

LOUISIANA SENIOR NEEDS ASSESSMENT

Name Laf. Council on Aging/AAA Address P. O. Box 500 Raceland, LA 70394

Daytime Phone Number (985) 532-0457

As you answer, mark a in the box that corresponds to your response.

Please return the survey by _____ in the postage-paid envelope provided. Thank you.

1. Please mark all that apply:

- | | |
|--|--|
| <input type="checkbox"/> 367 I am answering for myself | <input type="checkbox"/> 276 I am answering for someone I care for |
| <input type="checkbox"/> 81 I am helping someone I care for answer | <input type="checkbox"/> 100 I am over 55 years old |
| <input type="checkbox"/> 93 I am disabled | <input type="checkbox"/> 23 I am a caregiver |

2. Do you receive services from the Council on Aging (COA) or Aging and Disability Resource Center (ADRC) in your area? 250 Yes 40 No

3. How important are the following to help keep you where you are right now?	Very	Quite a bit	A little	Not At All
a. Knowing what services are available and how to get them	285	67	77	55
b. Information or help applying for health insurance or prescription coverage	165	46	70	170
c. Transportation to the Senior Center, store, doctor's office, pharmacy, or other errands.	122	28	61	240
d. Learning to read/write, computer basics, or other classes	65	28	40	312
e. Having a meal with my friends or others like me	163	68	78	156
f. Taking part in fun activities (such as crafts, music, games) with others like me	138	54	75	185
g. Getting the exercise that is good for me	132	104	68	129
h. Exercising, dancing, walking classes or groups with others like me	116	44	63	199
i. Having someone to talk to when I feel lonely. (Telephone Reassurance)	126	58	98	176
j. Information on how to eat healthy	138	72	95	149
k. Having someone bring a meal to my home every day (Home delivered Meals)	207	36	16	199
l. Help keeping my home clean. (Homemaker/Housework Services)	161	34	52	207
m. Respite Care (personal care provided to individuals to give caregiver a break)	71	15	54	299
n. Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)	80	25	39	290
o. Information on health issues and new medications	127	56	67	192
p. Having someone help me with my prescription medicine	101	38	49	252
q. Keeping warm or cool as the weather changes	162	43	40	190
r. Preventing falls and other accidents	169	51	61	172
s. Help making choices about future medical care and end of life decisions	136	54	61	192
t. Someone to protect my rights, safety, property or dignity	154	41	52	184
u. Someone to call when I feel threatened or taken advantage of	166	60	45	175
v. Modifications to my home so that I can get around safely	121	45	60	211
w. A senior center that is close to my home	174	47	62	169
x. Help with health problems and alcohol/drugs/smoking cessation	74	31	41	293
y. Home health/nurses and nurses aide	113	44	45	245
z. Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid	176	36	51	196
aa. Rental Assistance and/or Energy Assistance	98	25	39	278
bb. Low interest loans or grants to renovate or purchase a home	52	10	26	332
cc. Assistance with public senior housing and/or assisted living facilities	59	7	31	333
dd. Assistance with writing checks, bill payments, and budgeting	60	14	35	337
ee. Assistance with completing Medicare & Insurance forms	88	27	44	288
ff. Assistance with applying for benefits and programs	114	40	59	202
4. Do you have a medical (physical, mental, or emotional) condition that (mark all that apply)				

119	Limits your ability to dress, bathe, or get around inside your home	121	Makes it difficult to see or hear
187	Makes it difficult to walk, climb stairs, reach, lift or carry things	125	Makes it hard to go outside alone
133	that has made it difficult for you to work at a job or business	153	None of these

Agree

Optional: Would you like the Area Agency to contact you about services available for senior adults and their caregivers? Yes No

LOUISIANA SENIOR NEEDS ASSESSMENT TALLY

1. Of surveys returned, how many marked:

367 | am answering for myself
81 | am answering for someone I care for
93 | am helping someone I care for answer
276 | am over 55 years old
100 | am disabled
23 | am a caregiver

