

United Way of Northeast Florida

Life Act: 2 **2003 Needs Assessment Report**

Prepared by

The University of North Florida Center for Aging Research

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2004 United Way Final Needs Assessment Report Executive Summary

Project Description

Life: Act 2 is community collaboration between United Way of Northeast Florida and community and business leaders, major senior services providers and other key senior services stakeholders. Leadership and direction for Life: Act 2 is provided by the Northeast Florida Senior Partnership Council, comprised of 11 public, private and corporate funders of senior services and the Senior Partnership Advisory Committee, comprised of over 25 senior citizens and providers of senior services. The three goals of the Life: Act 2 are to (1) elicit a permanent culture shift in the way the community views and values seniors, (2) strengthen the continuum of services for frail seniors, and (3) integrate medical admission and discharge processes with the community's social service system for seniors.

Needs Assessment Procedures

The *Life Act: 2* needs assessment is a comprehensive five county assessment of the needs of adults 65 and older (seniors). This needs assessment was designed to target perceptions of a variety of stakeholders regarding health and social services needs of seniors. The goal of the needs assessment project was twofold. The first goal was to determine gaps and duplications in the health and social services delivery networks for seniors. The second goal was to identify and prioritize a minimum of three major areas of need for this population.

A mixed method needs assessment evaluation was used. The assessment included (1) a review of current literature and available data, (2) development and validation of needs assessment questions, (3) key informant interviews with service providers, (4) focus groups with service providers and seniors, and (5) a community-wide survey of seniors.

Results, Conclusions, and Recommendations

An analysis of the needs assessment data provided information that allowed for the creation of a characteristic profile of survey respondents. The typical respondent was a non-working, married white male, between the ages of 70-74 who resided in an urban setting. The respondent had a minimum of a high school diploma, earned less than \$20,000 per year, and had been hospitalized at least once in the past 10 years.

The assessment results indicated little if any duplication in services or service coordination, especially in the area of community social services. Key informants among the service providers consistently cited a lack of funding for home-based social services. Survey data implied that there was not a consensus among seniors regarding the adequacy of health and community social services and that seniors lacked information regarding availability and accessibility of services. Closed-ended responses suggested that seniors did not have a general knowledge about the nature and type of health and community social services that are available. This idea was supported by the “open ended” comments where the “lack of information” was a highly reoccurring theme. Further quantitative analysis of narrative data maintained that the primary needs identified by seniors are better communication, more available information and adequate transportation services.

The data gathered from review of the literature, individual interviews, focus groups and the senior survey, clearly identified communication and information, in-home supportive services, and transportation as primary areas of need for seniors in the northeast Florida area. The following recommendations are based on these three identified categories and the overarching issue of coordination of services.

Communication/information

- More frequent mailings, television and radio advertisements and PSAs.
- Citywide, coordinated effort that could provide recognizable information portals.

- Partnering with businesses commonly frequented by seniors and their families and caregivers such as groceries, pharmacies and large retailers to provide places for communication networking and/or resource information.

Supportive home services/availability of services

- Neighborhood based contact programs that identify seniors living alone and provide regular phone contact or visits to ensure general safety and well being.
- Volunteers groups recruited from neighborhoods, schools, workplaces, or faith-based organizations to provide supportive services, including possible weekend nutritional resources.
- Community and/or corporate support for individuals or organizations attempting to develop home services programs for seniors.

Transportation

- Creating a voucher system for public or privately contracted transportation services.
- Establishing a system of volunteers, or using current volunteer groups, who can provide transportation for specific types of activities such as grocery shopping, attending religious services, and going to social events.
- Exploring programs in similar size communities that offer greater transportation choices.

Coordination of services

- Put into operation a community-based case management system to support aging-in-place within the community.
- Ensure that financial resources and human capital are utilized and benefit intended recipients by establishing common goals, well-planned interventions and planned evaluation activities

Project Description

Life: Act 2 is community collaboration between United Way of Northeast Florida (UW) and community and business leaders, seniors, major services providers and other key stakeholders in the provision of senior services in Northeast Florida. Following two years of assessment and strategic planning involving over 80 key community stakeholders in senior services, the UW Board of Trustees made a long term commitment to aging as a major priority and unveiled *Life: Act 2*. This program continues the work of UW's first "Senior Initiative" with the aim of putting into effect and supporting programs that will improve healthy, independent living for seniors.

The three goals of *Life: Act 2* are to (1) elicit a permanent culture shift in the way the community views and values seniors, (2) strengthen the continuum of services for frail seniors, and (3) integrate medical admission and discharge processes with the community's social service system for seniors.

UW created *Life: Act 2* with the intent of constructing a model that effectively integrates institutional and community-based health and social services for persons 65 and older. Leadership and direction for *Life Act: 2* activities is provided by The Northeast Florida Senior Partnership Council which is comprised of 11 public, private and corporate funders of senior services, and the Senior Partnership Advisory Committee which is comprised of over 25 senior citizens and providers of senior services.

Needs Assessment Goals, Questions, Methods, Design and Procedures

Needs Assessment Goal

The first goal of a needs assessment is to provide an assessment of differences between the current programs and what may be needed. As Roth (1990) points out, there are at least five discrepancies that people could have in mind when they speak of needs. There might be a discrepancy between an actual state and a) an idea, b) a norm, c) a minimum, d) a desired state, or e) an expected state. Another goal of a need assessment is to provide information to facilitate the ability to improve the quality of program planning. According to Posavac and Carey (1998) "Without understanding needs, program objectives cannot be developed; when objectives are not specified well, the programs cannot be evaluated. When needs and the context of needs are not assessed accurately, programs and services cannot be as efficient and effective as possible" (p. 126).

In an effort to determine more specifically the needs of this population, *Life: Act 2* commissioned the Center for Aging Research at University of North Florida College of Health to help in the assessment process. The intent of the assessment was to determine gaps and overlaps within and between the current health and social service systems.

The goal of the needs assessment project was twofold. The first component was to determine gaps and duplication in the health and social services delivery networks for adults 65 and over (herein referred to as seniors). The second task was to identify and prioritize at least three major areas of need.

Questions Addressed in the Needs Assessment

The *Life Act: 2* needs assessment was a comprehensive five county assessment of the needs of adults 65 and older. This needs assessment was designed to target perceptions of a variety of stakeholders about health and social services needs of older adults.

