

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by

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Executive Summary

The purpose of this project is to develop, administer, and analyze a statewide needs assessment based on the Older Americans Act (OAA) and the Idaho Senior Services Act (SSA). The overall goal of the project is to gain information on the current and future long-term care needs of people in Idaho who are eligible for OAA and SSA services. Results from this assessment will be used to develop the Idaho Commission on Aging's (ICOA) four-year Senior Services State Plan and consequent Area Agency on Aging (AAA) local plans. The Institute of Rural Health at Idaho State University (ISU-IRH) was contracted by ICOA in 2015 to develop and administer the needs assessment, and to analyze and report the results.

The funded OAA and SSA service areas are as follows: information and assistance, home delivered and congregate meals, transportation, homemaker, chore, legal assistance, disease prevention and health promotion, caregiver (which includes respite), ombudsman, adult protection, and case management. To gain a better understanding of an individual's needs, ISU created a needs assessment addressing each of these service areas through a variety of questions. Gaining knowledge about the strengths and weaknesses within each service area will allow ICOA to develop a well-suited program that is able to cater to a variety of individuals. Furthermore, it will help ICOA understand which programs need more support and which programs are successful. The survey also asked participants to consider the needs of others in addition to their own needs. This will help ICOA assess a larger, more diverse population. Survey questions were intended not only to elicit responses for data collection purposes, but also to educate survey participants.

This survey was designed and administered to address a number of issues: (1) estimate the current perception of, need for, and utilization of services for Idaho's aging population, (2) determine the current demand for different types and categories of service, (3) estimate the level of need and demand for services as the population ages and the demographic structure of the population changes over time, and (4) estimate how the changing structure of the aging population will affect need, demand, and the success of services meeting the needs of Idaho's population. The service assessments were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups).

ISU used demographic data from the Idaho Department of Labor to ensure efforts were made to reach the following populations: (1) older individuals with low incomes by county, (2) older individuals who have greatest economic need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), (3) older individuals who have greatest social need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), (4) older individuals at risk for institutional placement by county, and (5) older individuals who are Indians residing in such area.

ISU contracted with Resolution Research, a health-related market research company, to administer the needs assessment survey and mail 1,800 paper surveys to a selected sample of Idaho residents age 50 and older based on target population demographics. Additional survey distribution methods included an online survey and paper surveys provided to Senior Centers upon request. Survey responses were received from each of the six Area Agency on Aging (AAA) regions of Idaho in adequate numbers for analysis by region, with a total of 626 respondents across Idaho. About half of the total responses came from the online version of the needs assessment, with more than a third from the targeted mailings and the rest from Senior Centers.

Findings

The top three current needs most often identified by respondents were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). When asked about specific long-term care services and supports, the largest immediate need is formal chore services which 11% report that they would like to use, followed by disease prevention & health promotion (10%) and legal assistance (8%). More respondents are using informal transportation services (19%) than any other service listed in this needs assessment, followed by congregate meals (17%) and informal

chore services (15%). Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%).

Older respondents are more likely to be using services, while more of the younger respondents would use services in future. Younger respondents are more likely to know others who could benefit from the services. The average difference between wanting and receiving services (would use vs using) ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

For future needs, Information & Assistance and Transportation were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%). This supports the finding from the 2015 No Wrong Door System Assessment Report that Senior Centers, where most congregate meal sites are located, are not the choice for younger seniors.

The survey also identified problems with communication of the availability of services, as nearly half of respondents (47%) were not aware of services provided by the listed agencies and organizations. This result is similar to the 2015 Idaho Senior Capacity (Legal) Assessment in which 42% reported they had not heard of any of the organizations listed that assist people with legal problems. The information resource used most is individuals such as family, friends, or neighbors (84%). Online resources were the next most used (76%) for those under age 80, followed by newspaper, television, and other printed materials (68-70%). For those age 80 and older, Senior Centers (59%) was among the top five resources used, instead of online resources. The 2-1-1 Idaho Careline was rarely used (10%) even though more than 40% of respondents were aware of it. These results are similar to those from the No Wrong Door System report, except for its much lower reported use of online resources. The Idaho Senior Capacity (Legal) Assessment identified the best strategy for notifying seniors of available legal services as newspaper advertisement followed by email, Senior Center, and mail, and also noted that a single strategy is probably not sufficient.

The needs assessment questions were also intended to address specific outcomes identified by ICOA, as listed in the following table. The results are presented as a percentage of all respondents (N=626).

Table 1: Survey Outcomes

Outcomes	Survey Results	Source
Respondents who are aware of available services and agencies	46%	Table 33, Aware, average across all services
Respondents who have access to each type of service	7%	Table 54, Am Using, average across all services
Respondents who qualify for services:		
Percent of respondents with income less than \$20,000	35%	Table 17
Percent of respondents with income less than \$30,000	55%	Table 17
Percent of respondents covered by Medicare/Medicaid	77%	Table 18
Percent of respondents age 65 and older	70%	Age section, page 11
Respondents who use or might use services in the future, including formal and informal supports	37%	Table 54, Am Using + Would Use in Future, average across all services
Both formal and informal services that meet the respondents' needs	7%	Table 54, Am Using, average across all services
Activities in which respondents have interest	78%	Table 20

Recommendations

The findings of this needs assessment clearly identify the urgent need to plan for the provision of resources to meet the emerging needs of the rapidly growing elderly population. The planning needs to be both age and region specific. Considerable regional variability exists in the perceived need and potential demand for specific services. In addition, each region has substantially different capabilities to generate the health, caregiving, transportation, and social services that will be required to meet an increasing demand. Specific recommendations from this needs assessment of long-term care services and supports are provided below.

1. **Provide information about long-term care services and supports through sources that Idaho seniors actually use.** Information & Assistance was both the top current need and the top future need identified by respondents in this needs assessment. Each of the previous survey reports also identified information resources as a significant concern. As stated in the No Wrong Door System Assessment report (2015), it's important that people know what services are available, and for policy makers and others to see the real demand for services in order to adequately fund them. This means that all seniors need to be aware of services and able to ask for what they need, even if the availability of some services is currently limited.
 - a. Less common sources of information should be advertised using the more common sources, for example, running newspaper and television ads for the 2-1-1 Careline or providing local Area Agency on Aging brochures through health care providers, churches, libraries, and Department of Health and Welfare offices.
 - b. Information on services should be targeted to family members and caregivers in addition to seniors.
 - c. Communications tailored for each AAA region may be needed as awareness of services varied somewhat across regions.
 - d. It may be useful to further explore seniors' use of online resources such as specific websites, apps, and emails from agencies and organizations to determine actual usage and perceptions. As the population ages, the vast majority of older adults will be comfortable accessing information online. This can be a very effective information resource if accurate and timely information is provided in easy to use formats.
 - e. Mechanisms should be established to assess if adequate information is being received, for example adding a brief survey on relevant websites, tracking the number of AAA brochures distributed at providers' offices, or asking callers how they found out about an organization.
 - f. A list or registry of available service providers has been recommended previously for specific service areas such as respite care, and may be warranted for other service areas as well. Providing such lists online or printed in newspapers may help improve awareness of and access to these services.
2. **Expand the awareness of available transportation services between agencies and organizations** such that if someone is looking for transportation assistance they can find it, even if the organization they consult with does not provide the service themselves. Informal transportation services were the most commonly used service by respondents, and transportation was ranked as both a top current and future need. Transportation was also a problem for respondents in each of the previous survey reports which addressed it.
 - a. Future research may seek to compare real versus perceived lack of transportation services to determine the optimal response for each region, and to clarify the nature of transportation difficulties such as lack of public transit, confusion of bus routes, long wait times, cost, or lack of information.
3. **Educate Idaho seniors, family members, and caregivers about prevention and the importance of being proactive in addressing minor concerns,** to help prevent more serious health and well-being problems including the future need for legal and other protection services. As stated in the 2015 Idaho Senior Capacity (Legal) Assessment Report, most civil legal problems for older adults

occur relatively infrequently, but when problems do arise, the stakes are often very high and occur at critical times for the individual.

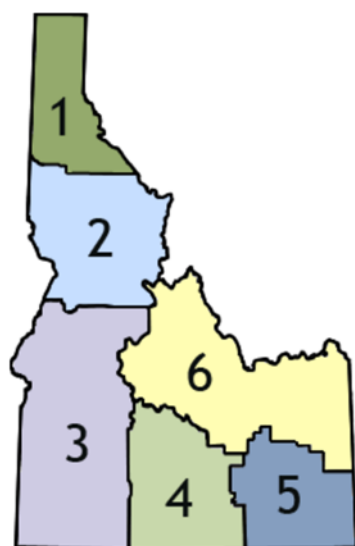
- a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports for many older adults.
 - b. Providing accurate information resources for legal assistance is an important need. The future anticipated need for legal assistance is relatively high (38%) in the current survey, suggesting that some respondents are already aware of potential problems and might be interested in taking action to prevent or mitigate them.
4. **Low-cost services and information regarding other financial assistance options are important for seniors.** More than half of respondents (55%) reported a total household income of less than \$30,000 per year, and 35% reported an income less than \$20,000 per year. These rates were substantially higher for those age 80 and older (78% and 57%, respectively). Affording basic necessities was a problem for 29% of respondents.
 5. **Care coordination and planning services are critical** to help seniors maintain their independence and quality of life. The current systems of long-term care services and supports require substantial effort by both seniors and those assisting them. In many areas, these systems are not currently available or are inadequate. Further development of care coordination and planning services would greatly assist Idaho's growing population of seniors who will require an increasingly broad range of long-term care options and services.

The changes occurring in the structure of Idaho's population, and the perceptions reported in the needs assessment, predict a rapidly increasing need for expanded services. Changes in the organization, financing, and delivery of health services in Idaho are currently beginning to take place in Idaho. For example, Idaho's Statewide Healthcare Innovation Plan (SHIP) is currently under implementation. This CMS grant funded project fosters health system changes to improve access, quality, and outcomes. This program is regionally based to accelerate the expansion of patient centered medical homes that improve care coordination and access to services through the use of community health workers, community health emergency medical services, and expanded telehealth services. The SHIP model will provide health care workforce and communications resources that can be aimed directly at the needs of Idaho's elderly population in both rural and urban areas. All of these will be increasingly critical in meeting the growing demand for services by Idaho's aging population. Comprehensive across-program integration and coordination are especially important in light of the rapid increase in demand generated by a growing incidence in Alzheimer's disease and other forms of dementia.

Background

A target population of Idaho residents age 50 and over was selected across the six Area Agency on Aging (AAA) regions of the state to complete a needs assessment inquiring about their current use of long-term care services and supports, quality of life, current and future needs, and awareness of others who could potentially benefit from these services. A map of the six AAA regions is provided in Figure 1. The needs assessment survey was also made available online in an effort to capture additional responses, and was provided to additional individuals and organizations upon request. This needs assessment was carried out in November 2015, and the results are presented in this report.

Figure 1: Map of Area Agency on Aging (AAA) Regions in Idaho



Contact Information for Local Area Agencies on Aging

Area I	Coeur d'Alene	208-667-3179	www.aging.idaho.gov/aaa/area_1.html
Area II	Lewiston	208-743-5580	www.aging.idaho.gov/aaa/area_2.html
Area III	Meridian	208-332-1745	www.aging.idaho.gov/aaa/area_3.html
Area IV	Twin Falls	208-736-2122	www.aging.idaho.gov/aaa/area_4.html
Area V	Pocatello	208-233-4032	www.aging.idaho.gov/aaa/area_5.html
Area VI	Idaho Falls	208-522-5391	www.aging.idaho.gov/aaa/area_6.html

Idaho's Aging Population

The survey process was designed to yield responses from a representative sample of Idaho's population age 50 years and older in order to provide a basis for estimating the probable changes in need and demand that will occur as the population ages. However, it is important to understand that while age is the primary determining factor for both need and demand, many additional factors are important in optimizing the performance of current service programs and the design of programs to meet future needs. Changes in the Idaho population's proportion of those 65 and over and their estimated health and disability status will have a dramatic impact on the need for services and projected demand. Idaho's population is in the process of undergoing a significant change. U.S. Census figures show that from 2000 to 2010, Idaho's population of those age 65 and over only grew from 11.3% to 12% of the total state population. However, over the twenty year period from 2000 to 2020, the 65 and over age group is projected to grow by 85%, substantially faster than other age groups. The projections for 2030 are even more dramatic with percentage growth (over 2000 figures) of 147% for the 65 plus age group. This demonstrates the important changes in the population age structure and highlights the potential effects on the need for health, social, and supportive services targeted for the elderly.

In interpreting the results of this survey, it is important to remember these population dynamics. The need for specific services, availability of services, access to services, and acceptability of services will all have an effect upon the final demand for services and their utilization. There is considerable geographic and socioeconomic variation in Idaho. Access and utilization are affected by economic, insurance, and geographic factors as well as the availability of a range of services. Table 2 and Table 3 in this report illustrate the demographic variability across Idaho's six AAA regions and aid in interpreting the variation in response to specific questions. In addition, the differences in responses make it possible to identify areas of strength and problem areas in the provision and use of services. This information is instrumental in designing programs and services that are specific to different areas while maximizing the cost-effectiveness of the resources that are now and that may become available.

