

# 2021 Needs Assessment

Coastline Elderly Services, Inc.

Area Agency on Aging & Aging Services Access Points



Serving the communities of
Acushnet • Dartmouth • Fairhaven • Gosnold • Marion
Mattapoisett • New Bedford • Rochester

# **Table of Contents**

Foreword	3
Acknowledge	ments 5
Information A	About This Report 6
Age of Surve	y Respondents
Housing State	us 8
Living Situati	on 9
Number of El	derly People Living in Household in 2020 10
Household In	come 11
Skipped Esse	ntials 12
2020 Health a	and Human Services Poverty Guidelines 13
Educational A	attainment
Labor Force I	Participation 15
Missed a Med	lical Appointment16
Top 10 Identifi	ed Needs
Perception of	Health18
Disability	
How Many Re	ceive Care in the Household20
Mental Health	Status21
Local Commu	nity Need22
Conclusion	23
Appendix A:	Survey Letter, Needs Assessment Surveys in English, Spanish and Portuguese
Appendix B:	FFY 2021 Needs Assessment Reporting Form- Executive Office of Elde Affairs

#### Foreword

n preparation of the Area Plan on Aging 2022-2025, Coastline's Area Agency on Aging (AAA), in concert with 20 Area Agencies on Aging throughout the state, were asked to conduct their needs assessment study between September 1 and December 18, 2020.

The Needs Assessment data assists in the formation of a local Area Plan, which helps to shape how programs will be delivered by the AAA. The plan becomes a valuable tool to demonstrate the priorities that will be utilized in order to help fund programs. These components will be established to address the identified needs and to fill any gaps that may exist.

Instructions from the Executive Office of Elder Affairs (EOEA) were provided to the AAAs relating to the methodologies and strategies the AAA could utilize to target populations, such as the socially isolated, those with the greatest economic need, LGBTQ+ individuals, those with limited English proficiency, rural communities, and others.

The Area Agency on Aging was asked to complete community sessions, such as forums, large or small gatherings, focus groups, listening sessions, to name a few. Due to the pandemic and social distancing, this year our needs assessment study could not be conducted in-person as it

has in the past. While we were able to have some semblance of a focus group or listening session, this was done virtually by Zoom.

We also realized that the very population we wanted to hear from - older adults - may not have access to a computer or the internet, and, for those who may have computers with internet capabilities, they did not have the technical skills to use computer software, such as Zoom.

We conducted a focus group with our Senior Community Service Employment Program consumers, the LGBTQ population, and a transportation group. Through coordination with our legal services provider, South Coastal Counties Legal Services, we were able to conduct a listening session to hear the myriad cases from legal service providers regarding the type of issues that were presented to their offices.

In addition to conducting virtual events, Coastline mailed surveys, both random and targeted, to specific populations in English, Spanish, and Portuguese, throughout our planning and service area. These are included as Appendix A.

Coastline coordinated six virtual sessions to gather information from elders, caregivers, and from organizations which provide services to older individuals. We conducted sessions for our stakeholders, including our Advisory Council. We also met virtually with our Councils on Aging.

The AAA distributed 950 surveys to elders, caregivers, the Mashpee Wampanoag Tribe, rural Cuttyhunk, and LGBTQ+ elders, with a 48 percent return. With coordination from the University of Massachusetts Dartmouth's Gerontology Department, we had a student who conducted the needs assessment by phone to elders who were identified as having the greatest economic need.

Additionally, each AAA was asked by EOEA to complete and electronically record a Needs Assessment Reporting Form FFY2021, for each session that was conducted. This would help EOEA with a "snapshot" of the number of people who participated in sessions throughout the state, including some of the issues and concerns that were addressed. The survey form is attached as Appendix B.

This year's survey also incorporates results from similar surveys conducted in 2013 and or 2017, including statistical data obtained from numerous secondary sources.

This report reflects the Area Agency on Aging's commitment in identifying pertinent data that will aid in the development of the Area Plan on Aging, and will also aid in the development of new programs and services for our region's elders and caregivers.

Justin Lees
Chief Executive Officer

Ann McCrillis

Area Agency on Aging Planner

#### Acknowledgements

We offer our sincere gratitude to those who helped host focus groups or coordinated the delivery of our survey, and entered statistical data.

Andrew *Bardetti, Esq.*, South Coastal Counties Legal Services, coordinated a listening session with community providers.

**Zachary Boyer**, Mass Senior Action Council Bristol Coordinator, assisted with identifying survey respondents.

Jordan Feijo, Coastline's Assistant Planner, coordinated mailing of surveys.

**Joseph Hamilton**, UMass Dartmouth student, participated in the credit course "Community Companions" and conducted surveys by telephone.

*Helena DaSilva Hughes*, AAA Advisory Council member and Executive Director of the Immigrants' Assistance Center, coordinated delivery of surveys to non-English speaking older adults.

*Latoya Green*, Transportation Coordinator, Mashpee Wampanoag Tribe, coordinated survey delivery to Tribal elders.

*Krisanne Lombard*, Gosnold Council on Aging Director, coordinated the survey delivery to our rural community, Cuttyhunk.

*Jacqueline Medeiros*, Foster Grandparent Program Director, coordinated FGP listing for phone surveys.

Andrew Revell, Ph.D., AAA Advisory Council member and Associate Professor of Psychology at UMass Dartmouth, coordinated student activities for surveys by phone.

*Karyl Ryan*, Coastline Senior Community Service Employment Program Director, coordinated the Senior Community Service Employment Program focus group.

*George Smith*, Chairman of the AAA Advisory Council, facilitated a listening session for our LGBTQ and Senior Employment elders.

*Jason Steiding*, AAA Advisory Council member and Mashpee Wampanoag Tribe Public Works Director, assisted with coordination for delivery to local tribal members.

Anne Sylvia, Fairhaven Council on Aging Director, coordinated the LGBTQ listening session.

**Seth Thomas**, Coastline's "Senior Scope" Editor, assisted in compiling data results of the surveys.

## Information About This Report

#### Accuracy of the Estimates

This report utilized a paper survey, which is attached in the Appendices of this report. This report also utilized the web-based survey tool, Wufoo, which is a product of Survey Monkey.

Please be aware that this report may have a range of years that varies because data availability was not uniform across the data sources. Some data in this report is based on a sample of the population and is, therefore, subject to sampling error. The data in some indicators may not sum to totals because of rounding.

All demographic and population data is U.S. Census data unless otherwise noted.

#### What is a Need?

Needs are social definitions representing what a person or group requires in order to play a role, meet a commitment, participate in a social process, and retain an adequate level of energy and productivity.

Perceived Need:

Felt

Normative Need:

Reflects "normal standards, value laden shaped by environment."

Expressed Need:

Based on those who seek services, consumers and potential consumers.

Relative Need:

Seek equity of services between geographic areas.

#### What does a Needs Assessment study?

Minimally, the study should look for:

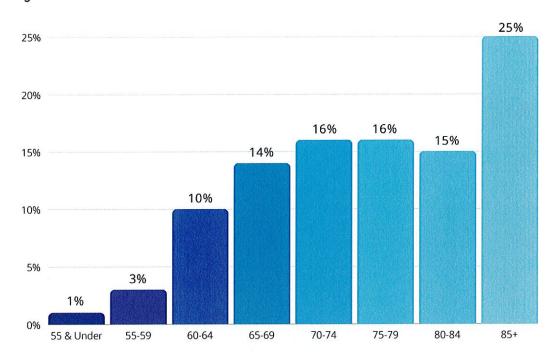
- Who is in need?
- What is lacking or needed?
- What are the goods/services needed?
- How much of each good/service is needed?
- Is the problem supply and demand or access and distribution?
- What is not needed or less needed?
- What will it cost to provide?
- How can it be funded?

(N=460)

Copyright information: Information listed in this report is for the benefit of the general public, and may be reproduced or copied without permission. Citation as to source is appreciated.