2. How many respondents receive services from the AAA/COA or ADRC?_
250 Yes 40 No

5. How many respondents marked each?	Very	Quite a bit	A little	
a. Knowing what services are available and how to get them	285	67	77	55
b. Information or help applying for health insurance or prescription coverage	165	46	70	170
c. Transportation to the Senior Center, store, doctor's office, pharmacy, or errands.	122	28	61	240
d. Learning to read/write, computer basics, or other classes	65	28	40	312
e. Having a meal with my friends or others like me	163	68	78	156
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i. Having someone to talk to when I feel lonely. (Telephone Reassurance)	126	58	98	176
j. Information on how to eat healthy	138	72	95	149
k. Having someone bring a meal to my home every day (Home delivered Meals)	207	36	16	199
l. Help keeping my home clean. (Homemaker/Housework Services)	161	34	52	208
m. Respite Care (personal care provided to individuals to give caregiver a break)	71	15	54	299
n. Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)	80	25	39	290
o. Information on health issues and new medications	127	57	67	192
p. Having someone help me with my prescription medicine	101	38	49	252
q. Keeping warm or cool as the weather changes	162	43	40	190
r. Preventing falls and other accidents	169	51	61	172
s. Help making choices about future medical care and end of life decisions	136	54	61	192
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dd. Assistance with writing checks, bill payments, and budgeting	60	14	35	337

ee. Assistance with completing Medicare & Insurance forms	188	27	44	288	
ff. Assistance with applying for benefits and programs	114	40	59	202	

4. How many respondents marked: have a medical (physical/mental/emotional) condition			
Limits your ability to dress, bathe, or get around inside your home		Makes it difficult to see or hear	
Makes it difficult to walk, climb stairs, reach, lift or carry things		Makes it hard to go outside alone	
that has made it difficult for you to work at a job or business		None of these	

5. How many respondents marked each?	Very	Quite a bit	A little	Not At All
a. Utilities or an unexpected bill				
b. Dental Care and/or Dentures				
c. Hearing Exam and/or Hearing Aids				
d. Paying for an Eye Exam and/or eyeglasses				
e. Health insurance				
f. Help paying for healthy food				
g. Medical Care				
h. Prescriptions or prescription drug coverage				

7. How many respondents marked each:			
Gender	135__ Male	320 Female	
Race			
	17__ Black or African American		
	394__ White or Caucasian		
	20__ Native American		
	1__ Hispanic		
	1__ Asian or Pacific Islander		
	2__ Other (specify): <u>mexican</u>		
Marital Status			
	37__ Single		
	177__ Married		
	15__ Divorced		
	215__ Widowed		
	0__ Domestic Partner		
How many respondents were aged:			
25-60	24__	61-70	57__
71-80	117__	80+	175__
Education			
	209__ Less than high school		
	144__ High school diploma/GED		
	43__ Some College or Associates degree		
	12__ Bachelor's Degree		
	12__ Advanced/Graduate degree		
What is your monthly household income			
	19__ Less than \$698		
	82__ \$699-\$931		
	92__ \$932-\$1,257		
	76__ \$1,258-\$2,093		
	134__ More than \$2,094		
People are supported by this income?			
One	225__	Two	112__
Three	5__	Four or More	2__

8. CAREGIVER: Show how many respondents replied for each	Strongly Agree	Agree	Disagree	Strongly
g. I need help paying for services the person I care for needs.				
h. I need help locating services for the person I care for				
i. I would like training on caring for someone at home				
j. I need somewhere for the person I care for to be during the day				
k. I sometimes need temporary relief from my caregiver duties (respite)				

I. Of the persons you care for, how many are:		None	One	Two	3 +
	Over 60 years old	27	74	20	3
	Has a disability	28	51	12	1
	Both elderly and disabled	24	43	12	1
	Child under 18 years old	32	35	3	1

Tools

Area Plan:

Area Plan Guide: Instruction and Helpful Hints Packet

Sample Sign in Sheet for Public Hearing

Goal development and tracking

SMART Goal and Objective Development technique

Goal Enforcer Software Info Sheet

Helpful Websites for Area Plan and Goal Development

Board Roster Certification Form PAF 4010

Blank Board Roster Form PAF 4012