

NEW YORK STATE OFFICE FOR THE AGING

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TECHNICAL ASSISTANCE MEMORANDUM

Number: 11-TAM-01

Supersedes: 07-TAM-01

DATE: January 25, 2011

TO: Area Agency on Aging Directors

**SUBJECT: Service Needs Assessment
2012 – 2016 Four Year Area Plan on Aging**

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PURPOSE:

This year all Area Agencies on Aging (AAAs) will be developing a new Four Year Plan for the 2012-2016 period. Each Four Year Plan must include a Service Needs Assessment. To help AAAs comply with the planning requirements, the New York State Office for the Aging (NYSOFA) has revised its guidance regarding Service Needs Assessments. This guidance replaces the previously issued 07-TAM-01. In recognition of the time and effort involved in carrying out a Service Needs Assessment, this TAM is being forwarded to AAAs well in advance of other materials associated with the new Four Year Plan.

BACKGROUND:

As part of the preparation and development of its Area Plan, Section 306(a)(1) of the Older Americans Act requires that each AAA determine "the extent of need for supportive services, nutrition services, and multipurpose senior centers" in its Planning and Service Area (PSA).

Section 6653.4 of Title 9 of the New York Code of Rules and Regulations reinforces the Federal requirements by specifying that a needs assessment and resource inventory be completed as part of the process through which AAAs determine priorities, targeting efforts and funding in the next Four Year planning cycle. Section 6653.4 requires that the Area Plan include a needs assessment "based on surveys or interviews conducted by the area agency, records of the area agency, current secondary data from other agencies, public comments at advisory committee meetings and public hearings, analysis of demographic and census data, or other sources approved by the Office."

The Regulations further specify that the needs assessment be "of conditions of elderly people in the area which limit their ability to remain in or return to their homes and to

participate in family and community life, quantifying to the extent practicable the range of current service needs of elderly people in various parts of the area and the extent and magnitude of specific needs, reflecting the unique needs of groups with common ethnic, age, geographic (including, for New York City, specific consideration of each borough), health, or economic characteristics."

AAAs must document the following components of their needs assessment process:

- identification of the needs assessment methodologies used and the rationale for their selection;
- analysis of the data collected and how the AAA determined the priority areas to be addressed in its Area Plan;
- identification in priority order of the areas of need found through the needs assessment process;
- methodology used to reasonably quantify unmet need; and
- description of the Advisory Council's role in the process.

The Service Needs Assessment and resource inventory should provide the following information to assist the AAA and community in developing the Four Year Plan:

- assessment of the conditions of elderly people that limit their ability to remain in or return to their homes and to participate in family and community life;
- quantifications of the extent of the needs of elderly people in various parts of the PSA for supportive services, nutrition services, legal services, and multipurpose senior centers, including the unique needs of groups with common ethnic, age, geographic, health, or economic characteristics;
- identification of the available resources;
- identification of unmet needs; and
- establishment of priorities.

