



The District of Columbia Office on Aging
SENIOR NEEDS ASSESSMENT
INITIAL DATA COLLECTION

Executive Summary Presentation

July 13, 2012

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Associates

Purpose of Presentation

- This presentation is intended to:
 - Summarize the data contained in the full report of the Senior Needs Assessment Initial Data Collection dated October 28, 2011; and
 - Present report findings and facilitate discussion during community workshops.

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Senior Needs Assessment

ASSESSMENT OVERVIEW FOR COMMUNITY WORKSHOPS



Workshop Overview

- Who We Are
- Why the Study was Conducted
- Goal for this Presentation/Workshop
- Data Collection Methodology
- Study Limitations
- Profile of Target Population
- Summary of Needs Assessment
 - Wellness/Quality of Life
 - Safety
 - Socialization/Recreation
 - Case Management/Options Counseling
 - Health/Mental Health
 - Home Health/In-Home Support
 - Nutrition/Meals
 - Transportation
 - Employment
 - Caregiving

Workshop Overview continued

- Summary of Needs Assessment continued
 - Medicaid/Medicare
 - Legal Services
- Provider Survey
- Summary of Findings by Ward
 - At-A-Glance Ward Overview
- Conclusions
- Next Steps
- Workshop Survey/Feedback

Who We Are

- District of Columbia Office on Aging (DCOA)
 - The DC Office on Aging develops and carries out a comprehensive and coordinated system of health, education, employment, and social services for the District's senior population, who are 60 years of age and older.
 - The mission of the District of Columbia Office on Aging is to advocate, plan, implement, and monitor programs in health, education, employment, and social services which promote longevity, independence, dignity and choice for our senior citizens.
- Bazilio Cobb Associates (BCA)
 - A full-service professional services firm that provides accounting, audit and assurance, information systems technology, financial consulting and advisory services, management consulting and income tax services. Founded in 1983, the firm is headquartered in Washington, DC.

Why The Study Was Conducted

- DCOA's last comprehensive needs assessment was completed in 1978. To meet the demands of the newly aging population, DCOA believes it is necessary to develop long-range plans.
- The purpose of this study was an initial data gathering to facilitate an assessment to identify the needs of seniors, persons living with disabilities and caregivers in the eight wards of the District of Columbia.
- Objectives of the District of Columbia Senior Needs Assessment were to:
 - Identify community needs, assets and gaps in services;
 - Identify met and unmet service needs of those seniors currently engaged and not engaged in DCOA services and programs;
 - Provide descriptive analysis of behavioral, cultural, and social needs; and
 - Provide recommendations for program planning and decision making activities.

Persons Living With Disabilities

- The underlying report contains information that was collected about individuals less than 60 years old with disabilities. However that information is not contained in this presentation.
- Data regarding seniors with disabilities has remained and can be located in the full report.

Goals For Presentation/Workshop

- Communicate the findings of the Initial Data Collection
- Clarify any questions regarding the Needs Assessment and its findings
- Obtain reactions to the findings from participants
- Solicit input from participants for next steps

Data Collections Methodology

- The target sample size for the Needs Assessment
 - 1% of target population (approximately 1,000 samples)
- The Needs Assessment consisted of:
 - Key informant sessions
 - Telephone interviews
 - Focus groups
 - Surveys
- A total of eight focus groups were facilitated:
 - Wards 1 and 4 - *August 23, 2011*
 - Wards 2 and 3 - *August 23, 2011*
 - Wards 5 and 6 - *August 24, 2011*
 - Wards 7 and 8 - *August 24, 2011*
 - Lesbian, Gay, Bisexual and Transgender (LGBT) - *September 8, 2011*
 - Persons Living with Disabilities - *September 8, 2011*
 - Hispanic or Latino - *September 13, 2011*
 - Asian & Pacific Islander - *September 14, 2011*

Study Limitations

- Diverse population
- Earthquake during focus group
- Time constraint
- Limited opportunity to gain trust and confidence
- Survey instruments were developed based on time constraint

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Senior Needs Assessment

PROFILE OF TARGET POPULATION

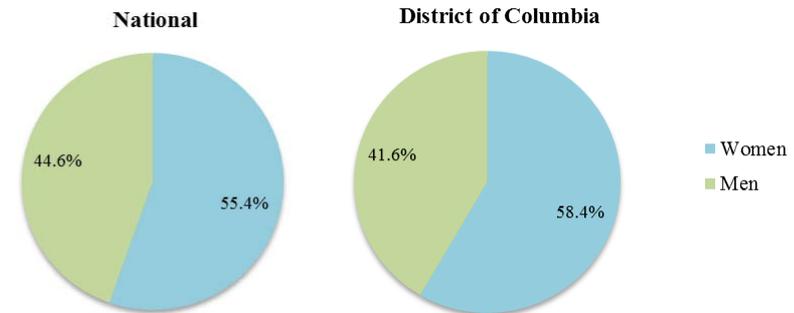


Target Population: Demographics

Comparison of National & District of Columbia

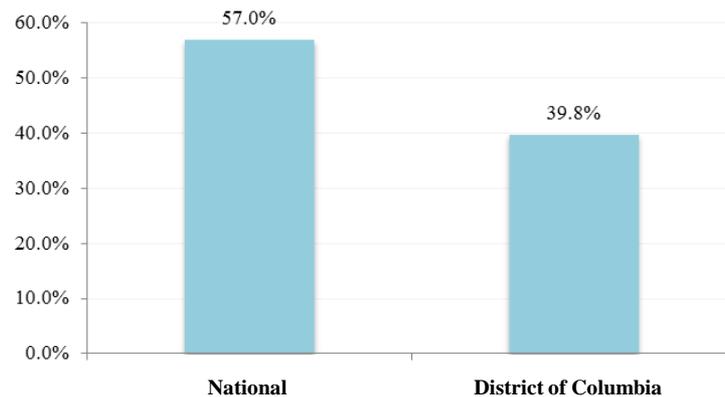
- Senior Men to Senior Women

Comparison of Senior Men and Senior Women



- Seniors living in family households

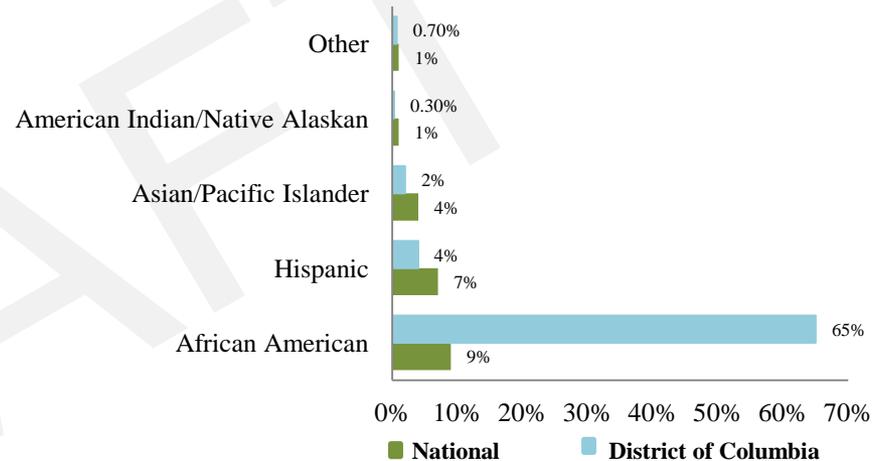
Seniors Living in Family Households



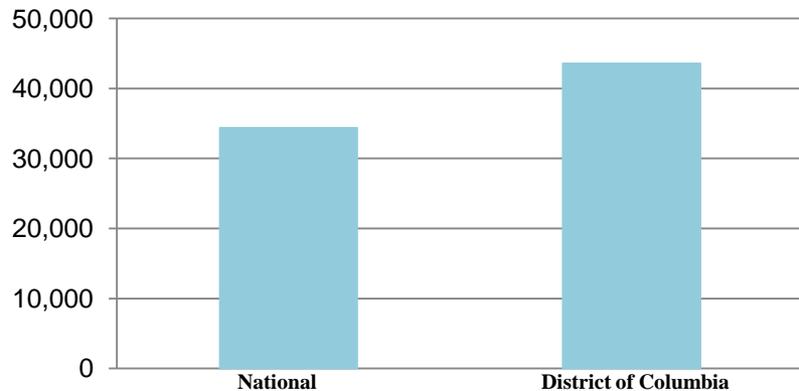
Target Population: Demographics

Comparison of National & District of Columbia

- 69% of DC Senior Population are Minorities
 - African Americans make up 65% of DC minority Senior population



- Income of Seniors
 - \$34,381 Median Income National
 - \$41,128 Median Income D.C