The first phase of a needs assessment is to ascertain the questions to be addressed. There were seven questions found to be germane to this project: While each of these questions would be sufficiently answered to draw conclusions, it was anticipated that some of the answers would not be static. For this reason, as with a project of this type ongoing assessment will remain an important process. The following are the needs assessment questions that were addressed.

- Needs Assessment Question #1: What are the gaps in service coordination?
- Needs Assessment Question #2: Where are the duplications in service coordination?
- Needs Assessment Question # 3: What services need to be linked?
- Needs Assessment Question #4: Are the needed services available and are they accessible?
- Needs Assessment Question #5: How do older adults access information about needed services?
- Needs Assessment Question #6: Are older adults aware of the services that exist?
- Needs Assessment Question #7: What are the greatest resource needs?

Methods, Design and Procedures

The needs assessment process included the following components:

1. Literature review concurrent with a review of available data
2. Development and validation of needs assessment questions
3. Key Informant Interviews
4. Focus Groups
5. Community-wide survey

1. Literature Review Concurrent with Review of Available Data. The assessment process at first included a review of available literature and relevant archival records. The review of the literature provided information for at least two aspects of this project. First, resources confirmed this needs assessment approach. Second, relevant needs assessment questions were queried from the literature. Third, results and recommendations for *Life Act: 2* could be compared

to scientifically based studies. The literature review took place concurrent with the collection and review of available data.

2. **Development and Validation of Needs Assessment Questions**

The initial questions were developed by the evaluators. These preliminary questions were based on the research literature and the evaluators experience with the target population and item development. The questions were modeled after the *AdvantAge Initiative* survey questions to allow comparison. The *AdvantAge Initiative* results were used as a benchmark for analysis.

Derivatives of the same questions were used for the key informant interviews, the focus groups, and the community-wide survey. After the questions were developed, a panel of representative experts reviewed and validated the questions.

3. **Key Informant Interviews**

Key informant interviews were organized with the help of the United Way Senior Partnership Council and appropriate United Way representatives. These interviews consisted of closed and open-ended questions and were conducted by trained professionals. At a minimum the interviewees included representatives from the following:

- Medical Professionals
- Lead Agencies
- Faith Based Executives
- County Health Departments

4. **Focus Groups**

The original intent was for focus groups to center on seniors and the social service representatives who provide direct services. These groups were to be conducted by trained professionals with representation from the following groups:

1. Community Centers (elders)
2. Nutrition Centers (elders)
3. Senior Volunteers
4. Social Workers
5. Hospital
6. Rehabilitation Facilities

It became evident that the key informant interviews were capturing enough data from professionals, while concurrently, family caregivers of the elderly emerged as another important group to query. A variation of the focus group design was used with seniors and their caregivers. Information was collected in small groups, individually, and both in person and also by phone. Several members of the evaluation team participated in data collection for this phase of the needs assessment. Again, using these varied approaches increased inter-rater reliability.

5. **Community-wide Survey**

This survey was sent to a stratified random sampling of adults age 65 and over in Baker, Clay, Duval, Nassau and St. Johns county. The counties served as the stratification. Sample size was established using available census data. A sample size formula (<http://www.surveysystem.com>; http://edis.ifas.ufl.edu/BODY_PD006) was used to find out the minimum survey responses needed.

Census Data

County	Total Population 65+ years old	Sample Population via http://www.surveysystem.com	Sample Population via http://edis.ifas.ufl.edu/BODY_PD006
Baker	22,259	378	393
Clay	140,814	383	399
Duval	778,879	384	400
Nassau	57,663	382	397
St. Johns	123,135	383	399
Totals	112,2750	1910	1988
Total Surveys Mailed (2.5 times the amt needed)		4750	4750

Using counties as the stratum, randomized numbers were obtained from a mailing list that comes from Acxiom's InfoBase. This database is a comprehensive collection of US consumer, business, and telephone data. Available reliable data were obtained using the following procedure:

- First, Acxiom gathered and combined information from more than fifteen of the nation's top data sources.
- Next, all potential InfoBase data underwent a rigorous screening process by Acxiom's analytical and database teams.
- Then, once the data are entered in the master InfoBase database, all records were multi-verified and ZIP+4 coded.
- Finally, the addresses were cleaned through National Change of Address (NCOA) and Delivery Sequence Files (DSF) before going through Direct Marketing Association (DMA) and deceased suppressions.

The consumer mailing list used was sourced directly from a component of Acxiom's InfoBase called InfoBase List. InfoBase List is a consumer list product consisting of base names and address records combined with comprehensive InfoBase Consumer data, including key demographics, home ownership characteristics, purchasing behavior, and lifestyle data. (Romano, 2002)

The plan for this survey was to compare comments from the general population of seniors in the same age brackets with comments from the focus group participants

and to compare comments across counties. Although it was acknowledged that mailed surveys often do not yield a large response rate, given the number of potential participants, it was believed that a 5-10% response rate would be enough to draw comparative conclusions. The research supports that mailed surveys are still a valid form of collecting evaluative data.

The surveys were developed in a scanable form using Teleform® software program to aid in easy data input and analysis. The surveys were mailed when the validation process was finished. All survey and questionnaire instruments are in the appendix.

6. **Final Phase**

The final phase of this needs assessment process was to analyze the data and present a final report. This report included a written document and a Power Point presentation.

Study Population

The target population was 1) individuals age 65 and over who had accessed healthcare services at least one time and 2) health and social service providers. Individuals 65 and older (seniors) who participated in this study lived in and/or received services in the five counties that comprise the catchment area for the United Way of Northeast Florida: Baker, Clay, Duval, Nassau, and St. Johns.

The service providers who participated in this study included representatives from hospitals, rehabilitation facilities, social service organizations, faith based groups, and other relevant individuals or groups who affect or are affected by the target population. The following is the first list of study participants.

1. Adults age 65 and over
2. Service Providers
 - a. Area Agency on Aging
 - b. City Elder Services
 - c. Medical Professionals
 - d. Social Service Professionals
 - e. Acute Care Hospitals
 - f. Rehabilitation Centers
 - g. Urban Jax
 - h. Northeast Florida Planning Council
 - i. Faith Based Services
 - Catholic Diocesan Services
 - Episcopal Services
 - Lutheran Social Services
 - Jewish community Center
 - YMCA

Findings

Provided below is a summary of the critical findings from the needs assessment data analysis. The first finding shows the demographics of the respondents to the community-wide survey. Other findings are organized to coincide with previously identified needs assessment questions. The item analysis for the needs assessment survey is provided in the Appendix.

