



## Needs Assessment Survey for Older Persons

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The Houston-Galveston Area Agency on Aging (AAA) provides services for older persons, 60 years of age or older. The AAA currently provides congregate and home-delivered meals, housekeeping services, transportation, respite care, information and assistance, legal and benefits counseling, case management, personal assistance, emergency response, home repair, health prevention, nutrition education, ombudsman advocacy, and elder abuse awareness.

To better understand the needs of your community, the AAA wants to hear from **YOU** regarding issues effecting older Texas and their family caregivers. Please complete this survey and return it us in the postage paid envelope attached by May 20, 2010.

### Your Opinion Counts!

**Please check the box that best reflects your need.**

<b><u>Caregiver Support</u></b>	Very Important	Important	Not Important
<b>Caregiver Education &amp; Training</b> <i>(ex: Classes for individuals who care for older persons with Dementia related diseases)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Caregiver Respite Care</b> <i>(ex: Providing temporary relief for caregivers caring for an older person, who needs supervision)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding caregiver support services:			

<b><u>Community Activities</u></b>	Very Important	Important	Not Important
<b>Adult Day Services</b> <i>(ex: Non-residential facility for older persons who need temporary supervision)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recreation</b> <i>(ex: Activities, such as sports, performing arts, games, and crafts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senior Center Programs</b> <i>(ex: Operation of community facilities where older persons take part in activities which enhance their quality of life and support their independence)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Volunteer Opportunities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding activities:			

<b><u>Direct Services</u></b>	Very Important	Important	Not Important
<b>Case Management</b> (ex: Assessing the needs of an older person and coordinating services to meet their care needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Information, Referral and Assistance</b> (ex: Providing information and referral services for older individuals such as locating housing or mental health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Assistance</b> (ex: Individual advice or representation by an attorney such as Power of Attorney and Benefits Counseling for Medicare, Medicaid and other benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Awareness</b> (ex: Education provided in a group setting regarding legal issues such as preventing identity theft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Long-Term Care Ombudsman</b> (ex: Advocacy for residents in nursing homes and assisted living communities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Health Services</u></b>	Very Important	Important	Not Important
<b>Health Education</b> (ex: Education regarding health topics such as diabetes, dementia, and heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Maintenance</b> (ex: Assistive devices for hearing, dental, and vision and prescription assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Screening/Monitoring</b> (ex: Screening for hearing, dental, and vision services and medication management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospice</b> (ex: Services provided to older persons with a terminal illness, at home or a residential setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Fitness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding health services:			

<b><u>Nutrition Services</u></b>	Very Important	Important	Not Important
<b>Congregate Meals</b> (ex: Meals served in a group setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Delivered Meals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutrition Education</b> (ex: provision of information to older persons to promote nutritional well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding nutrition services:			

<b><u>Services to Assist Individuals 60 and Older In Living Independently</u></b>	Very Important	Important	Not Important
<b>Emergency Response</b> (ex: Services provided to homebound older persons who use an automatic monitoring system to link them to emergency medical services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employment Assistance</b> (ex: Assistance finding older workers employment and training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaker</b> (ex: Light housekeeping and meal preparation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Modifications</b> (ex: Repairs or modifications of homes that are essential for the health and safety of the occupants.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Money Management</b> (ex: Assist older adults in balancing accounts and writing checks to pay bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Assistance</b> (ex: Assistance with daily living activities such as bathing and toileting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Telephone Reassurance</b> (ex: Phone calls checking in on the well-being of older adults living independently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utility Bill Assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding services that assist older adults in maintaining their independence:			

<b>Transportation Services</b>	Very Important	Important	Not Important
<b>Medical Transportation</b> (ex: Trips to/from doctor, dialysis, treatments, & etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Medical Transportation</b> (ex: Trips to/from the post office, grocery shopping, & etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any recommendations or additional needs regarding transportation services:			

Please list the services you consider a priority in your community, #1 being the highest priority:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Please check the box that best describes you.

- |  |   |
|--|---|
| <input type="checkbox"/> Caregiver<br><input type="checkbox"/> Elected Official<br><input type="checkbox"/> Service Provider | <input type="checkbox"/> Older Adult (60+)<br><input type="checkbox"/> Other (Describe): _____<br>_____ |
|--|---|

If you are an older adult (60+), in your opinion, what is the greatest barrier older adults (60+) encounter when trying to access the services you need?

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If you are a caregiver, based on your experience, what is the greatest challenge you've encountered in providing care for your loved one?

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If you are a service provider, based on your experience, what is the greatest challenge in providing services for individuals 60 and older?

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What county do you live in (Check One)?

- |                                     |                                    |                                   |                                    |
|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Austin     | <input type="checkbox"/> Brazoria  | <input type="checkbox"/> Chambers | <input type="checkbox"/> Colorado  |
| <input type="checkbox"/> Fort Bend  | <input type="checkbox"/> Galveston | <input type="checkbox"/> Liberty  | <input type="checkbox"/> Matagorda |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> Walker    | <input type="checkbox"/> Waller   | <input type="checkbox"/> Wharton   |

How did you hear about the H-GAC Area Agency on Aging Needs Assessment Survey (Check One)?

- |                                    |  |  |   |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> AAA Staff | <input type="checkbox"/> AAA Website   |  |   |

Do you currently or have you ever received services from the H-GAC Area Agency on Aging, through your local senior citizens center (Check One)?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If you have received services, please tell us about your experience:

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Thank you very much for participating in this survey. Your opinions are important to the Houston-Galveston Area Agency on Aging.

Please return your survey in the postage paid envelope, provided for you, by May 14, 2010.