It is at least equally important to understand that the aggregate responses of younger age groups will vary substantially from those of older age groups in the initial time period of the survey. However, as aging occurs they will more closely mirror those of the older age groups as the health, economic, mobility, and disability factors take a larger role in their lives. Therefore, in planning for future programs it is necessary to carefully look at the needs and demands of the current elderly, estimate the demand generated by a larger and rapidly aging population, and estimate the level of resources that will be required to meet that level of need and demand. Changes in tastes and preferences, communications and adaptive technologies, modes of transportation, and means of financing through private and public insurance and

programs will all have a determining effect on the success of future systems in meeting the needs of the aging population. This demands increased attention to responses that indicate a higher level of currently unmet need. As the population ages it is increasingly likely that even small areas of unmet need or preference may evolve into sizeable gaps as the population grows progressively older. In addition, the number and size of these gaps will vary across areas and will make it more difficult to generate resources to provide services. Program efficiency and effectiveness will be greatly affected by the accuracy of the planning process.

Memory Care: Alzheimer's Disease and other Forms of Dementia

The aging population is differentially affected by Alzheimer's disease and other forms of dementia. While beyond the scope of this survey, it is important to recognize the probable effect of these conditions on the demand for forms and categories of health and long term care of the aging. In Idaho the prevalence of Alzheimer's disease alone is projected to increase 43.5% from 2015-2025. This will greatly increase the cost of community and residential care as well as overall health care. It will also greatly increase the demand for caregiver services, both formal and informal. The impact is currently substantial and will increase greatly in the near future. As noted, the aging of Idaho's population requires a highly flexible, dynamic, and comprehensive plan to anticipate the serious demands and challenges we will face in the coming years.

Survey Methodology

This needs assessment was developed, in part, by reviewing ICOA's Senior Services State Plan for Idaho (2012-2016),¹ the 2012 and 2008 BSU Needs Assessments, the Idaho Caregiver Needs and Respite Capacity Report from 2014, the Idaho Senior Capacity (Legal) Assessment from 2015, and the 2015 No Wrong Door System Assessment report. We also reviewed the Administration for Community Living Performance Outcome Measurement Project (POMP)² as well as other surveys that the ISU-IRH has developed over the past few years.³ This approach allowed ISU to avoid duplication of recent surveys and to re-use or adapt some questions as appropriate. Along with conducting the 2015 statewide needs assessment, ISU also used the previous assessments listed above to inform this final report.

In addition, the ISU-IRH collaborated closely with ICOA staff regarding their expectations for the needs assessment. Demographic information regarding older adults in Idaho was gathered in an effort to fully describe the target population. The needs assessment was developed to collect information regarding current service use, services that participants would like to receive more of, future service use, and whether or not the participant knows of others who would benefit from specific services. Assessment items were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups). Research regarding survey bias, rating scales in survey methodology, statistical analysis, survey distribution, and survey structure was also conducted to ensure the assessment's efficacy and reliability. The ISU-IRH began work in August 2015 to develop the needs assessment survey, in collaboration with ICOA staff, and submitted it to ICOA for review on September 30, 2015. The final needs assessment instrument was approved by ICOA on October 21, 2015.

Survey Distribution

Resolution Research, a health-related market research company, was contracted to administer the needs assessment survey. In the past, the ISU-IRH has utilized Resolution Research to gather and analyze data with great success. Resolution Research provides "end-to-end solutions from problem definition, research

¹ Idaho Commission on Aging. Senior Services State Plan for Idaho, 2012-2016.

http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf

² Administration for Community Living Performance Outcome Measurement Project (POMP).

http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx

³ Real Choices Systems Change Grants for Community Living (Money Follows the Person), 2001-2006; Traumatic Brain Injury State Planning, Implementation, and Implementation Partnership Grants (2000-2018).

design, and data collection to data analysis, reporting and presentation.”⁴ Resolution Research was responsible for identifying the target population across Idaho, administering the survey (paper and online), data collection, and data entry. Once the results were entered, they provided the ISU-IRH with compiled data, frequency counts, and the requested cross-tabulations.

Resolution Research mailed 1,800 paper surveys via the USPS to Idaho residents based on target population demographics. As described in the Sampling Target Population section below, efforts were made to reach lower income and socially isolated individuals across the state, and additional surveys were distributed in some regions to ensure adequate feedback. Upon review of a draft press release on October 26, 2015, ICOA staff suggested that an online version of the needs assessment be made available in addition to the mailed surveys, so that everyone who saw the press release had a way to take the survey if desired. The ISU-IRH and Resolution Research agreed to do this.

The paper surveys were mailed the week of November 9 with a requested return date of November 20, 2015 to allow time for mailing and data entry. However, completed paper surveys were accepted through December 17, 2015. The online survey was available for participants from October 30 to November 30, 2015. Resolution Research provided all data results and frequency tables on December 18, 2015 and additional cross-tabulated results on January 5, 2016.

Sampling Target Population

There are a number of factors affecting an individual’s ability to stay in their own home as they age. For example, older adults who live alone are more likely to need formal long-term care services as they age than those who live with someone else. These risk factors can be evaluated across a population using demographic data. From the scope of work for this needs assessment, the assessment must consider the following risk factors when identifying the target population:

1. The number of older individuals with low incomes by county
2. The number of older individuals who have greatest economic need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
3. The number of older individuals who have greatest social need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
4. The number of older individuals at risk for institutional placement by county
5. The number of older individuals who are Native Americans residing in such area

Detailed demographic data sets by zip code and by age for each of the above risk factors were obtained from the Department of Labor in September 2015, based on data from the American Community Survey 5-Year Estimates: 2009-2013. Table 2 and Table 3 present this demographic data for older adults in Idaho, which corresponds to the 2011 population estimates. Although the target population for the needs assessment was age 50 and older, some of these data sets were only available for age 65 and older as indicated in the tables below. Comparing statewide data to the survey results will allow us to assess whether the information we received reflects the demographics of Idaho.

Table 2: Population of Older Adults in Idaho, by Age and Living Alone

	2011 Total Population	Age 50+	Age 60+	Age 65+	Age 70+	Age 80+	Total Living Alone	Living Alone Age 65+
State	1,583,780	496,622	293,532	204,523	137,080	25,119	138,692	51,540
Area 1	252,401	92,510	52,284	37,213	25,546	5,098	24,958	8,664
Area 2	68,312	29,579	13,848	9,993	6,585	10,646	7,930	3,884
Area 3	700,086	209,053	56,103	39,524	26,089	14,888	61,254	21,895
Area 4	186,524	59,825	33,478	22,586	14,718	16,952	15,783	6,503
Area 5	171,413	53,118	93,271	63,399	42,841	25,119	15,133	5,595
Area 6	205,044	52,537	44,548	31,809	21,302	14,391	13,634	4,999

⁴ Resolution Research. <http://www.resolutionresearch.com/services.html>

Table 3: Population of Older Adults in Idaho, by Income, Race, Rural

	Household income < \$15,000	Household income < \$25,000	Household income < \$35,000	Racial Ethnic Minority	Total Living in Rural	Living in Rural Age 50+	Living in Rural Age 65+
State	72,678	141,752	215,155	347,583	426,831	153,767	67,589
Area 1	13,953	25,862	39,080	28,536	72,288	32,367	13,557
Area 2	3,528	7,659	11,729	9,476	32,258	14,038	6,565
Area 3	30,845	59,248	89,678	168,523	91,393	33,692	16,511
Area 4	8,032	16,834	26,362	63,141	61,465	20,864	11,472
Area 5	8,201	15,871	23,571	37,870	116,526	35,806	12,206
Area 6	8,118	16,277	24,734	40,037	52,901	17,001	7,278

These detailed data sets from the Department of Labor (DOL) were provided to Resolution Research, who analyzed the data by county and then by AAA Region. The top counties in each region, and then the top AAA Regions, were determined for the following criteria: Age, Low Income, Living Alone (age 65+), Living in a Rural Area (age 50+), Minority, Native American, and Limited English Speakers (age 65+). The following table shows the top three AAA Regions for each of these demographic criteria.

Table 4: Top AAA Regions Meeting Demographic Criteria for Persons at Risk

Rank	Age	Low Income	Living Alone, 65+	Rural, 50+	Minority	Native American	Limited English, 65+
1st Highest	Region 1	Region 1	Region 3	Region 3	Region 3	Region 5	Region 3
2nd Highest	Region 5	Region 3	Region 1	Region 1	Region 4	Region 3	Region 4
3rd Highest	Region 2	Region 5	Region 4	Region 5	Region 6	Region 2	Region 5

The number of surveys to be mailed to the target population in each AAA Region was determined based on these combined demographic criteria, as indicated in the table below. In addition, the three regions ranked lowest overall for the combined criteria (Regions 4, 2, and 6) were oversampled to ensure adequate response from each AAA Region. The total number of mailed surveys was 1,800 as described in the previous section.

Table 5: Combined Demographic Criteria and Surveys Mailed per AAA Region

Region	Population Rankings of Demographic Criteria	Surveys Mailed
Region 1	1 st Highest: Oldest Population, Lowest Income 2 nd Highest: Living Alone, Rural 3 rd Highest:	300
Region 2	1 st Highest: 2 nd Highest: 3 rd Highest: Oldest Population, Native American	225
Region 3	1 st Highest: Living Alone, Rural, Minority, Limited English 2 nd Highest: Low Income, Native American 3 rd Highest:	450
Region 4	1 st Highest: 2 nd Highest: Minority, Limited English 3 rd Highest: Living Alone	250
Region 5	1 st Highest: Native American 2 nd Highest: Oldest Population 3 rd Highest: Low Income, Rural, Limited English	350
Region 6	1 st Highest: 2 nd Highest: 3 rd Highest: Minority	225

Press Releases

A press release was drafted for distribution through Idaho State University's Marketing & Communications office, to raise awareness of the needs assessment and encourage those who received it to complete the

survey and send it back. The first press release announcing the assessment and its purpose, and providing the URL to take the online version (discussed below), was sent out on October 30, 2015. An updated press release was distributed on November 17, 2015 to encourage additional responses. This second press release generated wider media coverage including both radio and TV spots. Both press releases are provided in Appendix A.

Distribution list for first press release:

- Media in eastern Idaho and Treasure Valley, from ISU Marketing & Communications:
 - Newspapers: Sho-Ban News, Post-Register, Idaho Statesman, Idaho Press Tribune, Meridian Press, Valley Times, Idaho State Journal, Power County Press 4
 - TV news stations: Blackfoot Morning News, Channel 8, Channel 12 TV, KTVB, KIVI, KBOI
 - Radio: Boise State Public Radio
- AAA directors, from ICOA
- ISU New Knowledge Adventures: 177 adults enrolled for Fall semester in the Treasure Valley and over 500 members in the Pocatello area. This is a joint initiative between AARP and ISU offering classes for people age 50 and over.
- AARP Idaho posted on their website
- Other email lists as deemed appropriate by the above recipients

Distribution list for second press release:

- Idaho media, from ISU Marketing & Communications as listed above
 - Two television segments explaining the needs assessment appeared on KPVI News Channel 6 in Pocatello and one on KIDK Channel 3 in Idaho Falls
- AAA directors, from ICOA
- AARP Idaho posted on their Facebook page (9,000 people access this page, primarily women over 65)
- Executive Director of the Idaho Health Care Association
- The Lewiston Community Action Partnership, in conjunction with the North-central Idaho Area Agency on Aging, produced a radio ad encouraging community members' participation in the Statewide Needs Assessment
- An article announcing the survey appeared in *News and Notes Online*, an electronic newsletter released to approximately 3,500 faculty and staff members of Idaho State University

Online Survey

At ICOA's request, the paper survey was converted to an online survey in an effort to broaden the total number of potential respondents without significantly increasing the cost. The online version was also intended to enable participation by those interested individuals who heard about the needs assessment but did not receive one in the mail, or those who simply prefer to use online surveys. The online survey contained the same questions used in the paper survey and was expected to take the same amount of time for an individual to complete. The online survey substantially increased the number of total responses to the needs assessment, as described in the Response Rates section.

Additional Survey Distribution

Project staff mailed paper copies of the needs assessment to senior centers upon request, and instructed them to return all of the completed surveys in a single packet to Resolution Research, at their own cost. In this way, we were able to track which responses came from the senior centers. A couple of Senior Centers requested a copy of the PDF file so they could print their own copies for people to complete, rather than waiting for mailed copies to arrive.

The needs assessment was also emailed as a PDF file to ISU New Knowledge Adventures members so they could choose whether to take it online or print and return the survey by mail.

Response Rates

The online version of the needs assessment was clearly an important addition to the overall project as about half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers. Further details of the results by survey source are presented near the end of this report.

Table 6: Responses by Survey Source

	Respondents	% of Total
All Sources	626	100%
Targeted Mailings	226	36%
Senior Centers	95	15%
Online	305	49%

The next table shows the response rate for the targeted mailings (13%).

Table 7: Response Rate for Surveys Mailed to Target Population

	Responses by Mail	Surveys Mailed	Response Rate
State	226	1,800	13%
Area 1	50	300	17%
Area 2	40	225	18%
Area 3	45	450	10%
Area 4	36	250	14%
Area 5	31	350	9%
Area 6	24	225	11%

The breakdown of responses by source per AAA Region is presented in the following figure and table. Responses were received from senior centers in five of the AAA Regions, but only three of the regions had a significant proportion of senior center respondents (19-28%). Online responses were at least a quarter of all responses in each region, and were as high as two-thirds of all responses in Region 3.