4,750 surveys were mailed. Over four hundred surveys were returned and 373 valid surveys scanned and used to report data. This represents about an 8% rate of return.

Characteristics of the community-wide survey participants

Based on survey responses, a profile of the respondent to the community-wide survey is a non-working, married urban Caucasian male, between the ages of 70-74, who had at least a high school diploma, and earned less than \$20,000 a year. Table 1 depicts the characteristics of those seniors who responded to the survey. More detailed demographic tables are in the appendix.

- ✚ Over 50% of the survey population was males (50.9%) and 49.1% were females. Most of the respondents were Caucasian (94.9%). Out of 376 respondents, the majority was between the ages of 65-74 (51.7%).
- ✚ Seventy seven percent of the survey respondents were married and only 14.7% were widowed. Conversely, only 25.9% of the female respondents were married and 54.6% were widowed.
- ✚ Over a quarter of the surveyed population had high school diplomas and in combination, over 50% had at least an AA college degree.
- ✚ Jacksonville and its beaches represent the larger reporting group with over 30% responding to the survey.
- ✚ Reported annual household income ranges varied on the continuum from very low to very high with over a quarter of the respondents reporting incomes below \$20,000, and approximately 15% preferring to not respond to this particular question. Table 4 provides a delineated summary of income by response percentage.
- ✚ Reported annual household income ranges varied on the continuum from very low to very high with over a quarter of the respondents reporting incomes below \$20,000, and approximately 15% preferring to not respond to this question.
- ✚ Often, perceptions are based on past experiences. Recognizing the potential importance of this concept, perhaps one of the more critical questions under the demographic section of the survey asked respondents about hospitalizations in the

past 10 years. The survey results showed that 72% of the respondents had been hospitalized in the past year. Because this is most of the survey population, it could be theorized that many responses are based on perception and experience. Table 1 provides the specifics for these demographics.

Table 1. Characteristics of Needs Assessment Population (Adults 65 and Over)								
Percent								
Age	<i>Under 65</i>	<i>65 – 69</i>	<i>70 – 74</i>	<i>75 – 79</i>	<i>80 – 84</i>	<i>85 – 89</i>	<i>90 – 94</i>	<i>95 - 99</i>
	5.0	24.9	26.8	21.0	13.5	7.2	1.4	0.3
Education	<i>Some High School</i>	<i>High School Diploma</i>	<i>GED or Equivalent</i>	<i>AA</i>	<i>Bachelor's Degree</i>	<i>Graduate Degree</i>	<i>Professional Degree</i>	<i>Other</i>
	10.1	29.0	4.8	7.7	19.7	14.9	5.6	8.2
Gender	<i>Male</i>	<i>Female</i>						
	50.9	49.1						
Race	<i>White</i>	<i>Black</i>	<i>Hispanic</i>	<i>Asian or Pacific Islander</i>	<i>Multi-Racial</i>			
	94.9	3.2	1.3	0.3	0.3			
Residence	<i>Nassau County</i>	<i>Baker County</i>	<i>Jacksonville and Beaches</i>	<i>Clay County</i>	<i>St. Johns County</i>			
	17.3	15.6	32.9	22.3	12.1			
Annual Income	<i>Less than \$20k</i>	<i>\$20k-\$29k</i>	<i>\$30k - \$39k</i>	<i>\$40k - \$49k</i>	<i>\$50k - \$59k</i>	<i>\$60k - \$69k</i>	<i>Over \$70k</i>	<i>I prefer not to answer</i>
	27.6	15.4	10.8	8.9	7.6	4.6	10.2	14.9
Hospitalization Status	<i>Hospitalized in Last 10 Years</i>		<i>Not Hospitalized in the Last 10 Years</i>					
	72		28					
Marital Status	<i>Married</i>	<i>Never Married</i>	<i>Single</i>	<i>Divorced</i>	<i>Widowed</i>			
	52.2	1.3	2.6	9.8	34.0			
Hours Worked per Week	<i>None</i>	<i>1-10 Hours</i>	<i>11-20 Hours</i>	<i>21-30 Hours</i>	<i>31-40 Hours</i>			
	80.8	5.1	4.6	2.4	4.9			

N = 371

Needs Assessment Question #1: What are the gaps in service coordination?

Questions 10-14 on the survey addressed service coordination and gaps. Most of respondents were not sure about the gaps in service coordination. Table 2 summarizes these questions.

On an individual item basis, when asked if social services needed by seniors on discharge from a hospital or nursing home are readily available in our community, approximately

40% either strongly agreed or agreed that social services are readily available (question 10).

On question 11, more respondents believed that there are there are gaps in coordinating hospital and community social services for seniors in our community (33.4%).

Question 12 asked if seniors believed there were gaps in coordinating nursing home and community social services. Again, the majority responded unsure. Of the other responses, over a quarter of the respondents believed there are gaps in coordination (27.8%).

It could be hypothesized that while many seniors agree social services are available following hospitalization, the coordination in securing these services was not as clearly evident. These coordination gaps were for hospitalization and nursing home experiences.

Table 2. Service Coordination: Survey Items 10-14

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q10. The social services needed by seniors on discharge from a hospital or nursing home are readily available in our community.</i>	7.8	30.1	50.8	8.9	2.4
<i>q11. There are gaps in the coordination of hospital and community social services for seniors in our community.</i>	8.1	25.3	56.9	8.6	1.1
<i>q12. There are gaps in the coordination of nursing home and community social services for seniors in our community.</i>	6.5	21.3	62.8	8.9	0.5

N = 371

Needs Assessment Question #2: Where are the duplications in service coordination?

Gaps in the coordination of community social services presented critical concerns. These concerns could be of even more importance if there were duplications or overlaps with a limited set of resources. Questions 13-16 were placed in the survey to determine the perceived degree of unnecessary service repetition. Through questions 13-14 seniors were asked if they believed there were overlaps in community social services. In other words, was there redundancy or too much of the same types of community social service resources? The natural sequence would be to ask if these services were efficiently coordinated. Overlaps or duplication in coordination of these services could likely produce inefficiency.