Target Population: 2010 Census

Comparison of National & District of Columbia

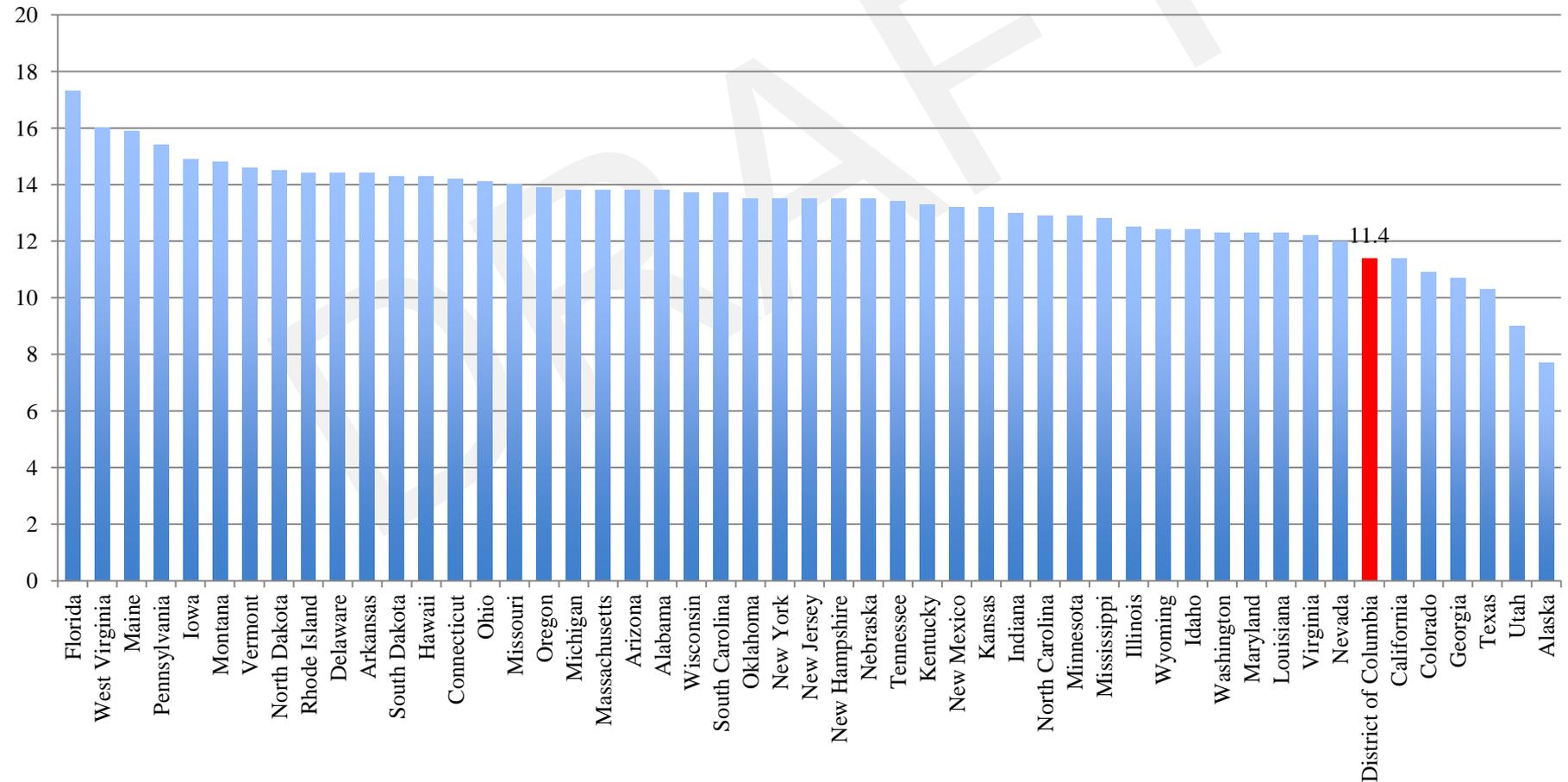
- National
 - Age 65 & Older – 40 million (13% of national population)

- District of Columbia
 - Age 65 & Older – 68,809
 - 11.4 % of District population (Ranks the 7th lowest of the 51 States and DC)

Target Population: Age 65 and Older

Comparison of National & District of Columbia

Resident population 65 years and over, percent, 2010



Target Population by Ward

- Approximately 50% of the senior population in the District of Columbia live in Ward 3, 4, & 5 (48.5% = 47,725 seniors)

Ward	Number	Percentage of Total
1	8,091	8.2 %
2	9,914	10.1 %
3	16,146	16.4 %
4	16,049	16.3 %
5	15,530	15.8 %
6	11,095	11.3 %
7	13,183	13.4 %
8	8,504	8.6 %
TOTAL	98,512	100.0 %

Survey Population by Ward

Ward	Number of Respondents	Percentage of Total Respondents
Ward 1	99	8.6%
Ward 2	124	10.8%
Ward 3	93	8.1%
Ward 4	227	19.7%
Ward 5	174	15.1%
Ward 6	262	22.8%
Ward 7	48	4.2%
Ward 8	58	5%
Total Respondents	1085	94.3%
Skipped Respondents	65	5.7%

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Senior Needs Assessment

**SUMMARY OF
NEEDS ASSESSMENT**



Wellness and Quality of Life

- Wellness and Quality of Life
 - Considers the overall health of seniors
 - Assesses a variety of areas including physical activity, nutrition, smoking cessation, obesity and other healthy behaviors.
- Programs that effectively engage seniors and change behavior as a direct result of participation provide strong evidence that health improvements and decreased health care expenditures can be achieved.

Wellness and Quality of Life

Comparison of National & District of Columbia

Key Indicators Related to Health in Adults 65 and Older

Health Status	Findings	District of Columbia Ranked Nationally	Grade
Physically Unhealthy Days (in months)	4.5	4	●
Frequent Mental Distress	4.9%	7	●
Oral Health: Complete Tooth Loss	15.9%	13	●
Disability	38.8%	42	○
No Leisure Time – Physical Activity	27.8%	9	●
Eating \geq 5 Fruits & Vegetables Daily	35.6%	1	●
Obesity	22.2 %	16	◐
Current Smoking	8.9%	31	◐

Source: CDC, “The State of Aging and Health in America”, 2008-2009 DC Report Card

- = Upper Third Nationally (top 33%)
- ◐ = Middle Third Nationally (middle 33%)
- = Lower Third Nationally (lowest 33%)

Wellness and Quality of Life

Comparison of National & District of Columbia

Key Indicators Related to Health in Adults 65 and Older

Preventive Care	Findings	District of Columbia Ranked Nationally	Grade
Flu Vaccine in Past Year	67.1%	43	●
Ever Had Pneumonia Vaccine	62.1%	50	○
Mammogram Within Past 2 Years	86.3%	1	●
Colorectal Cancer Screening	70.2%	10	●
Cholesterol Checked in Past 5 Years	94%	30	●

Source: CDC, "The State of Aging and Health in America", 2008-2009 DC Report Card

- = Upper Third Nationally (top 33%)
- = Middle Third Nationally (middle 33%)
- = Lower Third Nationally (lowest 33%)

Wellness and Quality of Life by Ward

■ Sick/ill Condition

- Respondents residing in Ward 1 reported the most extended periods of illness.
- Seniors ages 90-94 also reported the most extended periods of illness.
- Males and females reported nearly equal periods or extended illness.

Over the last 12 months, have you been ill for a period of one month or more?	Yes	No
Ward 1	40.0%	60.0%
Ward 2	24.4%	75.6%
Ward 3	22.2%	77.8%
Ward 4	35.9%	64.1%
Ward 5	14.0%	86.0%
Ward 6	33.3%	66.7%
Ward 7	28.0%	72.0%
Ward 8	11.4%	88.6%

Wellness and Quality of Life by Ward

Physical Conditions

- Across all wards, arthritis and high blood pressure were the most reported conditions experienced by respondents.

Do you have any of the following conditions? (check all that apply)	Blindness or severe vision impairment	Significant hearing loss	Arthritis	High blood pressure	Heart problems	Diabetes	Stroke	IDD	Other
Ward 1	5.1%	6.5%	26.1%	31.9%	10.9%	13.0%	4.3%	0.7%	1.4%
Ward 2	3.1%	2.5%	24.4%	29.4%	10.6%	20.0%	3.8%	0.6%	5.6%
Ward 3	1.1%	10.6%	27.7%	30.9%	9.6%	13.8%	1.1%	0.0%	5.3%
Ward 4	3.5%	6.1%	25.6%	33.9%	10.7%	11.7%	4.8%	0.0%	3.7%
Ward 5	6.7%	4.8%	23.1%	31.6%	8.8%	14.7%	4.3%	2.4%	3.5%
Ward 6	3.1%	3.8%	26.1%	31.3%	9.2%	12.9%	3.5%	0.2%	10.0%
Ward 7	5.7%	5.7%	25.3%	28.7%	11.5%	14.9%	2.3%	0.0%	5.7%
Ward 8	6.4%	3.7%	22.9%	33.0%	10.1%	16.5%	3.7%	2.8%	0.9%

Wellness and Quality of Life by Ward

■ Physical Activity

- Ward 3 reported engaging in the most physical activity during a typical week.
- Seniors, ages 90-94 reported the least amount of physical activity.
- Males and females tended to engage in similar amounts of physical activity overall.

How many days per week do you engage in moderate physical activity for at least 30 minutes a day?	Zero days	1-2 days	3-5 days	6 days or more	Don't know/ NA
Ward 1	40.0%	5.0%	30.0%	20.0%	5.0%
Ward 2	6.1%	24.5%	30.6%	26.5%	12.2%
Ward 3	0.0%	26.3%	52.6%	21.1%	0.0%
Ward 4	15.9%	25.0%	45.5%	9.1%	4.5%
Ward 5	11.6%	16.3%	46.5%	18.6%	7.0%
Ward 6	21.4%	40.7%	28.6%	7.1%	2.1%
Ward 7	24.0%	20.0%	36.0%	16.0%	4.0%
Ward 8	0.0%	25.7%	60.0%	8.6%	5.7%

Wellness and Quality of Life

- Many District of Columbia seniors need help performing everyday activities to allow them to remain in their homes.
 - Housekeeping
 - Shopping
 - Administration of medications
- Physical health was cited as the most problematic challenge respondents faced in the past year.