Figure 2: Survey Source by AAA Region

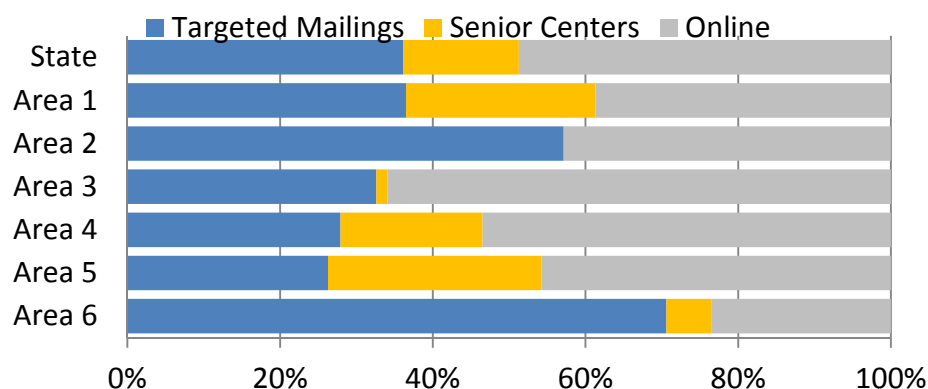


Table 8: Total Respondents by Region and Survey Source

	Respondents	% of Total	Mailed Responses	Senior Center Responses	Online Responses	Total
State	626	100%	36%	15%	49%	100%
Area 1	137	22%	36%	25%	39%	100%
Area 2	70	11%	57%	0%	43%	100%
Area 3	138	22%	33%	1%	66%	100%
Area 4	129	21%	28%	19%	53%	100%
Area 5	118	19%	26%	28%	46%	100%
Area 6	34	5%	71%	6%	24%	100%

Survey Results: Statewide and by Region

All survey results are presented as a percentage of respondents for ease of comparison between subgroups of data such as AAA regions. The number of respondents (N) is specified for each set of data so that the raw numbers can be calculated if desired. Note that the percentages may not add up to exactly 100% due to rounding in these tables. For those questions where multiple responses were allowed, the total may be more than 100%.

Demographics

In order to develop strategies to meet the needs of a diverse population, information regarding the respondent's birth year, gender, zip code, veteran status, race/ethnicity, household composition, employment status, household income, and insurance coverage were assessed. These questions will help target specific populations with greater needs.

Age

Overall, the age of respondents was well distributed, with about one-third in each of the 60-69 and 70-79 age ranges and half that in each of the 50-59 and 80-89 age ranges. Relatively few responses were received from those age 90 or older. Seventy percent (70%) of all respondents were age 65 and older. For each AAA region, the distribution was similar except for Regions 3 and 4 which had more respondents on the younger end of the target population.

Table 9: Age of Respondents

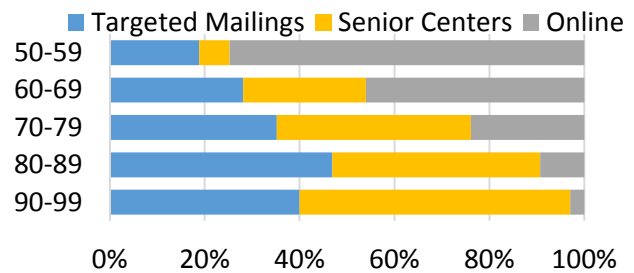
Age	50-59	60-69	70-79	80-90	90-99	Total
State (N=626)	14%	36%	32%	15%	3%	100%
Area 1 (N=137)	7%	35%	37%	19%	2%	100%
Area 2 (N=70)	13%	34%	36%	14%	3%	100%
Area 3 (N=138)	20%	40%	28%	11%	1%	100%
Area 4 (N=129)	23%	34%	26%	11%	5%	100%
Area 5 (N=118)	10%	35%	36%	18%	2%	100%
Area 6 (N=34)	12%	32%	32%	21%	3%	100%

The age distribution varied somewhat by survey source as shown in the table and figure below. For example, most of those age 50-59 responded via the online survey (82%), while most respondents age 80 or older responded via the targeted survey mailings (about 60%). The overall response numbers were similar for these two age groups (14% and 18% respectively of the total respondents), despite the different survey sources.

Table 10: Survey Source Distribution, by Age

Age	Targeted Mailings	Senior Centers	Online	Total
50-59	15%	2%	82%	100%
60-69	28%	11%	61%	100%
70-79	42%	20%	38%	100%
80-89	60%	24%	16%	100%
90-99	59%	35%	6%	100%

Figure 3: Survey Source Distribution, by Age



Looking at the results from each survey source separately, 29% of both the targeted mailing and Senior Center respondents were age 80 or older, but only 5% of online respondents were age 80 or older. Most Senior Center respondents (72%) were age 70 or older, whereas only 30% of online respondents were age 70 or older.

Table 11: Age Distribution, by Survey Source

Age	50-59	60-69	70-79	80-89	90-99	Total
All Respondents	14%	36%	32%	15%	3%	100%
Targeted Mailings	6%	27%	37%	25%	4%	100%
Senior Centers	2%	25%	43%	23%	6%	100%
Online	25%	45%	25%	5%	0%	100%

Gender and Veteran Status

About two-thirds of respondents were female, and 16% identified as veterans. It is not unusual for more women to respond to surveys than men, as seen here where 52% of Idaho’s population age 50 and older are female yet 67% of respondents identified as female.

Table 12: Gender and Veteran Status of Respondents

	Female	Male	Veteran
State (N=626)	67%	33%	16%
Area 1 (N=137)	64%	36%	20%
Area 2 (N=70)	67%	33%	20%
Area 3 (N=138)	68%	32%	15%
Area 4 (N=129)	68%	32%	16%
Area 5 (N=118)	68%	32%	14%
Area 6 (N=34)	76%	24%	12%

Race and Ethnicity

Few respondents identified as racial or ethnic minorities, similar to the target population in Idaho. While this question was optional, there was a 96% response rate from all survey respondents.

Table 13: Race and Ethnicity

Region	White/Caucasian	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	Other	Hispanic/Latino
State (N=626)	94%	2%	1%	0%	1%	1%	1%
Area 1 (N=137)	90%	4%	2%	0%	2%	1%	1%
Area 2 (N=70)	96%	0%	0%	0%	0%	4%	0%
Area 3 (N=138)	96%	2%	1%	1%	0%	1%	1%
Area 4 (N=129)	95%	2%	0%	1%	1%	1%	3%
Area 5 (N=118)	93%	1%	2%	1%	3%	1%	2%
Area 6 (N=34)	94%	0%	3%	0%	0%	3%	0%

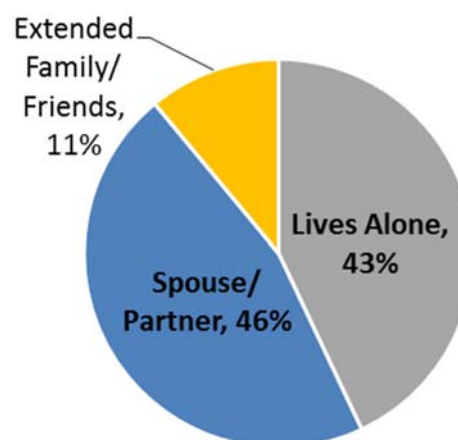
Household Composition

Older adults who live alone have a higher risk of not being able to stay in their homes as they age. A full 43% of survey respondents live alone, while 46% live with their spouse/partner and possibly others. About 11% of respondents live with some combination of extended family and friends but not a spouse or partner. Only one individual reported living with a paid caregiver and no one else.

Table 14: Household Composition, by AAA Region

Region	Spouse or Partner	Extended Family/Friends (No Spouse/ Partner)	Lives Alone
State (N=626)	46%	11%	43%
Area 1 (N=137)	42%	9%	49%
Area 2 (N=70)	39%	20%	41%
Area 3 (N=138)	50%	12%	38%
Area 4 (N=129)	47%	10%	43%
Area 5 (N=118)	52%	5%	43%
Area 6 (N=34)	35%	12%	53%

Figure 4: Household Composition



Living Alone and Age 65 and Older

Nearly 80% of those who reported living alone are age 65 or older. Considering only this age group, the percentage of respondents who live alone is significantly higher than that of Idaho's population age 65 and older (49% compared to 25% for the state), as shown in Table 15. The Idaho population percentages are calculated from the DOL data in Table 2. Area 3 has the highest percentage of people age 65 and older who live alone (55%), followed by Area 2 with 39% of those age 65 and older living alone. However since Area 2 has the smallest total population, it only has 8% of all Idahoans age 65 and older who live alone. The most respondents age 65 and older who live alone were from Area 1 (26%), not from Area 3 which has the highest population distribution of people in this category (42%).

Table 15: Age 65 and Older Who Live Alone, Idaho's Population Compared to Respondents

Region	% Living Alone of Idaho Population Age 65+	% Living Alone of Respondents Age 65+	Distribution of Idaho Population 65+ Living Alone	Distribution of Respondents 65+ Living Alone
State	25%	49%	100%	100%
Area 1	23%	51%	17%	26%
Area 2	39%	48%	8%	12%
Area 3	55%	44%	42%	18%
Area 4	29%	50%	13%	18%
Area 5	9%	47%	11%	19%
Area 6	16%	58%	10%	7%

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

Region	Working full-time	Working part-time	Volunteer	Not employed or volunteering at this time
State (N=626)	20%	12%	17%	51%
Area 1 (N=137)	9%	9%	18%	63%
Area 2 (N=70)	26%	11%	19%	44%
Area 3 (N=138)	19%	13%	18%	50%
Area 4 (N=129)	36%	9%	13%	42%
Area 5 (N=118)	14%	15%	23%	47%
Area 6 (N=34)	15%	12%	0%	74%

Household Income

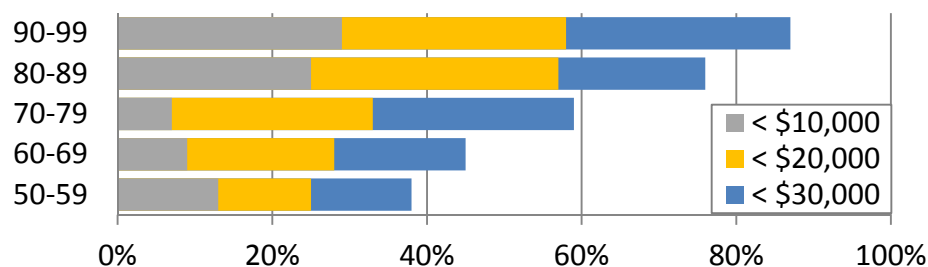
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below \$20,000 (35%) than that reported by Idaho DOL data which indicates that only 14% of Idaho's population makes less than \$25,000 per year. Note that the comparative state data reflects the entire population of Idaho rather than the survey's target audience of those aged 50 and older.

Table 17: Estimated Household Income, by AAA Region

Region	Less than \$10,000	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	Over \$50,000
State (N=626)	12%	23%	20%	10%	11%	24%
Area 1 (N=137)	12%	31%	15%	12%	12%	18%
Area 2 (N=70)	11%	27%	27%	7%	6%	21%
Area 3 (N=138)	12%	13%	23%	10%	11%	30%
Area 4 (N=129)	13%	21%	17%	8%	12%	29%
Area 5 (N=118)	13%	21%	16%	10%	14%	26%
Area 6 (N=34)	9%	26%	35%	9%	15%	6%

The distribution of household income also varied with age. More than 75% of those age 80 and older reported a household income of less than \$30,000 per year, and more than half in this age group had an income of less than \$20,000. In contrast, only 38% of those age 50-59 reported income less than \$30,000 per year.

Figure 5: Household Income by Age



Insurance Coverage

Nearly all respondents (96%) had some form of health insurance, mostly Medicare (69%) and/or private health insurance (58%). Multiple responses were allowed for this question.

Table 18: Type of Insurance Coverage, by AAA Region

Region	Medicare (for those over age 65 or disabled)	Veterans Affairs (VA)	Medicaid (for those with low income)	Private health insurance	None	I don't know
State (N=626)	69%	9%	8%	58%	4%	0%
Area 1 (N=137)	78%	12%	12%	51%	4%	0%
Area 2 (N=70)	66%	11%	13%	60%	7%	1%
Area 3 (N=138)	65%	9%	7%	55%	6%	0%
Area 4 (N=129)	58%	6%	4%	68%	2%	1%
Area 5 (N=118)	74%	7%	9%	59%	4%	1%
Area 6 (N=34)	76%	6%	3%	59%	3%	0%

Quality of Life

Quality of life indicates an individual's general well-being in terms of health and happiness. This may involve physical health, mental health, personal environment, social belonging, leisure activities, and overall ability to enjoy activities that are important to the individual. Most survey respondents (80%) reported a good or very good quality of life, with only 5% reporting poor or very poor.

