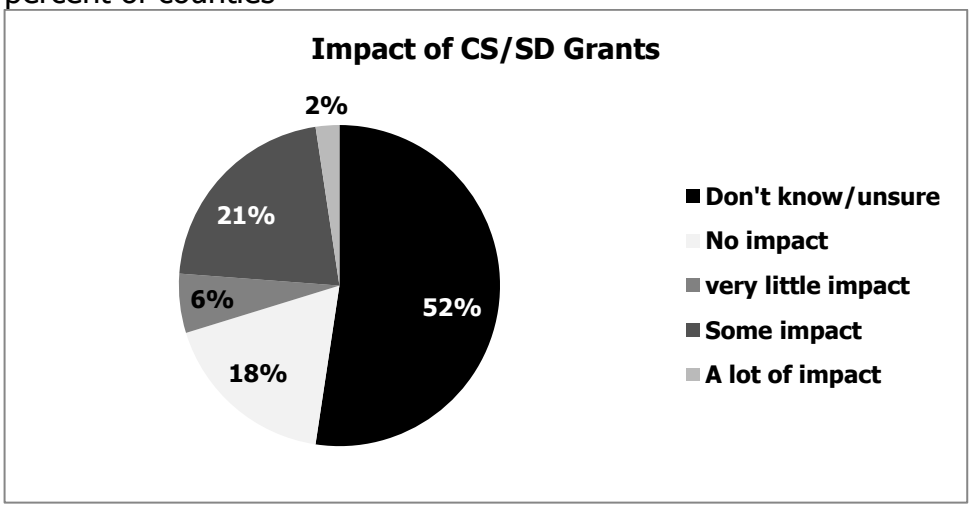
Changes in Reported Gaps for Aging Services 2003-2012

The top service gaps from the 2012 survey were compared to the top gaps reported by counties in the four previous Gaps Analysis surveys (for a year-by-year comparison of the previous Gaps Analysis results, see Appendix C).The top service gaps for 2012 are consistent with previous years, though the percentage of counties reporting gaps for particular services has increased over the years. For example, 28% of counties reported a gap in the area of chore services in 2003 which has increased to 65% of counties reporting this gap in 2012. The same three services – chore, companion and transportation (specified as non-medical transportation in 2009 and 2012) – have been identified as the top three gaps statewide since 2007 and by a similar proportion of counties.

Impact of Community Service/Services Development (CS/SD) Grants

In order to aid in the development of a new service or the enhancement of an existing service, providers and other community organizations can utilize Community Service/Services Development (CS/SD) grants. While the impact of this funding source is not known to a majority of counties (52% of counties reported *don't know / unsure*), nearly one in four reported that CS/SD grants either had *some impact* (21%) or *a lot of impact* (2%). Counties reported that CS/SD grants allowed an expansion of existing services to a larger portion of the county or the addition of a new service. Some counties reported that the grants have facilitated the development of self-sustaining programs that continue to assist older adults in their county.

Figure 7. Impact of Community Service/Service Development Grants, 2011-2012, percent of counties



Cultural Competence

As Minnesota's population continues to become more culturally diverse, it is important to assess the capacity of the State's LTSS system to provide services to older adults from diverse cultural communities. The 2012 Gaps Analysis survey asked counties how prepared they believe their provider network is to work with three different communities.

As summarized in Figure 8 below, only a small percentage of counties believe that their providers are "very prepared" to deliver care that is culturally competent to *racial and ethnic minority communities* (15%), *new American, immigrant and refugee communities* (7%) and *gay, lesbian, bisexual and transgender (GLBT)* communities (12%). Most notably, 23% of counties report their provider network is *not at all prepared* to deliver care that is culturally competent to n*ew American, immigrant and refugee communities*.

Figure 8: Cultural Competence: how prepared they believe their provider network is to work with three different communities

	Very prepared	Somewhat prepared	Not at all prepared
Racial/ethnic minority communities	15%	81%	4%
New American / immigrant / refugee communities	7%	70%	23%
Gay, lesbian, bisexual and transgender communities	12%	76%	12%
Other cultural community	5%	18%	7%

Counties were also given an opportunity to provide an explanation of the rating they gave for each community. Although some counties reported experiences working with many of these communities, many counties reported that they do not have much

diversity in their area and therefore have not had a reason to become prepared to work with some of these. The counties that have experience working in this area discussed their collaborations with other counties, tribal agencies, educational institutions and community-based culturally specific providers in order to provide culturally competent service to individuals. Some counties have experienced recent demographic shifts in their population which has led them to address cultural diversity needs. The most common barrier noted by counties, particularly outside of the Metro area, is the lack of qualified interpreters and bilingual workforce.

Counties tended to respond differently in their description of preparedness to work with the GLBT community. Older adults that are GLBT continue to be invisible in many communities. Although counties tended to be aware of providers with bilingual staff or culturally specific providers, no counties reported that they were aware of culturally specific providers for this community. Several counties reported a need for more training for provider staff to increase their capacity to provide culturally competent services.

Even though many counties do not have much experience with many of these communities, most reported optimism that if a need arose they and their providers will seek out the assistance and resources they need to meet the needs of individuals. These results indicate that additional supports are needed in order to help prepare the aging services network to provide culturally competent services to these various communities.

Overall HCBS System Improvements

Counties were asked to rate their county's improvement across a number of factors that support local HCBS systems with a one-to-five scale, where one equals *no improvement* and five equals *significant improvement*. The average county rating for each area is summarized in Figure 9 below. Further detail on the results of this section can be found in Table 4 in Appendix A. On average, counties rated themselves at the mid-point or higher across all items. While two areas averaged a score of 3.3, no areas saw an increase since 2009.

Figure 9: Average rating of HCBS system improvements for 2009 vs. 2012

	2009	2012	Change
Allowed for consumer choice/direction via range of options & service flexibility.	3.3	3.2	-0.1
Actively promoted CDCS as viable consumer-driven model.	3.4	3.3	-0.1
Supported family/informal caregivers	3.4	3.1	-0.3
Ensured service quality, met program standards & consumer expectations	3.6	3.3	-0.3
Strengthened to monitor/ensure consumer health & safety in private homes/apts	3.1	2.9	-0.2
Actively developed/recruited 1+ service providers to meet needs of seniors	*	2.9	-

Actively recruited/developed culturally competent providers	*	2.4	-
All persons, regardless of income, able to access info to make informed choices about LTC	3.4	3.1	-0.3
All persons, regardless of income, able to access in-person assistance to make informed choices about LTC	3.3	3.1	-0.2
All persons, regardless of income, able to participate in a LTC Consult, as needed	3.4	3.1	-0.3
Health/support service systems were culturally competent to adequately meet needs of 65+ from diverse cultural backgrounds	2.9	2.6	-0.3
Communication patterns/referral protocols between HC & LTC providers allowing for maximized care coordination	3.4	3.1	-0.3
Sufficient local workforce to meet health/LTC industry & market needs	2.8	2.4	-0.4

