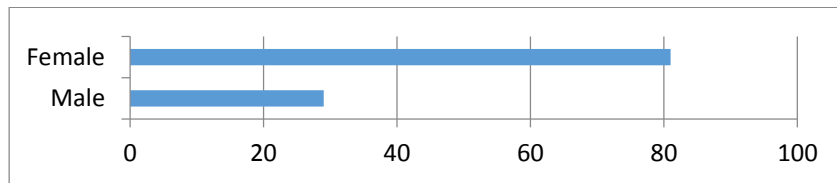




## Area Agency on Aging 8 – 2014 Needs Assessment

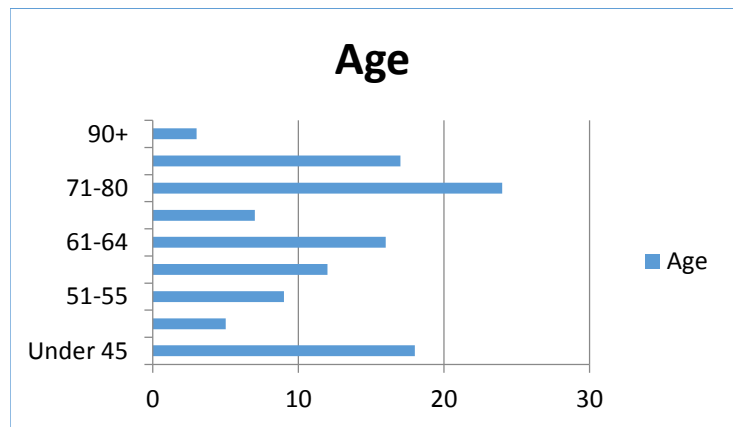
The purpose of this assessment is to find out what needs are not being met in the Buckeye Hills-Area Agency on Aging 8 and Southeast Ohio Aging & Disability Resource Network (ADRN) planning and service area. This needs assessment will help the AAA8 better plan and prepare SE Ohio for its aging population.

### 1. Gender



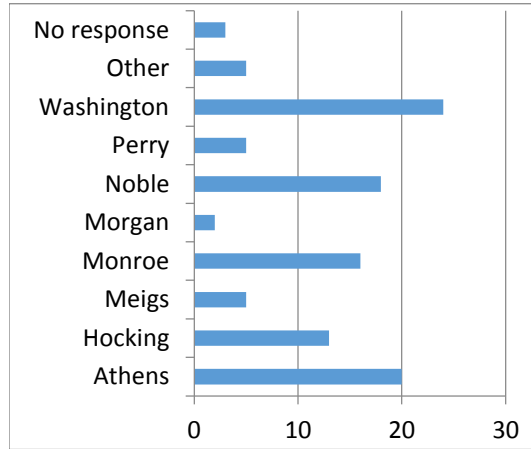
### 2. Age

	Number of Responses	Response Ratio
Under 45	18	16%
45-50	5	5%
51-55	9	8%
56-60	12	11%
61-64	16	14%
65-70	7	6%
71-80	24	22%
81-90	17	15%
90+	3	3%
Other	0	0%
Total	111	100%

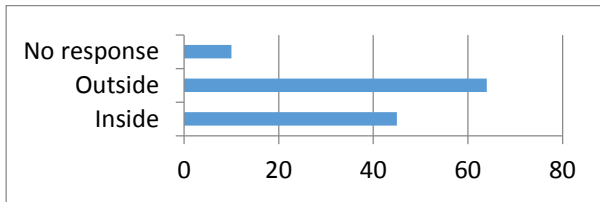


### 3. County of Residence

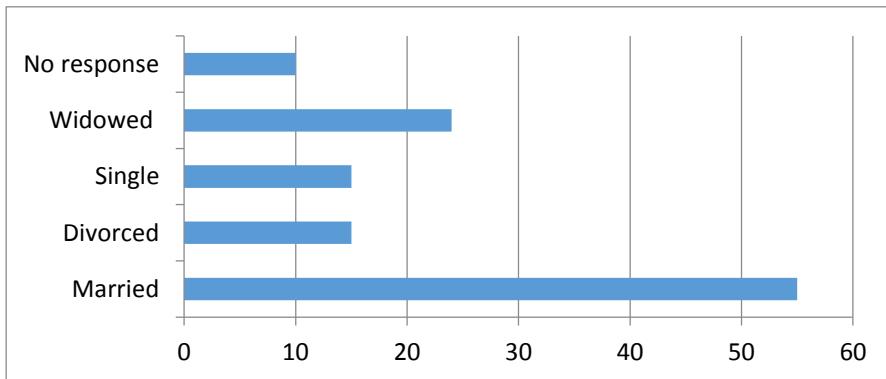
	Number of Responses	Response Ratio
Athens	20	17%
Hocking	13	11%
Meigs	5	4%
Monroe	16	13%
Morgan	2	2%
Noble	18	15%
Perry	5	4%
Washington	24	20%
Other	5	4%
No Response	11	9%
Total	119	100%



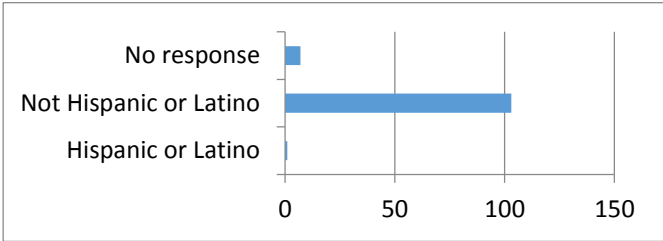
### 4. Do you live inside or outside of the city limits?