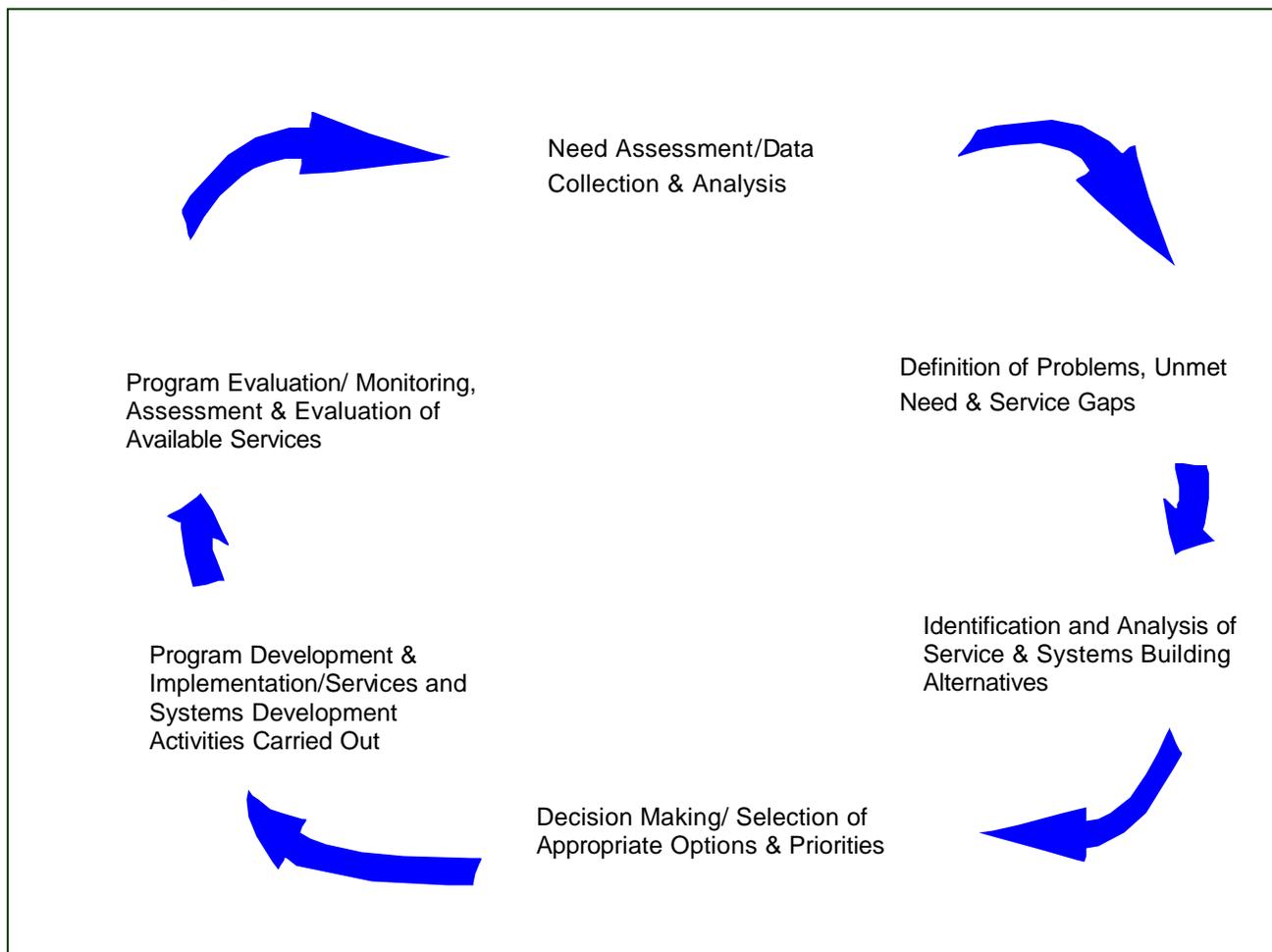
This Technical Assistance Memo (TAM) has been developed to assist AAAs in meeting the Federal and State requirements noted above. Additionally, NYSOFA is working to develop training on carrying out Service Needs Assessments. This training will be held via ILINC/conference call and in Albany during the first quarter of 2011.

I. NEEDS ASSESSMENT PROCESS

A needs assessment is defined as a structured, step-by-step process designed to gather and analyze information about: (A) the needs and concerns of older people, and their caregivers, (B) barriers which may prevent the elderly and their caregivers from accessing available services, and (C) inadequate services or gaps in services. A needs assessment typically includes multiple approaches to secure usable information necessary for making decisions about future policy and programs.

Conducting a needs assessment is a crucial element in fulfilling the overall planning responsibility of an AAA. A thorough needs assessment will produce a reasonable estimate of unmet need and will help AAAs set priorities for actions in the next Four Year Plan. Figure 1 shows how a needs assessment fits into the overall planning process.

Figure 1
The Planning Process



An AAA's needs assessment should identify the broad needs and concerns of the elderly and their caregivers in its PSA. The needs assessment should identify service gaps and/or delivery problems that may be addressed with AAA funds, as well as those which fall within other service networks such as social services or mental health. In some instances, these other networks may be prepared to quickly respond to unmet needs that are identified. At other times, the AAA may need to develop alternative approaches to respond to the identified need(s).

