

2012 Needs Assessment

Eastern Nebraska Office on Aging



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Acknowledgments

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The Older Americans Act

The Older Americans Act (OAA) sets specific guidelines for how Area Agencies on Aging will identify needs of older adults residing in their respective service areas and how these services are to be delivered. The needs assessment serves as a vehicle for gathering information about aging adults. Key elements of the OAA regarding the needs assessment process includes:

- Provide benefits and services to older individuals
- Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care
- Include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
- Projected change in the number of older individuals in the planning and service area
- Analysis of how such change may affect such individuals
- Analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area
- Analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- May make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for health and human services, land use, housing, transportation, public safety, workforce and economic development, recreation, education, civic engagement, and emergency preparedness and any other service as determined by such agency

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Introduction

In the fall of 2011, the University of Nebraska Omaha's Department of Gerontology along with the Center for Public Affairs Research worked with the Nebraska Area Agencies on Aging and the Nebraska State Unit on Aging in facilitating a strategic planning discussion. The purpose of the planning session was to devise a framework for the AAAs in addressing the needs of older Nebraskans and to lay the groundwork for a needs assessment for the following year. The results of the strategic planning session produced three overall goals for the AAAs:

1. Consumer directed services,
2. Alternate funding streams,
3. Expand marketing branding.

These goals served to inform the questions developed for the needs assessment. A copy of the final questionnaire is located in the appendices section of this report. This questionnaire was used for the phone surveys. It also served as the basis for the focus group format.

An agreement was made between UNO and the Directors of Nebraska's Area Agencies on Aging to conduct a needs assessment that would examine the needs of adults 50 and older residing in the respective service areas. Five of the eight area agencies on aging agreed to participate in a phone survey. The remaining three area agencies on aging opted to use a focus group format to capture what services are needed by elders in their respective areas.

For those AAAs electing to have a phone survey completed for their service area, we requested bids from three local telemarketing companies. After careful review of the bids, Wiese Research was selected based on their competitive pricing and their experience conducting phone surveys with older adults. Telephone calls were made to persons 50 and older at the end of April and the beginning of May.

Focus groups were facilitated by three members of the research team. These meetings took place during July of 2012.

Note: The persons included in the telephone survey for this area agency on aging do not include members of the Ponca Tribe. The Ponca Tribe also is conducting a needs assessment survey using a slightly different methodology. Persons from the Ponca Tribe will be contacted directly by a tribal member to complete the survey in person. To avoid possible duplication, telephone numbers on tribal members were omitted from the calling list used by Wiese Research. A report of the findings from the survey of Ponca Tribe members will be provided at a later date to each AAA having members of the Ponca Tribe in their service area.

Methodology

A major part of the needs assessment was a telephone survey of persons aged 50 or older. The survey instrument was developed using a three step process. First, researchers at UNO reviewed other surveys conducted in Nebraska and nationally to identify questions that they thought would be relevant to the current needs assessment. Next these questions were reviewed by the directors of the Area Agencies on Aging. Finally the survey instrument was tested by the survey research company for wording and ease of administration.

The needs assessment survey was conducted through telephone interviews with adults aged 50 or older in the Eastern Nebraska Area Agency on Aging region. The sample consisted of 200 completed interviews. A sample of 200 was selected because it fit within the budget and allowed for a maximum sample error of +/- 5.8 percent at the 90 percent confidence level.

The sample design was a stratified random sample based on the proportion of the population aged 50 or older that resided in a specific county in the Eastern Nebraska Area Agency on Aging region. Telephone numbers were drawn using a random digit dialing design. This design provides for a known probability of selection for all households in the study area.

Professional interviewers from Wiese Research Associates, Inc. conducted the interviews between April 23 and May 8, 2012. After making contact with someone at a telephone number on the call list interviewers asked if there were any adults, aged 50 or older, that were living in the household. If there were, interviewers asked to speak to the oldest person in the household over the age of 50. This was to insure that there were a representative number of older respondents in the sample.

Respondents were promised that their responses would remain confidential. In addition, any concerned respondents were given the telephone number of a UNO faculty member who was working on the study. An electronic dataset of completed surveys was completed by Research Associates and given to UNO for analysis.

Table 1 looks at some of the demographic characteristics in the 2010 U.S. Census. Comparing this table to the demographic characteristics of survey respondents (see Appendix), it is apparent that the ages of the respondents vary from the 2010 Census. As a result, we weighted the sample population to reflect the age distribution of the 2010 population in the counties served by the Eastern Nebraska Office on Aging.

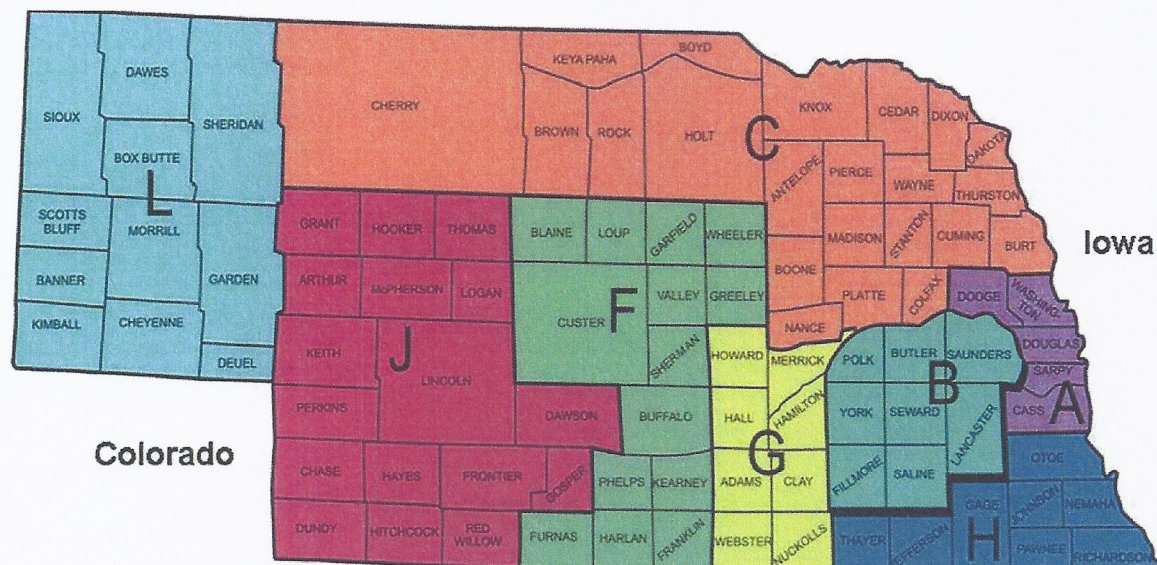
Survey:

The survey itself was developed by the UNO Department of Gerontology and the Center for Public Affairs Research with advice and consent from each of the AAA Directors. The survey was developed to capture information in the following areas:

1. Demographic data of the respondents (age, race/ethnicity, marital status, employment status)
2. Perceived physical health status now and five years ago
3. Functional status - based on responses to questions about activities of daily living (ADLs) and instrumental activities of daily living (IADLs),
4. History of falls in the last six months
5. Knowledge and use of AAA services,
6. Future planning for care
7. Payment of services
8. Living arrangements
9. Role in caring/supporting others
10. Use of senior centers
11. Attendance at religious services

A copy of the survey is included in the appendix section of this report.

Map of the counties included in the AAA



The Eastern Nebraska Office on Aging covers the areas found in section “A” in the map above.