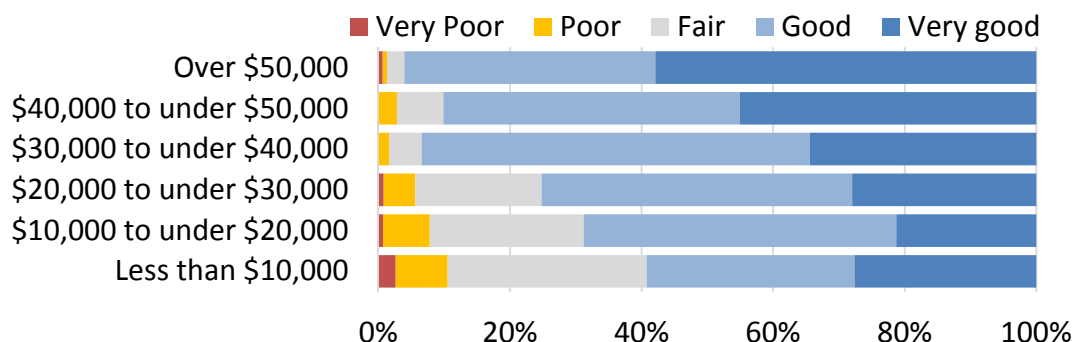
Table 19: Overall Quality of Life

Region	Very Good	Good	Fair	Poor	Very Poor
State (N=626)	36%	44%	15%	4%	1%
Area 1 (N=137)	33%	46%	15%	6%	0%
Area 2 (N=70)	31%	43%	16%	9%	1%
Area 3 (N=138)	37%	40%	20%	3%	0%
Area 4 (N=129)	47%	41%	9%	2%	2%
Area 5 (N=118)	36%	48%	11%	4%	1%
Area 6 (N=34)	21%	53%	24%	3%	0%

Quality of Life and Household Income

More than half of respondents (54%) have a household income less than \$30,000 as shown earlier in Table 17, yet 80% of respondents reported a good or very good quality of life. Even for the 12% of respondents with very low income (less than \$10,000), nearly 60% report that their overall quality of life is good or very good (Figure 6). Significantly more respondents in the lower three income levels reported a "fair" quality of life than those in the top three income levels.

Figure 6: Quality of Life Compared to Household Income



Participation in Activities

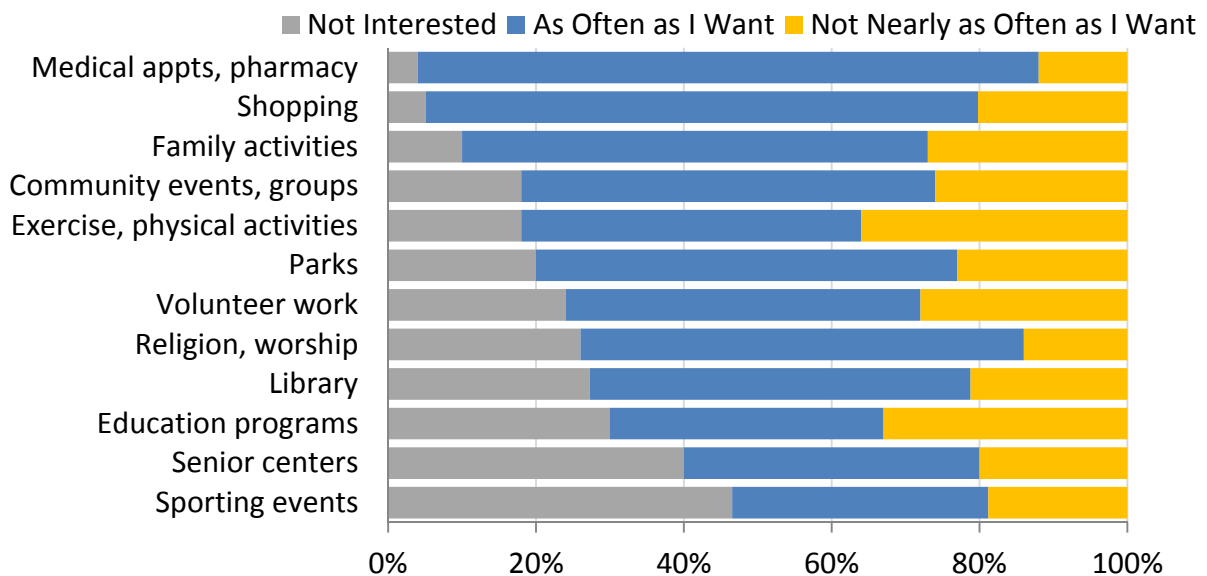
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested" column in the table

below (in italics) is the sum of the first two columns. Nearly 80% of respondents were interested in participating in these activities on average, although for specific activities the interest level ranged from 53% (sporting events) to 96% (medical appointments). Two-thirds of respondents (67%) were unable to participate in one or more activities as much as they wanted, and 45% were unable to participate in three or more desired activities. For example, about one-third of respondents reported that they are unable to attend education programs or take part in exercise or other physical activities as much as they want. Only 30% of respondents were not interested in participating in three or more of these activities.

Table 20: Participation in Activities, All Respondents

State (N=626)	As Often as I Want	Not Nearly as Often as I Want	Not Interested	<i>Interested</i>
Community events, groups	56%	26%	18%	82%
Sporting events	35%	19%	47%	53%
Volunteer work	48%	28%	24%	76%
Education programs	37%	33%	30%	70%
Exercise, physical activities	46%	36%	18%	82%
Family activities	63%	27%	10%	90%
Library	51%	21%	27%	73%
Medical appts, pharmacy	84%	12%	4%	96%
Parks	57%	23%	20%	80%
Religion, worship	60%	14%	26%	74%
Senior centers	40%	20%	40%	60%
Shopping	74%	20%	5%	95%
<i>Average</i>	54%	23%	22%	78%

Figure 7: Participation in Activities, Ordered by Level of Interest



Results are presented for each response option by AAA region in the next three tables. Most respondents reported that they were able to attend medical appointments (84%) and go shopping (74%) as often as they wanted.

Table 21: As Often as I Want, I Go to or Participate in the Following Activities

As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	56%	62%	47%	46%	59%	65%	44%

As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Sporting events	35%	28%	40%	32%	42%	38%	24%
Volunteer work	48%	44%	53%	42%	57%	47%	44%
Education programs	37%	29%	30%	38%	50%	41%	18%
Exercise, fitness, physical activities	46%	46%	41%	46%	50%	46%	44%
Family activities	63%	61%	54%	59%	67%	67%	79%
Library	51%	56%	44%	56%	50%	51%	32%
Medical appointments and pharmacy	84%	85%	79%	84%	84%	85%	85%
Parks	57%	59%	44%	58%	60%	57%	62%
Religion, worship	60%	58%	61%	53%	65%	63%	59%
Senior centers	40%	43%	36%	27%	50%	50%	21%
Shopping	74%	80%	66%	71%	75%	76%	76%

Lack of ability to participate as much as desired can lead to social isolation, which is a known risk factor for aging adults who want to remain in their own homes. Barriers to participation in desired activities may include issues such as physical ability, transportation, financial limitations, or depression. About one-third of respondents reported that they are unable to attend education programs and to exercise or take part in other physical activities as much as they want. About one-fourth reported that they do not participate in community events or groups, volunteer work, or family activities as much as they want.

Table 22: Not Nearly as Often as I Want, I Go to or Participate in the Following Activities

Not Nearly as Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	26%	24%	30%	34%	26%	18%	21%
Sporting events	19%	18%	14%	22%	20%	14%	21%
Volunteer work	28%	34%	19%	34%	26%	25%	21%
Education programs	33%	37%	37%	36%	26%	30%	41%
Exercise, fitness, physical activities	36%	38%	36%	37%	36%	34%	35%
Family activities	27%	26%	33%	31%	29%	22%	12%
Library	21%	18%	29%	22%	28%	12%	29%
Medical appointments and pharmacy	12%	12%	20%	13%	9%	12%	9%
Parks	23%	20%	29%	26%	22%	23%	15%
Religion, worship	14%	12%	19%	14%	13%	14%	12%
Senior centers	20%	23%	23%	18%	21%	14%	24%
Shopping	20%	15%	29%	22%	22%	17%	21%

A number of respondents reported that they were not interested in participating in particular activities. For example, nearly half said they were not interested in attending sporting events, and 40% were not interested in participating in senior center activities. At least one quarter were not interested in education programs, library, religious worship, or volunteer work.

Table 23: Not Interested in Going to or Participating in the Following Activities

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	18%	14%	23%	20%	16%	17%	35%
Sporting events	47%	54%	46%	46%	38%	47%	56%
Volunteer work	24%	23%	29%	24%	18%	28%	35%
Education programs	30%	34%	33%	26%	24%	30%	41%
Exercise, fitness, physical activities	18%	16%	23%	17%	15%	20%	21%
Family activities	10%	12%	13%	9%	5%	11%	9%
Library	27%	26%	27%	22%	22%	37%	38%
Medical appointments and pharmacy	4%	3%	1%	3%	6%	3%	6%

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Parks	20%	20%	27%	16%	18%	20%	24%
Religion, worship	26%	29%	20%	33%	22%	23%	29%
Senior centers	40%	34%	41%	55%	29%	36%	56%
Shopping	5%	5%	6%	7%	3%	7%	3%

Problems in Last 12 Months

The final quality of life question asked participants to think back over the last 12 months and identify how much of a problem each of the listed items has been for them. Response options were major problem, minor problem, and no problem. As seen in Figure 8 and Table 24, respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%). About a quarter of respondents (24%) reported no problems in any of these areas, 44% reported only minor problems, 30% reported both major and minor problems, and fewer than 2% reported only major problems. These results are consistent with the overall quality of life question which 80% of respondents reported as good or very good.

Figure 8: Problems over the Last 12 Months

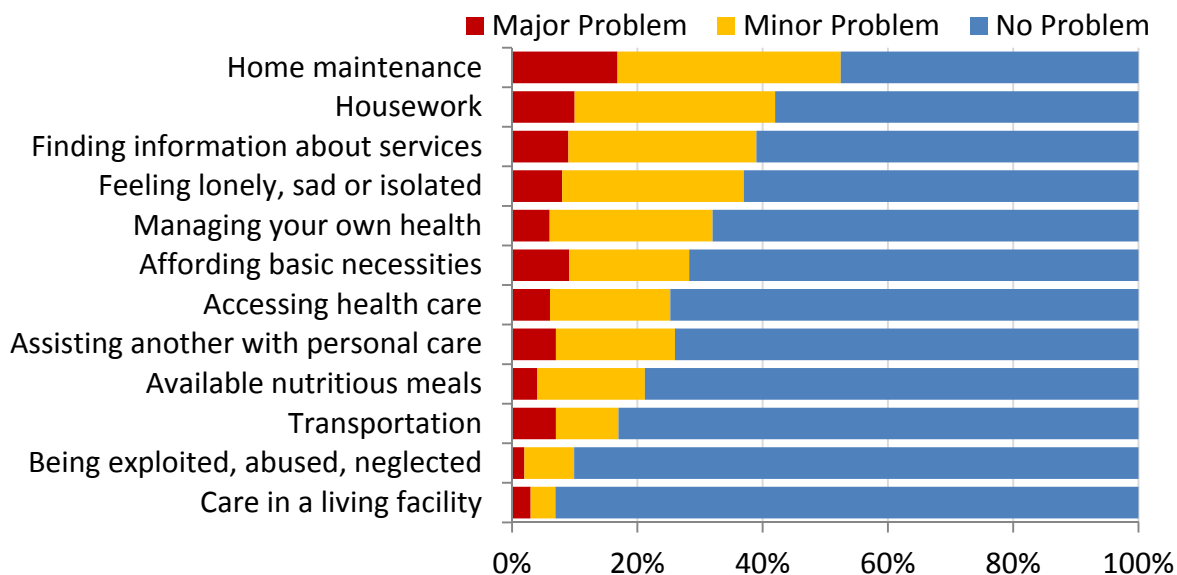


Table 24: Problems over the Last 12 Months

State (N=626)	Major Problem	Minor Problem	No Problem
Home maintenance	17%	36%	48%
Housework	10%	32%	58%
Finding information about services	9%	30%	61%
Feeling lonely, sad or isolated	8%	29%	63%
Managing your own health	6%	26%	68%
Affording basic necessities	9%	19%	71%
Accessing health care	6%	19%	74%
Assisting another with personal care	7%	19%	74%
Available nutritious meals	4%	17%	78%
Transportation	7%	10%	83%
Being exploited, abused, neglected	2%	8%	91%
Care in a living facility	3%	4%	94%

Results are presented for each response option by AAA region in the next three tables. Nearly one-third of respondents (31%) reported at least one major problem. The biggest problems were home maintenance (17%), housework (10%), finding information (9%), and affording basic necessities (9%). Transportation was also a major problem for 16% of respondents in Region 2, and feeling lonely, sad, or isolated was a major problem for 12-16% of respondents in Regions 2 and 6.

Table 25: Major Problems over the Last 12 Months

Major Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	4%	4%	9%	1%	4%	5%	6%
Housework	10%	9%	13%	9%	10%	6%	15%
Home maintenance	17%	14%	23%	19%	16%	16%	15%
Accessing health care	6%	4%	11%	8%	5%	5%	6%
Transportation	7%	6%	16%	7%	6%	5%	3%
Care in nursing or assisted living facility	3%	2%	7%	2%	2%	3%	0%
Feeling lonely, sad or isolated	8%	8%	16%	5%	6%	8%	12%
Finding information about services and supports	9%	5%	20%	9%	8%	6%	15%
Being exploited, abused or neglected	2%	1%	4%	1%	1%	1%	3%
Assisting another individual with personal care	7%	4%	10%	7%	8%	5%	6%
Managing your own health	6%	5%	10%	5%	7%	7%	3%
Affording basic necessities such as groceries, gas, medications, utilities	9%	11%	14%	7%	11%	3%	15%

About a third of respondents reported minor problems with home maintenance and housework, and 25% to 30% reported minor problems with finding information about services and supports, feeling lonely or isolated, and managing their own health. Overall, 74% of respondents reported at least one minor problem in the last twelve months.