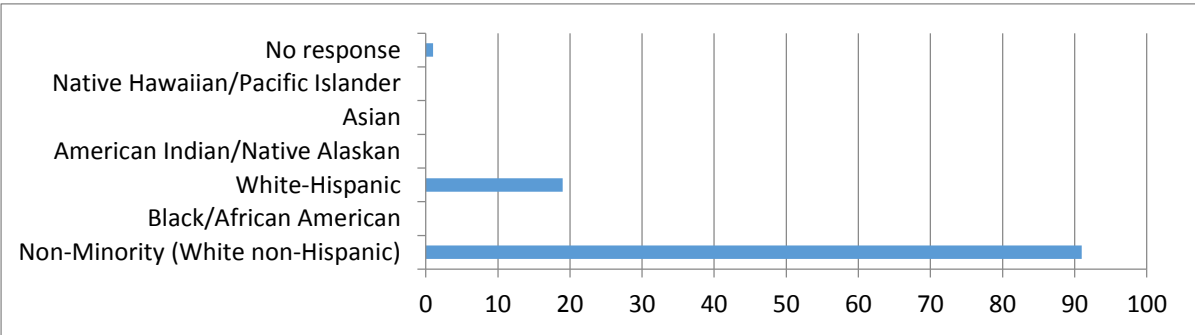
### 5. Marital Status



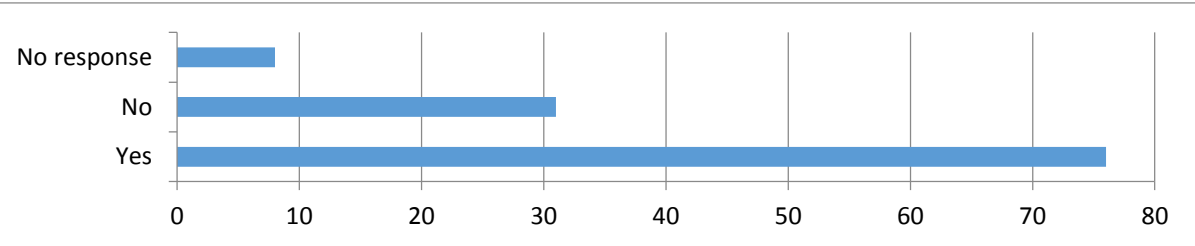
**6. Ethnicity**



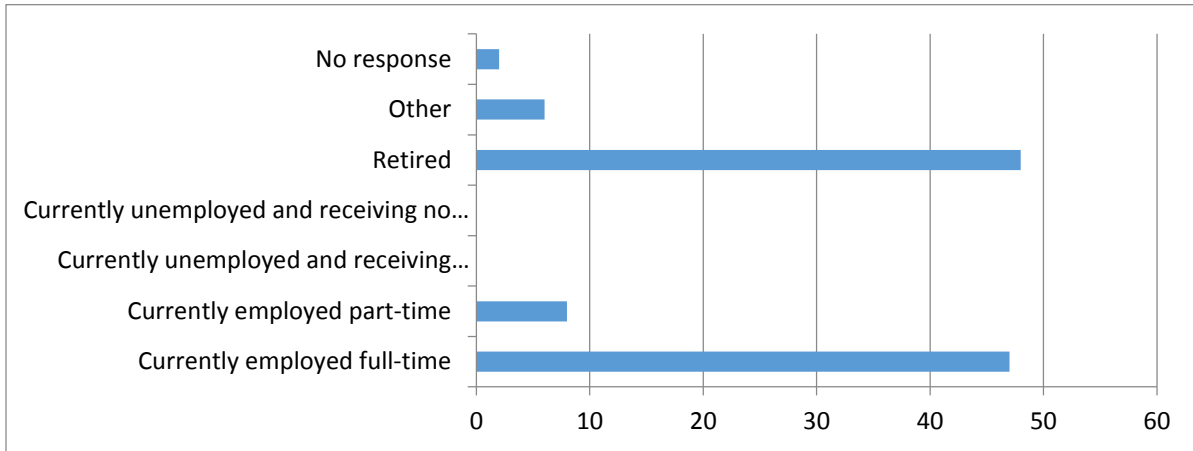
**7. Race**



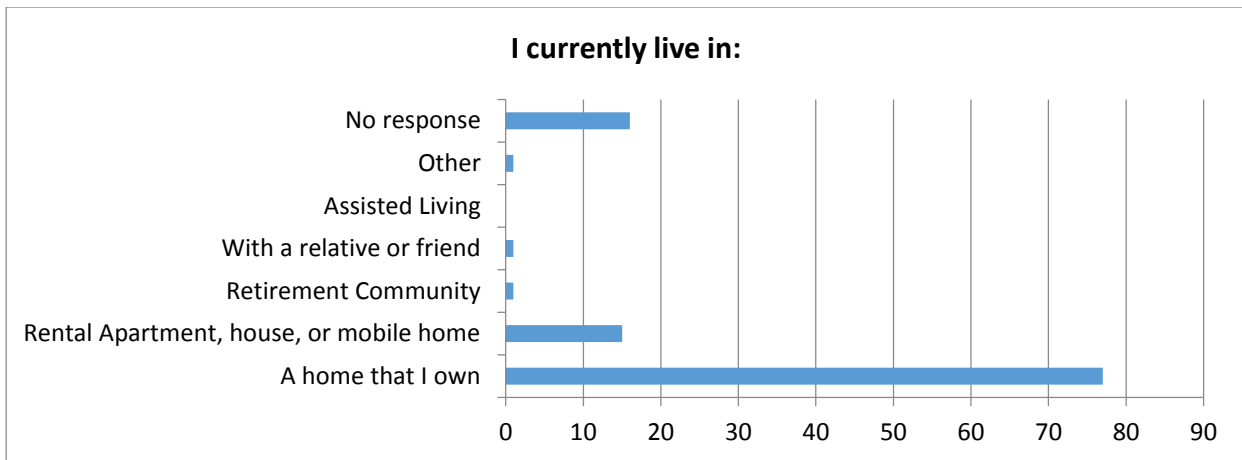
**8. Do you know how to use a computer?**



