

NEW YORK STATE OFFICE FOR THE AGING

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An Equal Opportunity Employer

TECHNICAL ASSISTANCE MEMORANDUM

Number: 14-TAM-02

Supersedes:

DATE: June 16, 2014

TO: Area Agency on Aging Directors

**SUBJECT: Service Needs Assessment
2016 – 2020 Four Year Area Plan on Aging**

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PURPOSE:

All Area Agencies on Aging (AAAs) will be developing a new Four Year Plan for the 2016-2020 period. Each Four Year Plan must include a Service Needs Assessment. To respond to multiple requests by AAA's and to help AAAs comply with the planning requirements, the New York State Office for the Aging (NYSOFA) has developed a standardized Service Needs Assessments tool for AAA use that will allow the counties and the state to collect and report standard data statewide. Your needs assessment can ask questions above and beyond what is provided in this tool, however, we expect that all AAA's that conduct a needs assessment via survey tool to include the elements provided in this assessment tool. This guidance replaces the previously issued 11-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."

NEEDS ASSESSMENT PROCESS DOCUMENTATION

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
- a description of the Advisory Council's role in the process.

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

- assessment of the conditions of older 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 older 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. NYSOFA is requiring that the elements of the proposed needs assessment survey tool be used as a baseline if the AAA uses a survey as

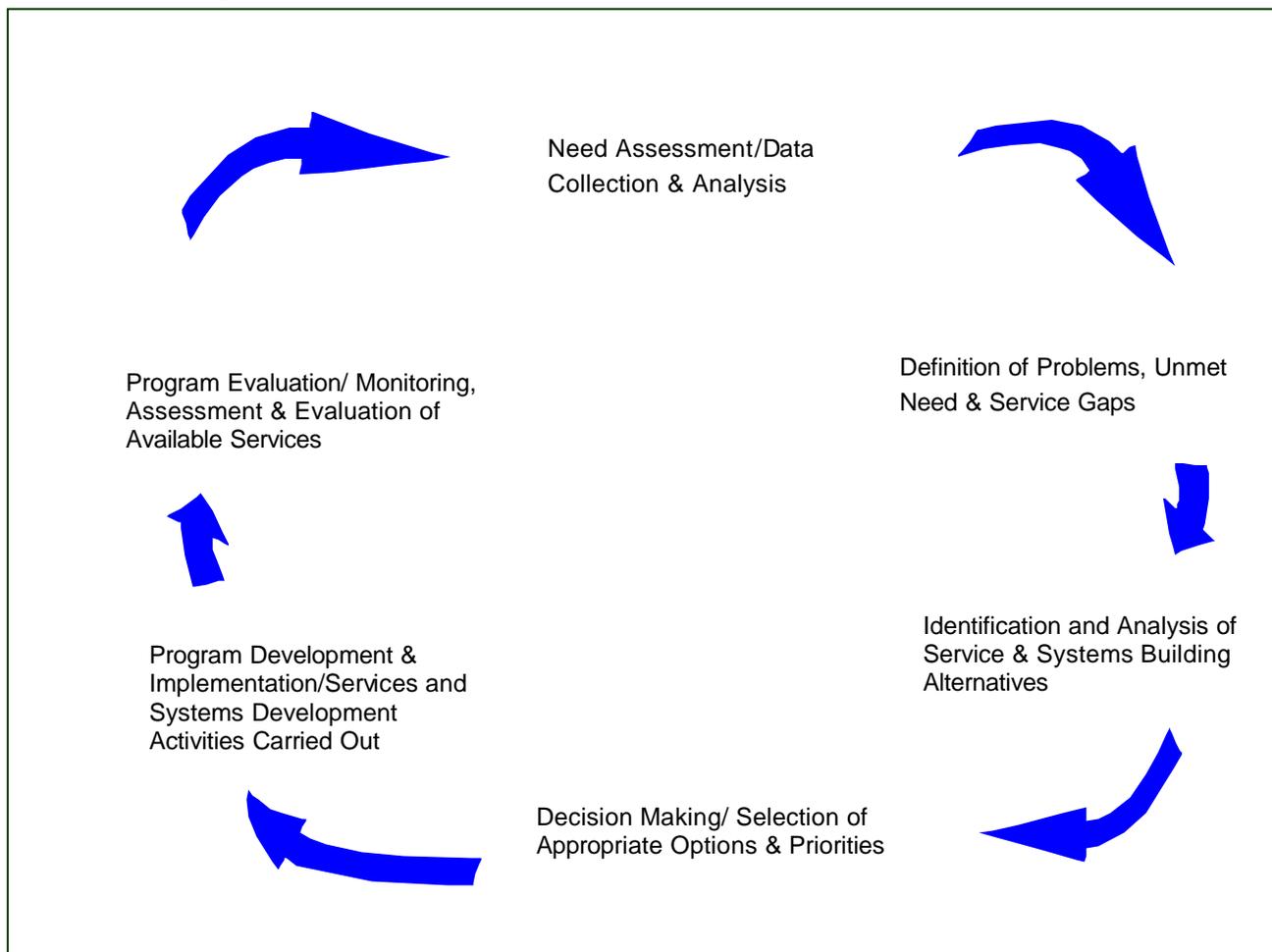
one of the ways to collect appropriate information from the community. NYSOFA and the AASNYS are currently working on a Needs Assessment Training Module that will be available in the summer of 2014.