The Eastern Nebraska Office on Aging (ENOA) serves Dodge, Douglas, Sarpy, Cass and Washington counties. Founded in 1975, ENOA serves those persons 60 and older with the greatest social and economic needs. The agency provides services supported by the Older Americans Act in the following categories:

- In Home Services
- Information & Assistance
- Meals on Wheels/Senior Centers
- Nutrition Services
- Ombudsman Program
- Senior Employment
- Volunteer Services – FGP, SCP, and RSVP

Additionally, the agency works with community partners in offering the following services/programs for elders and their families:

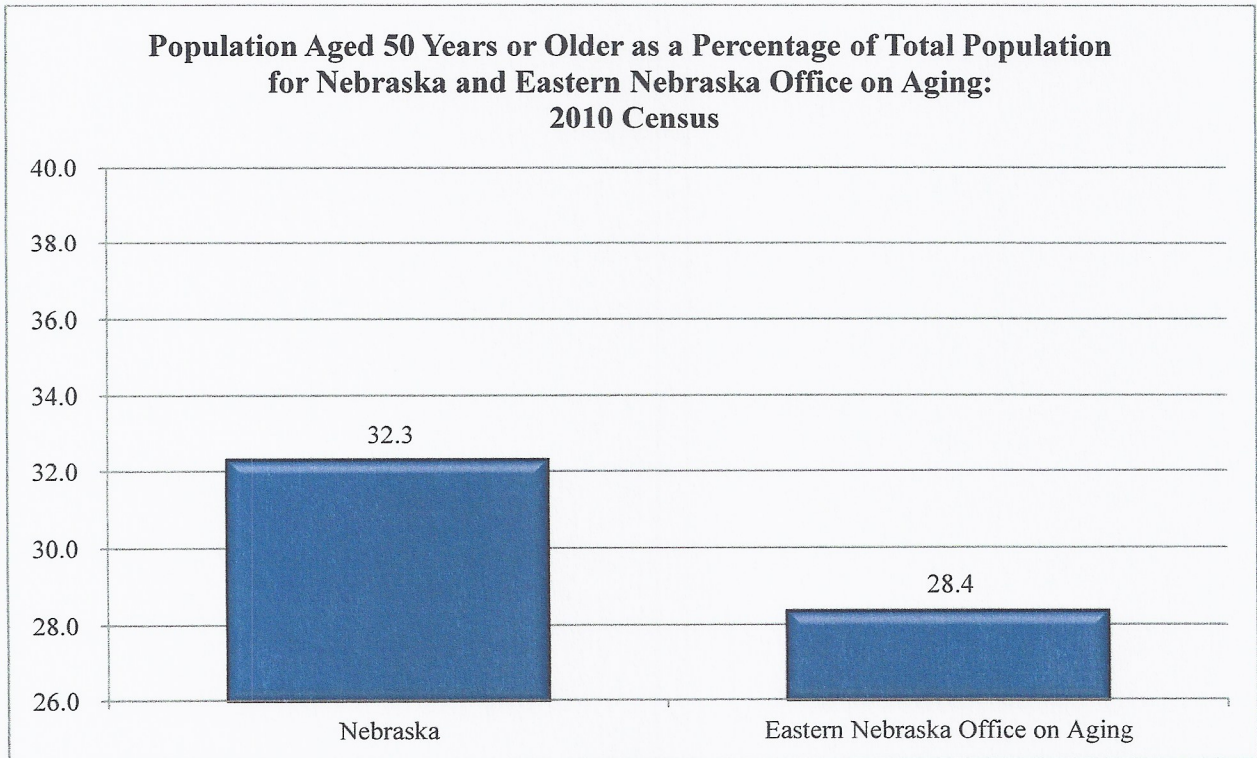
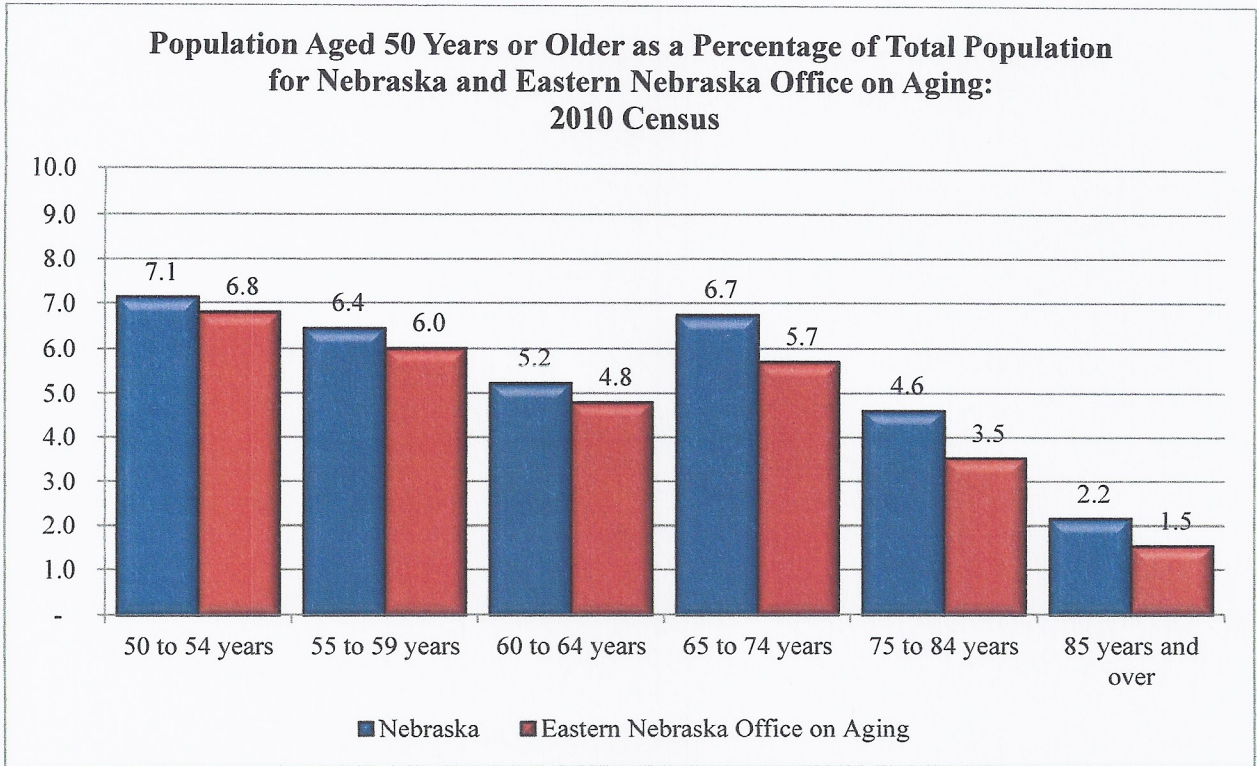
- Chore Services
- Gatekeeper Program
- Grandparent Resource Center
- Homemaker Program
- Housing Information
- Intergeneration Orchestra

Demographics

The 2010 US Census data provides ENOA with a picture of its aging population now and in the future. For the purposes of planning, census data is included for persons 50 and older. As noted in the tables below, the percentage of adults 50 and older is slightly less compared to the state overall (32.3% vs. 30.5%). As the largest urban area in the state, this finding is not surprising. The differences between ENOA's population and the state are modest, with less than a one percent difference for all age groups except those 65-74 and those 75-84. For these cohorts the difference is one percent. The young-old (those 65-74) are 5.7 % of your population compared to 6.7% for the state overall. For the old (those 65-74), 3.5 % of ENOA's population is in this age group while 4.6 % of Nebraska's population is in this age group. For the oldest old (those 85 and older), 1.5 % of ENOA's population is 85 and older. This is in comparison to 2.2 % of the state overall. Younger cohorts offer the agency the opportunity to develop services based on interest as well as need.