A. Advisory Council Involvement

The AAA's Advisory Council has a number of important roles to play in the needs assessment process. First, Advisory Councils help infuse community input and ideas in to the AAA planning process. Council members represent a variety of constituencies, interests and geographic areas, and their suggestions will provide helpful information to the AAA in reaching the goal of identifying the needs of older adults and their caregivers in the PSA. The Council members' ongoing involvement is required by Federal and State regulations and therefore the process should include their consultation and recommendations.

Secondly, Council members can be used as a resource to help each AAA carry out planned data gathering activities. For example, Council members might visit program sites and talk with groups of consumers to identify their concerns or hold town meetings or hearings on the needs of older persons in the community.

Lastly, the Advisory Council should play a key role in the decisions about AAA priorities, future directions and program planning that are made as a result of the needs assessment.

B. Assessing the Needs of Targeted Populations

One of the key challenges for AAAs in planning and conducting a needs assessment is how to draw into the process the individuals who are usually the hardest to reach and those groups who are unserved or underserved by the AAA. This may include individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, LGBT (lesbian, gay, bisexual, and transgender) elders and caregivers, and older individuals with limited English proficiency. Identifying and obtaining input from these individuals requires a high level of effort and commitment, and special consideration should be given to the need for bi-lingual staff and volunteers as appropriate.

Careful planning is an essential element of this effort and should involve identification of the areas and particular populations/individuals most likely to be under-represented in the AAAs information gathering process. Once identified, AAA staff and Advisory Council members can then plan ways of ensuring the participation of the under-represented or special needs populations.

Census data will provide a helpful starting point as it will assist planners in pinpointing low income and minority communities, as well as the percentage of the population speaking a language other than English at home. Links to census data and other county specific data regarding needs or prevalence of chronic conditions are noted in Section 3 of this TAM.

A strategy used in outreach ventures that may be applicable to needs assessment undertakings is that of identifying individuals and organizations within the community who are positioned to link the AAA with the elderly and their caregivers who have special needs and who are unlikely to participate in hearings and other group needs assessment activities. Examples of such individuals, organizations and establishments would include the following:

banks	hospitals
beauty salons/barber shops	housing officials
benefits counselors	libraries
civic & fraternal organizations	mail carriers
clergy/ religious leaders	neighborhood associations
disability advocacy and service organizations	neighborhood/community leaders
discharge planners	nonprofit agencies serving diverse groups and/or immigrant populations
doctors/dentists	pharmacies
elected officials	religious organizations
ethnic specialty stores, e.g., supermarkets	schools/colleges/universities
fuel deliverers	supermarkets/ local retailers
geriatric education centers	transportation providers
gerontology centers	utility workers
health/medical clinics	veterans groups
home care agencies	

These individuals and groups may be able to display or provide information to the elderly and/or caregivers about the needs assessment efforts. They may also be in a position to encourage older persons and their caregivers to complete surveys or participate in face-to-face interviews. Further, it may be possible to enlist their support in conducting door-to-door work. Ways of engaging these groups and individuals in the needs assessment effort would include mail and telephone contacts, speaking engagements and presentations, and media spots.

C. Broader Public Input into the Needs Assessment Process

Traditionally, the Aging Network has often focused on obtaining input from the elderly, their caregivers and individuals recognized as experts in the field of aging as it plans and conducts needs assessments. However, there are a number of reasons for expanding information gathering activities to include other individuals and groups within the PSA. First and foremost, unmet needs and service gaps may be observed by "non-experts" and used to confirm the information obtained through "expert" sources. It is also possible that

those outside of the Network will lead planners to consider previously unrecognized concerns. For example, an employer may be able to give information about the impact that the lack of various services has upon her/his employees who are caregivers and suggest service options that could meet these needs.

A second important reason for encouraging the participation of business and community leaders, fraternal/civic groups, educational institutions, etc., is that they have resources which may be tapped as the AAA seeks to address unmet needs. Since AAAs do not have the resources to meet all the service needs identified in their PSAs, decisions about new or additional advocacy and systems development efforts will be one of the outcomes of the needs assessment process. If individuals and groups are part of the process through which service needs and gaps are identified, they may also be willing to assist in strategies to address these gaps.