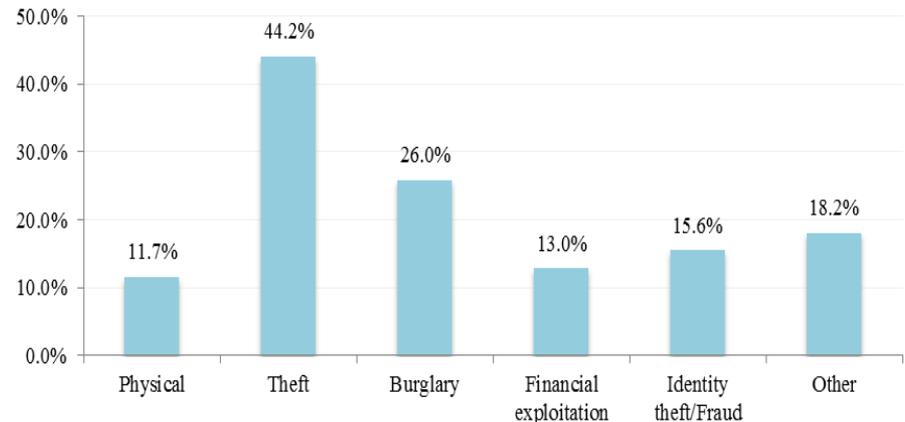
Safety

- Safety and security for seniors aim to protect these populations from physical or mental abuse, exploitation, and neglect.
- Safety concerns are of importance because of the unnecessary strain that can lead to fearfulness, physical health issues, and mental health issues such as depression.

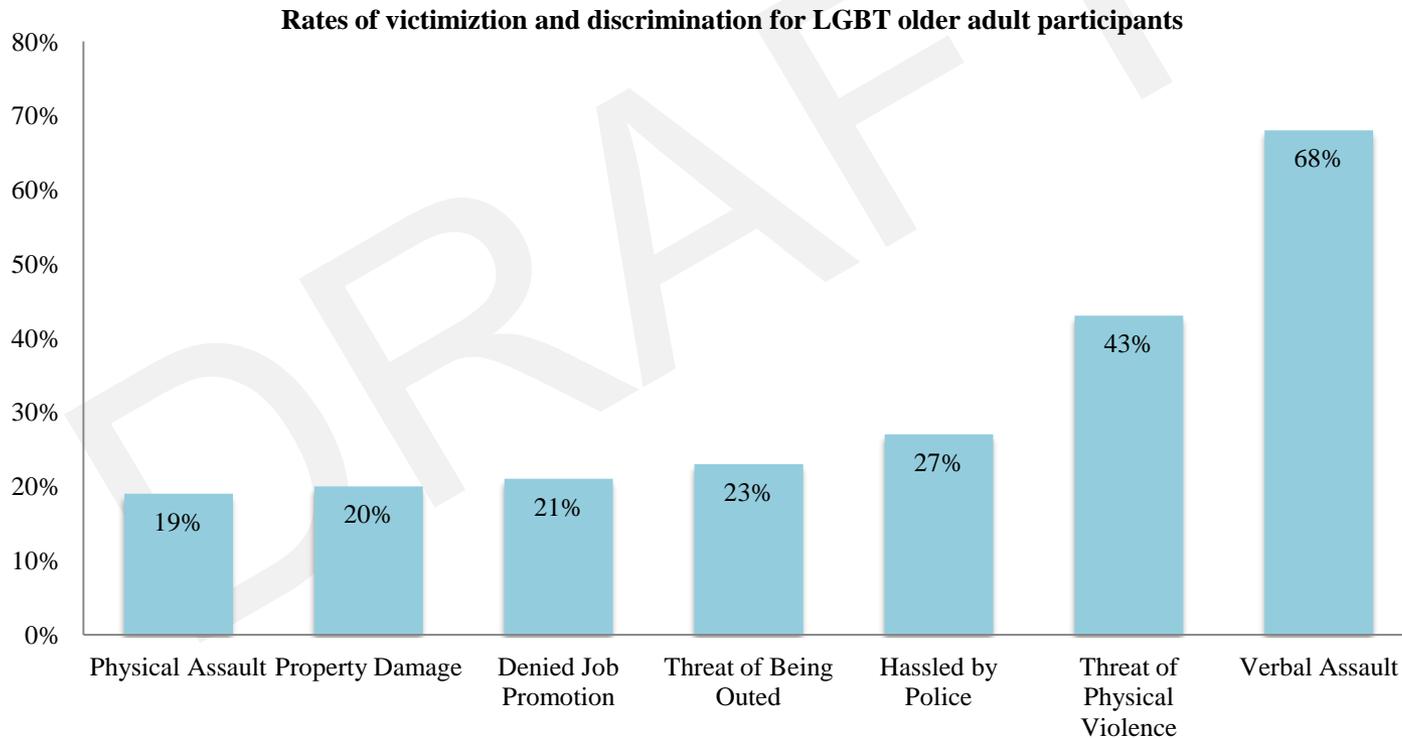
Safety

- Approximately 82% of respondents reported they feel safe in their community.
- Of the respondents that have been victims of crime, over 44% were victims of theft.
- LGBT seniors responded they do not feel safe going to wellness centers for fear of being emotionally harmed by acts such as name calling

District of Columbia Statistics
If yes, what type of crime have you been the victim of?
(check all that apply)



Safety



Source: Fredriksen-Goldsen, K. I. et al., "The Aging and Health Report", November 2011

Socialization and Recreation

- **Social Interaction:** Focus group participants stated that there is not a lot of social interaction for seniors who live independently.
- **Depression:** Hispanic or Latino participants felt that a main cause for depression among Hispanic or Latino seniors is due to a lack of activities.
- **Safe Gathering Places:** LGBT participants expressed they lack safe gathering places for socialization and recreational activities.
- **Socialization Time:** Survey respondents reported spending a majority of their socialization and recreational time visiting or talking on the phone with family or friends.

Socialization and Recreation by Ward

- Males, blacks and those earning less than \$15,000 annually each reported the *most* “No Hours” responses engaging in recreational and social activities.

During a typical week, how many hours do you spend doing the following? (based upon the response “No Hours”)	Participating in a club or civic group	Participating in religious or spiritual activities with others	Visiting with family in person or on the phone	Visiting with friends in person or on the phone	Providing help to friends or relatives	Participating in senior center activities	Caring for a pet	Doing housework or home maintenance	Participating in a hobby such as art, gardening or music	Working for pay	Attending movies, sporting events or groups events	Volunteering or helping out in the community
Ward 1	60.0%	20.0%	20.0%	30.0%	45.0%	30.0%	60.0%	15.0%	50.0%	70.0%	70.0%	70.0%
Ward 2	40.8%	32.7%	14.3%	4.2%	18.4%	26.5%	36.7%	14.3%	24.5%	40.8%	22.4%	24.5%
Ward 3	20.0%	25.0%	15.0%	10.0%	25.0%	5.0%	40.0%	10.0%	25.0%	50.0%	30.0%	40.0%
Ward 4	22.7%	6.8%	6.8%	2.3%	20.9%	15.9%	54.5%	9.1%	29.5%	52.3%	29.5%	38.6%
Ward 5	31.8%	6.8%	20.5%	20.9%	20.5%	13.6%	65.9%	31.8%	38.6%	68.2%	38.6%	47.7%
Ward 6	55.9%	44.8%	14.7%	16.8%	35.0%	26.6%	73.2%	23.8%	45.5%	78.3%	43.4%	51.0%
Ward 7	56.0%	28.0%	16.0%	25.0%	36.0%	8.3%	76.0%	12.5%	37.5%	75.0%	45.8%	54.2%
Ward 8	28.6%	22.9%	5.7%	5.7%	17.6%	0.0%	71.4%	14.3%	22.9%	65.7%	17.1%	42.9%

NOTE:

In this chart, the higher the number the worse the condition. For example, in Ward 1, 60% of respondents said they spend “No Hours” participating in a club or civic group.

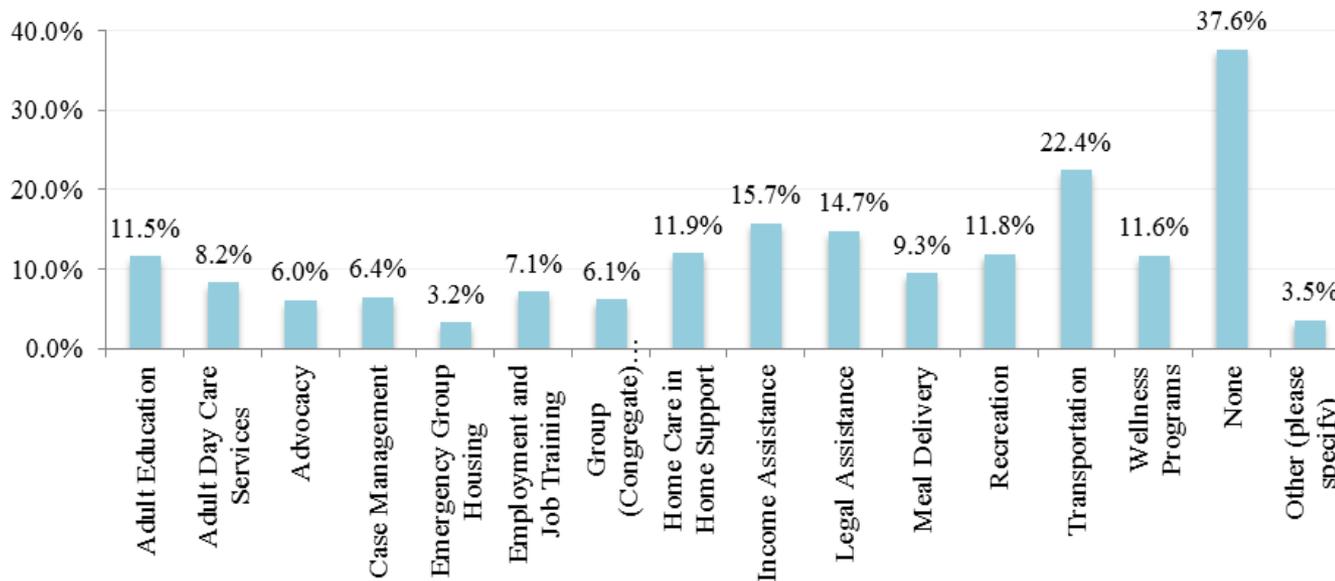
Case Management & Options Counseling

- Case management services include the assessment of need and the coordination, implementation, and monitoring of a service plan designed to mobilize resources and services to meet the needs of the client, achieve positive health outcomes, and maintain relationships with family and friends.
 - The overall goal of case management is to allow the client to achieve the optimum level of wellness and functional capability.
- Options Counseling seeks to identify and resolve problems of a senior or person living with a disability through evaluation and therapy. Similar to case management, counseling aims to improve the emotional and personal capacity and allow participants to maintain their maximum functioning and independence.