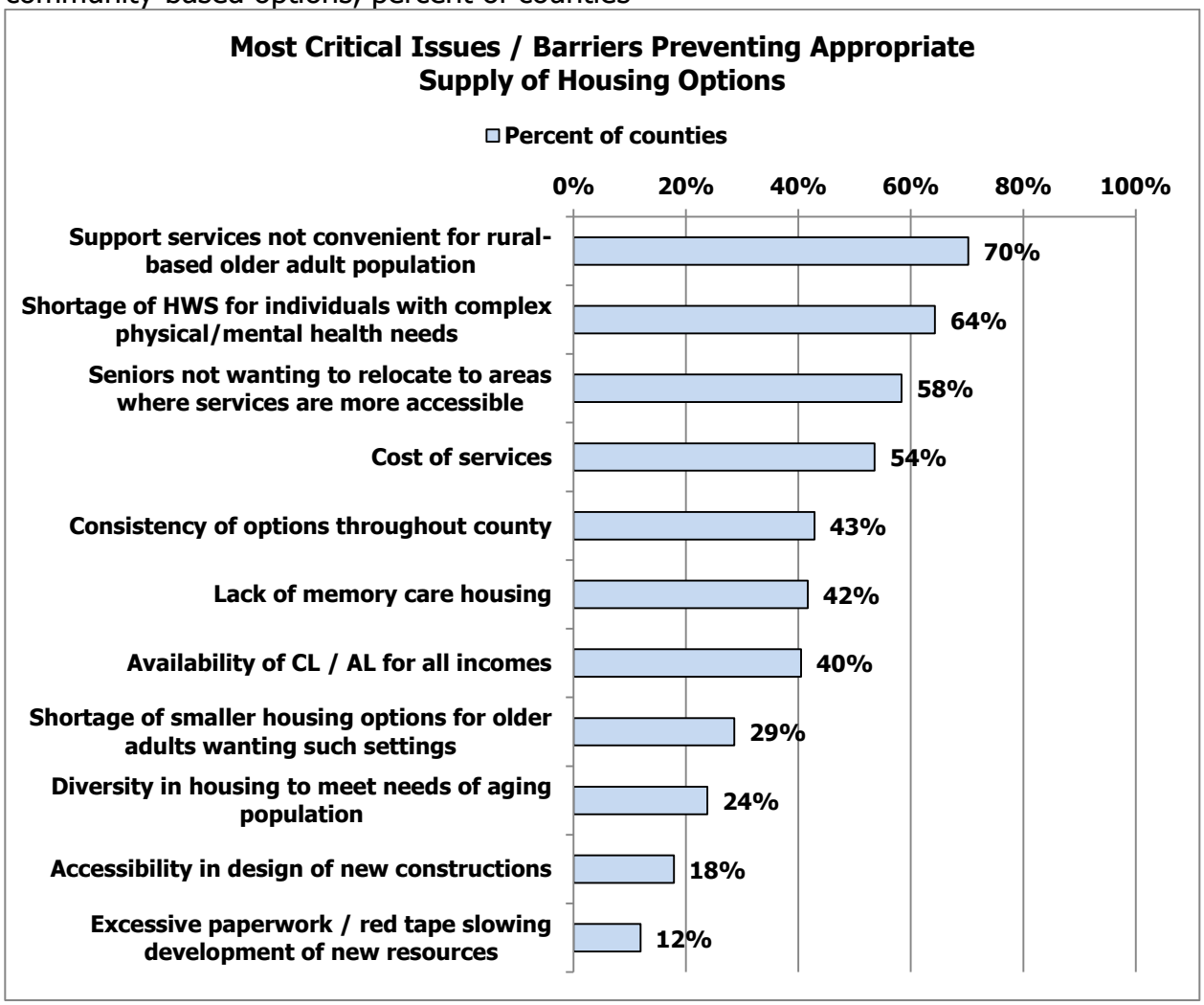
**Not included in 2009 survey*

All counties reporting that *no improvement* or *very little improvement* occurred in a category listed above were asked to offer details regarding that assessment. The issues and barriers to improvement included reduced funding, workforce shortages, provider shortages and limited access to culturally competent services. In many cases, the counties reported that the current practice in their county was meeting the needs of their community and achieving the goal statements, thus no improvement was deemed necessary.

Barriers to HCBS Development

In the previous Gaps Analysis surveys, counties were asked within an open-ended format to discuss any issues or barriers they believe are currently most critical to overcome in their county in order to ensure older adults have home and community-based support options. Due to the uniformity within the responses across the 2007 and 2009 editions of the Gaps Analysis, a drop-down box was added to the 2012 survey, which featured the eight most prominent barriers found in the previous analyses. In order to assure that counties were still able to report a barrier if it was not on the list, the open-ended option was retained. For the most part, the issues reported are consistent with ones that were reported in the 2009 Gaps Analysis survey. In a review of the county aging gaps analysis results, health plan representatives noted strong agreement with these barriers and added low reimbursement rates, uncompensated travel time and training requirements as barriers experienced by providers.

Figure 10: Issues/barriers currently most critical to overcome to ensure home and community-based options, percent of counties



Highest Priority for HCBS Development 2013-2014

Counties were asked about their highest priority for HCBS development for the next two years. Some counties plan to expand their available service network in the areas of chore, non-medical transportation; affordable housing with service options and Medicare certified home care agencies. However, most counties report that their focus is on maintaining their current network and preventing the loss of providers or services. These counties also plan to focus on anticipating and navigating any changes from the state and health plans in the areas of eligibility, programs and procedures. The implementation of the MnCHOICES assessment tool was noted by many counties.

Housing

Counties were asked to report on the availability of affordable and accessible housing along with resources for providing accessible housing to older adults in their

community. They also reported on any major barriers to ensuring an appropriate supply of housing, as well as their local priorities for housing development.

New Housing Developments

Counties were asked to report their new developments of housing or housing/service arrangements. Half had *no new developments*. The 44% of counties with *at least one new development* averaged 1.4 new buildings and 39.9 new units. Ramsey County, with 4 new buildings and 300 new units, rated highest in both categories.

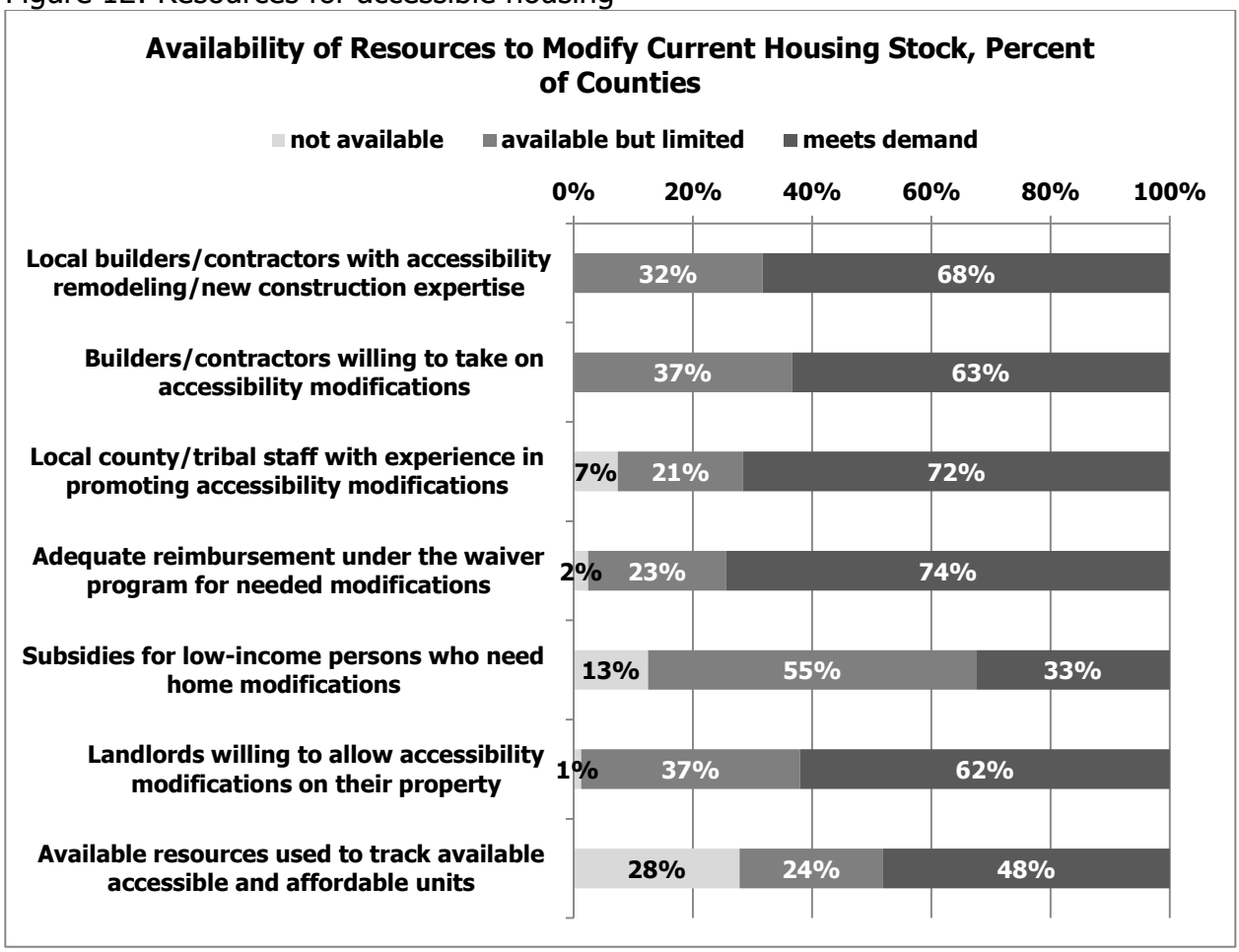
Figure 11: New housing developments, 2011-2012

	Yes	%	No	%	Don't know/ unsure	%
Any new development of Housing and/ or Housing/ Service Arrangements?	37	44%	42	50%	5	6%
	Total	***Average***				
Number of NEW Buildings	51	1.4				
Number of NEW Units	1477	39.9				

Resources for Accessible Housing

Counties rated the availability of a variety of resources which either support or promote accessible housing for older adults. Figure 12 below shows the percentage of counties reporting each resource type as not available, available but limited, meets demand or exceeds demand. Counties reported the greatest capacity in the area of *adequate reimbursement under the waiver program for needed modifications,* with 72% reporting this met demand (no counties indicated that either resource area exceeded demand). In addition, three of the remaining seven measurements of accessibility were reported as meeting demand by at least 60% of the responding counties: *local county staff are experienced in promoting accessibility modifications* (72%)*; local builders/contractors with accessibility remodeling/new construction expertise* (68%)*;* and *builders/contractors willing to take on accessibility modifications* (63%). In contrast, more than half of counties reported a gap in the area of *available resources used to track available accessible and affordable units* (52% stating that such resource was either *available but limited* or *not available*), and nearly two-thirds reported the same for *subsidies for low-income persons who need home modifications* (68%). Table 5 in Appendix A provides a complete summary of county responses in this area.