Table 1: Population by Selected Age Group by County for Eastern Nebraska Office on Aging: 2010 Census

	Nebraska Total		ENOA		Nebraska ENOA		
	Number	Percent	Number	Percent		Percent	
Total population	1,826,341	100	758,116	100	50 years or older	32.3	28.4
50 years or older	590,088	32.3	215,081	28.4	50 to 54 years	7.1	6.8
50 to 54 years	130,235	7.1	51,548	6.8	55 to 59 years	6.4	6
55 to 59 years	117,686	6.4	45,518	6	60 to 64 years	5.2	4.8
60 to 64 years	95,490	5.2	36,412	4.8	65 to 74 years	6.7	5.7
65 to 74 years	123,126	6.7	43,241	5.7	75 to 84 years	4.6	3.5
75 to 84 years	84,243	4.6	26,738	3.5	85 years and over	2.2	1.5
85 years and over	39,308	2.2	11,624	1.5			
Living in a household							
50 years or older	574,341		210,750				
50 to 54 years	128,921		51,031				
55 to 59 years	116,623		45,097				
60 to 64 years	94,609		36,131				
65 to 74 years	121,302		42,696				
75 to 84 years	80,272		25,728				
85 years and over	32,614		10,067				



ENOA
Analysis
Health and Wellness

Respondents to the 2012 Needs Assessment Survey were asked several questions that related to their health and wellness. First they were asked to rate their overall health status both at the present time and five years ago (i.e., “very good”, “good”, “fair”, “poor”, “very poor”, or “do not know”). Based on the responses to these two questions, we calculated their change in health status over this five-year period (i.e., “status worsened”, “same status”, or “status improved”). In addition, survey respondents were asked whether they had fallen within the past six months. Finally, respondents were asked: 1) how many times during the past 30 days they had at least one drink of an alcoholic beverage (e.g., beer, wine, mixed beverages, or liquor) and 2) how many times during the past 30 days they had five or more drinks on any one occasion. The responses for this AAA region are found in the table below.

Table 2: Health and Wellness Related Issues of Respondents for Eastern Nebraska Area Agency on Aging

	Very good	Good	Fair	Poor	Very poor	Don't know Refused
How would you rate your overall health status at the present time?	38.3%	42.7%	9.6%	7.1%	1.6%	.6%
And how about five years ago?	46.2%	40.8%	7.0%	2.6%	3.1%	.3%
	Status worsened	Same status	Status improved			
Change in health status from 5 years ago	19.8%	70.1%	10.1%			
	Yes	No				
Have you fallen within the past 6 months?	12.3%	87.7%				
	None	1 to 4	5 to 9	10 to 29	30	
Considering the past 30 days, how many of those days did you have at least 1 drink of an alcoholic beverage such as beer, wine, a mixed beverage or liquor?	44.1%	25.4%	10.2%	14.4%	5.9%	
	None	1 or more				
How many times during the past 30 days did you have 5 or more drinks on any 1 occasion? (% of those having at least 1 drink of an alcoholic beverage in the past 30 days)	92.0%	8.0%				

Overall, more than 80% of this sample of Nebraskans age 50 or older described their health status at present as “good” or better. A majority of this sample (80.2%) also reported their present health status as the “same” or “improved” as compared to five years ago. A minority of this sample indicated that their health had “worsened” over this five-year period; as expected, this proportion was higher among older respondents. For example, 38.5% of respondents age 85 or older reported worsening health status, as compared to 15.0% of respondents age 50-54 (see appendix section of this report).

Less than one-eighth of the total sample (12.3%) reported that they had fallen within the past six months. This pattern was consistent among adults age 50-84 in this sample; across each age category from 50-54 to 75-84, the proportion of adults who had fallen within the previous six-month period was less than 20%. However, nearly one-third (30.8%) of adults age 85 or older in this sample reported having fallen during the previous six months (see appendix).

Finally, the U.S. Centers for Disease Control and Prevention (CDC) define “heavy” alcohol consumption as having two or more drinks every day over a 30-day period and “binge” alcohol consumption as having five or more drinks on any single occasion (2012). By these standards, alcohol consumption by participants in this survey can be described as “low to moderate” overall. Fewer than one in ten respondents reported having one drink each day in the past 30 days (5.9%) or having five drinks or more on any occasion during same period (8.0%).

Activities of Daily Living

The need for services, in any population, on the part of any individual can be largely inferred by the nature (and the number) of everyday activities with which this individual requires assistance. Service providers (such as AAAs) classify these activities into two categories: 1) Activities of Daily Living (ADLs), which refer to personal care tasks such as bathing, dressing, feeding, and toileting; and 2) Instrumental Activities of Daily Living (IADLs), which describe regular chores such as transportation, shopping, meal preparation, and money management. While increasing needs in both ADLs and IADLs may warrant increasing assistance, it is often optimal for individuals who require only IADL assistance to continue to live independently, with services provided as needed by AAAs and other personal and community supports.

To better understand service need, in terms of activities of daily living (both ADLs and IADLs), survey respondents were asked the following question: *Please tell me if you need no help, need some help, need a lot of help, or can't do it (the activity in question) at all.* Fourteen activities of daily living commonly cited by Nebraska AAAs as areas of need were presented to survey participants, the responses of this sample are provided in the charts below. The first figure presents the ADL/IADL needs as identified by the overall sample (adults age 50 or older); the second figure presents the same needs as described by respondents in the oldest age category (age 85 or older). This group, frequently described as the “oldest-old”, comprises the individuals who are most likely to need assistance with activities of daily living.