Because of the multiple benefits of a broad-based approach, AAAs are encouraged to consider reaching out to business leaders, the county bar association, Chambers of Commerce, fraternal groups and sororities, colleges and universities, service organizations, and the clergy. The NY Connects Long Term Care Councils (LTCCs) are comprised of many of these organizations and are representative of the diversity of the consumer populations served through NY Connects, the residential and community based long term care provider community and advocacy groups. LTCCs are a valuable source of information and input.

D. Data Collection

As noted above, in order to make the needs assessment as reliable as possible, a combination of methodologies should be used to collect information on needs, barriers and service gaps. By using different methods to collect data, an AAA will avoid "blind spots," promote higher levels of citizen involvement, and ensure a more reliable estimate of need.

Data collected will be both quantitative and qualitative. Quantitative data are collected as numbers and amounts. These data can be counted, analyzed statistically and used to compare to other quantitative data. Qualitative data are collected as words. These data are descriptions that can include observations, ideas, opinions, perceptions and experiences. Mathematical calculations generally are not done on qualitative data. Both quantitative and qualitative data are valuable in conducting a needs assessment. When used together, they can provide important information for planning purposes.

Later in this section, the methodologies most likely to be available to AAAs, along with the advantages and disadvantages of each, are described. In determining which methods will be used, consideration should be given to the scope and purpose of the assessment (what information is needed and who is best positioned to provide it), available resources, the relevance and reliability of the various information collection methods, and the ease or difficulty of analyzing the information gathered.

It is recommended that AAAs:

- use a mix of methodologies;
- assure that the information collected is representative of the diversity in the planning and service area (geographic areas, ethnic groups, income levels, rural/urban, level of impairment etc.); and
- solicit input from program eligible participants, caregivers and younger adults.

AAAs should maintain in-house documentation for each methodology, why it was chosen, the methods used to contact those providing input and the questions used to collect data. This documentation will be helpful for future needs assessment endeavors, preparation of the Four Year Plan and updates, and the Annual Evaluation of the AAA by NYSOFA. AAAs should be prepared to report on strategies used to reach and obtain information from targeted groups including low income minorities, rural residents, older persons with limited English proficiency, Native Americans, those at risk of institutionalization, and persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).

In the following sections, primary and secondary sources of information are described. Included under primary sources are examples of data gathering techniques that will elicit unique and original information from the elderly and their caregivers about their service needs, gaps in available services, and barriers to receiving services. Secondary sources are materials and activities that do not involve direct consultation with the elderly but offer important information about the needs of older individuals.

1. Primary Sources of Information

Please note that for any methodology and/or instrument used, accessibility must be provided for persons/groups in the service area with limited English proficiency or who are visually and hearing impaired. Surveys may not be appropriate for reaching low literacy populations, and if used to elicit feedback from diverse cultural groups, may require modification to ensure culturally relevant issues are addressed in the assessment process.

- Random Sample Surveys – A random sample survey is one of the most effective methods of collecting data to be used in a needs assessment process. Typically, this technique involves collecting information directly from a randomly selected elderly or caregiver population through a pre-determined, structured questionnaire. The questionnaire may be administered through face-to-face or telephone interviews or sent through the mail. The primary disadvantage of such surveys is the cost.
- Selected Sample Survey – This approach uses a selected sample survey of older persons and their caregivers who do not now participate in AAA funded activities. This is especially appropriate if a random sample as specified above is not done. In carrying out a selected sample survey, every effort should be made to collect information from as representative a group as possible in the selected target

populations (minorities, low income, geographically isolated, limited English proficiency, frail/disabled, etc.).

Collecting information using this type of survey may help identify the impediments unserved or underserved older persons and their caregivers may encounter when they try to access services. A potential disadvantage of this approach is that it is difficult to generalize about the needs of all unserved individuals if the selected sampling is not done scientifically.