Case Management & Options Counseling

- Participants stated they most need assistance with:
 - Transportation (22.4%)
 - Income Assistance (15.7%)
 - Legal Assistance (14.7%)

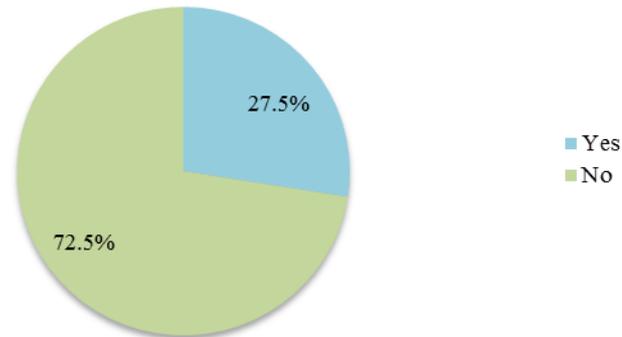
What programs and services do you want or need assistance with? (check your top three)



Health and Mental Health

- Health promotion includes a structured DCOA health education and physical fitness program of classes and activities that are provided by health related professionals and trained workers.
- Health promotion services fosters behavior that enhances physical and emotional well-being.

Over the past 12 months, have you been ill for a period of one month or more?



- Mental Health
 - Based on focus group discussion, participants cited loneliness and depression as important mental health issues.

Home Health/In-Home Support

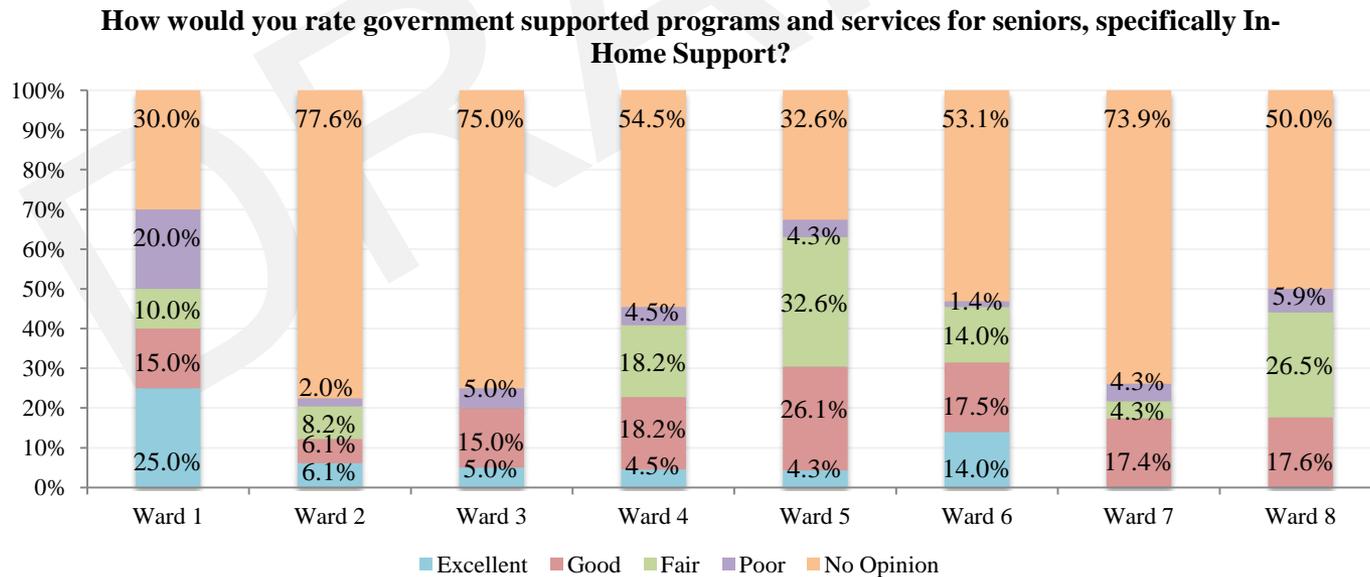
- Home health services are medically-related services provided to patients in a home setting rather than in a medical facility such as a hospital or a primary health care center.
 - Provides planned and scheduled in-home medical care and treatment for infirm, disabled, or chronically ill individuals to help avoid or forestall institutionalization.
 - Provides the necessary health care to allow a participant to remain as independent as possible.

Home Health/In-Home Support

- Focus group participants responded they need assistance with:
 - Housekeeping
 - Shopping
 - Administration of medications
- The most cited issues from seniors regarding services provided by home health aides were:
 - The aides do not work the hours they are scheduled to work
 - The aides do not perform the duties that they are hired to perform
 - Some clients receive improper care

Home Health/In-Home Support by Ward

- Ward 1 reported both the lowest rating for government supported in-home support services, as well as the highest rating for them. In essence, some Ward 1 seniors feel they have the best services while others feel the services are the worst.



Nutrition

- Food insecurity is defined as not having access at all times to enough food for an active, healthy lifestyle due to a lack of resources.
 - The issue of food security is of particular importance among special populations such as seniors and persons living with disabilities, particularly those with low incomes.
 - Food security plays a vital role in combating poor physical health, mental health and malnutrition.

Nutrition

- Many seniors knew of other seniors who did not have enough food to eat during the past 12 months.
- Among race/ethnic groups, Asians reported most often that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.
- Respondents earning less than \$15,000 annually most often indicated that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.

Nutrition by Ward

- Residents living in Ward 2 reported most often that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.

In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much?	A lot	Some	None	Don't know
Ward 1	2.8%	13.9%	81.9%	1.4%
Ward 2	3.7%	19.8%	74.1%	2.5%
Ward 3	1.3%	10.4%	87.0%	1.3%
Ward 4	1.4%	4.2%	91.5%	2.8%
Ward 5	2.5%	19.0%	76.1%	2.5%
Ward 6	3.1%	14.0%	80.5%	2.3%
Ward 7	2.9%	17.1%	77.1%	2.9%
Ward 8	3.8%	13.5%	80.8%	1.9%

Home Delivered and Congregate Meals

- Home Delivered Meals
 - Older American Act (OAA) program that provides a meal at the participant's place of residence
- Congregate Meals
 - Older American Act (OAA) program that provides meals to participants at nutrition sites, senior centers or other congregate settings.

Home Delivered and Congregate Meals by Ward

- Home delivered meals are delivered most widely to:
 - Ward 6
 - Seniors aged 90-94 years old
 - Males
 - African Americans
 - Those earning less than \$30,000 annually

Do you receive home delivered meals?	Yes	No
Ward 1	15.0%	85.0%
Ward 2	5.1%	94.9%
Ward 3	5.9%	94.1%
Ward 4	0.0%	100.0%
Ward 5	9.5%	90.5%
Ward 6	31.2%	68.8%
Ward 7	8.0%	92.0%
Ward 8	8.8%	91.2%

Home Delivered and Congregate Meals

- Respondents reported that there is a lack of information available regarding how to participate in Congregate Meals or receive home delivered meals.
- Respondents reported that the meals provided are not of high quality and not appealing.
- Participants stated that the meals are often delivered late.

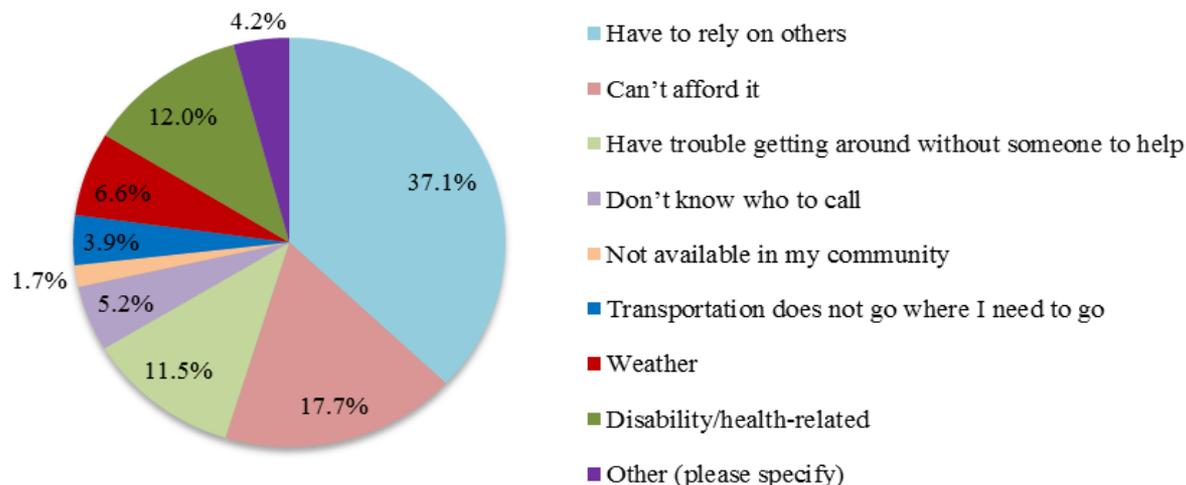
Transportation

- The DCOA transportation services make it possible for individuals to participate in nutrition, social and recreation activities in the District of Columbia.
- DCOA provides transportation through the Washington Elderly Handicapped Transportation Service (WEHTS); the Call 'N' Ride Transportation Program.

Transportation

- The main reasons for having trouble getting needed transportation were:
 - Have to rely on others (37.1%)
 - Affordability (17.7%)
 - Restricted mobility due to disability or other health-related challenges (12.0%)
 - Have trouble getting around without assistance (11.5%)

If you have trouble getting the transportation you need, what would you say is the main reason?