Figure 1a: Help Needed With ADLs for Persons 50 and older

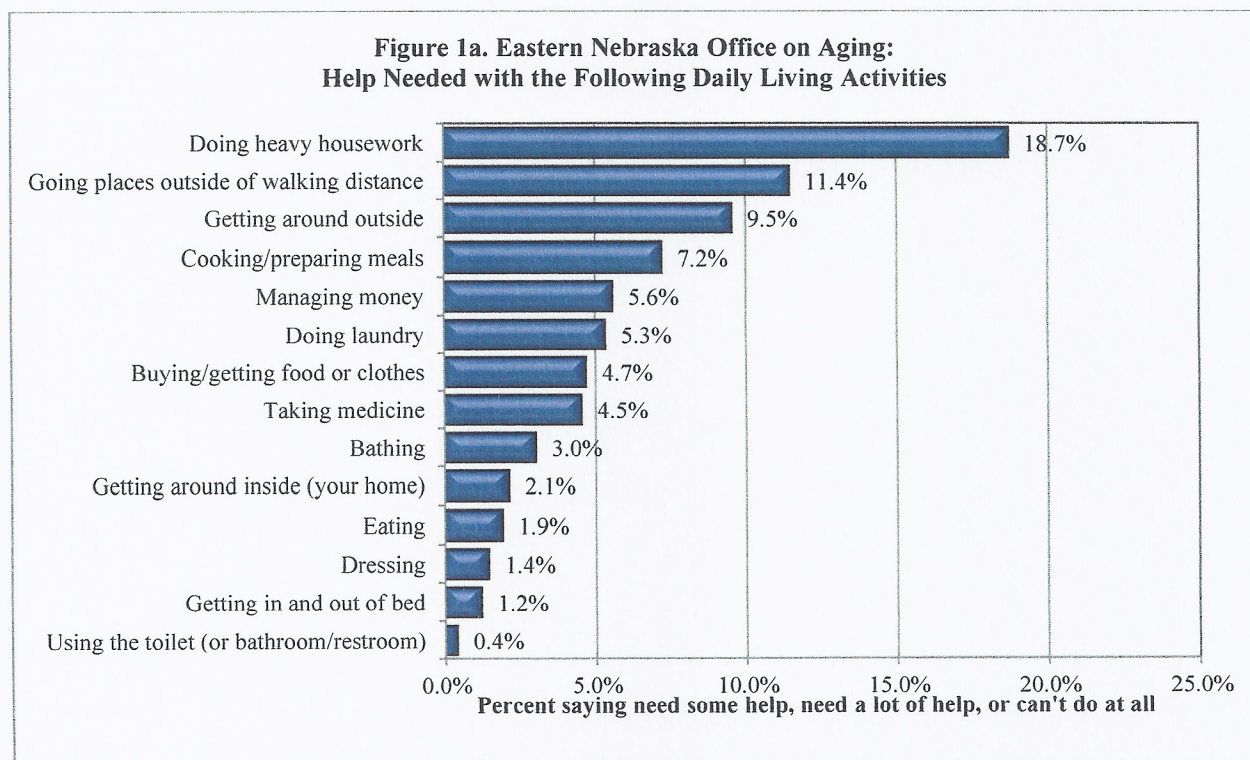
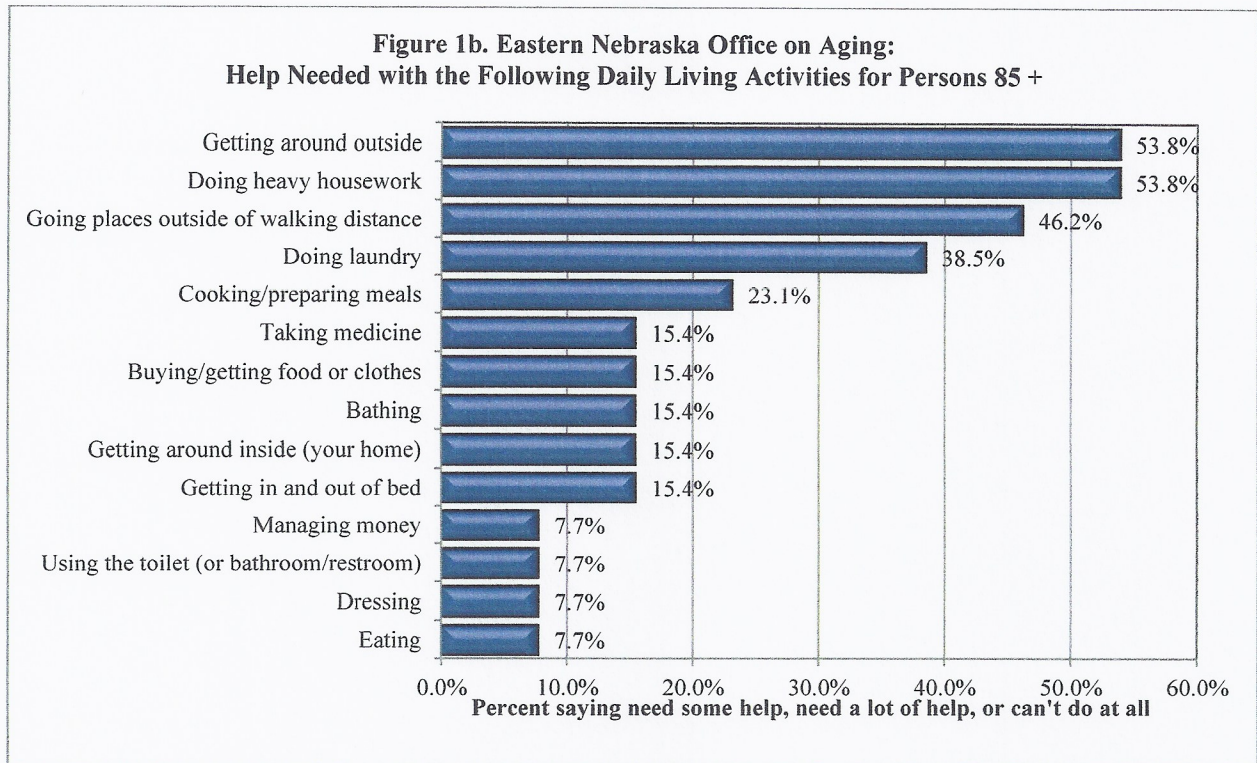


Figure 1b: Help Needed With ADLs for Persons 85 and older



As the figures above illustrate, service needs among survey participants (as identified by need for assistance with activities with daily living) are low among the overall sample, but both high and complex among the oldest-old. None of the 14 ADLs or IADLs are identified by 20% or more of the overall sample of adults age 50 or older as activities in which help is needed. In contrast, more than one-fifth of respondents age 85 or older in this sample need help in each of the following five areas: getting around outside; doing heavy housework; going places outside walking distance; doing laundry; and cooking/preparing meals. As vital as each of these activities are to living independently, it is reasonable to assume that these individuals are reliant on a family member, friend/acquaintance, or on a community-based service provider such as the AAA.

Services

To better understand service interest and usage, persons responding to the survey were asked the following question: *Please tell me if you have used, might use it in the future, or would never use the following type of service.* Twenty-five services commonly found offered in area agencies on aging throughout Nebraska were presented to respondents. The top fifteen responses are found in the charts below for all respondents 50 and older. The remaining ten services are found in the data table in the appendix section of this report. As a planning tool, we have also included charts highlighting service interest and usage for persons 85 and older. The oldest-old are more likely to use services and need support at this point in life.

Service Interest and Usage (50 and older, 85 and older)

Figure 2a: Respondents 50 years and older, aging services they “might use in the future”