I. NEEDS ASSESSMENT PROCESS

This 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 older adults 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 an 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 older adults 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, health or mental health/behavioral 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 into 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 law and regulations and therefore the process should include their consultation and recommendations. (Section 306(a)(6)(d) of the Older Americans Act; and 45 CFR 1321.57)

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 can provide a helpful starting point as it can 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 older adults 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:

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

These individuals and groups may be able to display or provide information to older adults 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 and other activities the AAA may be conducting. 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 older adults, 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 are often 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 leveraged as the AAA seeks to address unmet needs through new partnerships. 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 older adult 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.
** AAA's who use a random sample survey must include, at a minimum, the elements contained in the survey tool attached to this TAM. These elements will be reported on through the AIP web-based reporting system.
- 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.

** AAA's who use a selected sample survey must include, at a minimum, the elements contained in the survey tool attached to this TAM. These elements will be reported on through the AIP web-based reporting system

- 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.
- ** AAA's who use other surveys must include, at a minimum, the elements contained in the survey tool attached to this TAM. These elements will be reported on through the AIP web-based reporting system
- 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, Summer Picnics, Hearings & Meetings with Older Adults and Caregivers --Forums and hearings are a practical way of collecting information about the needs and problems of older adults 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 may not be necessarily representative of the entire population.
- 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 be used to help 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 older adults 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/behavioral 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 the 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.

The most reliable secondary source for local data is from the U.S. Census Bureau. The Census Bureau provides two principal data products, the Decennial Census (the Census) and the American Community Survey (the ACS). A third product, done in conjunction with the U.S. Administration on Aging (AoA), (Administration for Community Living) is the Special Tabulation on Aging, with sub-products based on both the Census and the ACS. In addition to these products, the Census Bureau has also provided for the AoA additional summary data and estimates.

The Census is the 100% count of the population (the "short form"). Until the 2000 Census, a sample of the Census was conducted used to generate detailed population, housing, and economic data (the "long form"). For 2010, the Census long form was

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.

replaced by the ACS, a rolling sample of approximately 300,000 households per month. These monthly samples are then aggregated into one, three, and five year samples.

Within the Decennial Census are data based on 100% counts of the population at geographic break-outs at the county and sub-county levels. Since the data are broken out to below the county level, significant divisions within PSAs will be identifiable. The Census, which was last released in 2010, contain several major data files which are currently readily available: Summary Files (SF) One and Two and the Urban/Rural update are among the most useful.