# Age of Survey Respondents

Figure 1.



Close to 25 percent of respondents said they were age 85 plus in this survey, and 16 percent said they were between ages 70-79.

In 2020, around 1 in 6 Americans were age 65 and over, and this is projected to rise to 1 in 5 as soon as 2030. This not only represents a change in age composition, but a large increase in the number of older Americans, from 56 million in 2020 to 73 million in 2030.

As the Baby Boomers (those born between 1946 and 1964) age, they create dramatic shifts in America's age composition. The 65-and-over age group is expected to continue to increase, though this growth will likely begin decreasing around 2030 as the Baby Boomers age into the 85-and-over age group.

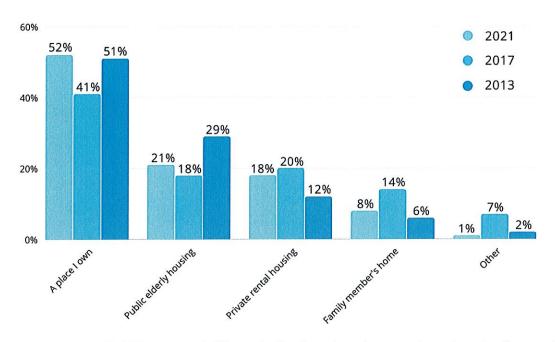
 $Reference\ population:\ This\ data\ refers\ to\ the\ civilian\ non-institutionalized\ population.$ 

SOURCES: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States U.S. Census Bureau, Table 3: Projections of the Population by Sex and Selected Age Groups for the United States: 2017 to 2060 (NP2017-T3)

Federal Interagency Forum on Aging-Related Statistics. (2020). *Older Americans 2020: Key indicators of well-being.* Washington, DC: U.S. Government Printing Office.

## **Housing Status**

Figure 2.



The survey identified 52 percent of elders who live in a place they own, in contrast to 41 percent in 2017. Approximately 21 percent said they live in public elderly housing in 2021. For those who said "other," they listed trailers, mobile homes or tribal housing.

Most older Americans live in adequate, affordable housing. Some, however, live in costly, physically inadequate, and/or crowded housing, which can pose serious problems for an older person's physical or psychological well-being.

Housing cost burden has remained the most prevalent housing problem for all older American households over the years.

Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income.

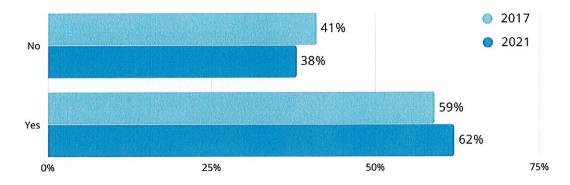
Reference Population: This data refers to the civilian non-institutionalized population. SOURCES: U.S. Department of Housing and Urban Development, American Housing Survey. U.S. Census Bureau, *Households and Families*,

Federal Interagency Forum on Aging-Related Statistics. (2020). *Older Americans 2020: Key indicators of well-being.* Washington, DC: U.S. Government Printing Office.

# **Living Situation**

Figure 3.

Do you live alone?



In this survey, 62 percent of elders said they live alone. This subpopulation of older adults – individuals who live alone and have no children or siblings – may be most likely to use formal services.

In 2018, nationally, older men were more likely to live with a spouse than were older women. About 67 percent of older men lived with a spouse, while less than half (47 percent) of older women did

In contrast, older women were more likely than older men to live alone (31 percent versus 19 percent).

According to a recent Pew Research Center study, living with an extended circle of relatives is the most common type of household arrangement for older people around the world, but in the United States, older people are far less likely to live this way – and far more likely to live alone or with only a spouse or partner.

Reference Population: This data refers to the civilian non-institutionalized population. SOURCES: U.S. Census Bureau: 2020 Population Estimates and Projections; Demography and the Economy Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

Pew Research Center analysis of 2010-2018 census and survey data. https://pewrsr.ch/2TV01ao

# Number of People Living in a household in the 2020 Survey

#### Table 1.

Number of people living in households in 2021 Needs Assessment	Percentages
2	77%
3	13%
4	7%
5	2%
6	0
7	.50%
8+	.50%



Of the 38 percent of people who identified that they do not live alone, (page 9), 77 percent of those respondents said they live in a "two-person" household. The living arrangements of America's older population are linked to income, health status, and the availability of caregivers.

Living alone, for example, often leads to conditions of social isolation and loneliness, which, in turn, are linked to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, and cognitive decline.

A relatively small number of people (1.2 million) age 65 and older lived in nursing homes in 2018. However, the percentage increases dramatically with age, ranging from 1% for persons ages 65-74 to 2% for persons ages 75-84 and 7% for persons over age 85.

Reference Population: This data refers to the civilian non-institutionalized population. SOURCES: U.S. Census Bureau: 2020 Population Estimates and Projections; Demography and the Economy. Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

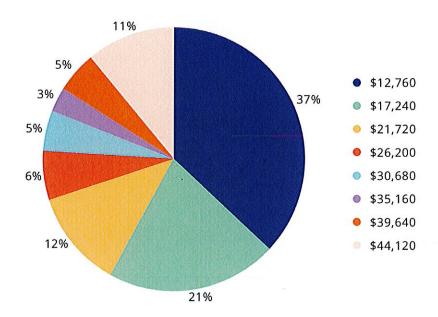
The Administration of Community Living. U.S. Department of Health and Human Services. (2020). 2019 Profile of Older Americans. Washington, DC.

#### Household Income

The rate of poverty is defined as a one-person household with an annual income of \$12,760 or below in 2020, or a two person household with an annual income of \$17,240 in 2020.

In the chart below, 37 percent of elders, in this survey, said their income was \$12,760 or below.

Figure 4.



Most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on greater importance to many older Americans.

Nationally, of new Social Security retired worker beneficiaries in 2018, 28 percent of men and 32 percent of women became entitled at age 62, and about one-quarter of men and women became entitled at ages 63–65. In contrast, 19 percent of men and 14 percent of women became entitled at Full Retirement Age, (FRA) and few (12 percent of both men and women) became entitled post-FRA.

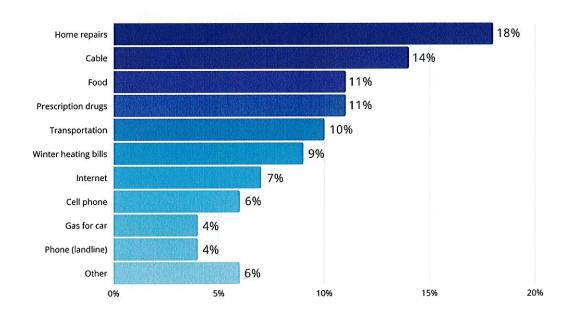
Reference Population: This data refers to the civilian non-institutionalized population.
SOURCE: Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of wellbeing. Washington, DC: U.S. Government Printing Office.
U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

# **Skipped Essentials**

In the last 12 months leading up to the survey, respondents said they skipped essentials due to their inability to afford them.

Figure 5.

In the last 12 months, have you had to skip any of the following because you did NOT have money for:



The poverty rate for all age groups among the older population generally declined in the past four decades. People age 80 and older, however, have a higher poverty rate than individuals under the age of 80.

Some legislative proposals have been introduced to increase income for people age 80 and above. For example, the Social Security Enhancement and Protection Act of 2019 (H.R. 5392, 116th Congress) included a provision to provide additional benefits to certain older or long-term Social Security beneficiaries.

Reference Population: This data refers to the civilian non-institutionalized population.

SOURCE: Congressional Research Service (CRS Report): (2021). Poverty Among the Population Aged 65 and Older.

Washington, D.C.: U.S.

# 2020 Health and Human Services Poverty Guidelines

These poverty guidelines vary by family and are updated annually to account for changes in the cost of living as measured by the change in the average annual value of the Consumer Price Index (CPI) or CPI-U (Consumer Price Index for All Urban Consumers).