Specifically, these questions were in reference to overlaps in community social services between hospitals (question 13) and nursing homes (question 14). Responding seniors were more likely to disagree or strongly disagree that there are duplications or overlaps in these services. Questions 15 and 16 were in reference to the overlaps or doubling-up in coordination of these services. Put in other words, this could mean that there was a deficiency or limitation in the case management approach when seniors are discharged following a hospitalization. Answers showed that many respondents were not sure if there were problems with service coordination. Less than 25% disagreed or strongly disagreed that there were unnecessary overlaps in the coordination of hospital or nursing homes and community social services for seniors in our community. So, in response to the needs assessment question, there does not appear to be conclusive evidence about the duplications in service coordination. Details regarding questions 13-16 are in Table 3.

It could be theorized that while there may have been available services, these services were not duplicated. It was more likely that the major challenge was in coordination of these services following discharge from a hospital or nursing home experience. Also, since most of the respondents were unsure about social service coordination it could be that the problems were rooted in the lack of knowledge and information readily available to seniors after discharge.

Table 3. Service Duplications: Survey Items 13-16

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q13. There are unnecessary overlaps between hospitals and community social services for seniors in our community.</i>	2.2	8.4	68.1	18.6	2.7
<i>q14. There are unnecessary overlaps between nursing homes and community social services for seniors in our community.</i>	2.4	8.1	69.2	18.1	2.2
<i>q15. There are unnecessary overlaps in the coordination of hospital and community social services for seniors in our community.</i>	3.0	13.0	63.5	18.4	2.2
<i>q16. There are unnecessary overlaps in the coordination of nursing homes and community social services for seniors in our community.</i>	2.7	9.2	68.5	17.5	2.2

N=371

Needs Assessment Question # 3: What services need to be linked?

The health and social services fields, while similar, often have differing program strategies, and successful outcomes are viewed in diverse ways. But in the end, the

intended outcome is the recovery and health of the individual. With this concept, it is important that health and social services be linked with one another. Questions 17-20 asked respondents about these types of linkages.

Seniors responded similarly on all the linkage questions. There was strong agreement on the need to link health and social services. For each of the three questions asking about linkages of health and community social services when seniors are discharged from a medical procedure performed in a private practitioner's office, from a hospital, or from an inpatient stay at a rehabilitation center, seniors consistently responded strongly agree or agree. Table 4 provides an overview of these responses.

Table 4. Linkages: Survey Items 17-19

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q17. Health and community social services need to be linked when seniors are discharged from a medical procedure performed in a private practitioner's office.</i>	19.0	46.6	26.5	7.2	0.5
<i>q18. Health and community social services need to be linked when seniors are discharged from a hospital.</i>	30.6	50.4	15.3	3.5	0.3
<i>q19. Health and community social services need to be linked when seniors are discharged from an inpatient stay at a rehabilitation center.</i>	27.2	49.9	19.9	2.4	0.5

Needs Assessment Question #4: Are needed services available and accessible?

Questions about perceived availability and accessibility of health and social services played an important part of the needs assessment. Questions 21 to 26 were developed to capture information on ease of use and the convenience of health and social services. For each question asked, nearly half the respondents were unsure of the accessibility and availability status of these services. Although the numbers were close, when asked about the availability of needed health services, over 35% agreed or strongly agreed that these services were available. Almost equally true, close to 30% believe community social services were available. When asked about accessibility, there was a close split between those that agreed (28.4%) and those that disagreed (24.7%) about health services. There was a closer split on social services where 23.5% agreed and 22.9% disagreed on the availability of services. Table 5 has more detail on responses. It could again be hypothesized that respondents did not have sufficient experiences, or information in responding to these questions. This theory was further supported in the narrative responses in the survey.

Table 5. Availability and Accessibility of Services: Survey Items 21-24

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q21. Needed health services are clearly available for seniors in our community.</i>	7.8	27.8	42.2	17.3	4.9
<i>q22. Needed community social services are clearly available for seniors in our community.</i>	3.8	25.5	49.1	17.2	4.6
<i>q23. Needed health services are easily accessible for seniors in our community.</i>	4.8	23.4	47.0	20.4	4.3
<i>q24. Needed community social services are easily accessible for seniors in our community.</i>	3.5	20.0	53.5	18.6	4.3

N = 372

Needs Assessment Question #5: How do older adults access information about needed services?

An investigation into older adults’ knowledge about how to access information concerning their needed health and community social services was addressed by survey item 25. Another core to the needs assessment process was to better understand the older adults’ awareness of community health and social services. When asked if seniors in our community knew how to access information about their needed health and community social services, half the respondents either disagreed or strongly disagreed. Of equal importance is that only a little over 12% were in agreement that seniors know how to access information services. Table 6 offers a summary for question 25.

There was a low agreement and a high response of unsure and disagree for this survey item. This would seem to imply that in the areas served by the respondents, there might be a general lack of knowledge about health and community social services.

Table 6. Accessing Services: Survey Item 25

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q25. Seniors in our community know how to access information about their needed health and community social services.</i>	1.6	11.0	42.2	33.2	12.0

N = 372

Needs Assessment Question # 6: Are older adults aware of the services that exist?

An important aspect of the needs assessment survey was an examination of the awareness of the seniors participating in the survey. Survey item 26 was designed to provide insight into the participants' general awareness about health and community social services. As the data in Table 7 show approximately 77% of those responding either disagreed that seniors "are aware" of health and community social services or were "unsure" of their peers' level of awareness. Since less than 1% of those responding strongly agreed that seniors were aware of community services, improving the seniors' awareness may be a major issue for the community to address.

Table 7. Accessing Services: Survey Item 26

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q26. Seniors are aware of the health and community social services that exist in our community.</i>	0.8	10.8	41.1	36.0	11.3

N = 372

Needs Assessment Question #7: What are the greatest resource needs?

Two items on the survey were designed to solicit information from participants about their awareness of health and community resources. Survey item 28 focused on the sufficiency of health and community social services. As presented in Table 8, almost an equal percent of the respondents either agreed or disagreed with the statement that there were enough health and community services while an equal number of respondents were unsure if the resources were sufficient.