The following geographical hierarchy is typical for both the Census and the ACS:

Figure 2
Census Product Geographical Structure

Census Hierarchy

Selected Hierarchies

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

For full list of Census Bureau Hierarchies see:

2010 Census Summary File 1—
Technical Documentation/prepared by the
U.S. Census Bureau, Revised 2012.
Chapter 4, Summary Level Sequence Charts

While the definitions of state, county, county subdivision, and place will be self-explanatory, the definitions of tracts, block groups, and groups needs to be determined from Census maps.

For population counts, including race and all age cohorts, the Census and the Census-based Special Tabulation may be used. For data on income and disability, the ACS and ACS-based Special Tabulation must be used.

Determining which data to use

The choice of the dataset to use will be based on the specific data required. Different data are now in the two datasets: the Census continues to have the more limited data of the short form, while the ACS has the more extensive data of the long-form, which it replaces.

Even where the available data are similar, the characteristics of the data are different. For

example, the Census is based on a 100% count of the population and is, by definition, the definitive count for any included geography; however, the count was made on one day, April 1st, and as such was a snap-shot on that day, and is not a projection of any future date. The Census data will become dated. The ACS is a rolling sample: the one year covers 12 consecutive monthly samples; the three year, (36 months); and the five year, (60 months). There is no point of time when the population looked like any reported value; further, as a sample, the data are “point-estimates” with some degree of uncertainty, which is published as the “standard error” or the “confidence interval”: in some cases, this may constitute a significant portion of the estimate. (See “Interpreting the data,” following.)

In some cases, data may only be available in one location. For example, the Aging Integrated Database (AGID) provides county and PSA population estimates (the most recent, as of this writing, being for 2012). These estimates are based on the 2010 Census and are estimated for July 1st of the designated year. As compared to the Census (which becomes dated) and the ACS (which has no identifiable point in time, only a range of months), this estimate provides a specific point in time, although based on a projection methodology and not on specifically collected data.

Much of the data involves evaluating such trade-offs. For example, the ACS on FactFinder is more current than the ACS Special Tabulation on AGID (2012 aggregates as opposed to 2011 aggregates), but the general Census data do not have an ages 60 and over cohort for many important categories, only ages 65 and over, whereas the Special Tabulation specifically does include ages 60 and over.

The geographies required also play a part in this evaluation. The Census includes all geographies down to Census Tracts, Block Groups, and Blocks (see Figure One). Because of the smaller overall size of the ACS, the smallest geographies are only available in the five-year estimates (currently released through 2008-2012). In New York State, two counties, Hamilton and Schuyler, are only available in the five-year estimates. The three estimates include all counties of over 25,000 populations, while the one-year estimates include all counties of over 60,000 populations. (For a detailed listing of the ACS data and the counties included see the Data Appendix.) For the AGID, the custom tables lack various PSAs, while the Data Tables do not include St. Regis Mohawk (which is available from FactFinder in the standard Census tables or from NYSOFA in the Special Tabulation tables). Where a geography is included in both the one and three-year estimates or is in the one, three, and five-year estimates, the trade-offs are that the shorter time period presents data that can be more precisely pin-pointed in time, while the longer time period has a larger sample size and thus a more precise estimate (see *Interpreting the Data* below).

Accessing the data

American FactFinder

The Census and the ACS may be accessed directly from the Census Bureau's web-based utility, American FactFinder (<http://factfinder2.census.gov/>).

From the FactFinder home page, select “Advanced Search” and then access local data in the following manner:

- 1) Select the “Geographies” tab from the left-side menu.
 - a) From the pop-up, in the Drop-Down List Box, select the desired area:
 - ➔ The likely geographies of interest to local planners would be
 - (1) County (050)
 - (2) County Subdivision (060)
 - (3) Census Tract (140)
 - (4) Place (160)
 - (5) 5 Digit ZIP Code Tabulation Area (860)
 - (6) 5 Digit ZIP Code (861)
 - NOTE:** the number in parenthesis is the Census' code for the geography.
 - b) Select the state (New York) and then constituent geographies as desired.
 - NOTE:** select “State” as a geography (code 040) only if state-level data are desired.
 - c) Click on the “**ADD TO YOUR SELECTIONS**” button.
 - d) Additional geographies may be selected (e.g., county and then county-subdivision).
- 2) Select the “Topics” tab from the left-side menu.
 - a) From the pop-up, expand the expand “Dataset” (by clicking the [+] indicator)
 - b) Click on the desired dataset (the number in parenthesis is the number of data tables available in the dataset).
 - c) The number of data tables displayed may be reduced by selecting a data category in this pop-up:
 - i) e.g., expand the “Population” tab for additional expansion options within that category
 - ii) Additional expansions may be made within the various categories.
 - iii) At any point, this pop-up may be closed with final selection made from the main scrollable listing of tables.