Figure 12: Resources for accessible housing*



*No resources were reported by counties as *exceeding demand*

Housing Options

Counties were also asked to report on general capacity across a number of types of both subsidized and market rate housing options. Figure 13 below summarizes the percentages of counties reporting a gap[4] for each housing type. The largest gaps were reported in the area of subsidized housing with services, both rental apartments with *support services only* (73%) and with *supervision and/or health care services* (70%). As summarized in Figure 14, some housing types were unavailable in many counties. Overall, fewer gaps are reported in the availability of market rate housing, with 2% of counties even reporting a surplus of both market rate apartments with *no services* and with *supervision / health care services*. In a review of county aging gaps analysis results, health plans indicated agreement with the assessment by the counties of housing capacity and barriers. Tables 6 and 7 in Appendix A provide a complete summary of county responses in this area.

[4] A gap was determined if the county reported that the housing type was "not available" or "available but limited".

Figure 13: Percent of counties reporting gaps by housing options, 2011-2012

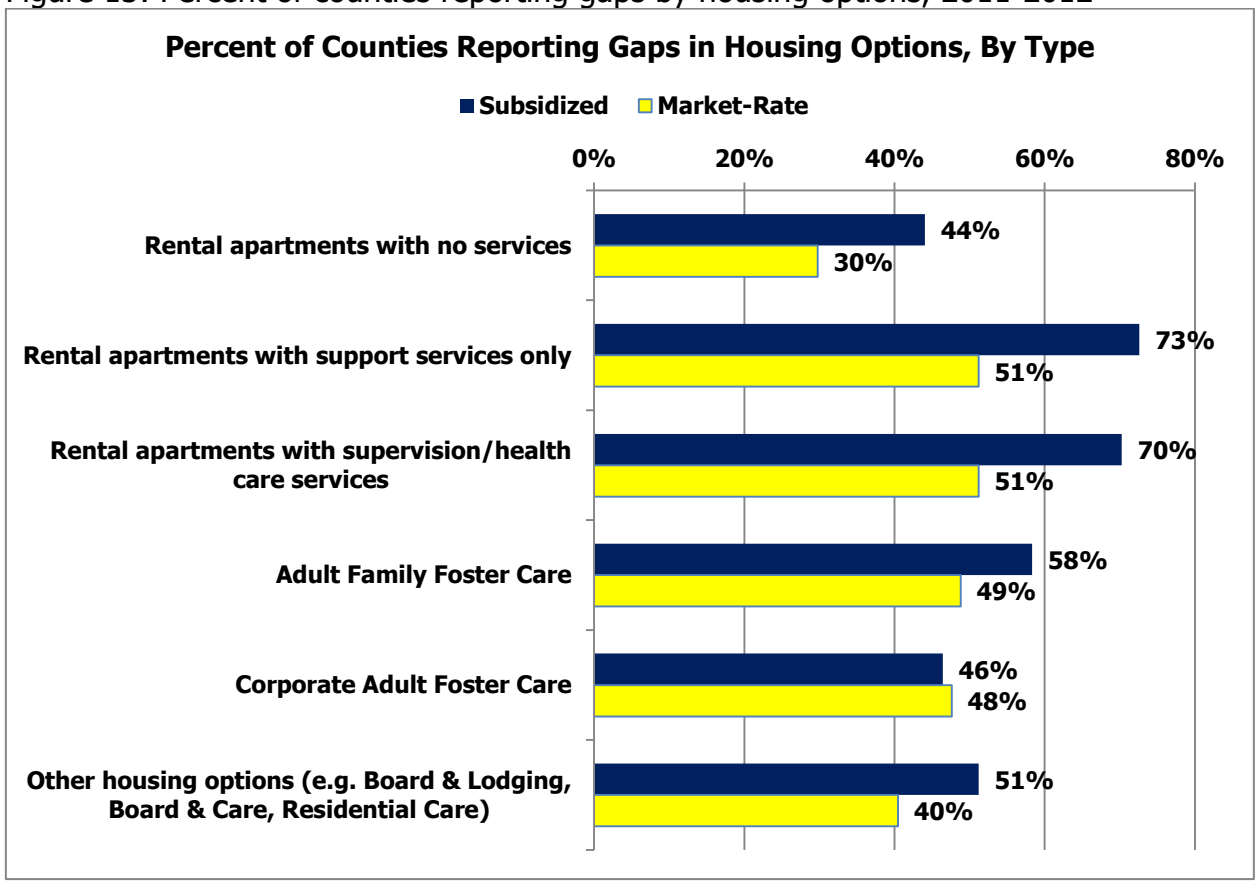
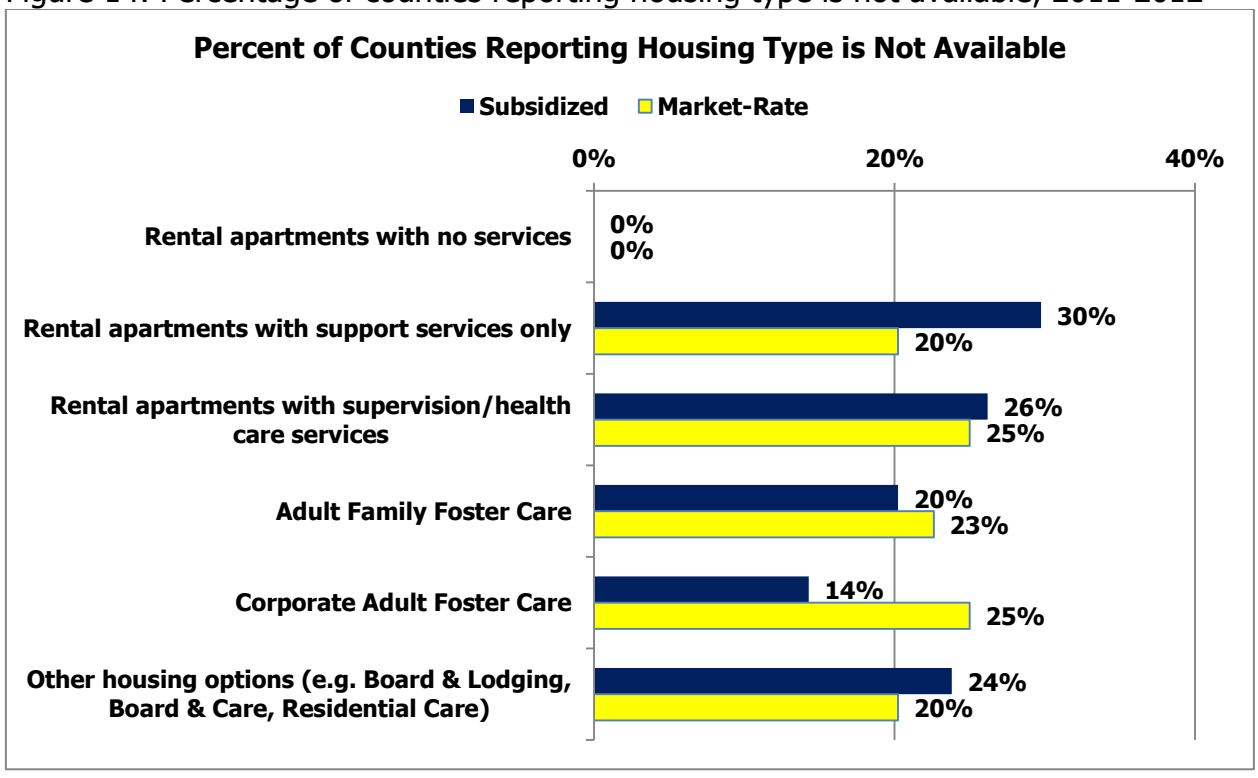