Transportation by Ward

- Highest number of Seniors in Ward 1, Ward 2, and Ward 3 reported using Metro or Metrobus as their primary mode of transportation.
- While driving in or riding in a car was reported as the most frequent form of local transportation in all wards (except Ward 1), it was highest in Ward 4 (69.3%).

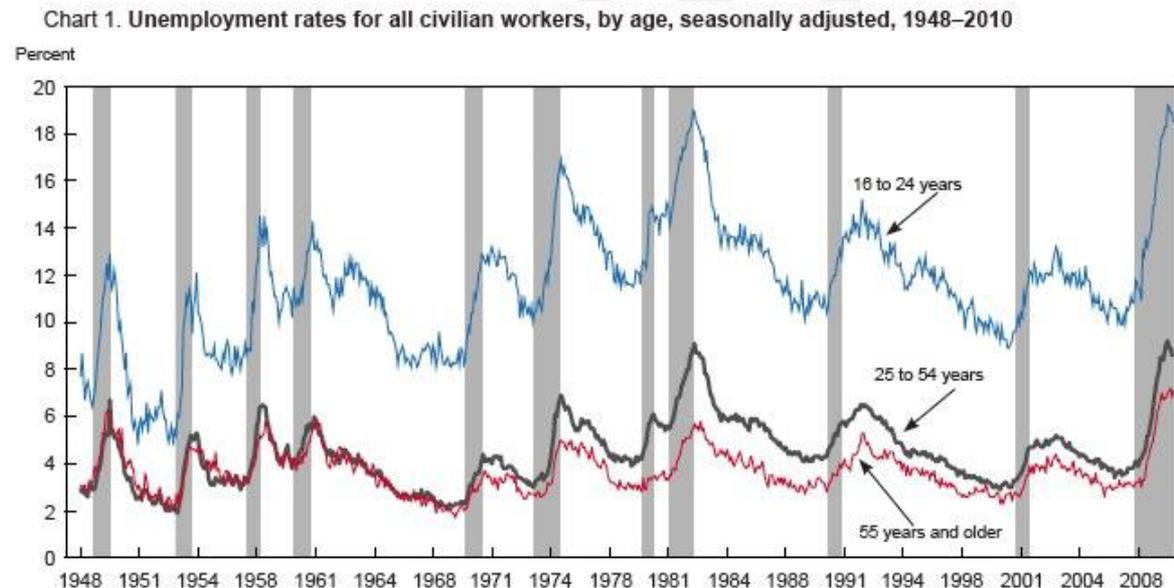
How do you travel locally on a regular basis?	Drive or ride in a car	MetroAccess	Take Metro or bus	Take a senior van, shuttle, or minibus	Take a taxi	Walk	Never leave house
Ward 1	31.0%	21.1%	36.6%	0.0%	5.6%	4.2%	1.4%
Ward 2	37.0%	8.6%	35.8%	1.2%	14.8%	2.5%	0.0%
Ward 3	49.3%	5.3%	36.0%	0.0%	2.7%	6.7%	0.0%
Ward 4	69.3%	8.0%	17.9%	0.9%	0.9%	2.8%	0.0%
Ward 5	50.3%	14.5%	24.5%	3.8%	4.4%	1.3%	1.3%
Ward 6	39.9%	20.5%	24.0%	6.2%	2.7%	6.2%	0.4%
Ward 7	47.2%	11.1%	25.0%	8.3%	2.8%	5.6%	0.0%
Ward 8	59.6%	13.5%	23.1%	0.0%	0.0%	3.8%	0.0%

Employment

- DCOA operates employment programs through public and private partnerships that include job placement training and a structured short-term volunteer program.
- The Older Workers Employment and Training Program (OWETP) increases employment and training opportunities for District of Columbia residents 55 and older.

Employment

- Nationally, unemployment rates for seniors is lower than those for other ages groups and the national average.
- The unemployment rate for persons 55 and older has increased sharply since the beginning of the recession in December 2007.



NOTE: Shaded areas represent recessions, as determined by the National Bureau of Economic Research (NBER). NBER has not yet determined an end point for the recession that began in December 2007. Beginning in 1994, data reflect the introduction of a major redesign of the Current Population Survey.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Employment by Ward

- Ward 7 reported the highest percentage of persons unemployed but looking for work.
- Ward 2 reported the lowest percentage of persons unemployed but looking for work.
- Most respondents looking for work stated that they feel they are being denied employment due to their age.

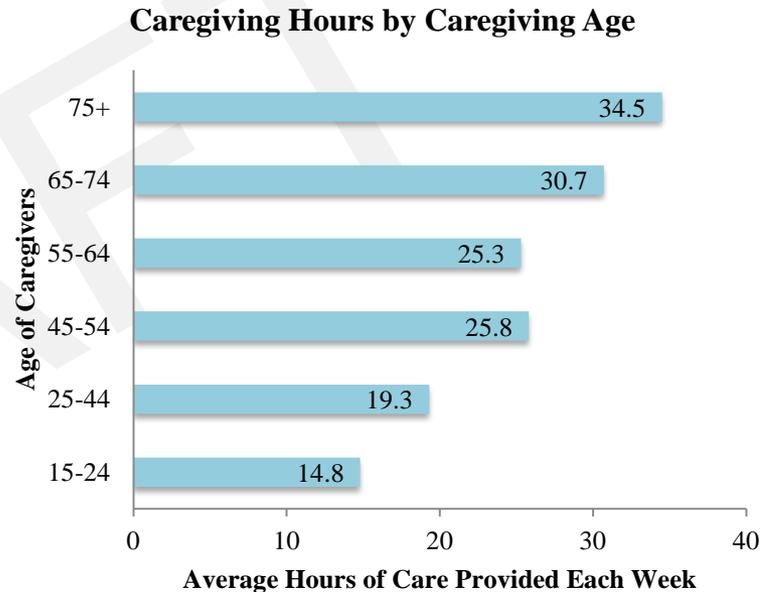
What is your current employment status?	Unemployed Seniors, looking for work	Unemployment by Ward Dec. 2011
Ward 1	4.2%	8.8%
Ward 2	2.5%	5.0%
Ward 3	2.2%	2.7
Ward 4	3.6%	8.3
Ward 5	6.4%	13.5
Ward 6	3.9%	10
Ward 7	10.6%	17.2
Ward 8	0.0%	25.2

Caregiving and Respite Care

- Caregiver refers to anyone who provides assistance to someone who is, to some degree, incapacitated and needs help performing the daily tasks essential to living a normal life.
- DCOA funds the District of Columbia Caregivers' Institute (DCCI) which provides support to unpaid caregivers.

Caregiving and Respite Care: Nationally

- 29% of the U.S. adult population, 49.2 years old on average, provide care to someone who is ill, disabled or aged.
- 43.5M care for someone 50+ years of age and 14.9M care for someone who has Alzheimer's disease or other dementia.
- Caregiver services were valued at \$450B per year in 2009—up from \$375B in 2007
- \$38,125 median income of caregivers
- Education Level – Equally distributed

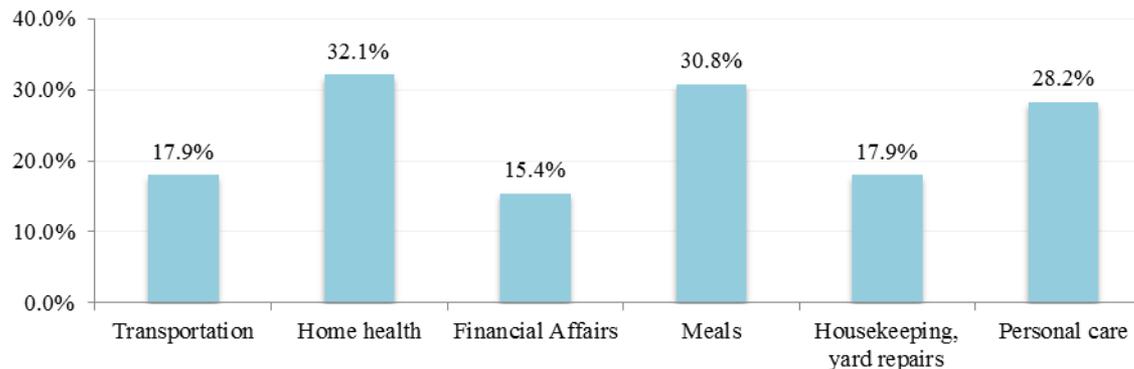


Source: Partnership for Solutions, 2004. Chronic Conditions; Making the Case for Ongoing Care. John Hopkins University, Baltimore, MD. (2004)

Caregiving and Respite Care: District of Columbia

- Senior caregivers stated they feel financially and emotionally burdened as a result of their caregiving.
- The caregiving services most commonly provided are:
 - Home Health (32.1%)
 - Meal Preparation (30.8%)
 - Personal Care (28.2%)

What kind of care are you providing? (check all that apply)



Caregiving and Respite Care by Ward

- Senior residents in Ward 7 and Ward 4 reported having the most physical and financial burdens as a result of their caregiving.
- Those Seniors making between \$40,000 and \$45,000 reported having the most physical and financial burdens as a result of their caregiving.

How often in the past month have you felt financially or physically burdened by your caregiving?	Frequently	Sometimes	Never	Don't know
Ward 1	3.4%	31.0%	62.1%	3.4%
Ward 2	8.7%	17.4%	65.2%	8.7%
Ward 3	4.5%	13.6%	81.8%	0.0%
Ward 4	12.3%	25.9%	56.8%	4.9%
Ward 5	5.4%	30.4%	48.2%	16.1%
Ward 6	8.0%	14.7%	68.0%	9.3%
Ward 7	15.4%	23.1%	61.5%	0.0%
Ward 8	8.7%	26.1%	52.2%	13.0%

Medicaid/Medicare

- Medicare covers most people 65 or older and those with long-term disabilities.
- Medicaid is a joint federal-state program that covers low-income people under age 65 and those who have exhausted Medicare benefits.
- Medicare/Medicaid information and benefits are essential to allow seniors and persons living with a disability the ability to experience continuous health care coverage and benefits that allow them to maintain optimum health.