Aging Integrated Database

The data products produced by the Census Bureau for the AoA may be accessed at the Aging Integrated Database (AGID) (<http://www.agidnet.org/>). Data here are under two categories: “Custom Tables” and “Data Files.” Population estimates are under the former category, while the ACS Special Tabulation are under the latter.

AGID provides a menu-driven interface under the following categories (among others):

Custom tables

- American Community Survey (ACS) Demographic Data (2004-2011)
- Population Estimates (2000-2012)
- Census 2010

Data Files

- AoA Special Tabulations

From either, select the appropriate data files, then follow the menu-driven selections for geographies and category of data. For the Data Tables, all geographies are in one file.

Interpreting the data

Time Period

As noted above, the Census is a one-day snap-shot of the nation. Population changes before or after the Census are not considered, and characteristics may change dramatically in the ten-year period between Censuses. The ACS samples every month and publishes annually in one, three, and five-year aggregates. When the estimate given existed is problematic, and in fact there is no foundation for the assumption that the estimate ever existed in the population.

Confidence Interval

Data in the ACS is presented in two columns: the first is an “Estimate”, the second column is a measure of the error, referred to as either “Standard Error” or “Confidence Interval.” This error is a range around the estimate, thus the range is the estimate plus or minus the error. The error that is indicated represents the range within which the actual value in the population would be expected to be. This means there is no foundation for the assumption that the estimate actually exists in the population. Thus, based on the sample, a range within which the actual value would be expected is presented.

With the amount of error that is accounted for, there is the likelihood, one-in-ten, that the true value in the population lies outside of the range of the error. Therefore, caution must be used in interpreting small values in the ACS. In extreme cases, the error is greater than the estimate (e.g., an estimate of 25 with an error of 30). While these values are interpretable, it would probably be best to avoid using them.

- 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.²

- 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.

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.³ 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:

⁵ LaCharite, et.al., p. 56

³ The New York State Office for the Aging, *The Planning Process* (Albany, New York, 1981) , p. A9.

- Census 2010
 - Summary File 1 (SF1)
 - Complete geographic detail to the block level: 100-percent data.
 - Summary File 2 (SF2)
 - Subsets for up to 249 race or ethnic groups: 100-percent data.
- American Community Survey (ACS)
 - Released annually in one, three, and five year aggregates since 2009
 - Census and ACS tables are available for counties in summary format at American FactFinder <http://factfinder2.census.gov/> and select “Advanced Search”

The above data includes age, Hispanic or Latino origin, household relationship, owners and renters, race, sex, etc. The ACS also includes data on disability, income, language, etc.

For information on geographies below places (i.e., tracts, block groups, and blocks) see <http://www.census.gov/geo/maps-data/maps/reference.html> and expand the “Census Reference Map” tab (the [+] indicator).

- Census and ACS Special Tabulation Program
 - Special tabulation sponsored by the Administration on Aging with specific cross-tabulation based on PSAs and on older-population age aggregates accessible at <http://www.agidnet.org/> and select “custom tables” or “data files.”