- Other Surveys--AAAs may wish to place surveys for the general public to provide input into the planning process. For example, surveys can be placed in public places like public libraries where anyone could submit ideas. Placement of such surveys also provides the opportunity to raise public awareness about the AAA, its services, and its planning and public input process.
- Long Term Care Council Reports--An additional resource that AAAs can use are the needs assessments and gaps analysis developed through the NY Connects Long Term Care Councils. These Councils are charged with conducting a formal gaps analysis to identify the barriers and gaps in the local long term care system so that ultimately individuals needing long term care and their caregivers can remain independent and stay at home and in their communities. Members including providers, consumers, caregivers, advocacy groups, and government and community representatives execute a needs assessment and resource inventory to determine local priorities. Recommendations for improvements are made in order that long term care services and supports are more cost effective and responsive to those needing long term care.
- Community Forums, Hearings & Meetings with the Elderly and Caregivers --Forums and hearings are a practical way of collecting information about the needs and problems of the elderly and those caring for them. Hearings offer concerned individuals a way of voicing their opinions and preferences and are usually inexpensive to conduct. A disadvantage of this technique is that forums and hearings tend to appeal to articulate, highly motivated individuals whose needs, opinions and preferences may be quite different from those aged and their caregivers who are isolated, have difficulty leaving their homes, or are uncomfortable in expressing themselves in public settings. Informal forums in non-threatening community locations may be more effective in soliciting input from targeted populations than highly structured hearings in governmental settings.

Additionally, it may be difficult to collect data in a systematic fashion. One way of structuring a hearing to yield more systematic data is to ask attendees to complete questionnaires (such as those used in the area agency's surveys) in addition to giving verbal testimony. Completed questionnaires will provide information on the particular characteristics of attendees and demonstrate similarities and differences between this group and those involved in other assessment efforts. It should be noted that this approach will reflect the biases of those involved and is not statistically valid.

- Focus Groups--Focus groups involve the calling together of individuals from targeted groups to address specific questions. For example, older individuals from isolated rural communities in the PSA might be asked to come together and discuss service needs and barriers to services. The advantage of this data collection method is that it is generally inexpensive and can provide valuable insights and information about specific areas of concern. As noted with community forums above, this method too will likely reflect the biases of participants and not be statistically valid.
- CAARS and NAPIS Data, Reports to County Legislators and/or Board of Directors
The reports compiled by AAAs to comply with state and local reporting requirements provide a picture of the needs and characteristics of the elderly people who currently use services. By comparing current and prior year reports, it is also possible to identify trends and service areas in which the demands for available services are increasing and decreasing.

The ready availability of this data suggests that it should be used by all AAAs as part of their planning efforts. The primary disadvantage of this data collection method is that it fails to provide information about individuals who do not participate in program activities. Further, it cannot measure unmet needs.

- NY Connects Qualitative and Quantitative Utilization Data Reports describe and quantify the local long term care needs and issues respectively. The Quantitative Utilization Data Report totals the types of services and supports that individuals are seeking Information and Assistance about at the local level over time. This report is built upon the AIRS (Alliance for Information and Referral Systems) classification system and contains more than 73 service and support categories to pick from. The most recent data reveals that NY Connects has fielded 174,916 inquiries during the last program year. The majority of these contacts were from individuals needing long term care and who were seeking information about home and community based services and supports (only 4.3% of inquiries were related to residential facility services).

Information contained in the NY Connects Qualitative Report illustrates priorities and strategies to reform the long term care system in your county. This information can help to further understand county specific needs, resources and priorities. For example, many counties have indicated the lack of transportation, caregiver supports, affordable and accessible housing, and streamlined service coordination as the overarching long term care issues.

- Key Informants - People knowledgeable about the problems and needs of the elderly can make a valuable contribution to the needs assessment process. Key informants might include the AAA Advisory Council members and Long Term Care Council members as well as community leaders, service providers, aging program directors, geriatricians, gerontologists, medical/health professionals and members of senior organizations such as AARP. Staff of other agencies such as the local Departments of Social Services, Health, Mental Health, and Employment & Training;

home care agencies; community based nonprofits, organizations for the blind and visually impaired; senior citizen centers; and local Alzheimer's Associations are other good sources of information.