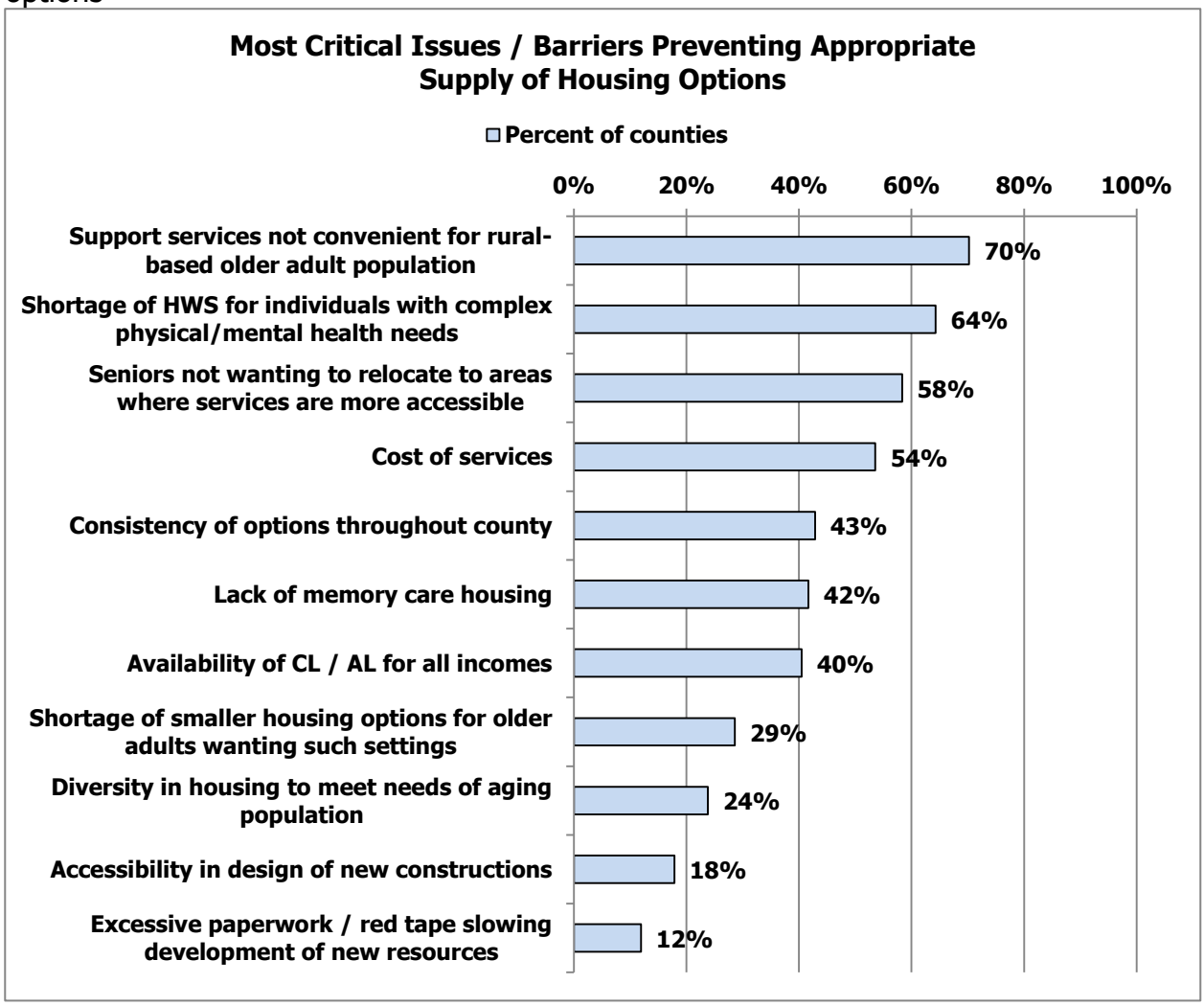
Figure 14: Percentage of counties reporting housing type is not available, 2011-2012



Issues and Barriers for appropriate supply of housing options

In the previous Gaps Analysis surveys, counties were asked to identify the issues or barriers that are most critical to overcome in order to ensure an appropriate supply of housing options. Due to the uniformity within the responses across the 2007 and 2009 surveys, a drop-down box was added to the 2012 survey, which featured the eleven most prominent barriers found in the previous analyses. The open-ended option was retained to assure that counties were still able to report a barrier if it was not on the list, however no county indicated such a need. *Support services not convenient for rural-based older adult population* (70%) and *Shortage of HWS for individuals with complex physical/mental health needs* (64%) were the most commonly selected barriers. *Older adults not wanting to relocate to areas where services are more accessible* (58%), *cost of services* (54%) and *consistency of options throughout county* (43%) round out the top five.

Figure 15. Most critical issues and barriers preventing appropriate supply of housing options



Highest Priority for Housing Development in County for 2013-2014

Affordable and accessible housing is the most common priority area, both in the increased availability of subsidized housing and affordable market rate housing. Many counties discussed the need for housing with services that can support people with complex physical, mental health and/or chemical health needs. In addition, many counties identified a need for a range of housing options to support older adults as their needs and situation changes and want to remain in their community. Some counties discussed customized living and prioritized maintaining or increasing the supply of affordable assisted living that will take Elderly Waiver participants. Some specifically mentioned the need for more memory care and behavioral units.

Demand for Shared or Co-housing Developments

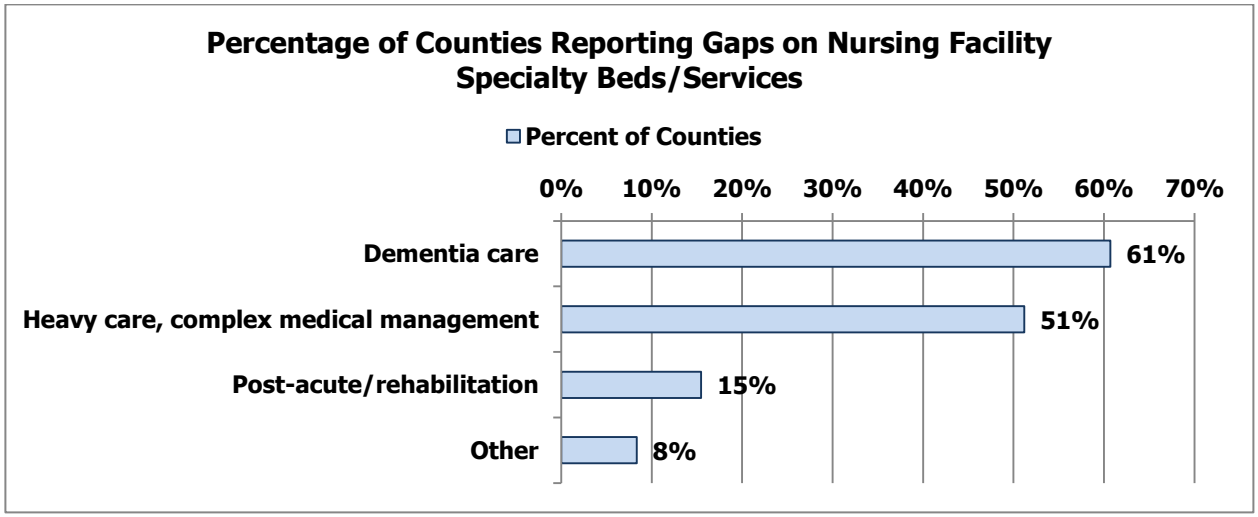
Counties were asked to offer their comments regarding demand for shared or co-housing arrangements in their jurisdiction. Most counties reported that there has been no demand for these types of living arrangements. Some of these counties attribute this to a preference among older adults for their own private living space possibly with shared space for dining or other purposes.