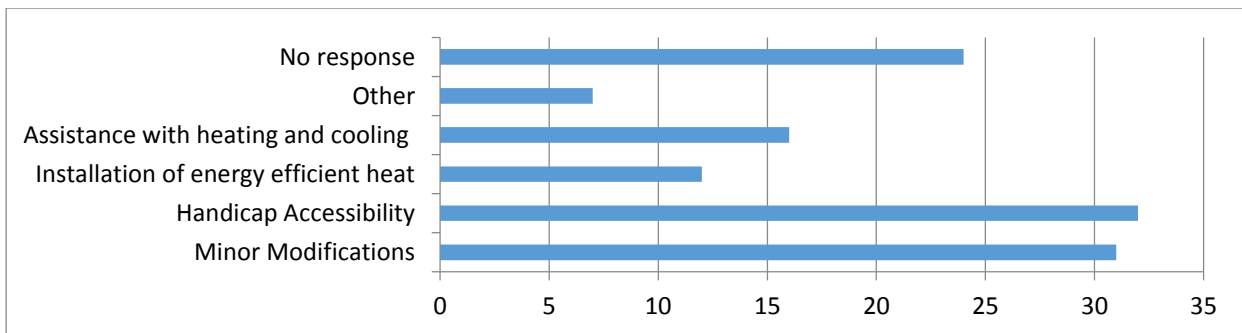
**9. Employment**



**10. Housing**

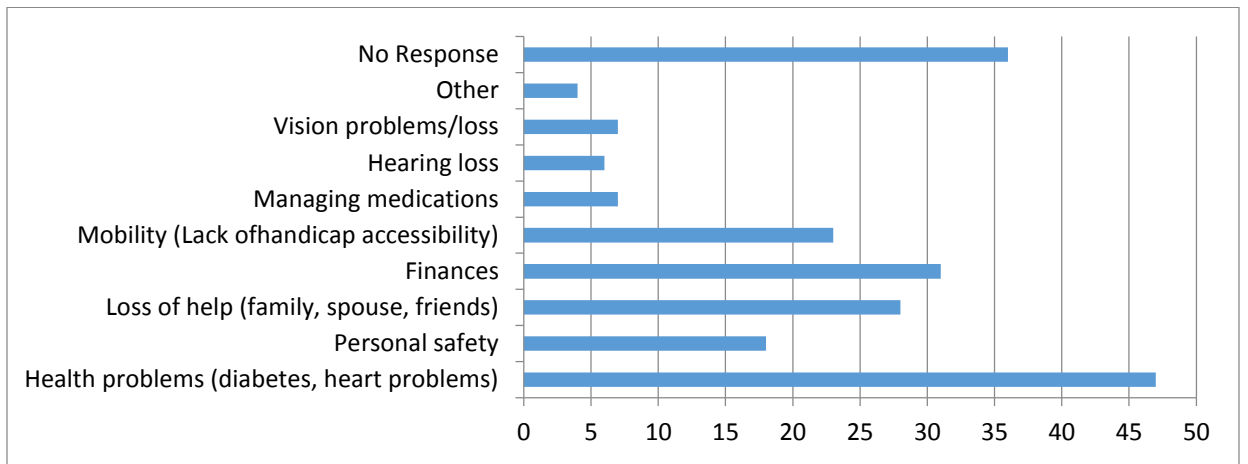


**11. To stay in your current residence as you age, you need the following (Please enter all that apply):**

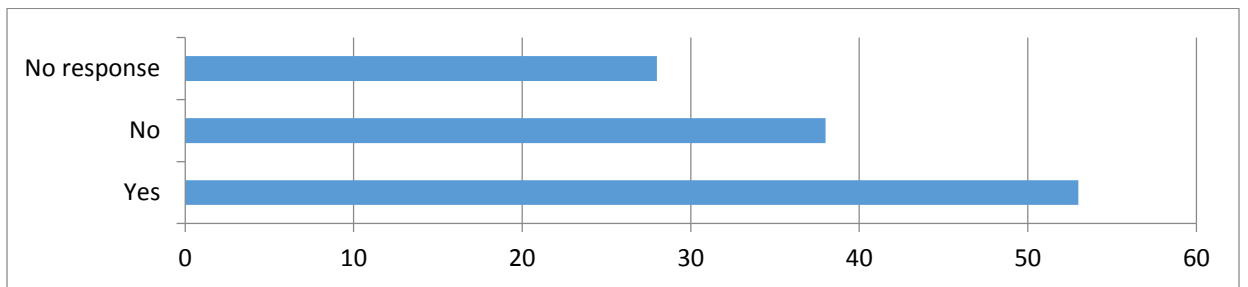


**NOTE:**  
 Minor modifications – floor or roof repair, window replacement  
 Handicap Accessibility – ramps, bathroom renovation, doorway widening)

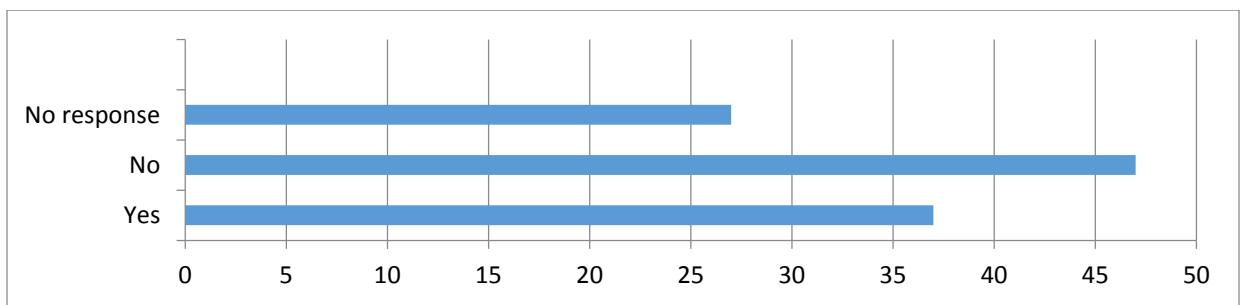
12. **What would prevent you from continuing to stay independent in your own home? Choose all that apply.**



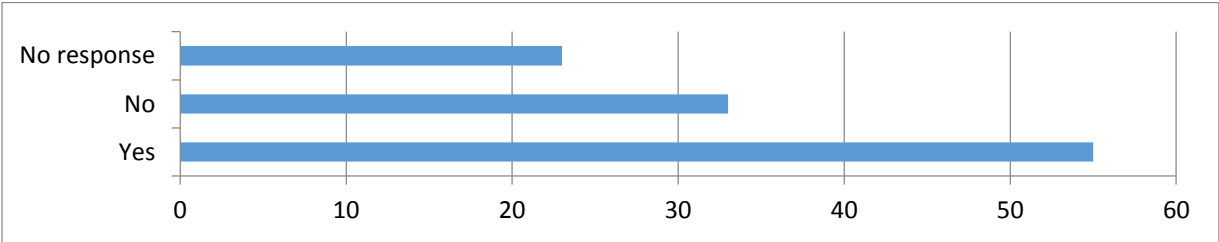
13. **Would you ever consider moving into senior housing?**