Meetings with key informants either individually or in group discussions are generally an inexpensive and quick way of obtaining information about the problems and concerns of the elderly. It may also provide information about the community's interest in and support for existing and proposed services.

The disadvantages of this approach are its subjectivity and tendency to reflect the biases of the informants.¹ If this technique is used, efforts should be made to include minority individuals, women and representatives of different communities within the PSA.

2. Secondary Sources of Information

As discussed in Item 1 above, the development of primary resources (as through a survey based on a scientifically generated sample) produces the potential for the most current and pertinent information for a needs assessment. However, the costs and logistics of developing an instrument, conducting the survey, and doing the analysis of the data may be prohibitive. Fortunately, there are several alternatives to such primary resources.

- Census Data - There are a number of products available from the Bureau of the Census that are most helpful to the needs assessment process [see additional information in the following section on "data available on the internet"]. These products include summaries based on sample and 100% counts of the population at geographic break-outs at the county and sub-county levels. Since the data is broken out to below the county level, significant divisions within PSAs will be identifiable. For the Census, which was last released in 2000 (the 2010 release is pending), four major products that are currently readily available are the Summary Files (SF) One, Two, Three, and Four.² The following format for the SF1 is typical:

¹ Norman LaCharite, Rebecca Ryan and Victor Barocas, *Problems of the Elderly: A Needs Assessment Workbook*, (Washington, D.C.: Center for Human Services, 1981), p. 56.

² The SF1 and 2 files are based on 100% counts, while SF3 and 4 are based on sample counts. The geographic components and data elements available vary between the SF1/3 and SF2/4 files.

Figure 2

Census Product Structure³

- *State*
 - *County*
 - *County Subdivision*
 - *Place (or part)*
 - *Census tract (or part)*
 - *Block group (or part)*
 - *Census Block*

In the above hierarchy, "place" is defined by the US Census Bureau as including "census designated places, consolidated cities, and incorporated places." Census designated places (CDPs) are delineated to provide census data for concentrations of population, housing, and commercial structures that are identifiable by name but are not within an incorporated place.⁴ This may be a particularly useful level of measurement for AAAs, although there are likely finer divisions within any given locale (e.g., census tract, block group, census block).

For 2010, the comparable American Community Survey (ACS) will be released; as this document is being prepared, the data are not yet available for all counties.

Additional Census-based products have been prepared at the behest of the Administration on Aging (AoA) with data corresponding not only to counties but also to PSAs. These are again available in the 2000 Census cycle: Special Tabulations Product Nine, and are planned for the 2010 cycle (NYSOFA has also published PSA-level data.)

In addition, NYSOFA has published county and some PSA-level data on the internet at the AAARIN Web site, <http://aaarin.ofa.state.ny.us/> - select "References". (AAARIN is a NYSOFA website that requires an ID and password.)

³ Bureau of the Census, Summary File 1: 2000 *Census of Population and Housing, Technical Documentation* (Washington, D.C.: U.S. Census Bureau, 2001), p. A -3.

⁴ Census, p. A -14.

Please note that some of the Census products mentioned above may be purchased from the Bureau of the Census. However, most are available free of charge at the Bureau of the Census' Web site. Census information may also be located at colleges, universities, and local planning departments. Additional links for Census data are noted below: (If you would like assistance with Census information, please contact the Policy Analysis & Research Group at NYSOFA at 518- 474-7964).

By using Census data, it should be possible for an AAA to identify numbers of people by such key indicators as gender, age, race, marital status, and other characteristics of household. Such information should be particularly helpful in decisions relative to low income minority targeting efforts.

In summary, the advantages of Census data are its thoroughness and ready availability. It is particularly helpful in its ability to pinpoint the geographic neighborhoods where the elderly most at-risk reside. The disadvantage of using this information is that some research skills may be needed to sort and interpret the data. Additionally, the Census reports seldom contain all the information needed by AAAs as they conduct a needs assessment.