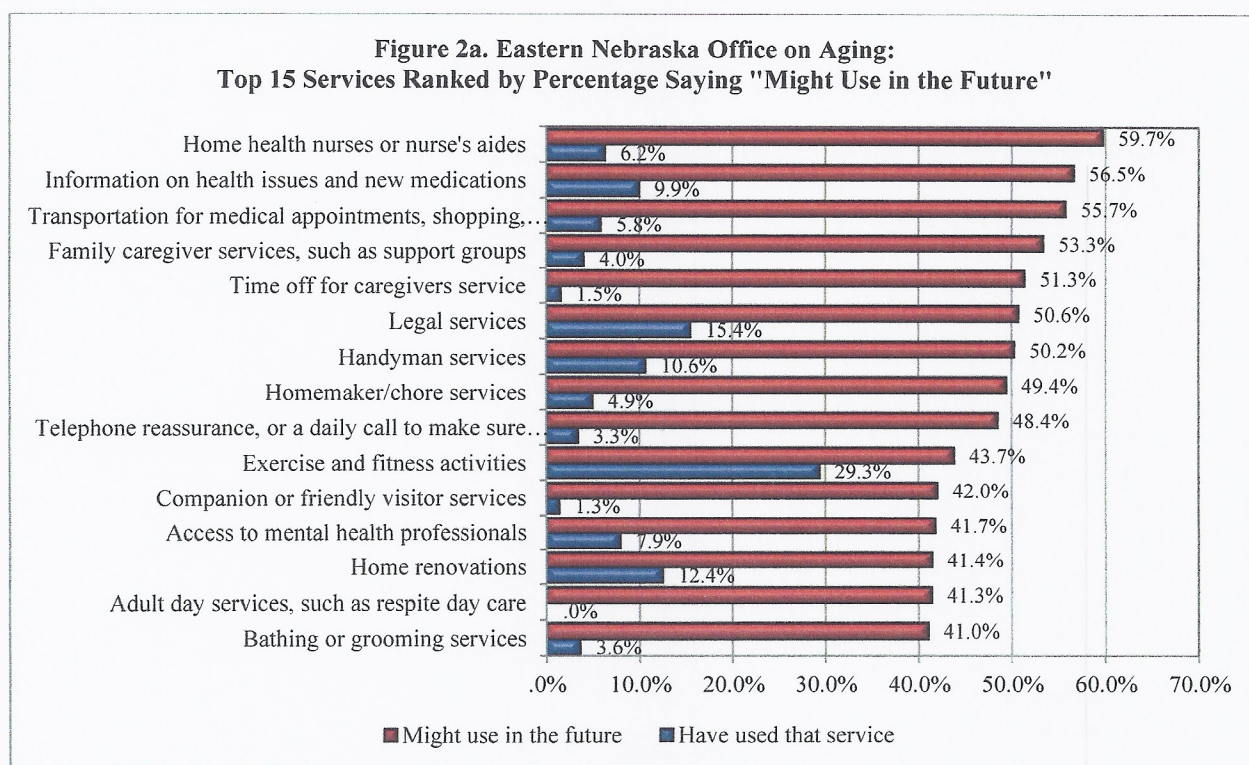


Figure 2a highlights the importance respondents give to services and information about health issues and medications. Home health care provided by a nurse or nurse aide is of great interest to the majority of people who responded to the survey. 61.6 % of persons 85 and older indicated they had either used this service or might use this service in the future. And, over 60% of persons 50 – 59 years of age indicated they might use this service, as well as others, in the future. Finding ways to offer and/or contract with a provider to deliver this service to persons in the ENOA service area is a priority for the agency and a source of funding now and in the future. Respondents expressed an interest in having information available about health issues and new medications. Over 50% of persons between the ages of 50-64 expressed interest in having this sort of service available. This is an ideal opportunity to offer programming to a cohort that will

be potential users of your services in the future and quite possibly users of your services now if they are also serving as caregivers for a spouse, parent or in-laws.

While not mentioned in the top fifteen services respondents might use in the future, case management is a service that can facilitate referrals to needed programming such as home health care. Case management was something also mentioned by all of the AAAs during the fall planning meeting that needs further marketing in the community. Overall, 40.3 % of those surveyed indicated they might use this service. Surprisingly, 49.8 % overall indicated they would never use this service with persons 75-84 years of age (63.4 %) most likely to not want to use this service. Education is in order to dispel any myths consumers may have regarding case management. It is also an opportunity to highlight the benefits of your services and to acquaint people to your offerings. It is also an ideal opportunity to begin introducing future users to the concept of paying for the coordination of services. We acknowledge not everyone can pay for this service, but for those who are able to pay for services, this is one way to begin communicating this message.

Respondents also indicated the importance of having access to transportation to medical appointments and shopping. They also noted an interest in caregiver support services including respite and support groups. Other services mentioned by fifty percent or more of those responding to the survey included legal services and handyman services. For persons 50-59 years of age, handyman services were mentioned more frequently by this age group than others. Additionally, this same group also expressed an interest in home renovations. Homemaker/Chore Services were also mentioned by this age group with 60% of persons 50-54 and 56.5 % of respondents 55-59 years of age indicating they might use this service in the future. For ENOA, this might be an area worth exploring as a way to attract a younger audience and to develop a potential revenue stream to support other programming for older adults unable to pay for services.

As mentioned in the section on health status, falls are a concern for those 85 and older, with 30.8% of persons in this age group reporting a fall in the previous six months. A fall prevention program is an appropriate and useful way to address potential health risks in this age group now and in the future. This is also another avenue you can use to promote your offerings.

Figure 2b: Respondents 85 years and older, aging services they “might use in the future”

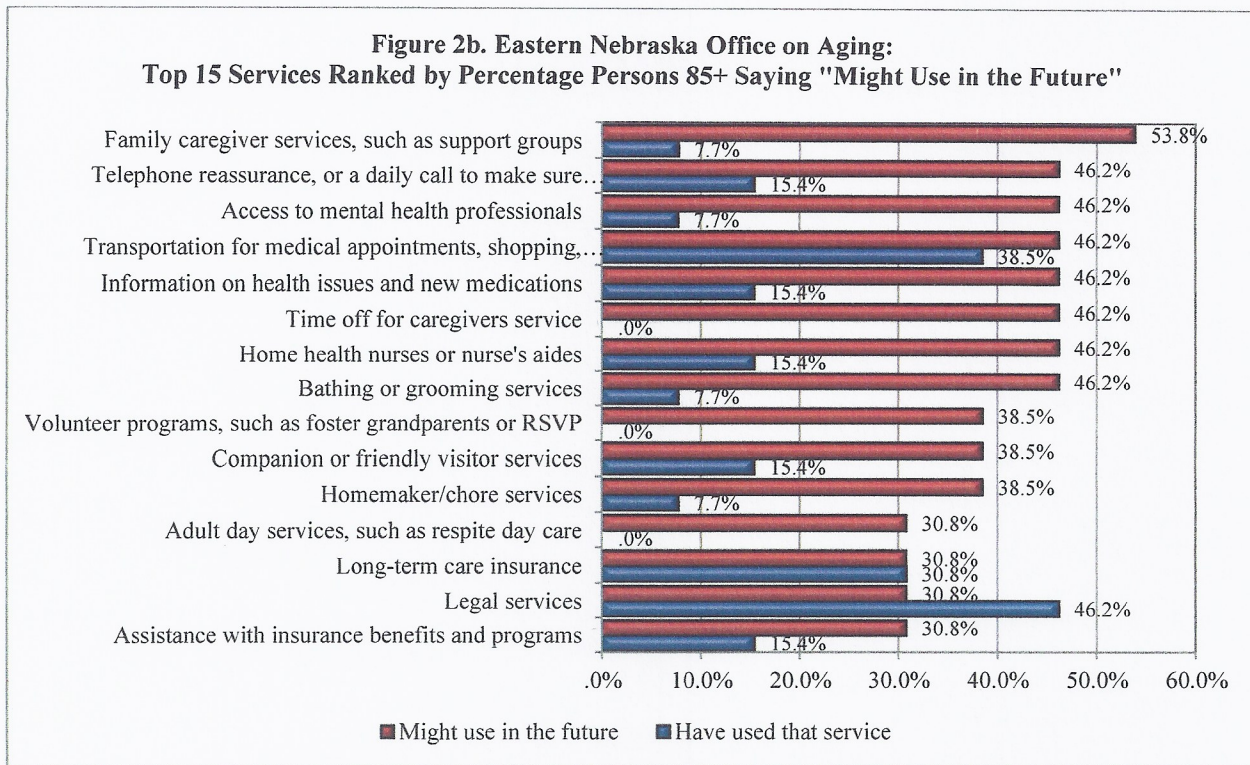


Figure 2b highlights the unique interests and needs of the 85 and older cohort. As the oldest-old, they are most likely to be in need of services due to an increase in chronic health issues, minimal social support and, for some, limited financial resources to pay for care. Family caregiver support services, was mentioned as being of most interest to this group with 54 % indicating this was a service they might use in the future. Interestingly, only 7.7% had mentioned using this service in the past. Other services which might appeal to this cohort include: telephone reassurance, information on health issues, respite, home health nurses, and bathing/grooming. Marketing to this specific cohort may be in order if ENOA wants to expand these services.