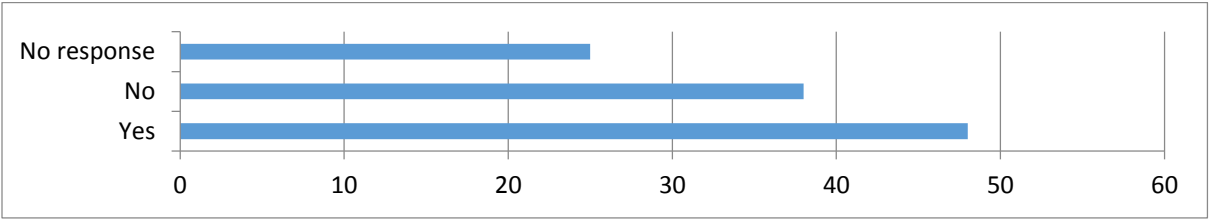
14. **Do you feel there are good options available to you for senior housing?**



15. Would you ever consider moving into an assisted living facility?



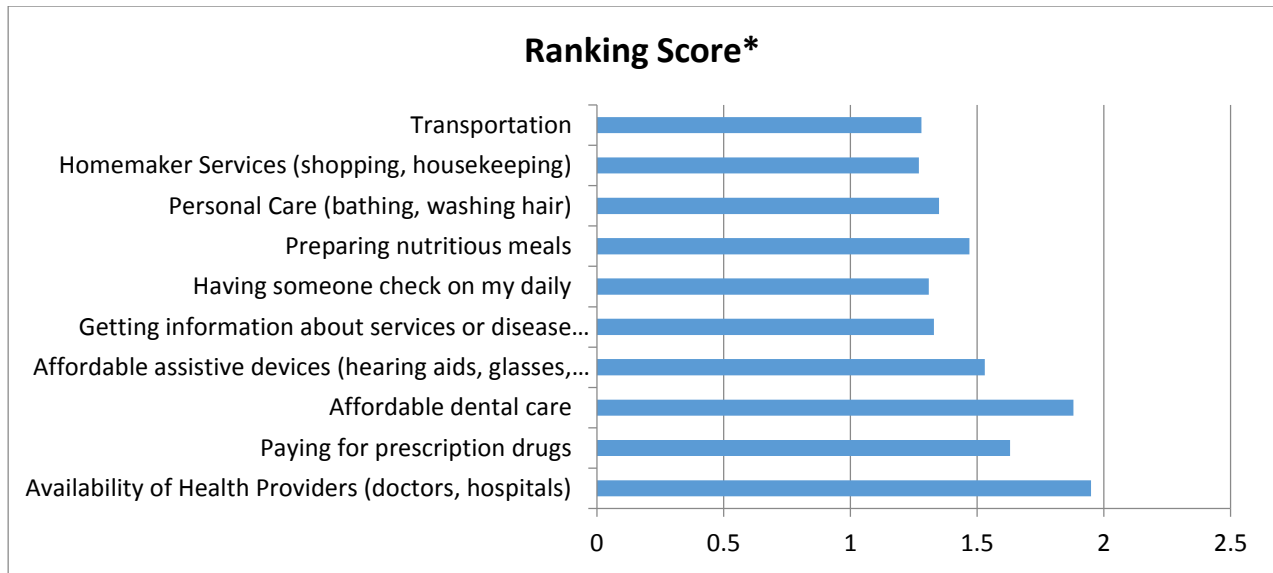
16. Do you feel there are good options available to you for assisted living?



**17. Long-term Care**

Here is a list of issues or activities that some people say are problems for Older Americans. To what degree is each of these items a problem for you personally? Please select the most appropriate response to each item.

	# of responses	Ranking Score
Availability of Health Providers (doctors, hospitals)	44	1.95
Paying for prescription drugs	44	1.63
Affordable dental care	45	1.88
Affordable assistive devices (hearing aids, glasses, canes, etc.)	43	1.53
Getting information about services or disease prevention	41	1.33
Having someone check on my daily	43	1.31
Preparing nutritious meals	42	1.47
Personal Care (bathing, washing hair)	43	1.35
Homemaker Services (shopping, housekeeping)	44	1.27
Transportation	43	1.28