Nursing Facility Specialty Beds/Services and Relocation

The survey also asked about the need for "specialty" nursing facility beds or services to meet the unique LTSS needs in their service area. Figure 16 below summarizes the percentage of counties that reported a gap[5] in the availability of three types of nursing facility specialty beds or services. The largest gap reported was in the *availability of dementia care specialty beds*, where 61% of counties reported a gap. In addition, over half (51%) of counties reported a gap in *heavy care/complex medical management specialty beds or services*. Counties were slightly more likely to report a gap in *post-acute and rehabilitation beds* (15%) compared to the 2009 survey, where 7% of counties reported a gap in this area. Table 8 in Appendix A provides a summary of reported capacity regarding nursing facility specialty beds and services.

Figure 46: Gaps in nursing facility specialty beds and services

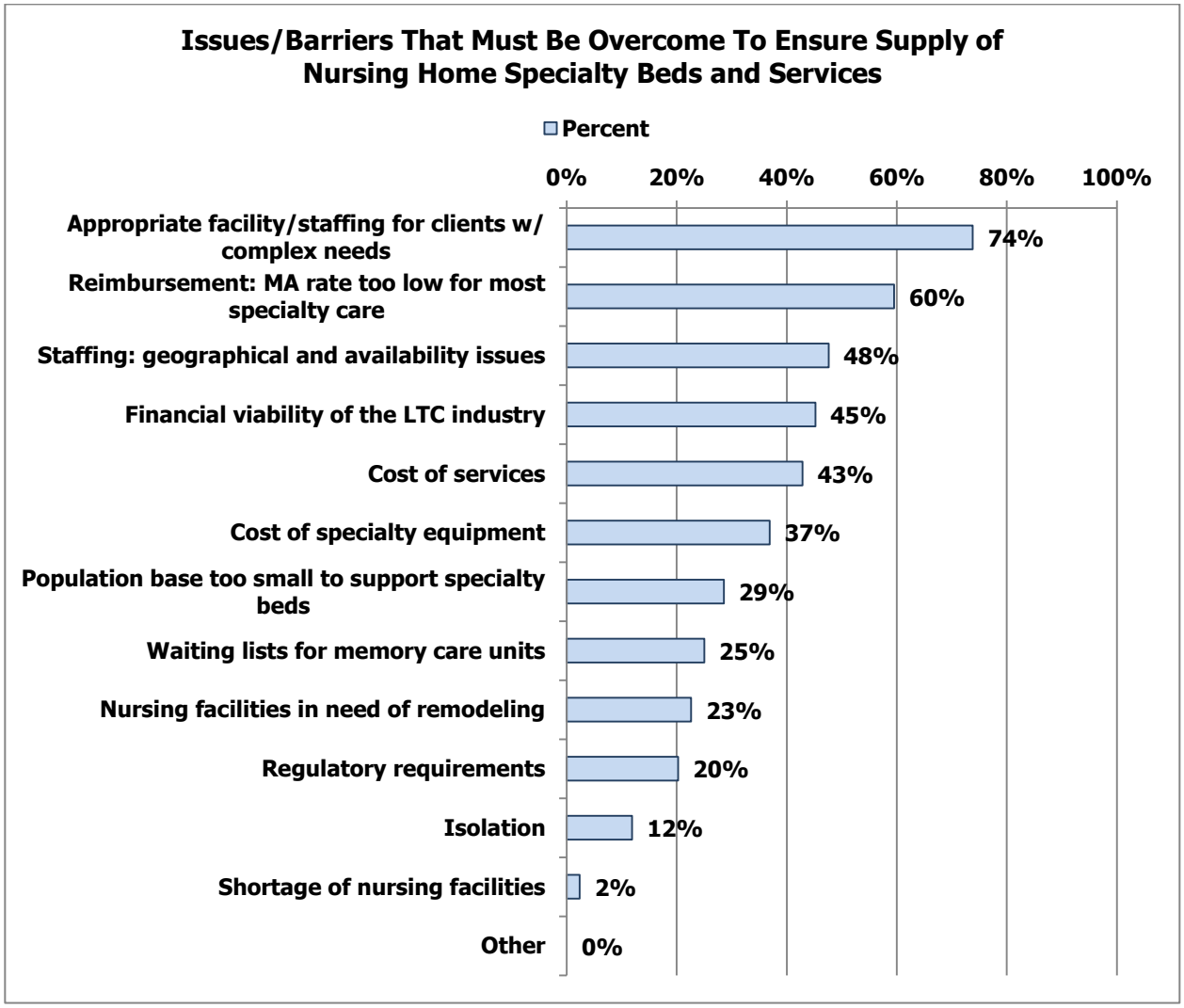
[5] A gap was determined if the county reported that the nursing facility specialty bed or service was "not available" or "available but limited".



Barriers for Nursing Facility Specialty Beds and Services

In the previous Gaps Analysis surveys, counties were asked to identify the issues or barriers that are most critical to overcome in order to ensure an appropriate supply of nursing facility specialty beds and services. Due to the uniformity within the responses across the 2007 and 2009 surveys, a drop-down box was added to the 2012 survey, which features the twelve most prominent barriers found in the previous analyses. The open-ended option was retained to assure that counties were still able to report a barrier if it was not on the list, however no county indicated such a need. *Appropriate facility/staffing for clients w/ complex needs* (74%) and *Reimbursement: MA rate too low for most specialty care* (60%) were the most commonly selected barriers. *Staffing: geographical and availability issues* (48%)*, financial viability of the long-term care industry* (45%), and *cost of services* (43%) complete the top five.

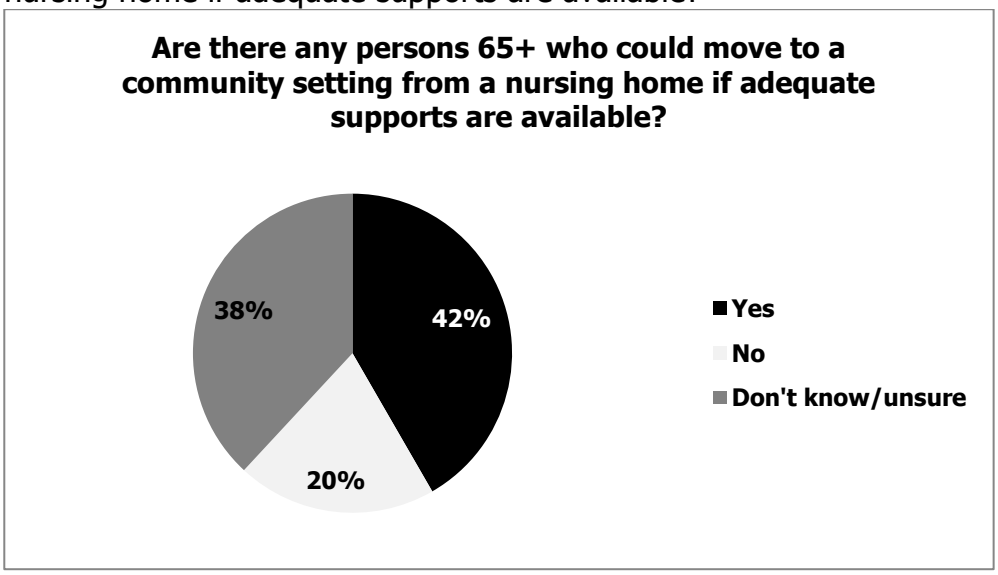
Figure 17. Barriers and issues ensuring appropriate supply of nursing home specialty beds



Nursing Facility Relocation

Nearly three of every seven (42%) counties reported that there are persons in their county who could move to the community if supports were available. More than three of every eight counties (38%) indicated they did not know if they had persons who fit this description.