Table 8. Resources Needed: Survey Items 27-28

Survey Item	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<i>q27. There are sufficient health services for seniors in our community.</i>	3.2	21.1	46.5	20.9	8.3
<i>Q28 There are sufficient community social services for seniors in our community.</i>	0.3	15.7	55.9	19.5	8.6

Quantification of Qualitative Responses: Seniors, Caregivers, and Providers

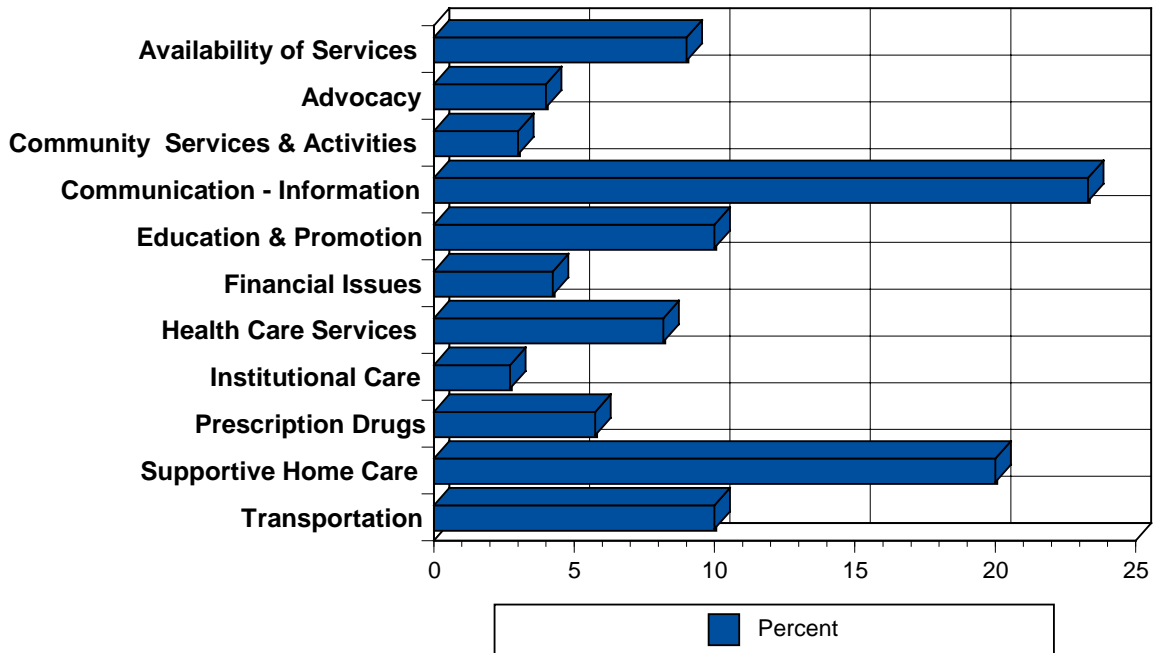
The final category on the survey was titled "Where do we go from here?" The question in this category was an open-ended question that asked respondents "What services do you think are needed to help seniors maintain healthy independent living?" " In order to provide a more rigorous answer to this needs assessment question regarding seniors

perceived needs; the narrative comments were analyzed. The goal of the analysis was the identification of needs' categories based on the frequency in which they occur. Counting themes, in this instance perceived needs to help seniors maintain healthy independent living, is a manifestation of what Tashakkori and Teddlie (1998) referred to as "quantitizing" data (p. 126) in which qualitative data are converted onto numerical codes that can be represented statistically.

Data for this analysis were constructed by reviewing each of the returned surveys and recording the number of times a specific need was indicated. Following this recording, identified needs were grouped into larger categories. Category coding was done separately by three different individuals in an effort to reduce the number of inconsistencies and threats to internal validity. Results were compared to determine consistency and accuracy of the categorizing procedure. Overall, the larger categories were consistent thus creating confidence in inter-rater reliability. These ratings were correlated to obtain a coefficient of inter-rater reliability.

The categorical themes that emerged were self-explanatory, and the corresponding comments were consistent across surveyed populations. However, one category was inclusive of several concepts and these concepts were not easily segregated out. For purposes of data reporting the category titled availability of services included comments for availability, accessibility, and coordination.

Figure 1. Categories of Services Needed: Responses From Seniors



As presented in Figure 1, the analysis of services needed to maintain healthy independent living resulted in the identification of 11 main "service needs" categories with two additional separate categories. The last two categories not presented in this figure represented "other" comments and unsure or not familiar statements. These data,

explained in the narrative tables located in the appendix, indicated that there was a need for more efficient and effective communication.

Concurrently there was a need for more available information on a wide variety of health and social service related topics. Following closely is the need for improved home-based supportive services. These services ranged from assistance with shopping to house cleaning with the primary theme being helping seniors to take care of themselves. There was a need expressed for education and especially health promotion via more publicity of available services through TV and radio PSAs that would publicize information. Seniors also expressed a need for better transportation. From respondents in neighboring counties, there was expressed concern about the need to travel to the larger urban area for both health and social services.

In addition to the community-wide survey, both focus groups and key informant interviews were conducted. Using a focus group design, fourteen seniors and caregivers of seniors were queried about their perception of the health and social service needs of seniors. Sixty-five narrative comments were quantified as specified by Tashakkori and Teddlie (1998). Figure 2 is a representation of these narrative data presented in a quantitative format. As indicated in Figure 2, the number one concern for this group was the availability of services with approximately 20% of the participants making comments that when sorted out, would best fit the service availability and accessibility category. Examples of the type of responses that were placed in this category are:

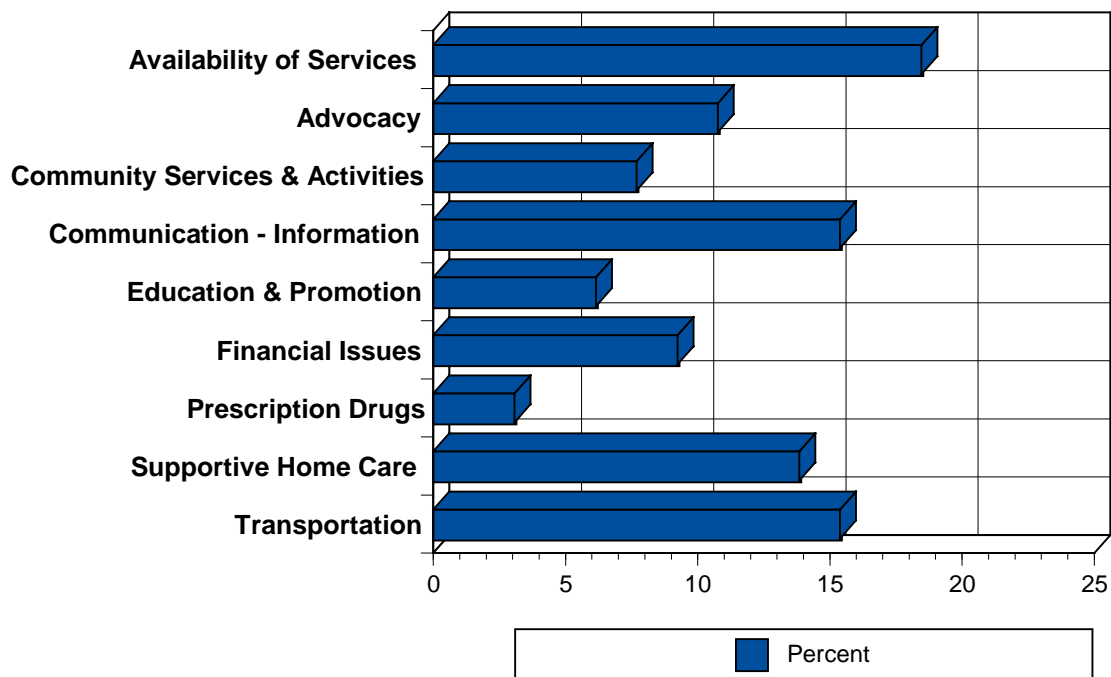
*There are lots of providers but they are not providing services
Availability and coordination in all areas of service are needed badly*

Communication and information tied with transportation as the second most frequently reported need by seniors and their caregivers. Comments in these categories range from:

Transportation-*Must quit driving soon but worried about transportation being available
to*

Communication and Information-*Need better communication via newspapers and community
bulletins in public places*

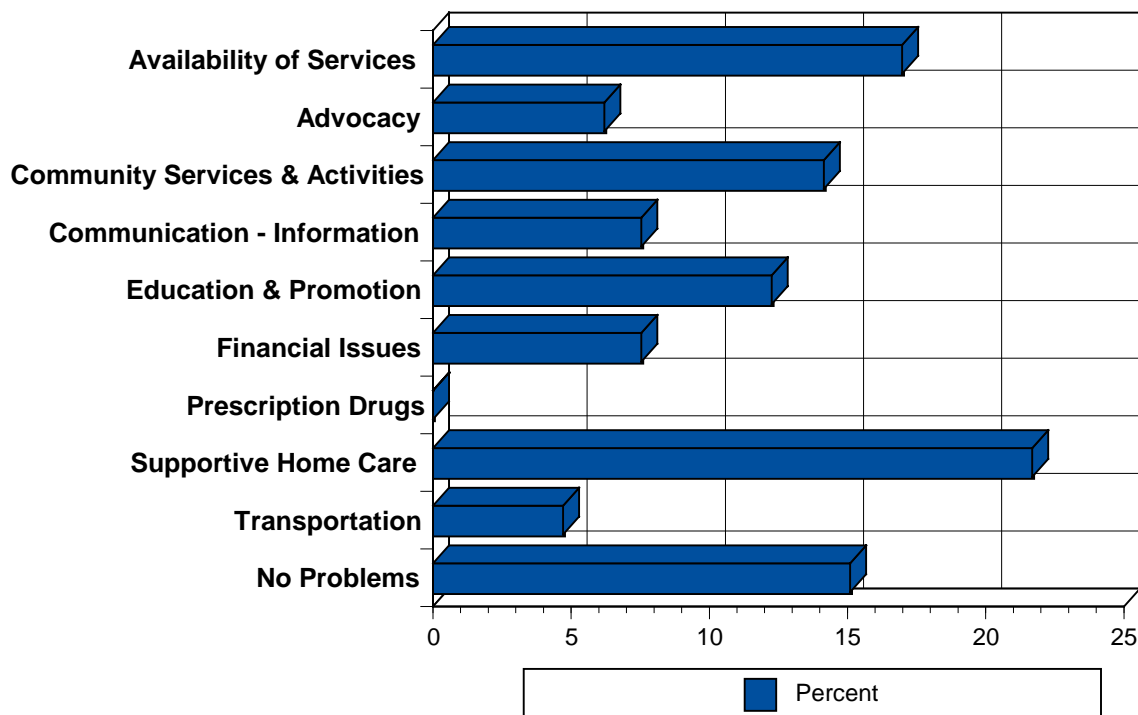
Figure 2: Categories of Services needed: Responses From Seniors & Caregivers



In addition to the modified focus groups, several sets of key informant interviews were completed. Individual members of the evaluation team completed some interviews in person. Other interviews were conducted via phone or online via e-mail. Again, in an attempt to maintain inter-rater reliability, category coding was done separately by three different individuals. Results were compared to determine consistency and accuracy of the categorizing procedure. Although the numbers within categories varied, overall the category themes continued to remain consistent. Executives and other administrative professionals made up the first group of key informants. A total of 19 key informant interviews were completed. These individuals ranged in work experience from 5 years to over 23 years of experience working in elder services. Also, there was an adequate cross section representation in responses between the largest county and its neighboring counties.

Overall, this group indicated that supportive home care was the highest need for seniors. As with the seniors and their caregivers, availability of services ranked a close second with approximately 17% of these administrators believing that services were lacking in availability, accessibility and coordination. The third highest category, no problems, differed from both the seniors and their caregivers. Over 15% of these respondents made narrative statements that could best be categorized as perceptions that there were no problems, or no needs for seniors in their communities. Figure 3 provides a categorical delineation of these narrative statements.

Figure 3. Categories of Services Needed: Responses From Key Informant Executives



Several sample comments are listed below with all of the comments documented in the appendix D.

There are no gaps in coordination of nursing home & social services and hospital and social services

Social service needed on discharge from hospitals or nursing homes are available

Hospital discharge planners were also queried regarding their perceptions of senior needs. Seven discharge planners were interviewed. In addition to the closed-ended items, these planners provided over 65 narrative responses. As noted in Figure 4, the majority of the responses were an indication of the need for supportive home services (21.2%) followed by the need for coordinated available and accessible services (19.7%). The services listed in this category included everything from:

Services being available if you have money

to

Waiting lists for home care, home support services and meals

Another strong category of need was advocacy. A large number of comments in this category dealt with the need for family to become advocates, for the hospitals to provide outreach to the elderly and to increase the number of case managers who could facilitate and promote the social and health needs of this population.