The guidelines in this 2020 notice reflect the 0.1 percent price increase between calendar years 2018 and 2019. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the difference between family sizes. Please see the chart below.

These guidelines were used to determine poverty levels for the 2021 Community Needs Assessment.

Table 2.

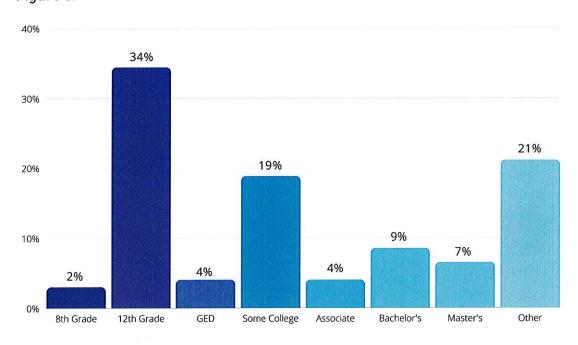
Persons in family/household	48 Contiguous States and the District of Colombia	Or Monthly Average
1	\$12,760	\$1,063
2	\$17,240	\$1,436
3	\$21,720	\$1,810
4	\$26,200	\$2,183
5	\$30,680	\$2,557
6	\$35,160	\$2,930
7	\$39,640	\$3,303
8	\$44,120	\$3,677

For families/households with more than 8 persons, add \$4,480 for each additional person.

SOURCE: Federal Register: Document Number: 2020-00858: Pages:3060-3061

#### **Educational Attainment**

Figure 6:



Educational attainment has effects throughout the life course, which plays a role in well-being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above average health.

In this survey, 34 percent completed 12th grade. For those responding to "other," 21 percent went only as far as 11th Grade.

Massachusetts topped the ranking for the highest percentage of bachelor's degree holders and the highest percentage of graduate- or professional-degree holders, with 20.30% of Massachusetts residents holding an advanced degree of any type in 2019,

Reference Population: This data refers to the civilian non-institutionalized population.

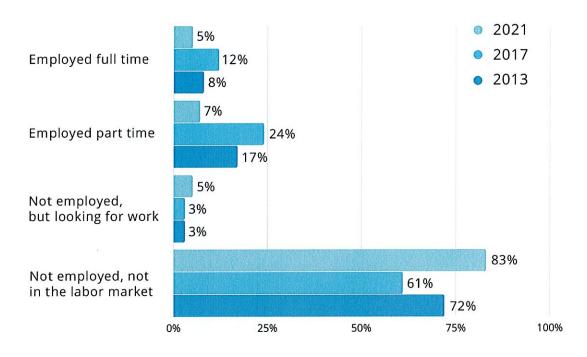
SOURCES: U.S. Census Bureau. Current Population Survey, Annual Social and Economic Supplement.

U.S. Census Bureau's American Community Survey in 2019.

Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

# Labor Force Participation

Figure 7.



Labor force participation is measured by the percentage of a group that is in the labor force that is either working (employed) or actively looking for work (unemployed). Education and training continue to be the most effective path to sustained employment.

In this 2021 survey, 83 percent of respondents indicated that they were not employed and not in the labor market, in contrast to 61 percent in 2017, who responded that they were not looking for work.

This survey was also conducted during the pandemic, which may also play a role in the number of elders who were not employed, due to the closure of many businesses.

Reference population: This data refer to the civilian noninstitutionalized population.

SOURCES: Bureau of Labor Statistics, Current Population Survey.

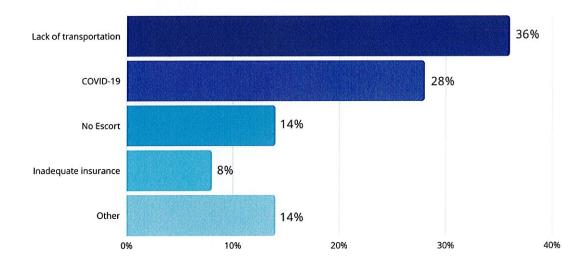
Federal Interagency Forum on Aging-Related Statistics. (2020). *Older Americans 2020: Key indicators of well-being*. Washington, DC: U.S. Government Printing Office.

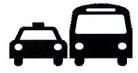
# Missed a Medical Appointment

Respondents were asked if they had missed a medical appointment in the last 12 months leading up to the survey. Twenty-eight percent said they had missed an appointment due to COVID-19.

Figure 8.

In the last 12 months, have you missed a medical appointment due to:





In this survey, lack of transportation, with 36 percent responding, was the primary reason for missing a medical appointment.

Other reasons for missing appointments included: unaffordable copay, weather conditions; surveyors said they were too ill or were taking care of someone who was ill, etc.

Reference population: These data refer to the noninstitutionalized population.

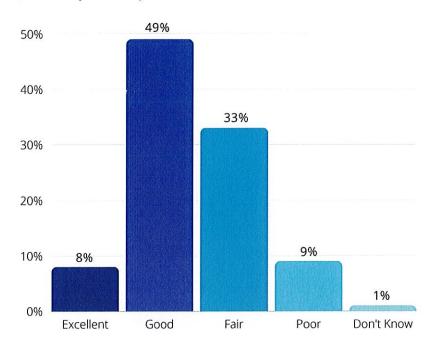
# **Top 10 Identified Needs**

01 25%	said they had difficulty learning to use email, internet, apps, digital technology
02 24%	said they needed physical activity programs to stay active and well
03 23%	of respondents said they could not pay for home repairs
04 22%	indicated that they need help with completing benefit forms
05 22%	said they were coping with depression
06 22%	said they were coping with anxiety
07 17%	said they were coping with memory loss
08 16%	said they needed dental care
09 13%	said they needed help with finding transportation
10 12%	said they were coping with confusion

## Perception of Health

Figure 9.

In general, how do you rate your health?



When asked to rate their health, 49 percent of respondents said they were in good health, and 9 percent listed their health as poor. According to researchers, asking people to rate their health as excellent, very good, fair, or poor provides a common indicator of health easily measured in surveys, and represents physical, emotional, and social aspects of health and well-being. Respondent-assessed health ratings of "poor" correlates with higher risk of mortality.

Respondents, 24 percent, said they needed assistance with staying active and well with physical activity programs. Nationally, the percentage of older people meeting the physical activity guidelines decreased with age, ranging from 16 percent among people ages 65–74 to 7 percent among people age 85 and over.

Reference Population: This data refers to the civilian non-institutionalized population

SOURCES: National Center for Health Statistics, National Health Interview Survey.

Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

DeSalvo, K. B., Bloser, N., Reynolds, K., He, J., & Muntner, P. (2006). Mortality prediction with a single general self-rated health question. *Journal of General Internal Medicine*, 21(3), 267-275.

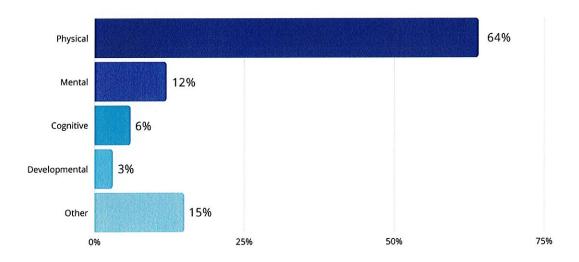
Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. Applied Psychology: Health and Well-Being, 3 (1), 1-43.

## Disability

Chronic conditions usually require ongoing medical care and are a major contributor to health care costs. The majority of older adults have multiple chronic conditions, which contribute to frailty and disability.

When asked if they had a disability, 53 percent of respondents reported that they had a disability. They were then asked to identify the type of disability. This is what they said:

Figure 10.



Disability increases with age. In 2018, 46 percent of people age 85 and over reported having a disability, compared with only 16 percent of people ages 65–74. People age 85 and over also had higher levels of disability than people ages 65–74 in all the individual domains of functioning.

Many older adults have difficulty using some element of their home; roughly 8 million older households (28 percent) reported such difficulty.