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](#) 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 web conferencing (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 2012. A well planned and executed needs assessment will assure that the Plans which are developed to carry the network forward to the year 2020 appropriately reflect and respond to these changes. Further, due to multiple requests by AAA's for NYSOFA to provide a standardized needs assessment survey tool, NYSOFA is requiring counties to contain these elements in their needs assessment survey if they plan on utilizing a survey as part of their needs assessment process. AAA's seeking additional information are free to add any additional questions to their surveys, however, NYSOFA will be collecting from each AAA these base elements accompanying this TAM. 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:

- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |

CONTACT PERSONS:

Aging Service Representative

Peg Hopper
Aging Services Area Supervisor

Steve Sconfienza, Ph.D.

TELEPHONE:

Various

(518) 486-2723

(518) 474-7964

Chief Research Scientist

Unicorn County Office for Aging Letter Head

Dear Unicorn County Resident,

As a valuable member of our community, Unicorn County Office for Aging is interested in hearing what you have to say about what is important to you about living in Unicorn County. Our mission is to help make Unicorn County a great place for older adults. Specifically, we're interested in what is important to you in order to live here in Unicorn County, safely and happily.

We would like your help in determining the services that are important to enabling you to live independently in your community. Nationwide, the cost of assisted living is now over \$20,000 per year, and care in a skilled nursing facility is around \$90,000 annually. In communities where services are not readily available, nursing homes may be the only option for seniors who need care, even though a senior may prefer to remain at home, and may be able to do so, with various kinds of supports in place.

Our hope is that you will assist us in determining what kinds of services are important and necessary in our community to support our residents as they age, by taking a moment to complete the brief survey that is attached.

At the end of the survey, there are some personal question that will assist us in planning, but we assure you that we will not know who returned the survey, and your identity will not be known to us, unless you share that information so that we may contact you with information.

If you have any questions, please feel free to contact me. I'm available during weekdays at 555-555-1212, or by email at UnicornCountyAAA@unicorncounty.gov. If you need assistance completing the survey, please call 4-1-1 and they will assist you in completing the survey by phone. Thank you in advance for helping to make Unicorn County a better place to live for older residents!

Sincerely,

Orenthal Henry

Unicorn County AAA Director

Unicorn County Older Resident Community Survey

I live in the City, Village or Town of:

- | | | |
|--|--|---|
| <input type="checkbox"/> City of Matejaton | <input type="checkbox"/> Town of Shortsville | <input type="checkbox"/> Town of Hyatt |
| <input type="checkbox"/> Village of Kellyville | <input type="checkbox"/> Town of Crossdale | <input type="checkbox"/> Town of Maddiedale |
| <input type="checkbox"/> Town of Gregkill | <input type="checkbox"/> Town of Riggins | <input type="checkbox"/> Town of Braedenton |
| <input type="checkbox"/> Town of Mizbani | <input type="checkbox"/> Town of Foleykill | <input type="checkbox"/> Town of Jackson |

Please rate the importance by checking the box of the following factors in regards to their importance to your community, and whether this poses an issue for you.

	Important and is a concern for me	Important, but is NOT a concern for me	NOT Important And is NOT an Concern for me
Housing			
Able to perform household chores (cleaning, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding reliable help to perform home maintenance/repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay rent or taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to pay for home heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation			
To medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To out of county medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the grocery store and other errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving my own car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Health			
Understanding Medicare and various options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding low-income health insurance subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding long term care services and support options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Long Term Care insurance options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring falls, in and out of the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a chronic health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing services for individuals with Alzheimer's or dementia and their caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Food			
Having enough money for nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to shop and cook for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow a special diet recommended by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the importance of, and your satisfaction with the following factors that may impact your ability to age in the community by checking the box.

Services and Supports

	Important and Satisfied	Important and NOT Satisfied	NOT Important and Satisfied	Not Applicable
Respite services for caregivers, such as adult day programs, for people with dementia or other functional impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to senior centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation options for those unable to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home personal care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to participate in Congregate Meal Sites or receive Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to obtain help in applying for government programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are caring for another individual, please answer the following questions.