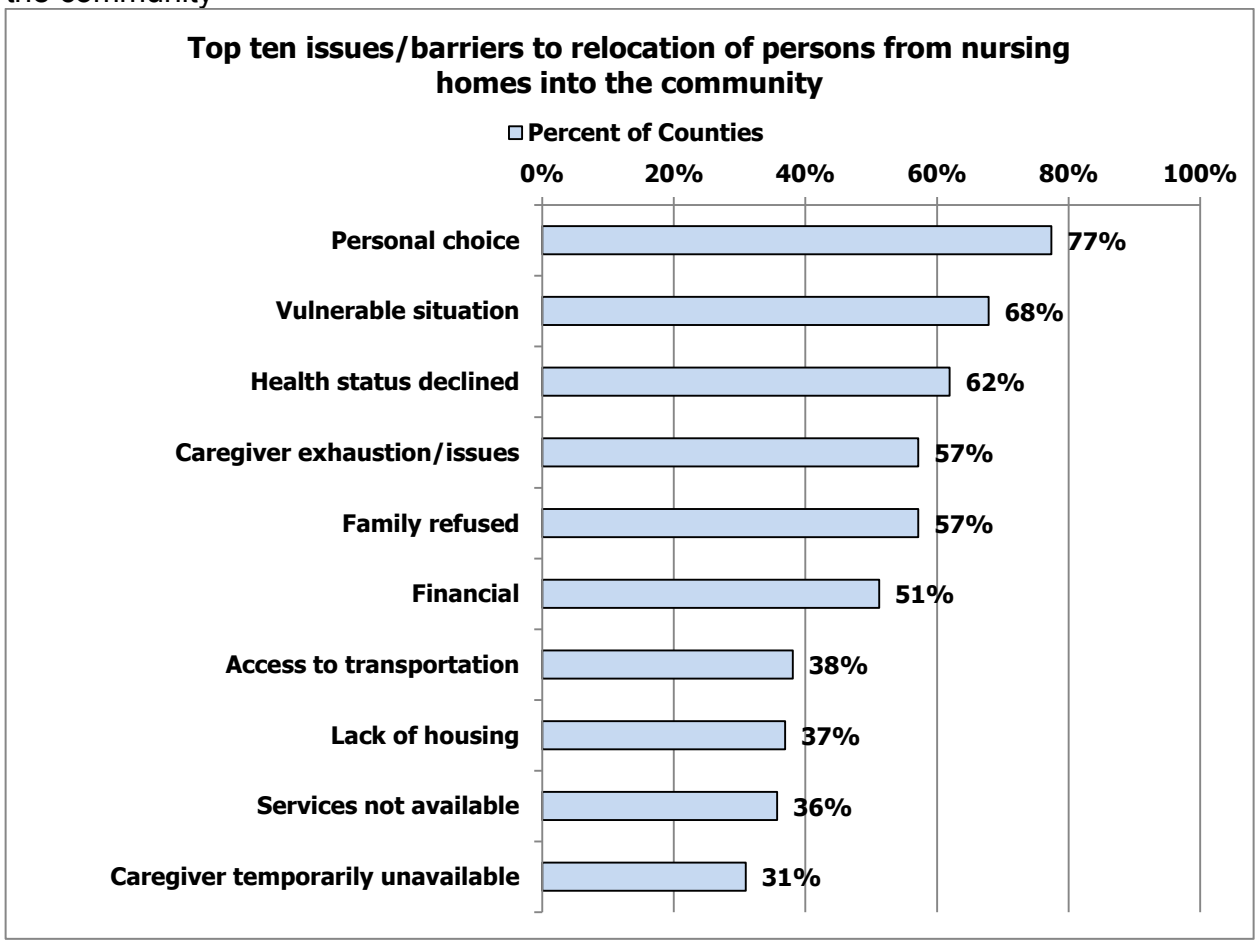
Figure 18. Are there any persons 65+ who could move to a community setting from a nursing home if adequate supports are available?



Barriers to Relocation to Community

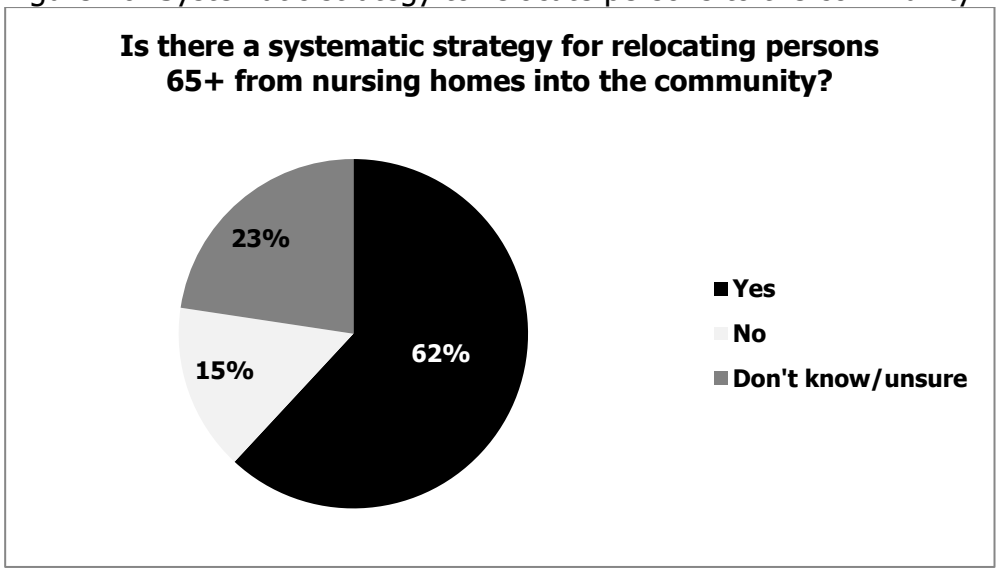
In the previous Gaps Analysis surveys, counties were asked to identify the issues or barriers that are most critical to overcome in order to relocate an individual from a nursing facility to the community. Due to the uniformity within the responses across the 2007 and 2009 surveys, a drop-down box was added to the 2012 survey, which featured the ten most prominent barriers found in these previous analyses. In order to assure that counties were still able to report a barrier if it was not on the list, the open-ended option was retained. Over three-fourths (77%) of counties reported that most often the consumer or their family chooses to have the consumer remain in a nursing facility. The family worries about the older adult's health and safety. The caregiver might be exhausted and unable to continue to provide the necessary level of support. Other informal caregivers are not available. Counties report that a lack of assisted living prevents some consumers from leaving the nursing home. A handful of counties mentioned that it is often difficult to move consumers out of the nursing home because they have given up or sold their home and other affordable housing may not be available.

Figure 19. Top ten issues and barriers to relocation of persons from nursing homes into the community



Over three-fifths (62%) of counties reported that they have a systematic strategy in place for relocating persons to the community from nursing facility settings, an increase of six percentage points in comparison with the 2009 results, where 55% of responding counties reported this strategy was in place. When asked to describe their strategy, these counties most often described the role of the Long-Term Care Consultation (LTCC) and relocation service coordination in providing assistance to individual consumers who are interested in moving back to the community. Many counties also discussed their relationships and ongoing communication with nursing facilities and hospital discharge planners and with the Area Agencies on Aging through the Return to Community initiative. The role of health plans in providing care coordination to nursing facility residents has also helped in the facilitation of relocation efforts.

Figure 20. Systematic strategy to relocate persons to the community



Conclusion

Results from the 2012 Gaps Analysis survey indicate that counties have generally maintained their capacity for home and community-based services between 2009 and 2012. Many counties reported increases in capacity in some services, but more decreases in service capacity were reported than in previous surveys. Although many counties have not experienced a substantial loss in services, most counties continue to report gaps across a number of HCBS services, housing options and nursing facility specialty beds and services. Counties also tend to report that their provider networks are only somewhat prepared to provide culturally competent services to Minnesota's diverse senior communities. Some counties report plans to increase HCBS or housing capacity, but many will be focusing on maintaining their current networks and preventing the loss of services and providers.

Based on the findings from the 2012 Gaps Analysis, a number of recommendations should be considered by the state, lead agencies, regional development and planning organizations and the broader home and community-based services network.

Leverage existing models to address gaps in service availability and workforce.

Many of the gaps reported by counties are influenced by limited workforce availability and large geographic distances in rural areas of the state. In these areas it is challenging for providers to achieve enough economies of scale in service provision to sustain services. Strategies to address these barriers could include building on existing housing and service provider capacity to add critically needed services and extend the geographic reach of services. One example of this is the use of the family foster care model where homes also offer out-of-home respite and family adult day care services. The consumer directed model can also be used to allow consumers to hire their own staff in light of workforce shortages. In addition, existing providers should be encouraged to maximize their use of volunteers to deliver services, where appropriate, in order to reduce costs and increase reach.

Housing Development

Counties reported gaps in the area of housing, particularly subsidized housing with services. Development efforts should focus on placing services and service coordination in existing subsidized housing and ensuring that any assisted living development offers apartment settings, charges affordable rent and has flexible service options.

Service Development and Planning

Planning for and developing home and community-based services should be a joint venture across many parties, including lead agencies (counties, tribes and health plans), Area Agencies on Aging and Eldercare Development Partnerships, along with providers and the broader community. Some less formal services, such as companion services, do exist in some communities but are not accessible to public pay consumers.