The most common difficulty was walking around the house or climbing stairs, followed by getting into and out of the shower, and reaching kitchen cabinets.

Reference Population: This data refers to the civilian non-institutionalized population. SOURCES: Center for Health Statistics, National Health Interview Survey.

Vespa, Jonathan, Jeremy Engelberg, and Wan He U.S. Census Bureau, *Old Housing, New Needs: Are U.S. Homes Ready for an Aging Population?*,P23-217,U.S. Government Printing Office,Washington, DC, 2020

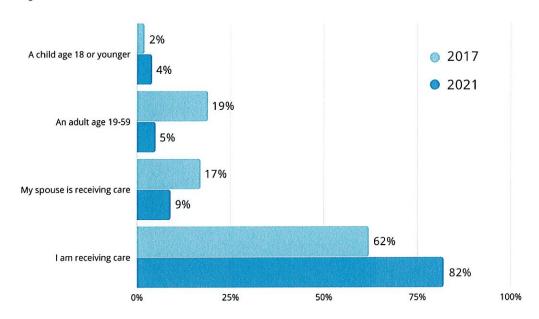
Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

#### Who Receives Care in the Household?

Over 25 percent of those responding to the survey indicated that someone was receiving care in the household. Seven percent said they needed assistance in finding caregiver information and services.

Respondents, 82 percent, said they are receiving care, in contrast to 62 percent in 2017. The responses on who receives care in the household are below.

Figure 11.



The need for caregiving services increases with age. People who are frail or disabled may require help with basic activities of dailing living (ADLs). These services can differ from informal care delivered by a family member or friend, to more formal services from a home care agency, assisted living, or nursing home.

Long-term care (LTC) refers to broad range services and supports to meet the needs of frail older adults, and other people who are limited in their abilities for self-care, because of chronic illness or disability.

Reference Population: This data refers to the civilian non-institutionalized population.

SOURCE: Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of wellbeing. Washington, DC: U.S. Government Printing Office.

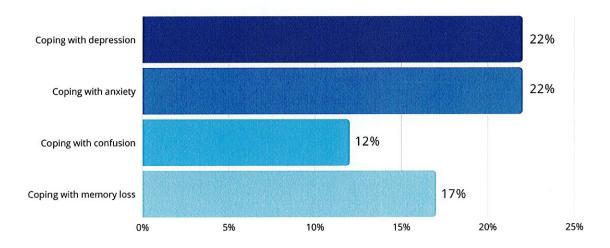
#### Mental Health Status

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher areas of physical illness, greater functional disability, higher health care resource utilization, and dementia.

In this survey, 22 percent of respondents said they were coping with depression and anxiety. Older women were more likely to report clinically relevant depressive symptoms than older men. In 2018, 13 percent of women age 65 and over reported clinically relevant depressive symptoms compared with 9 percent of men.

According to the WHO (World Health Organization), approximately 15 percent of adults aged 60 and over suffer from a mental disorder. Mental health problems are under-identified by health care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help. Mental health problems have a large health and social impact on societies. Depression is ranked by WHO as the single largest contributor to global disability.

Figure 12.



Reference Population: This data refers to the civilian non-institutionalized population.

SOURCES: Federal Interagency Forum on Aging-Related Statistics. (2020). Older Americans 2020: Key indicators of wellbeing. Washington, DC: U.S. Government Printing Office.

https://www.who.int/research-observatory/analyses/mentalhealth/en/

# **Local Community Need**

#### Table 4.

Identified Needs	I Do Need Help
Completing benefit forms for health insurance , SSI, SANP, etc.	22%
Coping with abuse, neglect, exploitation & mistreatment	2%
Coping with alcohol/substance abuse	1%
Coping with anxiety	22%
Coping with confusion	12%
Coping with depression	22%
Coping with memory loss	17%
Coping with hoarding	2%
Coping with transphobia	.35%
Coping with homophobia	.35%
Coping with racism	2%
Finding affordable housing	8%
Finding caregiver information and services	7%
Finding education learning courses/skill development	4%
Finding employment	4%
Finding faith-based activities	5%
Finding handicap modification	4%
Finding legal assistance for:	
Consumer Complaints	2%
Identity theft or fraud	.34%
Tenants' rights	2%
Wills, medical directives	7%
Information on retirement planning	3%
Finding leisure recreation activities	12%
Finding long-term support services in the home	9%
Finding programs/services for older LGBTQ adults	.35%
Finding transportation	13%
Finding volunteer opportunities	6%
Getting health care:	
Heart	3%
Dental care	16%
Diabetes	6%
Hearing care	9%
Prescription drugs	4%
Vison care	11%
Other	4%
Help with home repairs	23%
Help with improving food and nutrition	10%
Receiving home delivered meals	9%
Receiving congregate meals	1%
Receiving dietary information	5%
Learning to use email, internet, apps; digital technology	25%
Managing money and finances	4%
Staying active and well with physical activity programs	24%

Town or City	Total Population 2020	Persons 65 years and over	Persons under 18	Female persons all ages	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific	Two or More Races	Hispanic Or Latino	White alone Not Hispanic or Latino
Acushnet	10,559	22.9%	16.9%	52.8%	91.3%	0.2%	%0.0	2.0%	%0:0	3.3%	2.1%	89.3
Dartmouth	33,783	20.2%	15.9%	52.4%	89.3%	3.1%	0.1%	2.4%	%0:0	3.6%	4.6%	86.7
Fairhaven	15,924	22.0%	18.3%	53.4%	93.5%	0.7%	%0.0	1.4%	0.1%	1.0%	2.3%	92.7%
Gosnold	70	31.4%	%0:0	45.7%	87.14%	0.4%	%0.0	%0.0	%0:0	0.7%	0.4%	95.7%
Marion	5,347	25.5%	21.6%	51.6%	83.4%	1.6%	%0.0	1.5%	0.0%	10.5%	3.7%	80.5%
Mattapoisett	6,508	18.6%	14.2%	50.1%	96.1%	0.0%	%0.0	%0.0	%0.0	3.3%	4.0%	94.6%
New Bedford	101,079	15.1%	23.4%	51.1%	62.4%	6.7%	0.1%	1.6%	%0.0	9:3%	21.9%	59.1%
Rochester	5,717	16.3%	22.9%	48.5%	98.4%	0.2%	%0.0	0.4%	%0:0	0.1%	0.5%	98.1%
State	7,029,917	17.0%	19.6%	51.5%	%9.08	%0.6	0.5%	7.2%	0.1%	2.6%	12.4%	71.1%

Nationally, among six age groups -0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older - the 65+ group was the fastest growing between 2010 and 2021 with its population increasing 34%. The 35 to 49 age group declined the most dropping 6.4% between 2010 and 2021.

The share of the population that is 65 and older increased from 13.8% in 2010 to 17.4% in 2021.

Source: 2020 Decennial Census (https://www.census.gov/programs-surveys/decennial-census/about/rdo.html)

# HOUSEHOLD INCOME, EMPLOYMENT and HOUSING DATA

Town or City	Median Household Income	Persons in Poverty	Veteran Status	Bachelor's Degree or higher	Employment Rate	Total Housing Units	Without Health Care Coverage	Total Households
Acushnet	\$74,035	4.8%	700	20.6%	61%	4,291	0.7%	4,158
Dartmouth	\$85,783	5.4%	1,462	35.2%	56.4%	13,188	2.0%	11,723
Fairhaven	\$75,645	6.5%	959	28.6%	57.8%	7,670	1.8%	791'9
Gosnold	\$69,167	5.4%	æ	54.1%	26.8%	218	24.3%	22
Marion	\$85,636	2.8%	146	45.6%	26.6%	2,692	1.4%	1,946
Mattapoisett	\$90,747	2.0%	684	54.5%	27.6%	3,512	%6:0	2,895
New Bedford	\$48,999	18.6%	3,317	16.9%	58.1%	44,588	4.9%	39.059
Rochester	\$107,212	3.3%	226	53.8%	66.1%	2,105	%6:0	1,955
State	\$89,645	10.4%	290,648	46.6%	62.3%	2,998,537	2.5%	2,759,018

#### Conclusion

he pandemic undoubtedly was top-of-mind for many survey respondents and for those who participated in our group discussions. The City of New Bedford was especially impacted by COVID-19, and the case count remained relatively high in the city compared to surrounding towns throughout 2020 and the first half of 2021.