For whom do you provide care? (circle) Spouse Parent Adult Child (over 21) Minor Aged Child (20 and younger)

Does the individual for whom you care live in your home? (circle) Yes No

Does the individual have memory problems and/or dementia? (circle) Yes No

Do you feel overwhelmed and/or stressed in providing care? (circle) Yes No

Where I Turn for Help:

If you, or someone you know, has been in the hospital in the past year, did you/they have the information and supports needed to return home? (circle one)

Yes No Not applicable Don't Know

Have you heard of "NY Connects", the local program that helps consumers with information, assistance and connections to needed long term services and supports?

Yes No Not applicable

Demographics (This information will be kept in strict confidentiality, used only for statistical purposes)

Age: _____ Sex (circle): Male Female

Persons living in your home, including yourself (circle): 1 2 3 4+

Living Arrangements (circle): Homeowner Renter Other

Income (per year) (circle): 1 person household: Less than \$11,491 \$11,491 - \$22,980 More than \$22,980

2 person household: Less than \$15,510 \$15,510 - \$31,020 More than \$31,020

Is there anything else you'd like to tell the Office for Aging as they plan for future services in Unicorn County?

If you would like to be contacted by our office to discuss available programs and services for Older Unicorn County residents, please fill in your name, address, phone number and/or email.

Thank you for your help. Please do not hesitate to contact us with questions.

555-1212 or o_henry@unicorncounty.gov

Unicorn County Office for

123 Rainbow Lane
Heffelump, NY 00000

Phone: 555-555-5555
Mobile: 555-555-5555
Fax: 555-555-5555
Email: someone@example.com

Mrs. Older Unicorn County Resident

123 Gryffindor Lane

Matejaton, NY 00001

Please share your thoughts and feelings about what programs and services are important to you as you help Unicorn County Office for Aging make our community an even better place to live, work and play.

(Unicorn County Seal or the like)

Unicorn County Office for Aging

123 Rainbow Lane

Heffelump, NY 00000

Unicorn County Office for Aging

123 Rainbow Lane

Heffelump, NY 00000

	Important and is a concern for me	Important, but is NOT a concern for me	NOT Important And is NOT an Concern for me
<u>Housing</u>			
Able to perform household chores (cleaning, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding reliable help to perform home maintenance/repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay rent or taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to pay for home heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Transportation</u>			
To medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To out of county medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the grocery store and other errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving my own car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Understanding Medicare and various options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Recurring falls, in and out of the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a chronic health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing services for individuals with Alzheimer's or dementia and their caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important
and is a concern for
me

Important, but is NOT a
concern for me

NOT Important
And is NOT an Concern
for me

Nutrition/Food

Having enough money for nutritious food

Being able to shop and cook for myself

Able to follow a special diet recommended by my doctor

Services and Supports

Respite services for caregivers, such as adult day programs,

for people with dementia or other functional impairments

Access to senior centers

Transportation options for those unable to drive

In-home personal care services

Ability to participate in Congregate Meal Sites or

receive Home Delivered Meals

Ability to obtain help in applying for government programs

Caregivers

If you are caring for another individual, please answer the following questions.

For whom do you provide care? (circle) Spouse Parent Adult Child (21+) Minor Aged Child (20 and younger)

Does the individual for whom you care live in your home? (circle) Yes No

Does the individual have memory problems and/or dementia? (circle) Yes No

Do you feel overwhelmed and/or stressed in providing care? (circle) Yes No

Where I Turn for Help:

If you, or someone you know, has been in the hospital in the past year, did you/they have the information and supports needed to return home? (circle one) Yes No Not applicable Don't Know

Have you heard of "NY Connects", the local program that helps consumers with information, assistance and connections to needed long term services and supports? Yes No Not applicable

Demographic

Demographics (This information will be kept in strict confidentiality, used only for statistical purposes)

Age: ____ Sex (circle): Male Female

Persons living in your home including yourself (circle): 1 2 3 4+

Living Arrangements (circle): Homeowner Renter None of the above

Income (per year) (circle):

1 person household: Less than \$11,491 \$11,491 - \$22,980 More than \$22,980

2 person household: Less than \$15,510 \$15,510 - \$31,020 More than \$31,020