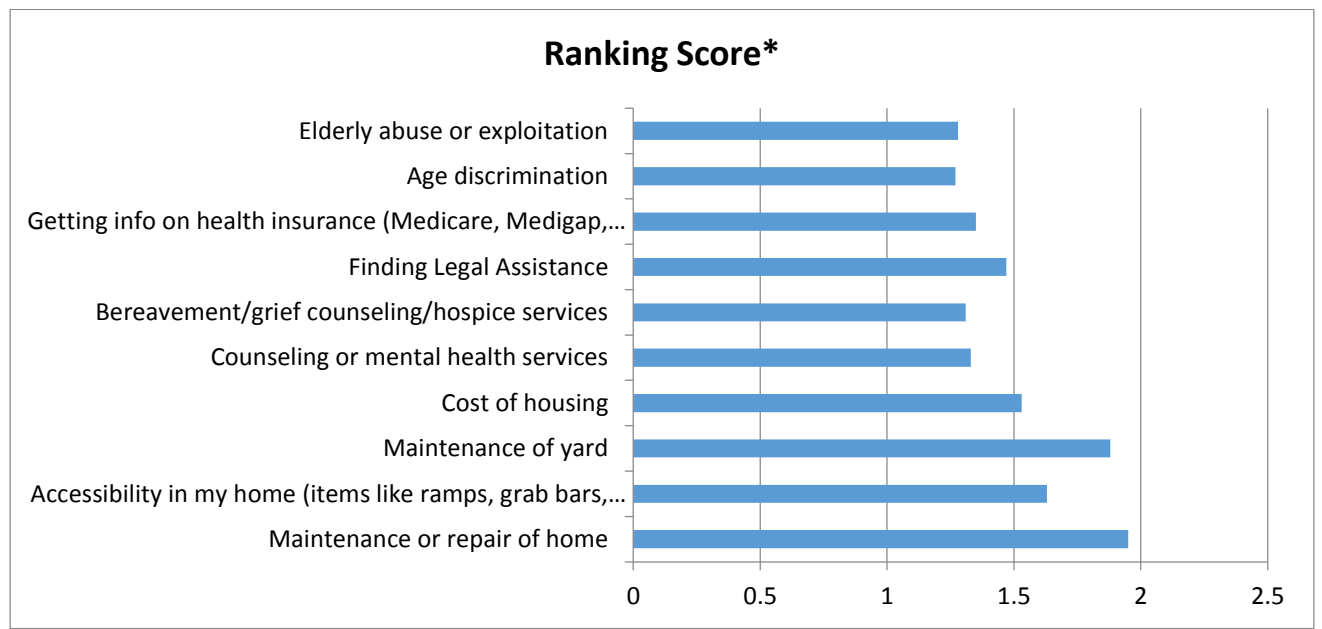


\*The Ranking Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

**18. Long-term Care – continued...**

Here is a list of issues or activities that some people say are problems for Older Americans. To what degree is each of these items a problem for you personally? Please select the most appropriate response to each item.

	Number of responses	Ranking Score
Maintenance or repair of home	44	1.95
Accessibility in my home (items like ramps, grab bars, walk-in bath tub)	44	1.63
Maintenance of yard	45	1.88
Cost of housing	43	1.53
Counseling or mental health services	41	1.33
Bereavement/grief counseling/hospice services	43	1.31
Finding Legal Assistance	42	1.47
Getting info on health insurance (Medicare, Medigap, etc.)	43	1.35
Age discrimination	44	1.27
Elderly abuse or exploitation	43	1.28



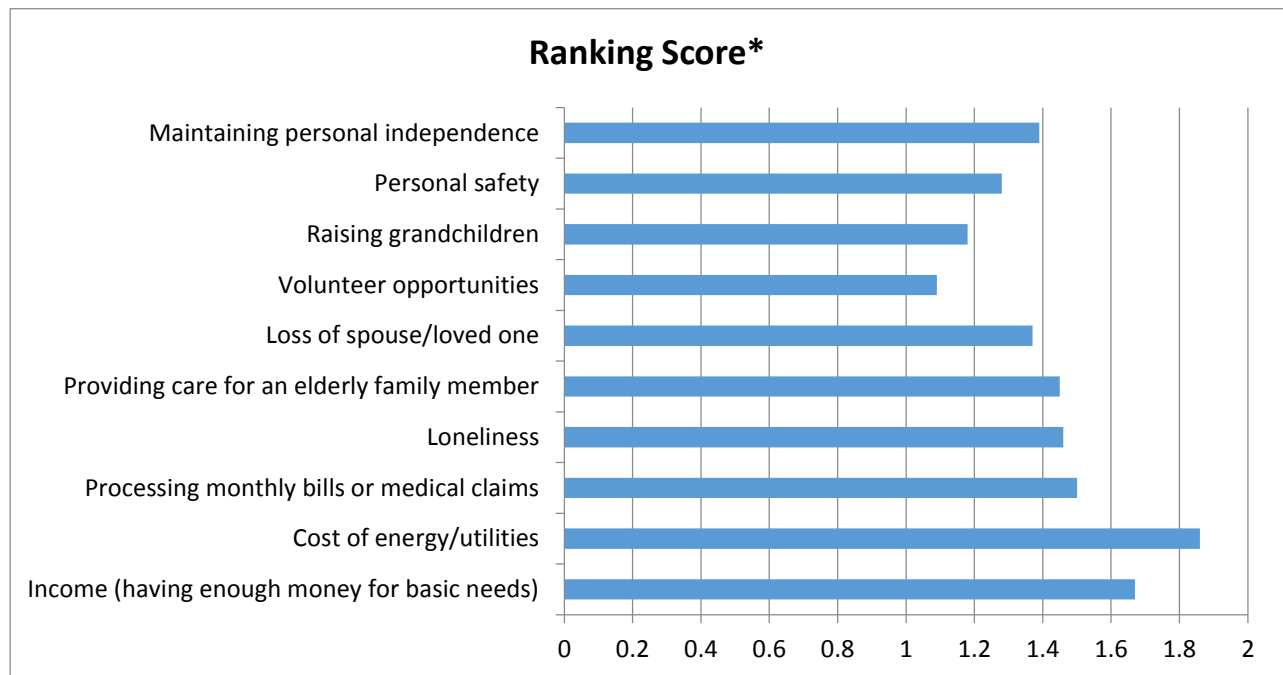
\*The Ranking Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



**19. Long-term Care – continued...**

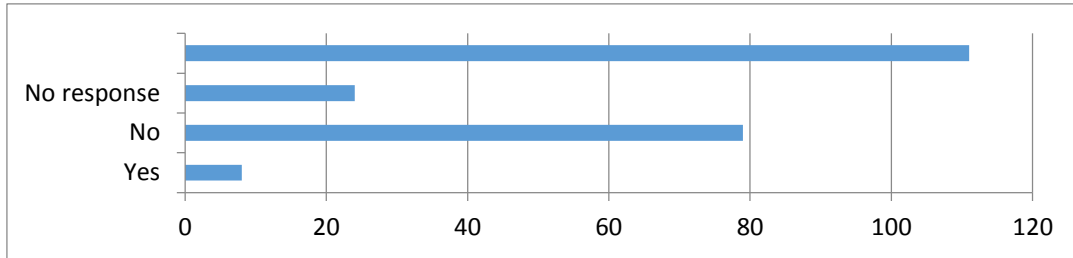
Here is a list of issues or activities that some people say are problems for Older Americans. To what degree is each of these items a problem for you personally? Please select the most appropriate response to each item.