While we heard from hundreds of people, one participant's story typified the specific challenges that confronted older adults during the pandemic. Joan Stratton, who participated in our group discussion for LGBTQ+ individuals in December 2020, had been cautious. As a mental health provider and transwoman, she specialized in the concerns of LGBTQ+ individuals. At the time, she said she had been counseling clients in the region who were experiencing anxiety and depression, which she attributed to the isolation and fear brought on by the pandemic. She said that clients were unable to "get out and do the things they used to do." She, too, said she was feeling isolated.

Moreover, Joan had chronic obstructive pulmonary disease (COPD) which made her especially at-risk for the respiratory complications associated with COVID-19. Though she felt isolated, she adhered to the pandemic precautions to maintain her health, so she provided counseling by phone or virtually. Regardless, Joan was diagnosed with COVID-19 in early February and was immediately hospitalized. She died days later on February 12, 2021.

Her story illustrates the crux of the issue: the pandemic imperiled older adults perhaps more than any other age group, and the key to prevention – social distancing – drove mental health issues.

The participants in the focus groups noted that a lack of computer skills drove older adults further into isolation and created a barrier to accessing online support services, including health care.

Many of the top ten needs identified in our Needs Assessment survey could be linked to the pandemic, including the need for exercise programs (which often help older adults stay social and active) and coping with depression and anxiety. Furthermore, as society shifted to remote services, older adults were left behind.

In one of our focus groups, the directors of the councils on aging in the Greater New Bedford region agreed, that social isolation and the mental health problems that came with it were top concerns. Technology created a barrier to services at the councils on aging and elsewhere in the community.

For example, consumers enrolled in the Senior Community Service Employment Program reported struggling with signing up for MassHealth online. Lawyers from South Coastal Counties Legal Services noted that older clients did not have the ability to access court hearings because all cases were being conducted via video conferencing technology.

The participants in the focus groups noted that a lack of computer skills drove older adults further into isolation and created a barrier to accessing online support services, including health care. Without the internet or the skills needed to navigate a computer, older adults were

unable to receive those most up-to-date information regarding changes to federal and state programs, which occurred frequently throughout the pandemic, and they may have been unaware of the numerous support services available to them.

The division between those who have access to a computer and the internet and those who do not, often referred to as the "digital divide," existed well before the pandemic. For nearly two decades, the Pew Research Center has tracked the number of high-speed internet (or "broadband") users, and the data has consistently shown that people over the age of 65 are more likely to not have a broadband connection at home compared to other age groups.

A broadband connection allows users to perform tasks that require a high transfer of data, such as communicating over video. With many services offered remotely, including telehealth check-ups with physicians and specialists, and with many opportunities for socialization happening over video conferencing apps, having access to broadband during the pandemic became essential.

However, as the top need in our survey indicated, older adults reported they lack the skills necessary to utilize this technology. This knowledge gap contributed to the digital divide, creating a barrier between older adults and critical support services.

# APPENDIX A

Needs Assessment Surveys in English, Spanish and Portuguese



#### THIS IS NOT A BILL

October 8, 2020

Dear Friend,

Coastline Elderly Services, Inc. the region's Area Agency on Aging, in coordination with the Executive Office of Elder Affairs, is conducting a Needs Assessment Survey to gather information on the needs of older people. Our purpose is to improve elderly services and fulfil federal requirements.

Your response is **VERY** important to us, but participation in this survey is entirely voluntary. You do not need to provide your name. Your refusal to participate will not affect any services you are currently receiving from Coastline, or may apply for in the future.

Please mail your completed survey in the enclosed stamped addressed envelope by November 20, 2020.

Should you have any questions, you may contact Ann McCrillis, Area Agency on Aging Planner, at 508-742-9160. Thank you.

Sincerely,

Justin Lees

Chief Executive Officer

Coastline Elderly Services, Inc.

Acushnet • Dartmouth • Fairhaven • Gosnold • Marion • Mattapoisett • New Bedford • Rochester









#### 2021 COMMUNITY NEEDS ASSESSMENT OF OLDER PEOPLE

	1. Please tell us your age: Under 55 55-59 60-64 65-69 70-74 75-79 80-84 85+	6. What language do you speak at home? English Spanish Portuguese Other (please specify)  7. Highest grade or college level completed?
	2. Are you: Male Female	8. In general, how do you rate your health? Excellent Good Fair Poor Don't know
)	3. Do you identify as LGBT (lesbian, gay, bisexual or transgender)?  Yes No  4. Which of the following best represents your racial or ethnic heritage?	9. Do you live alone? Yes No  10. If you <i>DO NOT</i> live alone, how many are in the household? 12345678+
	American Indian / Alaska Native Native Hawaiian / other Pacific Islander Asian White (non-Hispanic) Black or African American Two or more races Some other race	11. What is your housing status?  Own Family member's home Public elderly housing Private rental housing Other (please specify):
	5. Are you of Hispanic/Latino heritage?  Yes No	12. Is anyone in your household receiving care from a relative or friend?

13. If <i>YES</i> , who receives care?  I am getting care  My spouse is getting care  An adult age 19-59  A child age 18 or younger	14. What is your employment status?  Employed, full-time  Employed, part-time  Not employed, but looking for work  Not employed, not in the labor market
15. Please estimate your Total Family Income Security, and interest, etc. ( <i>PLEASE CHECK</i>	in the last 12 months, including wage, pension, Social <i>ONE</i> )
Annually\$12,760 or below\$17,240 to \$21,720\$21,720 to \$26,200\$26,200 to \$30,680\$30,680 to \$ 35,160\$35,160 to \$39,640\$39,640 to \$44,120\$44,120 and over	(or Monthly Average) \$1,063 or below \$1,436 to \$1,810 \$1,810 to \$2,183 \$2,183 to \$2,556 \$2,557 to \$2,930 \$2,930 to \$3,303 \$3,303 to \$3,676 \$3,677 and over
16. In the last 12 months, have you missed a medical appointment due to: Lack of transportationNo escortInadequate insuranceOther (please specify)	19. In the last 12 months, have you had to skip any of the following because you <u>DID NOT</u> have money for: (Please check all that apply) Food Transportation Gas for car Prescription drugs Home repairs
17. Do you consider yourself to have a disability?  Yes No  18. If your response to #17 is <i>YES</i> , please identify your disability. ( <i>Please check all that apply</i> )  Cognitive Developmental Mental Physical	Cable Internet Phone (landline) Cell phone Winter heating bills Other (please specify)

Completing benefit forms for health Finding volunteer opportunities insurance, SSI, SNAP, etc. Getting health care Coping with abuse, neglect, Heart exploitation & mistreatment Dental care Coping with alcohol/substance abuse Coping with anxiety Diabetes Coping with confusion Hearing care Coping with depression Prescription drugs Coping with hoarding Coping with homophobia Vision care Coping with transphobia Other (please specify) Coping with memory loss Coping with racism Finding affordable housing Home Repairs Finding caregiver information and Improving food and nutrition services Receiving home delivered meals Finding education learning Receiving congregate meals courses/skill development Finding employment Receiving dietary information Finding faith-based activities Learning to use email, internet, apps., Finding handicap modification digital technology Finding legal assistance for: Managing money/finances Consumer complaints Retirement planning Identify theft or fraud Tenants' rights Staying active and well with physical Wills, medical directives activity programs Finding leisure and recreation activities Finding long-term support services in the home Finding programs/services for older lesbian, gay, bisexual or transgender people Finding transportation

20. Do you **NEED HELP** with any of the following? (*Please check all that apply*)

21. Do you have access to the internet?  Yes No	22. How do you get information? ( <i>Please check all that apply</i> )  Daily/weekly newspapers
	Radio
	Internet
	Council on Aging newsletters
	Television
	Senior Scope
	Social media: Facebook, Twitter, Instagram, etc. Other
	Other
Comments:	

Thank you for your participation in the 2021 Needs Assessment of Older People and their Caregivers.