Medicare

Comparison of National & District of Columbia

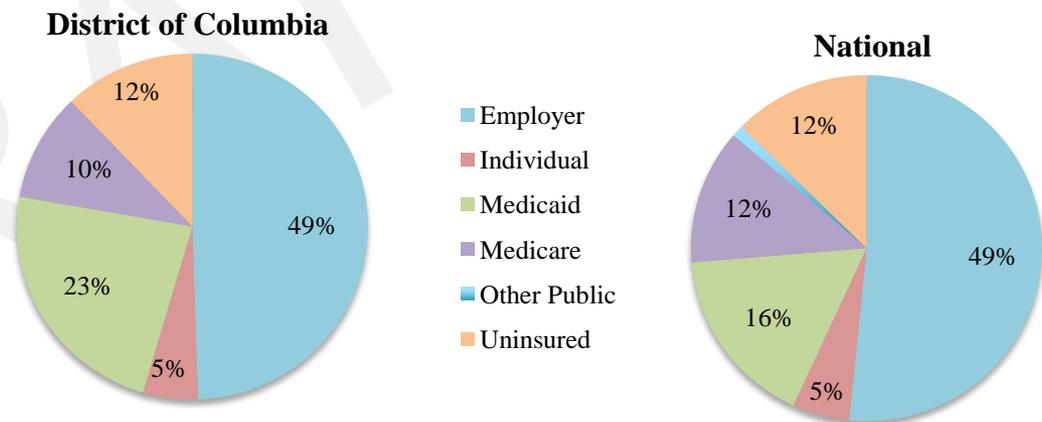
Facts At-A-Glance	DC		US		Notes
	#	%	#	%	
Medicare Beneficiaries	-	-	-	-	- % total enrollees
Adults 19-64	11,100	15	7,232,800	16	
Elderly 65-74	30,900	42	19,251,500	43	
Elderly 75-84	20,100	27	12,394,800	28	
Elderly 85+	10,400	14	4,810,600	11	
Medicare Beneficiaries by Race/Ethnicity	-	-	-	-	- % total enrollees
White	16,700	23	34,353,400	77	
Black	50,500	69	4,423,400	10	
Hispanic	4,200	6	3,502,900	8	
Other	NSD	NSD	2,047,600	5	
Duals as a % of Medicare Beneficiaries	29	-	21	-	
Medicare Spending by Residence	-	-	-	-	
Total Spending (in millions)	\$856	-	\$471,260	-	
Per Enrollee Medicare Spending	\$11,157	-	\$10,365	-	
Medicare Advantage Penetration	-	9.7	-	25.6	- % of total enrollees

Source: Kaiser Family State Health Facts.
<http://statehealthfacts.org>

Medicaid/Medicare

- The District of Columbia has a very comprehensive system for health insurance with a very small percentage of residents having no form of health insurance.

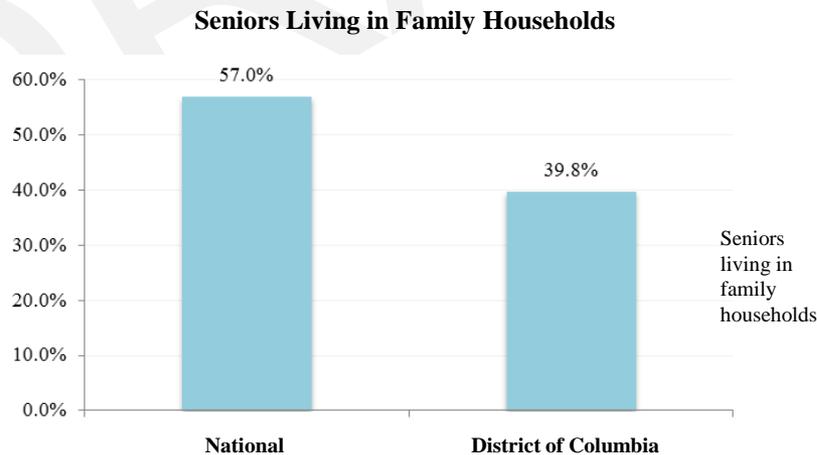
Distribution by Insurance Status, 2009-2010



Source: Kaiser Family State Health Facts.
<http://statehealthfacts.org>

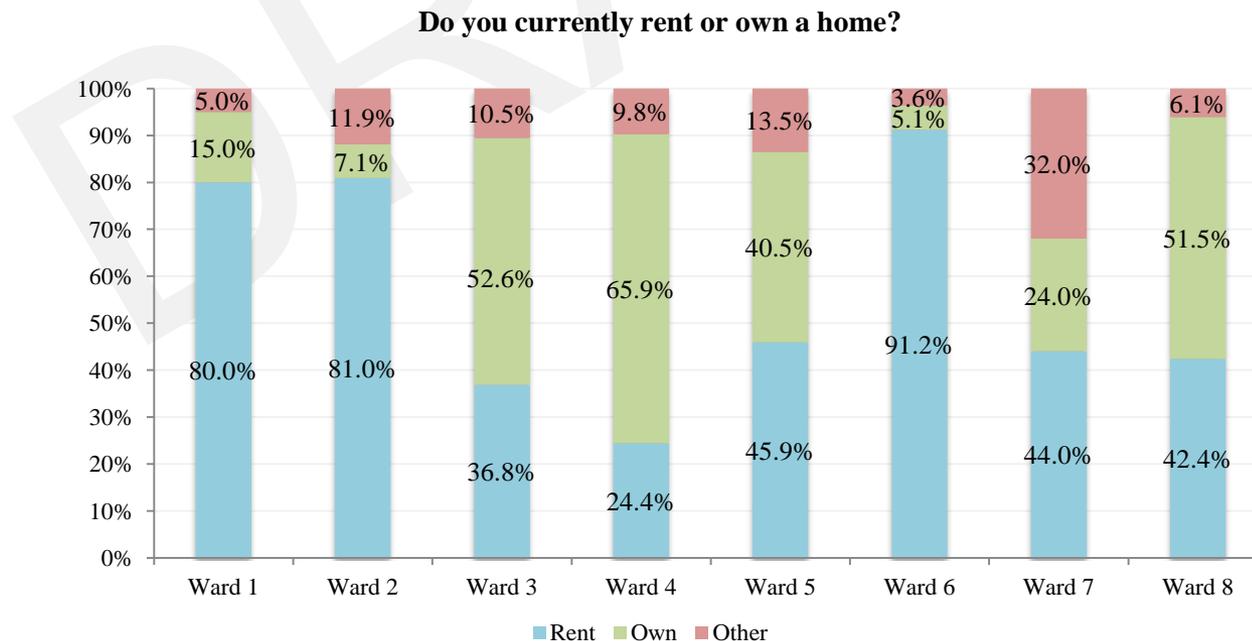
Assisted Living & Housing

- In the U.S. in 2010, 57% seniors lived in a family household with a spouse, relative.
- In the US nearly 80% of seniors own their home compared to nearly 60% in DC.



Assisted Living & Housing by Ward

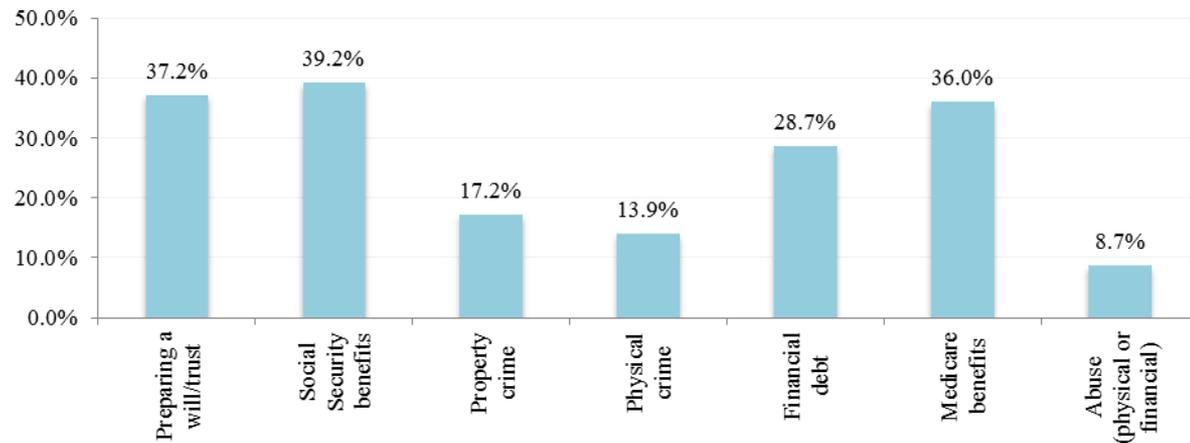
- Ward 6 (91%) had the highest percentage of senior renters and Ward 4 (24%) the lowest percentage of senior renters.
- Additionally, Ward 4 (66%) had the highest percentage of senior homeowners and Ward 6 (5%) had the lowest percentage of homeowners.



Legal Services

- Survey respondents reported having the most legal challenges with the following:
 - **Social security benefits**
 - **Preparing a will/trust**
 - **Medicare benefits**
 - Financial debt
 - Property crime
 - Physical crime
 - Abuse

Do you have concerns about any of the following? (check all that apply)



Findings Based on Survey of Providers

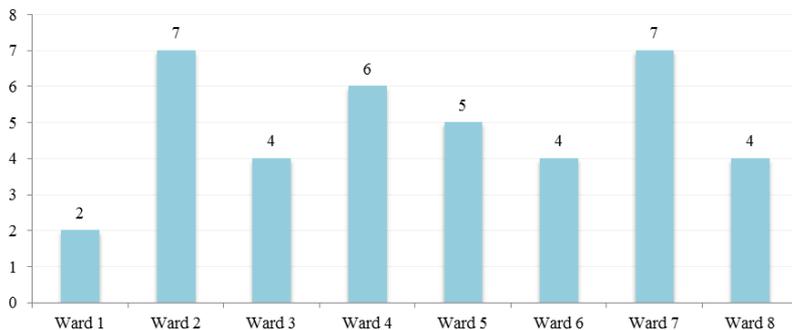
- Service providers and community organizations

What type of organization are you?