	# of Responses	Ranking Score
Income (having enough money for basic needs)	46	1.67
Cost of energy/utilities	48	1.86
Processing monthly bills or medical claims	42	1.5
Loneliness	44	1.46
Providing care for an elderly family member	40	1.45
Loss of spouse/loved one	43	1.37
Volunteer opportunities	40	1.09
Raising grandchildren	39	1.18
Personal safety	44	1.28
Maintaining personal independence	43	1.39

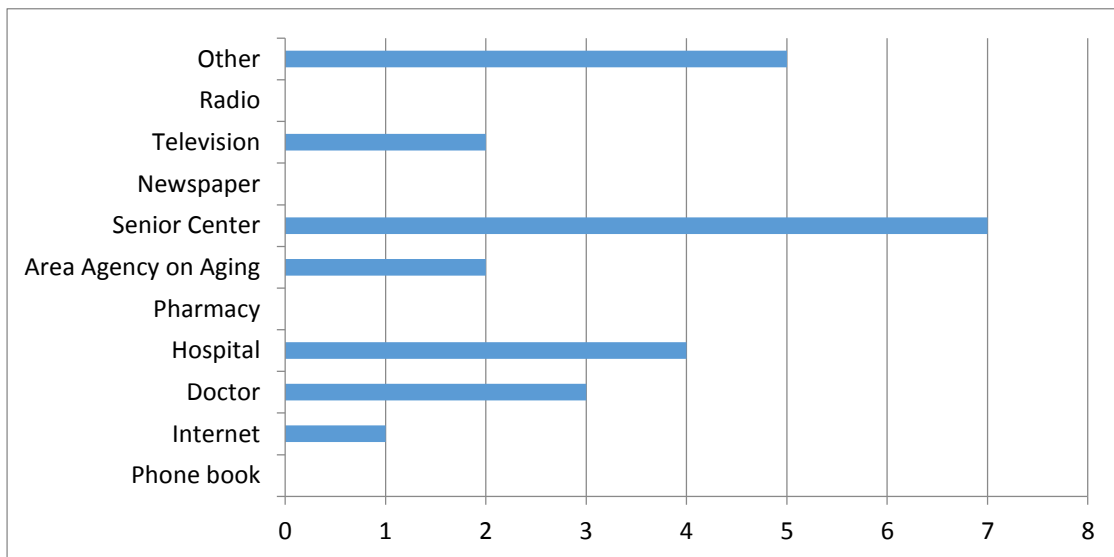


*\*The Ranking Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.*

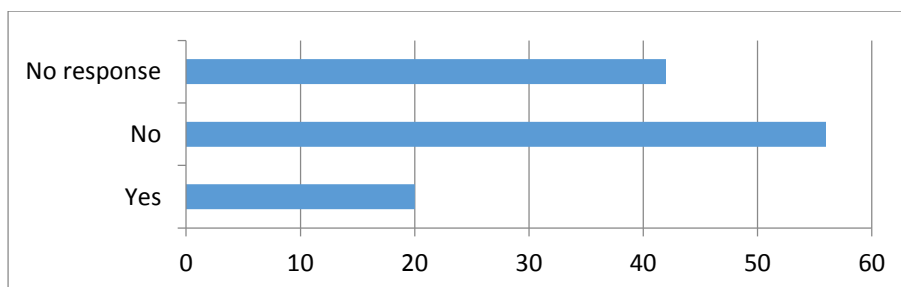
20. **Are you currently receiving long-term care services?** (Long-term means nursing facility, assisted living or home healthcare services such as personal care, homemaking, meals on wheels, transportation).



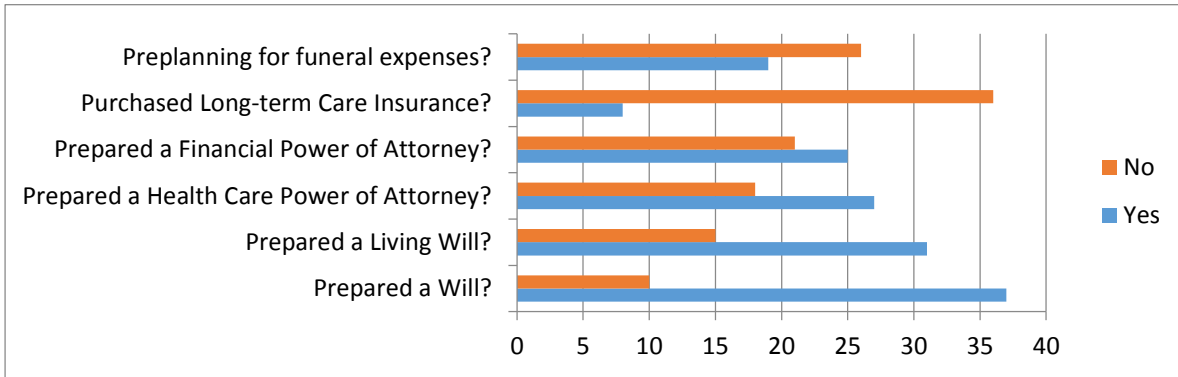
21. **If you are currently receiving long-term care services, how did you find the service provider?**  
Mark all that apply.



22. **Would you or have you ever refused services due to Estate Recovery?** (Estate Recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid recipient is deceased).