Lead agencies should promote and contract for these existing services. Alternative and innovative models of service delivery should be explored at the local level that focus on the following elements: supporting community living, engaging informal caregivers and cost effective and efficient housing and service options. Rural areas are particularly impacted by service capacity issues and face unique barriers to supporting community life.

Cultural Competency

Survey results indicate that the home and community-based services network in many communities are not generally prepared to provide culturally competent services to diverse communities. In addition to the need for culturally competent care planning on behalf of individuals and development of culturally competent services, it is important to identify and address any system-wide barriers that exist for developing and accessing culturally competent services.

Appendix A: Table of Survey Results

Table 1 (page 1 of 2): County reports of changes in service capacity, percent of counties (n=84)

	less available	no change	more available
Adult Day Care	10%	64%	21%
Caregiver Training & Support	7%	73%	15%
Chore Service	18%	68%	13%
Companion Service	17%	58%	20%
Customized Living	10%	54%	35%
Fiscal Support Entities (CDCS)	1%	86%	12%
Home Delivered Meals	5%	75%	20%
Home Health Aide	10%	77%	13%
Homemaker Service	14%	73%	13%
Home Modifications and Adaptations	4%	86%	11%
Personal Care Assistance	8%	69%	23%
Respite Care, In Home	8%	88%	2%
Respite Care, Out of Home	5%	83%	10%
Skilled Home Nursing Care	8%	79%	13%
Supplies and Equipment	7%	80%	13%
Transitional Services	0%	81%	12%
Transportation	20%	67%	13%
Other service	1%	2%	2%

Table 2 (page 2 of 2): County reports of changes in *related* service capacity, percent of counties (n=84)

	less available	no change	more available
Adult Protection	4%	76%	19%
End-of-life, Hospice, Palliative Care	2%	65%	31%
Guardianship/Conservatorship	8%	77%	13%
Health Promotion Activities	6%	50%	43%
Prevention/Early Intervention (Behavioral/Cognitive Health)	10%	76%	12%
Insurance Counseling/Forms Assistance	4%	71%	23%
LTC Consultation/Community Assessment	1%	89%	10%
Relocation Service Coordination		86%	13%
Non-County Information/Ref & Assistance	1%	75%	20%
Non-County Case Management	2%	68%	11%
Transportation, non-medical	15%	71%	11%
Medication Management	4%	76%	19%
Technology	1%	63%	33%
Other Related	0%	4%	0%

Table 3 (page 1 of 2): County reports of current general service capacity, percent of counties (n=84)

	not available	available but limited	meets demand	exceeds demand
Adult Day Care	**25%**	**32%**	**37%**	**6%**
Caregiver Training & Support	**11%**	**33%**	**54%**	**1%**
Chore Service	**12%**	**54%**	**35%**	**0%**
Companion Service	**12%**	**51%**	**37%**	**0%**
Customized Living	**5%**	**20%**	**65%**	**10%**
Fiscal Support Entities (CDCS)	**0%**	**12%**	**85%**	**4%**
Home Delivered Meals	**0%**	**12%**	**87%**	**1%**
Home Health Aide	**0%**	**10%**	**83%**	**5%**
Homemaker Service	**0%**	**19%**	**79%**	**2%**
Home Modifications and Adaptations	**0%**	**20%**	**79%**	**1%**
Personal Care Assistance	**0%**	**24%**	**70%**	**6%**
Respite Care, In Home	**7%**	**49%**	**44%**	**0%**
Respite Care, Out of Home	**4%**	**46%**	**50%**	**0%**
Skilled Home Nursing Care	**0%**	**10%**	**88%**	**1%**
Supplies and Equipment	**0%**	**10%**	**90%**	**0%**
Transitional Services	**7%**	**15%**	**76%**	**1%**
Transportation	**0%**	**58%**	**42%**	**0%**
Other service	**6%**	**0%**	**0%**	**0%**

Table 4 (page 2 of 2): County reports of current *related* service capacity, percent of counties (n=84)

	not available	available but limited	meets demand	exceeds demand
Adult Protection	0%	13%	87%	0%
End-of-life, Hospice, Palliative Care	0%	4%	95%	1%
Guardianship/Conservatorship	0%	37%	63%	0%
Health Promotion Activities	0%	31%	63%	6%
Prevention/Early Intervention (Behavioral/Cognitive Health)	7%	38%	55%	0%
Insurance Counseling/Forms Assistance	1%	25%	71%	1%
LTC Consultation/Community Assessment	0%	2%	96%	1%
Relocation Service Coordination	2%	5%	92%	1%
Non-County Information/Referral and Assistance	5%	8%	86%	1%
Non-County Case Management	30%	15%	52%	1%
Transportation, non-medical	2%	58%	37%	0%
Medication Management	2%	27%	69%	0%
Technology	2%	10%	88%	0%
Other Related	1%	0%	1%	0%

Table 3: Overall HCBS system improvements, percent of counties (n=84)

	Average	1	2	3	4	5
Allowed for consumer choice/direction via range of options & service flexibility.	3.3	6%	4%	50%	23%	14%
Actively promoted CDCS as viable consumer-driven model.	3.3	6%	4%	52%	23%	13%
Supported family/informal caregivers	3.1	5%	7%	50%	23%	11%
Ensured service quality, met program standards & consumer expectations	3.3	5%	4%	50%	27%	11%
Strengthened to monitor/ensure consumer health & safety in private homes/apts	2.9	4%	4%	54%	19%	8%
Actively developed/recruited 1+ service providers to meet needs of seniors	2.9	5%	8%	51%	15%	11%
Actively recruited/developed culturally competent providers	2.4	23%	8%	46%	12%	2%
All persons, regardless of income, able to access info to make informed choices about LTC	3.1	8%	6%	40%	24%	15%
All persons, regardless of income, able to access in-person assistance to make informed choices about LTC	3.1	10%	5%	43%	21%	15%
All persons, regardless of income, able to participate in a LTC Consult, as needed	3.1	10%	6%	40%	19%	18%
Health/support service systems were culturally competent to adequately meet needs of 65+ from diverse cultural backgrounds	2.6	14%	6%	52%	14%	5%
Communication patterns/referral protocols between HC & LTC providers allowing for maximized care coordination	3.1	7%	4%	37%	31%	13%
Sufficient local workforce to meet health/LTC industry & market needs	2.4	14%	21%	39%	14%	2%

***Level of improvement county's HCBS system has achieved around the following statements (1= No improvement, 2=Very little improvement, 3=Some improvement, 4=Medium amount of improvement, and 5= Significant improvement)**

Table 5: Resources for accessible housing, percent of counties (n=84)

	not available	available but limited	meets demand	exceeds demand
Local builders/contractors with accessibility remodeling/new construction expertise	**0%**	**32%**	**68%**	**0%**
Builders/contractors willing to take on accessibility modifications	**0%**	**37%**	**63%**	**0%**
Local county/tribal staff with experience in promoting accessibility modifications	**7%**	**21%**	**72%**	**0%**
Adequate reimbursement under the waiver program for needed modifications	**2%**	**23%**	**74%**	**0%**
Subsidies for low-income persons who need home modifications	**13%**	**55%**	**33%**	**0%**
Landlords willing to allow accessibility modifications on their property	**1%**	**37%**	**62%**	**0%**
Available resources used to track available accessible and affordable units	**28%**	**24%**	**48%**	**0%**
Other	**1%**	**0%**	**1%**	**0%**

Table 6: Capacity of subsidized housing options, percent of counties (n=83)

	not available	available but limited	meets demand	exceeds demand
Subsidized rental apartments with no services	**0%**	**44%**	**49%**	**4%**
Subsidized rental apartments with support services only	**30%**	**43%**	**24%**	**0%**
Subsidized rental apartments with supervision/health care services	**26%**	**44%**	**25%**	**0%**
Subsidized Adult Family Foster Care	**20%**	**38%**	**38%**	**0%**
Corporate Adult Foster Care	**14%**	**32%**	**48%**	**1%**
Other subsidized housing options (e.g. Board & Lodging, Board & Care, Residential Care)	**24%**	**27%**	**42%**	**1%**