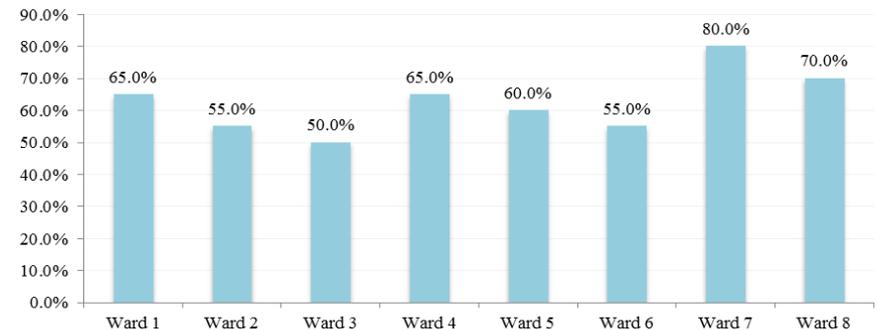


Of the respondents that categorized their organization as "other," one organization was a government agency (public) and the other was categorized as a non-profit service agency.

In what ward(s) is your organization located?

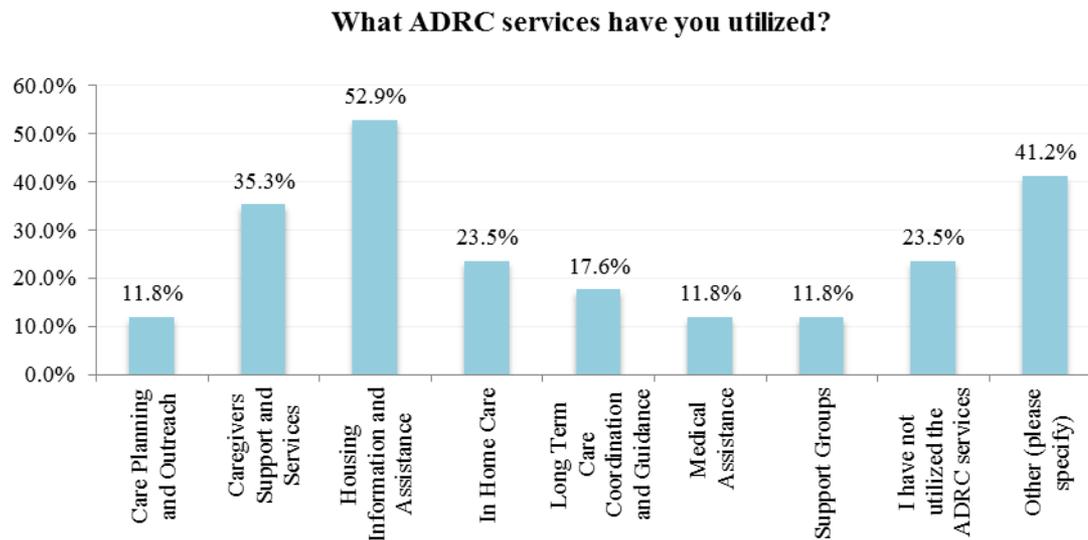


What ward(s) does your organization provide services for?



Findings Based on Survey of Providers

- Provider capacity to serve
 - Providers currently serve between eight and 50,000 clients. Only 29% of providers feel they are able to adequately meet the needs of all of their clients.
- Office on Aging relationships
 - 82% felt DCOA has good relationships with community stakeholders
 - 94% stated they are familiar with the Aging and Disability Resource Center (ADRC), but only 70.6% stated they had utilized the ADRC.

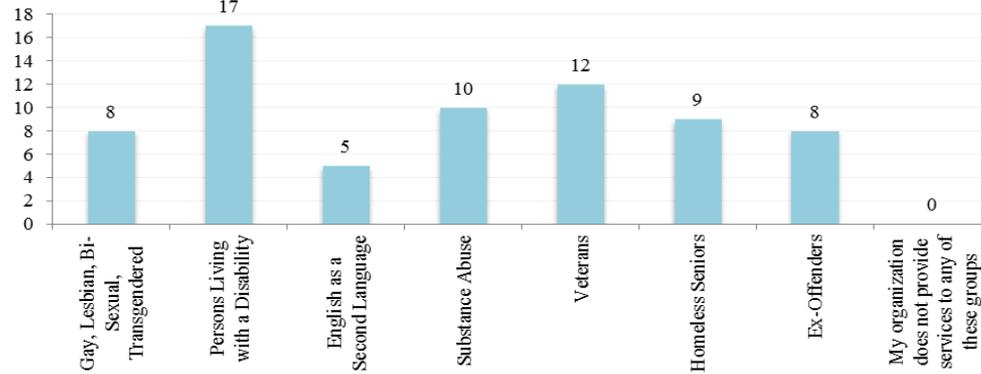


Findings Based on Survey of Providers

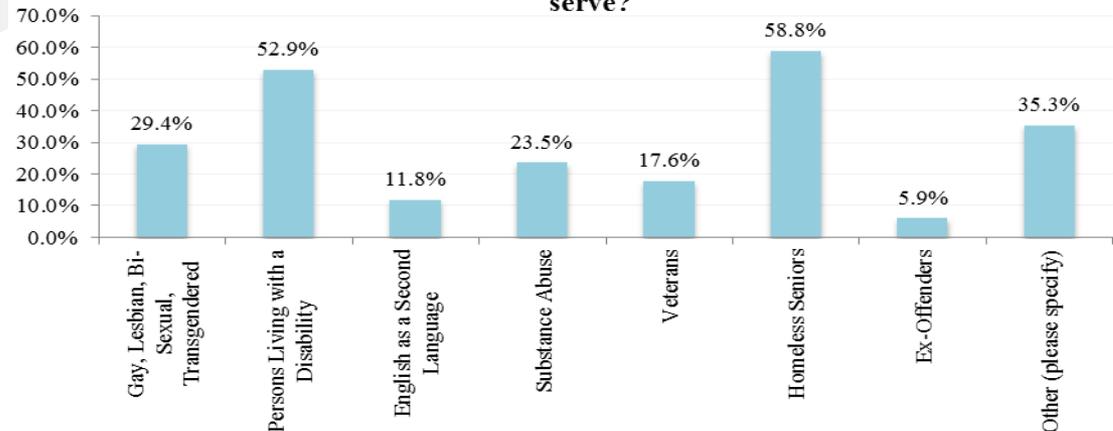
■ Special Populations

- LGBT
- Persons Living With a Disability
- English as a Second Language
- Substance Abuse
- Veterans
- Homeless Seniors
- Ex-Offenders
- Other

Do you currently provide senior services to these groups?



What special populations should DCOA make a greater effort to serve?



Findings Based on Survey of Providers

- Health care, mental health and substance abuse
 - 87.5% reported that the community their organization serves has a health clinic or outpatient facility that is open to people with different income levels and is also located on a bus route or is Metro accessible.
 - However, 62.5% reported that seniors with limited incomes have a problem accessing health care services or prescription drugs.

Findings Based on Survey of Providers

- Transportation services
 - 92% of providers felt their clients were provided with adequate information about alternative forms of transportation.
 - 69% of providers provide transportation services for seniors.
 - 46% of providers offer transportation services for persons living with disabilities.
 - 38% of providers have programs to provide transportation services for dialysis and other regularly scheduled medical services.

Findings Based on Survey of Providers

- Abuse, neglect and financial exploitation
 - Nearly one in three providers were aware of seniors in their area that were the victims of such crimes. However over 61% of the providers stated that their perception is that seniors in their service areas felt safe.
- Recreation services
 - All providers reported that there was a senior center, wellness center or recreation center near the homes of the seniors they serve.
- Community services and support
 - All providers reported that they were aware of a directory of services for seniors, persons living with disabilities and/or caregivers.
 - Over 69% also reported that these services were not well publicized so clients and potential clients were aware of them.

DRAFT

Senior Needs Assessment

NEEDS-AT-A-GLANCE



At-A-Glance Ward Overview

- = Three wards with the best condition based on the specific indicator
- ◐ = Two Wards fell in the middle tier condition based on the specific indicator
- = Three Wards with the worst condition based on the specific indicator

Therefore, ● means the Ward has the preferred condition depending on the indicator.

* A few line items have a different distribution ratio because the data was identical for some Wards. These Wards were therefore all kept in the same performing tier.