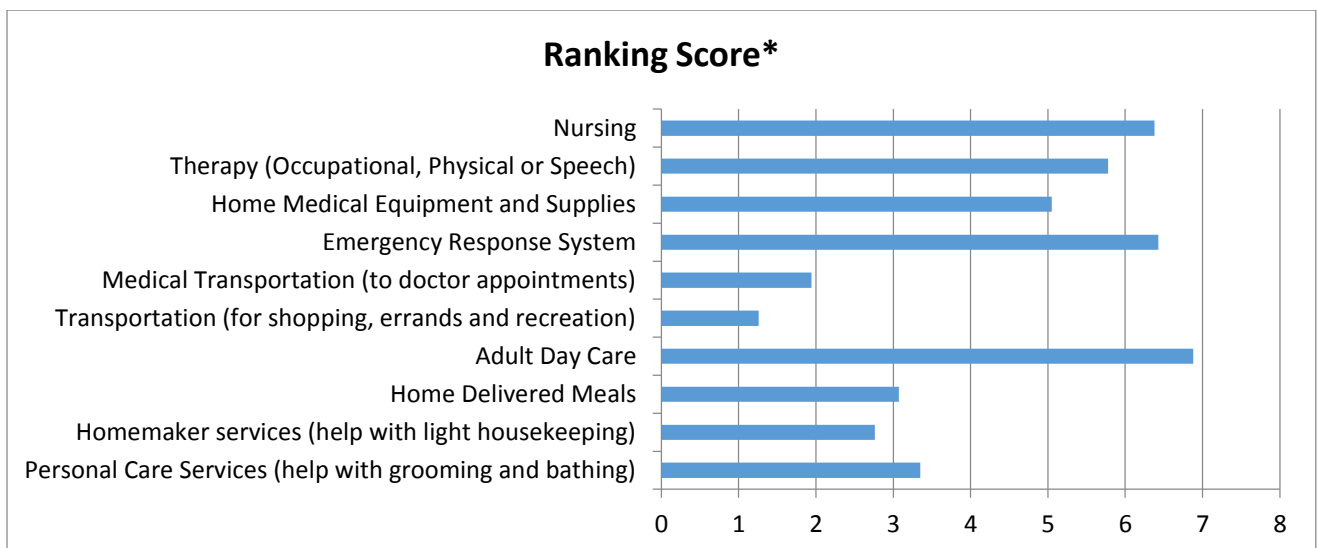


**23. Thinking about long-term care planning, have you:**



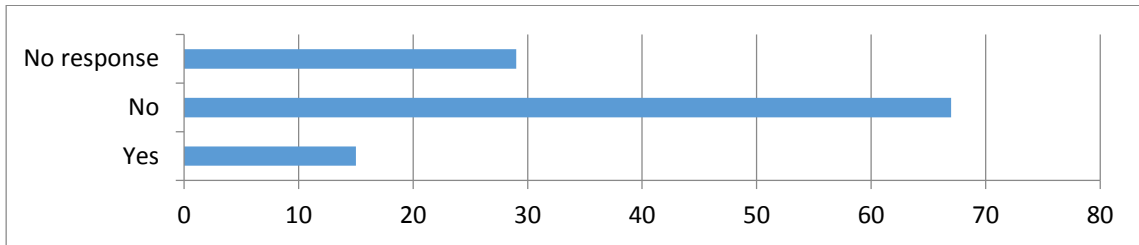
**24. Of the following services, please pick the top three which you feel are the most important for a senior to have in order to maintain their independence. Number your choices 1-10 in the order of importance to you. (1= Most important)**

	# of Responses	Ranking Score
Personal Care Services (help with grooming and bathing)	26	3.35
Homemaker services (help with light housekeeping)	29	2.76
Home Delivered Meals	28	3.07
Adult Day Care	16	6.88
Transportation (for shopping, errands and recreation)	58	1.26
Medical Transportation (to doctor appointments)	31	1.94
Emergency Response System	23	6.43
Home Medical Equipment and Supplies	20	5.05
Therapy (Occupational, Physical or Speech)	18	5.78
Nursing	16	6.38

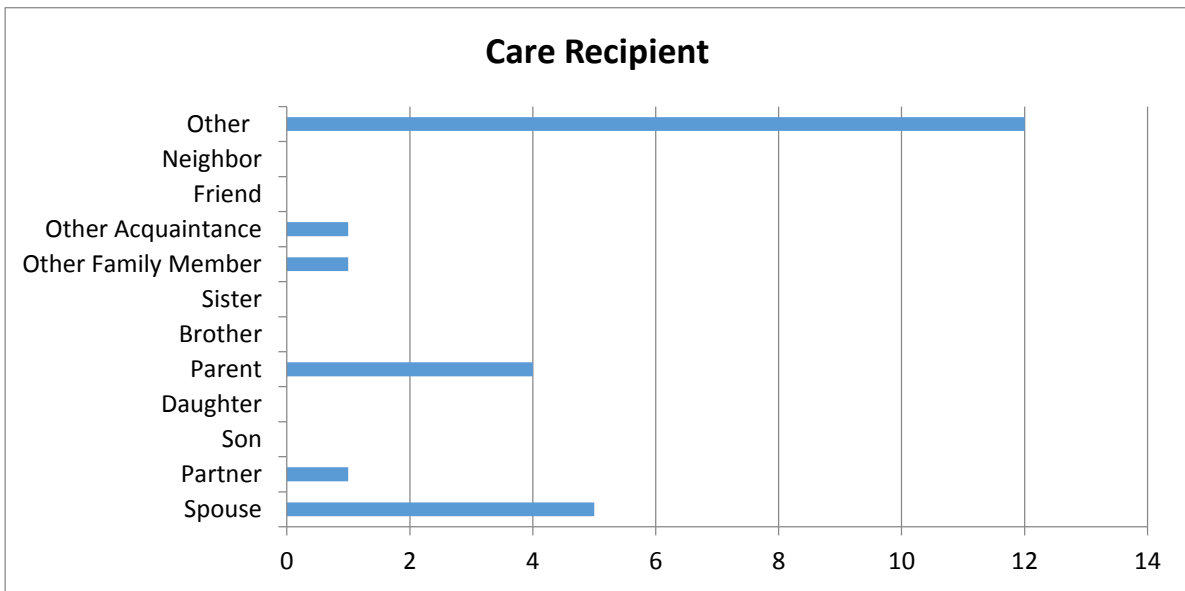


\*The Ranking Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

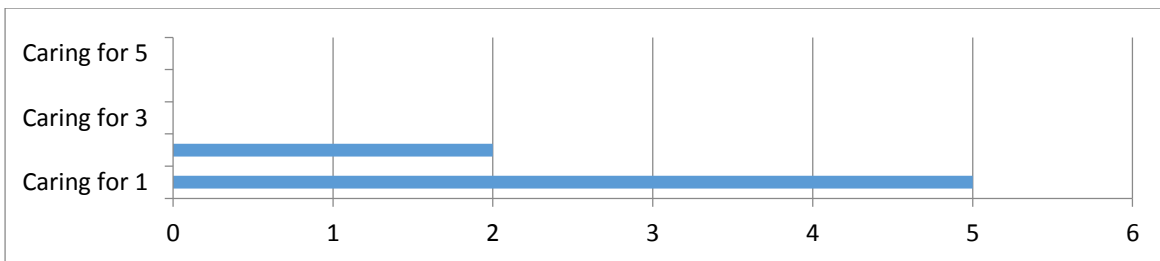
25. Are you currently providing care for one or more persons because of injury, disability or long-term illness?