Table 26: Minor Problems over the Last 12 Months

Minor Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	17%	18%	20%	20%	12%	16%	24%
Housework	32%	27%	37%	40%	22%	40%	26%
Home maintenance	36%	36%	34%	42%	26%	37%	41%
Accessing health care	19%	23%	29%	15%	16%	19%	21%
Transportation	10%	7%	11%	15%	7%	10%	15%
Care in nursing or assisted living facility	4%	7%	9%	1%	2%	3%	6%
Feeling lonely, sad or isolated	29%	32%	30%	33%	22%	31%	21%
Finding information about services and supports	30%	32%	27%	32%	25%	36%	21%
Being exploited, abused or neglected	8%	4%	8%	12%	8%	8%	6%
Assisting another individual with personal care	19%	19%	20%	17%	19%	20%	24%
Managing your own health	26%	26%	27%	38%	16%	24%	24%
Affording basic necessities such as groceries, gas, medications, utilities	19%	17%	19%	25%	16%	22%	15%

Only 24% of respondents reported no problems in all of these areas. For each specific area, the majority of respondents did not report any problems over the past twelve months, except for home maintenance where just under half reported no problems.

Table 27: No Problems over the Last 12 Months

No Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	78%	78%	71%	79%	84%	79%	71%
Housework	58%	64%	50%	51%	68%	54%	59%
Home maintenance	48%	50%	43%	39%	58%	47%	44%
Accessing health care	74%	72%	60%	77%	79%	76%	74%
Transportation	83%	88%	73%	78%	87%	85%	82%
Care in nursing or assisted living facility	94%	91%	84%	96%	97%	95%	94%
Feeling lonely, sad or isolated	63%	60%	54%	62%	72%	61%	68%
Finding information about services and supports	61%	63%	53%	59%	67%	58%	65%
Being exploited, abused or neglected	91%	95%	86%	87%	91%	92%	91%
Assisting another individual with personal care	74%	77%	70%	76%	73%	75%	71%
Managing your own health	68%	69%	63%	57%	78%	69%	74%
Affording basic necessities such as groceries, gas, medications, utilities	71%	72%	67%	69%	73%	75%	71%

Long-Term Care Services and Supports

Information and Assistance

This service area provides information regarding local long-term care resources. These questions aim to find out whether participants are aware of services available from various agencies and organizations and to discover the most effective advertising media and educational sources.

Use of Information Resources

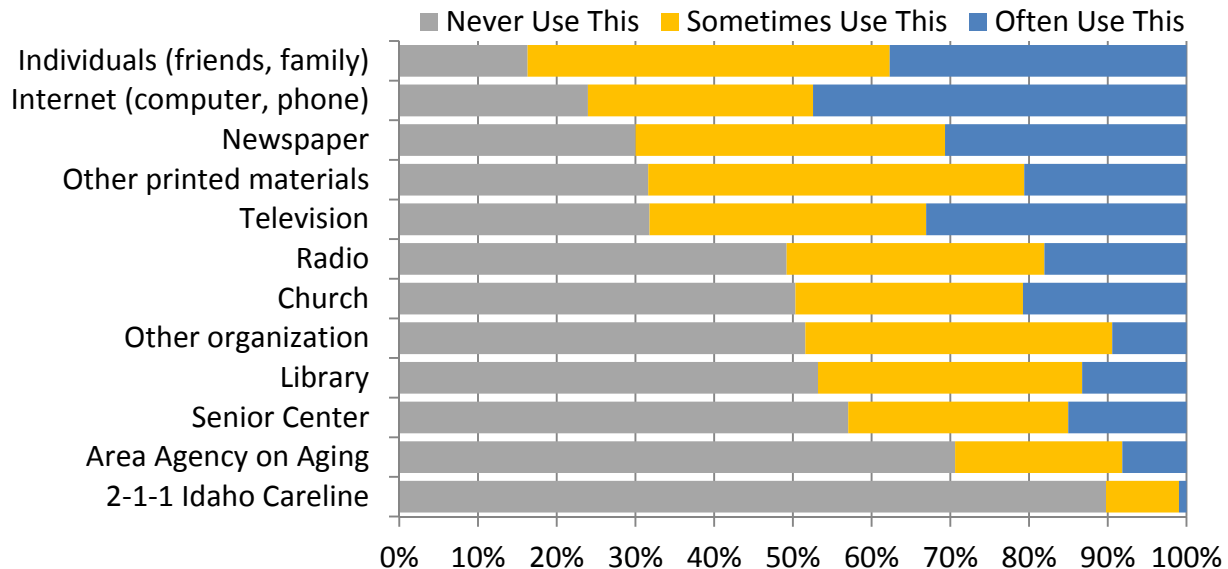
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources by age group). Conversations with friends, family, and other individuals are an important source of information for most people, as 84% of respondents used this resource either often or sometimes. Online resources were the next most commonly used, with 76% of respondents reporting that they often (47%) or sometimes (29%) access these resources via a computer, tablet, or cell phone. Although about the same number (68-70%) get relevant information from television, newspaper, or other printed resources, the split is more evenly divided between often use and sometimes use for television and newspaper than it is for online resources, while other printed materials are often used by only 21% of respondents. The 2-1-1 Idaho Careline was rarely used (10% often or sometimes) and the local AAA was used by only 29% of respondents (often or sometimes). Fewer than 6% of respondents reported never using any of these resources to find out about services and supports for seniors.

Table 28: Use of Information Resources

Source	Often	Sometimes	Never
Area Agency on Aging	8%	21%	71%
2-1-1 Idaho Careline	1%	9%	90%
Senior Center	15%	28%	57%
Church	21%	29%	50%
Library	13%	34%	53%
Other organization	9%	39%	52%
Individuals (family, friends, neighbors)	38%	46%	16%
Radio	18%	33%	49%
Television	33%	35%	32%
Newspaper	31%	39%	30%

Source	Often	Sometimes	Never
Other printed materials	21%	48%	32%
Computer, tablet, or cell phone (internet)	47%	29%	24%

Figure 9: Use of Resources to Find Long-Term Care Services and Supports



Results by AAA region, as well as the statewide results shown above, are presented in the next three tables below.

Table 29: Often Use These Information Resources to Find Out about Services and Supports

Often Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	8%	7%	9%	4%	15%	9%	0%
2-1-1 Idaho Careline	1%	2%	0%	1%	0%	2%	0%
Senior Center	15%	20%	4%	5%	22%	21%	6%
Church	21%	23%	16%	16%	22%	25%	24%
Library	13%	20%	11%	12%	8%	16%	9%
Other organization	9%	13%	4%	8%	9%	12%	3%
Individuals (family, friends, neighbors)	38%	46%	29%	32%	39%	39%	38%
Radio	18%	20%	14%	20%	16%	16%	26%
Television	33%	39%	33%	29%	30%	32%	41%
Newspaper	31%	40%	31%	27%	23%	32%	29%
Other printed materials	21%	26%	19%	17%	16%	24%	21%
Computer, tablet or cell phone (internet)	47%	50%	41%	52%	45%	46%	44%

Table 30: Sometimes Use These Information Resources to Find Out about Services and Supports

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	21%	26%	27%	17%	22%	19%	15%
2-1-1 Idaho Careline	9%	7%	11%	12%	14%	3%	6%
Senior Center	28%	30%	31%	22%	28%	32%	24%
Church	29%	28%	37%	25%	35%	26%	18%
Library	34%	31%	31%	36%	40%	29%	32%
Other organization	39%	46%	37%	38%	33%	44%	26%

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Individuals (family, friends, neighbors)	46%	42%	43%	54%	47%	44%	41%
Radio	33%	30%	41%	30%	33%	33%	32%
Television	35%	29%	30%	41%	41%	33%	29%
Newspaper	39%	35%	40%	41%	47%	36%	35%
Other printed materials	48%	47%	43%	55%	49%	45%	38%
Computer, tablet or cell phone (internet)	29%	29%	30%	30%	32%	25%	18%

Table 31: Never Use These Information Resources to Find Out about Services and Supports

Never Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	71%	67%	64%	80%	63%	72%	85%
2-1-1 Idaho Careline	90%	91%	89%	87%	86%	95%	94%
Senior Center	57%	50%	64%	73%	50%	47%	71%
Church	50%	48%	47%	59%	43%	49%	59%
Library	53%	50%	57%	52%	53%	55%	59%
Other organization	52%	41%	59%	54%	58%	44%	71%
Individuals (family, friends, neighbors)	16%	12%	29%	14%	14%	17%	21%
Radio	49%	50%	44%	50%	51%	51%	41%
Television	32%	32%	37%	30%	29%	35%	29%
Newspaper	30%	25%	29%	33%	30%	32%	35%
Other printed materials	32%	27%	39%	28%	35%	31%	41%
Computer, tablet or cell phone (internet)	24%	20%	29%	18%	23%	29%	38%

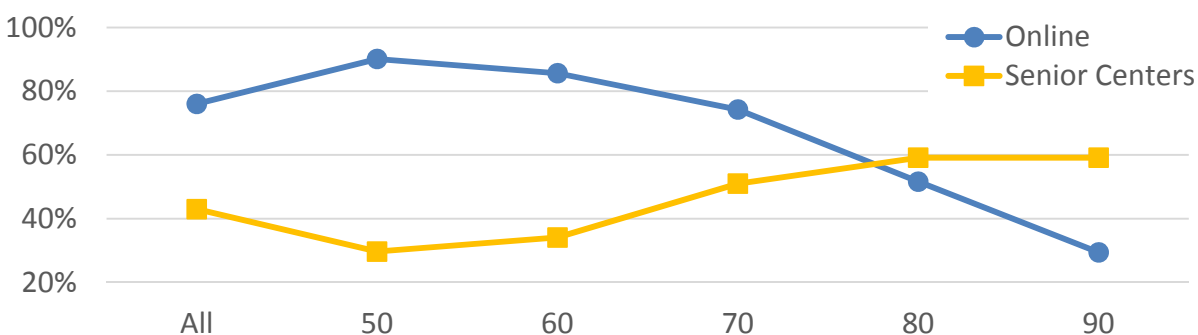
Use of Information Resources by Age

Conversations with friends, family, and other individuals are the most commonly used source of information for all age groups of respondents (80-90%), except for those age 60-69 who were slightly more likely to use online resources (86% vs 84%). The top five most important resources also included newspaper, television, and other printed materials for all age groups, with usage ranging from 59% to 74% as seen in Table 32. For those age 80 and older, Senior Centers was among the top five information resources, while online resources were among the top five (in fact, the top two) for those under age 80. The variation by age group for these two resources is illustrated in Figure 10.

Table 32: Information Resources Used by Age

Use Often or Sometimes	All	50-59	60-69	70-79	80-89	90-99
Individuals	84%	90%	84%	80%	84%	84%
Newspaper	70%	69%	71%	69%	73%	59%
Other printed materials	68%	66%	74%	66%	65%	65%
Television	68%	67%	65%	70%	74%	65%
Online	76%	90%	86%	74%	52%	29%
Senior Centers	43%	30%	34%	51%	59%	59%

Figure 10: Information Resources Used by Age



Awareness of Services Provided

The second question in this section asked about respondents’ awareness (and use) of services provided by the Area Agency on Aging, 2-1-1 Idaho Careline, and Senior Centers as well as other agencies and organizations. Results for all respondents are presented in Table 33 and Figure 11. Response options were aware of the services, have used the services, and not aware of and have never used the services. While more than one response option was allowed for this question, only a few respondents who have used a particular service also reported that they were aware of it.

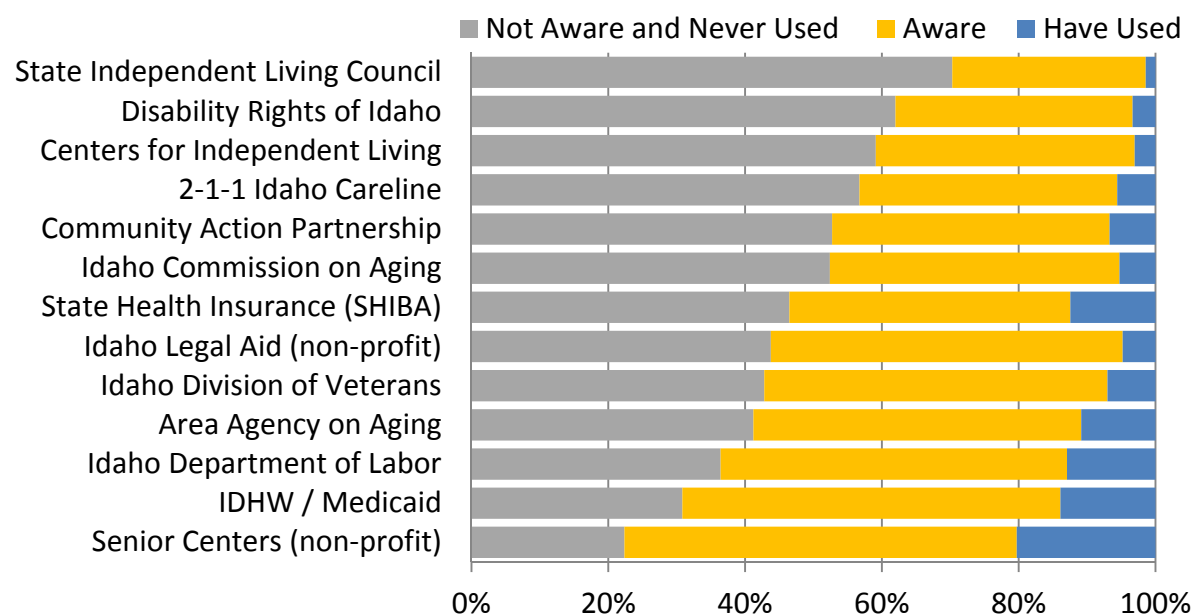
On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example, 62% of respondents are aware of services provided by Senior Centers but only 28% are aware of those provided by the State Independent Living Council.