Figure 4. Categories of Services Needed: Responses From Hospital Discharge Planners

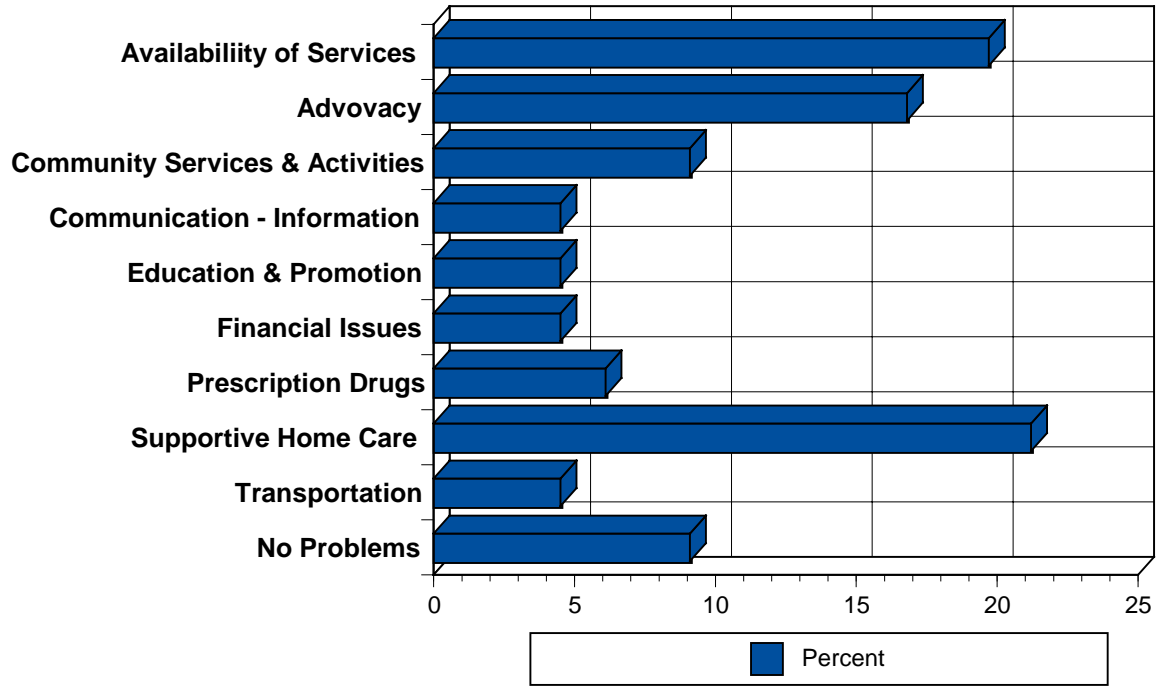
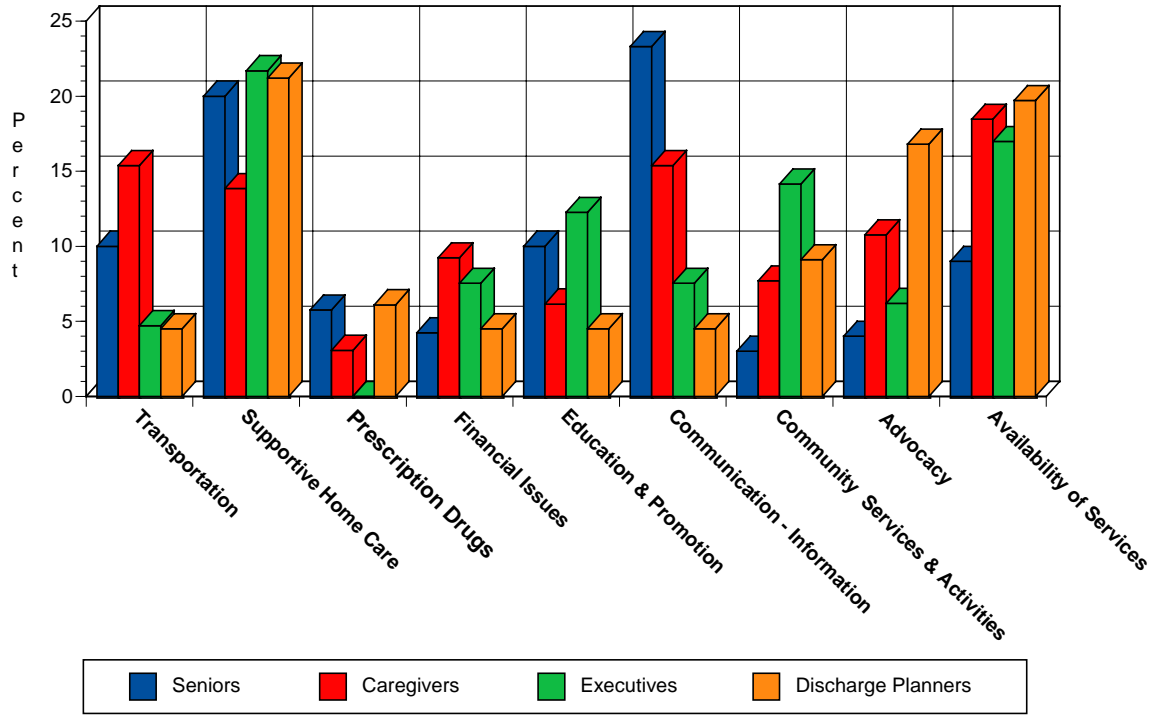


Figure 5 presents a comparison of categories of services needed. This comparison is across all groups who participated in this needs assessment process. As seen in this figure there are differences between the perceptions of seniors and their caregivers (including those who responded to the mailed survey and those in the modified focus groups) and both groups of key informants: executives/administrators and hospital discharge planners.

Figure 5. Categories of Services Needed: All Groups



The main themes across all groups remained the same as indicated on the community-wide narrative portion of the survey. These are communication/information, supportive home services and transportation, and when availability of services is viewed as including accessibility and coordination of services, this becomes the fourth highest area of need.