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Senior Population	○	○	●	●	●	◐	◐	○
Service Providers								
- located in Ward (Figure 35, pg. 142)	○	●	◐	●	◐	◐	●	◐
- provide services to Ward (Figure 36, pg. 143)	◐	○	○	◐	◐	○	●	●
Wellness/Quality of Life								
- ill/sick (Table 10, pg. 92)								
- ill for the period of 1 month or more	○	◐	●	○	●	○	◐	●
- Physical Condition (Table 12, pg. 96)								
- blind/vision impaired	◐	●	●	◐	○	●	○	○
- hearing impaired	○	●	○	○	◐	●	◐	●
- arthritis	○	●	○	◐	●	○	◐	●
- high blood pressure	○	●	●	○	◐	◐	●	○
- heart problems	○	◐	●	○	●	●	○	◐
- diabetes	●	○	◐	●	◐	●	○	○
- stroke	○	◐	●	○	○	●	●	◐

At-A-Glance Ward Overview *continued*

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
- Physical Activity (Table 11, pg. 94)								
- Moderate activity (1 to 6+ days a week)	○	●	●	◐	◑	○	○	●
Social/Recreational (Table 13, pg. 103)								
- total all categories	○	●	●	●	◑	○	○	◑
Nutrition Status - (Table 14, pg. 118)								
Receive home delivered meals (Table 15, pg. 121)	○	●	●	●	○	○	◑	◑
Transportation - utilization (Table 16, pg. 125)								
- car	○	○	◑	●	●	○	◑	●
- MetroAccess	●	○	○	○	●	●	◑	◑
- Metro bus	●	●	●	○	◑	○	◑	○
- senior van/shuttle	○	◑	○	◑	●	●	●	○
- taxi	●	●	◑	○	●	◑	◑	○
- walk	◑	○	●	○	○	●	●	◑
Unemployed Looking for Work								
Caregiving feeling of financial or physical burden	◑	●	●	○	○	●	○	◑
Own your home								
	○	○	●	●	◑	○	◑	●

At-A-Glance Ward Overview *continued*

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Problems (Table 9, pg. 89)								
- physical health	●	●	●	◐	○	○	○	●
- housing meets your needs	○	●	●	●	●	○	○	●
- getting healthcare	●	◐	●	●	○	●	○	○
- adequate transportation	◐	●	●	●	●	○	○	○
- lonely, sad, isolated	●	○	●	●	◐	○	○	●
- affording utilities	●	◐	●	●	○	●	○	○
- affording medications	●	◐	●	●	○	●	○	○
- financial problems	●	○	●	●	○	●	○	●
- victim of crime	○	●	●	◐	○	●	○	●
- legal issues	◐	○	●	○	●	◐	○	●
- performing everyday activities (walking, bathing)	○	●	●	●	◐	○	○	●
- having too few activities/feeling bored	○	◐	●	●	◐	●	○	○
- providing care for another person	◐	●	●	◐	○	●	○	○

Table 12: Reported Physical or Mental Disorders

Do you have any of the following conditions? (check all that apply)	Blindness or severe vision impairment	Significant hearing loss	Arthritis	High blood pressure	Heart problems	Diabetes	Stroke	IDD	Other (please specify)
Ward 1	5.1%	6.5%	26.1%	31.9%	10.9%	13.0%	4.3%	0.7%	1.4%
Ward 2	3.1%	2.5%	24.4%	29.4%	10.6%	20.0%	3.8%	0.6%	5.6%
Ward 3	1.1%	10.6%	27.7%	30.9%	9.6%	13.8%	1.1%	0.0%	5.3%
Ward 4	3.5%	6.1%	25.6%	33.9%	10.7%	11.7%	4.8%	0.0%	3.7%
Ward 5	6.7%	4.8%	23.1%	31.6%	8.8%	14.7%	4.3%	2.4%	3.5%
Ward 6	3.1%	3.8%	26.1%	31.3%	9.2%	12.9%	3.5%	0.2%	10.0%
Ward 7	5.7%	5.7%	25.3%	28.7%	11.5%	14.9%	2.3%	0.0%	5.7%
Ward 8	6.4%	3.7%	22.9%	33.0%	10.1%	16.5%	3.7%	2.8%	0.9%
18 to 59 years	0.0%	4.8%	28.6%	23.8%	14.3%	23.8%	4.8%	0.0%	0.0%
60 to 64 years	4.5%	2.6%	21.6%	33.1%	9.7%	16.0%	3.7%	2.2%	6.7%
65 to 69 years	3.9%	3.6%	22.6%	33.3%	8.3%	16.7%	3.9%	0.6%	7.1%
70 to 74 years	5.2%	4.9%	27.8%	30.9%	9.9%	11.7%	3.4%	0.9%	5.2%
75 to 79 years	3.9%	3.0%	24.2%	32.5%	9.9%	18.2%	3.3%	0.0%	5.0%
80 to 84 years	5.8%	5.4%	28.2%	32.0%	9.2%	11.2%	4.1%	0.0%	4.1%
85 to 89 years	2.6%	13.0%	25.0%	29.7%	12.5%	8.3%	4.2%	1.6%	3.1%
90 to 94 years	7.8%	6.0%	22.4%	25.9%	14.7%	10.3%	6.0%	0.0%	6.9%
95 years and older	4.5%	18.2%	36.4%	18.2%	9.1%	0.0%	4.5%	4.5%	4.5%
Male	5.5%	5.4%	19.9%	32.0%	11.9%	14.3%	4.2%	0.9%	5.9%
Female	4.0%	4.8%	27.6%	31.1%	8.9%	13.9%	3.7%	0.6%	5.3%
Transgender	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%

Table 12: Reported Physical or Mental Disorders

Do you have any of the following conditions? (check all that apply)	Blindness or severe vision impairment	Significant hearing loss	Arthritis	High blood pressure	Heart problems	Diabetes	Stroke	IDD	Other (please specify)
Caucasian	3.1%	8.4%	23.6%	30.2%	12.9%	12.0%	1.3%	0.0%	8.4%
Black or African American	4.7%	4.8%	24.6%	31.9%	9.5%	14.1%	4.4%	0.8%	5.1%
Hispanic or Latino	0.0%	4.5%	40.9%	18.2%	4.5%	27.3%	4.5%	0.0%	0.0%
Asian	5.3%	3.9%	23.7%	27.6%	13.2%	19.7%	1.3%	1.3%	3.9%
Native Hawaiian or Other Pacific Islander	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%
American Indian, Alaskan Native	0.0%	0.0%	45.5%	36.4%	0.0%	9.1%	0.0%	0.0%	9.1%
Other	4.8%	0.0%	31.0%	31.0%	11.9%	9.5%	0.0%	4.8%	7.1%
Less than \$10,000	4.1%	2.9%	24.6%	30.1%	10.3%	14.6%	4.9%	0.9%	7.7%
\$10,000 to less than \$15,000	5.1%	7.1%	26.0%	30.5%	10.9%	13.2%	2.6%	1.0%	3.5%
\$15,000 to less than \$20,000	6.1%	5.4%	24.3%	29.1%	8.1%	16.9%	4.7%	0.7%	4.7%
\$20,000 to less than \$25,000	4.8%	6.2%	23.3%	32.9%	12.3%	11.0%	7.5%	0.7%	1.4%
\$25,000 to less than \$30,000	4.5%	10.6%	27.3%	30.3%	7.6%	13.6%	1.5%	0.0%	4.5%
\$30,000 to less than \$35,000	5.1%	6.4%	24.4%	29.5%	10.3%	11.5%	7.7%	0.0%	5.1%
\$35,000 to less than \$40,000	7.1%	10.7%	21.4%	33.9%	14.3%	8.9%	1.8%	0.0%	1.8%
\$40,000 to less than \$45,000	4.0%	12.0%	20.0%	32.0%	4.0%	12.0%	4.0%	0.0%	12.0%
\$45,000 to less than \$50,000	3.7%	3.7%	33.3%	33.3%	7.4%	11.1%	0.0%	0.0%	7.4%
\$50,000 to less than \$60,000	1.6%	6.3%	28.6%	34.9%	9.5%	15.9%	0.0%	0.0%	3.2%
\$60,000 to less than \$75,000	0.0%	6.1%	21.2%	33.3%	12.1%	15.2%	3.0%	3.0%	6.1%
\$75,000 or more	2.7%	3.6%	22.5%	41.4%	7.2%	15.3%	0.0%	1.8%	5.4%

Conclusions

- A very significant change in the senior population is rapidly approaching and will have a considerable impact on the ability of local, state, and federal government agencies to provide services.
- In the District of Columbia, there is expected to be a sharper contrast between younger seniors, primarily baby boomers, who will have more education, more income in their work lives and larger pensions in retirement as compared with older seniors (85+) who typically have less education and less income.

Conclusions

- Based on projected population growth, it is possible to have an entirely different set of needs identified for DCOA's client groups in the next two decades as the number of baby boomers enlarges the pool of seniors, disabled, and special populations.
- At the same time, District government agency budgets may be reduced by continued economic stress nationally and by declines in the size of the available workforce.
- DCOA recognizes the oncoming challenge and commitment to continuously expanding its services to better serve the growing population of seniors and persons living with disabilities in DC.

Next Steps

- Lead workshop group discussion for "suggested" next steps.
- Seeks suggested recommendations based on assessment and findings.

DRAFT

Workshop Survey/Feedback

WORKSHOP EVALUATION QUESTIONNAIRE

Training Location: _____

Participant Name (optional): _____

Date: _____

Job Title: _____

Years in present position? <1 1-3 3-5 5+

INSTRUCTIONS

Please circle your response to the items. Rate aspects of the workshop on a scale of 1 to 5:

1 = "Strongly disagree," or the lowest, most negative impression

3 = "Neither agree nor disagree," or an adequate impression

5 = "strongly agree," or the highest, most positive impression

Choose N/A if the item is not appropriate or not applicable to this workshop.

Your feedback is sincerely appreciated. Thank you.

WORKSHOP CONTENT (Circle your response to each item.)

1. I was informed about the objectives of this workshop. 1 2 3 4 5
N/A

2. This workshop lived up to my expectations. 1 2 3 4 5 N/A

3. The content is relevant to my job. 1 2 3 4 5 N/A

WORKSHOP DESIGN (Circle your response to each item.)

4. The workshop objectives were clear to me. 1 2 3 4 5 N/A

5. The workshop provided good information. 1 2 3 4 5 N/A

7. The pace of this workshop was appropriate. 1 2 3 4 5 N/A

WORKSHOP INSTRUCTOR (FACILITATOR) (Circle your response to each item.)

8. The instructor was well prepared. 1 2 3 4 5 N/A

9. The instructor was helpful. 1 2 3 4 5 N/A

10. How would you improve this workshop?

11. What is least valuable about this workshop?

12. What is most valuable about this workshop?

13. Are you interested in receiving other educational materials and/or follow up material from this workshop? Yes No

If yes, please write your name, address, e-mail, and phone number.