Figure 2c: Respondents 50 and older, services used in the past

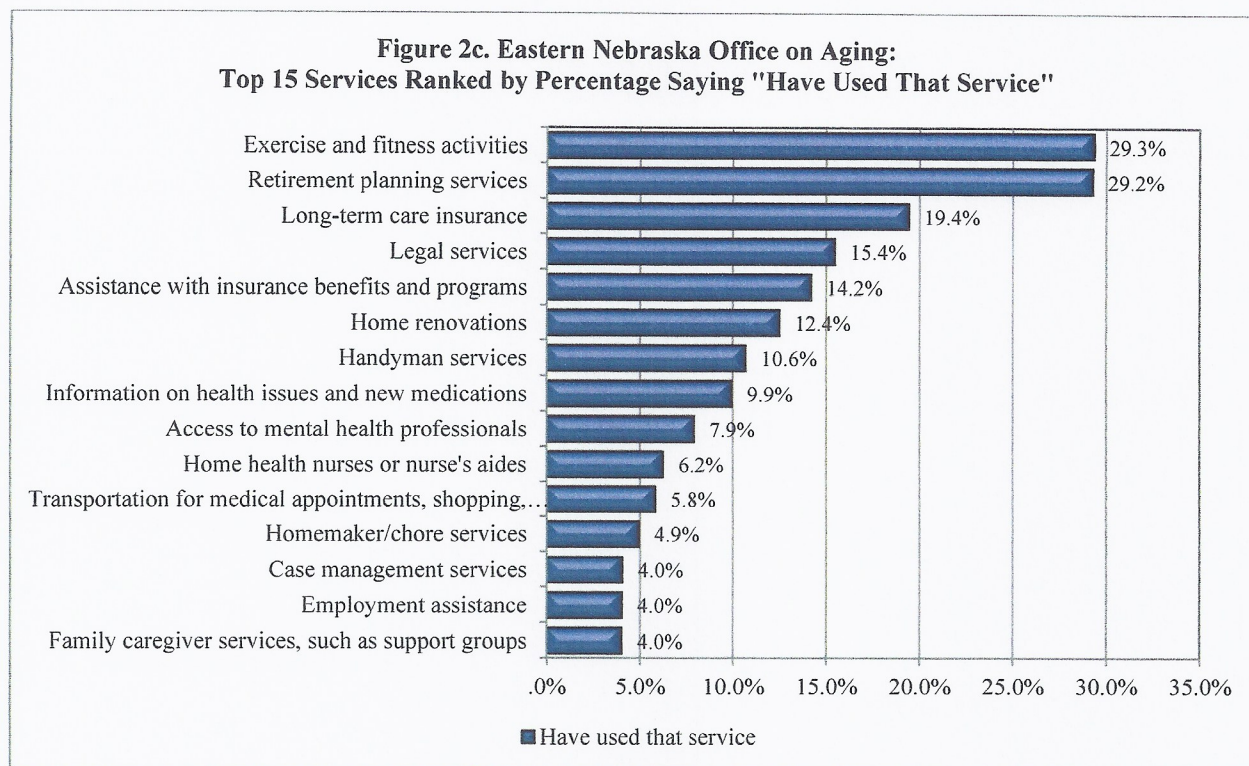
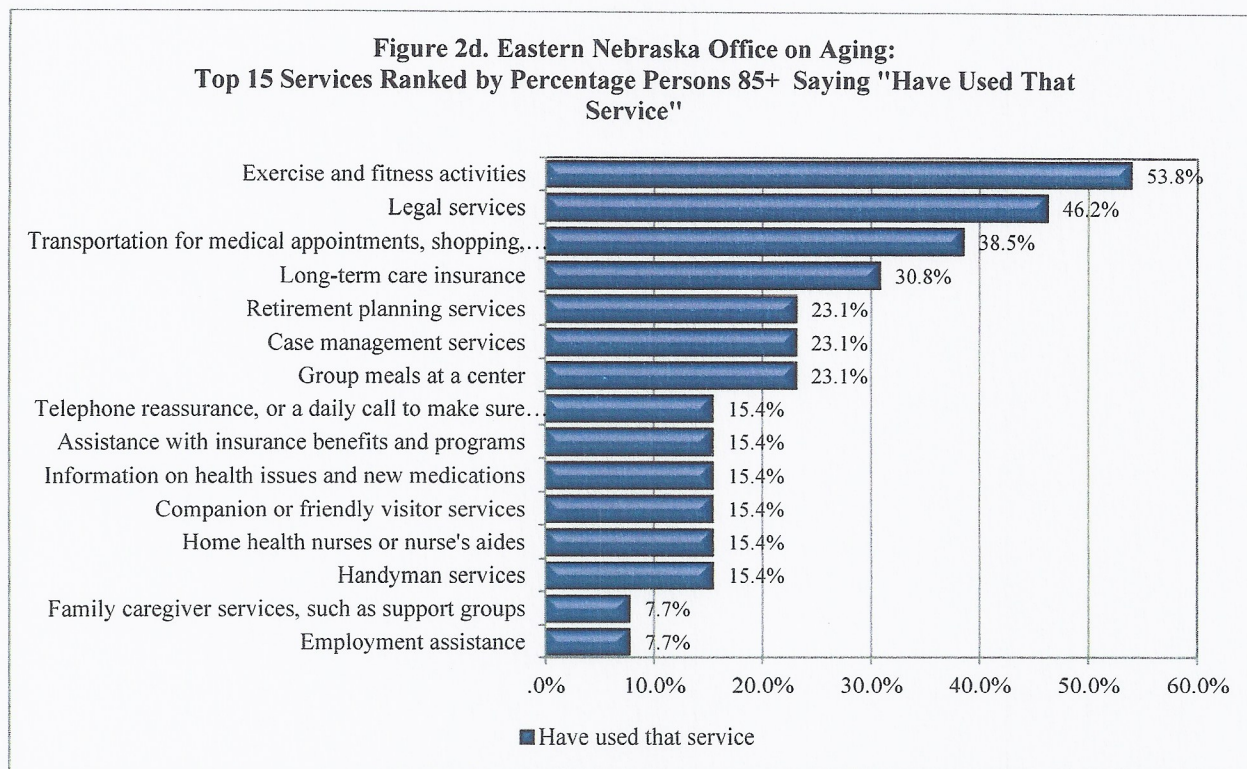


Figure 2c provides an overview of the top fifteen services respondents have used in the past for all those surveyed for the ENOA service area. The most commonly used services included exercise and fitness (29.3%), retirement planning (29.2%) and arranging for long-term care insurance (19.4%). Because this question includes all persons 50 and older, more traditional aging services are not mentioned as frequently. As noted earlier, respondents 50 and older indicated an interest in using home health care services in the future. This is an area that ENOA could build upon. This is in addition to continuing to offer educational programming and transportation to such things as medical appointments and shopping. 15.4 % of respondents also mentioned legal services. As noted in figure 2c, this service is one of the top five services respondents have used in the past. It is likely this service will be of on-going value for persons as they age as well as providing assistance with insurance benefits and programming.

Figure 2d: Respondents 85 and older, services used in the past



Unlike their younger counterparts, respondents 85 and older were most likely to mention using exercise and fitness activities in the past. This was an interesting finding with 53.8% indicated having participated in some type of exercise and fitness activity. 46.2% of respondents mentioned using legal services. Other services mentioned included transportation to medical appointments and shopping (38.5%) and long-term care insurance (30.8%). These services were also mentioned as something they might use in the future. We were interested in the percentage of persons having used case management. 23.1% indicated they had used this service in the past. 46.2% indicated they would never use this service (please see data table in the appendix section for a breakdown of responses). It is possible people do not understand what benefits case management can bring to their overall functioning and ability to maintain their independence. And, while case management may not have been necessary in the past, it is possible this service will be of interest/value in the future. As mentioned previously, marketing this offering to your service area may be of benefit as a gateway to other services that could generate revenue in the future.