Despite these similarities, there are some key differences. For example, in descending order seniors, caregivers, executives and discharge planners saw communication/information as an issue of need. It would appear that seniors believed they needed to be kept better informed while service providers believed there was ample information and communication. The reverse for availability of services was apparent with more providers indicating services were coordinated, available, and/or accessible while recipients of these services were not in agreement.

Summary and Conclusions

An analysis of the needs assessment data indicated that a large majority of the respondents had characteristics that created a profile of the respondent to the community-wide survey to be a non-working, married urban Caucasian male, between the ages of 70-74, who had a minimum of a high school diploma, and earned less than \$20,000 per year.

The goal of the needs assessment project was twofold. The first component was to determine gaps and duplications in the health and social services delivery networks for

adults 65 and over. Survey results indicated little if any duplication in services or service coordination, especially community social services. Results also pointed out that there was a lack of information regarding availability and accessibility of services.

The data seem to imply that there was not a consensus among the seniors participating in the community-wide survey regarding the adequacy of health and community social services. One may hypothesize that the high number of survey participants that responded as “unsure” was due to a lack of general knowledge among the survey population as to the nature and type of health and community social services that were available. This hypothesis was supported by the “open ended” comments at the end of the survey where the “lack of information” was a highly reoccurring theme.

The second task was to identify and prioritize a minimum of three major areas of need. These areas of need can be delineated as follows:

Communication and Information

- More efficient and effective communication.
- More available information on a wide variety of health and social service related topics.

Supportive Home Care

- Improved home-based supportive services including but not limited to assistance with shopping and house cleaning.
- Help seniors to take care of themselves in their own homes.
- Education and publicity of available services through TV and radio PSAs.

Transportation

- Better, flexible, securable, affordable transportation.
- Help getting to church, doctor, grocery store and community centers.

Recommendations

The recommendations indicated below are identified as the major categories of need for seniors age 65 and over in the five county areas surveyed. These recommendations are based on information, previously delineated from key informants, seniors and senior caregivers. A reference list of substantiating articles is also listed. These articles document implemented community programs addressing the identified areas of need in other communities. Copies of individual articles are available from the Center for Aging Research at the University of North Florida

1. *Communication/Information:*

While obtainable through a variety of sources, information about available resources is not widely disseminated among the senior population. More frequent mailings, television and radio advertisements and PSAs may be useful but provides information intermittently. A citywide, coordinated effort to provide recognizable information portals would provide greater accessibility to needed services. Partnering with businesses commonly frequented by seniors and their families and caregivers such as groceries, pharmacies and large retailers to provide contact information could establish easier access to needed information.

2. *Supportive Home Services/Availability of Services*

Seniors, their caregivers and the senior services professionals who provided input for this study, identified the need for in-home supportive services as critical in maintaining health and independence for seniors. The issues raised include information about available services for seniors with the ability to pay and funding limitations that make services scarce for individuals with limited resources. These needs are echoed in the literature.

Community projects to be considered include neighborhood based contact programs that identify seniors living alone and provide regular phone contact or visits to ensure general safety and wellbeing. Volunteers groups recruited from neighborhoods, schools, workplaces, or faith-based organizations could provide critical assistance in this area.

Community and or corporate support for individuals or organizations attempting to develop home services programs for seniors could increase viability of such programs.

The lack of available resources on weekends, including nutritional resources, should be examined.

3. *Transportation:*

The geographic makeup of the Northeast Florida region presents significant challenges to seniors in the area of mobility. Once they can no longer drive, seniors are dependent on family, friends and community transportation. Seniors living in outlying areas of Duval County and in neighboring counties may find little or no community transportation available. Exploring programs that offer greater transportation choices is essential in preserving independence for area

4. *Coordination of Services:*

Neither the cost-effectiveness nor efficacy of coordination of acute care and post discharge supportive community services has been adequately studied. Most demonstration projects have examined post acute home health care and results cannot be generalized to community based supportive care services. (Capitman, 2003) Medical care management, hospital discharge planning and geriatric management programs have been studied. However, the programs studied are based on medical models that generally measure health outcomes and give little attention to the impact of community supportive services.

The needs voiced by seniors and senior caregivers are complex and diverse. The ability of community or institutional efforts to meet those needs is hampered by a lack of coordination and shared information between acute, long-term care, social service providers and the seniors they serve. Common goals, well-planned interventions and planned evaluation activities are needed to ensure that financial resources and human capital are well utilized and benefit intended recipients.

Corroborating Articles:

- a. Angel, J. I., (2000). Helping families to navigate the system of long-term care alternatives: The role of information technology. *Journal of Family and Consumer Sciences*, 91 (3) 116- 124.
- b. Capitman, J. (2003). Effective Coordination of Medical and Supportive Services. *Journal of Aging and Health*, 15(1), 124.
- c. Freund, K. Independent Transportation Network: The Next Best Thing to Driving. *Generations*, 27(2), 70.
- d. Hyduk, C. A., & Moxley, D. P. (2000). Challenges to the Implementation of Personal Advocacy for Older Adults. *Families in Society*, 81(5), 455.
- e. Madachy, P. (2003). Serving Older People by Improving Transportation. *Generations*, 27(2), 23.
- f. Maurana, C., A., & Rodney, M. M. (2000). Strategies for Developing a Successful Community Health Advocate Program. *Family and Community Health*, 23(1), 40-49.
- g. Straight, A. K. Public Policy and Transportation for Older People. *Generations*, 27(2), 44.

Additionally, a bibliographic listing of materials used in the process of completing this needs assessment is provided in the appendix. This bibliography offers many citations that can be used to further develop community-based programs for seniors.

References

- Posavac, E. J. and Carvey, R. G. (2003). *Program evaluation methods and case studies*. (6th Ed). Upper Saddle River, NJ: Prentice Hall, Inc.
- Romano, M. (2002). Stockpiling Patient Data. *Modern Healthcare*, 32(18), 24.
- Roth, J. (1990). *Need and the needs assessment process* (reprinted from 1978). Evaluation Practice. 11, 141-143.
- Tashakkori, A., & Teddlie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.
- Tuckman, B.W. (1972). *Conducting educational research*. New York: Harcourt Brace Jovanovich.

Sampling Sources

Sample Size Calculator. Retrieved September 15, 2003 from <http://www.surveysystem.com/resource.htm>

Fact Sheet PEOD-6, Determining Sample Size. Retrieved September 15, 2003 from <http://edis.ifas.ufl.edu/Body PD0006>