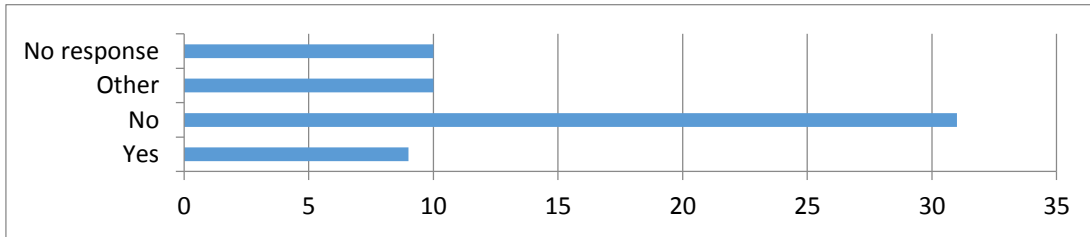
If yes, who are you providing care for? (Select all that apply)



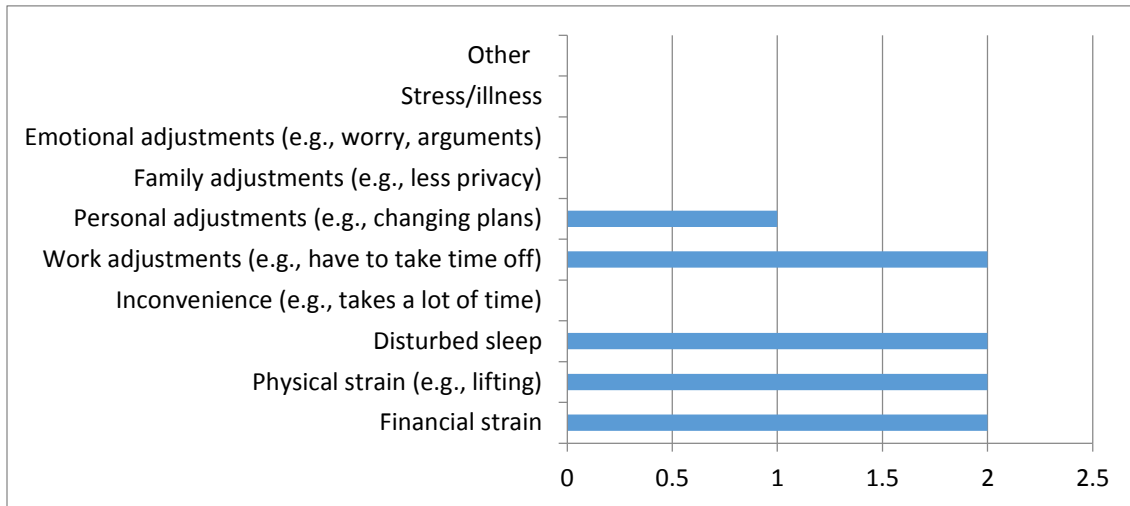
26. What is the total number of persons you are caring for?



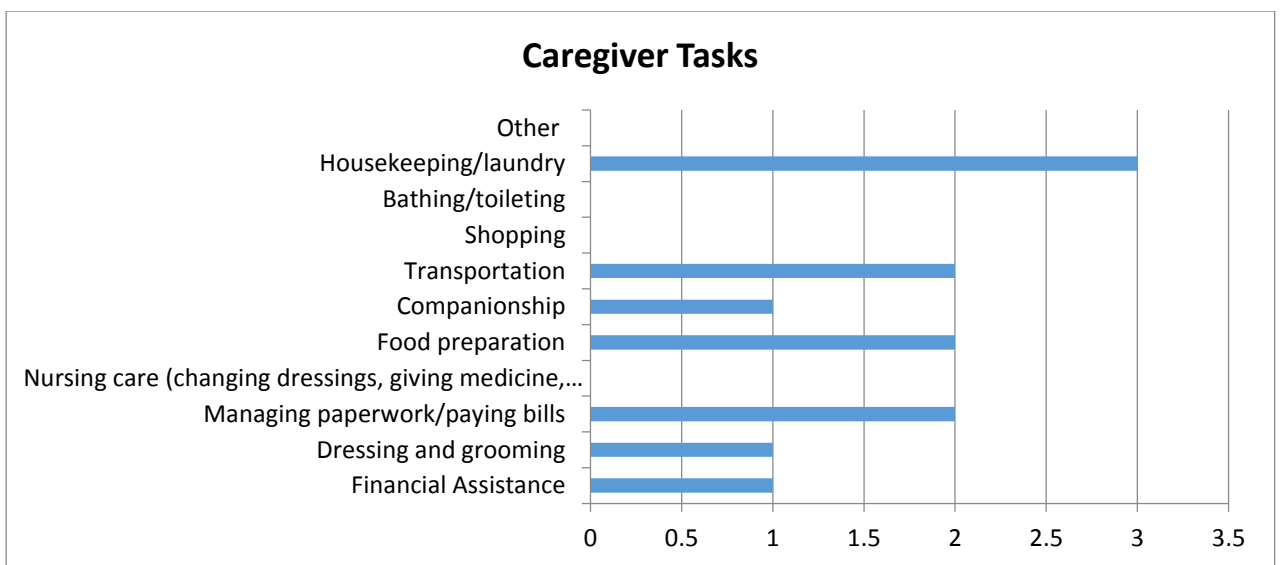
**27. Are you helping because services are unavailable?**



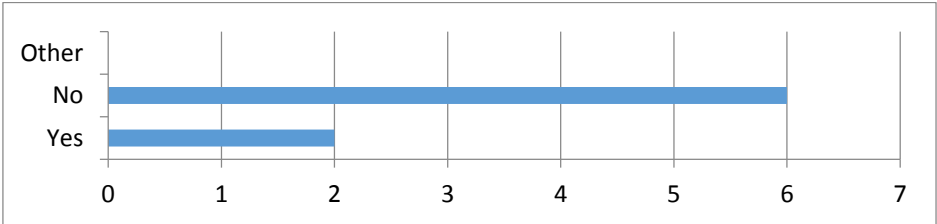
**28. Are you having any difficulties because of the help you are providing? (Select all that apply)**



**29. What kinds of help do you provide? (Select all that apply)**



30. Are there services that would make things easier for you that could be provided to the person you care for?



31. What prevents you from using those services? (Select all that apply)