Discussion and Implications

The Eastern Nebraska Office on Aging (ENOA) serves a population that, while younger (on average) than the State, shares a number of positive characteristics with older Nebraskans as a whole. As this survey of ENOA's current and target population (persons aged 50 years and over) reveals, a majority of respondents reports that not only are they in good health, but that their health status has stayed the same or actually improved over the past five years. Among respondents 50 and older in the ENOA service area, alcohol consumption is low and fall risk is minimal; these were patterns also observed across the State of Nebraska. However, these survey results also indicate that ENOA faces significant challenges in the future, particularly in service needs critical to the oldest-old, those persons aged 85 years and over.

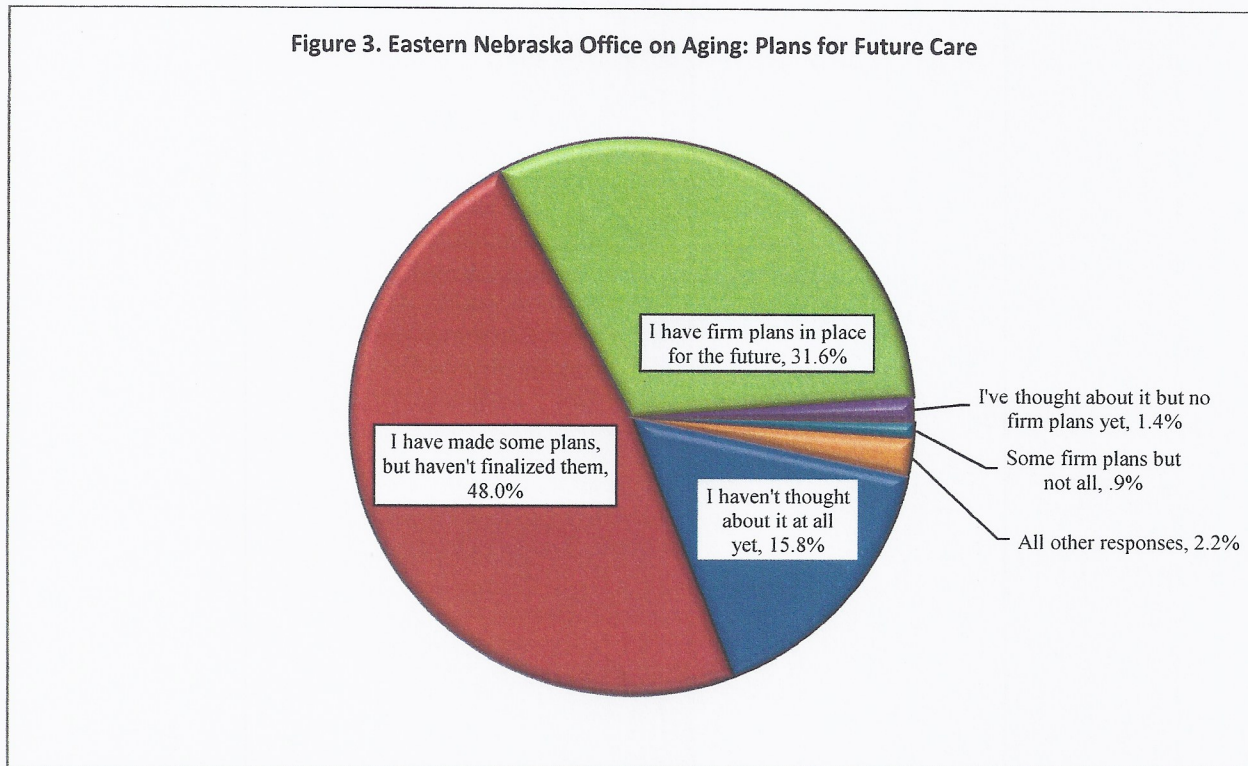
The results of this survey support previous observations made in both research and practice that persons 85 and older represent a distinct cohort within the group identified in legislation (such as the Older Americans Act) as the "older population". This has important implications for the current and future use of the services provided by the Area Agencies on Aging (AAAs).

Throughout both the ENOA service area and the State of Nebraska, a significant minority of the over 85 population reports needs in multiple daily living activities, such as heavy housework, getting around outside, and going places outside walking distance. Consequently, the oldest-old are the heaviest users of home and community-based services (HCBS) in Nebraska. Respondents age 85 and older are the most likely, among age groups in this survey, to have used home health or to anticipate its use in the future. Similar patterns of need are observed in other HCBS, such as transportation, caregiver support, and homemaker/chore services. One need, however, that is less likely to be identified by clients (and a service that is likely underutilized) is case management; our analysis suggests that further education and marketing of this service is needed to demonstrate how case management can facilitate needed interventions such as home health and thus support aging in place.

The survey results further indicate that in addressing individual needs such as those described above in the future, ENOA and its local partners can build upon the services already used by the individual in the past: services in which a successful relationship has already been established between the individual and the AAA and other public and private service providers. Among the most widely used services in this region are exercise, retirement planning, legal services, and long-term care insurance. In other words, providers in both the public sector (ENOA) and the private sector have an opportunity (and a responsibility) to assist adults in all age groups with long-range planning in several areas (e.g., health and wellness, work and retirement, financial security, and end-of-life issues).

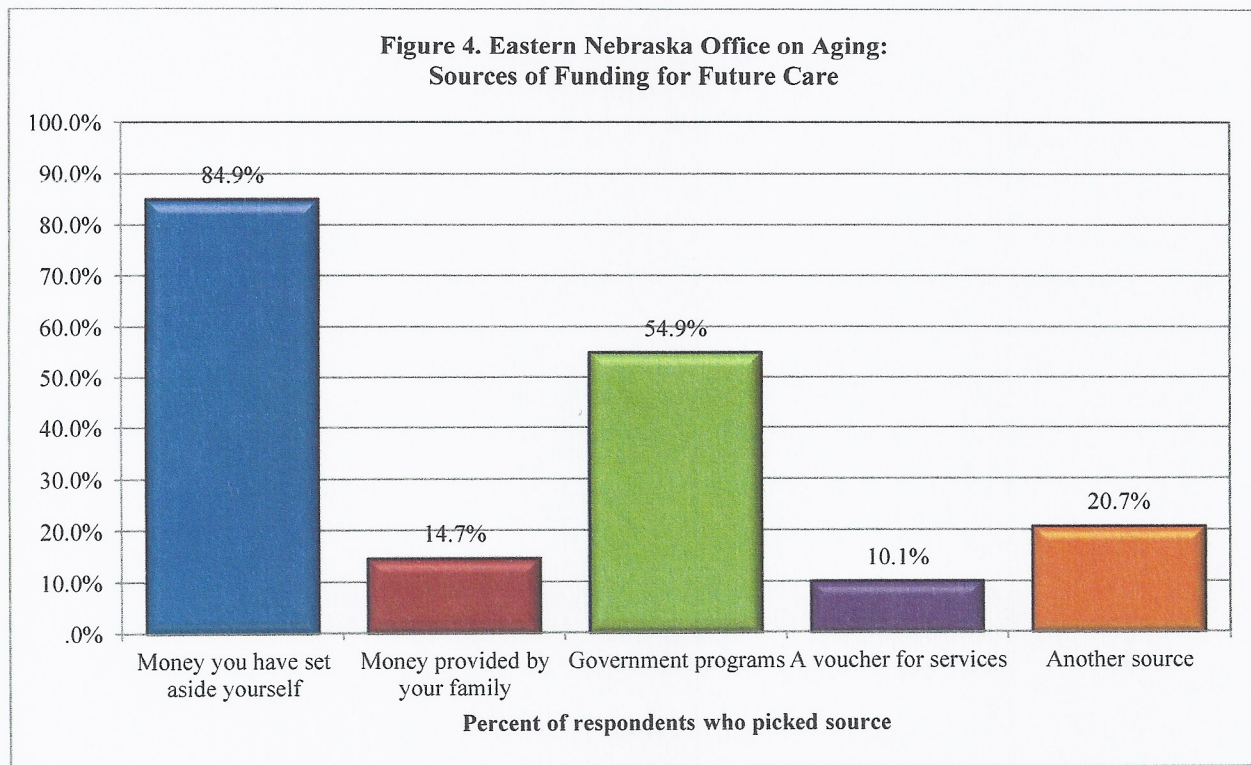
Unfortunately, responses to this survey suggest that there is much need for improvement in this type of planning. As Figure 3 below indicates, less than one-third of total respondents to this survey (persons aged 50 years and older), have firm plans in place for their future care; more than 15% of this population have given no thought at all to these plans. Education efforts by ENOA on the importance of this type of planning are clearly needed, particularly among persons who are not currently clients of the AAA (and who therefore may be outside the scope of AAA programs such as case management).

Figure 3: Plans for Future Care



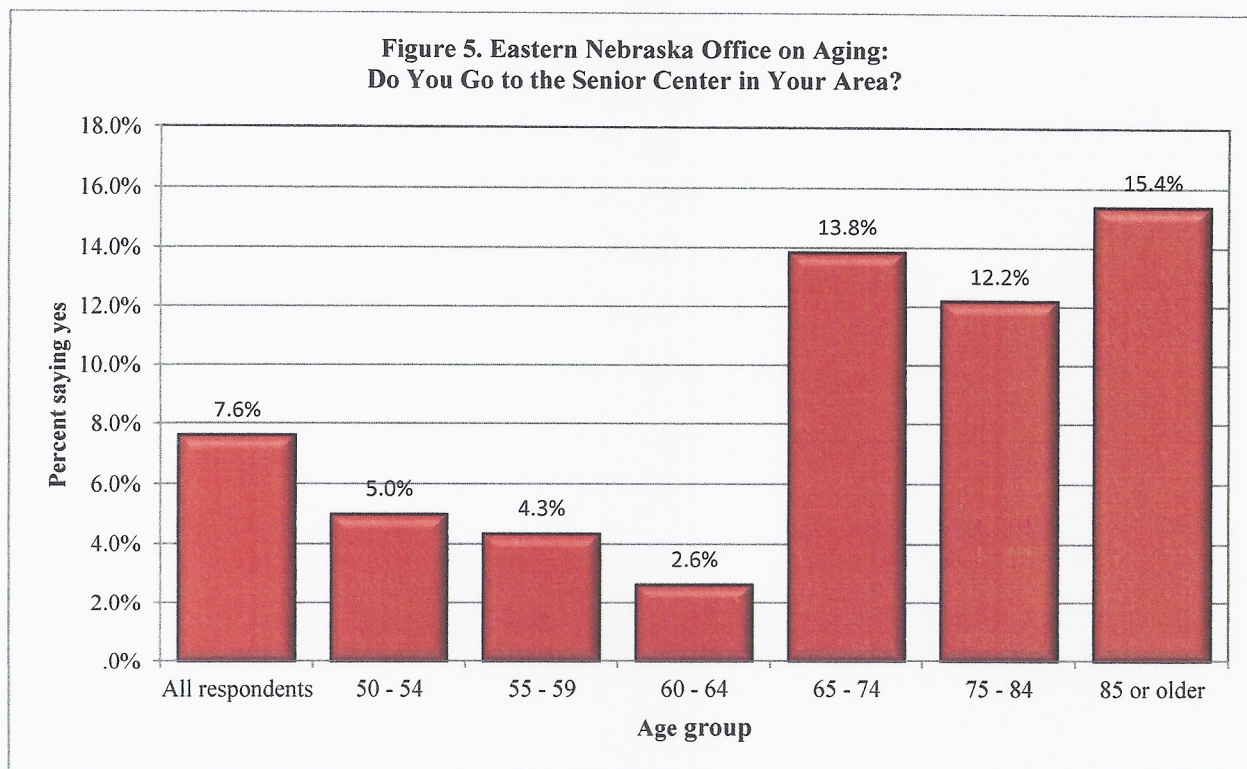
Responses to this survey further suggest that actors beyond the AAA may play a supportive role in assisting the individual with this long-range planning. As Figure 4 below indicates, while more than half of respondents anticipate that funding for future care will come from government programs (e.g., Medicare, Medicaid, and the Older Americans Act), participants in this study also expect families, vouchers, and other sources to cover these expenses. However, the most likely payers for care, as identified in these surveys of Nebraskans aged 50 and older, are the individuals themselves. More than four-fifths of this sample anticipates paying out-of-pocket for future care (see below). Among many other implications, this finding suggest that most of ENOA's target population expects to purchase at least some services from the private sector (e.g., home health agencies, home care providers, attorneys, financial planners). This finding suggests an additional challenge for AAAs in the future: maintaining a prominent role in the delivery of HCBS within an increasingly complex network of local providers.

Figure 4: Sources of Future Funding



The issue of the future viability of the AAAs is given further relevance by the last major finding of this survey: the low participation at senior centers by older individuals. Senior centers are the “one-stop shops” for AAA services in most communities, with programs ranging from information and assistance to more intensive services such as transportation, nutrition, and care management; senior centers are available to all persons 60 years of age and older. However, while senior center use generally increases with age in this sample (as expected), only 15.4% of adults in the 85 and older age group go to their local senior center. This finding, similar to those in previous studies of senior center use throughout the United States, suggests that AAA services available at these locations are reaching less than one-fifth of the very population for which they were intended (persons in the oldest-old age group who wish to age in place). Whether needed services are obtained elsewhere (e.g., through private providers), or not at all, is a matter of utmost concern for the entire aging services community.

Figure 5: Usage of Senior Center



In short, this needs assessment survey identifies future challenges for ENOA, but also illuminates possible directions in addressing the objectives identified in the Older Americans Act. Senior center attendance in the ENOA region is low; but there are clear areas of strength in AAA services, such as exercise and fitness programs. Popular programs such as these can establish a positive relationship between the individual and the AAA, a relationship that may become vital if more intensive interventions (such as transportation, nutrition, and case management) are needed. Other areas of long-range planning (such as legal and financial advisement) may require stronger partnerships between ENOA and providers in both the public and private sectors. Navigating this complex network of services is difficult for an individual of any age. For this reason, among all AAA services, it is *case management* that may be the most vital in the future for individuals and families. Promoting awareness in the community of case management, through education, is a necessary step for ENOA in meeting its objectives, both today and in the future.

Each AAA is faced with the challenges of shrinking budgets which will require a different approach to managing and maximizing resources in the future. The results of the 2012 needs assessment suggest there are potential revenue sources for ENOA to develop which could produce additional funds for the agency now and in the future. Services such as handyman, home renovation, home health nurses and homemaker service are examples of services which could be offered to younger cohorts who have the funds to pay for these services now. Using such avenues as educational programming and case management are but a few examples of how ENOA can inform and encourage younger cohorts and those in the oldest old category to use

your services now and in the future. As discussed during the fall 2011 strategic planning session, AAAs will need to become comfortable in requiring people to pay for services that may have been financed through federal, state and county dollars in the past. Offering services, for a fee, to younger cohorts is a good starting point in preparing for the future.