- Area Agency & Subcontractor Program Surveys--AAAs and subcontractors use data collected as part of the on-going agency operations. Such information may target information on recipients of core services or persons on waiting lists. For example this might include reviewing case records; information and referral logs; client satisfaction surveys; and waiting lists to identify the services currently provided, characteristics of the clients using the services, and deficiencies noted by clients and staff. In particular, it is recommended that information be obtained from EISEP case managers and the individuals who conduct comprehensive assessments for individuals seeking community based long term care services. They are in a position to speak on behalf of the elderly who because of impairments are less likely to participate in hearings, forums and needs assessment activities conducted in congregate settings. Staff and participants in AAA funded congregate nutrition and senior center services are also valuable sources. Further, a well-structured information and assistance program can be used to document both the need for existing services and the gaps in the system.

A program survey is relatively inexpensive and quick to conduct. The disadvantage of this technique is that it focuses upon the elderly already served by the Aging Network and may reveal little about the needs of non- clients.⁵

- Other Public Information--Local Departments of Health, Social Services, Mental Health and Planning may maintain information which is helpful to AAA planners. Local police, fire, and hospital records may also provide information on specific areas of concern (e.g., a significant increase in the numbers of falls sustained by older individuals). Other sources of useful information would include universities and colleges which may maintain research on local concerns and issues generated by faculty members and students.

⁵ LaCharite, et.al., p. 56

Through these sources, it may be possible to identify unmet needs for basic health care, emergency response equipment, respite or in-home services. The use of such records is an inexpensive way of gathering information if records can be used "as is", but this approach becomes more expensive if records must be aggregated and analyzed.⁶ An additional concern is that recordkeeping practices and ways of defining services and problems vary considerably from source to source.

3. Data Available on the Internet

Extensive resources exist on the Internet. Data from, NYSOFA, the U.S. Department of Commerce, the Administration on Aging and the State Data Center (NYS Dept. of Commerce) are available online.

a. NYSOFA provides a variety of resources, including PSA-level data based on the 2000 Census and additional county-level data with future population projections. The county-level data, the "County Data Books," are on the NYSOFA AAARIN Web site, <http://www.aaarin.ofa.state.ny.us/> -select "References"; the PSA-level will be obsolete with the publication of the 2010 Census, and while no-longer on-line are still available directly from NYSOFA.

b. The U.S. Department of Commerce, Bureau of the Census provides demographic and economic data for counties, townships, and lower geographic components. Available online now are the following:

- Data based on the 2010 Census and American Community Survey:

- Census 2010

When released, this will provide 100% counts of the above areas but with minimal descriptive information.

- American Community Survey (ACS)

The ACS is intended to replace the Census long form with an on-going sample, with fully comparable geographic coverage to correspond with the 2010 Census. At the present time, most (but not all) NYS counties are available in preceding annual iterations of the ACS.

ACS tables are available for counties in summary format at American Factfinder <http://factfinder.census.gov/>.

⁶ The New York State Office for the Aging, *The Planning Process* (Albany, New York, 1981) , p. A9.

- Data based on the 2000 Census:

- Census 2000 Summary File 1 (SF1)

Complete geographic detail to the block level: 100-percent data.

- Census 2000 Summary File 2 (SF2)

Subsets for up to 249 race or ethnic groups: 100-percent data.

The above data includes age, Hispanic or Latino origin, household relationship, owners and renters, race, sex, etc.

- 2000 Summary File 3 (SF3)

Social, economic, and housing data to the block group level: sample data.

- 2000 Summary of File 4 (SF4)

Subsets for race & ethnic groups: sample data

- Census 2000 Special Tabulation Program 9 (STP9)

Special tabulation sponsored by the Administration on Aging with specific cross-tabulation based on PSAs and on older-population age aggregates.

The above Census data include (variously) ancestry, citizenship, disability, educational attainment, income, industry, language spoken at home, marital status, migration, occupation, place of birth, place of work, poverty, rent, school enrollment, tenure, units in structure, etc.

All of these above data (except for STP9) are available online at the U.S. Department of Commerce at the American Factfinder web site <http://factfinder.census.gov/>.

STP9 is available at the Administration on Aging's Aging Statistics location http://www.aoa.gov/aoaroot/aging_statistics/index.aspx along with a variety of other data. Additional information for PSAs is available from the Aging Integrated Database, <http://www.agidnet.org>. The AoA is planning on coordinating a 2010 data release analogous to the 2000 STP9 data.

c. The State Data Center (NYS Dept. of Commerce) has data available at the state data center website, <http://www.empire.state.ny.us/NYSDataCenter.html>.

d. The NYSDOH "Prevention Quality Indicators" website provides information by county to the zip code level on conditions for which quality outpatient care has the potential to prevent re-hospitalization. In addition, it identifies conditions and illnesses, for which early interventions can significantly slow the disease process, https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map;jsessionid=B7675573A68614EF1378CF868EF6AE84.

The NYSDOH "Prevention Agenda Toward the Healthiest State" website provides information and details for 10 priorities; nine of which are relevant to older New Yorkers, http://www.health.state.ny.us/prevention/prevention_agenda/.

Using these data, it should be possible for an AAA to identify numbers of people by such key indicators as gender, age, race, marital status, and other characteristics of household. Such information should be particularly helpful in decisions relative to low income minority targeting efforts.

E. Analysis of Data

Staff logistics: Decisions about analysis will ensure that the person(s) doing the evaluation of the data will be able to budget their time appropriately and will have the supports necessary to complete the task. Certain decisions about data analysis must be made before the data collection activities begin. This is essential as these decisions help determine both the type of data collected and the data collection techniques. Among the analytical issues to be considered are the following:

- *System capacity:* The AAA should only collect information it has the capacity to analyze.
- *Format of the instrument:* There should be a standardized instrument(s) for all contacts with the elderly and their caregivers. Construction of the instrument(s) includes the following:
 - (1) standardized interview/response forms for surveys, forums, public hearings, etc., so that all interviewers ask all respondents identical questions;
 - (2) optimizing design and coding of materials that will be the subject of analysis (i.e., it will in all likelihood be done on a computer using some type of database or spreadsheet program: which database product, on what type of platform, owned by the AAA or the county? How will the data be entered: manually or scanned? What will the software package be? How does choice of product/platform affect the database structure? How do these concerns influence the instrument?); and
 - (3) what output is desired (design the instrument to reflect the concerns that are foreseen going into the final report).

Several formats may be used in presenting data for analysis and interpretation. One is a comparative format where the population-in-need may be contrasted with the population-now-served to identify gaps in services and quantify unmet need. A second format would be to identify trends over time, such as the growth of the population aged 60+ across the period 1970, 1980, 1990, and 2000.

Of course interpreting data requires more than just numerical calculations. It involves knowledge and experience about what the calculations indicate and judgments about what characteristics or trends within the elderly population predict the need for services (e.g., ADLs being used to predict the need for in-home services). Skill is also required for expressing findings in a clear, concise manner.

II. ADDITIONAL RESOURCES/MODEL DOCUMENTS/REFERENCES

Project 2015: The Future of Aging in New York State - [A Tool Kit for Community Action](http://www.aaarin.ofa.state.ny.us/) provides valuable information on the aging of New York State's population, as well as information about how to use that information locally. AAAs may find this document useful in planning for and conducting their needs assessment activities. It is available at: <http://www.aaarin.ofa.state.ny.us/> - select "Initiatives".

Many resources on planning and conducting needs assessments exist on the Internet.

Additionally NYSOFA is working to develop training on carrying out Service Needs Assessments. This training will be held via ILINC/conference call and in Albany in the first quarter of 2011.

III. CONCLUSION

Many changes have occurred in the older population and their caregivers within the Aging Network since the last Four Year Plan was drafted in 2008. A well planned and executed needs assessment will assure that the Plans which are developed to carry the network forward to the year 2016 appropriately reflect and respond to these changes. We hope that this will be helpful as you begin your need assessment activities. The contacts identified below will gladly assist you if you have any questions.

- PROGRAMS AFFECTED:**
- Title III-B
 - Title III-C-1
 - Title III-C-2
 - Title III-E
 - Title
 - CSE
 - SNAP
 - Energy
 - EISEP
 - Cash-in-Lieu
 - Title V
 - HIICAP
 - LTCOP
 - Other:

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