Table 33: Awareness and Use of Services Provided, All Respondents (N=626)

Agency/Organization	Aware	Have Used	Not Aware and Never Used
2-1-1 Idaho Careline	39%	6%	57%
Area Agency on Aging	51%	11%	41%
Idaho Commission on Aging	44%	5%	52%
Centers for Independent Living	38%	3%	59%
Disability Rights of Idaho	35%	3%	62%
Idaho Department of Health and Welfare/Medicaid	58%	14%	31%
Idaho Department of Labor	53%	13%	36%
State Independent Living Council	28%	1%	70%
State Health Insurance Benefits Advisors (SHIBA)	45%	12%	46%
Idaho Division of Veterans Services	51%	7%	43%
Idaho Legal Aid (non-profit)	52%	5%	44%
Community Action Partnership (non-profit)	41%	7%	53%
Senior Centers (non-profit)	62%	20%	22%
Average	46%	8%	47%

As shown in Figure 11, more than half of respondents were not aware of services provided by six of these organizations: State Independent Living Council, Disability Rights of Idaho, Centers for Independent Living, 2-1-1 Idaho Careline, Community Action Partnership, and Idaho Commission on Aging.

Figure 11: Awareness and Use of Services Provided from Agencies and Organizations



Results by AAA Region, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables.

Table 34: Have Used the Services that Each Agency or Organization Provides

Have Used Services	State	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	6%	4%	6%	9%	7%	3%	3%
Area Agency on Aging	11%	7%	17%	4%	19%	13%	0%
Idaho Commission on Aging	5%	3%	4%	3%	11%	7%	0%
Centers for Independent Living	3%	5%	0%	2%	5%	2%	3%
Disability Rights of Idaho	3%	4%	6%	2%	3%	3%	0%
Idaho Department of Health and Welfare / Medicaid	14%	14%	20%	9%	13%	17%	15%
Idaho Department of Labor	13%	15%	11%	12%	16%	13%	6%
State Independent Living Council	1%	2%	0%	1%	3%	1%	0%
State Health Insurance Benefits Advisors (SHIBA)	12%	15%	11%	8%	13%	16%	6%
Idaho Division of Veterans Services	7%	7%	6%	7%	9%	5%	9%
Idaho Legal Aid (non-profit)	5%	6%	6%	2%	5%	5%	6%
Community Action Partnership (non-profit)	7%	8%	20%	1%	10%	3%	0%
Senior Centers (non-profit)	20%	24%	16%	9%	24%	31%	6%

If a respondent has used the services from a particular agency or organization, then they must also be aware of those services. A few respondents marked both of these options. For analysis purposes, the data presented in Table 35 and in Figure 11 have been corrected to remove these duplicate responses.

Table 35: Aware of the Services that Each Agency or Organization Provides

Aware of Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	39%	42%	44%	36%	47%	33%	18%
Area Agency on Aging	51%	51%	50%	44%	64%	50%	29%
Idaho Commission on Aging	44%	45%	39%	43%	55%	38%	24%
Centers for Independent Living	38%	39%	30%	30%	58%	34%	24%
Disability Rights of Idaho	35%	42%	36%	25%	47%	31%	21%
Idaho Department of Health and Welfare / Medicaid	58%	56%	51%	57%	65%	56%	53%
Idaho Department of Labor	53%	50%	43%	53%	62%	54%	38%
State Independent Living Council	28%	31%	24%	20%	40%	28%	15%
State Health Insurance Benefits Advisors (SHIBA)	45%	47%	36%	43%	55%	43%	26%
Idaho Division of Veterans Services	51%	50%	47%	52%	59%	51%	32%
Idaho Legal Aid (non-profit)	52%	51%	57%	47%	61%	53%	32%
Community Action Partnership (non-profit)	41%	41%	50%	28%	57%	38%	26%
Senior Centers (non-profit)	62%	58%	63%	63%	66%	62%	62%

Table 36: Not Aware of and Have Never Used the Services that Each Agency or Organization Provides

Not Aware of and Have Never Used Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	57%	55%	53%	59%	46%	64%	79%
Area Agency on Aging	41%	42%	33%	54%	21%	44%	71%
Idaho Commission on Aging	52%	52%	57%	56%	36%	58%	76%
Centers for Independent Living	59%	57%	70%	68%	37%	64%	74%
Disability Rights of Idaho	62%	53%	61%	73%	50%	67%	79%
Idaho Department of Health and Welfare / Medicaid	31%	31%	33%	36%	23%	31%	35%
Idaho Department of Labor	36%	35%	47%	38%	25%	36%	56%
State Independent Living Council	70%	66%	76%	79%	57%	71%	85%
State Health Insurance Benefits Advisors (SHIBA)	46%	42%	54%	54%	35%	45%	68%
Idaho Division of Veterans Services	43%	43%	47%	43%	34%	44%	62%
Idaho Legal Aid (non-profit)	44%	43%	39%	51%	35%	43%	62%
Community Action Partnership (non-profit)	53%	52%	33%	71%	33%	59%	74%
Senior Centers (non-profit)	22%	22%	21%	30%	16%	18%	32%

Congregate and Home Delivered Meals

This service area provides meals served in a community setting and/or at least one meal per day in the home. Additionally, it provides participants with nutrition counseling, education, and other nutrition services. Only a small percentage of respondents (2%) currently use home delivered meals, although twice that number would like to use them and 33% would use them in future. Table 38 shows a relatively high percentage of respondents are currently using congregate meals (17%), but this is largely due to those respondents who participated in the needs assessment at a Senior Center (59% of those respondents reported using congregate meals, compared to about 10% of respondents from other

sources). In general, respondents indicated a preference for home delivered meals in the future (33%) rather than congregate meals (24%). More also reported knowing others who could benefit from home delivered meals (23%) than from congregate meals (17%).

Table 37: Nutrition Services: Home Delivered Meals

Home Delivered Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	2%	2%	1%	1%	2%	2%	3%
I would like to use this	4%	4%	4%	5%	2%	3%	3%
I don't use this	56%	58%	54%	52%	57%	58%	53%
I would use this in future	33%	31%	26%	43%	29%	35%	29%
I know others who could benefit from this	23%	19%	27%	19%	30%	21%	24%

Table 38: Nutrition Services: Congregate Meals

Congregate Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	17%	23%	19%	6%	22%	23%	6%
I would like to use this	4%	4%	3%	6%	3%	3%	3%
I don't use this	51%	47%	51%	59%	47%	49%	62%
I would use this in future	24%	23%	21%	31%	25%	22%	18%
I know others who could benefit from this	17%	13%	19%	18%	21%	16%	18%

Homemaker Services

This service area provides participants with assistance with services related to the home such as meal preparation, medication management, shopping, light housework, and bathing/washing. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. More respondents are using informal homemaker services than formal ones (11% vs 4%). However, more would like to use formal services (7%). About one-third of respondents would use these services in the future, with a few more willing to use formal homemaker services (34%) than informal services (28%).

Table 39: Formal Homemaker Services

Formal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	4%	3%	3%	7%	4%	2%	3%
I would like to use this	7%	9%	13%	9%	3%	5%	6%
I don't use this	54%	55%	44%	50%	58%	58%	59%
I would use this in future	34%	34%	41%	38%	25%	36%	18%
I know others who could benefit from this	19%	15%	23%	20%	22%	14%	24%

Table 40: Informal Homemaker Services

Informal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	11%	9%	17%	14%	7%	8%	15%
I would like to use this	4%	6%	6%	5%	2%	4%	3%
I don't use this	54%	55%	47%	46%	62%	57%	47%
I would use this in future	28%	26%	31%	34%	20%	31%	24%
I know others who could benefit from this	17%	12%	17%	22%	17%	19%	21%

Chore Services

This service area provides participants with household maintenance services such as pest control and minor house repairs. More respondents are using informal chore services than formal ones (15% vs 3%), although more respondents would like to use formal chore services than informal ones (11% vs 6%). Similarly, more would use formal chore services in future (32%) than informal ones (28%).

Table 41: Formal Chore Services

Formal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	3%	3%	7%	1%	2%	3%	3%
I would like to use this	11%	11%	11%	15%	6%	11%	9%
I don't use this	56%	53%	43%	55%	63%	59%	53%
I would use this in future	32%	37%	43%	34%	23%	31%	24%
I know others who could benefit from this	16%	11%	21%	19%	19%	14%	18%

Table 42: Informal Chore Services

Informal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	15%	12%	20%	17%	12%	13%	29%
I would like to use this	6%	8%	6%	6%	2%	9%	6%
I don't use this	50%	47%	39%	50%	57%	54%	41%
I would use this in future	28%	35%	34%	26%	22%	27%	18%
I know others who could benefit from this	16%	9%	17%	20%	19%	15%	15%

Transportation

This service area provides patrons with transportation to essential services such as social services, medical, health care, and meal programs. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. The tables below show that informal transportation services are used nearly four times as often as formal services (19% vs 5% for all respondents). More respondents are using informal transportation services (19%) than any other service included in this needs assessment.

Table 43: Formal Transportation Services

Formal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	5%	4%	10%	7%	5%	3%	0%
I would like to use this	5%	7%	3%	8%	2%	4%	3%
I don't use this	59%	55%	54%	59%	60%	65%	56%
I would use this in future	33%	35%	33%	38%	27%	32%	24%
I know others who could benefit from this	19%	16%	24%	18%	22%	15%	21%

Table 44: Informal Transportation Services

Informal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	19%	20%	26%	23%	15%	14%	15%
I would like to use this	2%	4%	1%	3%	1%	3%	0%
I don't use this	50%	48%	44%	49%	52%	54%	47%
I would use this in future	31%	31%	34%	32%	28%	31%	24%
I know others who could benefit from this	17%	13%	19%	20%	19%	14%	15%

Legal Assistance

This service area provides participants with legal advice, counseling, or representation. Overall, only 2% of respondents use these services, including 6% of the respondents from Region 6 and none from Region 3. A higher percentage (8%) would like to use these services. However, nearly 40% indicated that they would use these services in future, which is the highest result for any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 45: Legal Assistance Services

Legal Assistance Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	2%	3%	1%	0%	1%	3%	6%
I would like to use this	8%	12%	7%	12%	3%	4%	3%
I don't use this	56%	47%	50%	58%	66%	55%	53%
I would use this in future	38%	42%	40%	39%	29%	43%	29%
I know others who could benefit from this	16%	10%	20%	21%	19%	10%	12%

Disease Prevention and Health Promotion Programs

This service area promotes programs for improving health through health screenings, assessment, and organized fitness activities. Fifteen percent of respondents are using these programs, 10% would like to use them, and 33% would use these programs in future. Respondents in Region 3 indicated significantly more interest (43%) in future use of these services than those in other regions.

Table 46: Disease Prevention and Health Promotion Programs

Disease Prevention & Health Promotion Programs	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	15%	15%	16%	14%	16%	15%	15%
I would like to use this	10%	12%	11%	11%	5%	12%	9%
I don't use this	47%	45%	44%	46%	50%	49%	41%
I would use this in future	33%	31%	34%	43%	29%	29%	24%
I know others who could benefit from this	15%	9%	20%	17%	16%	18%	12%

Caregiver Services

This service area provides information, training, decision support, problem solving alternatives, and social supports to better take care of individuals with long-term physical, mental, and/or cognitive conditions. Very few respondents use these services (3%) and slightly more would like to use them (4%). More respondents in Region 3 would use these services in future (41%) than those in Region 6 (21%). Respondents in Region 1 were much less likely to know others who could benefit (9%) than those in Region 4 (25%).

Table 47: Caregiver Services

Caregiver Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	3%	2%	6%	4%	4%	3%	0%
I would like to use this	4%	4%	4%	4%	2%	4%	3%
I don't use this	58%	64%	47%	54%	59%	62%	56%
I would use this in future	33%	34%	36%	41%	26%	31%	21%
I know others who could benefit from this	17%	9%	21%	17%	25%	14%	24%

Respite Services

This is a specific service within the Caregiver Services area which provides participants with in-home or adult daycare in order to provide relief to caregivers. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. Only 1% of respondents currently use formal respite services, while 8% use informal respite services. Fewer than 30% of respondents indicated that they would use respite services in future, either formal or informal.

Table 48: Formal Respite Services

Formal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	1%	1%	1%	1%	2%	1%	0%
I would like to use this	3%	4%	3%	3%	3%	3%	0%
I don't use this	65%	69%	54%	67%	60%	67%	76%
I would use this in future	28%	26%	36%	33%	26%	30%	12%
I know others who could benefit from this	15%	9%	20%	15%	22%	11%	15%

Table 49: Informal Respite Services

Informal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	8%	7%	7%	9%	7%	6%	12%
I would like to use this	2%	2%	3%	1%	2%	3%	0%
I don't use this	62%	66%	54%	62%	59%	66%	62%
I would use this in future	26%	25%	29%	30%	22%	27%	18%
I know others who could benefit from this	15%	11%	19%	15%	22%	9%	9%

Ombudsman Services

This service area protects the health, safety, welfare, and rights of long-term care residents. Additionally, the ombudsman service investigates complaints made by or on the behalf of residents with issues such as resident care, quality of life, or facility administration. Only 1% of respondents indicated current use of this service. In Region 2, 7% of respondents would like to use this service, which is noticeably higher than the other regions. A third of all respondents indicated they would use this service in the future, although this ranged from 18% of those in Region 6 to 39% of those in Regions 1 and 3.

Table 50: Ombudsman Services

Ombudsman Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	1%	1%	3%	1%	1%	1%	0%
I would like to use this	2%	2%	7%	1%	2%	2%	0%
I don't use this	64%	61%	57%	62%	66%	71%	65%
I would use this in future	33%	39%	27%	39%	26%	35%	18%
I know others who could benefit from this	15%	10%	24%	12%	22%	8%	18%

Adult Protection Services

This service area safeguards and protects vulnerable adults that are, or are suspected to be, victims of abuse, neglect, self-neglect, or exploitation. Relatively few respondents indicated any current or future need for these services. This service area had the lowest reported needs of any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 51: Adult Protection Services

Adult Protection Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	1%	1%	0%	1%	2%	0%	0%
I would like to use this	2%	0%	1%	4%	2%	2%	0%
I don't use this	74%	70%	76%	77%	70%	75%	85%
I would use this in future	21%	25%	20%	21%	23%	20%	9%
I know others who could benefit from this	13%	12%	19%	10%	19%	12%	6%

Case Management Services

This service area assists individuals in managing their own in-home, long-term care services. Case managers are assigned to assess an individual's independent living needs, develop and implement a service plan, and coordinate and monitor in-home services. The overall use of this service area is quite low (2%). About 27% of respondents indicated that they would use this service in the future, although this ranged from 12% of those in Region 6 to 31% of those in Region 1.

Table 52: Case Management Services

Case Management Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	2%	1%	0%	3%	2%	2%	0%
I would like to use this	2%	1%	4%	2%	2%	3%	0%
I don't use this	68%	65%	61%	73%	66%	70%	74%
I would use this in future	27%	31%	29%	29%	24%	27%	12%
I know others who could benefit from this	15%	13%	20%	14%	22%	9%	18%

Comparison Across All Services

More informal services are being used than formal services, as shown in Table 53 for the four service areas which specifically asked about this. However, more respondents want to use formal services than informal ones, perhaps indicating that they would rather pay for such services than ask for additional assistance from busy family members and friends.

Table 53: Formal and Informal Services

	Using		Want to Use	
	Formal	Informal	Formal	Informal
Homemaker Services	4%	11%	7%	4%
Chore Services	3%	15%	11%	6%
Transportation Services	5%	19%	5%	2%
Respite Services	1%	8%	3%	2%

Table 54 presents the results across all of the different service areas described above for all survey respondents. The service area with the maximum percentage for each response is marked in orange, and the minimum for each is marked in gray. The results show that most respondents do not use Adult Protection Services (74%) and very few would like to use this service now (2%) or in future (21%). About half of the respondents reported that they do not use each of the service areas (average 58%, range from 47% to 74%). On average, about one third of all respondents would use each service area in the future, and 17% of respondents know others who could benefit from each service area.

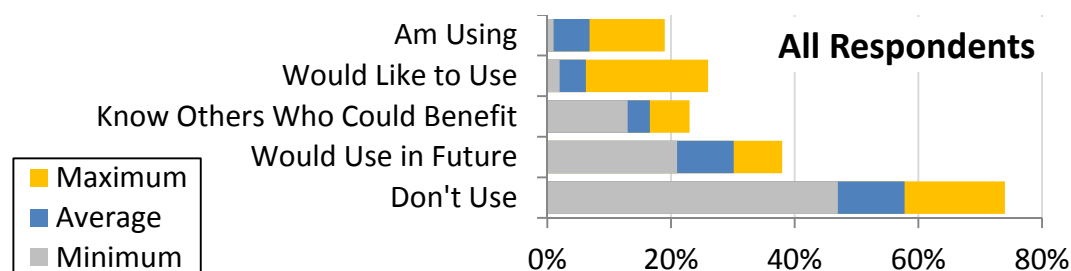
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which 11% report that they would like to use but only 3% currently use.

Table 54: Results for All Service Areas, from All Respondents

All Services, State (N=626)	Am Using	Would Like to Use	Know Others Who Could Benefit	Would Use in Future	Don't Use
Home-Delivered Meals	2%	4%	23%	33%	56%
Congregate Meals	17%	4%	17%	24%	51%
Formal Homemaker Services	4%	7%	19%	34%	54%
Informal Homemaker Services	11%	4%	17%	28%	54%
Formal Chore Services	3%	11%	16%	32%	56%
Informal Chore Services	15%	6%	16%	28%	50%
Formal Transportation Services	5%	5%	19%	33%	59%
Informal Transportation Services	19%	2%	17%	31%	50%
Legal Assistance Services	2%	8%	16%	38%	56%
Disease Prevention/Health Promotion Programs	15%	10%	15%	33%	47%
Caregiver Services	3%	4%	17%	33%	58%
Formal Respite Services	1%	3%	15%	28%	65%
Informal Respite Services	8%	2%	15%	26%	62%
Ombudsman Services	1%	2%	15%	33%	64%
Adult Protection Services	1%	2%	13%	21%	74%
Case Management Services	2%	2%	15%	27%	68%
Average	7%	6%	17%	30%	58%

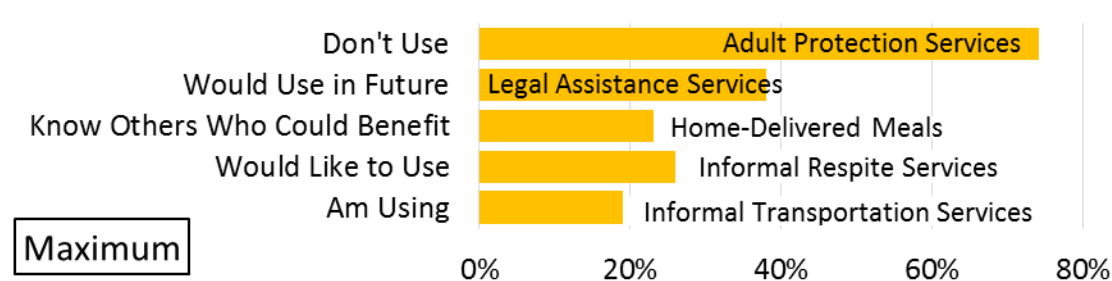
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas



The maximum percentage for each response option, along with its respective service area, is shown in the figure below. These are the same values marked in orange in Table 54 above.

Figure 13: Service Area with Maximum for Each Response Option



Comparison Across Services Areas by Age

Older respondents were more likely on average to be using services than younger respondents, ranging from 13% of those age 90-99 to 3% of those age 50-59. Younger age groups indicated that they would use services in future more than older age groups, from about 35% for those under age 70 down to 19% for those over 90. Younger respondents were also more likely to report knowing others who could benefit

from the services, with the average across all services decreasing steadily from 28% for age 50-59 to 4% for age 90-99. The percentage of respondents who would like to use services was fairly constant across all age groups at 4-6% across all services, increasing to 9% for those age 90 and older. The number of specific service areas which more people would use than are currently using ranged from six (age 80-89) to eleven (age 50-59) of the 16 service areas. However, the average difference between wanting and receiving services ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

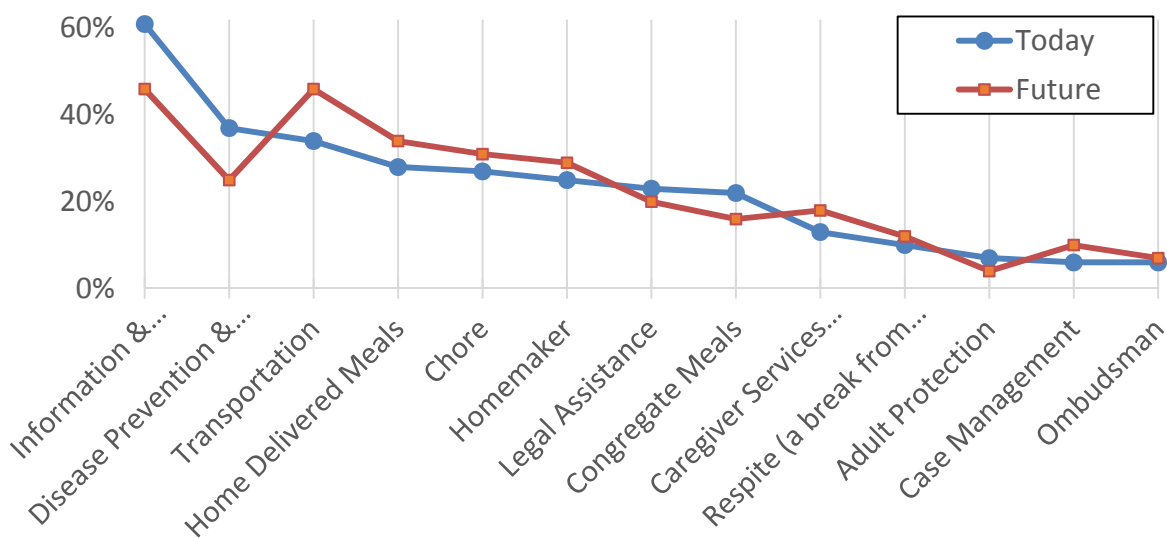
Top Needs for Services

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%). For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Current Needs

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%) as shown by the blue line in Figure 14. Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%).

Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need



As shown in Table 55, the top three current needs selected most often were the same for all AAA regions except for the following:

- Region 4 reported that Home Delivered Meals are more important today than Disease Prevention & Health Promotion Programs (39% vs 30%).
- Region 6 reported that Legal Assistance is more important today and Transportation is less important (35% vs 26%).

The biggest differences between AAA regions for the top three current needs were seen for Home Delivered Meals, Congregate Meals, Disease Prevention & Health Promotions Programs, Information & Assistance, and Legal Assistance. Each of these five service categories had a 15-20 percentage point

spread across the regions. For example, 35% of Region 6 respondents identified legal assistance as a top current need compared to only 19% of Region 4 respondents.

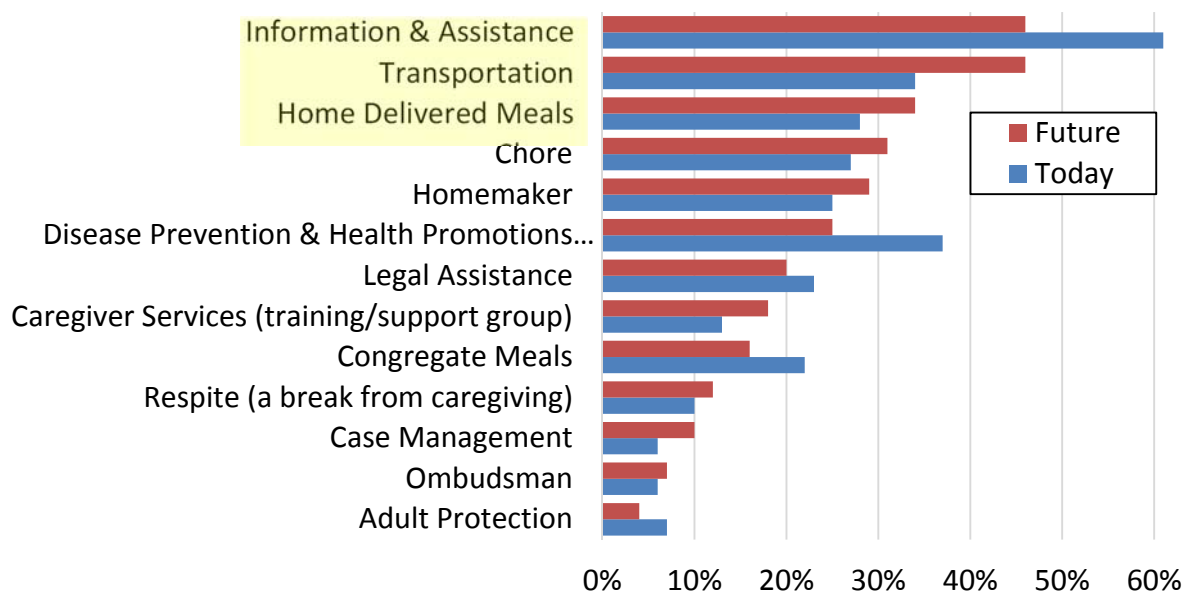
Table 55: Top Three Services that You Think are Most Important to You Today

Top 3 Needs - Today	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	61%	58%	59%	63%	52%	69%	65%
Congregate Meals	22%	26%	20%	11%	29%	27%	12%
Home Delivered Meals	28%	26%	21%	25%	39%	25%	29%
Homemaker	25%	22%	26%	27%	29%	19%	24%
Chore	27%	26%	33%	34%	22%	25%	29%
Transportation	34%	34%	39%	35%	37%	29%	26%
Legal Assistance	23%	25%	24%	21%	19%	25%	35%
Disease Prevention & Health Promotions Programs	37%	39%	36%	36%	30%	42%	47%
Caregiver Services (training/support group)	13%	12%	16%	15%	12%	10%	21%
Respite (break from caregiving)	10%	7%	7%	15%	16%	7%	6%
Ombudsman	6%	10%	7%	9%	2%	5%	0%
Adult Protection	7%	8%	3%	5%	6%	11%	3%
Case Management	6%	8%	10%	4%	6%	6%	3%

Future Needs

For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%) as shown by the red bars in Figure 15. Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Figure 15: Top 3 Needs for Services, Today and in Future, sorted by Future Need



The top three future needs were similar for all regions except for the following:

- Regions 1 and 2 estimated that chore services would be more important to them in the future than home delivered meals (39% and 34% vs 31% and 21% for chore services and home delivered meals, respectively).
- Region 6 estimated that homemaker services would be more important to them in the future than either chore or home delivered meal services (41% vs 29% and 35%).