Table 7: Capacity of market rate housing options, percent of counties (n=84)

	not available	available but limited	meets demand	exceeds demand
Market rate rental apartments with no services	**0%**	**30%**	**64%**	**2%**
Market rate rental apartments with support services only	**20%**	**31%**	**45%**	**0%**
Market rate rental apartments with supervision/health care services	**25%**	**26%**	**43%**	**2%**
Market rate Adult Family Foster Care	**23%**	**26%**	**46%**	**0%**
Market rate Corporate Adult Foster Care	**25%**	**23%**	**45%**	**1%**
Other market rate housing options (e.g. Board & Lodging, Board & Care, Residential Care)	**20%**	**20%**	**50%**	**1%**

Table 8: Capacity of long-term care nursing facility specialty beds and services, percent of counties (n=84)

	not available	available but limited	meets demand	exceeds demand
Post-acute/rehabilitation	**0%**	**15%**	**81%**	**4%**
Dementia care	**6%**	**55%**	**37%**	**2%**
Heavy care, complex medical management	**7%**	**44%**	**45%**	**2%**
Other	**1%**	**7%**	**1%**	**0%**

Appendix B: Description of Limitations for Top 10 Service Gaps

1. Chore service- Counties most often reported that the reimbursement for this type of service is too low for providers to have an incentive for developing this service. Counties particularly face gaps in providing this service in remote areas and for specific types of chores, such as shoveling, that may have an irregular and infrequent demand. Other barriers reported include a lack of funding for private pay consumers and provider difficulty with state or health plan billing systems for reimbursement under the Elderly Waiver. Some counties report that this need is somewhat met through volunteer programs and Sentence to Serve programs or through limited services contracting on an individual basis with private market vendors.

2. Companion service- The most common barrier reported to the availability of this service is limited volunteer capacity. Many counties reported that the requirement to work at least 15 hours a week for the stipend volunteer programs is a disincentive for potential volunteers. In addition, many counties reported that the reimbursement rate is too low to attract providers to begin offering this service. A few counties also noted barriers including the lack of service coverage for rural areas and for evening and weekend care along with the concurrent need for hands-on care which is not allowed under the companion service definition.

3. Transportation, non-medical- Counties report that reimbursement rates, and in particular the elimination of reimbursement of non-load miles, has had an impact on the availability of transportation in their area. Transportation programs that utilize volunteers have been particularly impacted because fewer volunteers are willing to provide this service given the changes in mileage reimbursement. When volunteer programs do exist they prioritize providing medical transportation over transportation for non-medical needs. Access in rural areas, for out of county travel and evening and weekend travel continue to be barriers across the state. In addition, many counties rely on the capacity of the local public transportation system and often reported limitations with the availability and accessibility of these systems. Older adults who are not eligible for public assistance face additional barriers to access affordable transportation. (See also Transportation, medical)

4. Respite care, in-home- Counties that reported gaps in this area often discussed that providers were not available or available on a limited basis. In-home respite care is most often available for short-term assistance (under 8 hours), but not for extended periods or for overnight and weekend care. Some counties noted that the reimbursement rate for this service prevents some providers from being willing to develop this service. Counties also report that it is hard to recruit providers to meet a need that often is irregular, one-time and on an as-needed basis. A few counties noted that there has not been enough demand from consumers in order to sustain the service. It is also difficult to find trained providers to work with consumers with high

needs or behavioral issues. Counties report using home health agencies to provide this service while others are using volunteer programs.

5. Transportation, medical- Counties face similar barriers to the availability of medical transportation as reported for non-medical transportation (see above). In general, counties report more resources are available for medical transportation. Many counties reported prioritizing the use of volunteer drivers for medical transportation.

6. Adult day care- Counties most often reported that they do not have adult day care providers in their county or in only one part of their county. Many counties also noted a lack of interest by consumers in this service. Some counties have had providers attempt to develop this service only to have the program later close due to lack of interest. Some counties noted that it is not financially viable to develop or sustain an adult day care service in their county. Reasons include low numbers or dispersed consumers, lack of transportation and reimbursement rates.

7. Respite care, out-of-home- Counties use a variety of settings for out-of-home respite care, including assisted living, adult foster care, nursing homes and in some cases hospitals. Some counties reported limited providers in general, while others indicated that there are providers available for this service but bed availability is often limited. Housing providers are not able to keep beds vacant for potential respite care if they have consumers who can use them full-time. Some counties also noted that the reimbursement rate for this service is not high enough and some providers are not willing to become enrolled to provide this service. Some counties noted that their providers may have conditions set on length of time, either that the service is limited to a certain number of hours or they want an extended stay. In some cases the consumer demand is too low to sustain the development of this service. It can also be hard to find appropriate settings for consumers with high needs or behavioral issues.

8. Prevention / early intervention (behavioral / cognitive health)- Counties most often reported a lack of providers in their county and a lack of mental health professionals, especially those trained in geriatrics. Counties also reported that, as a result of limited funding, the priority goes to treatment services versus prevention or early intervention services. Some counties reported a lack of demand or interest by consumers to access these services even when available.

9. Non-county case management- Many counties seemed to be basing their rating solely on the use of non-county case management for public pay clients. Some reported limited availability of case management for the private market, but face limitations such as the cost of the service and provider willingness to travel to remote areas. Some counties indicated there is no consumer demand for this service. Some counties reported they were not sure whether providers offering this service existed in their area and others reported that providers for this service do not exist.

10. Caregiver training and support- Many counties report having no or limited providers in this area. The most common barriers reported for the availability of caregiver training and support is the low number of caregivers who participate. It was noted that caregivers face barriers including lack of awareness of the service, distance needed to travel to attend trainings or support groups, and not having a relief person to step in for them so that they can attending the training.

Appendix C: Changes in Aging Services Capacity 2003-2012

Results of the 2012 AASD Gaps Analysis Survey were compared to the results of the three previous Gaps Analysis survey years. As summarized in Table C1 on the next page, **transportation** (both non-medical and medical), **chore service**, **companion service**, **respite services** (both in-home and out-of-home), **adult day care** and **caregiver training & support** continue to be top aging service gap areas across the years.

Although the categories of service have remained fairly consistent across the years, the proportion of counties reporting gaps in these areas has grown over the years. For example, the percentage of counties reporting a gap in the area of **chore service** has increased from 28% in 2003 to 65% in 2012.

Table C1: Top gaps in service capacity, 2003-2012

Type of service	Rank	% of counties
2003 (72 counties)		
Transportation	1	42%
Chore service	2	28%
In-home respite/ caregiver supports*	3	22%
Adult day service	4 (tie)	21%
Home delivered meals	4 (tie)	21%
2005 (76 counties)		
Transportation	1	55%
Evening and weekend care**	2	50%
Chore service	3 (tie)	47%
Adult day service	3 (tie)	47%
In-home respite/ caregiver supports*	5	42%
2007 (79 counties)		
Transportation	1 (tie)	63%
Companion service	1 (tie)	63%
Chore service	3	62%
Respite care, in-home	4	51%
Respite care, out-of-home	5	47%
Caregiver/ family support training	6	46%
Adult day care	7	44%
2009 (87 counties)		
Non-medical transportation***	1	66%
Chore service	2 (tie)	60%
Companion service	2 (tie)	60%
Respite care, out-of-home	4	58%
Medical transportation ***	5	56%
Respite care, in-home	6	55%
Adult day care	7	51%
Caregiver training & support	8	44%
2012 (82 counties/county agencies)		
Chore Service	1	65%
Companion Service	2	63%
Transportation, non-medical*	3	61%
Transportation (medical)	4	58%
Adult Day Care	5	57%
Respite Care, In Home	6	56%
Respite Care, Out of Home	7	50%
Prevention/Early Interv (Beh/Cog Health)*	8	45%

*Surveys conducted 2001-2005 included "In-home respite/caregiver supports" as a service category. This service area was expanded into 3 categories in 2007: caregiver/family support training and in-home respite services with out-of-home respite services added as a new service category.
** Evening and weekend care was not included as a service item on the 2007 and 2009 surveys.
*** In 2009 transportation was separated into medical and non-medical transportation

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Ohio: Compilation of AAA Service Needs and Gaps

AAA	Transport.	Personal Care	Homemaker	H D Meals	I & R	Caregiver Supports	Housing	Adult Day	CDSMP	Other
1	x	x	x	x						x
2	x	x	x		x	x				
3	x	x		x	x				x	
4	x	x		x	x			x		
5					x	x	x		x	x
6	x	x					x			x
7	x		x	x		x				x
8	x		x	x		x			x	
9	x			x	x		x			x
10A					x	x	x			x
10B						x	x			x
11		x						x		x
total	8	6	4	6	6	6	5	2	3	8