# EVALUACIÓN PARA EL 2021 DE LAS NECESIDADES DE LAS PERSONAS MAYORES DE LA COMUNIDAD

1. Díganos su edad:	
Menor de 55 55-59	7. ¿Grado más alto o nivel universitario
60-6465-69	completado?
70-74 75-79	
80-84 85+	8. En general, ¿cómo califica su salud?  Excelente Buena Reg  Deficiente No sé
2. Es usted:	
Hombre Mujer	9. ¿Vive solo? Sí No
3. ¿Se identifica como LGBT (lesbiana, homosexual, bisexual o transgénero)?  Sí No	10. Si <i>NO vive</i> solo, ¿cuántas personas hay en el hogar? 12345678+
4. ¿Cuál de las siguientes opciones representa mejor su herencia racial o étnica?  Indio Americano / Oriundo de Alaska Oriundo de Hawái / otra isla del Pacifico Asiático Blanco (no hispano) Negro o Afroamericano Dos o más razas Alguna otra raza	11. ¿Cuál es su situación de vivienda? Propia Hogar de un familiar Vivienda pública para personas mayores Vivienda de alquiler privada Otro (especifique)
<ul><li>5. ¿Es usted de ascendencia hispana/latina?</li><li>□ Sí □ No</li><li>1</li></ul>	1
	12. ¿Alguien de su hogar recibe atención de un familiar o amigo?

13. En <i>CASO AFIRMATIVO</i> , ¿quién recibe atención?  Yo estoy recibiendo atención  Mi cónyuge está recibiendo atención  Un adulto de 19-59 años  Un niño de 18 años o menos	14. ¿Cuál es su situación laboral? Empleado, tiempo completo Empleado, a tiempo parcial No tiene empleo, pero busca trabajo No tiene empleo, no está en el mercado labor
15. Por favor, calcule su ingreso familiar total en lo Seguro Social e intereses, etc. ( <i>MARQUE UNO</i> )	os últimos 12 meses, incluyendo salario, pensión,
Anualmente\$12,760 o menos\$17,240 a \$21,720\$21,720 a \$26,200\$26,200 a \$30,68030,680\$ a 35,160 \$35,160\$ a 39,640\$39,640\$ a 44,120\$\$44,120 y más	(o promedio mensual) \$1,063 o menos \$1,436 a \$1,810 \$1,810 a \$2,183 \$2,183 a \$2,556 \$2,557\$ a 2,930\$ \$2,930\$ a 3,303\$ \$3,303\$ a 3,676\$ \$3,677 y más
16. En los últimos 12 meses, ha faltado a una cita médica debido a: al Falta de transporte Falta de acompañante Co Seguro inadecuado Otro (especifique)	19. En los últimos 12 meses, ha tenido que omitialguno de los siguientes porque <u>NO</u> tiene dinero para: ( <i>Por favor marque todos los que correspondan</i> ) Comida Transporte
17. ¿Considera que tiene una discapacidad?  Sí No  18. Si su respuesta a #17 es SÍ, identifique su discapacidad. ( <i>Por favor marque todos los que apliquen</i> )  Cognitivo Del desarrollo Mental Físico Otro (especifique)	Gasolina para el coche Medicamentos recetados Reparaciones de vivienda Cable Internet Teléfono (fijo) Teléfono móvil Facturas de calefacción en invierno Otro (especifique)

#### ¿NECESITA AYUDA con alguno de los siguientes? (Marque todos los que apliquen) Llenar formularios de beneficios de Encontrar transporte seguro de salud, SSI, SNAP, etc. Encontrar oportunidades de voluntariado Hacer frente al abuso, negligencia, Recibir atención médica explotación y maltrato Afrontar el abuso de Corazón alcohol/sustancias Cuidado dental Sobrellevar la ansiedad Diabetes Afrontar la confusión Sobrellevar la depresión Cuidado auditivo Hacer frente al acaparamiento Medicamentos recetados Hacer frente a la homofobia Cuidado de la vista Hacer frente a la transfobia Sobrellevar la pérdida de memoria Otro (especifique) Hacer frente al racismo Encontrar vivienda asequible Reparaciones de vivienda Encontrar información sobre encargados de cuidado y servicios Mejorar la alimentación y la nutrición Encontrar cursos de aprendizaje Recibir comidas a domicilio educativo/desarrollo de habilidades Recibir comidas en grupo Encontrar empleo Recibir información dietética Encontrar actividades basadas en la fe Aprender a usar el correo electrónico, internet, Encontrar adaptación de discapacidad Aplicaciones, tecnología digital Encontrar asistencia legal para: Administración de dinero/finanzas Quejas de consumidores Planificación de jubilación Identificar robo o fraude Mantenerse activo y bien con programas Derechos de los inquilinos de actividades físicas Testamentos, directivas médicas Encontrar actividades de ocio y recreación Encontrar servicios de apoyo a largo plazo en el hogar Encontrar programas/servicios para lesbianas, homosexuales, bisexuales o transgénero de edad avanzada

		22. ¿Cómo obtiene información? (Por favor
		marque todos los que apliquen)
	21. ¿Tiene acceso a Internet?	Periódicos diarios/semanales
	Sí No	Radio
		Internet
		Boletines del Consejo sobre el
		Envejecimiento
		Televisión
		Publicaciones de Senior Scope
		Redes sociales: Facebook, Twitter,
		Instagram, etc.
		Otro
Con	nentarios:	
-		
S		

Gracias por su participación en la Evaluación de necesidades de 2021 de las personas mayores y sus encargados de cuidado.

# AVALIAÇÃO COMUNITÁRIA DAS NECESSIDADES DOS IDOSOS 2021

1. Por favor indique sua idade: Abaixo de 55 55-59 60-64 65-69	6. Que língua você fala em casa? Inglês Espanhol Portuguê Outra (por favor especifique)
70-74	7. Nível educacional mais alto que você completou?
2. Você é: Homem Mulher	8. Em geral, como você classifica sua saúde? Excelente Boa Razoa Ruim Não Sei
3. Você se identifica como LGBT (lésbica, gay, bissexual ou transexual)?  Sim Não	9. Você mora sozinho? Sim Na
4. Qual das seguintes opções melhor representa sua herança racial ou étnica?  Indígena Americano / Nativo do Alaska	10. Se você <i>NÃO</i> mora sozinho, quantas pess moram em sua casa?12345678+
Nativo do Havaí / outra ilha do Pacífico Asiático Branco (não-Hispânico) Negro ou Americano Africano Duas ou mais raças Outra raça	11. Qual é seu status de moradia? Casa própria Casa de membro da família Moradia pública para idosos Aluguel particular de casa Outro (por favor especifique):
5. Você tem herança étnica Hispânica/Latina?  Sim  Não  11	12. Alguém em sua casa recebe cuidados de