The biggest differences between AAA regions for the top three future needs were seen for Home Delivered Meals, Disease Prevention & Health Promotions Programs, and Homemaker Services. Each of these three service categories had a 15-20 percentage point spread across the regions. For example, 40% of Region 4 respondents identified home delivered meals as a top future need compared to only 21% of those in Region 2.

Table 56: Top Three Services that You Think are Most Important to You in the Future

Top 3 Needs - Future	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	46%	45%	49%	41%	48%	47%	53%
Congregate Meals	16%	15%	17%	13%	22%	15%	9%
Home Delivered Meals	34%	31%	21%	35%	40%	38%	35%
Homemaker	29%	26%	30%	30%	29%	26%	41%
Chore	31%	39%	34%	32%	25%	27%	29%
Transportation	46%	41%	51%	50%	50%	43%	41%
Legal Assistance	20%	26%	21%	16%	17%	21%	26%
Disease Prevention & Health Promotions Programs	25%	25%	17%	27%	27%	25%	35%
Respite (a break from caregiving)	12%	8%	11%	16%	9%	13%	12%
Caregiver Services (Training/Support Group)	18%	19%	19%	23%	16%	14%	12%
Ombudsman	7%	10%	9%	4%	7%	8%	3%
Adult Protection	4%	4%	3%	3%	3%	9%	0%
Case Management	10%	11%	17%	9%	5%	12%	3%

Results by Respondent Source

As described in the Survey Distribution section, there were three ways that Idaho residents could participate in the needs assessment of older adults. The first method was via paper surveys mailed to a targeted population sample, second was the online survey, and third was paper surveys distributed and collected at Senior Centers. Each response was identified as coming from one of these three sources. About half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers as shown in Figure 2. Selected results for each of these subgroups are presented in the following sections.

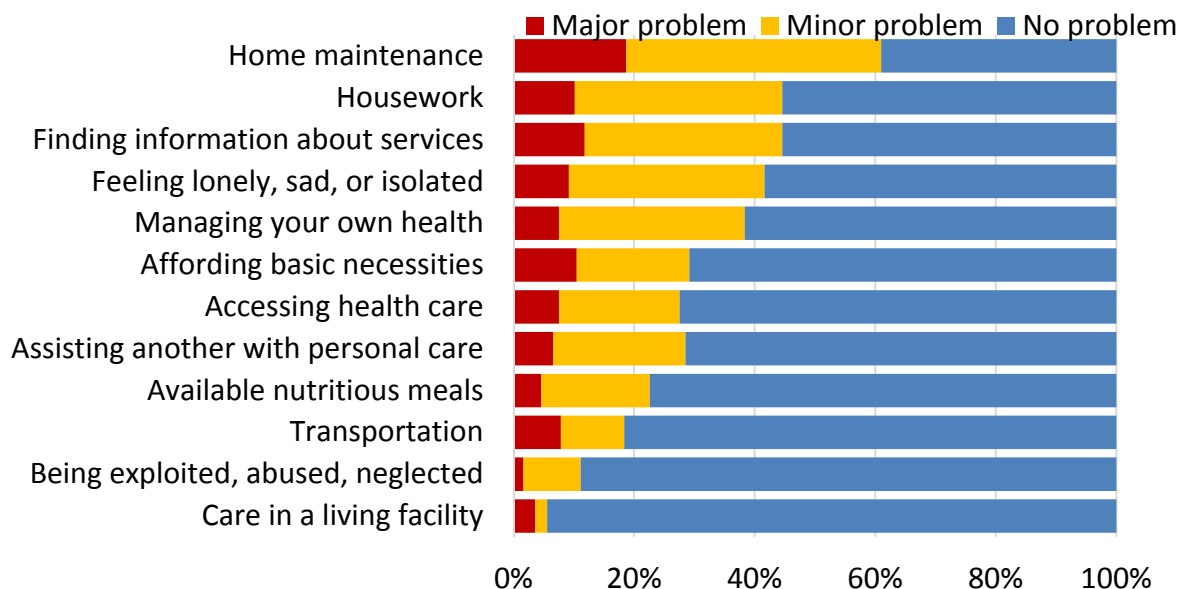
Online Surveys

Those who responded via the online survey tended to be younger, as shown earlier in Figure 3 and Table 11. Fewer online respondents were age 70 or older as compared to all respondents (30% vs 50%). The majority of those under age 70 responded via the online survey: 82% of respondents age 50-59 and 61% of respondents age 60-69.

The online respondents were much less likely to report no interest in participating in the listed activities, by 6% on average. The exception was senior centers for which 6% more of online respondents reported no interest, as compared to all respondents. More online respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 3% across all listed activities.

Online respondents were significantly more likely to report major and/or minor problems over the last 12 months, with an average of 3% fewer respondents who reported no problems across all listed areas. Results from online respondents are presented in the following figure (see Figure 8 for all respondents).

Figure 16: Problems in Last 12 Months, from Online Respondents



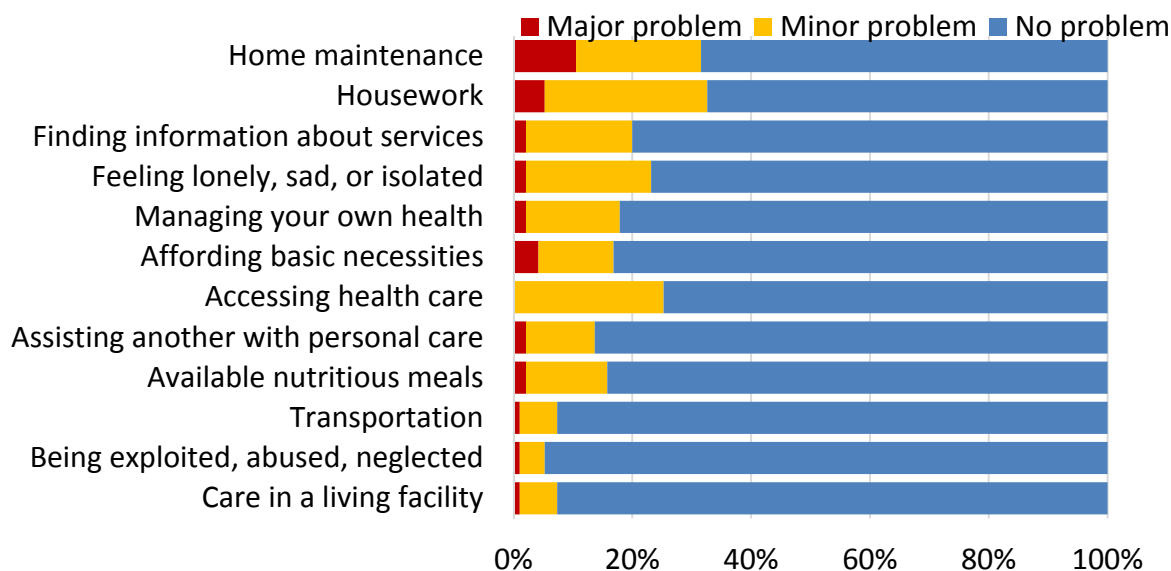
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

The subgroup of Senior Center respondents was more likely to report no interest in the listed activities, by 3% on average. The biggest exception was senior centers for which 26% fewer of this subgroup reported no interest, as compared to all respondents. Fewer of these respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 7% across all listed activities.

Respondents from Senior Centers were much less likely to report major and/or minor problems over the last 12 months. An average of 10% more respondents reported no problems across all listed areas as compared to all respondents, for example with home maintenance (68% vs 48%) and finding information about services (80% vs 61%).

Figure 17: Problems in Last 12 Months, from Senior Center Respondents



More Senior Center respondents reported using congregate meals by nearly a factor of six compared to the respondents from other sources (59% vs about 10%). However, only 11% would use congregate meals in future, compared to 24-29% of respondents from other sources. More respondents from Senior Centers are also using disease prevention and health promotion services (26% vs 15%), but 7% fewer use informal chore services or informal transportation. Overall, respondents from Senior Centers are using more services than all respondents, and reported only three service areas in which more respondents would like to use services than are currently using them (formal homemaker and chore services and legal assistance).

Targeted Mailed Surveys

The subgroup of targeted mailing respondents was much more likely to report no interest in participating in the listed activities, by 7% on average.

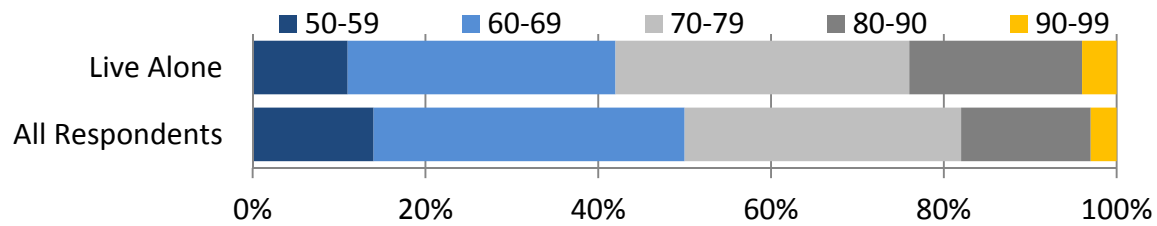
Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

Next we consider only those respondents who reported that they live alone. Living alone is a risk factor for older adults staying in their home as they age. This subgroup represented 43% of all respondents, which is higher than that indicated by population as discussed earlier in the Demographics section (see Table 15). The location of respondents in this subgroup was similar to that of all respondents, except for Region 1 which had a few more and Region 3 which had a few less (3% difference in each).

The age distribution of respondents who live alone is shifted toward the older age groups as compared to that of all respondents combined, as shown in Figure 18 below. Nearly 80% of those who reported living alone are age 65 or older. There were 9% fewer respondents in their 50s and 60s in this subgroup, and about 7% more in their 80s and 90s.

Figure 18: Age of Respondents Living Alone Compared to All Respondents



Of those respondents who live alone, 18% participated from a senior center, 37% participated via the online survey, and the remaining 46% participated through the targeted mailings. Looking at all respondents by source, one-third (33%) of online respondents live alone and about half of senior center (51%) and mail-in (55%) respondents live alone.

Fewer respondents in this subgroup were aware of services provided by most of the agencies and organizations, by as much as 7% compared to all respondents (average 2% difference), except for SHIBA which 2% more of those living alone knew about.

More respondents who live alone reported having major and/or minor problems in the past 12 months. For example, 9% more reported problems with feeling lonely, sad, or isolated than that reported by all respondents combined, and 6% more reported problems with available nutritious meals and finding information about services and supports. Regarding participation in activities, more respondents who live alone reported no interest in many of the listed activities, most differing by 3-6% from that reported by all respondents. The exceptions were religion/worship and community events and groups, which did not differ from that of all respondents, and senior centers which 4% fewer of this subgroup reported as not interested as compared to all respondents.

Additional selected results for this subgroup are compared with results for all respondents in Table 57. For example, significantly more respondents living alone reported an annual household income below \$20,000 (55% vs 34%).

Table 57: Selected Results for Those Living Alone Compared to All Respondents

	Live Alone	All Respondents
Quality of life (good or very good)	75%	80%
Household income < \$30,000	79%	54%
Household income < \$20,000	55%	34%
Working full- or part-time	22%	32%
Medicare and/or Medicaid	85%	77%

Overall, those who live alone were slightly more likely to be using services compared to all respondents. More people reported wanting a service than were currently receiving it for 9 of the 16 service areas included in the needs assessment. Those who live alone were less likely to report knowing others who could benefit from the services, and fewer indicated that they would use services in the future except for home delivered meals and legal assistance. Those who live alone were less likely to select caregiver services or respite care as one of their top three needs now or in the future, by 5-8% for each of these services. They were more likely to select home delivered meals as a top need for the future, by about 6%.

Appendix A: ISU Press Releases Announcing Survey

Idaho State UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

Idaho Commission on Aging seeks feedback to improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others?
What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer.

The Idaho Commission on Aging—in partnership with Idaho State University’s Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

The online assessment can be accessed at www.tinyURL.com/AgingNeeds

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to return the questionnaire is Nov. 20, and results will be posted on the ICOA’s website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

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Idaho State UNIVERSITY

November 19, 2015

Released by Idaho State University, Marketing and Communications

Statewide assessment to improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer. If you have received this survey in the mail, please complete and return it by the end of November.

If you are an Idaho resident age 50 or over and did not receive a survey, you can complete the assessment online at www.tinyURL.com/AgingNeeds

The Idaho Commission on Aging—in partnership with Idaho State University's Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to complete the survey is November 30, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

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Appendix B: Survey Instrument

See the following two PDF files for the final needs assessment survey instrument:

Print version: [ICOA_Needs Assessment_to_print_30Oct15](#)

Online version: [ICOA_Needs_Assessment_Survey_online_version_6Nov15](#)