13. Se <i>SIM</i> , quem recebe cuidados?  Eu recebo cuidados  Meu cônjuge recebe cuidados  Um adulto de 19-59 de idade  Uma criança de até 18 anos  de	14. Qual é seu status de trabalho? Empregado, tempo integral Empregado, meio período Não está empregado, mas procurando trabalho Não está empregado, não está no mercado de trabalho
15. Por favor forneça uma estimativa da Reno salários, pensões, benefícios do Social Security, e	da Familiar Total nos últimos 12 meses, incluindo e juros, etc. ( <i>POR FAVOR ESCOLHA UM</i> )
Anualmente \$12,760 ou menos\$17,240 a \$21,720\$21,720 a \$26,200\$26,200 a \$30,680\$30,680 a \$ 35,160\$35,160 a \$39,640\$39,640 a \$44,120\$44,120 ou mais  16. Nos últimos 12 meses, você faltou em alguma consulta médica devido a: Falta de transporte Não ter acompanhante Plano de saúde inadequado Outro (por favor especifique)	(ou Média Mensal) \$1,063 ou menos \$1,436 a \$1,810 \$1,810 a \$2,183 \$2,183 a \$2,556 \$2,557 a \$2,930 \$2,930 a \$3,303 \$3,303 a \$3,676 \$3,677 ou mais  19. Nos últimos 12 meses, você NÃO teve algum dos seguintes devido à falta de dinheiro:  (Por favor indique todos os aplicáveis a você) Alimento Transporte Gasolina para o carro
	Remédios prescritos Reparos na casa
17. Você se considera como tendo alguma deficiência?  Sim Não  18. Se sua resposta à pergunta 17 é <i>SIM</i> , por favor identifique sua deficiência. ( <i>Por favor indique todos os aplicáveis a você</i> )  Cognitiva De desenvolvimento Mental Física Outra (por favor especifique)	TV a caboInternetTelefone (residencial)Telefone celularContas de aquecimento no invernoOutro (por favor especifique)

20. Você *PRECISA DE AJUDA* para algum dos seguintes? (*Por favor indique todos os aplicáveis a você*)

para planos de saúde, SSI, SNAP, etc.  Lidar com abuso, negligência, maustratos & abandono  Lidar com abuso de álcool/drogas  Lidar com ansiedade  Lidar com confusão  Lidar com depressão  Lidar com hoarding (acumulação)  Lidar com transfobia  Lidar com perda da memória  Lidar com perda da memória  Lidar com resismo  Encontrar oportunidades para ser  voluntário  Obter cuidados médicos  — Cardíacos  — Dentários  — para Diabetes  — Auditivos  — para obter Remédios prescritos  Visuais	Completar formulários de benefícios	
Lidar com abuso, negligência, maustratos & abandono  Lidar com abuso de álcool/drogas  Lidar com ansiedade  Lidar com confusão  Lidar com depressão  Lidar com hoarding (acumulação)  Lidar com transfobia  Lidar com perda da memória  Voluntário  Voluntário  Obter cuidados médicos  Cardíacos  Dentários  para Diabetes  Auditivos  para obter Remédios prescritos	para planos de saúde, SSI, SNAP, etc.	Encontrar oportunidades para ser
Lidar com abuso de álcool/drogas  Lidar com ansiedade  Lidar com confusão  Lidar com depressão  Lidar com hoarding (acumulação)  Lidar com homofobia  Lidar com transfobia  Lidar com perda da memória  Obter cuidados médicos  Cardíacos  Dentários  para Diabetes  Auditivos  para obter Remédios prescritos	Lidar com abuso, negligência, maus-	Commission of Control
Lidar com ansiedade Lidar com confusão Lidar com depressão Lidar com hoarding (acumulação) Lidar com homofobia Lidar com transfobia Lidar com perda da memória  Cardíacos  Dentários  para Diabetes  Auditivos  para obter Remédios prescritos		
Lidar com confusão Lidar com depressão Lidar com hoarding (acumulação) Lidar com homofobia Lidar com transfobia Lidar com perda da memória  Dentários  para Diabetes  Auditivos  para obter Remédios prescritos		Obter cuidados médicos
Lidar com depressão  Lidar com hoarding (acumulação)  Lidar com homofobia  Lidar com transfobia  Lidar com perda da memória  Dentários  para Diabetes  Auditivos  para obter Remédios prescritos		Cardíacos
Lidar com depressão Lidar com hoarding (acumulação) Lidar com homofobia Lidar com transfobia Lidar com perda da memória  Para Diabetes Auditivos para obter Remédios prescritos	2	Dentários
Lidar com homofobia Lidar com transfobia Lidar com perda da memória  — Lidar com perda da memória  — Lidar com perda da memória  — Lidar com perda da memória	( <del></del>	
Lidar com transfobia para obter Remédios prescritos Lidar com perda da memória		para Diabetes
Lidar com perda da memória  —— para obter Remedios prescritos	1	Auditivos
Lidar com perda da memória	4 Students (Sept. 1 Sept. 1 Se	para obter Remédios prescritos
Lidan aam naaigma		
Eldai Com Tacismo	Lidar com racismo	
Encontrar habitação acessível Outros (por favor especifique)		Outros (por favor especifique)
Encontrar informações sobre		
cuidados e fornecedores (home care)  Reformas em casa		Reformas em casa
Encontrar cursos educativos/de		
desenvolvimento de habilidades Melhoria da alimentação e nutrição		Melhoria da alimentação e nutrição
Encontrar trabalho/emprego Receber refeições prontas em casa		Receber refeições prontas em casa
Encontrar atividades religiosas  Receber refeições em grupo		Receber refeições em grupo
Encontrar modificações para  deficientes  Receber informações nutricionais		Receber informações nutricionais
		-
Encontrar assistência jurídica para:  Aprender a usar e-mail, internet,		
Reclamações de Consumidor aplicativos, tecnologia digital		Tr. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
Identificação de roubo ou fraude Gerenciar dinheiro/finanças		Gerenciar dinheiro/finanças
Direitos de Inquilino Testamentos, orientações médicas Planejamento para se aposentar		Planejamento para se aposentar
Encontrar atividades de recreação e lazer — Continuar ativo e saudável com		Continuar ativo e saudável com
Encontrar serviços domésticos de programas de atividades físicas		20 20 20 20 20 20 20 20 20 20 20 20 20 2
suporte de longo prazo	•	
Encontrar programas/serviços para		
pessoas lésbicas, gays, bissexuais ou		
transexuais mais velhas	• 0 0 0 0 0 0	
Encontrar transporte		

	22. Como voce se mantem informado? ( <i>Por</i>
	favor indique todas as aplicáveis a você)
21. Você tem acesso à internet?	Jornais diários/semanais
Sim Não	Rádio
Sim Não	Internet
	Jornais do Council on Aging
	(Conselho dos Idosos)
	Televisão
	Senior Scope (Informações a Sêniores)
	Redes Sociais: Facebook, Twitter,
	Instagram, etc.
	_ Outra
)	
Comentários:	

Obrigado pela sua participação na Avaliação das Necessidades de Idosos e os Profissionais que Cuidam Deles de 2021

## APPENDIX B

FFY 2021 Needs Assessment Reporting Form - Executive Office of Elder Affairs



Please select one	<u> </u>		
2. Enter the following <b>Sessi</b> o	on Information:		
Select the approximate Sta			
	Date	Start Time	End Time
Session Date & Time:		¥	
	on Detaile:		
S. Enter the following <b>Sessi</b>	on Details.		
<b>3. Enter the following Sessi</b> Facilitator Name:	on betails.		

Enter all applicable Items  Older Adults  Caregivers  Providers  Advocates  AAA Staff Members  Other  Total  5. Target Population: Race  Check applicable Items  「White  Black / African American  American Indian / Alaskan Native  Asian  American Indian / Alaskan Native  Asian  Native Hawailan / Other Pacific Islander  Multi-Racial  Multi-Racial  Chier  Unknown	4 5	Participants: Number & Types of Participants
Older Adults  Caregivers  Providers  Advocates  AAA Staff Members  Other  Total   5. Target Population: Race  Check applicable items    White   Black / African American   American   American   American Indian / Alaskan Native   Asian   American Indian / Alaskan Native   Asian   Multi-Racial   Multi-Racial   Multi-Racial   Multi-Racial   Multi-Racial   Other	-4. 1	Farticipants. Number & Types of Farticipants
Caregivers  Providers  Advocates  AAA Staff Members  Other  Total   5. Target Population: Race  Check applicable items  「White  Black / African American  American Indian / Alaskan Native  American Indian / Other Pacific Islander  Multi-Racial  Multi-Racial  Other	Ente	er all applicable items
Providers  Advocates  AAA Staff Members  Other  Total   5. Target Population: Race  Check applicable items  □ White  □ Black / African American  □ American Indian / Alaskan Native  □ American Indian / Alaskan Native  □ Asian  □ Native Hawaiian / Other Pacific Islander  □ Multi-Racial  □ Multi-Racial  □ Multi-Racial	Olde	er Adults
Ada Staff Members  Other  Total  5. Target Population: Race  Check applicable items  White Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Multi-Racial  Other	Care	egivers
AAA Staff Members  Other  Total  5. Target Population: Race  Check applicable items  「White  Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Other	Prov	viders
AAA Staff Members  Other  Total  5. Target Population: Race  Check applicable items  「White  Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Other		
Total  5. Target Population: Race  Check applicable items  White  Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Other	Adv	
Total  5. Target Population: Race  Check applicable items  □ White □ Black / African American □ American Indian / Alaskan Native □ Asian □ Native Hawaiian / Other Pacific Islander □ Multi-Racial □ Other	AAA	a Staff Members
5. Target Population: Race  Check applicable items  White  Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Other	Othe	er .
5. Target Population: Race  Check applicable items  White  Black / African American  American Indian / Alaskan Native  Asian  Native Hawaiian / Other Pacific Islander  Multi-Racial  Other	Tota	al
Check applicable items   ☐ White  ☐ Black / African American  ☐ American Indian / Alaskan Native  ☐ Asian  ☐ Native Hawaiian / Other Pacific Islander  ☐ Multi-Racial  ☐ Other		
<ul> <li>□ Black / African American</li> <li>□ American Indian / Alaskan Native</li> <li>□ Asian</li> <li>□ Native Hawaiian / Other Pacific Islander</li> <li>□ Multi-Racial</li> <li>□ Other</li> </ul>	Che	ock applicable items
<ul> <li>□ Black / African American</li> <li>□ American Indian / Alaskan Native</li> <li>□ Asian</li> <li>□ Native Hawaiian / Other Pacific Islander</li> <li>□ Multi-Racial</li> <li>□ Other</li> </ul>		
<ul> <li>□ Asian</li> <li>□ Native Hawaiian / Other Pacific Islander</li> <li>□ Multi-Racial</li> <li>□ Other</li> </ul>	Г	Black / African American
<ul> <li>□ Native Hawaiian / Other Pacific Islander</li> <li>□ Multi-Racial</li> <li>□ Other</li> </ul>	Г	American Indian / Alaskan Native
<ul><li>✓ Multi-Racial</li><li>✓ Other</li></ul>	П	Asian
□ Other	Г	Native Hawaiian / Other Pacific Islander
	Г	Multi-Racial
□ Unknown	Г	Other
	Г	Unknown
	6. T	Γarget Population: <b>Ethnicity</b>
6. Target Population: Ethnicity		
6. Target Population: Ethnicity	Is th	he Target Population comprised of those with <b>Hispanic / Latino</b> origins?
6. Target Population: Ethnicity  Is the Target Population comprised of those with Hispanic / Latino origins?	(	Yes
Is the Target Population comprised of those with <b>Hispanic / Latino</b> origins?	۲	No
Is the Target Population comprised of those with Hispanic / Latino origins?  C Yes	$\Gamma$	Unknown

7. 1	Target Population: Language
Is ti	he Target Population comprised of Linguistic Minorities?
(	Yes
(	No
(	Unknown

Completed:



8.1	8. Target Population: Language				
If se	electing "Yes, Linguistic Minorities comprise the population" please specify.				
Che	Check all that apply				
п	Arabic				
Г	Chinese (Mandarin or Cantonese)				
Г	Haitian Creole				
Г	Hindi				
П	Italian				
П	Khmer				
Г	Portuegese				
Г	Russian				
Г	Spanish				
Г	Other Please Specify:				

Completed:	SHEETHERY .



9	. Ta	arget Population: Economic Needs	
Is	s the	e Target Population comprised of Low Income Older Adults?	
(		Yes	
(	1	No	

Completed:



10	. Target Population: <b>Economic Needs</b>
If s	selecting "Yes, Low Income Older Adults comprise the population" please specify:
r	Low Income Elders
٢	Low Income Minority Elders
۲	Other Please Specify:
	Completed:



11.	Target Population: Social Needs		
Che	ck applicable items		
٢	Abuse, Neglect, Exploitation		
г	Alzheimer's / Dementia		
г	Caregiver Support		
г	Cognitive Impairment		
г	Cultural / Social		
г	Disabled Older Adults		
г	Frail Older Adults		
г	Grandparents		
г	Hearing Impairment		
г	Housing Concerns		
г	Isolation		
г	Legal Services		
г	LGBTQ+		
г	Low Vision		
Г	Mental / Behavioral Health		
г	Mobility		
r	Nutrition / Meals		
г	Rural Older Adults		
r	Workforce		
Г	Other Please Specify:		
in t	Select any relevant Method Category Types utilized as modes  * The option for Specify Other is available only if there is not if the Specify Other choice is used, enter the general Category Choose an option to distinguish between various Communicati In the last column Define the specific Activity held or Strategy	Is in regards to the approaches utilized for gathering & capturing input of the population's needs.  of collection ta best fit y Type of the Activity ion Means that are currently being employed used	
		Specify Other Category Type Only Communication Means Briefly Define Activity/Strategy	
Sess	ion <u>•</u>	<u> </u>	
_			
	Method Category Type Options	Communication Means Options	
	Commission / Taskforce	Audio / Phone	
	Conference (Professional Non-Consumers)  Expert Input	Email In Person	
	Interview	in Person Mail	
	Meeting / Gathering: Large (>15)	Virtual (Zoorn, GoToMeeting, WebEx, etc.)	

#### 13. Needs / Concerns: Communicated Areas of Concern

In the area below, please report on all Identified Needs & Concerns that were indicated during the Session.

- Select all applicable Need/Concern Areas Identified though the Session's engagement
   The option for Other is available only if there is not a best fit
- Of the areas selected, provide a Top 3 Ranking based on the feedback received
   Only 3 items may be highlighted as a top concern
- In the last column Describe the specifics of the vocalized issue or the particulars of the need

	Areas Identified	Ranking Top 3	Briefly Describe the Specific Concern
Access to Social Assistance Services	r		
Caregiver Support	г	<u> </u>	
Civic Engagement / Volunteer Opportunities	г	3	
Cultural Competency on LGBTQ+ Issues	F	<u> </u>	
conomic & Financial Security	г	<b>___</b>	
Health Care	r	F	
lousing	٦		
anguage / Communication Barriers	-	_3	
earning & Development	_	<b>_</b>	
egal Services	r		
eisure, Recreation, & Socialization	г		
ong Term Services & Supports	г	LI	
laintaining Independence	г		
ental & Behavioral Health	r		
utrition -	г	<u> </u>	
afety & Security	r		
pirituality	r	[	
ocial Isolation	r	<u> </u>	
taying Active / Wellness Promotion	г	<u>2</u> 1	
ransportation	F	<u> </u>	
orkforce Development	г	<u></u>	
ther			

Completed	PROCESSOR STATEMENT OF THE PROCESSOR OF



Thank You!

 $\textbf{\textit{All required Question Items for this Session have now been completed \& the data is almost ready to be submitted.}$ 

#### **Changes & Modifications**

If there are any updates or corrections required to the entered data, please click the "Back" option to return to the relevant page(s).

Any changes or modifications to the submitted information should be made now before selecting Submit.

### **Submitting & Saving**

If the Response is completed, select "Submit" at the bottom of this screen. Once clicked, a window will appear allowing for the optional ability to Save/Print a copy of this entry for record purposes.

Completed: