

**A STATEWIDE
AREA AGENCY ON AGING
REGION SPECIFIC NEEDS ASSESSMENT
FOR NINE REGIONS
IN THE STATE OF SOUTH CAROLINA**

**PREPARED BY
SYSTEM WIDE SOLUTIONS, INC.**

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October 15, 2012

ACKNOWLEDGEMENTS

We gratefully acknowledge the assistance of the Area Agencies on Aging personnel who provided information through meetings, emails and discussions. We also want to thank all the individual citizens who completed surveys and who spoke with us. Please accept our grateful thanks.

EXECUTIVE SUMMARY

The Older Americans Act requires that a multi-year comprehensive area plan be developed for the planning and service area covered by each Area Agency on Aging (AAA) and submitted to the state organization designated as the state unit on aging (the Lieutenant Governor's Office on Aging in the case of South Carolina). This needs assessment is an essential part of that process. Nine of the ten Area Agencies in South Carolina joined together "To conduct a statewide region specific needs assessment in 9 of 10 regions in the state to determine the needs of seniors." System Wide Solutions, Inc. of Columbia, SC was chosen to carry out the needs assessment.

Different regions requested different configurations of populations to be assessed. The primary populations assessed were seniors (ages 55 and older), seniors receiving services from the AAA, caregivers, partners/professionals, and people seeking assistance through the Aging and Disabilities Resource Center (ADRC). Four regions also requested assistance in conducting focus groups with the public and aging persons receiving services and one region requested an interview schedule for persons in nursing facilities.

SWS centralized the methodology to allow for the burden to be shared by the AAA's and for a more cost-efficient implementation. The methodology was broken into five parts. The first part utilized a needs assessment survey instrument administered to seniors and persons with disabilities not in nursing facilities, and caregivers. The second part was interviews with partners/professionals. The third was interviews with persons in nursing facilities. The fourth part is a protocol and training for focus groups. In the fifth and final part, the data gathered and developed was written into a report and distributed to the AAA's.

Of the 4,773 surveys completed, 3,401 (71.3%) were categorized as a senior receiving services, 824 (17.3%) were categorized as a senior not receiving services, 1,181 (24.7%) were categorized as being a caregiver, and 2,940 (61.6%) were categorized as an individual with a disability. On the whole, the sample of both seniors and persons with disabilities is older, more likely to be below the poverty line, more likely to be female, more likely to be African American, and more likely to be without a spouse than the senior population as a whole. This is reflective of the population served by the AAA's/ADRC's.

The market for these services is segmented and this report approached the needs assessment in that manner, the same manner as it is being approached by the aging network. Seniors receiving services, seniors not receiving services, persons with disabilities and caregivers all prioritize the need for services differently. In addition, different demographic groups prioritize services differently.

To assure that the segmentation of the population is fairly represented, SWS conducted three statistical analyses before analyzing the responses to the needs assessment instrument. First, a principle components factor analysis was conducted to determine items on the instrument fell into categories. The solution identified five clear components, which we identified as Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and

Assistance, and Monetary Assistance. Second, we reclassified the respondents into mutually exclusive groups, so that no one was double counted as, for example, both a senior receiving services and a caregiver. Third, we used cluster analysis to identify demographic groupings.

In this report, SWS presents the needs as reported by the respondents by target group, demographic clusters, and the two combined. It has further divided the needs by the five service components and the service components by the services within those components. We have also provided an additional breakdown for caregivers. This information is presented in written and graphic form. This information can be utilized as a rich source for in-depth planning for services in the State of South Carolina.

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INTRODUCTION

The Purposes of the Needs Assessment

The Older Americans Act requires that a multi-year comprehensive area plan be developed for the planning and service area covered by each Area Agency on Aging (AAA) and submitted to the state organization designated as the state unit on aging (the Lieutenant Governor's Office on Aging in the case of South Carolina). Census data, needs assessment surveys, service delivery waiting lists and current service levels are used to project the needs for service. The Area Plan also requires that staff coordinate with other service organizations, engage in program development when needed, provide training and technical assistance to service providers and serve as the quality assurance component for contracted services. A public hearing is conducted and the AAA Board approves the final document. The area plan is updated annually each spring. This year (2012) is a year in which a new plan is to be developed. This needs assessment is an essential part of that process. Nine of the ten Area Agencies in South Carolina joined together "To conduct a statewide region specific needs assessment in 9 of 10 regions in the state to determine the needs of seniors." System Wide Solutions, Inc. of Columbia, SC was chosen to carry out the needs assessment.

The Goal of the Needs Assessment

The goal of the needs assessment is to determine the service needs at the state level and the regional level for:

- seniors age 60 or older (currently receiving services under the Older Americans Act),
- people seeking assistance through the Aging and Disabilities Resource Center (ADRC)

Needs were determined by surveying a representative group of people in the following groups:

- seniors age 60 or older
- seniors age 60 or older who are currently receiving services under the Older Americans Act
- people seeking assistance through the Aging and Disabilities Resource Center (ADRC)
- caregivers of seniors and persons with disabilities
- ADRC partners/Aging Professionals

Additional Goal

In addition to the needs assessment, the project team at System Wide Solutions prepared a focus group protocol for AAA's that wished to conduct focus groups to enrich their knowledge of needs in their communities. SWS trained focus group leaders on the use of the protocol. It also prepared an instrument for use by one AAA to use with the nursing facility population. The focus group protocol can be found in Appendix Two.

METHODOLOGY

Different regions requested different configurations of populations to be assessed. The primary populations assessed were seniors (ages 55 and older), seniors receiving services from the AAA, caregivers, partners/professionals, and people seeking assistance through the Aging and Disabilities Resource Center (ADRC). The specific populations requested by each region can be found in Table 1 below. Four regions also requested assistance in conducting focus groups with the public and aging persons receiving services and one region requested an interview schedule for persons in nursing facilities.

This mix of targets created a rather complex methodological problem to solve in an economical way. SWS chose to do so by centralizing the methodology to the greatest degree possible. This allowed for the burden to be shared by the AAA's and for a more cost-efficient implementation. The methodology was broken into five parts. The first part utilized a needs assessment survey instrument administered to seniors and persons with disabilities not in nursing facilities, and caregivers. The second part was interviews with partners/professionals. The third was interviews with persons in nursing facilities. The fourth part is a protocol and training for focus groups. In the fifth and final part, the data gathered and developed was written into a report and distributed to the AAA's.

Part 1: Survey of Targeted Populations to Determine Needs

The needs assessment survey was conducted by joint efforts of SWS and the AAA's. SWS developed the survey and protocols, administered the survey by mail and telephone, developed a method to complete the survey on the web, prepared the data, and conducted the data analysis. Each AAA administered the survey through convenience sampling methods and promoted the survey to service recipients/caregivers in their region to encourage their completing mailed surveys and surveys on the web. The eight steps in assessing the needs of the targeted populations were:

- Developing the survey instrument and its different versions (mail, telephone, etc.)
- Developing the protocols
- Reviewing the plan with the Regions
- Survey administration by mail and telephone
- Survey administration through convenience sampling methods
- Promotion of the survey to service recipients/caregivers
- Preparation of the data
- Conducting the data analysis

Developing the Survey Instruments

The development of the survey instruments began with a meeting with the Regional Directors on July 18, 2012 to discuss the specifics of the questions the regions wished answered. Survey

instruments were then developed using a review of the literature, analysis of existing data and previous needs assessments, and through telephone and email communications with each of the Area Agencies. The final instrument was coded for electronic scanning capability. A website was developed so that the public could complete the survey online. The survey instrument may be found in Appendix One.

Developing the Protocols

Protocols were developed for the follow-up telephone calls and convenience sampling processes that were conducted during the project. These protocols state exactly how, when and where the process was to occur. SWS furnished these protocols to the Area Agencies and trained them on their use. An online portal was developed through which the AAA’s could access copies of the survey, protocols, recorded webinars and view a live report on the return rate for their region. The protocols may be found in Appendix One.

Reviewing the Plan with the Regions

The goal of the data gathering was to produce between 150 and 200 responses in each Region from each subsample of the following targets: seniors not receiving services, seniors receiving services, persons seeking assistance through the ADRC, and caregivers. The specific number for each subsample was based upon obtaining a scientifically valid sample using a targeted seven point confidence interval at a 95% confidence level for each subsample and a four point confidence interval at a 95% confidence level for the total. The total number of needs assessment surveys to be completed for each region varied depending upon what populations the region has requested be surveyed and the size of each population (see Table 1).

TABLE 1: POPULATIONS TO BE ASSESSED

REGION	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	ADRC	Population of Seniors Receiving Services	Total Senior Population	Total Needs Assessment Surveys to be Completed
1	X	X	X	X	12,000	161,178	725
2	X	X	X	X	2,500	48,105	725
3	X	X	X	X	2,500	68,649	725
4	X	X		X	10,330	117,327	540
5	X	X	X	X	2,625	68,248	725
6	X		X	X	1,792	44,674	540
8	X		X	X	2,322	87,900	540
9	X		X	X	3,700	113,580	540
10	X		X	X	1,020	62,162	540
All	9	5	8	9	38,789	771,823	5,600

On July 30 and 31, the plan for administering the survey was presented to the regional directors and their staff via online webinar. SWS presented the finalized instruments and protocols as well

as discussed ways to do convenience sampling. SWS provided the regions with the URL for the online version of the AAA mail survey so it could be used for promoting the survey and a link to print out hard copy surveys for distribution. The Webinar was posted to the AAA web portal so that it could be later viewed by persons who were unable to attend the live training. SWS also conducted short recorded Webinar trainings on each of the sections in the AAA web portal, and those were posted online as well.

Survey Administration by Mail and Telephone

Each region provided contact information for clients, caregivers, and individuals who have sought assistance through the ADRC. An additional sample was purchased from a commercial direct mail list. These lists were randomly sampled and stratified according to the subsamples requested and presented previously in Table 1. For example, regions with larger populations such as Region 1, Region 4, and Region 9, had slightly larger samples selected than regions with smaller populations. Furthermore, the sample was stratified by the populations requested. For regions that requested targeting of seniors receiving services, seniors not receiving services, caregivers, and recipients of ADRC services, the sample size was divided equally among these four groups; whereas the sample size for regions that requested only three of those groups was divided equally among those three. When there was not a sufficient number of individuals in a particular group on the list provided, the client list was over-sampled so that the appropriate number of surveys were mailed to that region.

SWS administered the survey by mail to the four targeted populations with the goal of obtaining at least 60% of the “Total Needs Assessment Surveys to be Completed.” On August 7, 2012, 11,922 surveys were mailed to individuals residing in or who had been served by the nine regions. A letter on the SC Association of Area Agencies on Aging letterhead that explained the purpose of the survey and a self-addressed postage-paid envelope was included with the survey. A total of 1,478 surveys were returned by mail, which is a response rate of 12.4%.

Telephone surveys were conducted as follow up to ensure the appropriate number of surveys in each subsample in each region. Twenty four telephone surveys were completed by SWS after making 146 valid attempts, which is a response rate on the telephone surveys of 16.4%. One additional telephone survey was completed by one of the Area Agencies.

Administration of the Survey through Hard Copy Convenience Sampling

The survey was administered by the AAA’s through hard copy distribution methods with a target of 20% of the “Total Needs Assessment Surveys to be Completed.” Each Region could, at their sole expense and discretion, distribute the hard copy survey at community events, senior centers, churches, community centers, government offices and businesses. The Area Agency was responsible for printing and administering the survey and providing the completed hard copy surveys to SWS within agreed-upon deadlines. SWS was responsible for scanning and importing the hard copy surveys into the database. SWS provided at no cost training on protocols for

distributing hard copy surveys and sending to SWS. Training was provided via Webinar and posted to the Internet for viewing at any time.

The Area Agencies distributed approximately 4,000 surveys to senior centers, service providers who distributed them to their clients, churches, support groups, residential facilities, recreation centers, county government offices, and at community events. Of those distributed, 3,119 convenience sample surveys were collected, which is a response rate of approximately 78%.

Promotion of the Survey to Service Recipients/Caregivers

The survey was also administered online with a target of 10% of the “Total Needs Assessment Surveys to be Completed.” The online survey was developed and maintained by SWS. Each Region could, at their sole expense and discretion, promote the online survey through their website, in region-specific newspapers and newsletters, at community events and community centers, and to current service recipients through existing communication mechanisms. Methods for communicating the web site address were developed individually with each Region. SWS provided at no cost training on protocols for promoting the online survey. Training was provided via Webinar and posted to the Internet for viewing at any time. One hundred and fifty one surveys were completed online.

Preparation of the Data for Analysis

The survey database was developed in SQL Server 2008. Surveys completed online were entered automatically into the database. Possible duplicate responses to the online survey were removed. Hard copy surveys returned to SWS were visually inspected and scanned into the database through optical scanning software. The survey data was validated to ensure the integrity of the data.

A total of 4,773 needs assessment surveys were completed, of which 1,478 (31%) were mail surveys, 25 (0.5%) were telephone surveys, 3,119 (65.3%) were convenience sample surveys, and 151 (3.2%) were online surveys. The quantitative data was then exported to the Statistical Package for the Social Sciences (SPSS).

Analysis of the Survey Data

Responses to the needs assessment survey were analyzed statewide and separately for each region. Within each of these sections, findings are reported in four steps. The first step identifies the extent to which respondents represent the population of individuals in the state/region. The second step is a tabulation of responses by county. In the third step, subgroups of the respondents who were similar both demographically and in their responses to the items on the survey are identified and the services they needed most are reported. The fourth and final step includes rankings of priority of needs identified by service and by county.

Demographics of individuals who reported that they were over 55 and the demographics reported by caregivers (caregivers were asked to report on the demographics of the individual for whom they were a caregiver) were compared to the demographics of individuals residing in the service areas. Service area population demographics were obtained from the 2010 Decennial Census and the 2010 American Community Survey. Information on these data sets can be found on the web at www.factfinder.census.gov.

Poverty status for the survey sample was determined by comparing the individuals responses to questions regarding income and number of people supported by the income to the U.S. Census Bureau chart of Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years. Although the groupings used in the survey did not match exactly to the thresholds used by the Census, and the number of individuals supported by the respondent's income who are under 18 are unknown, utilization of the respondent's marital status helped to mitigate this factor. As such, these figures may only be utilized as estimates of the poverty status of the survey sample and not actual figures.

Responses to the survey were analyzed in five steps. The first three steps were conducted using the statewide dataset. First, a principle components factor analysis was conducted to determine items on the instrument fell into categories. The solution identified five clear components, which we identified as Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance. Second, respondents were reclassified into mutually exclusive groups, so that no one was double counted as, for example, both a senior receiving services and a caregiver. Third, a cluster analysis was used to identify demographic groupings. In the fourth and fifth steps, regional analyses were conducted which compared needs for services for the five components and caregiver services among the mutually exclusive groups and demographic groupings and variables.

Part 2: Interviews with Partners/Professionals

The partners/professionals survey was administered exclusively online. The interview schedule, protocol, and online instrumentation were developed by SWS. SWS was also responsible for managing the database and analyzing the data. Each Region could, at their sole expense and discretion, conduct the interviews with their partners.

Developing the Instrument, Interview Schedule and Protocol

The partner and professional survey, interview schedule and protocol were developed by SWS and provided to each Area Agency. The survey included several multiple choice questions and two open ended questions. Each Region could, at their sole expense and discretion, collect survey data from partners and professionals by mail, telephone, email, or online survey. SWS furnished the interview schedule and protocol to the Area Agencies and trained them on their use. The interview schedule and protocol may be found in Appendix Two.

The sample of professionals and partners was obtained by the AAA's and collected through a "snowball" method. The AAA's were responsible for administering the professional/partner survey as well as for entering any mail, telephone, or email surveys into the survey database via the online survey portal. All professional and partner surveys completed online were automatically entered into the database.

Analysis of the Survey Data

The survey database was developed in SQL Server 2008. Surveys completed online were entered automatically into the database. Possible duplicate responses to the online survey were removed. The quantitative data was then exported to the Statistical Package for the Social Sciences (SPSS). The data analysis includes rankings of priority of needs identified, opinions of the partners/professionals on their relationship with the AAA, and an analysis of two open ended questions. The findings were then reviewed by the team and confirmed.

Part 3: Interviews with Persons in Nursing Facilities

Due to the cost of providing this service, individual interviews with persons in nursing facilities were removed from the SWS work plan. However, information gathered in this manner may be helpful to the Area Agencies in informing policy decisions and adding depth to data gathered through the survey methodology. Therefore, SWS developed and provided to the Area Agencies long term care facility interview schedules and protocols. With this information, each Area Agency could, at its sole expense and discretion, conduct the interviews of persons living in LTC facilities. Persons interviewed in long term care facilities were volunteers selected by the AAA's and the ombudsmen. SWS provided at no cost training on protocols for conducting individual interviews and entering survey data through the online portal. Training was provided via Webinar and posted to the Internet for viewing at any time. The protocol may be found in Appendix Two.

The Area Agency was responsible for administering the survey as well as for entering the surveys into the survey database via the online survey portal. Qualitative data from the individual interviews was reduced to scales. Analyses were conducted by SWS to determine the priority of needs for individuals in long term care facilities and this information was included in the overall assessment of needs by region.

Only one region conducted the LTC interviews prior to the completion of this report. However, all of the Area Agencies have been provided this information and may utilize the schedule and protocol to conduct the interviews in the future.

Santee-Lynches received permission from the facilities to interview the participants. A signed consent from each participant interviewed was also obtained. These consent forms (that contain client names) are being maintained in the AAA/ADRC office in a locked file separate from the completed interview survey forms (that do not contain client names).

Part 4: Protocol and Training for Focus Groups

Due to the cost of providing this service, focus groups were removed from the SWS work plan. However, information gathered in this manner may be helpful to the Area Agencies in informing policy decisions and adding depth to data gathered through the survey methodology. Therefore, SWS developed and provided focus group schedules and protocols to the Area Agencies. With this information, each Area Agency may, at its sole expense and discretion, conduct the focus groups at any point in the future. Persons to take part in focus groups will be volunteers selected by the AAA's.

The focus group schedule and protocol includes a series of open ended questions and methods for obtaining information from participants. The Area Agency will be responsible for summarizing the information obtained through focus groups according to the protocol and entering the key points into a database. SWS provided at no cost training on protocols for conducting focus groups. Training was provided via Webinar.

Part 5: Preparation of the Report

Subsequent to the analysis of the data, a series of discussions were held among the team members. The discussions centered around the interpretation of the findings of the needs assessment to determine what seniors' needs are in each Region and the state. Upon the completion of these discussions, a report was completed with the following elements: executive summary, introduction, methodology, a presentation of the findings for each region, a presentation of the findings for the State, conclusions based on the findings, services proposed/recommended to address the needs identified and a timeline for implementation.

In addition to the written report described above, SWS prepared a Power Point presentation that summarizes the key points of the study for the state and for each region that may be used to disseminate the findings. The presentation was furnished electronically (on a CD) subsequent to the written report. The regions were also given the opportunity for Webinar presentations of the findings.

Limitations of the Study

By randomly selecting individuals from the targeted populations to survey by mail, the study aimed to determine if the responses are representative of the population by comparing the sample demographics to the population demographics. However, the response rate to the mail survey was 12.4%, which is considerably lower than the anticipated 30% usually achieved in a one-time mail survey without additional follow-up.

The low response rate may be a result of outdated or incorrect address lists. As part of the mail survey process, the mail distribution list was processed through the National Change of Address (NCOA) registry. Of the 11,972 processed, 50 (0.4%) were deleted as being invalid addresses

and 408 (3.4%) were updated to a new address. After the mailing, an additional nine were returned as bad addresses, and nine were returned with a note from the sender that the addressee was deceased. This rate of invalid mailing addresses (4%) is acceptable; however, follow up telephone calls exposed other potential problems.

When conducting the telephone surveys, SWS made calls to 161 different telephone numbers provided by the Area Agencies. Of these, 51 (31.7%) numbers were disconnected or were the wrong number, and for six (3.7%) of the numbers, the individual was deceased, leaving 104 (64.6%) potentially valid telephone numbers. The telephone survey calls from client and/or caregiver lists were made primarily to Regions 1, 2, and 10, with a few conducted in Region 8. In comparison, the commercial data list yielded 42 out of 53 valid telephone numbers (79.2%), and the response rate from the commercial data list was much higher (23.8% compared to the 13.5% response rate from the client/caregiver list).

During the telephone surveying process, a common observation was that telephone respondents initially did not identify themselves as receiving any services through their local Area Agency on Aging, even though the interviewer explained at the beginning what types of services are provided, such as Meals on Wheels, transportation and Senior Centers. The AAA name did not stimulate name recognition, even when it was spelled out and explained. However, when answering the detailed survey questions, these same individuals stated that they frequently use a particular service or that they could not get by without it. The interviewer then explained that the service is provided through the AAA in their area. This experience indicates that consumers are often not aware of who is responsible for providing the services they receive and rely on. This lack of awareness of AAA as a crucial coordinator of services for seniors and person with disabilities was prevalent in all of the areas to which calls were made.

Some variation among the different regions in the receptiveness of individuals who were called was also noted. When asked to participate in the telephone survey, individuals in most areas were cooperative and forthcoming, whereas individuals in a few other areas were particularly cautious and reluctant to talk to anyone about their needs or affairs, even when assured of confidentiality. This variation may reflect traditional geographic and social difference within the state. These differences may have impacted the response rate as well as the way in which individuals responded to the survey itself.

Another impact on the response rate is the design of the survey itself. In an effort to meet the cost restraints of the project, the survey was printed double-sided which caused some survey respondents to complete only one side of the survey.

A high rate of non-response creates a high probability of non-response error and statistical bias (Hager, Mark A., et al 2003). Often in the case of customer satisfaction surveys, the individuals who respond are more likely to be satisfied with their services (Kelley, Kate, et al 2003). Therefore, those who responded may be more motivated to respond due to greater interest in the services; whereas those who did not respond may feel that they do not need the services, are not satisfied with their services or are not interested in receiving assistance.

In an attempt to combat the low response rate by mail survey, the Area Agencies increased their efforts on the convenience sampling method. Convenience sampling may or may not represent the population since the respondents are usually those to whom the Area Agencies had the easiest access. Therefore, this further increases the sampling error when attempting to compare the respondents to the population of seniors and persons with disabilities in the regions.

Therefore, it is possible that the sample does not represent the population of seniors and persons with disabilities in South Carolina and the particular region. It is more likely that the sample represents the population of seniors and persons with disabilities who are interested in or who have already received services. As a result of the convenience sampling, these individuals are also those who are more likely to identify with the AAA or with one of the partnering organizations.

STATEWIDE FINDINGS

Representation of the Population

A total of 4,773 surveys were completed. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ADRC target population). The categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 4,773 surveys completed, 3,401 (71.3%) were categorized as a senior receiving services, 824 (17.3%) were categorized as a senior not receiving services, 1,181 (24.7%) were categorized as being a caregiver, and 2,940 (61.6%) were categorized as an individual with a disability.

Population sizes for seniors receiving services, caregivers, and the ADRC target population were determined using the number of individuals in the contact lists provided by the Area Agencies. The population size for seniors not receiving services was determined by subtracting the number of seniors receiving services from the population of individuals in the area over the age of 55 as measured by the 2010 Decennial Census. Information on this data set can be found on the web at www.factfinder.census.gov.

For the state as a whole, the confidence interval for the sample of seniors receiving services is 1.64 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a very high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 1.64 points). The confidence interval for seniors not receiving services is somewhat higher (3.4 points at a 95% confidence level assuming 50% agreement), which indicates somewhat less representation of the population of seniors not receiving services. The representation of caregivers is very good (1.62 points at a 95% confidence level assuming 50% agreement), as is the representation of individuals with a disability who have received services through the ADRC (2.8 points at a 95% confidence level assuming 50% agreement). (See Table 2.)

TABLE 2: SAMPLE REPRESENTATION OF POPULATION

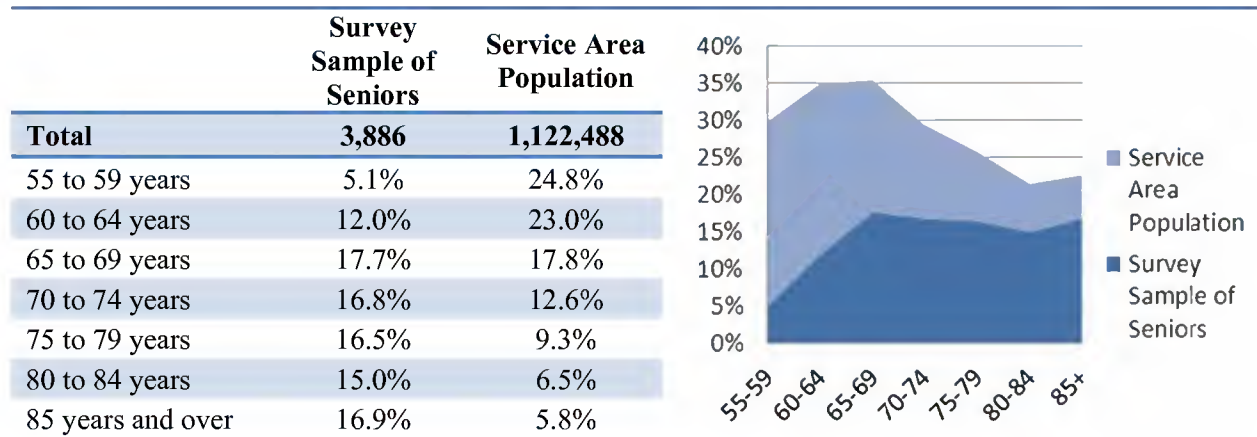
	Population Size	Sample Size	Representation
Seniors Receiving Services	64,642	3,401	1.64
Seniors Not Receiving Services	614,298	824	3.41
Caregivers	14,753	1,181	1.62
ADRC	31,349	2,940	2.80

Demographic Characteristics of Seniors

The confidence interval is based on the theory that the sample is demographically similar to the population. Demographics of individuals who reported that they were over 55 and the demographics reported by caregivers (caregivers were asked to report on the demographics of the individual for whom they were a caregiver) were compared to the demographics of individuals residing in the service areas. Service area population demographics were obtained from the 2010 Decennial Census and the 2010 American Community Survey. Information on these data sets can be found on the web at www.factfinder.census.gov.

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are 55 to 59 years old (n=197, 5.1%) or 60 to 64 years old (n=466 (12%), whereas 24.8% and 23% of the service area population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 65 to 69 years (n=688, 17.7% of the sample and 17.8% of the population), reaches a low point at 80 to 84 years (n=584, 15% of the sample and 6.5% of the population), then increases slightly at 85 years and over (n=656, 16.9% of the sample and 5.8% of the population). (See Figure 3.) Therefore, it can be assumed that the sample is fairly representative of individuals 65 years and older. For this reason, further comparisons are conducted using the population of seniors aged 65 and older.

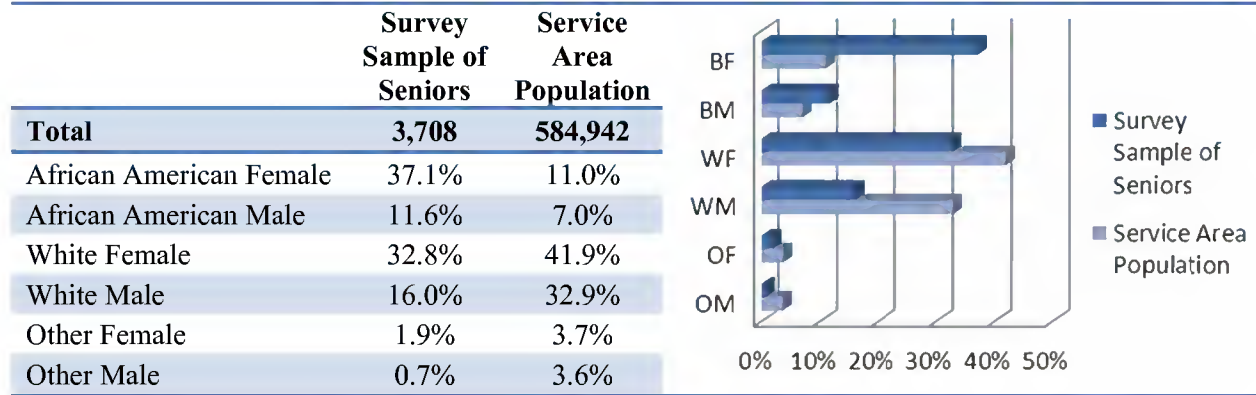
FIGURE 3: AGE GROUP OF SENIORS



A much larger percentage of the survey sample are African American female (n=1,375, 37.1%) or African American male (n=430, 11.6%) than the service area population (11% and 7%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian female (n=1,215, 32.8%) or White/Caucasian male (n=593, 16%) compared to the service area population (41.9% and 32.9%, respectively). Very few respondents were of other races (Native American females: n=21, 0.6%; Hispanic females: n=16, 0.4%; Other females: n=21, 0.6%; females of more than one race: n=11, 0.3%; Native American males: n=10, 0.3%; Hispanic males: n=7, 0.2%; Other males: n=6, 0.2%; males of more than one race: n=3, 0.1%). These populations are also relatively small in the population (other females - including Hispanic,

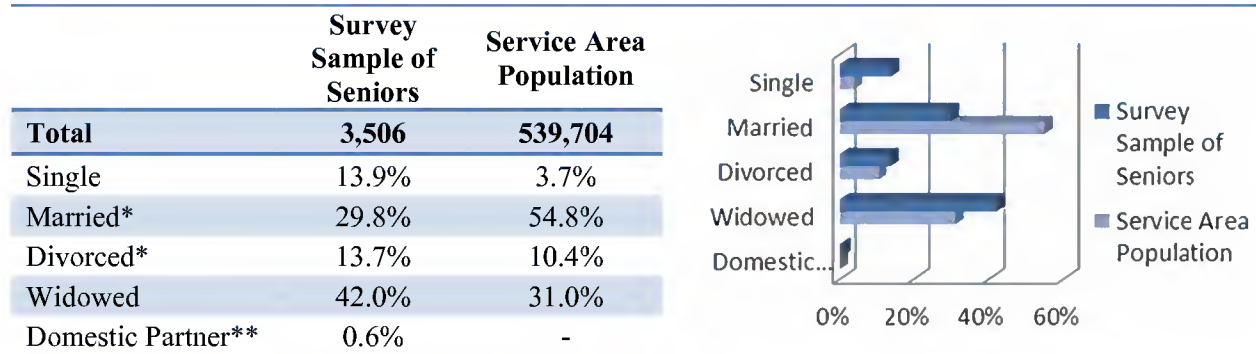
Native American, and those of two or more races: 3.7%; other males – including Hispanic, Native American, and those of two or more races: 3.6%). (See Figure 4.) Therefore, the sample is not representative by race and gender and the findings should be analyzed for differences among these demographic groups.

FIGURE 4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are widowed (n=1,472, 42%) or single (n=487, 13.9%) than exist in the service area senior population (31% and 3.7%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=1,044, 29.8% of the sample compared to 54.8% of the population). A similar percentage of respondents are divorced (n=481, 13.7%) as are in the service area senior population (10.4%). (See Figure 5.) Therefore, the sample is not representative by marital status and the findings should be analyzed for differences among these demographic groups.

FIGURE 5: MARITAL STATUS OF SENIORS



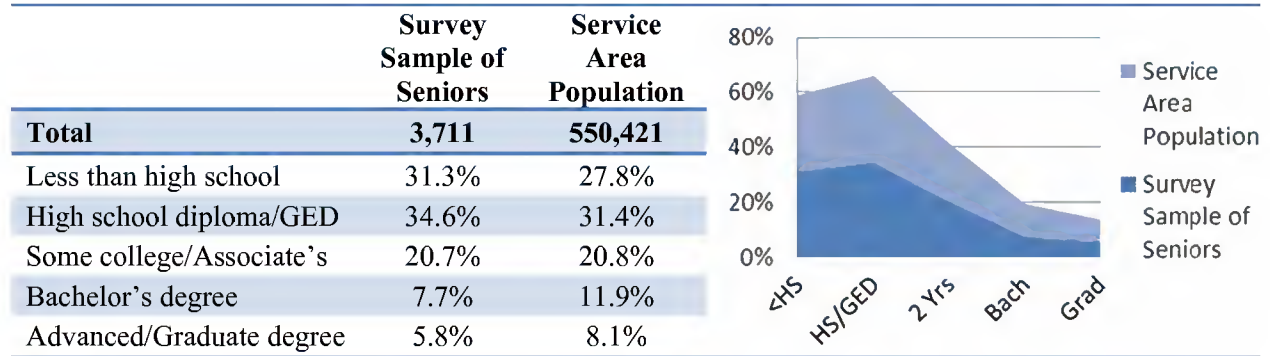
*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=1,160, 31.3%) or received a high school diploma or GED (n=1,285, 34.6%), compared to 27.8% and 31.4% of the service area population, respectively. Twenty

percent of the respondents (n=768) and the service area senior population attended some college or earned an Associate's degree. The percentage of respondents who earned a Bachelor's degree (n=284, 7.7%) or an Advanced/Graduate degree (n=214, 5.8%) are also similar to the percentage in the service area senior population (11.9% and 8.1%, respectively). (See Figure 6.) Therefore, the sample is representative by educational attainment.

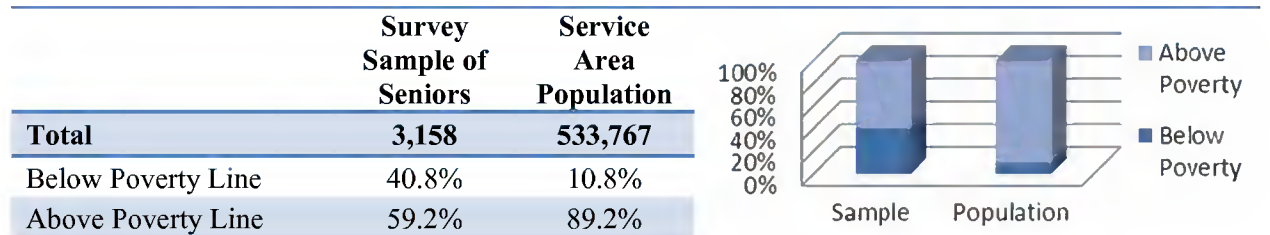
FIGURE 6: EDUCATIONAL ATTAINMENT OF SENIORS



Poverty status for the survey sample was determined by comparing the individuals' responses to questions regarding income and number of people supported by the income to the U.S. Census Bureau chart of Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years. Although the groupings used in the survey did not match exactly to the thresholds used by the Census, and the number of individuals supported by the respondent's income who are under 18 are unknown, utilization of the respondent's marital status helped to mitigate this factor. As such, these figures may only be utilized as estimates of the poverty status of the survey sample and not actual figures.

In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=1,289, 40.8% compared to 10.8% of the service area population). (See Figure 7.)

FIGURE 7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, widowed, and below the poverty line, as well as are more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Of the 4,773 surveys completed, 521 (10.9%) reported that they were under 65 years of age and had a disability. Service area population demographics for individuals between 18-64 years of age were obtained from the 2010 American Community Survey. County specific data on persons with disabilities was available for only 34 of the 40 counties covered by this report. Those for which data was not available are Allendale, Bamberg, Calhoun, Lee, McCormick, and Saluda. Of the 2,546,767 individuals between the ages of 18 to 64 residing in these 34 counties, roughly 12% have a disability.

Similar to the senior sample, the sample of persons with disabilities differs from the population in gender (69.7% of the sample are female compared to 50.1% of the population) and race (52.6% of the sample are African American compared to 31% of the population). In addition, 262 respondents (53.1% of those who responded to the income questions) are considered to be below the poverty threshold compared to 27.4% of the population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 57.3% (n=2,737) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 12.7% (n=606) of the sample. Caregivers comprise 24.2% (n=1,156) of the sample, are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. Persons with disabilities are the smallest group (n=232, 4.9%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

A TwoStep Cluster Analysis using Akaike information criterion (AIC) for model selection and log-likelihood distance measurement was conducted to group demographic variables into four clusters. The average silhouette, which is a measure of cohesion and separation within the clusters is 0.3 (Fair). The inputs into the analysis are: whether or not the individual is considered to be below the poverty line (Importance=1.0), gender (Importance=1.0), race (Importance=1.0), marital status (Importance=0.37), educational attainment (Importance=0.23), and age group (Importance=0.06). Several different models were tested and this was deemed to be the most comprehensive in terms of fitting the largest number of individuals and have the best quality.

The first cluster (Cluster 1) is comprised of 891 respondents (18.7% of the sample and 30% of those classified). Individuals in this cluster are above the poverty line (75.5%), male (94.7%), predominantly white (61.4%), mostly married (49%), with a high school diploma or GED (31.5%). The most common age group for this cluster is between 70 to 74 years old (15.4%).

Cluster 2 is comprised of 603 respondents (12.6% of the sample and 20.3% of those classified). Individuals in this cluster are above the poverty line (60.9%), female (100%), white (99.9%), mostly widowed (60.6%), with a high school diploma or GED (36.4%). The most common age group for this cluster is older than 85 years (21.7%).

Cluster 3 is comprised of 643 respondents (13.5% of the sample and 21.6% of those classified). Individuals in this cluster are below the poverty line (100%), female (96.9%), African American (99.2%), mostly widowed (51.5%), with less than a high school diploma (53.7%). The most common age group for this cluster is older than 85 years (21.8%).

Cluster 4 is comprised of 837 respondents (17.5% of the sample and 28.1% of those classified). Individuals in this cluster are above the poverty line (100%), female (100%), African American (100%), mostly married (43%), with a high school diploma or GED (42.3%). The most common age group for this cluster is between 70 to 74 years old (20.6%).

The remaining 1,799 (37.7%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis. The majority of these respondents are female (valid percent = 74.9%), married (valid percent = 30.1%) or widowed (valid percent = 41.7%), with a high school diploma/GED (valid percent = 34.6%) or less (valid percent=29.8%). The most under-reported demographic were the items used to determine if the individual is below the poverty line (income and number supported by income) with 849 (47.2% of the 1,799) not reporting on either of these items.

Service Needs by Targeted Group

A principle components factor analysis was conducted to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The model was found to be statistically appropriate for the variables in the solution. This means that there is a high proportion of variance in the variables which is caused by common underlying factors (*KMO Measure of Sampling Adequacy = 0.958*) and that significant relationships exist among the variables (*Bartlett's Test of Sphericity $X^2 = 69,298.2$, $df=465$, $p<0.001$*). The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: transportation to the grocery store, doctor's office, pharmacy, or other errands; having someone bring a meal to me in my home every day; help keeping my home clean; help with repairs and maintenance of my home or yard; help with personal care or bathing; help with washing and drying my laundry; having someone help me with my prescription medicine; keeping warm or cool as the weather changes; and modifications to my home so that I can get around safely.

A reliability analysis determined that these nine items have good internal reliability, with a Cronbach alpha of 0.923, meaning that the scores for items are approximately 92% consistent among cases. Therefore, adding together the scores on these nine variables for each case creates a statistically reliable composite measure. For ease in interpretation, the composite was calculated by averaging each individual's responses to the nine items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Of the 4,773 respondents, 4,711 had valid scores for the composite. The average score for the Personal and Home Care Needs composite is 2.45 (SD=1.03) on a scale of 1 to 4, where a higher score represents a greater importance for helping the individual remain where they are now. The scores for the composite are slightly positively skewed (0.152), meaning that the frequency of scores is heavier at the bottom half of the scale. The Kurtosis measurement (-1.334) indicates that the distribution of scores is flat (does not peak in the middle) and a higher number of scores are in the tails than in the middle. This means that many respondents reported that personal and home care needs are either very important or not at all important, and very few reported quite a bit or a little importance.

On average, seniors receiving services view personal and home care needs to be more than a little important (*mean*=2.41, *median*=2.22, *n*=2,709, *sd*=1.05). The most important of these needs are transportation for errands (*mean*=2.66, *median*=3.0, *n*=2,596, *sd*=1.32), home repairs and maintenance (*mean*=2.62, *median*=3.0, *n*=2,600, *sd*=1.31), keeping warm or cool as the weather changes (*mean*=2.67, *median*=3.0, *n*=2,588, *sd*=1.32), and home modifications to improve safety (*mean*=2.57, *median*=3.0, *n*=2,588, *sd*=1.31). The least important services to seniors who are already receiving services are personal care (*mean*=2.0, *median*=1.0, *n*=2,589, *sd*=1.27) and housekeeping (specifically laundry) (*mean*=2.08, *median*=1.0, *n*=2,597, *sd*=1.29). (See Figure 8.)

Seniors who have not received services view personal and home care needs to be a little important (*mean*=2.07, *median*=1.78, *n*=591, *sd*=0.97). The only service deemed to be quite a bit important by most of the respondents is home repairs and maintenance (*mean*=2.48, *median*=3.0, *n*=561, *sd*=1.28). The least important services to seniors who are not already receiving services are personal care (*mean*=1.61, *median*=1.0, *n*=543, *sd*=1.04), housekeeping (specifically laundry) (*mean*=1.75, *median*=1.0, *n*=543, *sd*=1.1), and nursing care (specifically assistance with prescription medicine) (*mean*=1.74, *median*=1.0, *n*=542, *sd*=1.11). (See Figure 8.)

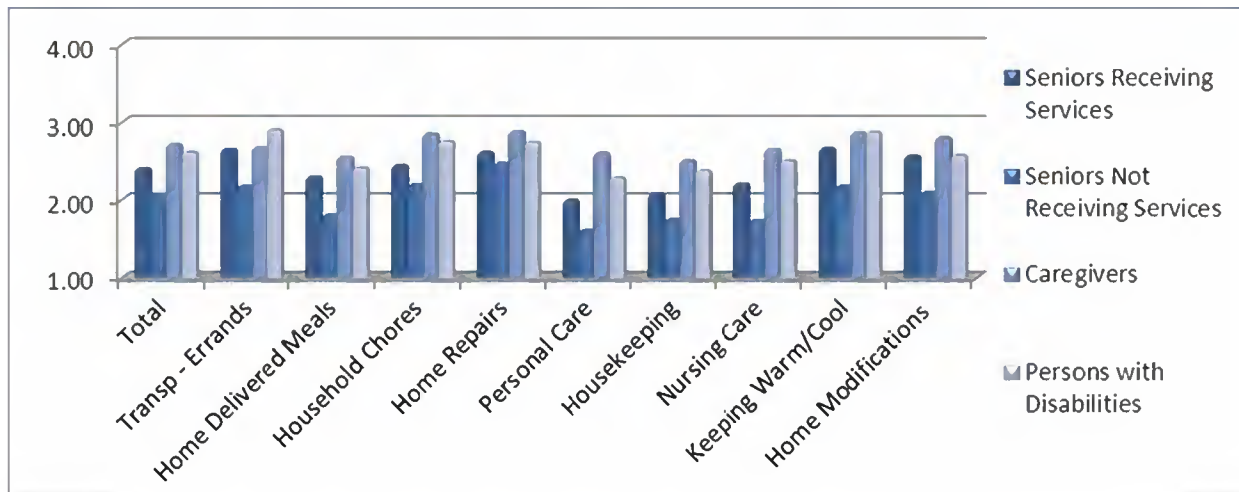
Caregivers view personal and home care needs to be quite a bit important (*mean*=2.72, *median*=2.78, *n*=1,142, *sd*=0.95). All but one of the services are deemed to be quite a bit important by most of the respondents (*median score* = 3.0, *sd*=1.2-1.3). The least important service to caregivers is housekeeping (specifically laundry) (*mean*=2.51, *median*=2.0, *n*=1,107, *sd*=1.29). (See Figure 8.)

Persons with disabilities view personal and home care needs to be slightly less than quite a bit important (*mean*=2.62, *median*=2.56, *n*=232, *sd*=0.92). The most important service to persons with disabilities is transportation for errands (*mean*=2.91, *median*=4.0, *n*=222, *sd*=1.27). Other

important services to persons with disabilities are household chores (specifically keeping home clean) (*mean*=2.76, *median*=3.0, *n*=221, *sd*=1.24), home repairs and maintenance (*mean*=2.75, *median*=3.0, *n*=222, *sd*=1.24), keeping warm or cool as the weather changes (*mean*=2.88, *median*=3.0, *n*=223, *sd*=1.22), and home modifications for safety (*mean*=2.58, *median*=3.0, *n*=220, *sd*=1.25). (See Figure 8.)

FIGURE 8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.41	2.07	2.72	2.62
Transportation for Errands	2.66	2.18	2.68	2.91
Home Delivered Meals	2.30	1.81	2.56	2.42
Household Chores	2.45	2.20	2.86	2.76
Home Repairs/Maintenance	2.62	2.48	2.89	2.75
Personal Care	2.00	1.61	2.61	2.29
In-Home Housekeeping	2.08	1.75	2.51	2.38
Nursing Care/Prescription Assistance	2.21	1.74	2.66	2.51
Keeping Warm/Cool	2.67	2.18	2.87	2.88
Home Modifications	2.57	2.10	2.81	2.58

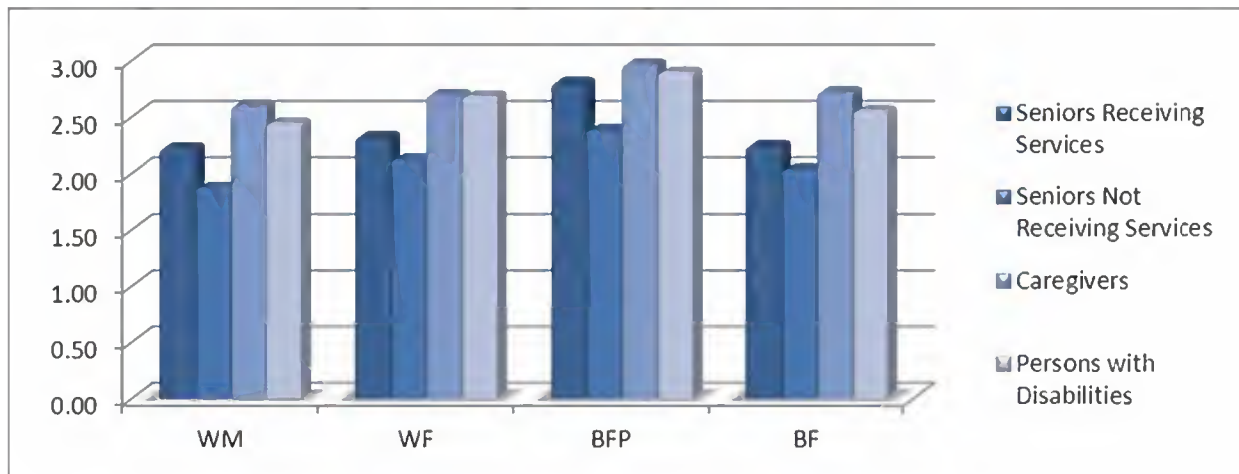


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=59.83$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 3.7% of the variability in this composite ($r^2=0.037$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=57.03$, $df=3$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are greater than 85 years old and are receiving services as well as caregivers of those who are greater than 85 years old. African Americans, females, those with less than a high school education, and individuals below the poverty line also rated these services as being of greater importance to them ($F=64.48$, $df=3$, $p<0.001$, $F=56.64$, $df=3$, $p<0.001$, $F=62.63$, $df=3$, $p<0.001$, and $F=64.42$, $df=3$, $p<0.001$, respectively). Those who are single or widowed, particularly persons with disabilities who are single, rated these services as being of greater importance to them than individuals who are divorced or married ($F=57.61$, $df=3$, $p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85).

FIGURE 9: PERSONAL AND HOME CARE NEEDS BY CLUSTER



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home.

A reliability analysis determined that these nine items have good internal reliability, with a Cronbach alpha of 0.900, meaning that the scores for items are approximately 90% consistent among cases. Therefore, adding together the scores on these eight variables for each case creates a statistically reliable composite measure. For ease in interpretation, the composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Of the 4,773 respondents, 4,651 had valid scores for the composite. The average score for the Senior Center Activities composite is 2.86 (SD=0.90) on a scale of 1 to 4, where a higher score represents a greater importance for helping the individual remain where they are now. The scores for the composite are negatively skewed (-0.380), meaning that the frequency of scores is heavier at the top of the scale. The Kurtosis measurement (-0.957) indicates that the distribution of scores is flat (does not peak in the middle) and a higher number of scores are in the tails than in the middle. This means that more respondents reported that senior center activities are very important than those that reported they are of quite a bit or a little importance.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean*=3.01, *median*=3.13, *n*=2,700, *sd*=0.88). All of the items have a median value of either quite a bit or very important. The most important of these needs are recreation/social events (*mean*=3.03, *median*=4.0, *n*=2,616, *sd*=1.14), getting exercise (*mean*=3.24, *median*=4.0, *n*=2,611, *sd*=1.02), counseling (having someone to talk to) (*mean*=3.11, *median*=4.0, *n*=2,618, *sd*=1.12), and having a senior center close to home (*mean*=3.12, *median*=4.0, *n*=2,601, *sd*=1.20). The least, but still quite a bit, important service to seniors who are already receiving services is transportation to the senior center (*mean*=2.53, *median*=3.0, *n*=2,581, *sd*=1.36). (See Figure 10.)

Seniors who have not received services view senior center activities to be between a little important and quite a bit important (*mean*=2.51, *median*=2.5, *n*=582, *sd*=0.89). The most important of these needs are getting exercise (*mean*=2.99, *median*=3.0, *n*=558, *sd*=1.09), counseling (having someone to talk to) (*mean*=2.64, *median*=3.0, *n*=556, *sd*=1.20), and getting information on how to eat healthy (*mean*=2.64, *median*=3.0, *n*=554, *sd*=1.17). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.88, *median*=1.0, *n*=534, *sd*=1.17). (See Figure 10.)

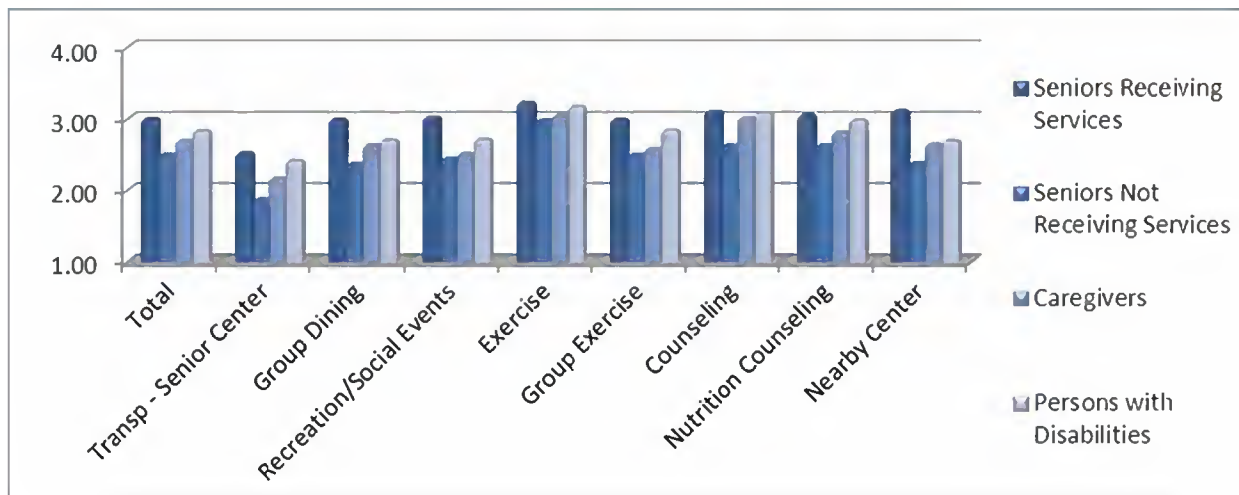
Caregivers view senior center activities to be slightly less than quite a bit important (*mean*=2.70, *median*=2.71, *n*=1,139, *sd*=0.90). All but two of the services are deemed to be quite a bit important by most of the respondents (*median score* = 3.0, *sd*=1.1-1.3). The least important services to caregivers are recreation/social events (*mean*=2.52, *median*=2.0, *n*=1,106, *sd*=1.20) and transportation to the senior center (*mean*=2.17, *median*=2.0, *n*=1,089, *sd*=1.31). (See Figure 10.)

Persons with disabilities view senior center activities to be slightly less than quite a bit important (*mean*=2.84, *median*=2.88, *n*=230, *sd*=0.86). The most important service to persons with disabilities is getting exercise (*mean*=3.18, *median*=4.0, *n*=223, *sd*=0.98). Other important services to persons with disabilities are counseling (having someone to talk to) (*mean*=3.09, *median*=3.0, *n*=225, *sd*=1.03), and nutrition counseling (*mean*=2.99, *median*=3.0, *n*=219, *sd*=1.08). The least important service to persons with disabilities is transportation to the senior center (*mean*=2.42, *median*=2.0, *n*=219, *sd*=1.35). (See Figure 10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.01	2.51	2.70	2.84
Transportation to the Senior Center	2.53	1.88	2.17	2.42
Group Dining	3.00	2.38	2.64	2.71
Recreation/Social Events	3.03	2.45	2.52	2.72
Exercise	3.24	2.99	3.05	3.18
Group Exercise	3.00	2.51	2.59	2.85
Counseling (someone to talk to)	3.11	2.64	3.02	3.09
Nutrition Counseling	3.06	2.64	2.82	2.99
Nearby Senior Center	3.12	2.39	2.65	2.70



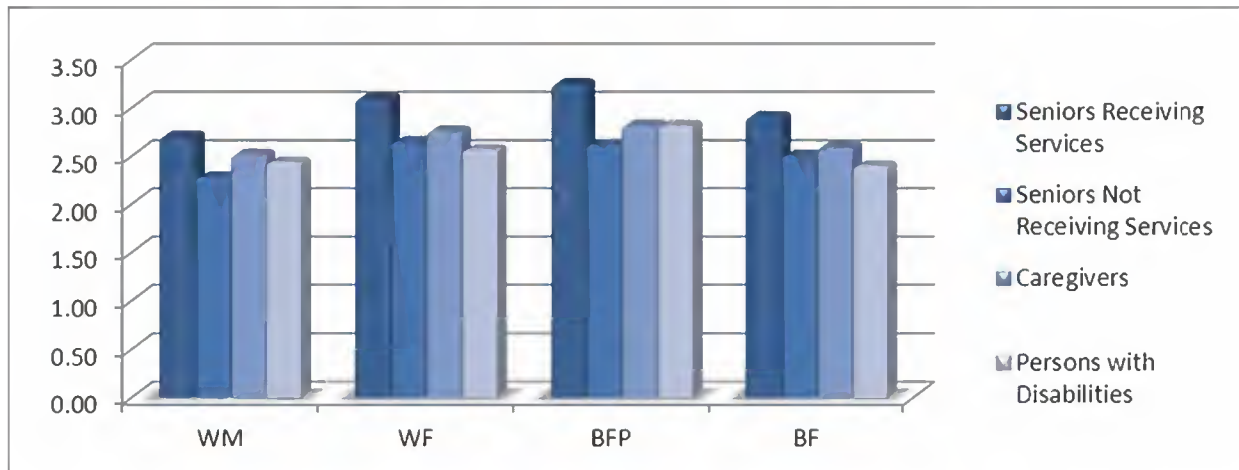
The difference in the senior center activities composite is significantly different between the targeted groups ($F=68.84$, $df=3$, $p<0.001$). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services and caregivers. However, the target group categorization only accounts for 4.3% of the variability in this composite ($r^2=0.043$).

The age of the respondent has a significant impact on their perceived need for senior center activities ($F=5.38$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are between the ages of 65 and 84. African Americans, females, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=221.5$, $df=1$, $p<0.001$, $F=92.25$, $df=1$, $p<0.001$, $F=16.0$, $df=4$, $p<0.001$, and $F=72.94$, $df=1$, $p<0.001$, respectively). Those who are single or widowed, particularly seniors who are receiving services and persons with disabilities who are

widowed, rated these services as being of greater importance to them than individuals who are divorced or married ($F=60.86$, $df=3$, $p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85), the majority of whom are seniors receiving services. The second group to whom these services are important are individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) who are receiving services. It must be noted that respondents between the ages of 65 and 74 had a higher average score on the composite than individuals over 85, the age group of respondents was of the least importance to the cluster prediction, and only approximately 20% of Clusters 2 and 3 are over the age of 85. Therefore, it is most likely that the senior center activities are most important to widowed females with a high school education or less who are between the ages of 65 and 74.

FIGURE 11: SENIOR CENTER ACTIVITIES BY CLUSTER



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint).

A reliability analysis determined that these four items have good internal reliability, with a Cronbach alpha of 0.88, meaning that the scores for items are approximately 88% consistent among cases. Therefore, adding together the scores on these four variables for each case creates a statistically reliable composite measure. For ease in interpretation, the composite was calculated by averaging each individual’s responses to the four items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Of the 4,773 respondents, 4,630 had valid scores for the composite. The average score for the Maintaining Independence composite is 2.79 (SD=1.08) on a scale of 1 to 4, where a higher score represents a greater importance for helping the individual remain where they are now. The scores for the composite are negatively skewed (-0.338), meaning that the frequency of scores is higher at the top of the scale. The Kurtosis measurement (-1.318) indicates that the distribution of scores is flat (does not peak in the middle) and a higher number of scores are in the tails than in the middle. This means that many respondents reported that services to help maintain independence are very important, and very few reported quite a bit or a little importance.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (*mean*=2.80, *median*=3.0, *n*=2,671, *sd*=1.10). The most important of these needs is having someone to call if feeling threatened or taken advantage of (*mean*=2.92, *median*=4.0, *n*=2,599, *sd*=1.25). All three of the remaining services are considered to be quite a bit important (preventing falls: *mean*=2.76, *median*=3.0, *n*=2,571, *sd*=1.27; healthcare directives: *mean*=2.7, *median*=3.0, *n*=2,588, *sd*=1.27; and protection of rights: *mean*=2.85, *median*=3.0, *n*=2,576, *sd*=1.27). (See Figure 12.)

Seniors who have not received services view services to help in maintaining independence to be a little important (*mean*=2.4, *median*=2.25, *n*=569, *sd*=1.07). All of the services were deemed to be a little important (preventing falls: *mean*=2.38, *median*=2.0, *n*=553, *sd*=1.24; healthcare directives: *mean*=2.25, *median*=2.0, *n*=550, *sd*=1.21; and protection of rights: *mean*=2.41, *median*=2.0, *n*=550, *sd*=1.28), with the most important of these being someone to call if feeling threatened or taken advantage of (*mean*=2.47, *median*=2.0, *n*=550, *sd*=1.28). (See Figure 12.)

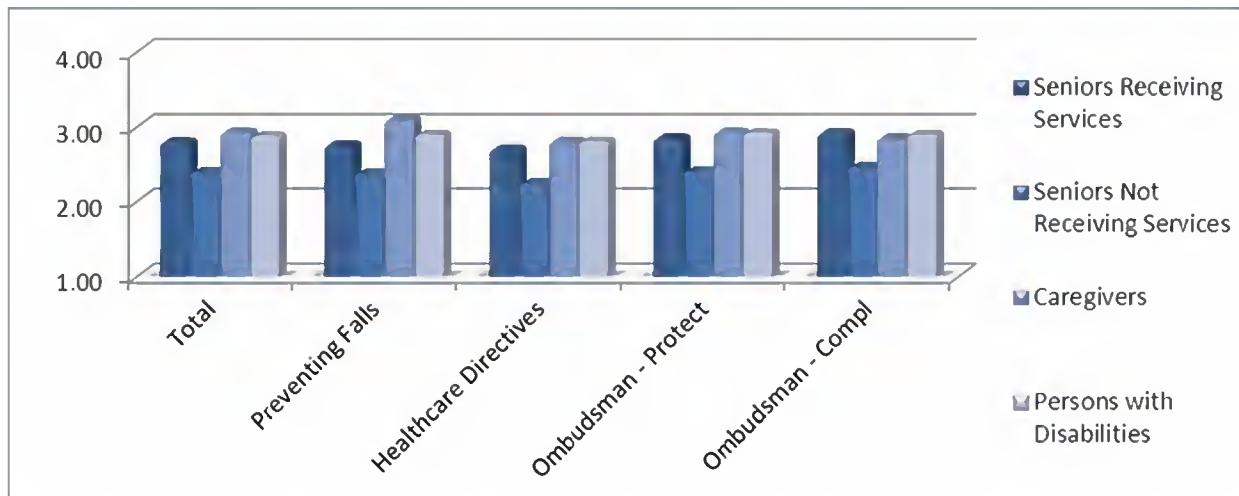
Caregivers view services to help in maintaining independence to be quite a bit important (*mean*=2.93, *median*=3.25, *n*=1,128, *sd*=1.01). The most important of these services is preventing falls (*mean*=3.1, *median*=4.0, *n*=1,106, *sd*=1.14). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean*=2.81, *median*=3.0, *n*=1,102, *sd*=1.21; protection of rights: *mean*=2.93, *median*=3.0, *n*=1,102, *sd*=1.22; and someone to call if feeling threatened or taken advantage of: *mean*=2.85, *median*=3.0, *n*=1,108, *sd*=1.24). (See Figure 12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean*=2.88, *median*=3.0, *n*=227, *sd*=1.04). All of the services were deemed to be quite a bit important (preventing falls: *mean*=2.9, *median*=3.0, *n*=221, *sd*=1.22; healthcare directives: *mean*=2.81, *median*=3.0, *n*=220, *sd*=1.21; protection of rights: *mean*=2.92, *median*=3.0, *n*=218, *sd*=1.22; and someone to call if feeling threatened or taken advantage of: *mean*=2.9, *median*=3.0, *n*=218, *sd*=1.2). (See Figure 12.)

Preventing falls is most important to caregivers; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors (both those receiving services and those not receiving services). Persons with disabilities perceive all of these services to be equally important.

FIGURE 12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.80	2.40	2.93	2.88
Preventing Falls	2.76	2.38	3.10	2.90
Healthcare Directives	2.70	2.25	2.81	2.81
Ombudsman - Protection	2.85	2.41	2.93	2.92
Ombudsman - Complaints	2.92	2.47	2.85	2.90

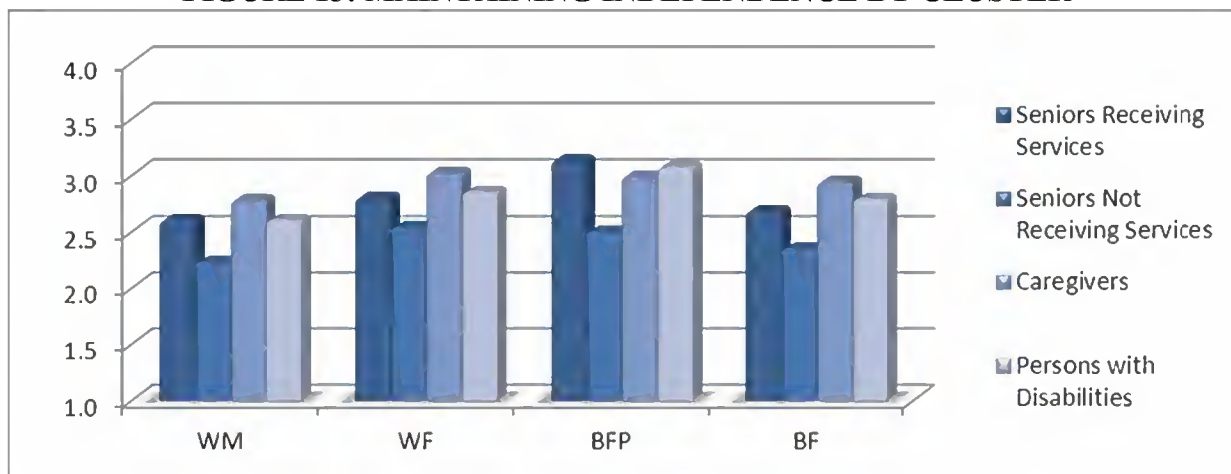


The difference in the maintaining independence composite is significantly different between the targeted groups ($F=33.08$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 2.1% of the variability in this composite ($r^2=0.021$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=33.98$, $df=3$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are greater than 75 years old and are receiving services as well as caregivers of those who are greater than 70 years old. African Americans, females, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=31.99$, $df=3$, $p<0.001$, $F=36.33$, $df=3$, $p<0.001$, $F=24.49$, $df=4$, $p<0.001$, and $F=35.58$, $df=3$, $p<0.001$, respectively). Those who are single or widowed, particularly persons with disabilities who are single and caregivers of individuals who are widowed, rated these services as being of greater importance to them than individuals who are divorced or married ($F=31.46$, $df=3$, $p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85), the majority of whom are seniors receiving services, caregivers of these individuals, or persons with disabilities. The second group to whom these services are important are individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) who are not receiving services or caregivers of these individuals. It must be noted that respondents who are older than 75 years had about the same average score on the composite as individuals over 85, the age group of respondents was of the least importance to the cluster prediction, and only approximately 20% of Clusters 2 and 3 are over the age of 85. Therefore, it is most likely that services to maintain independence are most important to widowed females with a high school education or less who are 75 years or older.

FIGURE 13: MAINTAINING INDEPENDENCE BY CLUSTER



Information, Referral & Assistance and I-CARE

This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and Information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability, with a Cronbach alpha of 0.572, meaning that the scores for items are approximately 57% consistent among cases. Adding together the scores on these two variables for each case does not create a statistically reliable composite measure. Furthermore, these two items are two completely separate services as defined by the AAA's. Therefore, a composite is not created and these two variables are considered separately.

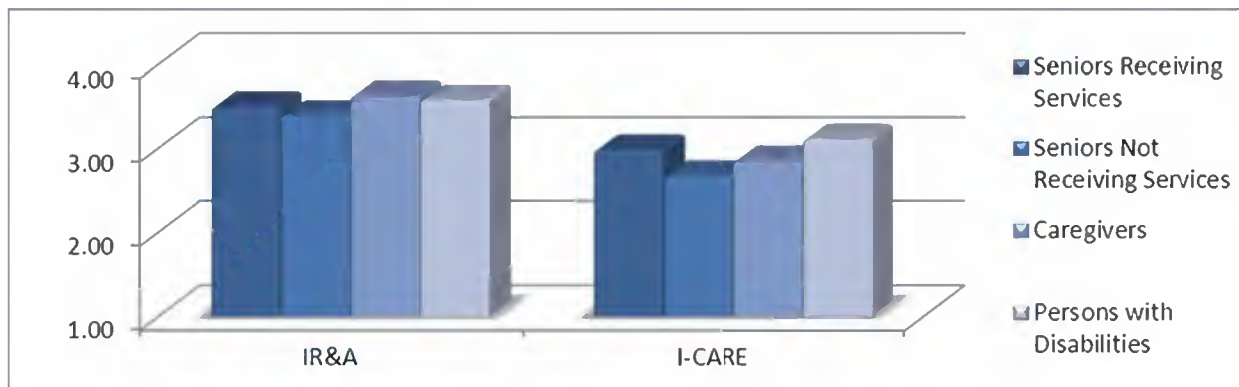
Of the 4,773 respondents, 4,526 reported on how important information, referral and assistance services are to keeping them where they are now. On average, all of the targeted groups view IR&A to be quite a bit to very important (*mean*=3.39-3.63, *median*=4.0). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups (X^2_K .

$w=26.0, df=3, p<0.001$). In particular, caregivers view this service to be more important than do seniors receiving services ($t=-3.83, p=0.001$) and seniors not receiving services ($t=4.72, p<0.001$). (See Figure 14.)

Of the 4,773 respondents, 4,443 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Seniors receiving services and persons with disabilities view IR&A to be quite a bit to very important ($mean=2.98, median=4.0, n=2,576, sd=1.21$ and $mean=3.11, median=4.0, n=222, sd=1.15, respectively$), whereas caregivers and seniors not receiving services view this service to be quite a bit important ($mean=2.85, median=3.0, n=1,096, sd=1.2$ and $mean=2.67, median=3.0, n=549, sd=1.27, respectively$). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=40.15, df=3, p<0.001$). In particular, seniors receiving services and persons with disabilities view this service to be more important than do caregivers ($t=3.31, p=0.006$ and $t=-3.01, p=0.016, respectively$) and seniors not receiving services ($t=5.46, p<0.001$ and $t=-4.51, p<0.001, respectively$). (See Figure 14.)

FIGURE 14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.50	3.39	3.63	3.58
Insurance Counseling (I-CARE)	2.98	2.67	2.85	3.11



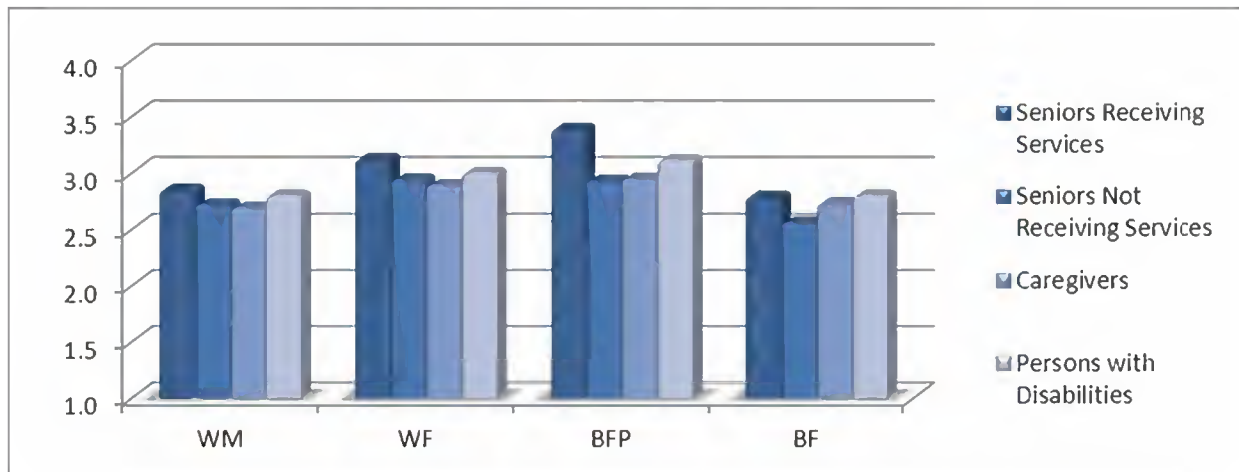
African Americans with an Associate's degree or less have a greater perceived need for IR&A ($t=6.35, df=1, p=0.012$ and $t=10.4, df=4, p=0.034, respectively$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{K-W}=27.6, df=4, p<0.001$). This indicates that respondents who are in most need of these services

are those who are less than 64 years old. African Americans, females, those with a high school education or less, and individuals below the poverty line also rated these services as being of greater importance to them ($t=153.39, df=1, p<0.001, t=16.12, df=1, p<0.001, t=90.2, df=4, p<0.001, and t=78.64, df=1, p<0.001, respectively$). Those who are single or divorced, particularly rated these services as being of greater importance to them than individuals who are married or widowed ($t=18.48, df=3, p<0.001$).

Overall, the demographic cluster of respondents who reported that I-CARE services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85) ($t=80.78, df=3, p<0.001$). The second group to whom these services are important are individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85). It must be noted that respondents who are younger than 65 years had a higher average response to need for I-CARE services than individuals over 85, the age group of respondents was of the least importance to the cluster prediction, and only approximately 20% of Clusters 2 and 3 are over the age of 85. Therefore, it is most likely that I-CARE services are most important to widowed females with a high school education or less who are younger than 65 years and persons with disabilities.

FIGURE 15: I-CARE NEEDS BY CLUSTER



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage.

A reliability analysis determined that these nine items have good internal reliability, with a Cronbach alpha of 0.933, meaning that the scores for items are approximately 93% consistent

among cases. Therefore, adding together the scores on these eight variables for each case creates a statistically reliable composite measure. For ease in interpretation, the composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Of the 4,773 respondents, 4,584 had valid scores for the composite. The average score for the Monetary Assistance composite is 2.42 (SD=1.06) on a scale of 1 to 4, where a higher score represents a greater importance for helping the individual remain where they are now. The scores for the composite are slightly positively skewed (0.061), meaning that the frequency of scores are greater at the bottom of the scale. The Kurtosis measurement (-1.36) indicates that the distribution of scores is flat (does not peak in the middle) and a higher number of scores are in the tails than in the middle. This means that many respondents reported that personal and home care needs are either very important or not at all important, and very few reported quite a bit or a little importance.

On average, seniors receiving services view monetary assistance to be slightly more than a little important (*mean*=2.42, *median*=2.38, *n*=2,628, *sd*=1.08). The most important of these needs are for utilities or an unexpected bill (*mean*=2.48, *median*=2.0, *n*=2,510, *sd*=1.28) and dental care and/or dentures (*mean*=2.48, *median*=2.0, *n*=2,513, *sd*=1.31). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=2.1, *median*=1.0, *n*=2,458, *sd*=1.28). (See Figure 16.)

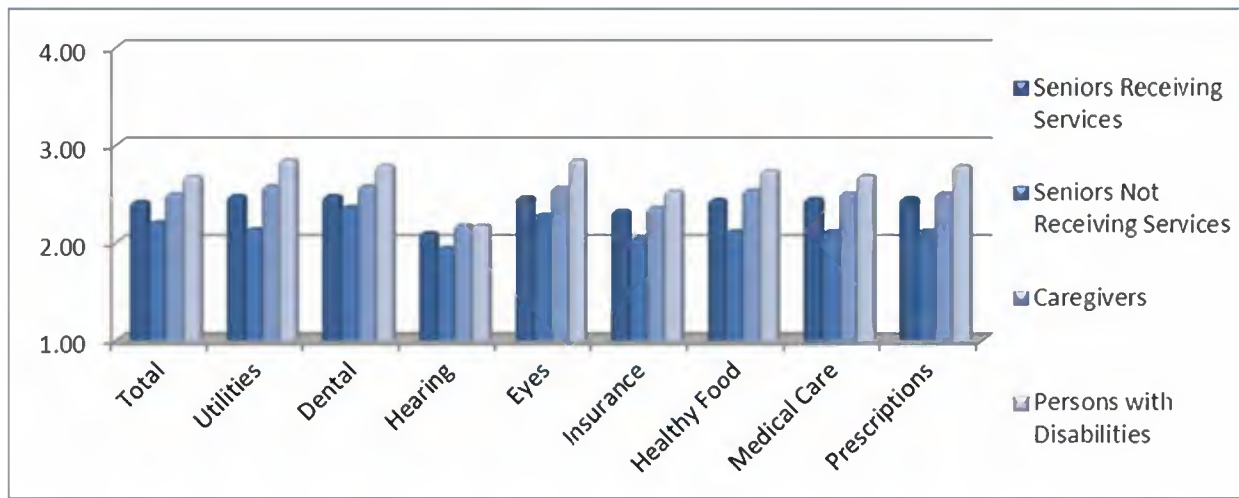
Seniors who have not received services view monetary assistance to be a little important (*mean*=2.21, *median*=2.13, *n*=579, *sd*=1.07). The most important of these needs are for dental care and/or dentures (*mean*=2.37, *median*=2.0, *n*=553, *sd*=1.32) and eye exam and/or eyeglasses (*mean*=2.29, *median*=2.0, *n*=544, *sd*=1.3). The least important services to seniors who are not receiving services are hearing exams and/or hearing aids (*mean*=1.95, *median*=1.0, *n*=528, *sd*=1.21) and health insurance (*mean*=2.04, *median*=1.0, *n*=520, *sd*=1.3). (See Figure 16.)

Caregivers view monetary assistance to be between a little and quite a bit important (*mean*=2.5, *median*=2.5, *n*=1,130, *sd*=1.02). The most important of these needs are for utilities or an unexpected bill (*mean*=2.58, *median*=3.0, *n*=1,089, *sd*=1.2), dental care and/or dentures (*mean*=2.58, *median*=3.0, *n*=1,089, *sd*=1.27), and eye exam and/or eyeglasses (*mean*=2.57, *median*=3.0, *n*=1,076, *sd*=1.28). The least important service for caregivers is paying for hearing exams and/or hearing aids (*mean*=2.18, *median*=2.0, *n*=1,049, *sd*=1.27). (See Figure 16.)

Persons with disabilities view monetary assistance to be slightly less than quite a bit important (*mean*=2.68, *median*=2.88, *n*=210, *sd*=0.94). The most important of these needs are for utilities or an unexpected bill (*mean*=2.85, *median*=3.0, *n*=199, *sd*=1.1) and eye exam and/or eyeglasses (*mean*=2.85, *median*=3.0, *n*=199, *sd*=1.22). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean*=2.18, *median*=2.0, *n*=194, *sd*=1.27). (See Figure 16.)

FIGURE 16: MONETARY ASSISTANCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.42	2.21	2.50	2.68
Utilities or an unexpected bill	2.48	2.14	2.58	2.85
Dental Care and/or Dentures	2.48	2.37	2.58	2.79
Hearing Exam and/or Hearing Aids	2.10	1.95	2.18	2.18
Eye Exam and/or Eyeglasses	2.47	2.29	2.57	2.85
Health Insurance	2.33	2.04	2.36	2.53
Healthy Food	2.44	2.12	2.54	2.74
Medical Care	2.45	2.12	2.51	2.69
Prescriptions or Prescription Drug Coverage	2.46	2.13	2.51	2.79



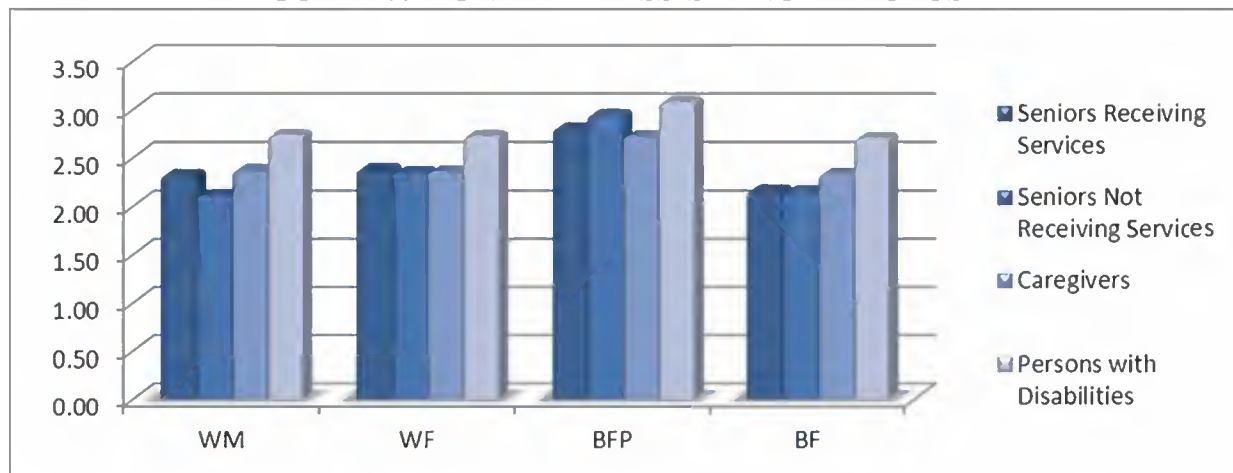
The difference in the monetary assistance composite is significantly different between the targeted groups ($F=14.03$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view monetary assistance to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 0.9% of the variability in this composite ($r^2=0.009$).

The age of the respondent has a significant impact on their perceived need for monetary assistance ($F=8.15$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are younger than 65 years old. African Americans, females, those who have received an Associate's degree or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=360.78$, $df=1$, $p<0.001$, $F=7.61$, $df=1$, $p=0.006$, $F=91.47$, $df=4$, $p<0.001$, and $F=314.13$, $df=1$, $p<0.001$, respectively). Caregivers, seniors who are receiving services, and seniors who are not receiving services who are single or divorced rated these services as being of greater importance to them than individuals who are

widowed or married ($F=12.34$, $df=3$, $p<0.001$). Persons with disabilities who are widowed reported that monetary assistance is less important than it is to single, married, and divorced persons with disabilities.

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line). Persons with disabilities also reported monetary assistance to be quite a bit important.

FIGURE 17: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite.

A reliability analysis determined that these nine items have good internal reliability, with a Cronbach alpha of 0.835, meaning that the scores for items are approximately 84% consistent among cases. Therefore, adding together the scores on these five variables for each case creates a statistically reliable composite measure. For ease in interpretation, the composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=243$, 21.6%), caregivers of seniors with disabilities ($n=615$, 54.6%), caregivers of persons with disabilities ($n=168$, 14.9%), and caregivers of children ($n=100$, 8.9%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the

caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Of the 1,156 caregiver respondents, 1,032 had valid scores for the composite. The average score for the caregiver needs composite is 2.82 (SD=0.87) on a scale of 1 to 4, where a higher score represents a greater agreement with the statement. The scores for the composite are negatively skewed (-0.396), meaning that the frequency of scores are greater at the top of the scale. The Kurtosis measurement (-0.725) indicates that the distribution of scores has only a slight peak in the middle and a higher number of scores in the tails. This means that many respondents reported that caregiver services are either very important or not at all important, and a few reported quite a bit or a little importance.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.7, *median*=2.8, *n*=209, *sd*=0.98). The most important of these needs are for monetary assistance in acquiring services (*mean*=2.82, *median*=3.0, *n*=197, *sd*=1.15), information and referral for services (*mean*=2.78, *median*=3.0, *n*=196, *sd*=1.12), and temporary relief from caregiver duties (respite) (*mean*=2.79, *median*=3.0, *n*=196, *sd*=1.18). (See Figure 18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.88, *median*=3.0, *n*=585, *sd*=0.84). The most important of these needs is for temporary relief from caregiver duties (respite) (*mean*=3.22, *median*=4.0, *n*=547, *sd*=1.06), followed by monetary assistance for acquiring services (*mean*=3.11, *median*=3.0, *n*=551, *sd*=1.06) and information and referral for services (*mean*=3.03, *median*=3.0, *n*=542, *sd*=1.04). (See Figure 18.)

Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.73, *median*=2.8, *n*=146, *sd*=0.86). The most important of these needs are for monetary assistance in acquiring services (*mean*=3.06, *median*=3.0, *n*=132, *sd*=1.08), information and referral for services (*mean*=2.79, *median*=3.0, *n*=130, *sd*=1.13), and temporary relief from caregiver duties (respite) (*mean*=2.86, *median*=3.0, *n*=124, *sd*=1.19). (See Figure 18.)

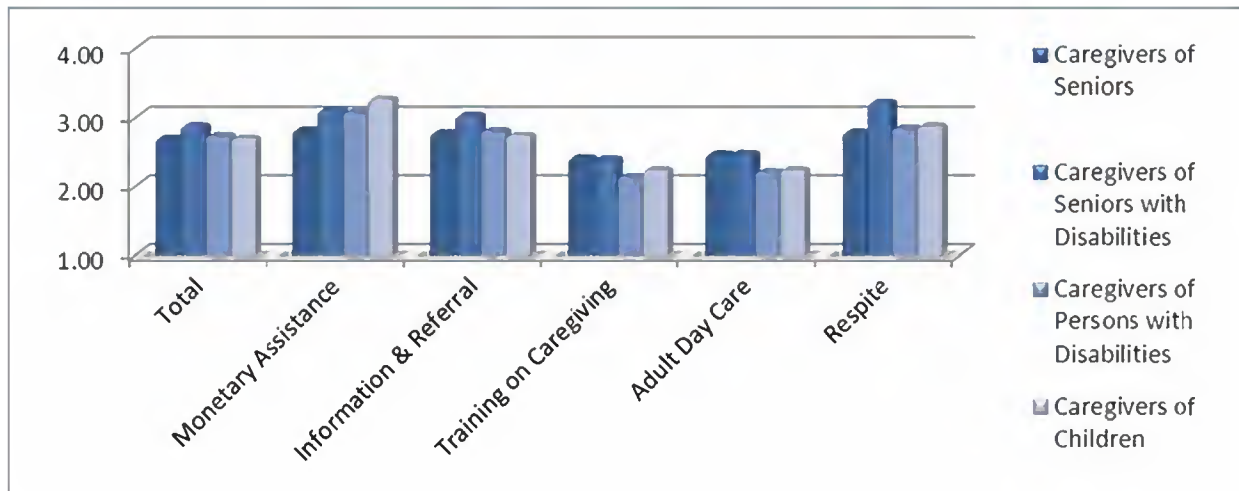
Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.72, *median*=2.7, *n*=76, *sd*=0.81). The most important of these needs are for monetary assistance in acquiring services (*mean*=3.31, *median*=4.0, *n*=75, *sd*=1.15), followed by information and referral for services (*mean*=2.77, *median*=3.0, *n*=70, *sd*=1.22) and temporary relief from caregiver duties (respite) (*mean*=2.88, *median*=3.0, *n*=65, *sd*=1.21). Note that some of these senior caregivers of children also care for other seniors. (See Figure 18.)

The difference in the caregiver needs composite is significantly different between the type of person being cared for ($F=3.22$, $df=3$, $p=0.022$). Therefore, caregivers of seniors with disabilities have the greatest need for services than caregivers of seniors without disabilities, caregivers of persons with disabilities who are under 60, and caregivers of children. However, the target group

categorization only accounts for 0.9% of the variability in this composite ($r^2=0.009$). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.70	2.88	2.74	2.70
Monetary Assistance	2.82	3.11	3.08	3.27
Information & Referral	2.78	3.03	2.81	2.74
Training on Caregiving	2.41	2.40	2.14	2.24
Adult Day Care	2.47	2.48	2.21	2.24
Respite	2.79	3.22	2.85	2.88



DISCUSSION

The representation of seniors receiving services, caregivers and persons with disabilities who have sought help through the ARDC's in the survey samples is quite good. This is somewhat less so for those seniors who have not received services. On the whole, the sample of both seniors and persons with disabilities is older, more likely to be below the poverty line, more likely to be female, more likely to be African American, and more likely to be without a spouse than the senior population as a whole. This is reflective of the population served by the AAA's/ADRC's.

The need for services is complex, dependent upon demographic factors, the targeted group, and the services available and offered. A single list of priorities that covers everyone can't, and shouldn't, be developed. The market for services is segmented and should be approached in that manner, as it is being approached by the aging network. Seniors receiving services, seniors not

receiving services, persons with disabilities and caregivers all prioritize the need for services differently. In addition, different demographic groups prioritize services differently.

In this report, SWS presents the needs as reported by the respondents by target group, demographic clusters, and the two combined. It has further divided the needs by the five service components and the service components by the services within those components. We have also provided an additional breakdown for caregivers. This information is presented in written and graphic form. This information can be utilized as a rich source for in-depth planning for services in the State of South Carolina.

STATEWIDE SERVICE PRIORITIES RECOMMENDED TO ADDRESS THE NEEDS IDENTIFIED AND A TIMELINE FOR IMPLEMENTATION

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by the senior services/ARDC network. Furthermore, priorities vary from one region to another among these target groups and vary within the target groups in many instances depending upon demographic variables. Given this variation, statewide service priorities should be, in the opinion of SWS, broad, consisting of the five components that the analysis classifies services into according to the responses from the respondents to the needs assessment. These five components are: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance. The services that fall under each of these are defined earlier in this report. More specific service priorities should be determined at the regional level, since the variation of need from region to region is so great.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. It would be presumptuous of SWS to make recommendations in this area. SWS does propose the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings of the state level needs assessment after completion of the report.
2. The regional directors notify SWS by October 26 if they would like to have a personal presentation or a Webinar presentation of the PowerPoint.
3. The presentation be made prior to Thanksgiving.

FINDINGS: REGION 1 – APPALACHIA

Representation of the Population

A total of 730 surveys were completed in Region 1. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 730 surveys completed, 524 (71.8%) were categorized as a senior receiving services, 130 (17.8%) were categorized as a senior not receiving services, 133 (18.2%) were categorized as being a caregiver, and 376 (51.5%) were categorized as an individual with a disability.

For Region 1, the confidence interval for the sample of seniors receiving services is 4.21 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.21 percentage points). The confidence interval for seniors not receiving services is higher (8.59 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services but is acceptable. The representation of caregivers is also acceptable (8.44 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is relatively high (4.33 points at a 95% confidence level assuming 50% agreement). (See Table 1-1.)

TABLE 1-1: SAMPLE REPRESENTATION OF POPULATION

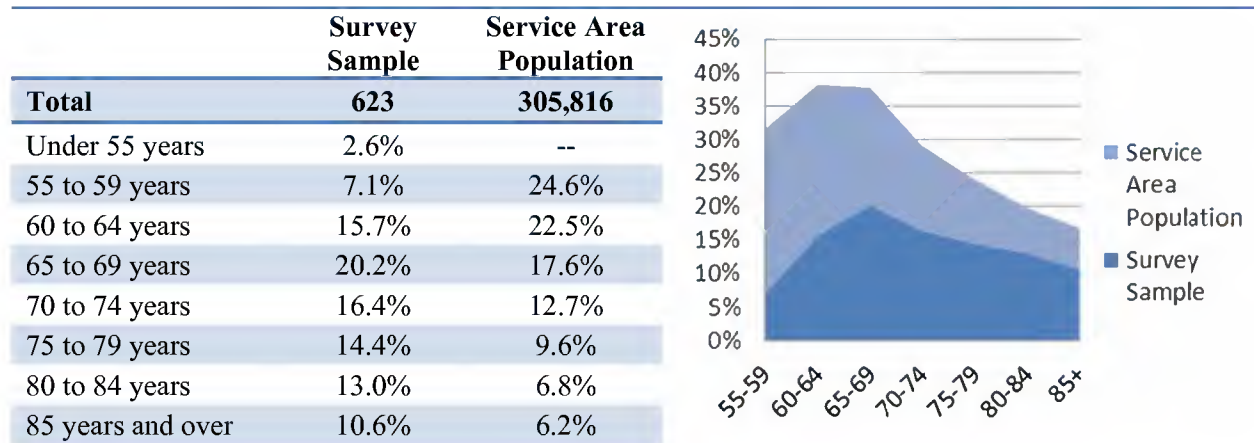
	Population Size	Sample Size	Representation
Seniors Receiving Services	15,892	524	4.21
Seniors Not Receiving Services	145,786	130	8.59
Caregivers	9,098	133	8.44
ADRC	1,403	376	4.33

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are under 55 (n=16, 2.6%), 55 to 59 years old (n=44, 7.1%), or 60 to 64 years old (n=98, 15.7%), whereas 24.6% and 22.5% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 65 to 69 years (n=126, 20.2% of the sample and 17.6% of the population) and slowly declines until it reaches 85 years and over (n=66, 10.6% of the sample and 6.2% of

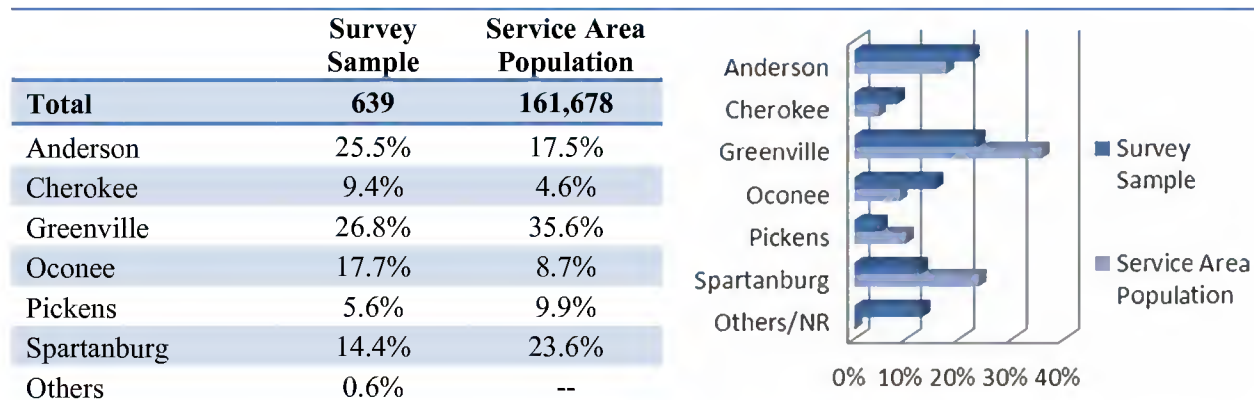
the population). (See Figure 1-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 1-2: AGE GROUP



Larger proportions of the survey sample reside in Anderson (n=163, 25.5%), Cherokee (n=60, 9.4%), and Oconee (n=113, 17.7%) counties than in the broader service area senior population (17.5%, 4.6%, and 8.7%, respectively). Smaller proportions of the survey sample reside in Greenville (n=171, 26.8%) and Spartanburg (n=92, 14.4%) than in the service area senior population (35.6% and 23.6%, respectively). This was done intentionally in order to ensure representation from the smaller counties and to increase the power of comparisons by county. The only county where over-representation of the smaller counties did not occur is in Pickens county, which represents only 5.6% (n=36) of the sample compared to 9.9% of the service area senior population. (See Figure 1-3.)

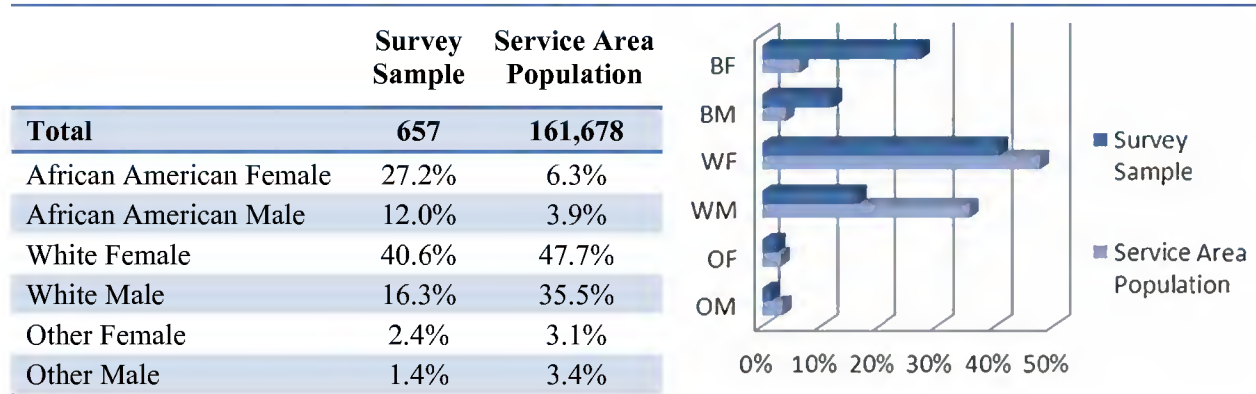
FIGURE 1-3: COUNTY OF RESIDENCE



A much larger percentage of the survey sample are African American/African American female (n=179, 27.2%) or African American male (n=79, 12%) than in the service area senior population (6.3% and 3.9%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian female (n=267, 40.6%) or White/Caucasian male (n=107, 16.3%) compared to the service area senior population (47.7% and 35.5%, respectively). Very few respondents were of other races (females: n=16, 2.4%; males: n=9, 1.4%). These populations are

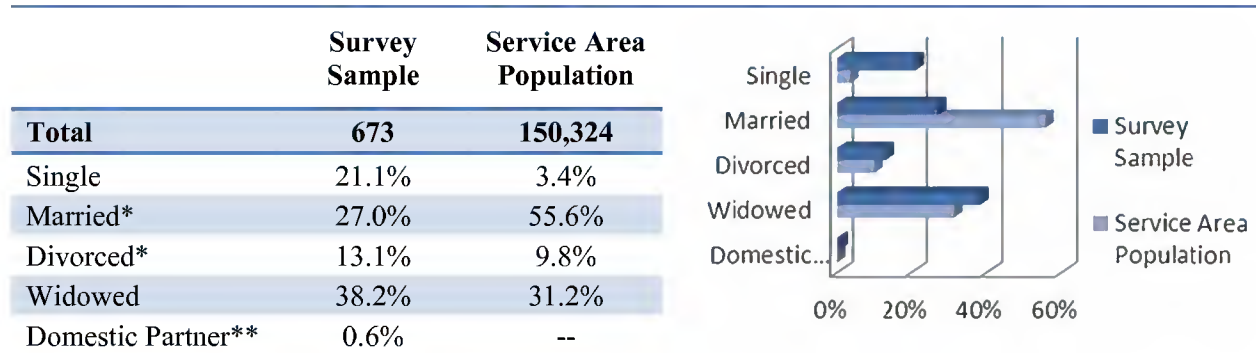
also relatively small in the service area senior population (other females: 3.1%; other males: 3.4%). (See Figure 1-4.)

FIGURE 1-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=142, 21.1%) or widowed (n=257, 38.2%) than exist in the service area senior population (3.4% and 31.2%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=182, 27% of the sample compared to 55.6% of the service area senior population). A similar percentage of respondents are divorced (n=88, 13.1%) as are in the service area senior population (9.8%). (See Figure 1-5.)

FIGURE 1-5: MARITAL STATUS OF SENIORS



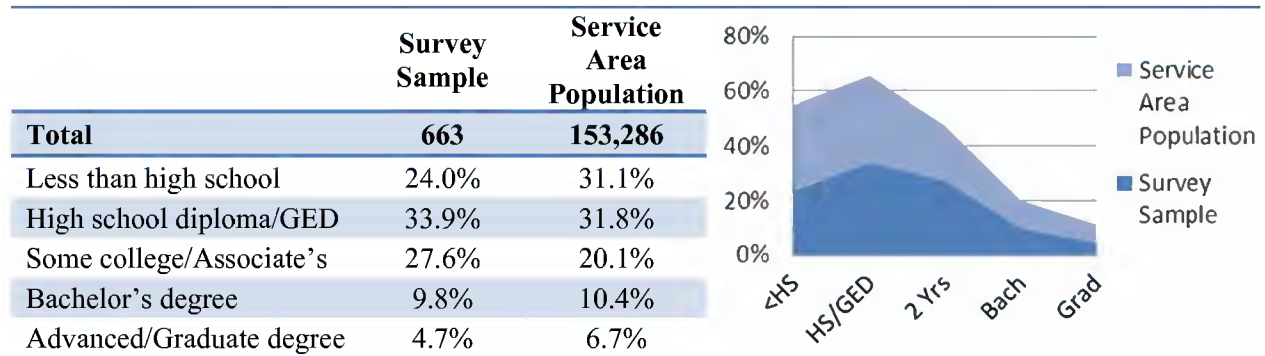
*Individuals in the service area population categorized as "Married, spouse absent, not separated" were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single ("never married").

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=159, 24%) or received a high school diploma or GED (n=225, 33.9%), compared to 31.1% and 31.8% of the service area senior population, respectively. A slightly higher percentage of the respondents (n=183, 27.6%) attended some college or earned as Associate's degree than the service area senior population (20.1%). The percentage of respondents who earned a Bachelor's degree (n=65, 9.8%) or an Advanced/Graduate degree

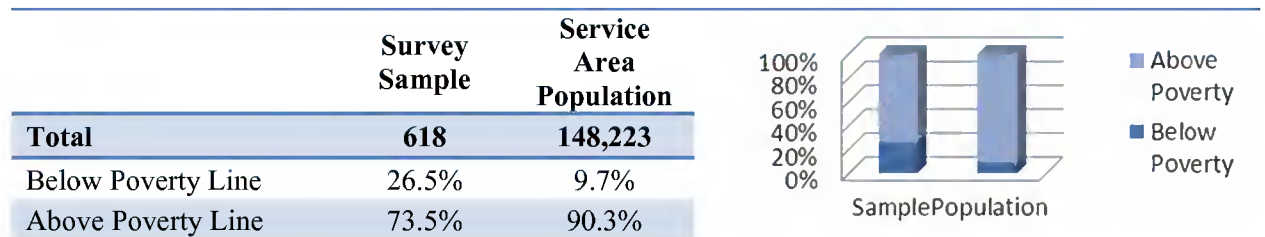
(n=31, 4.7%) are similar to the percentage in the service area senior population (10.4% and 6.7%, respectively). (See Figure 1-6.)

FIGURE 1-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=164, 26.5% compared to 9.7% of the service area senior population). (See Figure 1-7.)

FIGURE 1-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 20 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for

themselves. This group comprises 65.6% (n=473) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 14.1% (n=102) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 17.5% (n=126) of the sample. Persons with disabilities are the smallest group (n=20, 2.8%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 171 respondents (23.4% of the sample and 32.6% of those classified). Cluster 2 is comprised of 118 respondents (16.2% of the sample and 22.5% of those classified). Cluster 3 is comprised of 58 respondents (7.9% of the sample and 11.1% of those classified). Cluster 4 is comprised of 177 respondents (24.2% of the sample and 33.8% of those classified). The remaining 206 (28.2%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.08, *median*=2.0, *n*=472, *sd*=0.86). The most important of these needs are transportation for errands (*mean*=2.34, *median*=2.0, *n*=459, *sd*=1.22), household chores (*mean*=2.24, *median*=2.0, *n*=462, *sd*=1.22), keeping warm or cool as the weather changes (*mean*=2.23, *median*=2.0, *n*=459, *sd*=1.24), and home modifications to improve safety (*mean*=2.3, *median*=2.0, *n*=459, *sd*=1.23). The least important services to seniors who are already receiving services are personal care (*mean*=1.7, *median*=1.0, *n*=461, *sd*=1.05), housekeeping (specifically

laundry) (*mean=1.78, median=1.0, n=460, sd=1.08*), and nursing care/prescription assistance (*mean=1.83, median=1.0, n=457, sd=1.09*). (See Figure 1-8.)

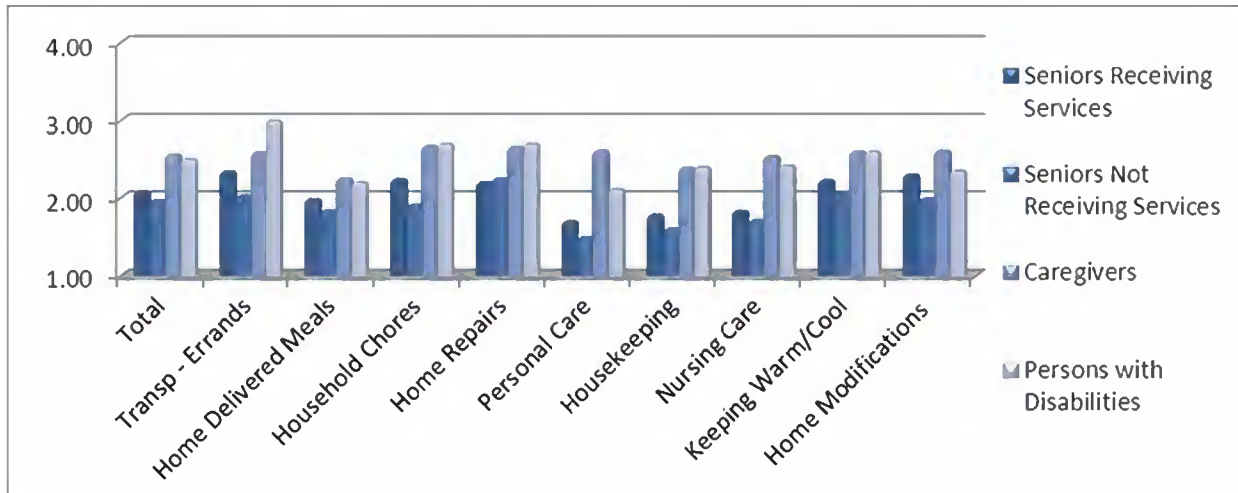
Seniors who have not received services view personal and home care needs to be a little important (*mean=1.97, median=1.67, n=101, sd=0.94*). The only service deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.25, median=2.0, n=93, sd=1.22*). The least important services to seniors who are not already receiving services are personal care (*mean=1.49, median=1.0, n=91, sd=1.0*), housekeeping (specifically laundry) (*mean=1.6, median=1.0, n=88, sd=1.0*), and nursing care (specifically assistance with prescription medicine) (*mean=1.71, median=1.0, n=90, sd=1.1*). (See Figure 1-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important (*mean=2.56, median=2.56, n=126, sd=0.93*). All but two of the services are deemed to be quite a bit important by most of the respondents (*median score = 3.0, sd=1.2-1.3*). The least important services to caregivers are home delivered meals (*mean=2.25, median=2.0, n=122, sd=1.26*) and housekeeping (specifically laundry) (*mean=2.39, median=2.0, n=122, sd=1.3*). (See Figure 1-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (*mean=2.5, median=2.56, n=20, sd=0.76*). The most important service to persons with disabilities is transportation for errands (*mean=3.0, median=4.0, n=20, sd=1.26*). Other important services to persons with disabilities are home repairs and maintenance (*mean=2.7, median=2.5, n=20, sd=1.3*), keeping warm or cool as the weather changes (*mean=2.6, median=2.5, n=20, sd=1.23*), household chores (specifically keeping home clean) (*mean=2.7, median=3.0, n=20, sd=1.38*), and housekeeping (specifically laundry) (*mean=2.4, median=3.0, n=20, sd=1.19*). (See Figure 1-8.)

FIGURE 1-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

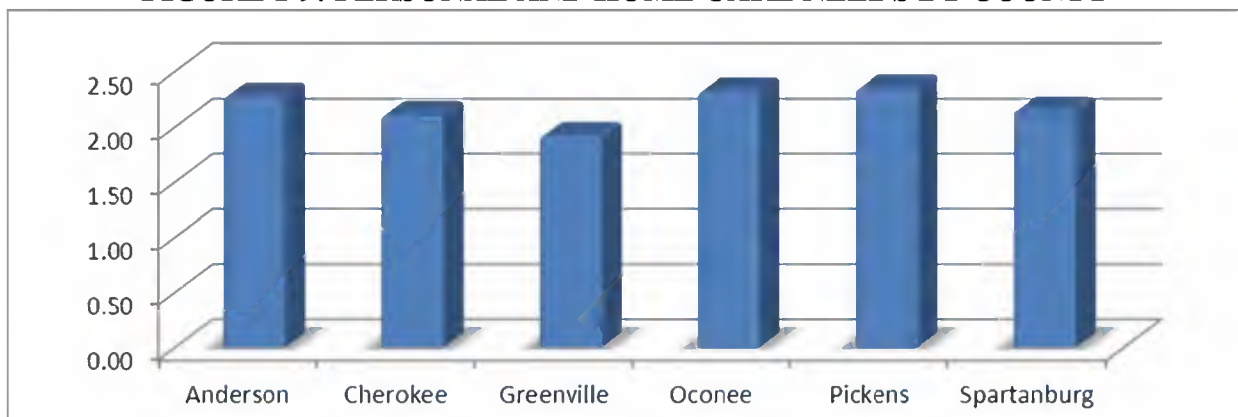
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.08	1.97	2.56	2.50
Transportation for Errands	2.34	2.03	2.59	3.00
Home Delivered Meals	1.98	1.84	2.25	2.20
Household Chores	2.24	1.91	2.67	2.70
Home Repairs/Maintenance	2.20	2.25	2.66	2.70
Personal Care	1.70	1.49	2.61	2.11
In-Home Housekeeping	1.78	1.60	2.39	2.40
Nursing Care/Prescription Assistance	1.83	1.71	2.54	2.42
Keeping Warm/Cool	2.23	2.07	2.60	2.60
Home Modifications	2.30	1.99	2.61	2.35



The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=12.65$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 5% of the variability in this composite ($r^2=0.050$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=4.44$, $df=4$, $p=0.002$). This indicates that respondents who are in most need of these services are those who are greater than 85 years old and are receiving services as well as persons with disabilities who are under 55. African Americans, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=14.22$, $df=1$, $p<0.001$, $F=6.7$, $df=4$, $p<0.001$, and $F=9.74$, $df=1$, $p=0.002$, respectively). Those who are widowed rated these services as being of greater importance to them than individuals who are single, divorced or married ($F=4.34$, $df=3$, $p=0.005$). For seniors, those who have a disability have a significantly greater need for personal and home care services ($diff=0.42$, $t=5.97$, $df=571$, $p<0.001$). Individuals residing in Anderson, Oconee, and Pickens County had significantly greater need than individuals residing in Greenville or Spartanburg counties ($F=2.63$, $df=9$, $p=0.005$). There are no differences by demographic cluster.

FIGURE 1-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean*=2.8, *median*=2.8, *n*=471, *sd*=0.72). All but one of the items has a median value of either quite a bit or very important. The most important of these needs are having a senior center close to home (*mean*=2.98, *median*=4.0, *n*=562, *sd*=1.22), getting exercise (*mean*=3.02, *median*=3.0, *n*=462, *sd*=1.07), recreation/social events (*mean*=2.91, *median*=3.0, *n*=461, *sd*=1.1), and counseling (having someone to talk to) (*mean*=2.92, *median*=3.0, *n*=464, *sd*=1.1). The least important service to seniors who are already receiving services is transportation to the senior center (*mean*=2.18, *median*=2.0, *n*=461, *sd*=1.23). (See Figure 1-10.)

Seniors who have not received services view senior center activities to be slightly less than quite a bit important (*mean*=2.69, *median*=2.85, *n*=98, *sd*=0.85). The most important of these needs are getting exercise (*mean*=3.12, *median*=3.0, *n*=94, *sd*=1.01), counseling (having someone to talk to) (*mean*=2.76, *median*=3.0, *n*=90, *sd*=1.19), recreation/social events (*mean*=2.78, *median*=3.0, *n*=93, *sd*=1.17), and exercising with others (*mean*=2.83, *median*=3.0, *n*=90, *sd*=1.15). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.99, *median*=1.0, *n*=89, *sd*=1.21). (See Figure 1-10.)

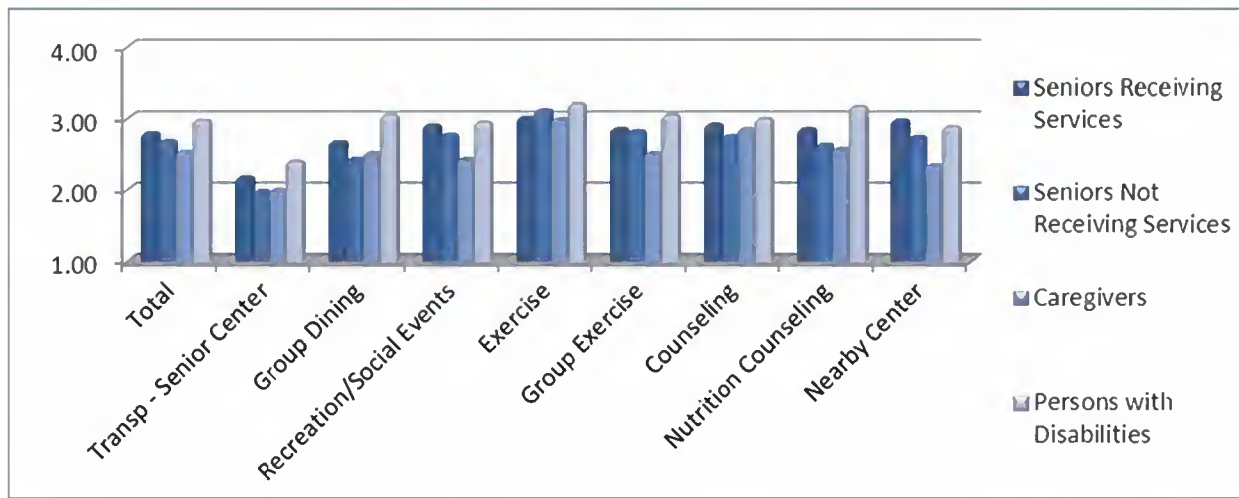
Caregivers view senior center activities to be between a little and quite a bit important (*mean*=2.55, *median*=2.5, *n*=125, *sd*=0.79). The most important of these needs are getting exercise (*mean*=3.0, *median*=3.0, *n*=122, *sd*=1.04), exercising with others (*mean*=2.52, *median*=3.0, *n*=115, *sd*=1.13), counseling (having someone to talk to) (*mean*=2.86, *median*=3.0, *n*=124, *sd*=1.11), and getting information on eating healthy (*mean*=2.58, *median*=3.0, *n*=123, *sd*=1.12). The least important service to caregivers is transportation to the senior center (*mean*=2.0, *median*=1.0, *n*=119, *sd*=1.25). (See Figure 1-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean*=2.84, *median*=2.98, *n*=20, *sd*=0.76). The most important services to persons with disabilities are getting exercise (*mean*=3.21, *median*=3.0, *n*=19, *sd*=0.79) and nutrition counseling (*mean*=3.17, *median*=3.5, *n*=18, *sd*=0.99). The least important service to persons with disabilities is transportation to the senior center (*mean*=2.4, *median*=2.0, *n*=20, *sd*=1.35). (See Figure 1-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 1-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	2.80	2.69	2.54	2.98
Transportation to the Senior Center	2.18	1.99	2.00	2.40
Group Dining	2.68	2.44	2.52	3.05
Recreation/Social Events	2.91	2.78	2.44	2.95
Exercise	3.02	3.12	3.00	3.21
Group Exercise	2.86	2.83	2.52	3.05
Counseling (someone to talk to)	2.92	2.76	2.86	3.00
Nutrition Counseling	2.86	2.64	2.58	3.17
Nearby Senior Center	2.98	2.75	2.35	2.89

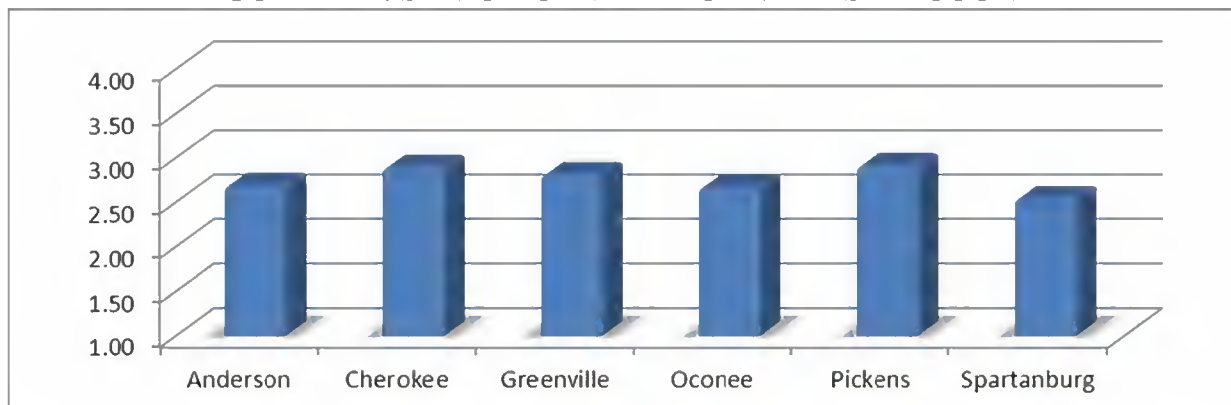


The difference in the senior center activities composite is significantly different between the targeted groups ($F=4.64$, $df=3$, $p=0.003$). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services and caregivers. However, the target group categorization only accounts for 1.9% of the variability in this composite ($r^2=0.019$).

African Americans and females rated these services as being of greater importance to them ($F=4.66$, $df=1$, $p=0.031$, $F=12.98$, $df=1$, $p<0.001$, respectively). Those who are single, widowed or divorced rated these services as being of greater importance to them than individuals who are married ($F=3.46$, $df=3$, $p=0.016$). Individuals who reside in Cherokee, Greenville, and Pickens County reported a greater need for senior center activities than did individuals residing in other counties ($F=3.17$, $df=9$, $p=0.001$). For seniors, those who have a disability have a significantly greater need for senior center activities ($diff=0.14$, $t=2.3$, $df=560.6$, $p=0.022$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85), the majority of whom are seniors receiving services. The second group to whom these services are important are individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) who are receiving services.

FIGURE 1-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be between a little and quite a bit important (*mean=2.53, median=2.5, n=468, sd=1.0*). The most important of these needs is having someone to call if feeling threatened or taken advantage of (*mean=2.68, median=3.0, n=461, sd=1.2*). Preventing falls is the only one considered to be a little important (*mean=2.31, median=2.0, n=458, sd=1.21*). (See Figure 1-12.)

Seniors who have not received services view services to help in maintaining independence to be a little important (*mean=2.37, median=2.25, n=94, sd=1.03*). All of the services were deemed to be a little important (preventing falls: *mean=2.41, median=2.0, n=91, sd=1.19*; healthcare directives: *mean=2.22, median=2.0, n=89, sd=1.18*; protection of rights: *mean=2.4, median=2.0, n=88, sd=1.25*; having someone to call if feeling threatened or taken advantage of: *mean=2.36, median=2.0, n=85, sd=1.25*). (See Figure 1-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.84, median=3.0, n=125, sd=1.0*). The most important of these services is preventing

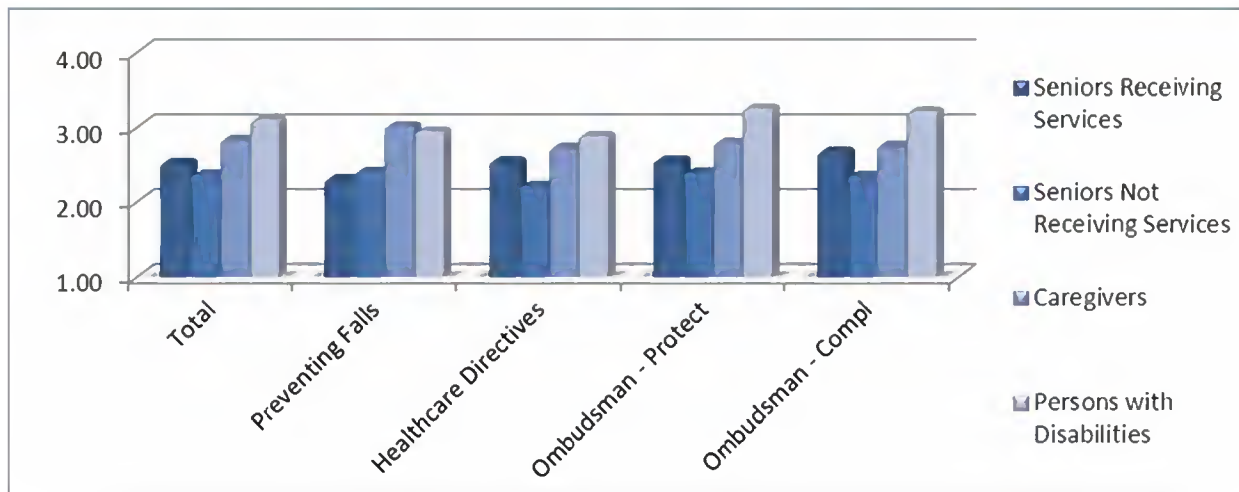
falls (*mean*=3.02, *median*=4.0, *n*=124, *sd*=1.16). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean*=2.73, *median*=3.0, *n*=124, *sd*=1.17; protection of rights: *mean*=2.8, *median*=3.0, *n*=123, *sd*=1.23; and someone to call if feeling threatened or taken advantage of: *mean*=2.76, *median*=3.0, *n*=120, *sd*=1.28). (See Figure 1-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean*=3.1, *median*=3.25, *n*=20, *sd*=0.91). All of the services were deemed to be quite a bit or very important (preventing falls: *mean*=2.95, *median*=3.0, *n*=19, *sd*=1.08; healthcare directives: *mean*=2.89, *median*=3.0, *n*=19, *sd*=1.05; protection of rights: *mean*=3.26, *median*=4.0, *n*=19, *sd*=0.99; and someone to call if feeling threatened or taken advantage of: *mean*=3.22, *median*=3.5, *n*=18, *sd*=0.94). (See Figure 1-12.)

Preventing falls is most important to caregivers; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors (both those receiving services and those not receiving services). Persons with disabilities perceive the services of the ombudsman to be the most important.

FIGURE 1-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.53	2.37	2.84	3.10
Preventing Falls	2.31	2.41	3.02	2.95
Healthcare Directives	2.55	2.22	2.73	2.89
Ombudsman - Protection	2.56	2.40	2.80	3.26
Ombudsman - Complaints	2.68	2.36	2.76	3.22



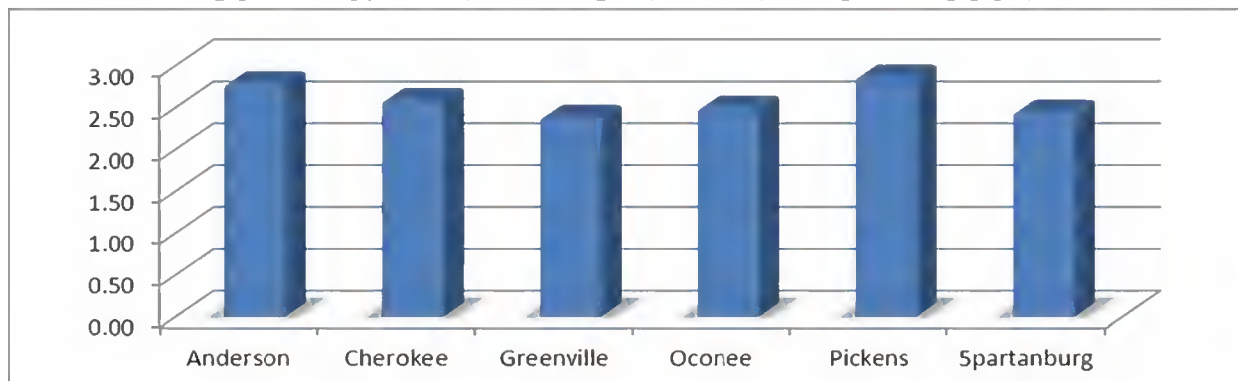
The difference in the maintaining independence composite is significantly different between the targeted groups ($F=6.55$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors receiving services

and seniors who have not received services. However, the target group categorization only accounts for 2.7% of the variability in this composite ($r^2=0.027$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=2.52$, $df=3$, $p=0.040$). This indicates that respondents who are in most need of these services are those who are greater than 75 years old and those who are disabled and under 55. African Americans, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=10.03$, $df=1$, $p=0.002$, $F=3.37$, $df=4$, $p=0.010$, and $F=9.16$, $df=1$, $p=0.003$, respectively). For seniors, those who have a disability have a significantly greater need for services to maintain independence ($diff=0.43$, $t=5.15$, $df=560$, $p<0.001$). Individuals who reside in Anderson and Pickens County expressed a greater need for these services than those residing in Greenville and Spartanburg County ($F=10.03$, $df=1$, $p=0.002$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85), the majority of whom are seniors receiving services, caregivers of these individuals, or persons with disabilities. It must be noted that respondents who are older than 75 years had about the same average score on the composite as individuals over 85, the age group of respondents was of the least importance to the cluster prediction, and only approximately 20% of Clusters 3 is over the age of 85. Therefore, it is most likely that services to maintain independence are most important to African Americans with a high school education or less who are 75 years or older.

FIGURE 1-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

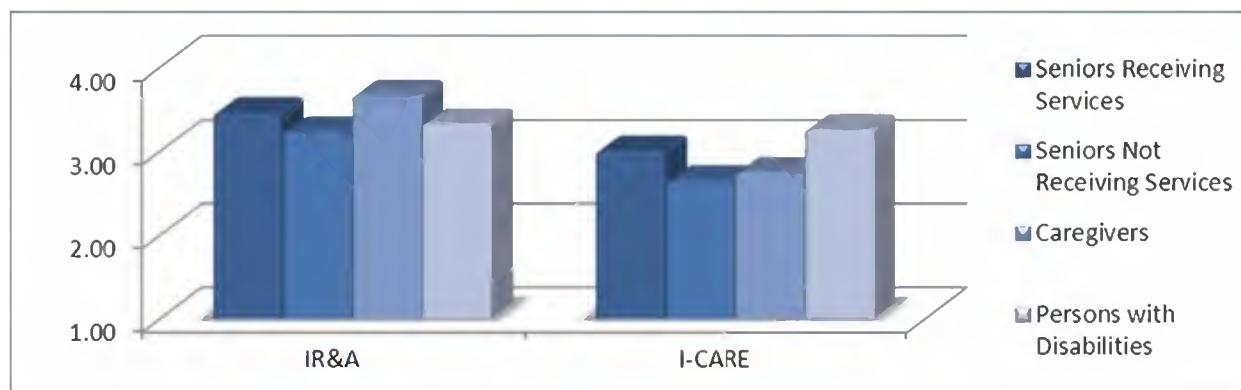
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 730 respondents, 704 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important (*mean*=3.23-3.67, *median*=4.0). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=11.34$, $df=3$, $p=0.010$). In particular, caregivers view this service to be more important than do seniors not receiving services and persons with disabilities. (See Figure 1-14.)

Of the 730 respondents, 694 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Persons with disabilities view IR&A to be quite a bit to very important (*mean*=3.26, *median*=4.0, $n=19$, $sd=1.1$). Seniors receiving services, caregivers, and seniors not receiving services view this service to be quite a bit important (*mean*=3.0, *median*=3.0, $n=462$, $sd=1.16$; *mean*=2.74, *median*=3.0, $n=121$, $sd=1.17$; and *mean*=2.64, *median*=3.0, $n=92$, $sd=1.3$, respectively). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=10.83$, $df=3$, $p=0.013$). In particular, persons with disabilities view this service to be more important than do caregivers and seniors not receiving services. (See Figure 1-14.)

FIGURE 1-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.46	3.23	3.67	3.33
Insurance Counseling (I-CARE)	3.00	2.64	2.74	3.26



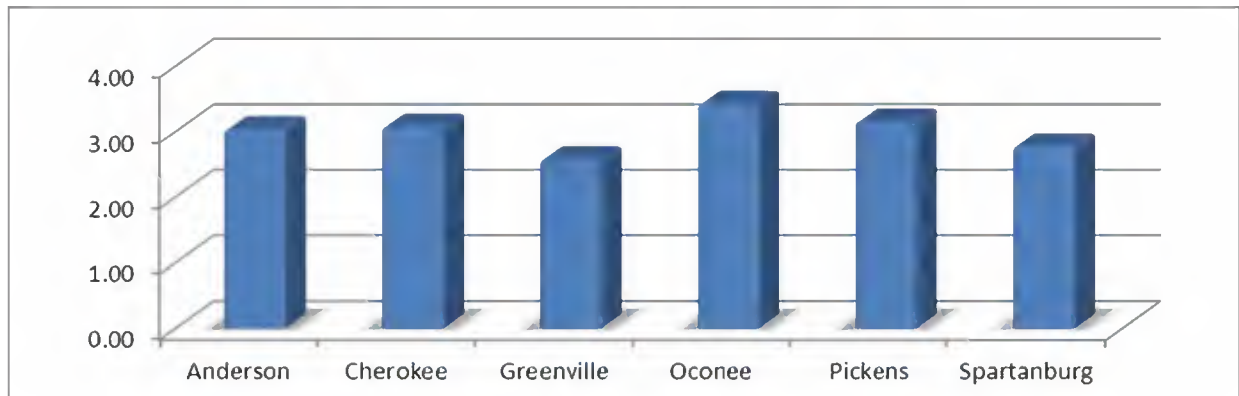
Individuals residing in Anderson, Oconee, and Pickens expressed the greatest need for this service ($X^2_{K-W}=20.93$, $df=8$, $p=0.007$). For seniors, those who have a disability have a significantly greater need for IR&A ($diff=0.16$, $t=1.96$, $df=552.6$, $p=0.050$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{K-W}=27.8$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services

are those who are less than 64 years old. African Americans, those with an Associate’s degree or less, and individuals below the poverty line also rated these services as being of greater importance to them ($t=11.62$, $df=1$, $p=0.001$; $t=10.1$, $df=4$, $p=0.039$; and $t=4.63$, $df=1$, $p=0.032$, respectively). For seniors, those who have a disability have a significantly greater need for I-CARE ($diff=0.20$, $t=2.0$, $df=552$, $p=0.045$). Individuals residing in Anderson, Cherokee, Oconee, and Pickens expressed the greatest need for this service ($X^2_{K-W}=39.8$, $df=8$, $p<0.001$).

Overall, the demographic clusters of respondents who reported that I-CARE services are of greatest importance to them are Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) and Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85) ($X^2_{K-W}=80.78$, $df=3$, $p<0.001$). It must be noted that respondents who are younger than 65 years had a higher average response to need for I-CARE services than individuals over 85, the age group of respondents was of the least importance to the cluster prediction, and only approximately 20% of Clusters 2 and 3 are over the age of 85. Therefore, it is most likely that I-CARE services are most important to females with a high school education or less who are younger than 65 years and persons with disabilities.

FIGURE 1-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual’s responses to the eight items.

On average, seniors receiving services view monetary assistance to be slightly more than a little important ($mean=2.32$, $median=2.5$, $n=460$, $sd=0.91$). The most important of these needs are for utilities or an unexpected bill ($mean=2.52$, $median=3.0$, $n=447$, $sd=1.29$), medical care ($mean=2.59$, $median=3.0$, $n=441$, $sd=1.31$), and prescriptions or prescription drug coverage

(*mean=2.55, median=3.0, n=442, sd=1.29*). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean=1.82, median=1.0, n=445, sd=1.15*) and paying for an eye exam and/or eyeglasses (*mean=2.06, median=1.0, n=445, sd=1.23*). (See Figure 1-16.)

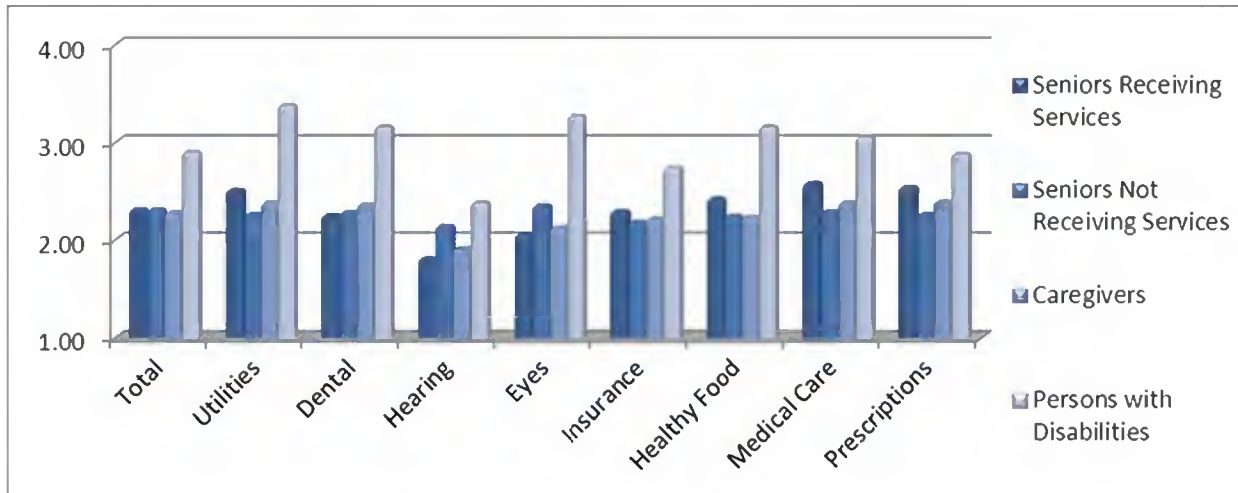
Seniors who have not received services view monetary assistance to be a little important (*mean=2.32, median=2.27, n=98, sd=1.07*). All but one of the services are considered to be a little important (*mean=2.19-2.36, median=2.0, sd=1.19-1.3*). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean=2.15, median=1.0, n=89, sd=1.3*). (See Figure 1-16.)

Caregivers view monetary assistance to be a little important (*mean=2.29, median=2.29, n=123, sd=0.93*). All but one of the services are considered to be a little important (*mean=2.13-2.4, median=2.0, sd=1.18-1.26*). The least important service to caregivers is hearing exams and/or hearing aids (*mean=1.92, median=1.0, n=117, sd=1.18*). (See Figure 1-16.)

Persons with disabilities view monetary assistance to be quite a bit important (*mean=2.9, median=3.0, n=19, sd=0.88*). The most important of these needs are for utilities or an unexpected bill (*mean=3.39, median=4.0, n=18, sd=0.85*), dental care and/or dentures (*mean=3.17, median=4.0, n=18, sd=1.1*), eye exam and/or eyeglasses (*mean=3.28, median=4.0, n=18, sd=1.07*), and paying for healthy food (*mean=3.17, median=4.0, n=18, sd=1.15*). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean=2.39, median=2.0, n=18, sd=1.29*). (See Figure 1-16.)

FIGURE 1-16: MONETARY ASSISTANCE BY TARGETED GROUP

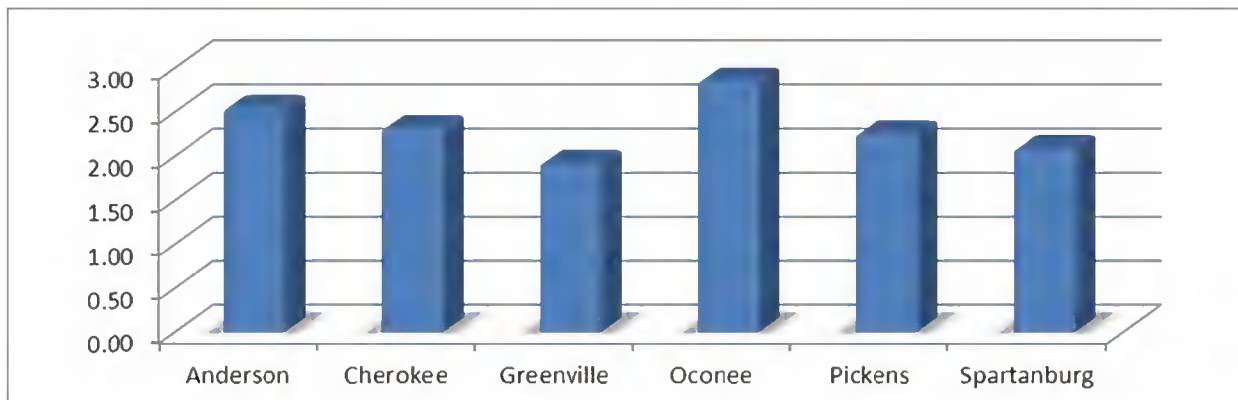
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.32	2.32	2.29	2.91
Utilities or an unexpected bill	2.52	2.27	2.39	3.39
Dental Care and/or Dentures	2.26	2.29	2.37	3.17
Hearing Exam and/or Hearing Aids	1.82	2.15	1.92	2.39
Eye Exam and/or Eyeglasses	2.06	2.36	2.13	3.28
Health Insurance	2.30	2.19	2.22	2.75
Healthy Food	2.43	2.25	2.24	3.17
Medical Care	2.59	2.30	2.39	3.06
Prescriptions or Prescription Drug Coverage	2.55	2.27	2.40	2.89



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=2.55$, $df=3$, $p=0.055$, $r^2=0.011$). The age of the respondent has a significant impact on their perceived need for monetary assistance ($F=9.23$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are younger than 65 years old. African Americans, those who have received an Associate's degree or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=30.64$, $df=1$, $p<0.001$; $F=10.4$, $df=4$, $p<0.001$; and $F=11.29$, $df=1$, $p<0.001$, respectively). Individuals who are single or divorced rated these services as being of greater importance to them than individuals who are widowed or married ($F=6.94$, $df=3$, $p<0.001$). For seniors, those who have a disability have a significantly greater need for monetary assistance ($diff=0.37$, $t=4.76$, $df=556$, $p<0.001$). Individuals residing in Anderson and Oconee counties expressed the greatest need for monetary assistance ($F=10.67$, $df=9$, $p<0.001$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) and Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line) ($F=5.66$, $df=3$, $p=0.001$).

FIGURE 1-17: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=15$, 13.3%), caregivers of seniors with disabilities ($n=74$, 65.5%), caregivers of persons with disabilities ($n=17$, 15%), and caregivers of children ($n=7$, 6.2%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) disagree that caregiver services are necessary to help them care for the individual(s) ($mean=2.15$, $median=2.2$, $n=15$, $sd=1.05$). The most important need is for temporary relief from caregiver duties (respite) ($mean=2.54$, $median=3.0$, $n=13$, $sd=1.39$). (See Figure 1-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.88$, $median=3.0$, $n=74$, $sd=0.69$). The most important of these needs is for temporary relief from caregiver duties (respite) ($mean=3.34$, $median=4.0$, $n=70$, $sd=0.92$), followed by monetary assistance for acquiring services ($mean=3.14$, $median=3.0$, $n=70$, $sd=0.89$) and information and referral for services ($mean=2.94$, $median=3.0$, $n=70$, $sd=0.95$). (See Figure 1-18.)

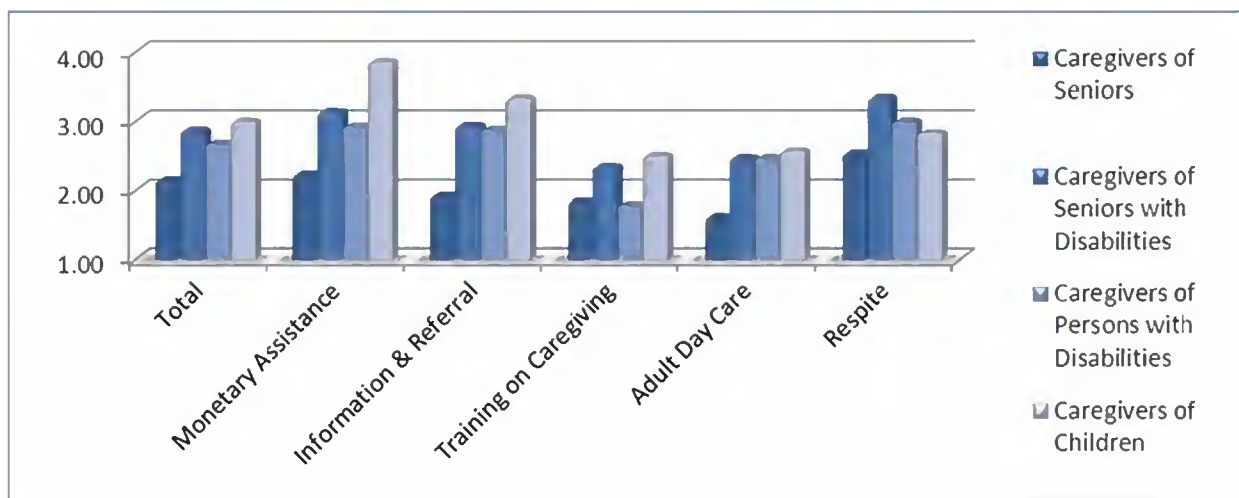
Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.68$, $median=2.8$, $n=17$, $sd=0.87$). The most important of these needs are for monetary assistance in acquiring services ($mean=2.93$, $median=3.0$, $n=15$, $sd=1.1$), information and referral for services ($mean=2.88$, $median=3.0$, $n=17$, $sd=1.17$), and temporary relief from caregiver duties (respite) ($mean=3.0$, $median=3.0$, $n=15$, $sd=1.2$). (See Figure 1-18.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) ($mean=3.0$, $median=3.0$, $n=7$, $sd=0.59$). The most important need is for monetary assistance in acquiring services ($mean=3.86$, $median=4.0$, $n=7$, $sd=0.38$), followed by information and referral for services ($mean=3.33$, $median=3.5$, $n=6$, $sd=0.82$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 1-18.)

The difference in the caregiver needs composite is significantly different between the type of person being cared for ($F=3.99$, $df=3$, $p=0.010$). Therefore, caregivers of seniors with disabilities and caregivers of children have greater need for services than caregivers of seniors without disabilities. However, the target group categorization only accounts for 9.9% of the variability in this composite ($r^2=0.099$). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 1-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.15	2.87	2.68	3.00
Monetary Assistance	2.23	3.14	2.93	3.86
Information & Referral	1.93	2.94	2.88	3.33
Training on Caregiving	1.85	2.34	1.79	2.50
Adult Day Care	1.62	2.47	2.47	2.57
Respite	2.54	3.34	3.00	2.83



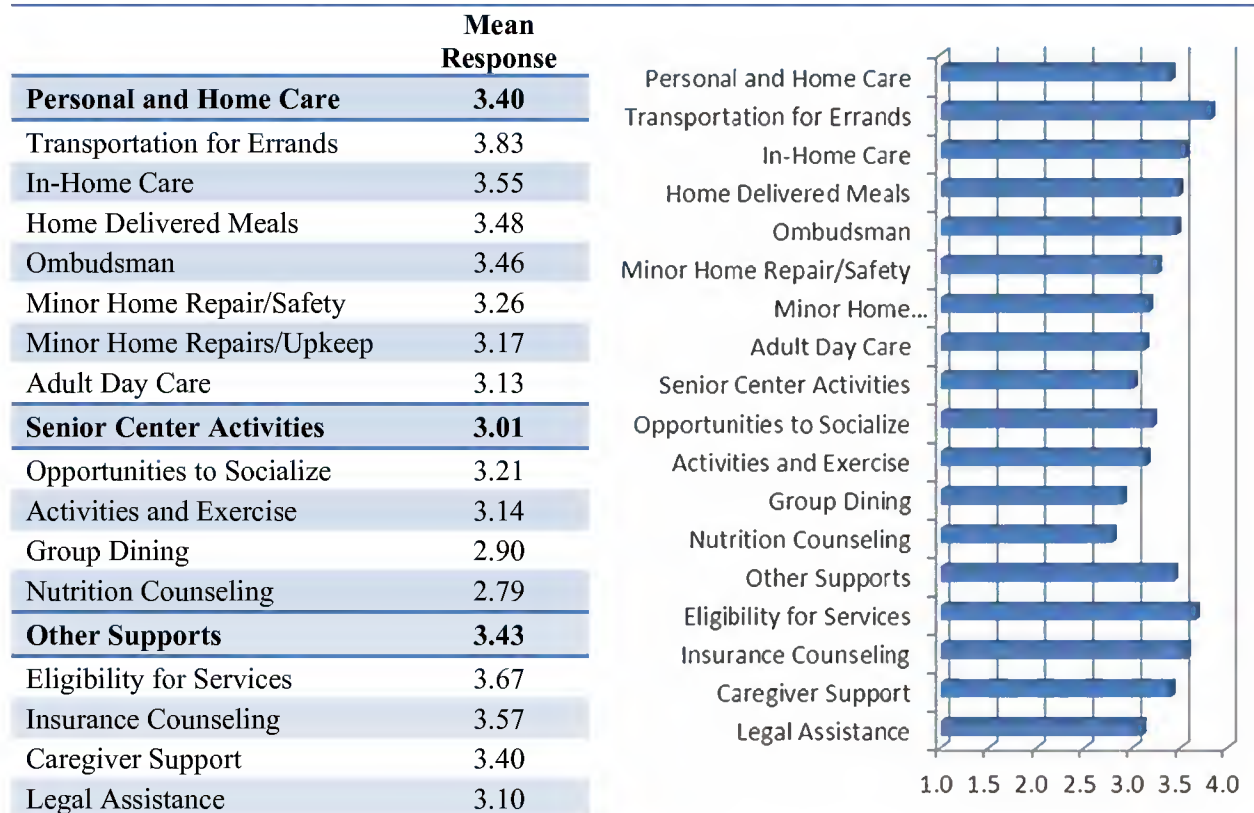
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services ($mean=3.4$, $median=3.43$, $n=31$, $sd=0.46$) and other supports ($mean=3.43$, $median=3.5$, $n=30$, $sd=0.44$) are viewed to be more essential services to helping seniors and those with disabilities in Region 1 to remain independent. The most essential services are transportation for errands ($mean=3.83$, $median=4.0$, $n=30$, $sd=0.38$), information on eligibility for community and other services (ADRC) ($mean=3.67$, $median=4.0$, $n=30$, $sd=0.55$), insurance counseling/Medicare counseling services ($mean=3.57$, $median=4.0$, $n=30$, $sd=0.57$), and in-home care (housekeeping, laundry, personal care) ($mean=3.55$, $median=4.0$, $n=29$, $sd=0.69$). (See Figure 1-19.)

Partners and professionals who reported that their primary line of business is in providing personal and/or home care (such as nutrition/meals, adult day services or in-home, or transportation) reported that personal and home care services ($mean=3.43$, $n=7$, $sd=0.53$) and other supports ($mean=3.5$, $n=7$, $sd=0.25$) were more essential than senior center activities ($mean=2.86$, $n=7$, $sd=0.66$). Partners and professionals who reported that their primary line of business is in community or senior centers reported that personal and home care services ($mean=3.03$, $n=4$, $sd=0.47$) and other supports ($mean=3.0$, $n=4$, $sd=0.20$) were not as essential as senior center activities ($mean=3.38$, $n=4$, $sd=0.95$). Partners and professionals who reported that their primary line of business is in healthcare or wellness (such as skilled nursing, healthcare, health and wellness, mental health or behavioral health) reported that personal and home care services ($mean=3.4$, $n=13$, $sd=0.43$) and other supports ($mean=3.46$, $n=13$, $sd=0.49$) were more essential than senior center activities ($mean=2.87$, $n=13$, $sd=0.54$).

FIGURE 1-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered (n=19, 73.3%), know who is eligible to receive services (n=19, 65.5%), believe that the AAA is a critical partner for their organization (n=25, 83.3%), refer clients to the AAA/ADRC (n=22, 71%), and disagree that there are unmet needs for caregivers (n=17, 77.3%), seniors (n=18, 82.6%), and persons with disabilities (n=19, 82.6%).

Of concern is that 65.5% of partners (n=19) stated that they are not aware of the AAA's strategic plan, only 37% (n=10) understand how the AAA/ADRC sets priorities for which clients receive services, and 45.2% (n=14) stated that the services offered by the AAA/ADRC are easily accessible. Only 36% of partners (n=9) stated that the clients are able to pay part of the cost of their services, and 90.9% (n=20) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 1-20.)

FIGURE 1-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	73.3%	26.7%	30
Aware of Strategic Plan	34.5%	65.5%	29
Know who is Eligible	65.5%	34.5%	29
Understand Priorities for Services	37.0%	63.0%	27
Critical Partner	83.3%	16.7%	30
Refer to AAA	71.0%	29.0%	31
Services Easily Accessible	54.8%	45.2%	31
Clients able to Pay	36.0%	64.0%	25
Unmet Needs for Caregivers	22.7%	77.3%	22
Unmet Needs for Seniors	28.0%	72.0%	25
Unmet Needs for PWD	17.4%	82.6%	23
Fixed Reimbursement	90.9%	9.1%	22

For seniors, the geographic areas that are most underserved are, in order of prominence:

- Rural areas in all counties
- Greenville County as a whole, plus Upper and Lower Greenville County
- Oconee County
- Specific communities:
 - Belton
 - Anderson
 - Honea Path
 - Pelzer
 - the Golden Strip area

The services most needed by seniors on the underserved areas are, in order of prominence:

- Transportation
- In-home care
- Home delivered meals
- Home modifications, upkeep and repair
- Also mentioned as needs were Information and Referral, MH/addiction, socialization, and adult day care

The services most needed by person with disabilities in the underserved areas are, in order of prominence:

- Transportation
- In-home care
- Home repair/modification
- LTC placement
- Also mentioned as needed were cost-share, meals, adult day care, caregiver support

Quotes

Assistance with long term placement. I am unaware of any agency that provides "placement services" for individuals or families.

I Would love to have a resource or contact person for placement issues. I work with adult protective services and we do not offer placement only. 2. One agency to investigate abuse, neglect and exploitation in both the community and facilities

I think the services you provide are definitely a needed service. You have helped quite a number of my clients in so many areas. God Bless you and the ones that work this program.

Many [persons with disabilities] will need on going assistance due to low income and inability to provide for basic needs

Is there a possibility of having an online application for seniors to apply for assistance? Currently, it takes forever to get a phone call returned.

Oconee County and Pickens County greatly need additional services for seniors and persons with disabilities. Both counties senior programs are nonexistent. Transportation and Home Care services are very difficult to obtain. There is only one senior center in Oconee County which is not accessible for all seniors in the county.

The most needed services are for those that fall in the "middle", make too much income for Medicaid/State supported services, but do not make enough to pay privately for services long term, assisted living or skilled nursing.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was

found was that the priorities placed on service needs vary among the target groups served by Region 1. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, older and with fewer social supports than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and what the age of the person(s) they are caring for is. Personal and home care, which is viewed as the

least important to seniors who are already receiving services, is viewed as very important to caregivers and persons with disabilities. Needs within categories vary according to age, race and gender. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 1 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 1 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

While partners believe they have a good relationship with the AAA, they believe they have little interaction with the AAA on the planning process, have little knowledge of the plan, do not understand how priorities are set for which clients receive services and have very little knowledge of the strategic plan or the planning process. In short, the partners feel that they are a strong part of service provision and a small part of planning and prioritizing. This may or may not be an important issue, but should be explored.

FINDINGS: REGION 2 – UPPER SAVANNAH

Representation of the Population

A total of 265 surveys were completed in Region 2. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (ADRC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 265 surveys completed, 133 (50.2%) were categorized as a senior receiving services, 87 (32.8%) were categorized as a senior not receiving services, 103 (38.9%) were categorized as being a caregiver, and 160 (60.4%) were categorized as an individual with a disability.

For Region 2, the confidence interval for the sample of seniors receiving services is 8.33 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a fair probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 8.33 percentage points). The confidence interval for seniors not receiving services is higher (10.49 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services and presents the possibility that responses to the survey may vary greatly from the population of seniors not receiving services in the region. The representation of caregivers is also subject to variability (9.21 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is fair (7.48 points at a 95% confidence level assuming 50% agreement). (See Table 2-1.)

TABLE 2-1: SAMPLE REPRESENTATION OF POPULATION

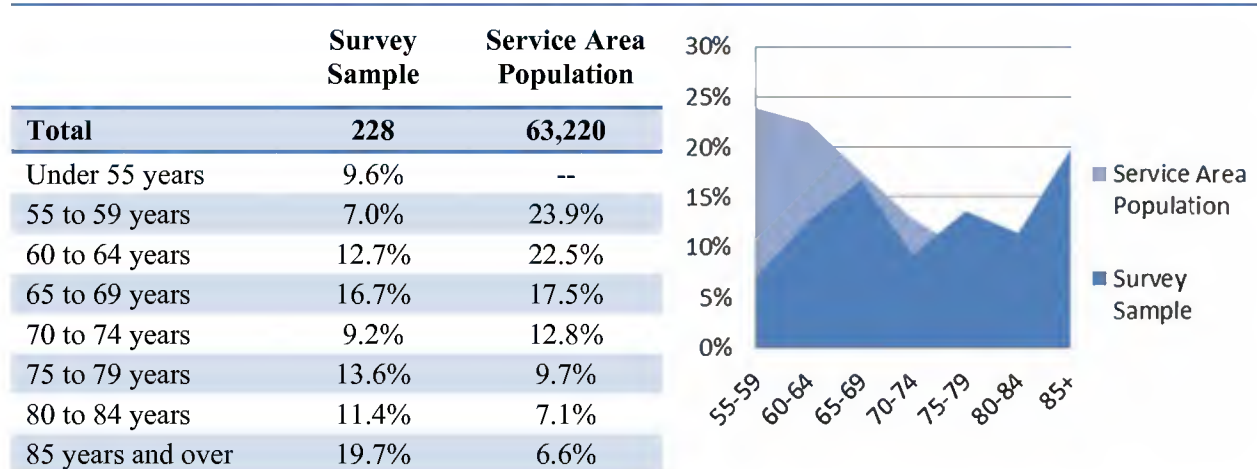
	Population Size	Sample Size	Representation
Seniors Receiving Services	3,317	133	8.33
Seniors Not Receiving Services	30,586	87	10.49
Caregivers	1,130	103	9.21
ADRC	2,376	160	7.48

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older and the distribution has several spikes and dips. A small percentage of survey respondents are under 55 (n=22, 9.6%), 55 to 59 years old (n=16, 7%), or 60 to 64 years old (n=29, 12.7%), whereas 23.9% and 22.5% of the service area population is between these ages, respectively. However, where the percentage of individuals in the service area senior population gradually decreases until it reaches 85 years and over, the percentage of survey respondents peaks three times at 65 to

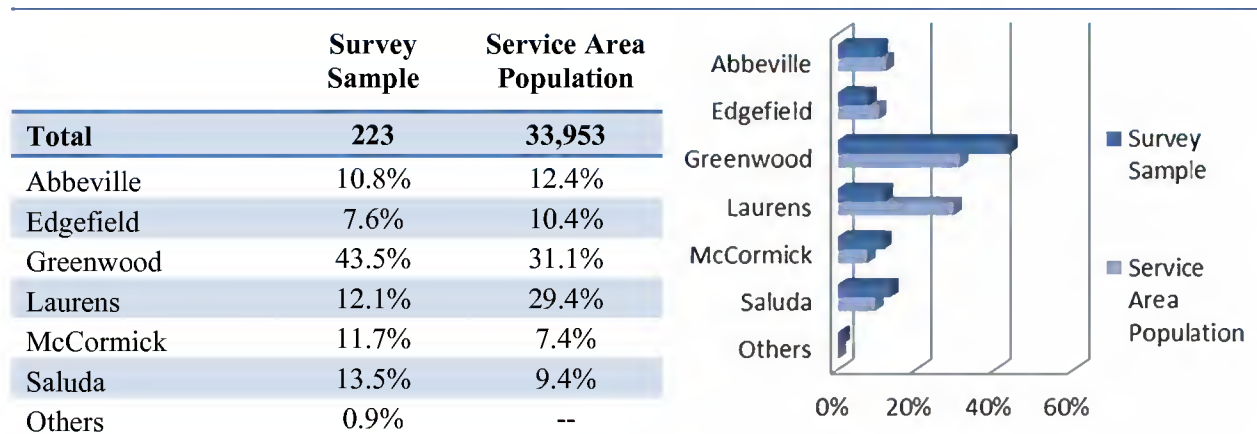
69 years (n=38, 16.7%), 75 to 79 years (n=31, 13.6%), and 85 years and over (n=45, 19.7%). (See Figure 2-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 2-2: AGE GROUP



Similar proportions of the survey sample reside in Abbeville (n=24, 10.8%), Edgefield (n=17, 7.6%), McCormick (n=26, 11.7%), and Saluda (n=30, 9.4%) counties as in the service area senior population (12.4%, 10.4%, 11.7%, and 13.5%, respectively). A smaller proportion of the survey sample resides in Laurens (n=27, 12.1%) than in the service area senior population (29.4%), and a larger proportion of the survey sample resides in Greenwood (n=97, 43.5%) than in the service area senior population (31.1%). (See Figure 2-3.)

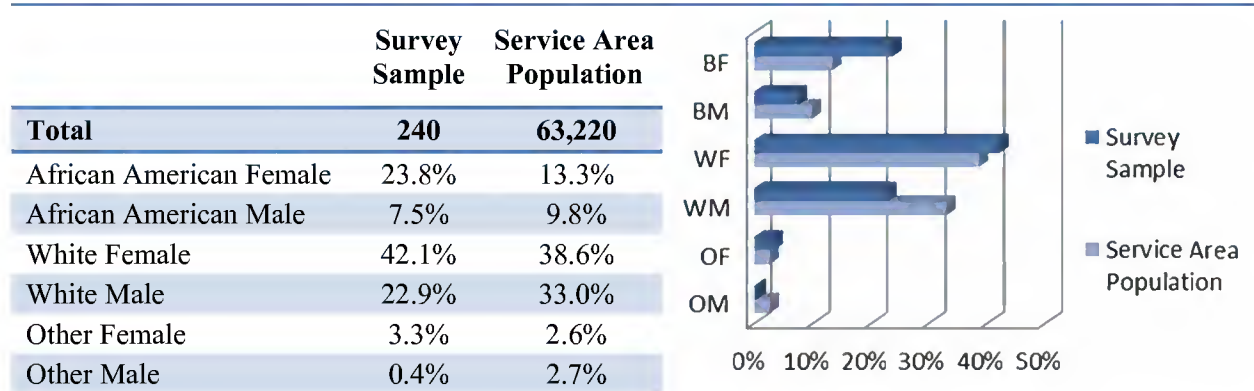
FIGURE 2-3: COUNTY OF RESIDENCE



The race and gender of survey respondents very similarly resembles that of the service area senior population. African American males comprise 7.5% of the sample (n=18) compared to 9.8% of the population; White/Caucasian females comprise 42.1% of the survey sample (n=101) compared to 38.6% of the population; and respondents of other races (females: n=8, 3.3%; males: n=1, 0.4%) comprise approximately the same percentage in the population (other females:

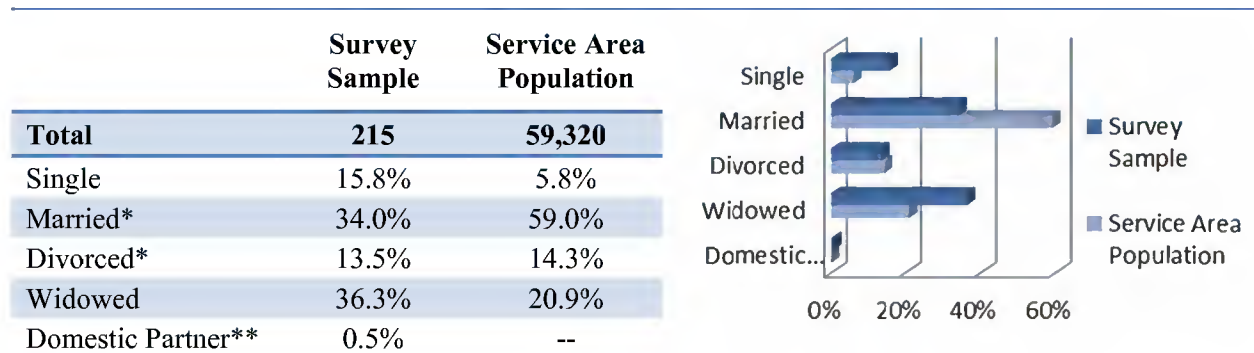
2.6%; other males: 2.7%). However, African American females (n=57, 23.8%) are slightly over-represented (13.3% of the service area senior population), and White/Caucasian males (n=55, 22.9%) are under-represented (33% of the service area senior population). (See Figure 2-4.)

FIGURE 2-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=34, 15.8%) or widowed (n=78, 36.3%) than exist in the service area senior population (5.8% and 20.9%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=73, 34% of the sample compared to 59% of the population). A similar percentage of respondents are divorced (n=29, 13.5%) as are in the service area senior population (14.3%). (See Figure 2-5.)

FIGURE 2-5: MARITAL STATUS OF SENIORS



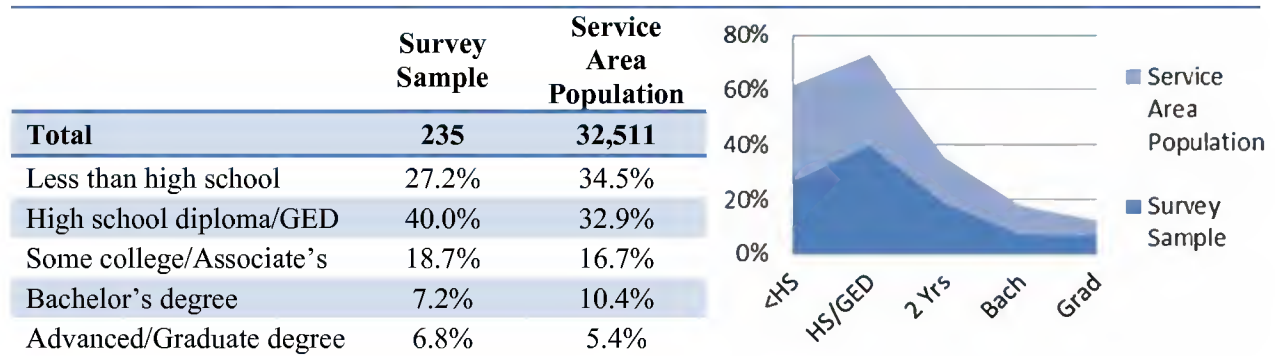
*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=64, 27.2%) or received a high school diploma or GED (n=94, 40%), compared to 34.5% and 32.9% of the service area senior population, respectively. Similar percentages of respondents attended some college or earned an Associate’s degree (n=183, 27.6%), earned a Bachelor’s degree (n=17, 7.2%), or earned an Advanced/Graduate degree

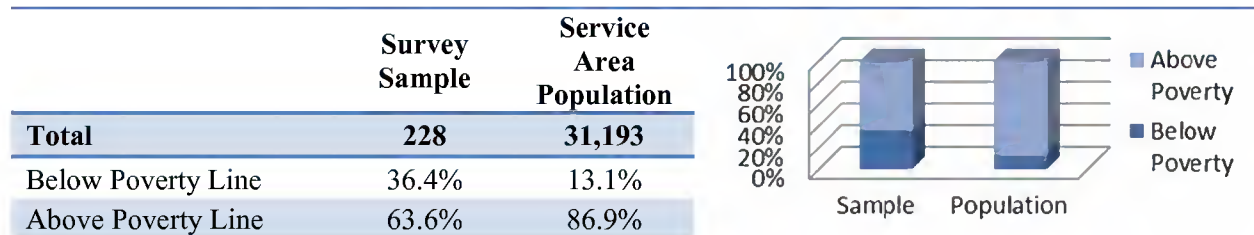
(n=16, 6.8%) as in the service area senior population (16.7%, 10.4%, and 5.4%, respectively). (See Figure 2-6.)

FIGURE 2-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=83, 36.4% compared to 13.1% of the service area senior population). (See Figure 2-7.)

FIGURE 2-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals who have a Disability

Only 18 survey respondents from this region are considered to be disabled and under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area senior population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving

services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 32.5% (n=86) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 21.5% (n=57) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 37.4% (n=99) of the sample. Persons with disabilities are the smallest group (n=18, 6.8%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 55 respondents (20.8% of the sample and 32.9% of those classified). Cluster 2 is comprised of 31 respondents (11.7% of the sample and 18.6% of those classified). Cluster 3 is comprised of 27 respondents (10.2% of the sample and 16.2% of those classified). Cluster 4 is comprised of 54 respondents (20.4% of the sample and 32.3% of those classified). The remaining 98 (37%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.39, *median*=2.17, *n*=84, *sd*=1.03). The most important of these needs are household chores (*mean*=2.59, *median*=3.0, *n*=81, *sd*=1.35), home repairs/maintenance (*mean*=2.65, *median*=3.0, *n*=82, *sd*=1.25), and home modifications to improve safety (*mean*=2.51, *median*=2.0, *n*=79, *sd*=1.35). The least important services to seniors who are already receiving services are home delivered meals (*mean*=2.12, *median*=1.0, *n*=77, *sd*=1.35), personal care

(*mean=1.96, median=1.0, n=79, sd=1.26*), and housekeeping (specifically laundry) (*mean=2.1, median=1.0, n=80, sd=1.28*). (See Figure 2-8.)

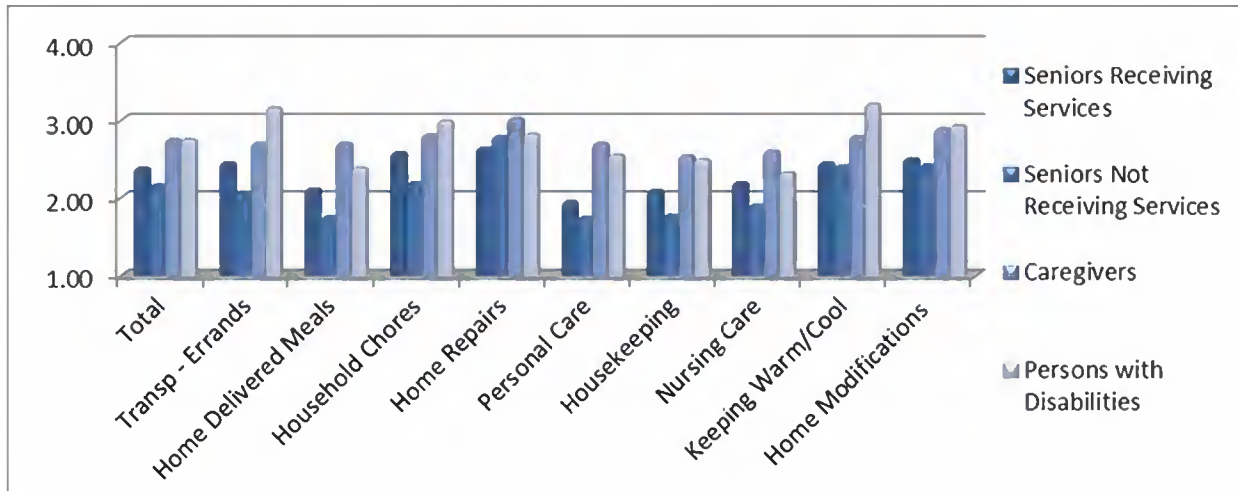
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.17, median=2.0, n=56, sd=0.92*). The only service deemed to be quite a bit important by most of the respondents is home repairs and maintenance (*mean=2.8, median=3.0, n=55, sd=1.21*). The least important services to seniors who are not already receiving services are home delivered meals (*mean=1.76, median=1.0, n=54, sd=1.1*), personal care (*mean=1.75, median=1.0, n=53, sd=1.09*), and housekeeping (specifically laundry) (*mean=1.78, median=1.0, n=51, sd=1.06*). (See Figure 2-8.)

Caregivers view personal and home care needs to be quite a bit important (*mean=2.76, median=2.78, n=98, sd=1.02*). All but one of the services are deemed to be quite a bit important by most of the respondents (*median score=3.0, sd=1.2-1.4*). The most important service to caregivers are home repairs and maintenance (*mean=3.03, median=4.0, n=96, sd=1.16*). (See Figure 2-8.)

Persons with disabilities view personal and home care needs to be quite a bit important (*mean=2.76, median=2.78, n=18, sd=0.7*). The most important services to persons with disabilities are transportation for errands (*mean=3.17, median=4.0, n=18, sd=1.15*) and household chores (specifically keeping home clean) (*mean=3.0, median=4.0, n=17, sd=1.23*). Other important services to persons with disabilities are home repairs and maintenance (*mean=2.83, median=3.0, n=18, sd=1.15*), keeping warm or cool as the weather changes (*mean=3.22, median=3.5, n=18, sd=0.88*), and home modifications for safety (*mean=2.94, median=3.0, n=17, sd=1.2*). (See Figure 2-8.)

FIGURE 2-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.39	2.17	2.76	2.76
Transportation for Errands	2.46	2.07	2.71	3.17
Home Delivered Meals	2.12	1.76	2.71	2.39
Household Chores	2.59	2.20	2.82	3.00
Home Repairs/Maintenance	2.65	2.80	3.03	2.83
Personal Care	1.96	1.75	2.71	2.56
In-Home Housekeeping	2.10	1.78	2.55	2.50
Nursing Care/Prescription Assistance	2.20	1.91	2.61	2.33
Keeping Warm/Cool	2.46	2.42	2.80	3.22
Home Modifications	2.51	2.43	2.90	2.94

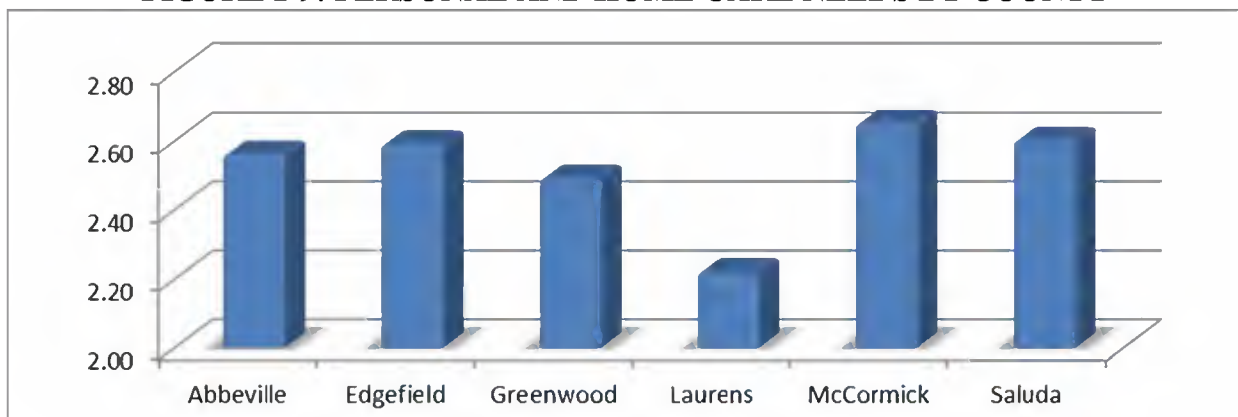


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=5.09$, $df=3$, $p=0.002$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 5.7% of the variability in this composite ($r^2=0.057$).

Females, African Americans, and those with less than high school education rated these services as being of greater importance to them ($F=10.08$, $df=1$, $p=0.002$, $F=9.16$, $df=1$, $p=0.003$, and $F=2.61$, $df=4$, $p=0.036$, respectively). Those who are single or widowed rated these services as being of greater importance to them than individuals who are divorced or married ($F=3.1$, $df=3$, $p=0.028$). For seniors, those who have a disability have a significantly greater need ($diff=0.47$, $t=2.86$, $df=138$, $p=0.005$). There were no significant differences by county ($F=0.587$, $df=8$, $p=0.788$) and the means for all counties were between 2.22 and 2.65. The only county with a median score above 3.0 (quite a bit important) is McCormick.

Individuals in Cluster 1 (white males, above the poverty line, mostly married with a high school diploma or GED) expressed significantly less need than individuals in any other demographic cluster ($F=4.04$, $df=3$, $p=0.008$).

FIGURE 2-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean*=2.64, *median*=2.71, *n*=83, *sd*=0.95). All but two of the items have a median value of either quite a bit important. The most important of these needs are getting exercise (*mean*=3.04, *median*=3.0, *n*=81, *sd*=1.01), and nutrition counseling (*mean*=2.86, *median*=3.0, *n*=81, *sd*=1.12). The least important services to seniors who are already receiving services are transportation to the senior center (*mean*=2.26, *median*=1.0, *n*=78, *sd*=1.42) and having a senior center close to home (*mean*=2.56, *median*=2.0, *n*=79, *sd*=1.29). (See Figure 2-10.)

Seniors who have not received services view senior center activities to be slightly less than quite a bit important (*mean*=2.42, *median*=2.5, *n*=56, *sd*=0.83). The most important of these needs are getting exercise (*mean*=3.04, *median*=3.0, *n*=54, *sd*=1.01) and nutrition counseling (*mean*=2.74, *median*=3.0, *n*=53, *sd*=1.16). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.75, *median*=1.0, *n*=52, *sd*=1.01). (See Figure 2-10.)

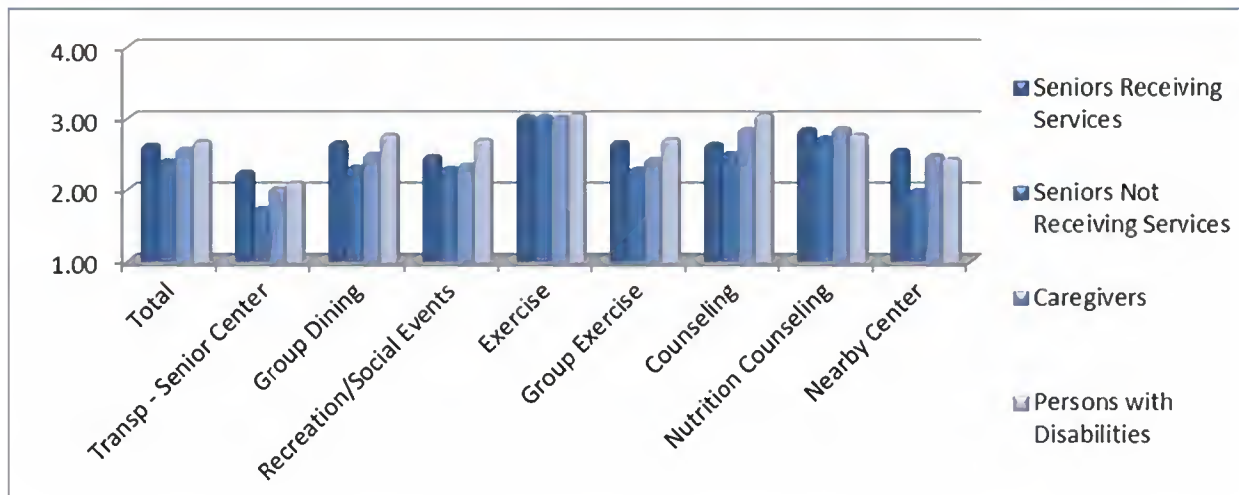
Caregivers view senior center activities to be between a little and quite a bit important (*mean*=2.58, *median*=2.5, *n*=97, *sd*=0.85). The most important of these needs are getting exercise (*mean*=3.03, *median*=3.0, *n*=96, *sd*=0.96), counseling (having someone to talk to) (*mean*=2.86, *median*=3.0, *n*=96, *sd*=1.12), and nutrition counseling (*mean*=2.87, *median*=3.0, *n*=95, *sd*=1.09). The least important service to caregivers is transportation to the senior center (*mean*=2.03, *median*=1.0, *n*=95, *sd*=1.28). (See Figure 2-10.)

Persons with disabilities view senior center activities to be between a little and quite a bit important (*mean*=2.69, *median*=2.69, *n*=18, *sd*=0.86). The most important services to persons with disabilities are getting exercise (*mean*=3.06, *median*=4.0, *n*=17, *sd*=1.14) and counseling (having someone to talk to) (*mean*=3.06, *median*=3.0, *n*=18, *sd*=1.0). The least important service to persons with disabilities is transportation to the senior center (*mean*=2.11, *median*=2.0, *n*=18, *sd*=1.23). (See Figure 2-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 2-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

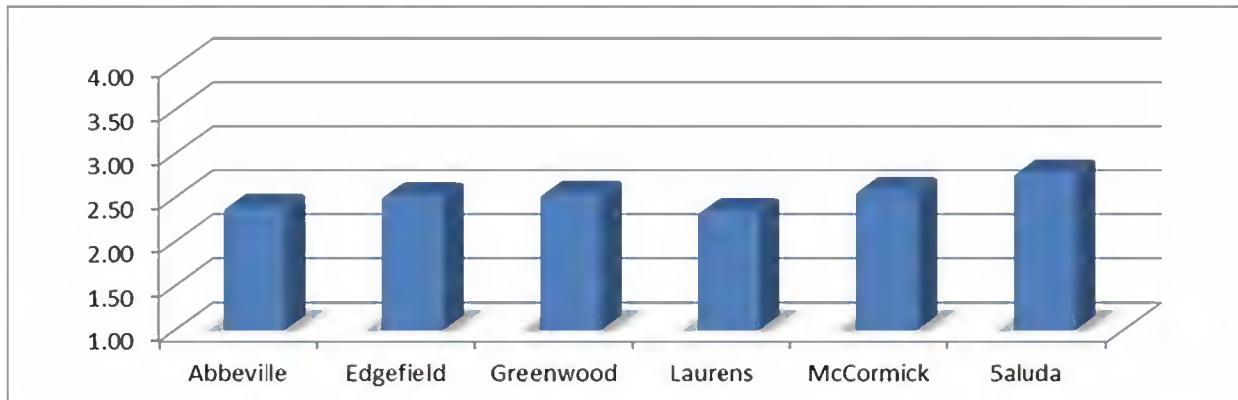
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	2.64	2.42	2.58	2.69
Transportation to the Senior Center	2.26	1.75	2.03	2.11
Group Dining	2.67	2.33	2.51	2.78
Recreation/Social Events	2.48	2.31	2.36	2.71
Exercise	3.04	3.04	3.03	3.06
Group Exercise	2.68	2.30	2.44	2.72
Counseling (someone to talk to)	2.65	2.52	2.86	3.06
Nutrition Counseling	2.86	2.74	2.87	2.78
Nearby Senior Center	2.56	2.00	2.49	2.44



The difference in the senior center activities composite is not significantly different between the targeted groups ($F=0.88$, $df=3$, $p=0.450$, $r^2=0.010$). African Americans and females rated these services as being of greater importance to them ($F=6.0$, $df=1$, $p=0.015$, $F=10.51$, $df=1$, $p=0.001$, respectively). There were no significant differences by county ($F=0.85$, $df=8$, $p=0.560$); however, the means for all counties ranged between 2.4 and 2.78. The county with the highest median score was Saluda ($mean=2.78$, $median=2.71$, $n=29$, $sd=0.79$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 2 (white females above the poverty line, mostly widowed with a high school diploma/GED) ($mean=2.86$, $median=2.69$, $n=30$, $sd=0.86$) and Cluster 4 (black females above the poverty line, with a high school diploma or GED) ($mean=2.53$, $median=2.63$, $n=53$, $sd=0.86$) ($F=5.52$, $df=3$, $p=0.001$, $r^2=0.094$).

FIGURE 2-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be between quite a bit important (*mean=2.76, median=3.0, n=84, sd=1.01*). The most important of these needs is having someone to protect rights (*mean=2.91, median=4.0, n=79, sd=1.27*). Preventing falls is the only one considered to be a little important (*mean=2.48, median=2.0, n=81, sd=1.31*). (See Figure 2-12.)

Seniors who have not received services view services to help in maintaining independence to be between a little and quite a bit important (*mean=2.52, median=2.88, n=54, sd=1.07*). All except one of the services were deemed to be a quite a bit important (preventing falls: *mean=2.66, median=3.0, n=53, sd=1.22*; healthcare directives: *mean=2.28, median=2.0, n=53, sd=1.22*; protection of rights: *mean=2.59, median=3.0, n=54, sd=1.31*; having someone to call if feeling threatened or taken advantage of: *mean=2.54, median=3.0, n=54, sd=1.22*). (See Figure 2-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.96, median=3.25, n=97, sd=1.01*). The most important is having someone to call if feeling threatened or taken advantage of (*mean=2.99, median=4.0, n=96, sd=1.21*). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean=2.94, median=3.0, n=95, sd=1.1*; protection of rights: *mean=2.88, median=3.0, n=96, sd=1.21*; and preventing falls: *mean=3.06, median=3.0, n=96, sd=1.11*). (See Figure 2-12.)

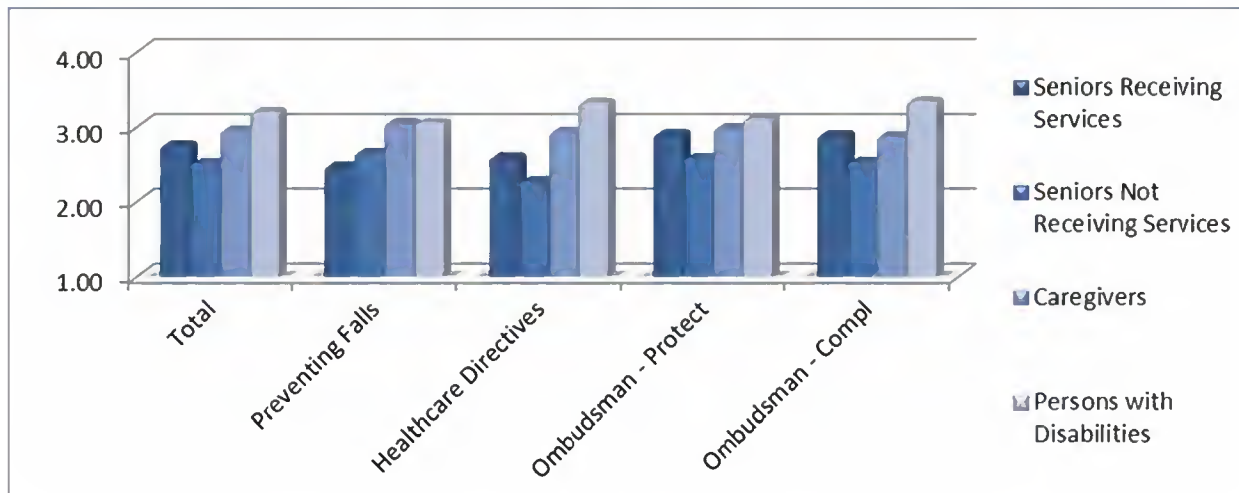
Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=3.21, median=3.25, n=18, sd=0.85*). All of the services were deemed to be

quite a bit or very important (preventing falls: *mean*=3.06, *median*=4.0, *n*=18, *sd*=1.16; healthcare directives: *mean*=3.33, *median*=4.0, *n*=18, *sd*=0.97; protection of rights: *mean*=3.11, *median*=3.5, *n*=18, *sd*=1.08; and someone to call if feeling threatened or taken advantage of: *mean*=3.35, *median*=4.0, *n*=17, *sd*=1.06). (See Figure 2-12.)

Preventing falls is most important to caregivers; whereas having someone to protect their rights, safety, property or dignity of is most important to seniors (both those receiving services and those not receiving services). Persons with disabilities perceive all of these services to be important.

FIGURE 2-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.76	2.52	2.96	3.21
Preventing Falls	2.48	2.66	3.06	3.06
Healthcare Directives	2.60	2.28	2.94	3.33
Ombudsman - Protection	2.91	2.59	2.99	3.11
Ombudsman - Complaints	2.90	2.54	2.88	3.35



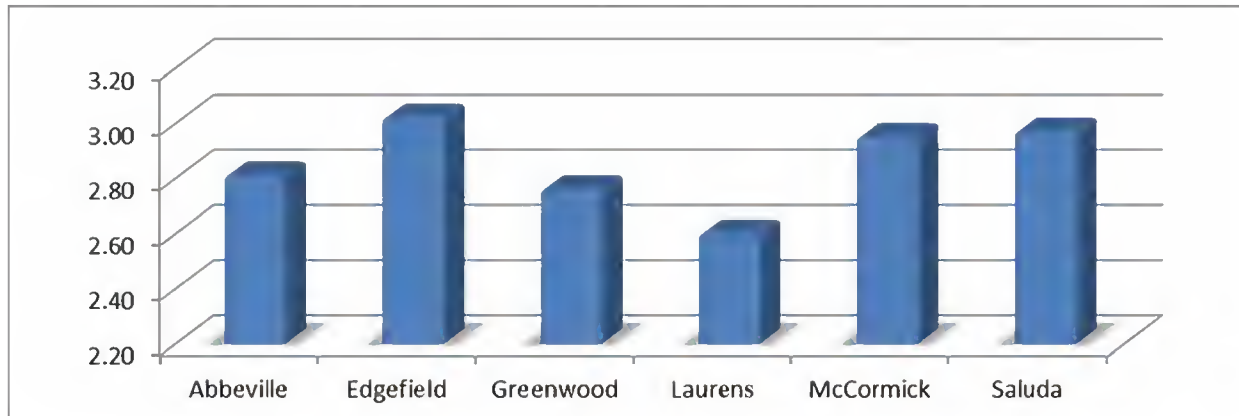
The difference in the maintaining independence composite is significantly different between the targeted groups ($F=3.18$, $df=3$, $p=0.025$). Therefore, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 3.7% of the variability in this composite ($r^2=0.037$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=2.77$, $df=3$, $p=0.028$). This indicates that respondents who are in most need of these services are those who are greater than 75 years old and those who are disabled and under 55. Females and African Americans also rated these services as being of greater importance to them

($F=7.25$, $df=1$, $p=0.008$; $F=11.19$, $df=1$, $p=0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.51$, $t=2.97$, $df=136$, $p=0.004$). Individuals who reside in Edgefield, McCormick, and Saluda County expressed a greater need for these services than those residing in Greenwood and Laurens County; however the difference is not significant ($F=0.56$, $df=8$, $p=0.810$).

The demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (white females above the poverty line, mostly widowed with a high school diploma/GED) ($mean=3.29$, $median=3.5$, $n=31$, $sd=0.88$; $F=6.42$, $df=3$, $p<0.001$, $r^2=0.108$).

FIGURE 2-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

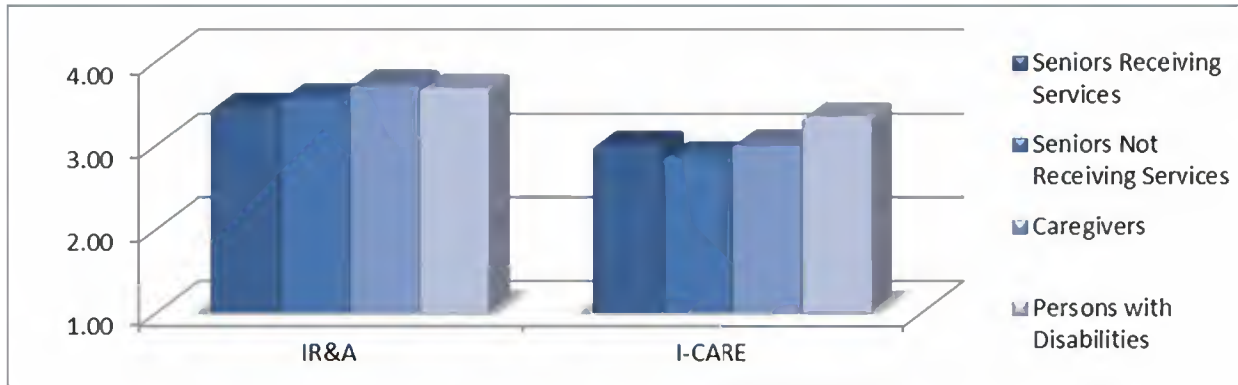
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and Information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 265 respondents, 250 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.44-3.71$, $median=4.0$). The results of the Kruskal Wallis test indicate that there are no significant differences between the target groups ($X^2_{K-W}=4.43$, $df=3$, $p=0.219$). (See Figure 2-14.)

Of the 265 respondents, 248 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. All of the targeted groups view this service to be quite a bit important (seniors receiving services: $mean=2.99$, $median=4.0$, $n=83$, $sd=1.19$; seniors not receiving services: $mean=2.85$, $median=3.0$, $n=52$, $sd=1.13$; caregivers: $mean=3.0$, $median=3.0$, $n=95$, $sd=1.11$; and persons with disabilities: $mean=3.33$, $median=4.0$, $n=18$, $sd=1.03$). There are no significant differences between the target groups ($X^2_{K-W}=2.69$, $df=3$, $p=0.442$). (See Figure 2-14.)

FIGURE 2-14: IR&A AND I-CARE BY TARGETED GROUP

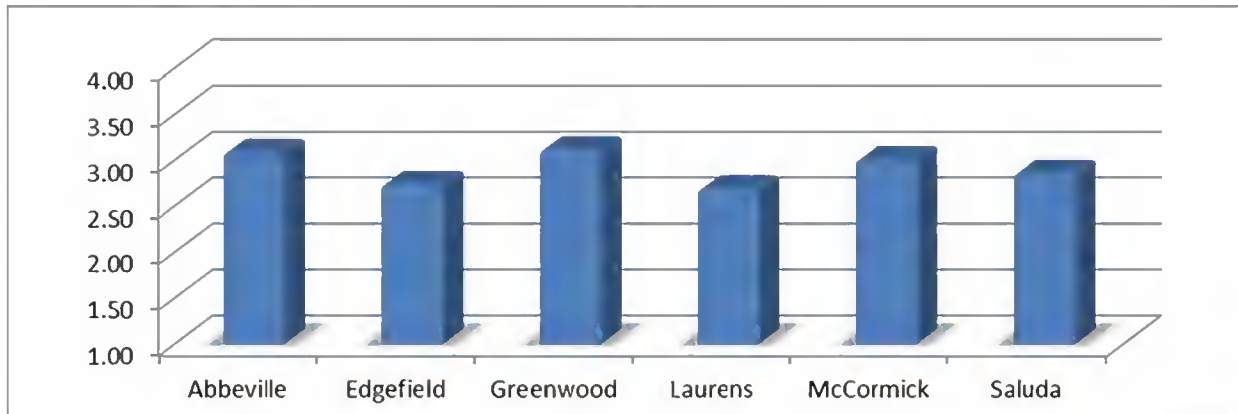
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.44	3.55	3.71	3.67
Insurance Counseling (I-CARE)	2.99	2.85	3.00	3.33



Since most of the respondents viewed this service to be quite a bit to very important, there are no significant differences by demographics; however, the individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line) had a significantly higher mean rank than individuals in any other cluster ($X^2_{k-w}=14.03, df=3, p=0.003$).

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{k-w}=11.09, df=4, p=0.026$). This indicates that respondents who are in most need of these services are those who are between 75-84 years old and persons with disabilities who are less than 55 years old. There are no other significant differences by demographic. Individuals residing in Abbeville and Greenwood expressed the greatest need for this service; however, these differences are not significant ($X^2_{k-w}=7.75, df=6, p=0.257$).

FIGURE 2-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be slightly more than a little important (*mean*=2.32, *median*=2.29, *n*=83, *sd*=1.02). The most important of these needs are for medical care (*mean*=2.35, *median*=2.5, *n*=80, *sd*=1.26) and prescriptions or prescription drug coverage (*mean*=2.48, *median*=3.0, *n*=81, *sd*=1.26). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=1.84, *median*=1.0, *n*=75, *sd*=1.13). (See Figure 2-16.)

Seniors who have not received services view monetary assistance to be a little important (*mean*=2.18, *median*=2.06, *n*=56, *sd*=1.01). The most important of these needs is for dental care and/or dentures (*mean*=2.44, *median*=2.0, *n*=55, *sd*=1.3). The least important services to seniors who are not receiving services are hearing exams and/or hearing aids (*mean*=1.83, *median*=1.0, *n*=54, *sd*=1.0), health insurance (*mean*=1.98, *median*=1.0, *n*=52, *sd*=1.23), and help paying for healthy food (*mean*=2.0, *median*=1.5, *n*=54, *sd*=1.18). (See Figure 2-16.)

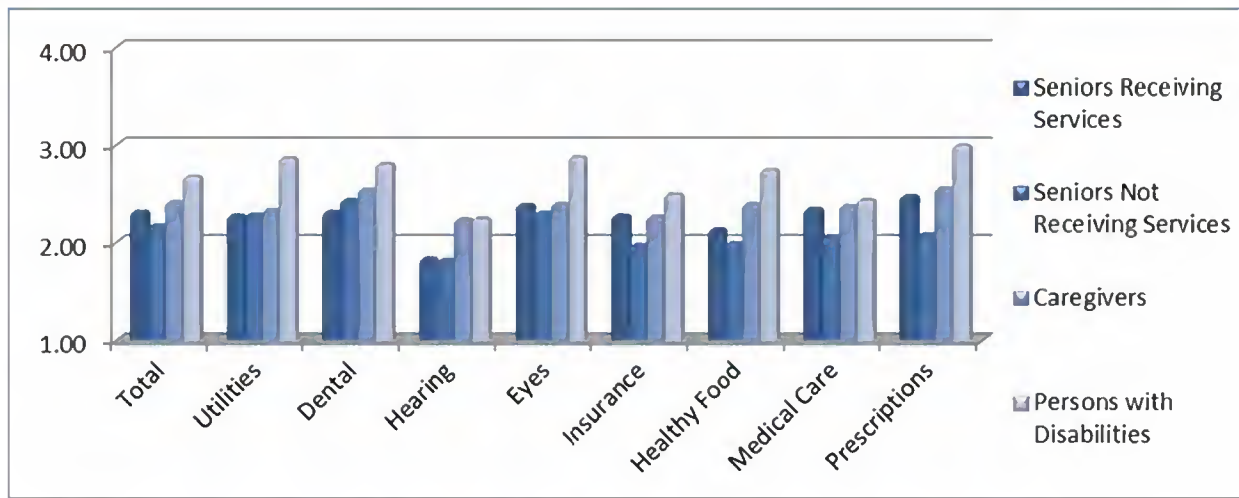
Caregivers view monetary assistance to be between a little and quite a bit important (*mean*=2.42, *median*=2.5, *n*=97, *sd*=1.08). The most important of these needs are for dental care and/or dentures (*mean*=2.55, *median*=3.0, *n*=94, *sd*=1.27) and prescriptions or prescription drug coverage (*mean*=2.56, *median*=3.0, *n*=95, *sd*=1.29). The least important service for caregivers is paying for hearing exams and/or hearing aids (*mean*=2.24, *median*=2.0, *n*=90, *sd*=1.25). (See Figure 2-16.)

Persons with disabilities view monetary assistance to be slightly less than quite a bit important (*mean*=2.68, *median*=2.88, *n*=16, *sd*=0.99). The most important of these needs are for dental care and/or dentures (*mean*=2.81, *median*=4.0, *n*=16, *sd*=1.47) and prescriptions or prescription drug coverage (*mean*=3.0, *median*=4.0, *n*=16, *sd*=1.32). The least important services to persons with disabilities are help paying for hearing exam and/or hearing aids (*mean*=2.25, *median*=2.0, *n*=16, *sd*=1.34). (See Figure 2-16.)

The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=1.21$, $df=3$, $p=0.307$, $r^2=0.014$).

FIGURE 2-16: MONETARY ASSISTANCE BY TARGETED GROUP

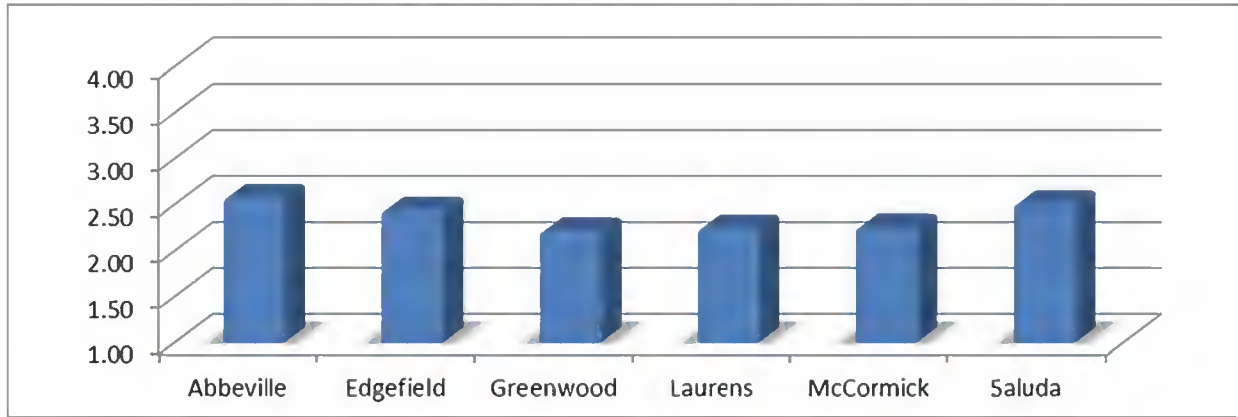
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.32	2.18	2.42	2.68
Utilities or an unexpected bill	2.28	2.29	2.34	2.87
Dental Care and/or Dentures	2.32	2.44	2.55	2.81
Hearing Exam and/or Hearing Aids	1.84	1.83	2.24	2.25
Eye Exam and/or Eyeglasses	2.39	2.31	2.40	2.88
Health Insurance	2.28	1.98	2.27	2.50
Healthy Food	2.14	2.00	2.40	2.75
Medical Care	2.35	2.06	2.38	2.44
Prescriptions or Prescription Drug Coverage	2.48	2.09	2.56	3.00



African Americans, females, those who have a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=16.6$, $df=1$, $p<0.001$; $F=5.76$, $df=1$, $p=0.017$, $F=6.83$, $df=4$, $p<0.001$, and $F=19.36$, $df=1$, $p<0.001$, respectively). Individuals who are single rated these services as being of greater importance to them than individuals who are divorced or married ($F=5.97$, $df=3$, $p=0.001$). For seniors, those who have a disability have a significantly greater need ($diff=0.54$, $t=3.23$, $df=125.9$, $p=0.002$).

Individuals residing in Abbeville, Edgefield, and Saluda expressed the greatest need for this service; however, these differences are not significant ($F=0.703$, $df=8$, $p=0.689$). There are no differences by demographic cluster.

FIGURE 2-17: MONETARY ASSISTANCE BY COUNTY



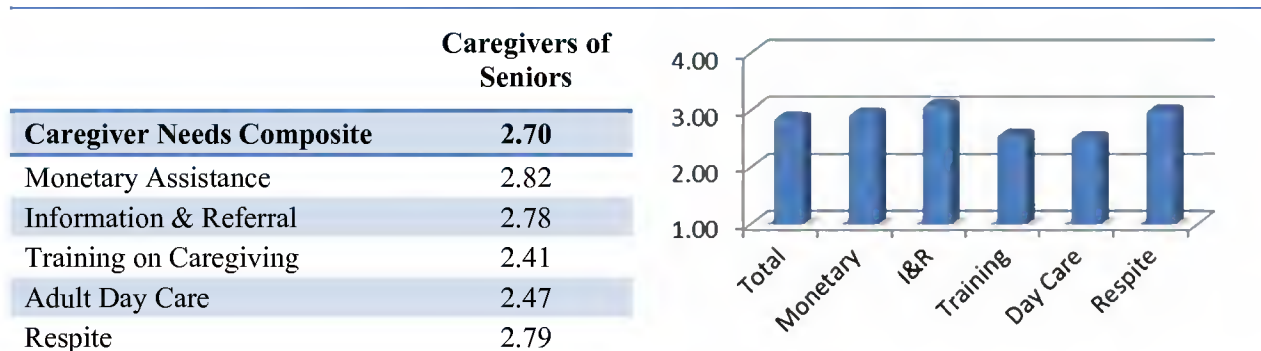
Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual’s responses to the eight items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. Analyses determined that there were small numbers of respondents in each category and the differences were therefore not significant. For this reason, the analysis is not broken out by the different types of individuals for whom the respondent is a caregiver.

Caregivers agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.89, median=3.0, n=96, sd=0.89*). The most important of these needs are for information and referral for services (*mean=3.1, median=3.0, n=89, sd=1.1*) and temporary relief from caregiver duties (respite) (*mean=3.02, median=3.0, n=87, sd=1.12*). (See Figure 2-18.) Caregivers of African Americans and individuals below the poverty line expressed the greatest need for these services ($F=6.63, df=1, p=0.011$; $F=4.55, df=1, p=0.035$).

FIGURE 2-18: CAREGIVER NEEDS



Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Only three partners in Region 2 responded to the partner/professional survey, although the region had indicated a desire to have this sector as part of their needs assessment. These three partners reported that most of the services are either quite a bit or very essential to helping seniors and those with disabilities in the region remain independent. Two of the services were reported to be very essential by all three respondents. These are: in-home care (housekeeping, laundry, and personal care) and Adult Day Care. One service (legal assistance) is reported to be less than quite a bit essential.

Overall, partners' perceptions of how their organization interacts with the AAA are positive. Most or all are knowledgeable of the services offered (n=3, 100%), aware of the AAA's strategic plan (n=2, 66.6%), know who is eligible to receive services (n=2, 66.6%), understand how the AAA/ADRC sets priorities for which clients receive services (n=2, 66.6%), believe that the AAA is a critical partner for their organization (n=3, 100%), refer clients to the AAA/ADRC (n=3, 100%), believe services offered by the AAA/ADRC are easily accessible (n=3, 100%), and disagree that there are unmet needs for caregivers (n=2, 66.6%) and seniors (n=2, 66.6%). Of concern is that 100% (n=3) believe there are unmet needs for persons with disabilities. None of the partners (out of the 2 who responded) stated that the clients are able to pay part of the cost of their services, and 100% (n=3) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates.

Only one partner responded to the open-ended questions at the end of the survey. No underserved geographic regions were noted by the partner. The partner stated that:

The services most needed by seniors are:

- Adult Day Service
- In home care
- Home delivered meals

The services most needed by persons with disabilities are:

- Help in [the] home
- Insurance counseling,
- Access to medical care before [reaching eligibility for] Medicare

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 2. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African American, more female, less likely to have a spouse and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and the age of the person(s) for whom they are caring. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as very important to caregivers and persons with disabilities. Needs within categories vary according to age, race and gender. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 2 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 2 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

FINDINGS: REGION 3 – CATAWBA

Representation of the Population

A total of 413 surveys were completed in Region 3. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 413 surveys completed, 269 (65.1%) were categorized as a senior receiving services, 101 (24.5%) were categorized as a senior not receiving services, 75 (18.2%) were categorized as being a caregiver, and 223 (54%) were categorized as an individual with a disability.

For Region 3, the confidence interval for the sample of seniors receiving services is 5.41 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 5.41 percentage points). The confidence interval for seniors not receiving services is higher (9.74 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services but is acceptable. The representation of caregivers is low (11.18 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is good (5.39 points at a 95% confidence level assuming 50% agreement). (See Table 3-1.)

TABLE 3-1: SAMPLE REPRESENTATION OF POPULATION

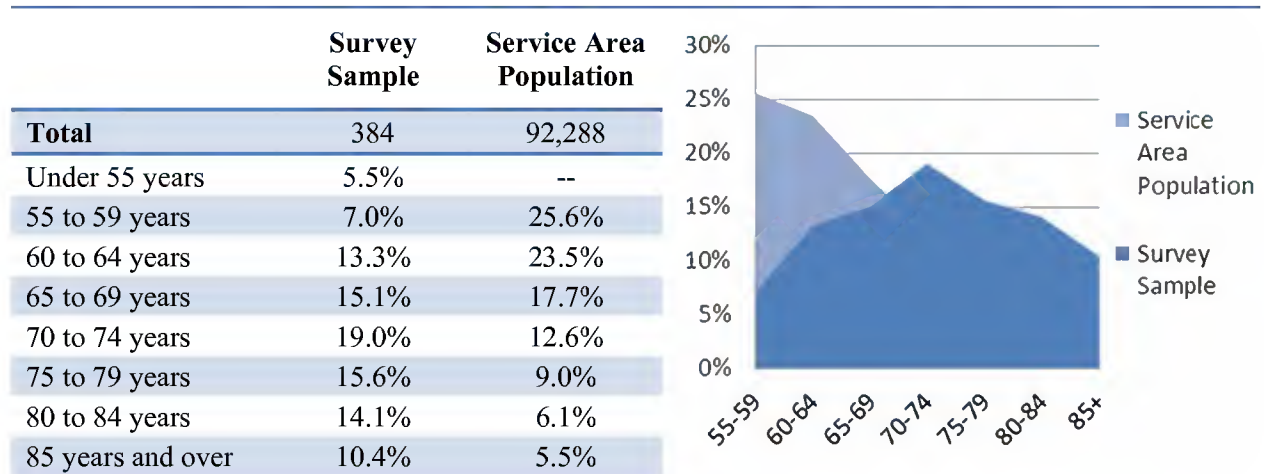
	Population Size	Sample Size	Representation
Seniors Receiving Services	1,481	269	5.41
Seniors Not Receiving Services	45,486	101	9.74
Caregivers	3,160	75	11.18
ADRC	682	223	5.39

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older. A small percentage of survey respondents are under 55 (n=21, 5.56%), 55 to 59 years old (n=27, 7%), or 60 to 64 years old (n=51, 13.3%), whereas 25.6% and 23.5% of the service area senior population is between these ages, respectively. The percentage of individuals between 65 to 69 years are similar (n=58, 15.1% of the sample and 17.7% of the population). While the survey sample has higher percentages in older age groups, the percentages in the sample and the population both slowly decline until it reaching 85 years and over (n=40, 10.4% of the sample

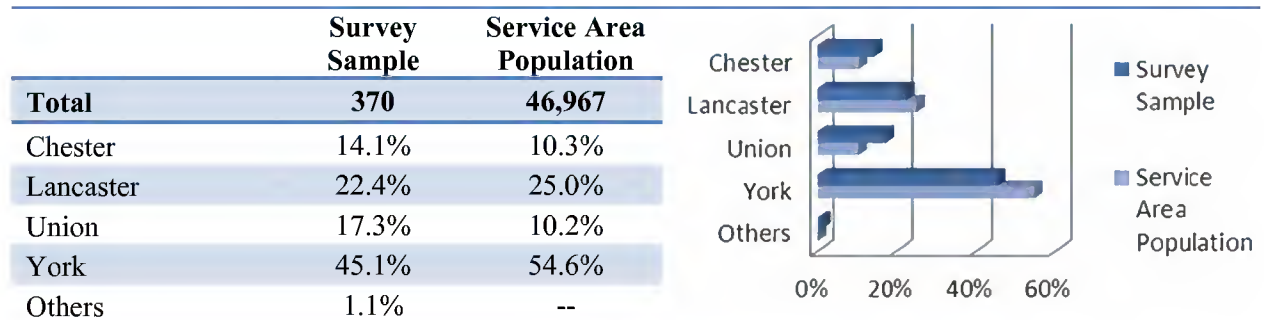
and 5.5% of the population). (See Figure 3-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 3-2: AGE GROUP



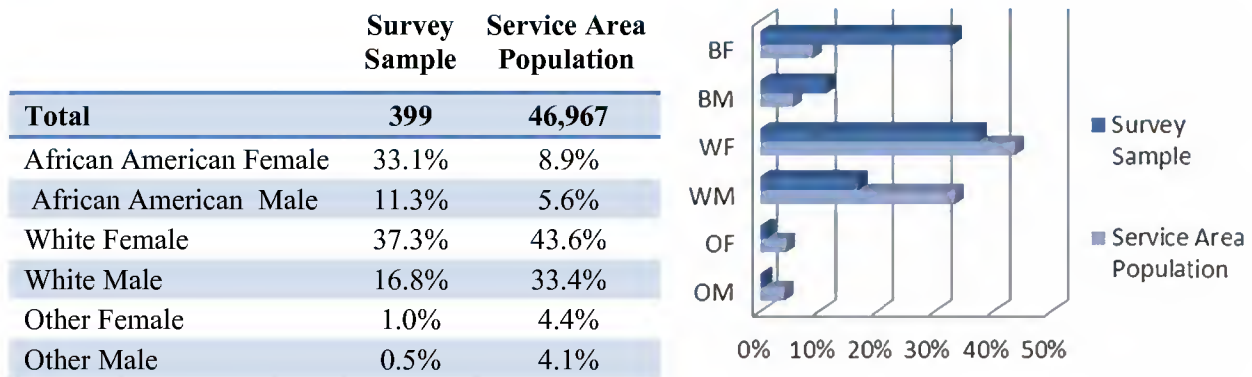
The proportion of the sample residing in each county is very similar to that of the population with a slightly smaller percentage of the sample residing in York (n=167, 45.1% compared to 54.6% of the service area senior population) and a slightly larger percentage of the sample residing in Union (n=64, 17.3% compared to 10.2% of the service area senior population). (See Figure 3-3.)

FIGURE 3-3: COUNTY OF RESIDENCE



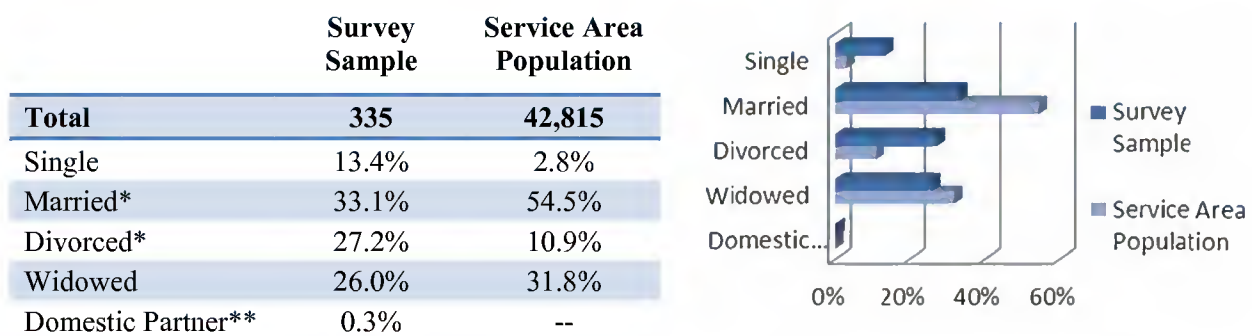
A much larger percentage of the survey sample are African American female (n=132, 33.1%) or African American male (n=45, 11.3%) than in the service area senior population (8.9% and 5.6%, respectively). Conversely, a smaller percentage of the survey sample are Caucasian female (n=149, 37.3%) or Caucasian male (n=67, 16.8%) compared to the service area senior population (43.6% and 33.4%, respectively). Very few respondents were of other races (females: n=4, 1%; males: n=2, 0.5%). These populations are also relatively small in the service area senior population (other females: 4.4%; other males: 4.1%). (See Figure 3-4.)

FIGURE 3-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=45, 13.4%) or divorced (n=91, 27.2%) than exist in the service area senior population (2.8% and 10.9%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=111, 33.1% of the sample compared to 54.5% of the service area senior population). A fairly similar percentage of respondents are widowed (n=87, 26%) as are in the service area senior population (31.8%). (See Figure 3-5.)

FIGURE 3-5: MARITAL STATUS OF SENIORS

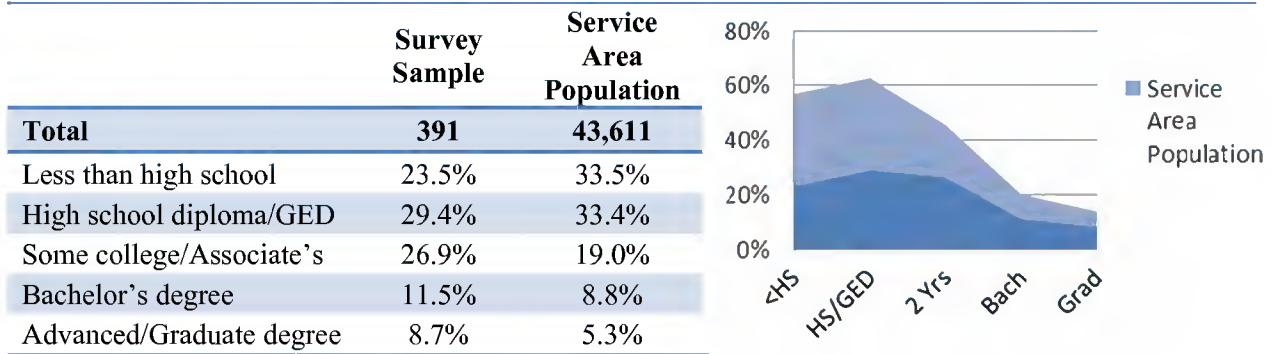


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

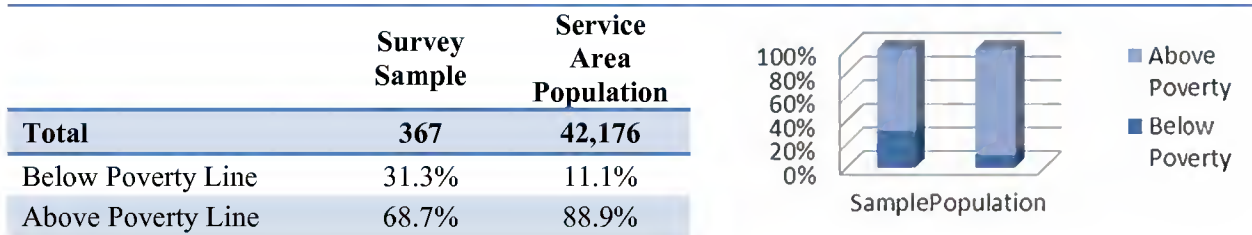
The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=92, 23.5%) or received a high school diploma or GED (n=115, 29.4%), compared to 33.5% and 33.4% of the service area senior population, respectively. A slightly higher percentage of the respondents (n=105, 26.9%) attended some college or earned an Associate’s degree than the service area senior population (19%). The percentage of respondents who earned a Bachelor’s degree (n=45, 11.5%) or an Advanced/Graduate degree (n=34, 8.7%) are similar to the percentage in the service area senior population (8.8% and 5.3%, respectively). (See Figure 3-6.)

FIGURE 3-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=115, 31.3% compared to 11.1% of the service area senior population). (See Figure 3-7.)

FIGURE 3-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or divorced, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 18 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 60.3% (n=249) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This

group comprises 16.9% (n=70) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 18.2% (n=75) of the sample. Persons with disabilities are the smallest group (n=18, 4.4%) and represents those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 82 respondents (19.9% of the sample and 30.9% of those classified). Cluster 2 is comprised of 67 respondents (16.2% of the sample and 25.3% of those classified). Cluster 3 is comprised of 36 respondents (8.7% of the sample and 13.6% of those classified). Cluster 4 is comprised of 80 respondents (19.4% of the sample and 30.2% of those classified). The remaining 148 (35.8%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.45, *median*=2.22, *n*=247, *sd*=1.08). The most important of these needs are transportation for errands (*mean*=2.7, *median*=3.0, *n*=242, *sd*=1.32), keeping warm or cool as the weather changes (*mean*=2.78, *median*=3.0, *n*=242, *sd*=1.3), and home modifications to improve safety (*mean*=2.61, *median*=3.0, *n*=241, *sd*=1.3). The least important services to seniors who are already receiving services are personal care (*mean*=2.1, *median*=1.0, *n*=241, *sd*=1.3) and housekeeping (specifically laundry) (*mean*=2.14, *median*=1.0, *n*=241, *sd*=1.29). (See Figure 3-8.)

Seniors who have not received services view personal and home care needs to be not at all important (*mean*=1.81, *median*=1.33, *n*=70, *sd*=0.92). The only services deemed to be a little important by most of the respondents are home repairs and maintenance (*mean*=2.21, *median*=2.0,

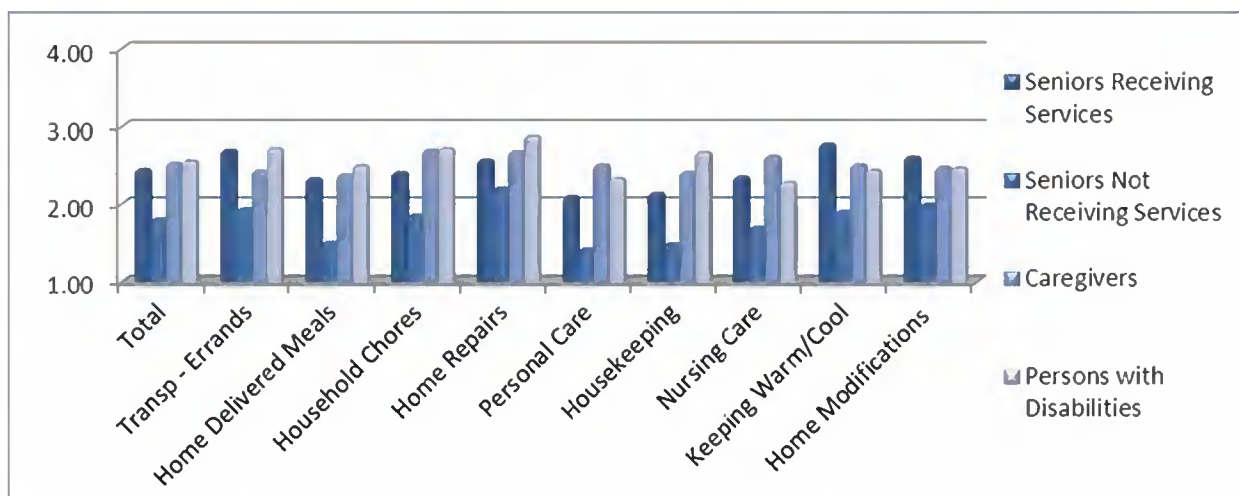
$n=68$, $sd=1.22$) and home modifications for safety ($mean=2.0$, $median=1.5$, $n=70$, $sd=1.19$). The least important services to seniors who are not already receiving services are personal care ($mean=1.42$, $median=1.0$, $n=69$, $sd=0.85$) and housekeeping (specifically laundry) ($mean=1.49$, $median=1.0$, $n=67$, $sd=0.94$). (See Figure 3-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important ($mean=2.53$, $median=2.67$, $n=69$, $sd=0.97$). All of the services are either a little or quite a bit important ($mean=2.38-2.7$, $median score = 2.0-3.0$, $sd=1.1-1.4$). (See Figure 3-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important ($mean=2.56$, $median=2.39$, $n=18$, $sd=1.1$). The most important services to persons with disabilities are transportation for errands ($mean=2.72$, $median=3.0$, $n=18$, $sd=1.36$), home repairs and maintenance ($mean=2.88$, $median=3.0$, $n=17$, $sd=0.99$), and household chores (specifically keeping home clean) ($mean=2.72$, $median=3.0$, $n=18$, $sd=1.18$). (See Figure 3-8.)

FIGURE 3-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.45	1.81	2.53	2.56
Transportation for Errands	2.70	1.94	2.43	2.72
Home Delivered Meals	2.33	1.51	2.38	2.50
Household Chores	2.41	1.86	2.70	2.72
Home Repairs/Maintenance	2.57	2.21	2.68	2.88
Personal Care	2.10	1.42	2.51	2.33
In-Home Housekeeping	2.14	1.49	2.41	2.67
Nursing Care/Prescription Assistance	2.35	1.70	2.62	2.28
Keeping Warm/Cool	2.78	1.91	2.51	2.44
Home Modifications	2.61	2.00	2.48	2.47

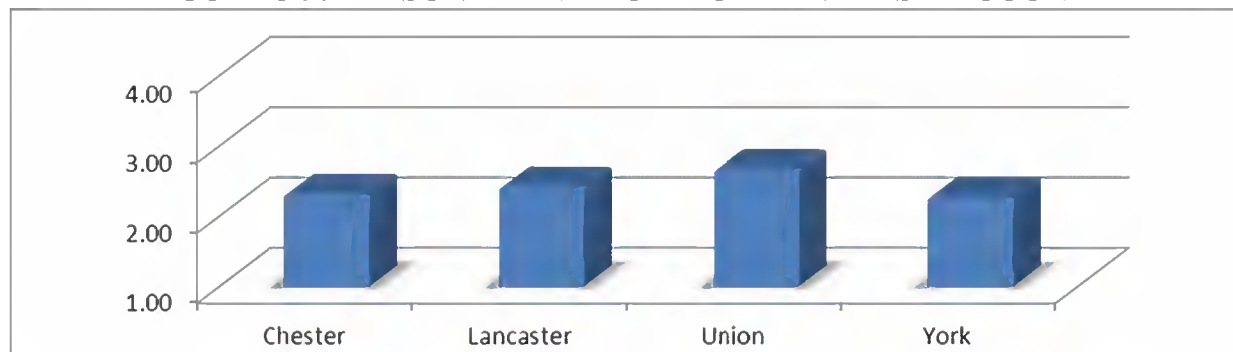


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=8.13$, $df=3$, $p<0.001$). Therefore, caregivers, seniors receiving services, and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 5.7% of the variability in this composite ($r^2=0.057$).

African Americans, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=21.39$, $df=1$, $p<0.001$, $F=6.7$, $df=4$, $p<0.001$, and $F=8.22$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.34$, $t=2.83$, $df=313.3$, $p=0.005$). Individuals residing in Lancaster and Union County had slightly greater need than individuals residing in Chester or York counties; however this difference is not significant ($F=1.95$, $df=3$, $p=0.122$).

Individuals classified as being part of Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line) expressed significantly greater need than any other demographic cluster ($F=5.4$, $df=3$, $p=0.001$).

FIGURE 3-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important ($mean=3.11$, $median=3.38$, $n=247$, $sd=0.87$). All but one of the items has a median value of very important. The most important of these needs are getting exercise ($mean=3.43$, $median=4.0$, $n=245$, $sd=0.92$), counseling (having someone to talk to) ($mean=3.22$, $median=4.0$, $n=244$, $sd=1.09$), exercising with others ($mean=3.21$, $median=4.0$, $n=246$, $sd=1.07$). The least important,

but still quite a bit important, service to seniors who are already receiving services is transportation to the senior center (*mean=2.58, median=3.0, n=243, sd=1.35*). (See Figure 3-10.)

Seniors who have not received services view senior center activities to be a little important (*mean=2.28, median=2.13, n=73, sd=0.93*). The most important of these needs is getting exercise (*mean=2.75, median=3.0, n=71, sd=1.18*). The least important services to seniors who are not already receiving services are transportation to the senior center (*mean=1.58, median=1.0, n=66, sd=1.02*) and having a senior center close to home (*mean=1.99, median=1.0, n=72, sd=1.23*). (See Figure 3-10.)

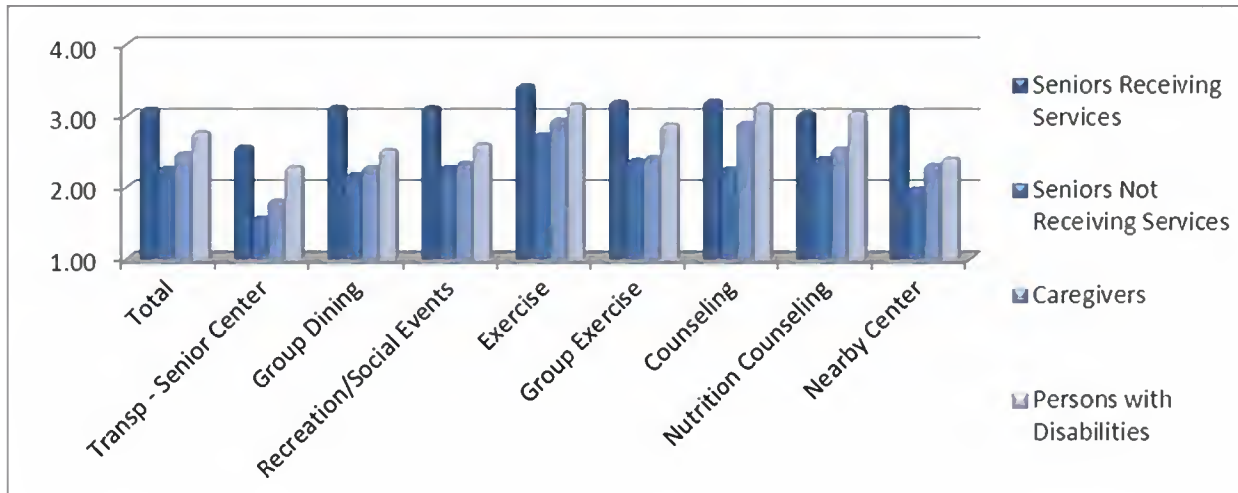
Caregivers view senior center activities to be between a little and quite a bit important (*mean=2.48, median=2.63, n=69, sd=0.9*). The most important of these needs are getting exercise (*mean=2.96, median=3.0, n=68, sd=1.03*) and counseling (having someone to talk to) (*mean=2.91, median=3.0, n=68, sd=1.08*). The least important service to caregivers is transportation to the senior center (*mean=1.82, median=1.0, n=68, sd=1.15*). (See Figure 3-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean=2.78, median=2.63, n=18, sd=0.97*). The most important services to persons with disabilities are getting exercise (*mean=3.17, median=3.5, n=18, sd=0.99*) and counseling (having someone to talk to) (*mean=3.17, median=3.5, n=18, sd=0.99*). The least important services to persons with disabilities are transportation to the senior center (*mean=2.29, median=2.0, n=17, sd=1.36*) and having a senior center close to home (*mean=2.41, median=2.0, n=17, sd=1.42*). (See Figure 3-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services.

FIGURE 3-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

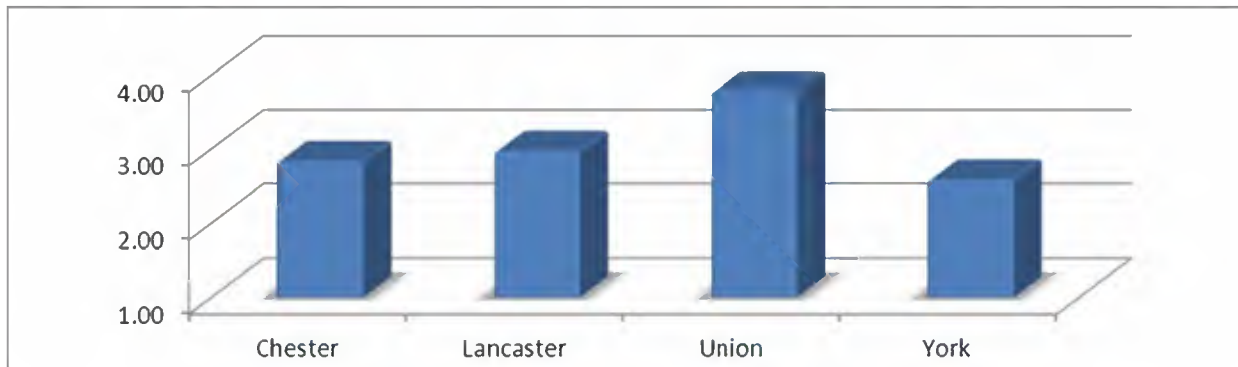
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.11	2.28	2.48	2.78
Transportation to the Senior Center	2.58	1.58	1.82	2.29
Group Dining	3.14	2.19	2.29	2.53
Recreation/Social Events	3.13	2.29	2.35	2.61
Exercise	3.43	2.75	2.96	3.17
Group Exercise	3.21	2.39	2.43	2.89
Counseling (someone to talk to)	3.22	2.27	2.91	3.17
Nutrition Counseling	3.05	2.42	2.55	3.06
Nearby Senior Center	3.13	1.99	2.32	2.41



The difference in the senior center activities composite is significantly different between the targeted groups ($F=21.11$, $df=3$, $p<0.001$). Therefore, seniors receiving services view senior center activities to be more important than do seniors not receiving services and caregivers. However, the target group categorization only accounts for 13.6% of the variability in this composite ($r^2=0.136$).

African Americans, individuals with less than a high school education, and those below the poverty line rated these services as being of greater importance to them ($F=7.91$, $df=1$, $p=0.005$; $F=2.68$, $df=4$, $p=0.031$ and $F=22.02$, $df=1$, $p<0.001$, respectively). Individuals who reside in Union County reported a greater need for senior center activities than did individuals residing in other counties ($F=8.07$, $df=3$, $p<0.001$). There are no differences by demographic cluster of respondents.

FIGURE 3-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman –

Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual's responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be between quite a bit important (*mean*=2.97, *median*=3.25, *n*=245, *sd*=1.05). The most important needs are having someone to call if feeling threatened or taken advantage of (*mean*=3.09, *median*=4.0, *n*=242, *sd*=1.2) and the protection of rights (*mean*=3.06, *median*=4.0, *n*=244, *sd*=1.21). (See Figure 3-12.)

Seniors who have not received services view services to help in maintaining independence to be a little important (*mean*=2.31, *median*=2.0, *n*=71, *sd*=1.05). All of the services were deemed to be a little important (preventing falls: *mean*=2.22, *median*=2.0, *n*=69, *sd*=1.14; healthcare directives: *mean*=2.19, *median*=2.0, *n*=69, *sd*=1.19; protection of rights: *mean*=2.43, *median*=2.0, *n*=70, *sd*=1.17; having someone to call if feeling threatened or taken advantage of: *mean*=2.33, *median*=2.0, *n*=69, *sd*=1.26). (See Figure 3-12.)

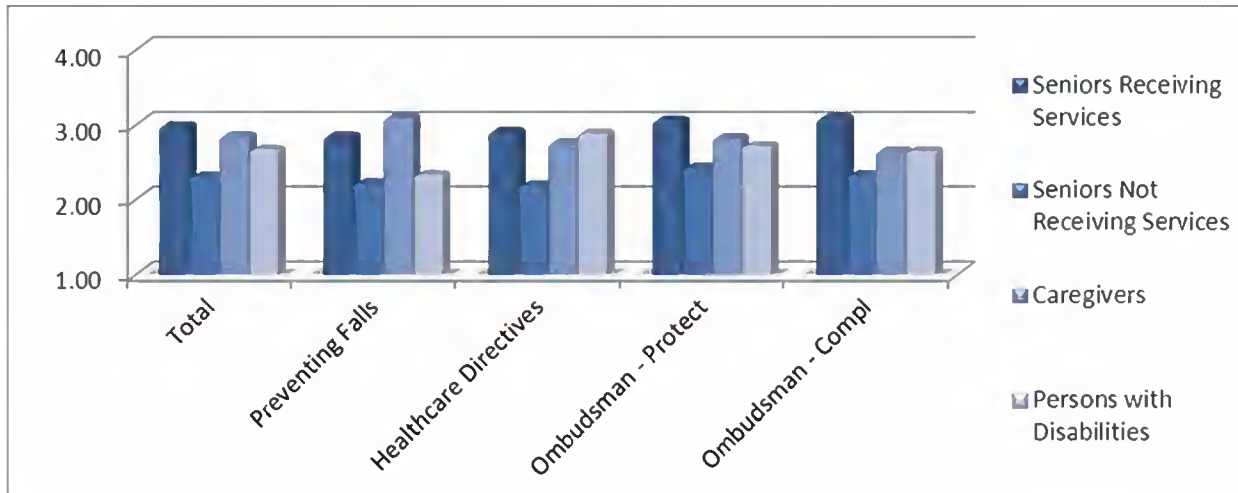
Caregivers view services to help in maintaining independence to be quite a bit important (*mean*=2.85, *median*=3.0, *n*=68, *sd*=1.02). The most important of these services is preventing falls (*mean*=3.10, *median*=4.0, *n*=67, *sd*=1.14). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean*=2.76, *median*=3.0, *n*=67, *sd*=1.16; protection of rights: *mean*=2.83, *median*=3.0, *n*=66, *sd*=1.31; and someone to call if feeling threatened or taken advantage of: *mean*=2.65, *median*=3.0, *n*=66, *sd*=1.26). (See Figure 3-12.)

Persons with disabilities view services to help in maintaining independence to be between a little and quite a bit important (*mean*=2.67, *median*=2.5, *n*=18, *sd*=1.15). All of the services were deemed to be a little or quite a bit important (preventing falls: *mean*=2.33, *median*=2.0, *n*=18, *sd*=1.33; healthcare directives: *mean*=2.89, *median*=3.0, *n*=18, *sd*=1.13; protection of rights: *mean*=2.72, *median*=2.5, *n*=18, *sd*=1.27; and someone to call if feeling threatened or taken advantage of: *mean*=2.65, *median*=2.0, *n*=17, *sd*=1.17). (See Figure 3-12.)

Preventing falls is most important to caregivers; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors receiving services. Persons with disabilities perceive healthcare directives to be the most important.

FIGURE 3-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

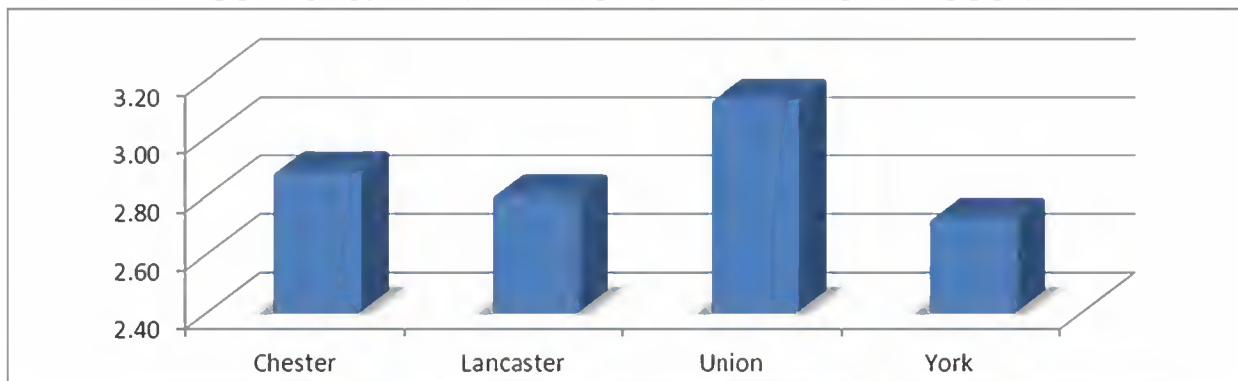
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.99	2.31	2.85	2.67
Preventing Falls	2.85	2.22	3.10	2.33
Healthcare Directives	2.91	2.19	2.76	2.89
Ombudsman - Protection	3.06	2.43	2.83	2.72
Ombudsman - Complaints	3.09	2.33	2.65	2.65



The difference in the maintaining independence composite is significantly different between the targeted groups ($F=7.49$, $df=3$, $p<0.001$). Therefore, seniors receiving services view services to help maintaining independence to be more important than do seniors not receiving services. However, the target group categorization only accounts for 5.3% of the variability in this composite ($r^2=0.053$).

African Americans, those with an Associate’s degree or some college or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=11.87$, $df=1$, $p=0.001$, $F=4.18$, $df=4$, $p=0.003$, and $F=11.29$, $df=1$, $p=0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.30$, $t=2.51$, $df=314$, $p=0.012$). Individuals who reside in Union County expressed a greater need for these services than those residing in other counties; however, this difference is not significant ($F=1.08$, $df=1$, $p=0.358$). There are no differences in service need by demographic cluster ($F=2.6$, $df=1$, $p=0.058$).

FIGURE 3-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

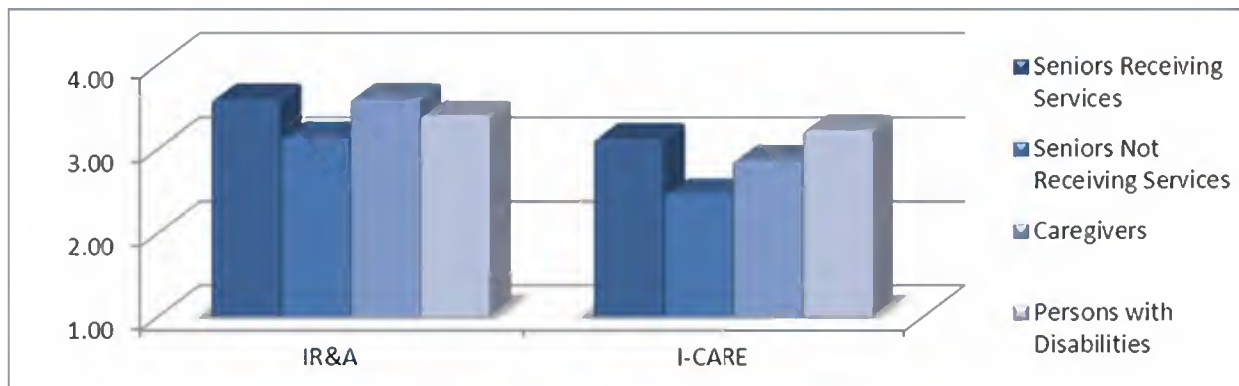
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 413 respondents, 402 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important (*mean=3.14-3.6, median=4.0*). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=15.5, df=3, p=0.001$). In particular, seniors receiving services and caregivers view this service to be more important than do seniors not receiving services and persons with disabilities. (See Figure 3-14.)

Of the 413 respondents, 397 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Seniors receiving services and persons with disabilities view I-CARE to be quite a bit to very important (*mean=3.12, median=4.0, n=245, sd=1.12 and mean=3.22, median=4.0, n=18, sd=1.06, respectively*). Seniors not receiving services and caregivers view this service to be a little to quite a bit important (*mean=2.46, median=2.0, n=68, sd=1.25 and mean=2.86, median=3.0, n=66, sd=1.2, respectively*). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=17.62, df=3, p=0.001$). In particular, persons with disabilities and seniors receiving services view this service to be more important than do caregivers and seniors not receiving services. (See Figure 3-14.)

FIGURE 3-14: IR&A AND I-CARE BY TARGETED GROUP

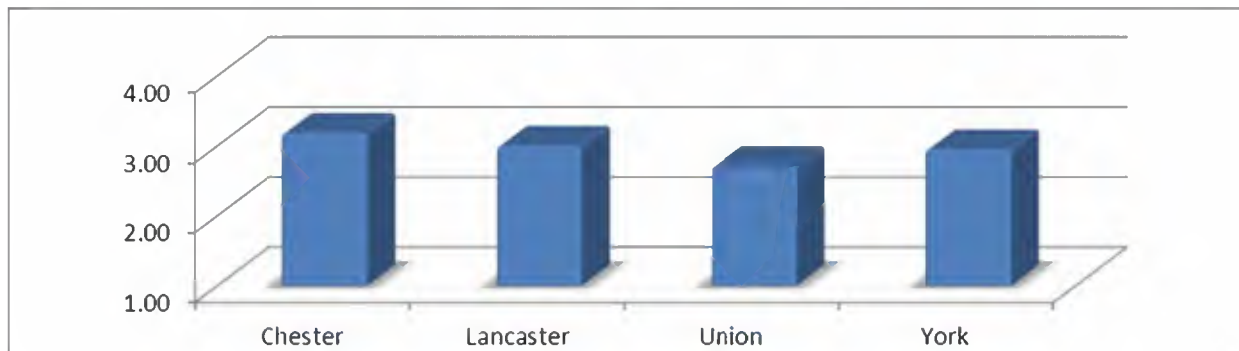
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.59	3.14	3.60	3.39
Insurance Counseling (I-CARE)	3.12	2.46	2.86	3.22



Individuals who are over 65 years of age African Americans, and those below the poverty line have a greater perceived need for IR&A ($X^2_{K-W}=9.8$, $df=4$, $p=0.044$; $t=3.99$, $df=1$, $p=0.046$; and $t=13.55$, $df=1$, $p<0.001$, respectively). Individuals residing in Chester and Lancaster expressed the greatest need for this service; however this difference was not significant ($X^2_{K-W}=4.34$, $df=3$, $p=0.227$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{K-W}=10.68$, $df=4$, $p=0.030$). This indicates that respondents who are in most need of these services are those who are less than 74 years old. African Americans, those who are single or married, and individuals below the poverty line also rated these services as being of greater importance to them ($t=14.87$, $df=1$, $p<0.001$; $X^2_{K-W}=11.39$, $df=3$, $p=0.010$; and $t=4.36$, $df=1$, $p=0.037$, respectively). There were no differences by county ($X^2_{K-W}=7.53$, $df=3$, $p=0.057$).

FIGURE 3-15: IR&A NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be a little important ($mean=2.21$, $median=2.0$, $n=240$, $sd=1.08$). All but one of these needs was considered to be a little important ($mean=2.13-2.29$, $median=2.0$, $sd=1.2-1.3$). The least important service to seniors receiving services is help paying for hearing exams and/or hearing aids ($mean=1.91$, $median=1.0$, $n=233$, $sd=1.28$). (See Figure 3-16.)

Seniors who have not received services view monetary assistance to be a little important ($mean=1.86$, $median=1.43$, $n=72$, $sd=1.0$). All of the services are considered to be between a little and not at all important ($mean=1.67-1.98$, $median=1.0$, $sd=0.94-1.2$). The most important service

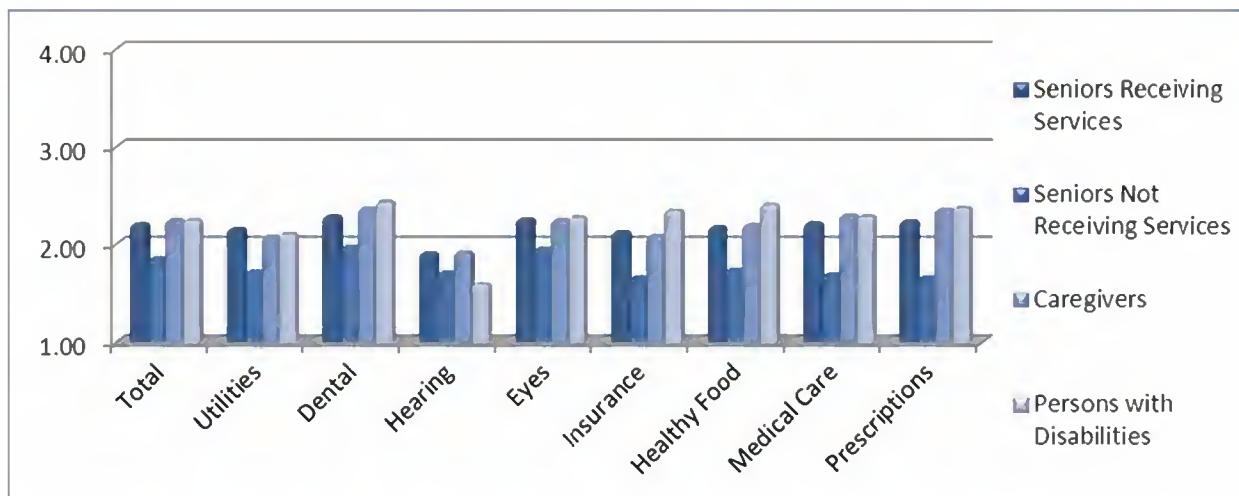
to seniors who are not receiving services is help paying for dental care and/or dentures (*mean=1.98, median=1.0, n=66, sd=1.2*). (See Figure 3-16.)

Caregivers view monetary assistance to be a little important (*mean=2.25, median=2.38, n=69, sd=0.98*). All but one of the services are considered to be a little important (*mean=2.08-2.37, median=2.0, sd=1.18-1.21*). The least important service to caregivers is hearing exams and/or hearing aids (*mean=1.92, median=1.0, n=65, sd=1.14*). (See Figure 3-16.)

Persons with disabilities view monetary assistance to be a little important (*mean=2.25, median=2.13, n=18, sd=1.0*). The most important of these needs are help paying for prescriptions or prescription drug coverage (*mean=2.38, median=2.5, n=16, sd=1.26*), paying for healthy food (*mean=2.41, median=2.0, n=17, sd=1.23*), and paying dental care and/or dentures (*mean=2.44, median=2.0, n=18, sd=1.15*). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean=1.6, median=1.0, n=15, sd=0.91*). (See Figure 3-16.)

FIGURE 3-16: MONETARY ASSISTANCE BY TARGETED GROUP

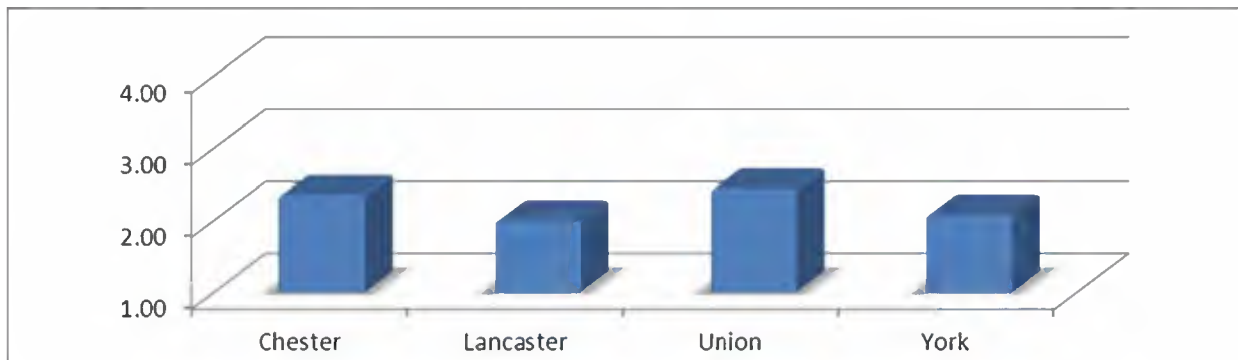
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.21	1.86	2.25	2.25
Utilities or an unexpected bill	2.16	1.73	2.08	2.11
Dental Care and/or Dentures	2.29	1.98	2.37	2.44
Hearing Exam and/or Hearing Aids	1.91	1.72	1.92	1.60
Eye Exam and/or Eyeglasses	2.26	1.96	2.25	2.28
Health Insurance	2.13	1.67	2.09	2.35
Healthy Food	2.18	1.75	2.20	2.41
Medical Care	2.22	1.70	2.30	2.29
Prescriptions or Prescription Drug Coverage	2.24	1.67	2.36	2.38



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=2.39$, $df=3$, $p=0.069$, $r^2=0.018$). African Americans, those who have received an Associate's degree or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=40.12$, $df=1$, $p<0.001$; $F=12.27$, $df=4$, $p<0.001$; and $F=48.14$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.80$, $t=7.11$, $df=310$, $p<0.001$). Individuals who are single rated these services as being of greater importance to them than individuals who are widowed, married, or divorced ($F=3.01$, $df=3$, $p=0.030$). Individuals residing in Chester and Union counties expressed the greatest need for monetary assistance; however, this difference is not significant ($F=2.38$, $df=3$, $p=0.070$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) and Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line) ($F=9.77$, $df=3$, $p<0.001$).

FIGURE 3-17: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=24$, 38.1%), caregivers of seniors with disabilities ($n=30$, 47.6%), caregivers of persons with disabilities ($n=5$, 7.9%), and caregivers of children ($n=4$, 6.3%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver

for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.73, *median*=2.8, *n*=24, *sd*=0.86). The most important need is for temporary relief from caregiver duties (respite) (*mean*=2.83, *median*=3.0, *n*=23, *sd*=0.98), followed by monetary assistance for acquiring services (*mean*=2.78, *median*=3.0, *n*=23, *sd*=1.0) and information and referral for services (*mean*=2.73, *median*=3.0, *n*=22, *sd*=0.94). (See Figure 3-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.7, *median*=2.8, *n*=30, *sd*=0.76). The most important of these needs is for temporary relief from caregiver duties (respite) (*mean*=3.32, *median*=4.0, *n*=28, *sd*=1.02). (See Figure 3-18.)

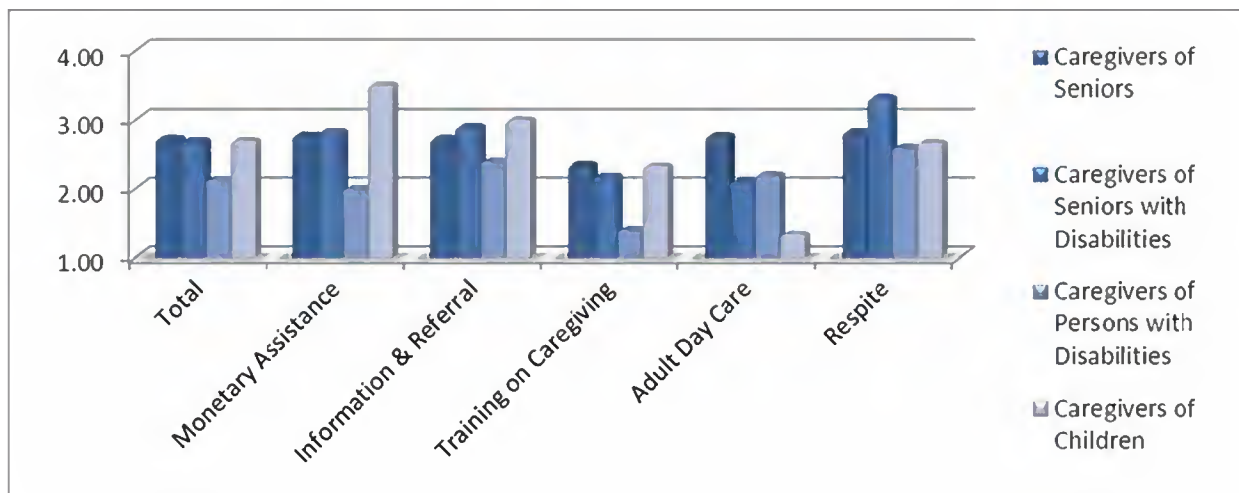
Caregivers of persons who have a disability (and are under 60 years of age) disagree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.13, *median*=2.25, *n*=5, *sd*=0.54). The most important of these needs are for information and referral for services (*mean*=2.4, *median*=3.0, *n*=5, *sd*=0.89) and temporary relief from caregiver duties (respite) (*mean*=2.6, *median*=3.0, *n*=5, *sd*=1.14). (See Figure 3-18.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) (*mean*=2.7, *median*=2.7, *n*=4, *sd*=0.62). The most important needs are for information and referral for services (*mean*=3.0, *median*=4.0, *n*=3, *sd*=1.7) and monetary assistance in acquiring services (*mean*=3.5, *median*=3.5, *n*=4, *sd*=0.58). Note that some of these senior caregivers of children also care for other seniors. (See Figure 3-18.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=0.85$, $df=3$, $p=0.470$), most likely due to the small number of persons caring for a person with a disability who is under 60 and seniors caring for a child under 18. Monetary assistance, information and referral, and respite are the services most needed by all types of caregivers. There are no differences in the needs of caregivers based on demographics.

FIGURE 3-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.73	2.7	2.13	2.70
Monetary Assistance	2.78	2.83	2.00	3.50
Information & Referral	2.73	2.90	2.40	3.00
Training on Caregiving	2.35	2.18	1.40	2.33
Adult Day Care	2.77	2.10	2.20	1.33
Respite	2.83	3.32	2.60	2.67



Partner/Professional Survey

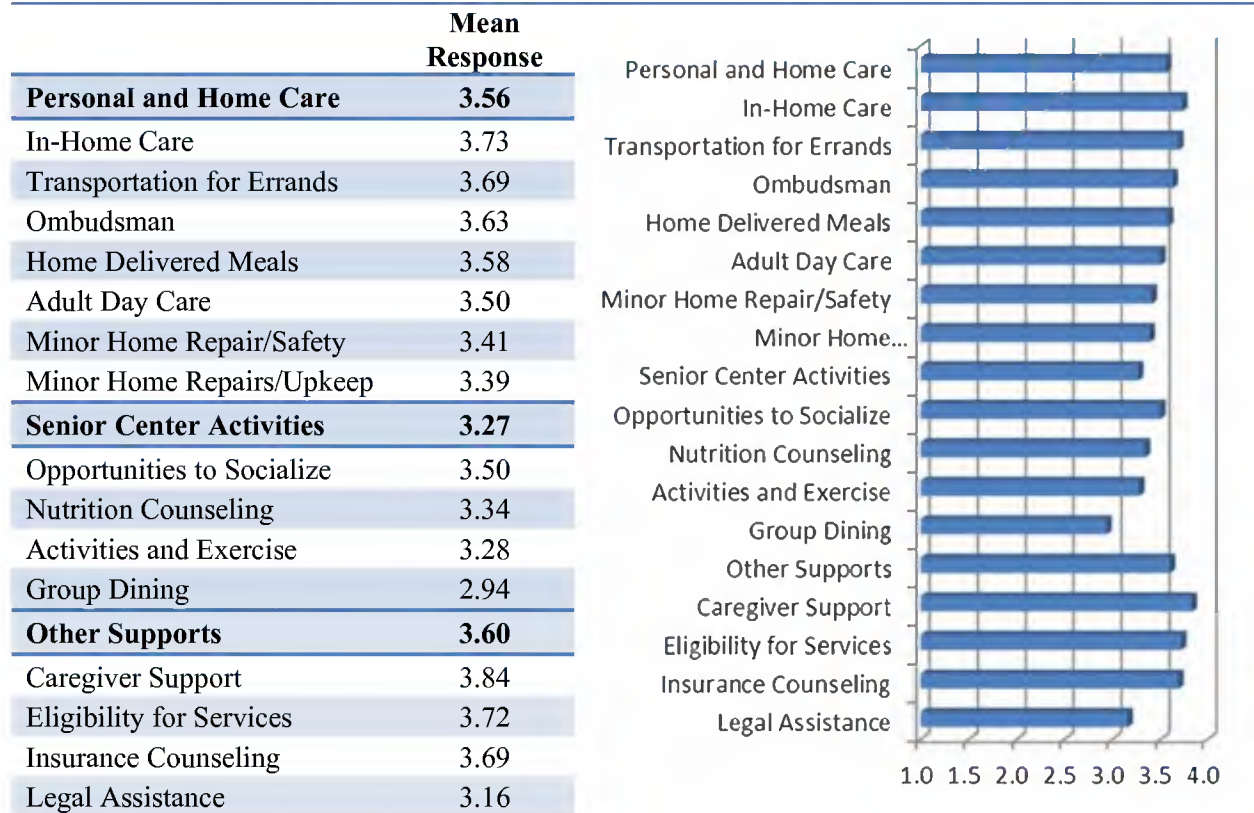
Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean=3.56, median=3.71, n=32, sd=0.55*) and other supports (*mean=3.6, median=3.75, n=32, sd=0.49*) are viewed to be more essential services to helping seniors and those with disabilities in Region 3 to remain independent. The most essential services are in-home care (housekeeping, laundry, personal care) (*mean=3.73, median=4.0, n=30, sd=0.58*), transportation for errands (*mean=3.69, median=4.0, n=31, sd=0.84*), caregiver support (*mean=3.84, median=4.0, n=32, sd=0.45*), information on eligibility for services (ADRC) (*mean=3.72, median=4.0, n=32, sd=0.63*), Insurance Counseling/Medicare Counseling services (*mean=3.69, median=4.0, n=32, sd=0.59*), and services of the Ombudsman (*mean=3.63, median=4.0, n=30, sd=0.67*). (See Figure 3-19.)

Partners and professionals who reported that their primary line of business is in providing personal and/or home care (such as nutrition/meals, adult day services or in-home, or transportation) reported that personal and home care services (*mean=3.61, n=4, sd=0.36*) and other supports (*mean=3.38, n=4, sd=0.14*) were more essential than senior center activities (*mean=2.94, n=4, sd=0.72*). Partners and professionals who reported that their primary line of business is in community or senior centers reported that all services were very essential (home care services: *mean=3.82, n=4, sd=0.27*; senior center activities: *mean=3.75, n=4, sd=0.35*;

and other supports: $mean=3.56$, $n=4$, $sd=0.59$). Partners and professionals who reported that their primary line of business is in healthcare or wellness (such as skilled nursing, healthcare, health and wellness, mental health or behavioral health) reported that personal and home care services ($mean=3.49$, $n=10$, $sd=0.57$) and other supports ($mean=3.58$, $n=10$, $sd=0.54$) were more essential than senior center activities ($mean=2.98$, $n=10$, $sd=0.95$).

FIGURE 3-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered ($n=29$, 90.6%), are aware of the AAA's strategic plan ($n=19$, 63.3%), know who is eligible to receive services ($n=18$, 72%), understand how the AAA/ADRC sets priorities for which clients receive services ($n=19$, 65.5%), believe that the AAA is a critical partner for their organization ($n=30$, 96.8%), and refer clients to the AAA/ADRC ($n=29$, 93.5%). Of concern is that 64.3% of partners ($n=9$) stated that there are unmet needs for caregivers, 69.2% ($n=9$) stated that there are unmet needs for seniors, and 31.3% ($n=11$) stated that there are unmet needs for persons with disabilities. Only 33.3% of partners ($n=9$) stated that the clients are able to pay part of the cost of their services, and 57.7% ($n=15$) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 3-20.)

FIGURE 3-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	90.6%	9.4%	32
Aware of Strategic Plan	63.3%	36.7%	30
Know who is Eligible	72.0%	28.0%	25
Understand Priorities for Services	65.5%	34.5%	29
Critical Partner	96.8%	3.2%	31
Refer to AAA	93.5%	6.5%	31
Services Easily Accessible	90.0%	10.0%	30
Clients able to Pay	33.3%	66.7%	27
Unmet Needs for Caregivers	35.7%	64.3%	14
Unmet Needs for Seniors	30.8%	69.2%	13
Unmet Needs for PWD	31.3%	68.8%	16
Fixed Reimbursement	57.7%	42.3%	26

For seniors, the geographic areas that are most underserved are, in order of prominence:

- York County and western York County
- Chester County
- Lancaster
- Also mentioned as underserved were rural/outlying areas and Hispanic and Black populations.

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation
- Home delivered meals
- Home care/ personal care
- Caregiver respite
- Also mentioned as needed were housework assistance and food stamps – no other clear pattern was noted.

The services most needed by person with disabilities in the underserved areas are, in order of prominence:

- Transportation (by far)
- Meals and home care/personal care

Quotes

Please, no more cuts. The agencies have a tough enough time surviving and providing care for the ever increasing elderly population now. Let's brainstorm and help Medicare/Medicaid review reimbursement for thing such as a "shoe boot" that cost a company \$25-\$40 but with the codes assigned reimburses \$880.00.

These services are critical for seniors and their families and I hope you will do all that you can to maintain and improve the services offered.

Diane, Joy and Barbara are constantly partnering with our local agencies (hospices), churches and the community to do all that they can to help, CAAA has been a blessing to many families!

Catawba Area Agency on Aging does an extremely good job and is readily available as a community partner. Their reputation is stellar and they go out of their way to help.

Continue to keep up the good work and support the citizen in the Catawba area

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 3. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as more important to caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 3 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 3 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the State of South Carolina.

FINDINGS: REGION 4 – CENTRAL MIDLANDS

Representation of the Population

A total of 584 surveys were completed in Region 4. Respondents were asked a series of questions from which it was determined if the individual is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (ADRC target population). The categories are not mutually exclusive and an individual could be more than one of these categories or none at all. Of the 584 surveys completed, 423 (72.4%) were categorized as a senior receiving services, 86 (14.7%) were categorized as a senior not receiving services, 152 (26%) were categorized as being a caregiver, and 331 (56.7%) were categorized as having a disability. (However, this latter category was not used in the representation analysis, since Region 4 does not distinguish ADRC clients from other clients served by the AAA.)

For Region 4, the confidence interval for the sample of seniors receiving services is 4.6 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a good probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.6 percentage points). The confidence interval for seniors not receiving services is higher (10.5 points at a 95% confidence level assuming 50% agreement), which indicates less representation of the population of seniors not receiving services but is acceptable. The representation of caregivers is also acceptable (5.26 points at a 95% confidence level assuming 50% agreement). (See Table 4-1.)

TABLE 4-1: SAMPLE REPRESENTATION OF POPULATION

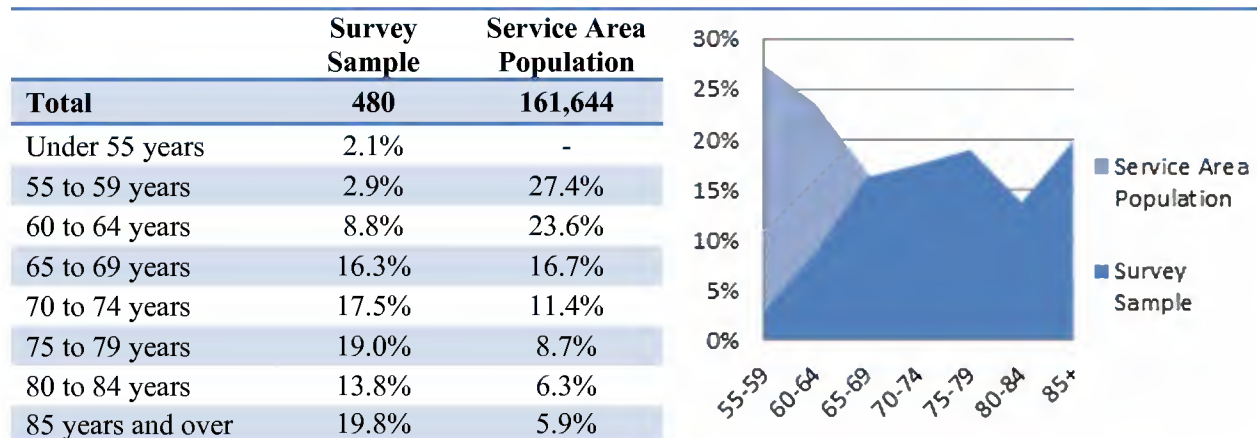
	Population Size	Sample Size	Representation
Seniors Receiving Services	6,295	423	4.60
Seniors Not Receiving Services	72,881	86	10.50
Caregivers	270	152	5.26
Individuals with a Disability		331	

Demographic Characteristics of Seniors

Compared to the service area population, the survey respondents are older. A small percentage of survey respondents are under 55 (n=10, 2.1%), 55 to 59 years old (n=14, 2.9%), or 60 to 64 years old (n=42, 8.8%), whereas 27.4% and 23.6% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage are almost equal at 65 to 69 years (n=78, 16.3% of the sample and 16.7% of the population) and consistently inclines until it reaches 80 to 84 years (n=66, 13.8%) for the survey respondents and 75 to 79 years old (8.7%). There was a greater amount of seniors 85 and over (n=95, 19.8%) in the sample population than in the service area senior

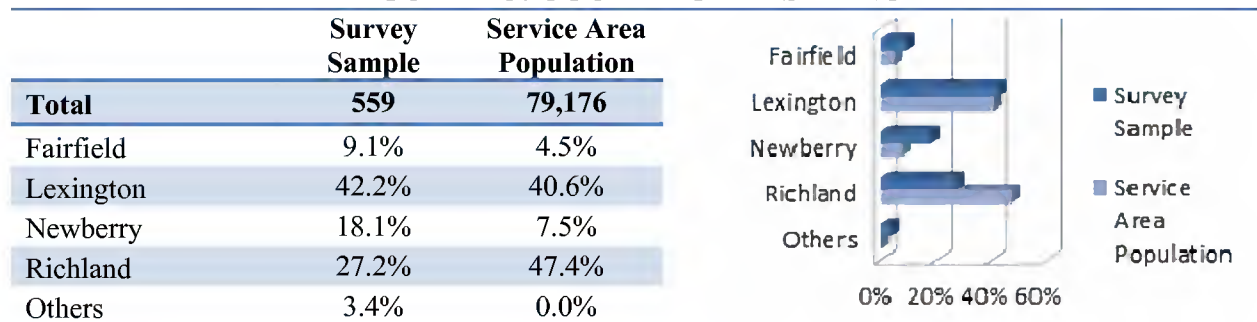
population (5.9%). (See Figure 4-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 4-2: AGE GROUP



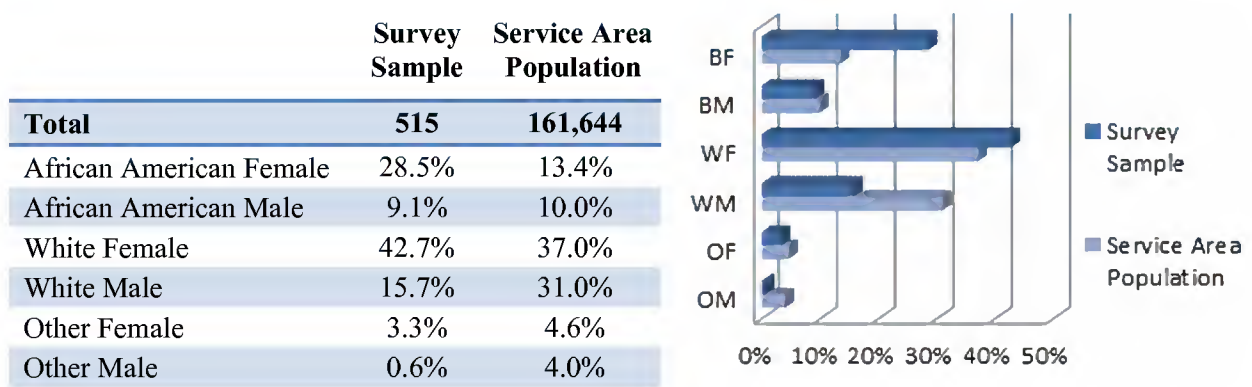
Larger proportions of the survey sample reside in Newberry (n=101, 18.1%), and Fairfield (n=51, 9.1%) counties than do seniors in those counties (7.5%, and 4.5%, respectively). Smaller proportions of the survey sample reside in Richland (n=152, 27.2%) than in the service area senior population (47.4%). This was done intentionally in order to ensure representation from the smaller counties and to increase the power of comparisons by county. (See Figure 4-3.)

FIGURE 4-3: COUNTY OF RESIDENCE



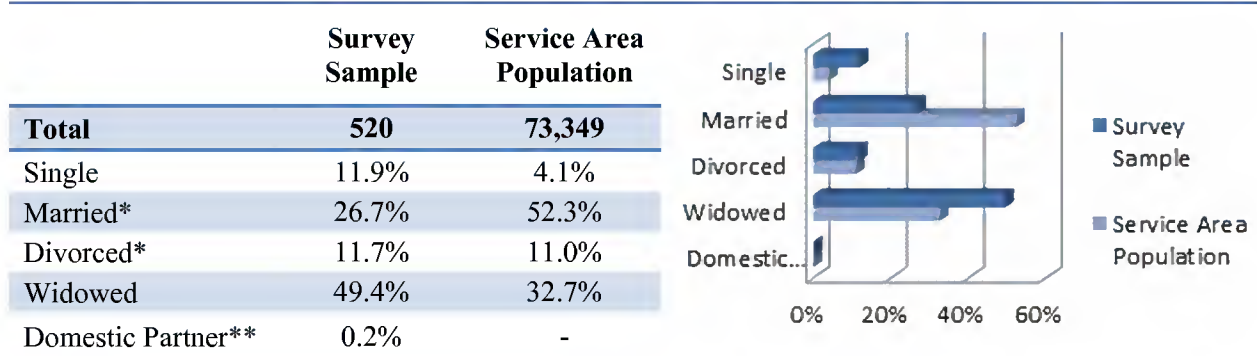
A much larger percentage of the survey sample are White/Caucasian female (n=220, 42.7%) or African American female (n=147, 28.5%) than the service area population (37% and 13.4%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian male (n=81, 15.7%) or African American male (n=47, 9.1%) compared to the service area population (31% and 10%, respectively). Very few respondents were of other races (females: n=17, 3.3%; males: n=3, 0.6%). These populations are also relatively small in the population (other females: 4.6%; other males: 4%). (See Figure 4-4.)

FIGURE 4-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=62, 11.9%) or widowed (n=257, 49.4%) than exist in the service area population (4.1% and 32.7%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=139, 26.7% of the sample compared to 52.3% of the population). A similar percentage of respondents are divorced (n=61, 11.7%) as are in the service area population (11%). (See Figure 4-5.)

FIGURE 4-5: MARITAL STATUS OF SENIORS

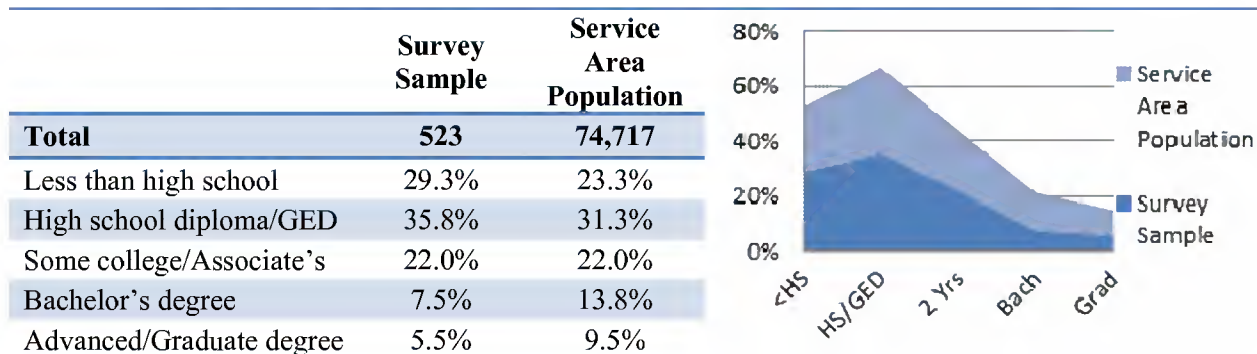


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

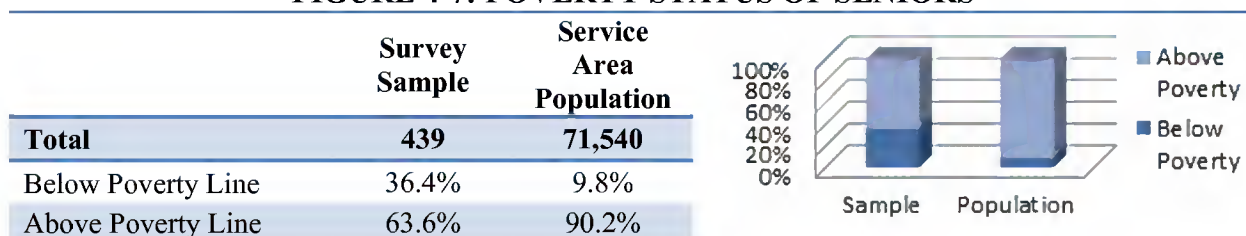
The level of educational attainment of the survey sample is very similar to the educational attainment of the service area population. More than half of the respondents completed less than high school (n=153, 29.3%) or received a high school diploma or GED (n=187, 35.8%), compared to 23.3% and 31.3% of the service area population, respectively. There is no difference between the percentage of the respondents (n=115, 22%) who attended some college or earned an Associate’s degree and the service area population (22%). The percentage of respondents who earned a Bachelor’s degree (n=39, 7.5%) or an Advanced/Graduate degree (n=29, 5.5%) are about half of the percentage in the service area population (13.8% and 9.5%, respectively). (See Figure 4-6.)

FIGURE 4-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area population, respondents to the survey are estimated to more likely be below the poverty line (n=160, 36.4% compared to 9.8% of the service area population). (See Figure 4-7.)

FIGURE 4-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and below the poverty line, as well as are more likely to be White/Caucasian and female.

Demographic Characteristics of Individuals who have a Disability

Only 20 survey respondents from this region are considered to be disabled and under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for

themselves. This group comprises 57.1% (n=329) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 25.5% (n=66) of the sample. Caregivers comprise 25.5% (n=147) of the sample, are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. Persons with disabilities are the smallest group (n=34, 5.9%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 99 respondents (17% of the sample and 28.8% of those classified). Cluster 2 is comprised of 59 respondents (10.1% of the sample and 17.2% of those classified). Cluster 3 is comprised of 57 respondents (9.8% of the sample and 16.8% of those classified). Cluster 4 is comprised of 129 respondents (22.1% of the sample and 37.5% of those classified). The remaining 240 (41.1%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.23, *median*=1.89, *n*=329, *sd*=1.07). The most important of these needs are transportation for errands (*mean*=2.48, *median*=3.0, *n*=307, *sd*=1.37), keeping warm or cool as the weather changes (*mean*=2.54, *median*=3.0, *n*=319, *sd*=1.38), and home modifications to improve safety (*mean*=2.41, *median*=2.0, *n*=309, *sd*=1.35). The least important services to seniors who are already receiving services are personal care (*mean*=1.83, *median*=1.0, *n*=310, *sd*=1.24) and in home housekeeping (specifically laundry) (*mean*=1.91, *median*=1.0, *n*=313, *sd*=1.29). (See Figure 4-8.)

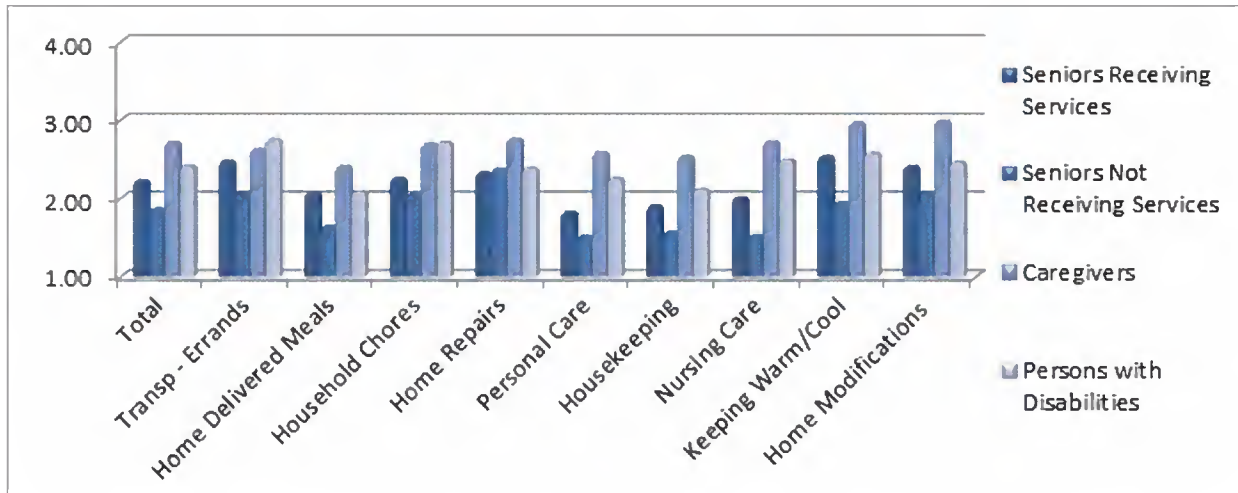
Seniors who have not received services view personal and home care needs to be a little important (*mean=1.87, median=2.89, n=144, sd=0.93*). The only service deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.38, median=2.0, n=60, sd=1.38*). The least important services to seniors who are not already receiving services are personal care (*mean=1.52, median=1.0, n=60, sd=1.0*), housekeeping (specifically laundry) (*mean=1.57, median=1.0, n=61, sd=1.04*), and nursing care (specifically assistance with prescription medicine) (*mean=1.53, median=1.0, n=60, sd=1.03*). (See Figure 4-8.)

Caregivers view personal and home care needs to be a little less than quite a bit important (*mean=2.72, median=2.89, n=144, sd=0.93*). The most important of these needs are keeping warm or cool as the weather changes (*mean=2.97, median=4.0, n=137, sd=1.25*), and home modifications to improve safety (*mean=2.99, median=4.0, n=138, sd=1.2*). The least important service to caregivers is home delivered meals (*mean=2.41, median=2.0, n=140, sd=1.31*). (See Figure 4-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (*mean=2.42, median=2.31, n=34, sd=0.98*). The most important service to persons with disabilities is transportation for errands (*mean=2.76, median=3.0, n=29, sd=1.32*) and household chores (specifically keeping home clean) (*mean=2.72, median=3.0, n=29, sd=1.19*). The least important services to persons with disabilities are home delivered meals (*mean=2.09, median=1.5, n=32, sd=1.25*) (See Figure 4-8.)

FIGURE 4-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

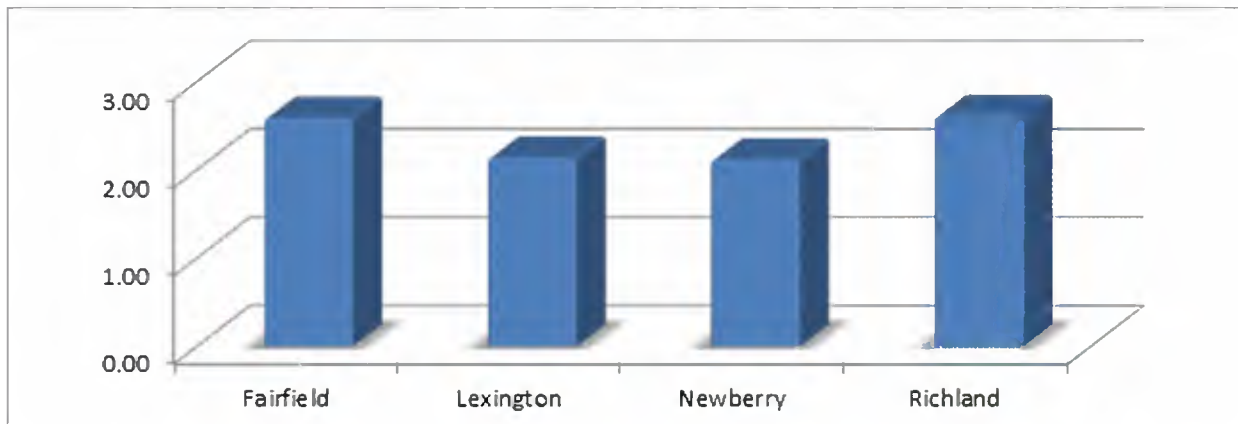
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.23	1.87	2.72	2.42
Transportation for Errands	2.48	2.07	2.63	2.76
Home Delivered Meals	2.07	1.65	2.41	2.09
Household Chores	2.26	2.05	2.70	2.72
Home Repairs/Maintenance	2.33	2.38	2.76	2.39
Personal Care	1.83	1.52	2.59	2.26
In-Home Housekeeping	1.91	1.57	2.54	2.12
Nursing Care/Prescription Assistance	2.01	1.53	2.73	2.50
Keeping Warm/Cool	2.54	1.95	2.97	2.58
Home Modifications	2.41	2.08	2.99	2.47



The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=12.51$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 5% of the variability in this composite ($r^2=0.062$).

African Americans, single respondents, those with a less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=33.06$, $df=1$, $p<0.001$, $F=2.91$, $df=3$, $p=0.031$, $F=4.46$, $df=4$, $p=0.001$, and $F=14.65$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.24$, $t=2.26$, $df=391$, $p=0.024$). Individuals residing in Fairfield and Richland counties had significantly greater need than individuals residing in Newberry or Lexington counties ($F=8.7$, $df=3$, $p<0.001$). There are no differences by demographic cluster.

FIGURE 4-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; Recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean=3.2, median=3.3, n=326, sd=0.81*). The most important of these needs are having a senior center close to home (*mean=3.44, median=4.0, n=312, sd=1.03*), getting exercise (*mean=3.37, median=4.0, n=315, sd=1.01*), and recreation/social events (*mean=3.37, median=4.0, n=320, sd=1.04*). The least important service to seniors who are already receiving services is transportation to the senior center (*mean=2.66, median=3.0, n=314, sd=1.41*). (See Figure 4-10.)

Seniors who have not received services view senior center activities to be slightly less than quite a bit important (*mean=2.68, median=2.63, n=64, sd=0.93*). The most important of these needs are getting exercise (*mean=3.12, median=4.0, n=59, sd=1.1*). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean=2.07, median=1.0, n=56, sd=1.32*). (See Figure 4-10.)

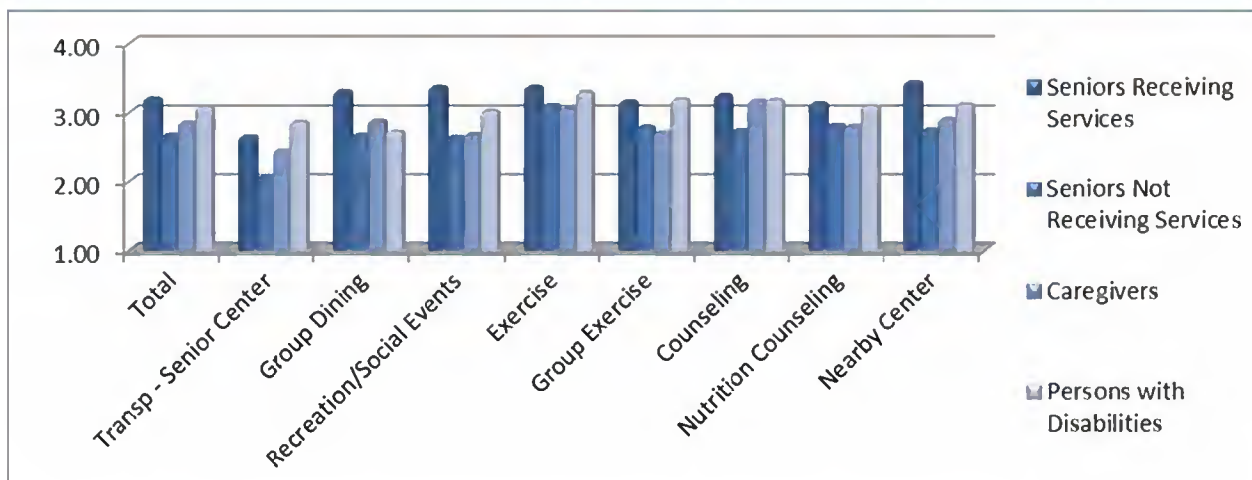
Caregivers view senior center activities to be slightly less than quite a bit important (*mean=2.86, median=2.9, n=144, sd=0.9*). The most important of these needs is counseling (having someone to talk to) (*mean=3.18, median=4.0, n=139, sd=1.02*). The least important service to caregivers is transportation to the senior center (*mean=2.45, median=2.0, n=137, sd=1.37*). (See Figure 4-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean=3.08, median=3.39, n=32, sd=0.89*). The most important services to persons with disabilities are getting exercise (*mean=3.3, median=4.0, n=30, sd=1.02*) and group exercise (*mean=3.20, median=4.0, n=30, sd=1.03*). The least important service to persons with disabilities is group dining (*mean=2.73, median=3.0, n=30, sd=1.26*) and transportation to the senior center (*mean=2.4, median=2.0, n=20, sd=1.35*). (See Figure 4-10.)

Transportation to the senior center is one of the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities. Having a senior center nearby is far more important to keeping seniors receiving services where they are now.

FIGURE 4-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.21	2.68	2.86	3.08
Transportation to the Senior Center	2.66	2.07	2.45	2.87
Group Dining	3.31	2.68	2.89	2.73
Recreation/Social Events	3.37	2.65	2.69	3.03
Exercise	3.37	3.12	3.06	3.30
Group Exercise	3.17	2.80	2.72	3.20
Counseling (someone to talk to)	3.26	2.75	3.18	3.19
Nutrition Counseling	3.14	2.83	2.81	3.10
Nearby Senior Center	3.44	2.76	2.91	3.13

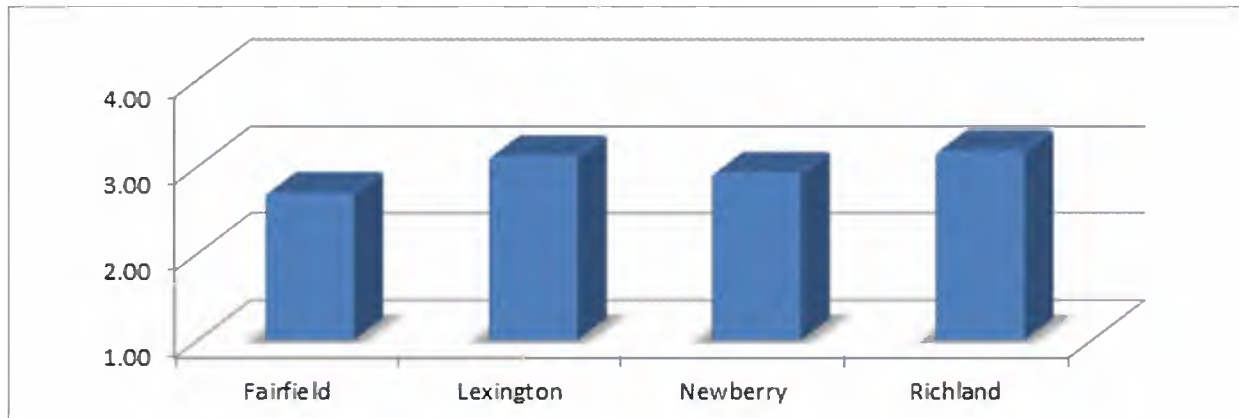


The difference in the senior center activities composite is significantly different between the targeted groups ($F=10.12$, $df=3$, $p<0.001$). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services and caregivers. However, the target group categorization only accounts for 5.1% of the variability in this composite ($r^2=0.051$).

African Americans and females rated these services as being of greater importance to them ($F=12.71$, $df=1$, $p<0.001$; $F=9.74$, $df=1$, $p=0.002$, respectively). Those who are single, widowed or divorced rated these services as being of greater importance to them than individuals who are married ($F=5.66$, $df=3$, $p=0.001$). Respondents who are below the poverty line and have a high school diploma or less rated these services as being of greater importance to them ($F=4.29$, $df=1$, $p=0.039$; $F=6.69$, $df=4$, $p<0.001$, respectively). Individuals who reside in Lexington and Richland County reported a greater need for senior center activities than did individuals residing in Fairfield ($F=5.16$, $df=3$, $p=0.002$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85) ($F=3.6$, $df=3$, $p=0.014$). The second group to whom these services are important are individuals in Cluster 4 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) who are receiving services.

FIGURE 4-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be a little less than quite a bit important ($mean=2.77$, $median=3.0$, $n=322$, $sd=1.12$). The most important of these needs is having someone to call if feeling threatened or taken advantage of ($mean=2.88$, $median=4.0$, $n=314$, $sd=1.31$). Though thought to be between a little important and quite a bit important, healthcare directives was ($mean=2.51$, $median=3.0$, $n=310$, $sd=1.34$). (See Figure 4-12.)

Seniors who have not received services view services to help in maintaining independence to be a little important ($mean=2.25$, $median=2.0$, $n=63$, $sd=1.09$). The most important of these needs is having someone to call if feeling threatened or taken advantage of ($mean=2.52$, $median=3.0$, $n=62$, $sd=1.33$). The least important of these needs is preventing falls and accidents ($mean=2.06$, $median=1.5$, $n=62$, $sd=1.27$). (See Figure 4-12.)

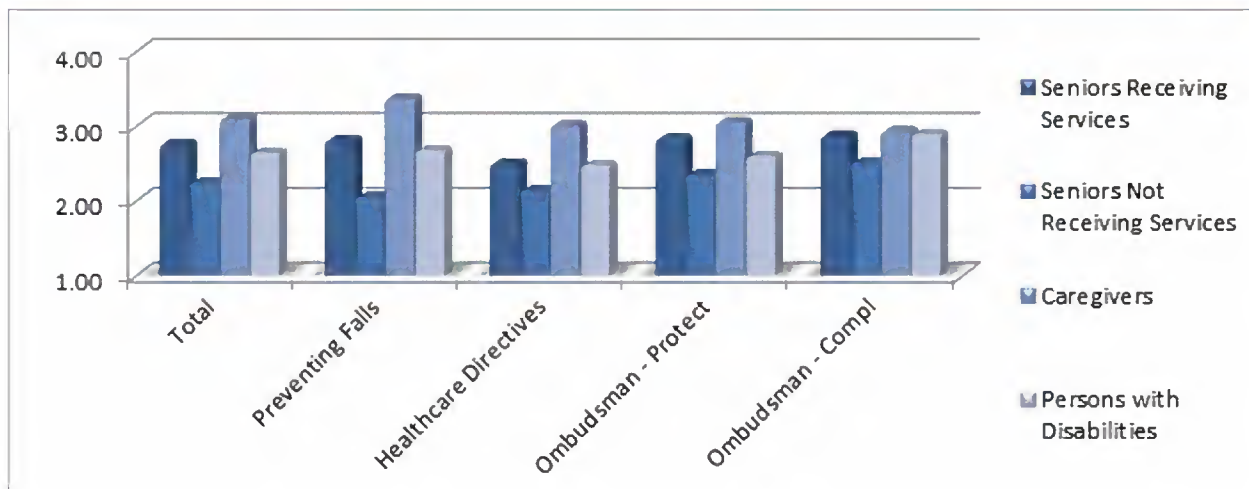
Caregivers view services to help in maintaining independence to be quite a bit important (*mean=3.11, median=3.25, n=141, sd=0.95*). The most important of these services is preventing falls (*mean=3.38, median=4.0, n=138, sd=0.99*). The least important of these needs is someone to call if feeling threatened or taken advantage of (*mean=2.94, median=4.0, n=138, sd=1.25*). (See Figure 4-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.65, median=2.63, n=32, sd=1.09*). The most important of these needs is someone to call if feeling threatened or taken advantage of (*mean=2.90, median=3.0, n=31, sd=1.17*). The least important of these needs is help making healthcare directives (*mean=2.48, median=3.0, n=29, sd=1.33*). (See Figure 4-12.)

Preventing falls is most important to caregivers; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors (both those receiving services and those not receiving services). Persons with disabilities perceive the services of the ombudsman and preventing falls to be the most important.

FIGURE 4-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.77	2.25	3.11	2.65
Preventing Falls	2.82	2.06	3.38	2.68
Healthcare Directives	2.51	2.15	3.02	2.48
Ombudsman - Protection	2.84	2.36	3.06	2.60
Ombudsman - Complaints	2.88	2.52	2.94	2.90

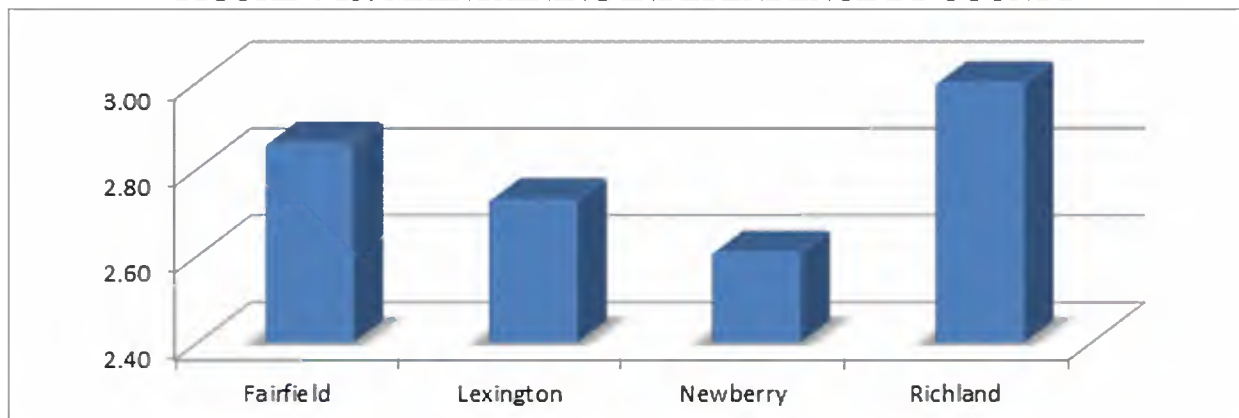


The difference in the maintaining independence composite is significantly different between the targeted groups ($F=9.68, df=3, p<0.001$). Therefore, caregivers view services to help maintaining

independence to be more important than do any other group. However, the target group categorization only accounts for 5% of the variability in this composite ($r^2=0.050$).

African Americans, single respondents, and individuals below the poverty line also rated these services as being of greater importance to them ($F=12.08$, $df=1$, $p=0.001$, $F=3.34$, $df=3$, $p=0.019$, and $F=7.89$, $df=1$, $p=0.005$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.31$, $t=2.7$, $df=382.2$, $p=0.007$). Individuals who reside in Richland County expressed a greater need for these services than those residing in Fairfield, Lexington, and Newberry Counties ($F=2.89$, $df=3$, $p=0.035$). There are no significant differences by demographic cluster.

FIGURE 4-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and Information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

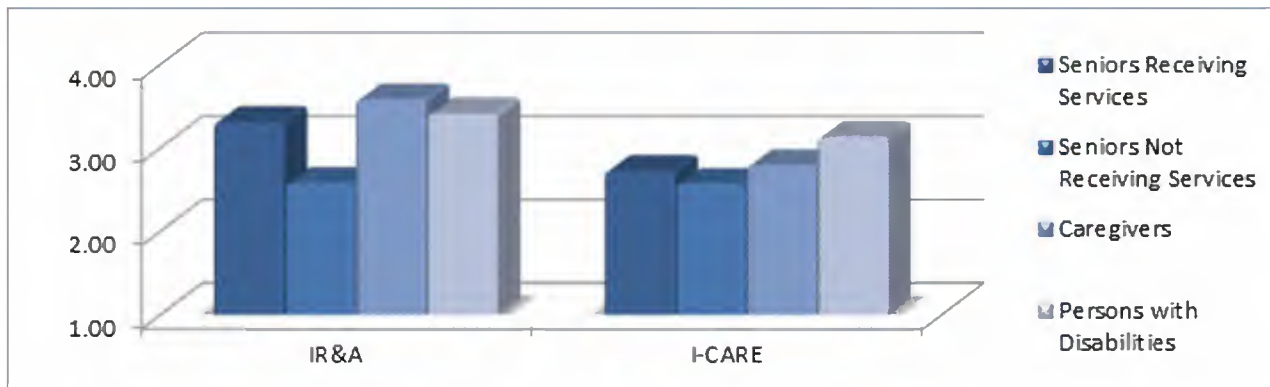
Of the 584 respondents, 549 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.31-3.58$, $median=4.0$). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups in how important it is to know what services are important and how to get them ($X^2_{K-W}=11.20$, $df=3$, $p=0.011$). In particular, caregivers view this service to be more important than do any other target group. (See Figure 4-14.)

Of the 584 respondents, 529 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Seniors receiving services, caregivers, and seniors not receiving services and persons with disabilities view this service to be quite a bit important ($mean=2.72$, $median=3.0$, $n=303$, $sd=1.29$; $mean=2.79$, $median=3.0$, $n=136$, $sd=1.27$; $mean=2.57$, $median=3.0$, $n=60$, $sd=1.3$; and $mean=3.13$,

median=4.0, n=30, sd=1.2, respectively). The results of the Kruskal Wallis test indicate that there were no significant differences between the target groups ($X^2_{K-W}=4.18$, $df=3$, $p=0.243$). (See Figure 4-14.)

FIGURE 4-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.31	2.58	3.58	3.41
Insurance Counseling (I-CARE)	2.72	2.57	2.79	3.13



Separately, there were no significant differences in the need for Information, Referral and Assistance by each demographic; however, there is a significant difference in the need based on demographic cluster ($X^2_{K-W}=9.86$, $df=3$, $p=0.020$). The demographic clusters of respondents who reported that IR&A services are of greatest importance to them are Cluster 1 (predominantly white male, above the poverty line, mostly married, with a high school diploma or GED) and Cluster 4 (predominantly African American female, above the poverty line, mostly married, with a high school diploma or GED).

African Americans, those with less than a High School Diploma/GED, and individuals below the poverty line rated I-CARE services as being of greater importance to them ($t=14.53$, $df=1$, $p<0.001$; $t=10.32$, $df=4$, $p=0.035$; and $t=7.97$, $df=1$, $p=0.005$, respectively). There are no significant differences by county.

Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be a little important (*mean=2.06, median=1.88, n=310, sd=1.08*). The most important of these needs is dental care/dentures (*mean=2.18, median=1.0, n=295, sd=1.33*) and eye exams/eyeglasses (*mean=2.20, median=1.0, n=294, sd=1.34*). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean=1.80, median=1.0, n=291, sd=1.18*). (See Figure 4-15.)

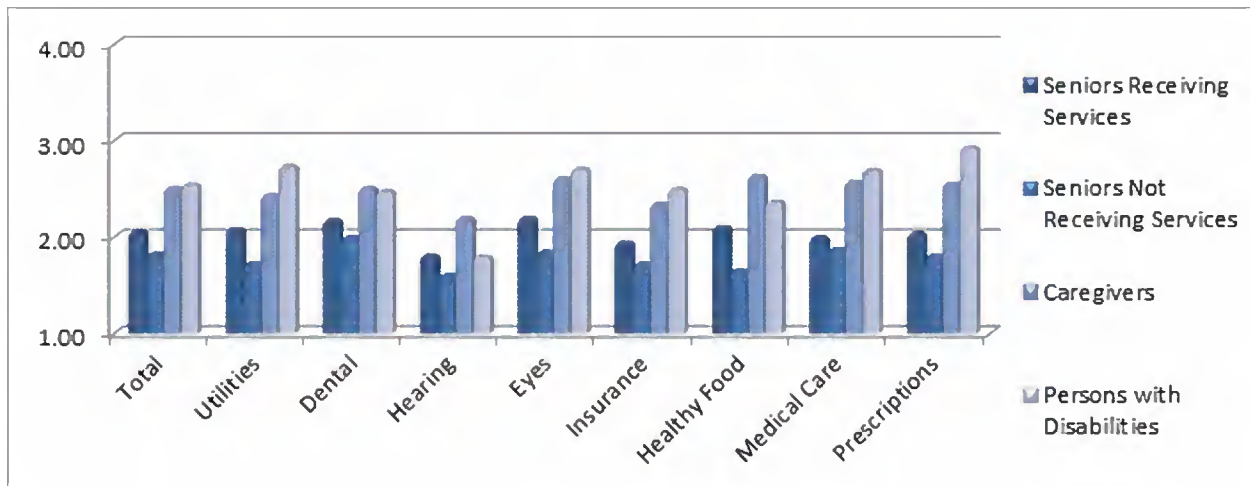
Seniors who have not received services view monetary assistance to be a little less than a little important (*mean=1.84, median=1.34, n=64, sd=1.04*). The most important of these needs is dental care/dentures (*mean=2.0-2.36, median=1.0, n=61, sd=1.28*). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean=1.61, median=1.0, n=59, sd=1.07*). (See Figure 4-15.)

Caregivers view monetary assistance to be a little important (*mean=2.51, median=2.5, n=143, sd=1.05*). The most important of these needs is paying for healthy foods (*mean=2.64, median=3.0, n=136, sd=1.28*) and eye exams/eyeglasses (*mean=2.61, median=3.0, n=135, sd=1.28*). The least important service to caregivers is hearing exams and/or hearing aids (*mean=2.2, median=2.0, n=133, sd=2.2*). (See Figure 4-15.)

Persons with disabilities view monetary assistance to be between a little and quite a bit important (*mean=2.55, median=2.8, n=29, sd=1.04*). The most important of these needs are for utilities or an unexpected bill (*mean=2.74, median=3.0, n=27, sd=1.2*), eye exam and/or eyeglasses (*mean=2.71, median=3.0, n=28, sd=1.33*). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean=1.8, median=1.0, n=25, sd=1.26*). (See Figure 4-15.)

FIGURE 4-15: MONETARY ASSISTANCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.06	1.83	2.51	2.55
Utilities or an unexpected bill	2.09	1.73	2.44	2.74
Dental Care and/or Dentures	2.18	2.00	2.51	2.48
Hearing Exam and/or Hearing Aids	1.81	1.61	2.20	1.80
Eye Exam and/or Eyeglasses	2.20	1.85	2.61	2.71
Health Insurance	1.95	1.73	2.35	2.50
Healthy Food	2.11	1.66	2.64	2.37
Medical Care	2.00	1.88	2.58	2.70
Prescriptions or Prescription Drug Coverage	2.04	1.81	2.56	2.93

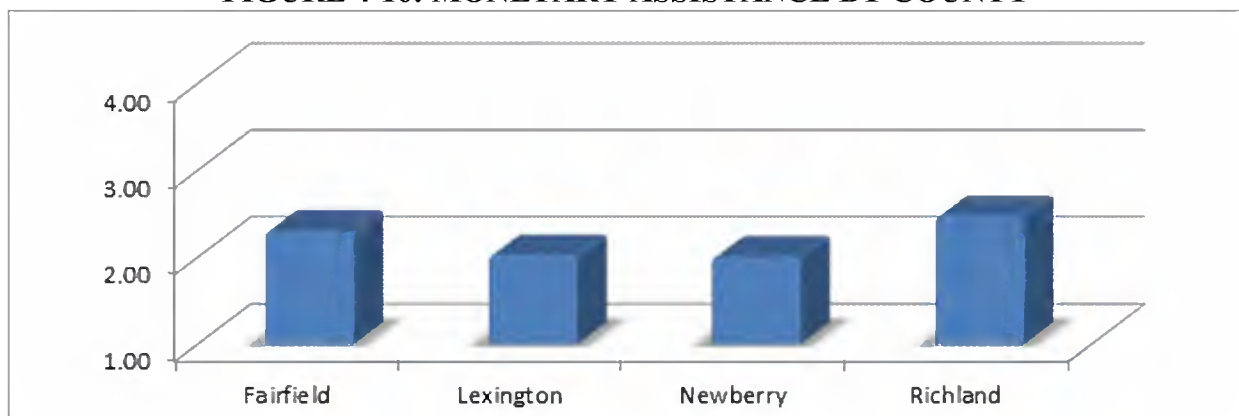


The difference in the monetary assistance composite is significantly different between the targeted groups ($F=9.35$, $df=3$, $p<0.001$, $r^2=0.049$). Therefore, caregivers and persons with disabilities have a significantly greater need for this service than seniors (both those receiving services and those not receiving services).

The age of the respondent has a significant impact on their perceived need for monetary assistance ($F=4.75$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services are those who are 55 to 64 years old. African Americans, those who have less than a High School Diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=39.45$, $df=1$, $p<0.001$; $F=3.08$, $df=4$, $p=0.016$; and $F=25.09$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.42$, $t=3.82$, $df=372$, $p<0.001$). Individuals residing in Richland county expressed the greatest need for monetary assistance ($F=6.11$, $df=3$, $p<0.001$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 1 (White males, married, with a high school education, who are above the poverty line) and Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=5.94$, $df=3$, $p=0.001$).

FIGURE 4-16: MONETARY ASSISTANCE BY COUNTY



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=21$, 16.3%), caregivers of seniors with disabilities ($n=73$, 56.6%), caregivers of persons with disabilities ($n=22$, 17.1%), and caregivers of children ($n=13$, 10.1%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.91$, $median=3.0$, $n=21$, $sd=0.88$). The most important need is monetary assistance for acquiring services ($mean=3.2$, $median=4.0$, $n=20$, $sd=1.06$). (See Figure 4-17.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.92$, $median=3.0$, $n=73$, $sd=0.88$). The most important of these needs is for temporary relief from caregiver duties (respite) ($mean=3.22$, $median=4.0$, $n=68$, $sd=1.14$), followed by monetary assistance for acquiring services ($mean=3.10$, $median=4.0$, $n=71$, $sd=1.1$). (See Figure 4-17.)

Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.58$, $median=2.5$, $n=22$, $sd=1.02$). The most important of these needs are for monetary assistance in acquiring services ($mean=3.05$, $median=3.5$, $n=20$, $sd=1.15$), and temporary relief from caregiver duties (respite) ($mean=2.84$, $median=3.0$, $n=19$, $sd=1.3$). (See Figure 4-17.)

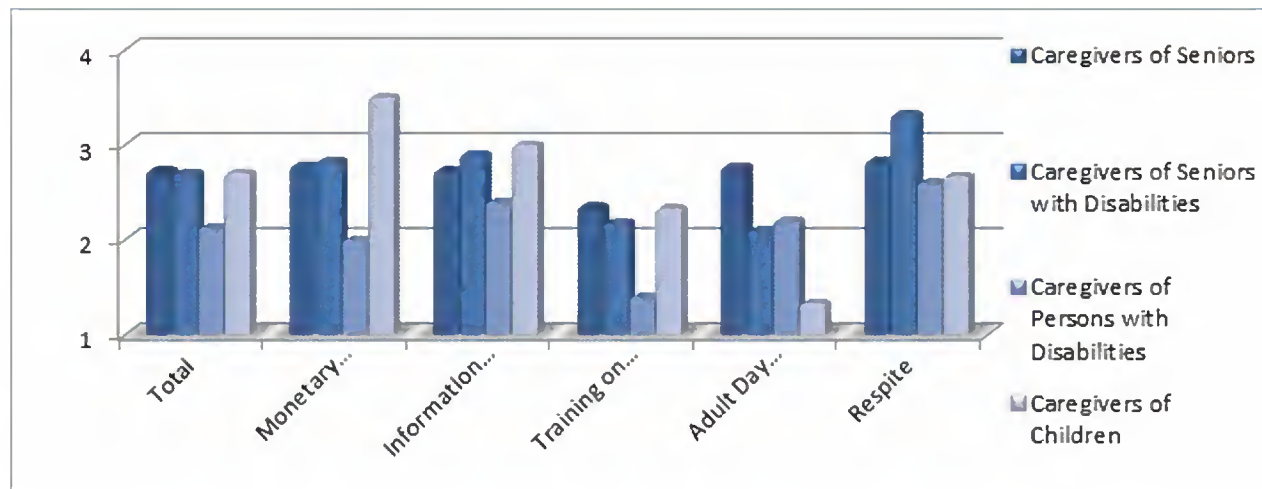
Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.66$, $median=2.0$, $n=13$, $sd=1.1$). The most important need is temporary relief from caregiver duties (respite) ($mean=2.92$, $median=3.5$, $n=12$, $sd=1.2$) for monetary assistance in acquiring services ($mean=2.85$, $median=3.0$, $n=13$, $sd=1.07$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 4-17.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=0.964$, $df=3$, $p=0.412$) due to the fact that the overall need for these services is about the same regardless of who is being cared for. Monetary assistance and respite

are the services most needed by all types of caregivers, followed by information and referral. African Americans expressed a significantly greater need for caregiver services ($F=7.52$, $df=1$, $p=0.007$).

FIGURE 4-17: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.91	2.92	2.58	2.66
Monetary Assistance	3.20	3.10	3.05	2.85
Information & Referral	2.95	3.04	2.40	2.54
Training on Caregiving	2.86	2.54	1.89	2.58
Adult Day Care	2.55	2.69	2.00	2.58
Respite	3.00	3.22	2.84	2.92



Partner/Professional Survey

Only one partner survey was completed for Region 4. This partner reported that Personal and Home Care services (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety) as well as Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports) are very essential to helping seniors and those with disabilities remain independent. Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize) were reported to be only somewhat essential to helping seniors and those with disabilities remain independent.

Overall, the partner's perception of how their organization interacts with the AAA is positive. The partner is knowledgeable of the services offered, knows who is eligible to receive services,

understands how the AAA/ADRC sets priorities for which clients receive services, believes that the AAA is a critical partner for their organization, refers clients to the AAA/ADRC, stated that the services offered by the AAA/ADRC are easily accessible, and believes that there are not unmet needs for seniors, persons with disabilities, or caregivers. The partner did state that they are not aware of the AAA's strategic plan and that the clients are not able to pay part of the cost of their services. The partner agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates.

The most underserved areas stated were rural areas of the Midlands

The services most needed by seniors in the underserved areas are

- Transportation
- Meals on Wheels,
- Care services including daycare, in-home care, caregiver support, Medicaid Counseling

The services most needed by persons with disabilities are:

- Transportation
- Housing
- Care

Quote

Any service or agency that services seniors should be the last item to ever be cut in a budget. We do not have enough services now to help them now in SC, and our LTC Medicaid system is one of the poorest I have seen. With the increase of dementia and Alzheimer's, we need special focus funding on all levels for people with this disease including respite care grants, affordable daycare programs, and even a special Medicaid LTC bracket like NC has.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 4

Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of

what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more female, less likely to have a spouse, older, and less well educated than the general senior population in the region. These demographic characteristics are often connected. After controlling for the underrepresentation of Richland County, it appears that of the two most heavily populated counties in the Region, this demographic description is slightly modified with a predominantly white service population in Lexington County and a predominantly African American population in Richland county. The analysis of the data indicates different needs expressed by these two populations around certain services.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by senior center activities, I-CARE (Insurance Counseling), services to help them maintain independence, caregiver services, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise, counseling (having someone to talk to), and having a senior center nearby to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Personal and home care is only slightly more than a little important, with the most important of these being transportation for errands, keeping warm or cool as the weather changes, and home repairs and modifications (for both upkeep and for safety). Monetary assistance is viewed to be the least important, with the most important being help with payments for dental care or dentures and help with payments for eye exams or eyeglasses. .

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and what the age of the person(s) they are caring for is. Services to maintain independence, which is viewed as a little important to seniors who are not already receiving services, is viewed as quite a

bit important to caregivers. Needs within categories vary according to age, race and gender. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 4 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 4 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

FINDINGS: REGION 5 – LOWER SAVANNAH

Representation of the Population

A total of 599 surveys were completed in Region 5. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 599 surveys completed, 441 (73.6%) were categorized as a senior receiving services, 74 (12.4%) were categorized as a senior not receiving services, 151 (25.2%) were categorized as being a caregiver, and 350 (58.4%) were categorized as an individual with a disability.

For Region 5, the confidence interval for the sample of seniors receiving services is 4.62 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.62 percentage points). The confidence interval for seniors not receiving services is higher (11.38 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services. The representation of caregivers is good (4.24 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is good (5.19 points at a 95% confidence level assuming 50% agreement). (See Table 5-1.)

TABLE 5-1: SAMPLE REPRESENTATION OF POPULATION

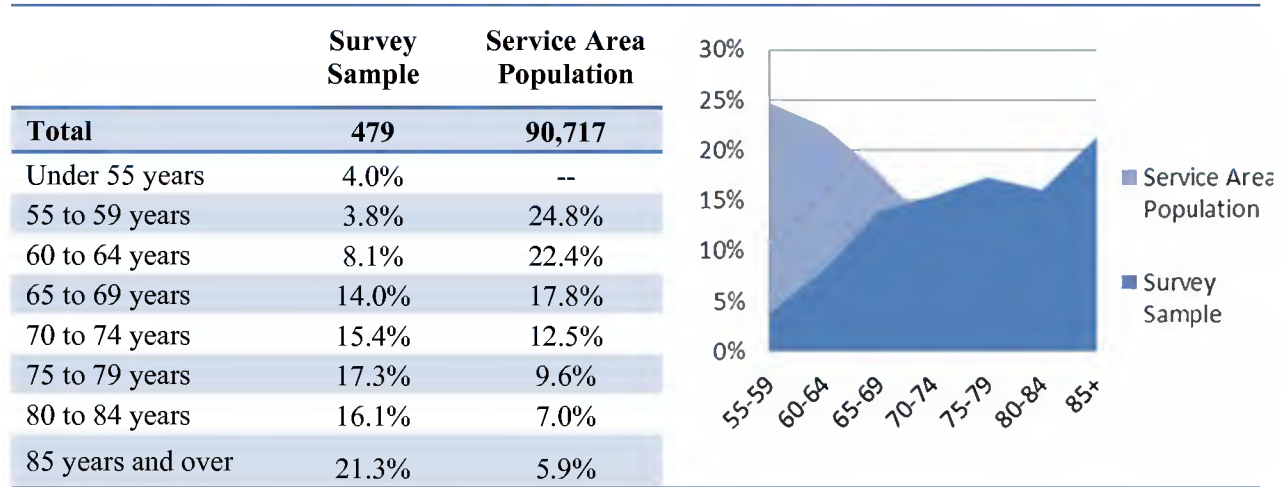
	Population Size	Sample Size	Representation
Seniors Receiving Services	23,687	441	4.62
Seniors Not Receiving Services	24,249	74	11.38
Caregivers	210	151	4.24
ADRC	20,429	350	5.19

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older. A small percentage of survey respondents are under 55 (n=19, 4.0%), 55 to 59 years old (n=18, 3.8%), or 60 to 64 years old (n=39, 8.1%), whereas 24.8% and 22.4% of the service area senior population is between these ages, respectively. The percentage of individuals between 65 to 69 years are similar (n=67, 14.0% of the sample and 17.8% of the population). While the survey sample has higher percentages in older age groups, the percentages in the sample and the population both slowly decline until it reaching 85 years and over (n=102, 21.3% of the sample and 5.9% of the

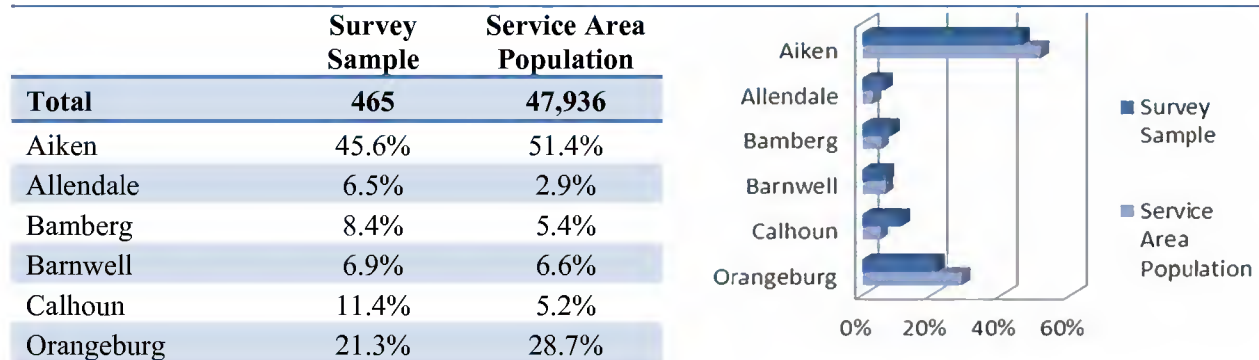
population). (See Figure 5-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 5-2: AGE GROUP



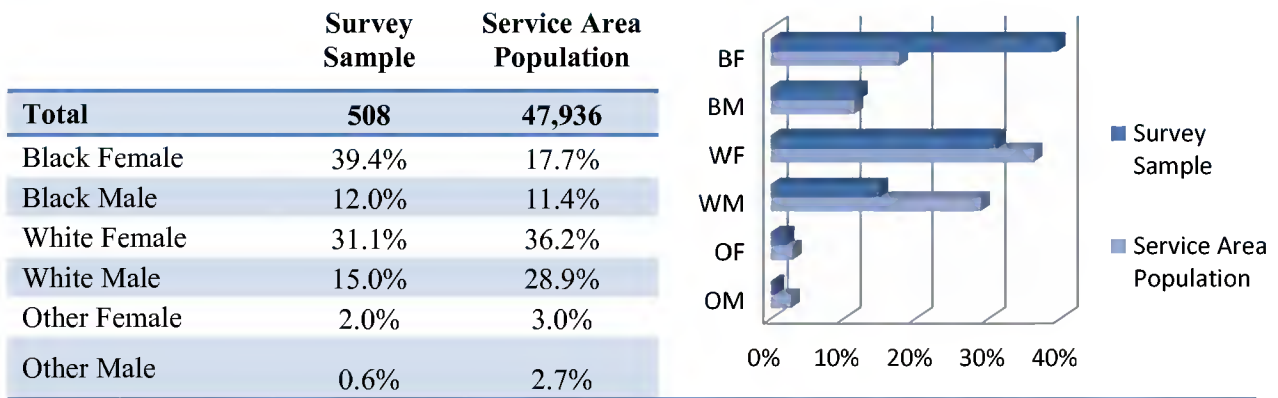
The proportion of the sample residing in each county is very similar to that of the population with a slightly smaller percentage of the sample residing in Aiken (n=212, 45.6% compared to 51.4% of the service area senior population) and a slightly larger percentage of the sample residing in Allendale (n=30, 6.5% compared to 2.9% of the service area senior population). (See Figure 5-3.)

FIGURE 5-3: COUNTY OF RESIDENCE



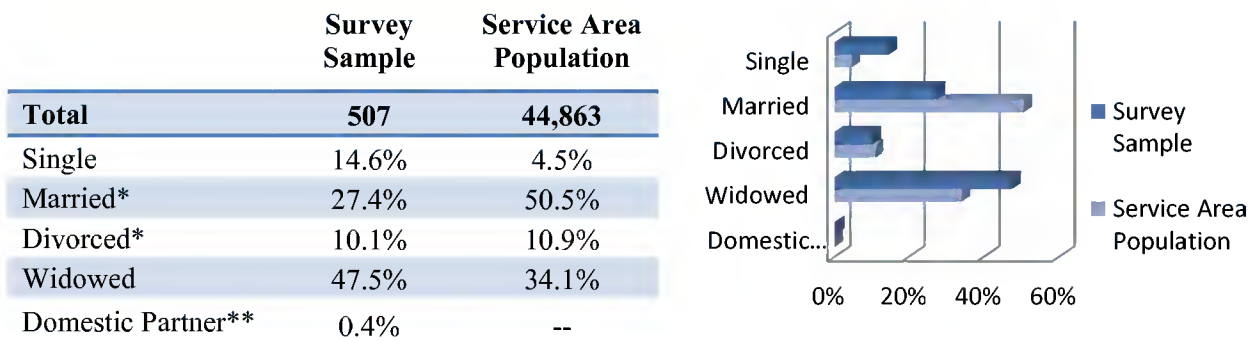
A much larger percentage of the survey sample are African American female (n=200, 39.4%) or African American male (n=61, 12.0%) than in the service area senior population (17.7% and 11.4%, respectively). Conversely, a smaller percentage of the survey sample are Caucasian female (n=158, 31.1%) or Caucasian male (n=76, 15%) compared to the service area senior population (36.2% and 28.9%, respectively). Very few respondents were of other races (females: n=10, 2%; males: n=3, 0.6%). These populations are also relatively small in the service area senior population (other females: 3%; other males: 2.7%). (See Figure 5-4.)

FIGURE 5-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=75, 14.6%) than exist in the service area senior population (4.5%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=139, 27.4% of the sample compared to 50.5% of the service area senior population). A fairly similar percentage of respondents are divorced (n=51, 10.1%) as are in the service area senior population (10.9%). (See Figure 5-5.)

FIGURE 5-5: MARITAL STATUS OF SENIORS

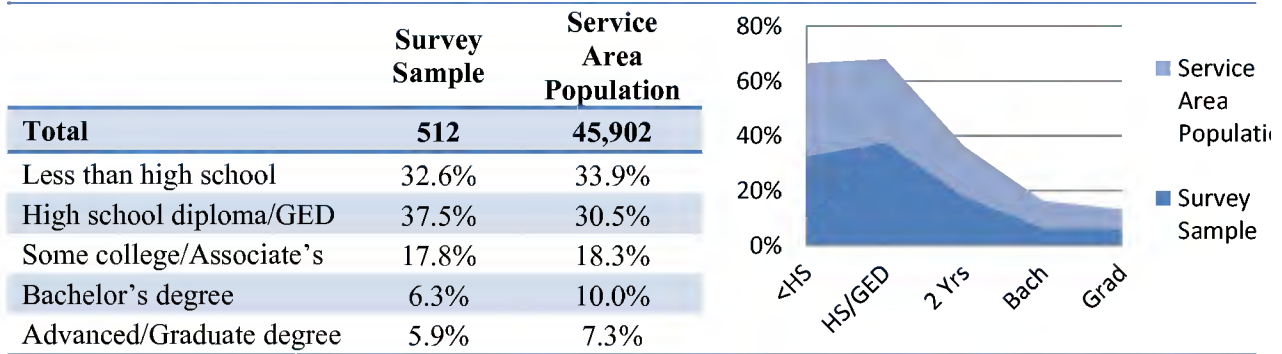


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

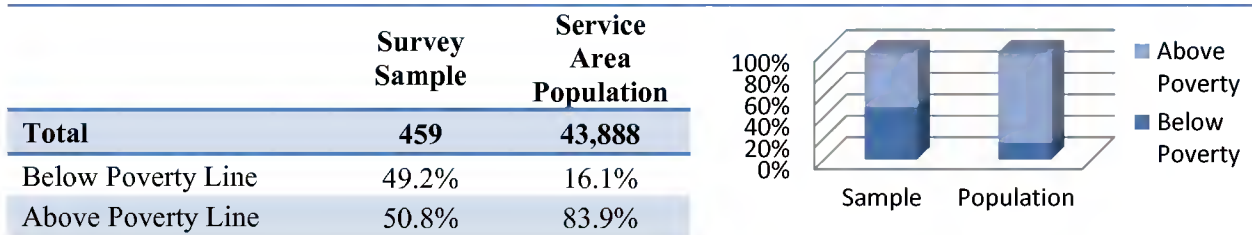
The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=167, 32.6%) or received a high school diploma or GED (n=192, 37.5%), compared to 33.9% and 30.5% of the service area senior population, respectively. A slightly lower percentage of the respondents (n=91, 17.8%) attended some college or earned as Associate’s degree than the service area senior population (18.3%). The percentage of respondents who earned a Bachelor’s degree (n=32, 6.3%) or an Advanced/Graduate degree (n=30, 5.9%) was also slightly lower to the percentage in the service area senior population (10% and 7.3%, respectively). (See Figure 5-6.)

FIGURE 5-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=226, 49.2% compared to 16.1% of the service area senior population). (See Figure 5-7.)

FIGURE 5-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and living below the poverty line, as well as more likely to be African American and female in comparison to the general senior population.

Demographic Characteristics of Individuals Who Have a Disability

Only 31 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 61.1% (n=366) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This

group comprises 8.7% (n=52) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 24.5% (n=147) of the sample. Persons with disabilities are the smallest group (n=31, 5.2%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 105 respondents (17.5% of the sample and 29.2% of those classified). Cluster 2 is comprised of 64 respondents (10.7% of the sample and 17.8% of those classified). Cluster 3 is comprised of 96 respondents (16% of the sample and 26.7% of those classified). Cluster 4 is comprised of 95 respondents (15.9% of the sample and 26.4% of those classified). The remaining 239 (39.9%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.47, *median*=2.5, *n*=363, *sd*=1.04). The most important of these needs are home modifications to improve safety (*mean*=2.81, *median*=3.0, *n*=353, *sd*=1.31), keeping warm or cool as the weather changes (*mean*=2.78, *median*=3.0, *n*=352, *sd*=1.31), and home modifications to improve safety (*mean*=2.68, *median*=3.0, *n*=342, *sd*=1.32). The least important services to seniors who are already receiving services are personal care (*mean*=2.06, *median*=1.0, *n*=348, *sd*=1.3) and housekeeping (specifically laundry) (*mean*=2.17, *median*=1.0, *n*=346, *sd*=1.32). (See Figure 5-8.)

Seniors who have not received services view personal and home care needs to be a little important (*mean*=2.09, *median*=1.77, *n*=51, *sd*=1.01). The only services deemed to be a little important by

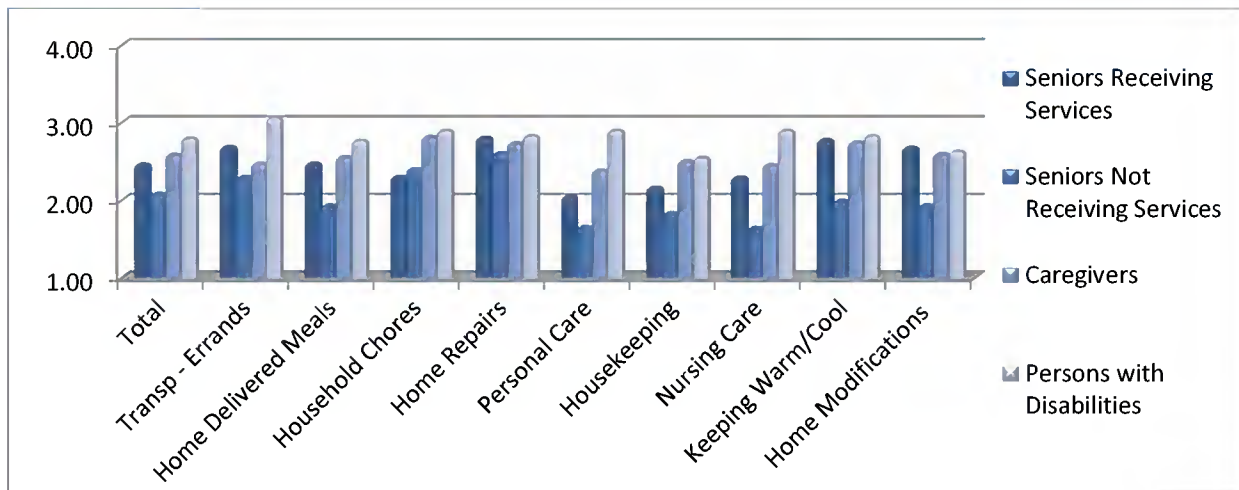
most of the respondents are home repairs and maintenance (*mean*=2.61, *median*=3.0, *n*=49, *sd*=1.35) and keeping my home clean (*mean*=2.41, *median*=2.0, *n*=46, *sd*=1.3). The least important services to seniors who are not already receiving services are help with prescription medicine (*mean*=1.65, *median*=1.0, *n*=48, *sd*=1.08) and personal care (*mean*=1.66, *median*=1.0, *n*=47, *sd*=1.67). (See Figure 5-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important (*mean*=2.58, *median*=2.67, *n*=144, *sd*=1.01). All of the services are either a little or quite a bit important (*mean*=2.39-2.84, *median score* = 2.0-3.0, *sd*=1.08-1.33). (See Figure 5-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (*mean*=2.81, *median*=3.13, *n*=31, *sd*=1.13). The most important services to persons with disabilities are transportation for errands (*mean*=3.06, *median*=4.0, *n*=31, *sd*=1.24). The least important services to persons with disabilities is housekeeping (specifically laundry) (*mean*=2.55, *median*=3.0, *n*=31, *sd*=1.36). (See Figure 5-8.)

FIGURE 5-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.47	2.09	2.59	2.80
Transportation for Errands	2.69	2.31	2.48	3.06
Home Delivered Meals	2.48	1.94	2.56	2.77
Household Chores	2.31	2.41	2.82	2.90
Home Repairs/Maintenance	2.81	2.61	2.74	2.83
Personal Care	2.06	1.66	2.39	2.90
In-Home Housekeeping	2.17	1.84	2.51	2.55
Nursing Care/Prescription Assistance	2.30	1.65	2.46	2.90
Keeping Warm/Cool	2.78	2.00	2.75	2.83
Home Modifications	2.68	1.94	2.60	2.63

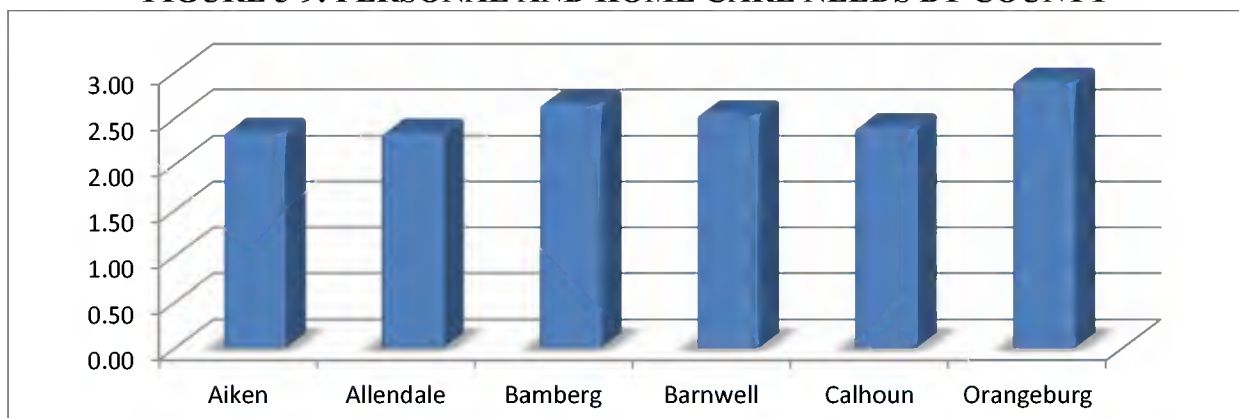


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=3.97$, $df=3$, $p=0.008$). Therefore, caregivers, seniors receiving services, and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 2% of the variability in this composite ($r^2=0.020$).

African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=44.09$, $df=1$, $p<0.001$, $F=7.6$, $df=4$, $p<0.001$, and $F=34.98$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.52$, $t=5.12$, $df=392.4$, $p<0.001$). Individuals residing in Orangeburg County had significantly greater need ($F=3.64$, $df=6$, $p=0.001$).

Individuals classified as being part of Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) expressed significantly greater need than any other demographic cluster ($F=6.47$, $df=3$, $p<0.001$).

FIGURE 5-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important ($mean=3.04$, $median=3.25$, $n=361$, $sd=0.89$). The most important of these needs senior center close to home ($mean=3.23$, $median=4.0$, $n=344$, $sd=1.14$), counseling (having someone to talk to) ($mean=3.21$, $median=4.0$, $n=348$, $sd=1.08$), getting exercising ($mean=3.21$, $median=4.0$, $n=341$, $sd=1.05$). The least important, but still quite a bit important, service to seniors who are already

receiving services is transportation to the senior center (*mean=2.56, median=3.0, n=342, sd=.89*). (See Figure 5-10.)

Seniors who have not received services view senior center activities to be between a little and quite a bit important (*mean=2.47, median=2.37, n=51, sd=0.92*). The most important of these needs is getting exercise (*mean=3.12, median=3.5, n=50, sd=1.06*). The least important services to seniors who are not already receiving services are transportation to the senior center (*mean=1.73, median=1.0, n=49, sd=1.17*). (See Figure 5-10.)

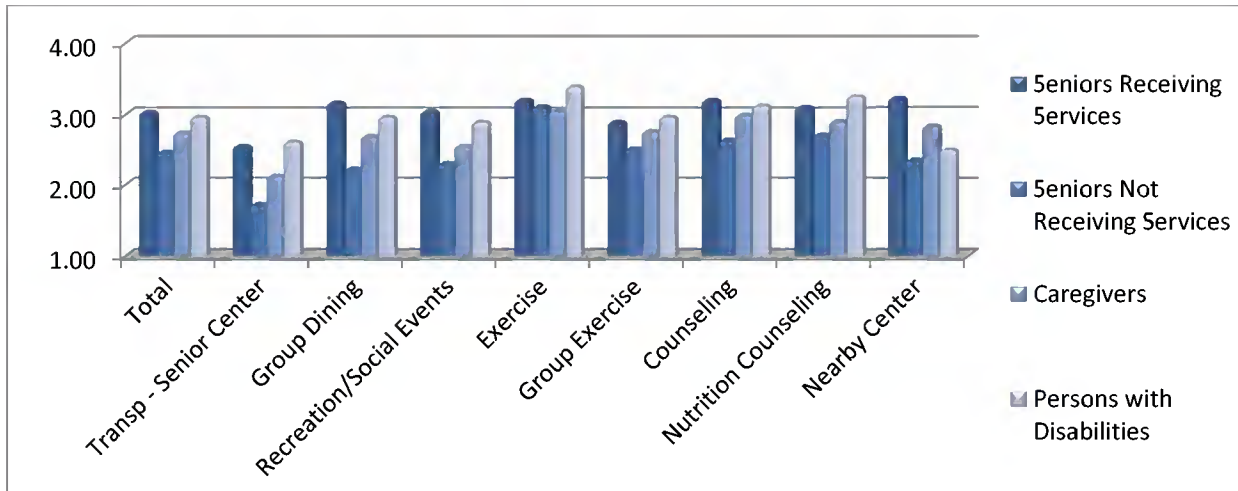
Caregivers view senior center activities to be between a little and quite a bit important (*mean=2.75, median=2.75, n=145, sd=0.93*). The most important of these needs are getting exercise (*mean=3.05, median=3.0, n=135, sd=1.07*) and counseling (having someone to talk to) (*mean=3.0, median=3.0, n=139, sd=1.08*). The least important service to caregivers is transportation to the senior center (*mean=2.13, median 2.0, n=136, sd=1.28*). (See Figure 5-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean=2.97, median=3.0, n=31, sd=0.74*). The most important services to persons with disabilities are getting exercise (*mean=3.39, median=4.0, n=31, sd=0.8*) and counseling (having someone to talk to) (*mean=3.13, median=4.0, n=31, sd=1.09*). The least important services to persons with disabilities is having a senior center close to home (*mean=2.50, median=2.5, n=30, sd=1.28*). (See Figure 5-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 5-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.04	2.47	2.75	2.97
Transportation to the Senior Center	2.56	1.73	2.13	2.62
Group Dining	3.17	2.23	2.70	2.97
Recreation/Social Events	3.05	2.31	2.56	2.90
Exercise	3.21	3.12	3.05	3.39
Group Exercise	2.90	2.52	2.77	2.97
Counseling (someone to talk to)	3.21	2.65	3.00	3.13
Nutrition Counseling	3.11	2.72	2.91	3.26
Nearby Senior Center	3.23	2.36	2.84	2.50

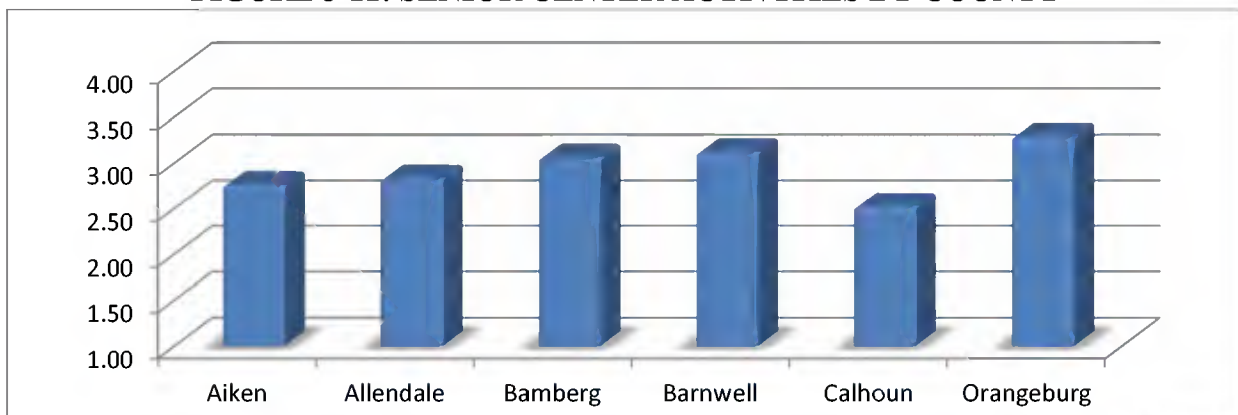


The difference in the senior center activities composite is significantly different between the targeted groups ($F=8.33$, $df=3$, $p<0.001$). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services. However, the target group categorization only accounts for 4.1% of the variability in this composite ($r^2=0.041$).

African Americans and females rated these services as being of greater importance to them ($F=29.52$, $df=1$, $p<0.001$, $F=4.62$, $df=1$, $p=0.032$, respectively). Those who are below the poverty line rated these services as being of greater importance to them than individuals who are not ($F=7.12$, $df=1$, $p=0.008$). Individuals who reside in Orangeburg County reported a greater need for senior center activities than did individuals residing in other counties ($F=6.27$, $df=6$, $p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (white females, widowed, with a high school diploma or GED, who are above the poverty line) ($F=6.58$, $df=3$, $p<0.001$). The second group to whom these services are important are individuals in Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line).

FIGURE 5-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual's responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (*mean=2.85, median=3.13, n=358, sd=1.1*). The most important of these needs is having someone to call if feeling threatened or taken advantage of (*mean=3.03, median=4.0, n=344, sd=1.24*). Help making choices about future medical care and end of life decisions is the least important (*mean=2.74, median=3.0, n=343, sd=1.29*). (See Figure 5-12.)

Seniors who have not received services view services to help in maintaining independence to be between quite important and a little important (*mean=2.43, median=2.5, n=49, sd=.99*). The most important of these needs is having someone to call if feeling threatened or taken advantage of (*mean=2.65, median=3.0, n=49, sd=1.3*). Help making choices about future medical care and end of life decisions is the least important (*mean=2.13, median=2.0, n=48, sd=1.23*). (See Figure 5-12.)

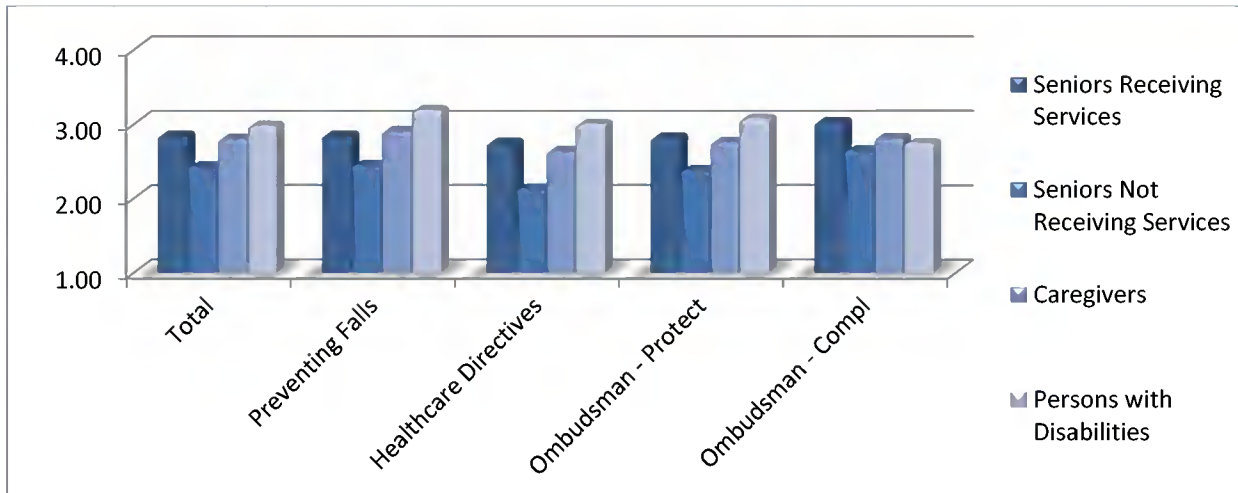
Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.80, median=2.75, n=141, sd=1.04*). The most important of these services is preventing falls (*mean=2.91, median=3.0, n=134, sd=1.19*). The remainder of the services were deemed to be between quite a bit important and a little important (healthcare directives: *mean=2.64, median=3.0, n=136, sd=1.23*; protection of rights: *mean=2.76, median=3.0, n=135, sd=1.22*; and someone to call if feeling threatened or taken advantage of: *mean=2.81, median=3.0, n=139, sd=1.18*). (See Figure 5-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.98, median=3.0, n=31, sd=0.94*). All of the services were deemed to be quite a bit or very important (preventing falls: *mean=3.19, median=4.0, n=31, sd=1.14*; healthcare directives: *mean=3.0, median=3.0, n=30, sd=1.14*; protection of rights: *mean=3.07, median=4.0, n=30, sd=1.2*; and someone to call if feeling threatened or taken advantage of: *mean=2.74, median=3.0, n=31, sd=1.29*). (See Figure 5-12.)

Preventing falls is most important to caregivers and persons with disabilities; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors both those receiving services and those not receiving services.

FIGURE 5-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.85	2.43	2.80	2.98
Preventing Falls	2.85	2.45	2.91	3.19
Healthcare Directives	2.75	2.13	2.64	3.00
Ombudsman - Protection	2.82	2.38	2.76	3.07
Ombudsman - Complaints	3.03	2.65	2.81	2.74

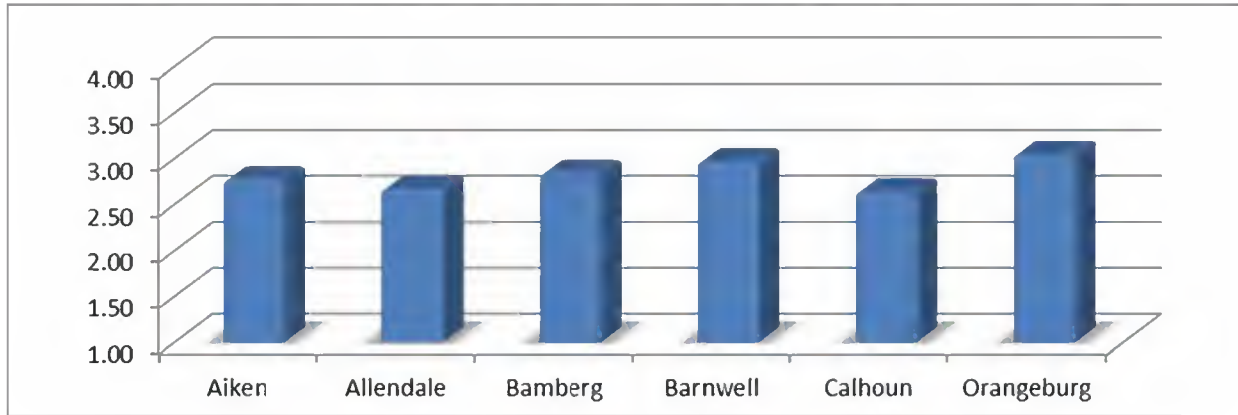


The difference in the maintaining independence composite is not significantly different between the targeted groups ($F=2.48$, $df=3$, $p=0.061$). Therefore, caregivers, persons with disabilities, and seniors who are receiving services view services to help maintaining independence to be more important than do seniors who have not received services. However, the target group categorization only accounts for 1.3% of the variability in this composite ($r^2=0.013$).

African Americans, females, and individuals below the poverty line also rated these services as being of greater importance to them ($F=18.51$, $df=1$, $p<0.001$, $F=5.93$, $df=1$, $p=0.015$, and $F=14.31$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.35$, $t=3.18$, $df=373.1$, $p=0.002$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) and Cluster 2 (white females, widowed, with a high school diploma or GED, who are above the poverty line) ($F=4.32$, $df=3$, $p=0.005$).

FIGURE 5-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

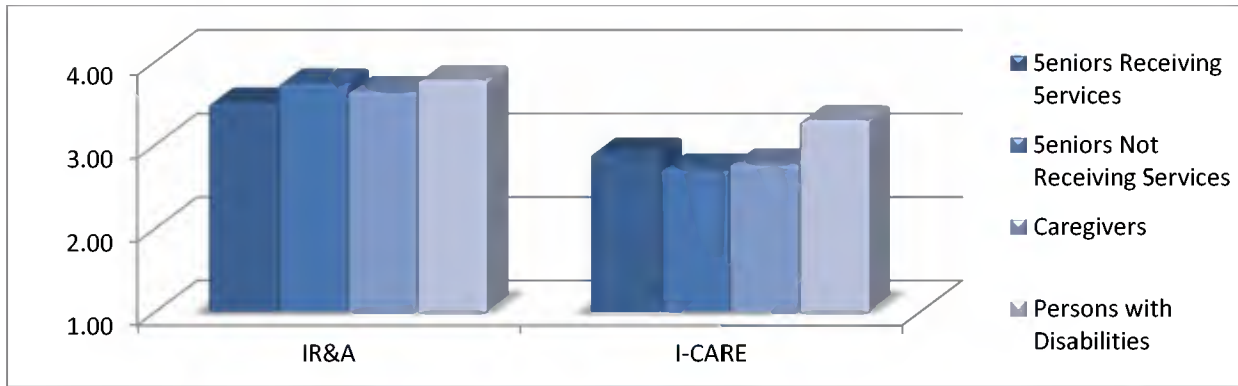
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 599 respondents, 566 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important (*mean=3.50-3.77, median=4.0*). The results of the Kruskal Wallis test indicate that there was not significant differences between the target groups ($X^2_{K-W}=6.44, df=3, p=0.092$). (See Figure 5-14.)

Of the 599 respondents, 553 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Persons with disabilities view IR&A to be quite a bit to very important (*mean=3.27, median=4.0, n=30, sd=1.17*). Seniors receiving services, caregivers, and seniors not receiving services view this service to be quite a bit important (*mean=2.9, median=4.0, n=334, sd=1.25; mean=2.77, median=3.0, n=140, sd=1.2; and mean=2.71, median=3.0, n=49, sd=1.38, respectively*). The results of the Kruskal Wallis test indicate that there was not significant differences between the target groups ($X^2_{K-W}=5.4, df=3, p=0.145$). (See Figure 5-14.)

FIGURE 5-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.50	3.73	3.64	3.77
Insurance Counseling (I-CARE)	2.90	2.71	2.77	3.29

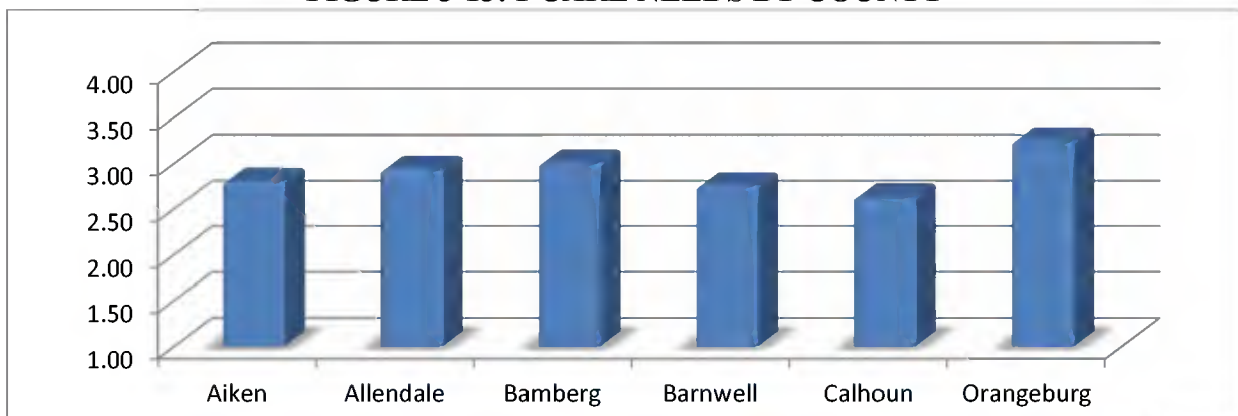


For seniors, those who have a disability have a significantly greater need for IR&A ($diff=0.38$, $t=4.02$, $df=309.6$, $p<0.001$). Since most of the respondents viewed Information, Referral and Assistance to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their need for I-CARE ($t=15.06$, $df=4$, $p=0.005$). This indicates that respondents who are in most need of these services are those who are younger than 55 years old, most of whom are individuals with disabilities, and individuals who are between 55 and 64 years old. African Americans, single respondents, those with less than a high school diploma/GED, and those below the poverty line have a greater perceived need for IR&A ($t=25.08$, $df=1$, $p<0.001$; $X^2_{K-W}=8.02$, $df=3$, $p=0.046$; $X^2_{K-W}=18.1$, $df=4$, $p=0.001$; and $t=21.35$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.4$, $t=3.09$, $df=360.7$, $p=0.002$). Individuals residing in Orangeburg expressed the greatest need for this service ($X^2_{K-W}=12.93$, $df=5$, $p=0.024$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

Overall, the demographic clusters of respondents who reported that I-CARE services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($X^2_{K-W}=27.64$, $df=3$, $p<0.001$).

FIGURE 5-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; eye exam and/or eyeglasses; health insurance; healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be a little important (*mean*=2.37, *median*=2.25, *n*=344, *sd*=1.10). The most important of these needs are paying for an eye exam and/or eyeglasses (*mean*=2.48, *median*=2.0, *n*=316, *sd*=1.3). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean*=2.19, *median*=2.0, *n*=318, *sd*=1.29). (See Figure 5-16.)

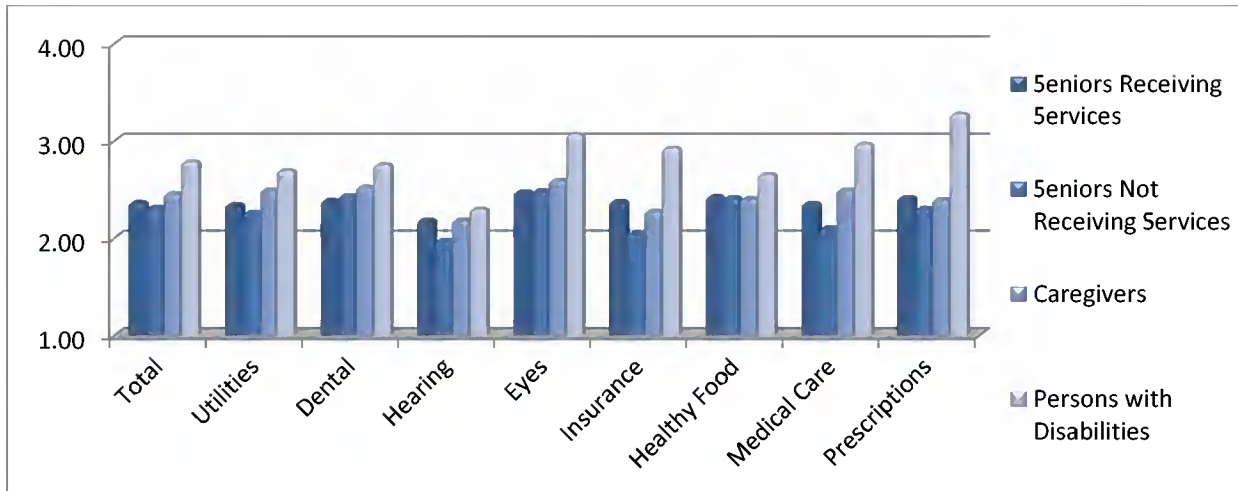
Seniors who have not received services view monetary assistance to be a little important (*mean*=2.32, *median*=2.5, *n*=50, *sd*=1.07). All but one of the services are considered to be a little important (*mean*=2.05-2.44, *median*=2.0, *sd*=1.20-1.4). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=1.98, *median*=1.0, *n*=43, *sd*=1.26). (See Figure 5-16.)

Caregivers view monetary assistance to be a little important (*mean*=2.28, *median*=2.0, *n*=128, *sd*=1.27). The most important of these needs are paying for an eye exam and/or eyeglasses (*mean*=2.60, *median*=3.0, *n*=132, *sd*=1.23). The least important services to caregivers are hearing exams and/or hearing aids (*mean*=2.19, *median*=2.0, *n*=123, *sd*=1.30) (See Figure 5-16.)

Persons with disabilities view monetary assistance to be quite a bit important (*mean*=2.8, *median*=2.88, *n*=30, *sd*=0.98). The most important of these needs are prescription coverage (*mean*=3.28, *median*=4.0, *n*=29, *sd*=1.2), eye exam and/or eyeglasses (*mean*=3.07, *median*=4.0, *n*=30, *sd*=1.2), The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean*=2.30, *median*=2.0, *n*=30, *sd*=1.32). (See Figure 5-16.)

FIGURE 5-16: MONETARY ASSISTANCE BY TARGETED GROUP

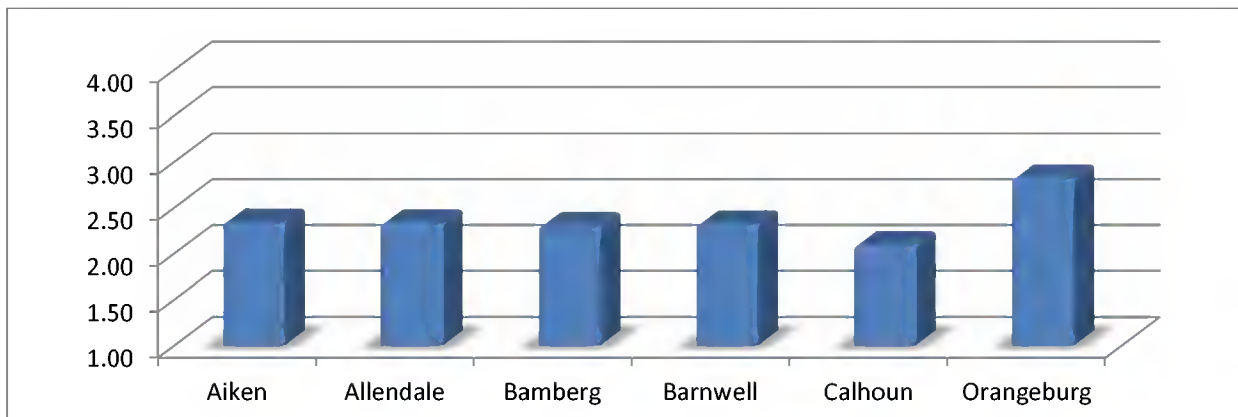
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.37	2.32	2.46	2.79
Utilities or an unexpected bill	2.35	2.27	2.50	2.70
Dental Care and/or Dentures	2.39	2.44	2.53	2.76
Hearing Exam and/or Hearing Aids	2.19	1.98	2.19	2.30
Eye Exam and/or Eyeglasses	2.48	2.49	2.60	3.07
Health Insurance	2.38	2.05	2.28	2.93
Healthy Food	2.43	2.42	2.41	2.66
Medical Care	2.36	2.11	2.50	2.97
Prescriptions or Prescription Drug Coverage	2.42	2.31	2.40	3.28



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=1.65$, $df=3$, $p=0.177$, $r^2=0.009$). African Americans, those who have received less than a high school diploma/GED, and individuals below the poverty line rated these services as being of greater importance to them ($F=54.66$, $df=1$, $p<0.001$; $F=6.69$, $df=4$, $p<0.001$; and $F=48.21$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.47$, $t=4.3$, $df=392$, $p<0.001$). Individuals residing in Orangeburg County expressed the greatest need for monetary assistance ($F=3.4$, $df=6$, $p=0.003$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($\chi^2_{K-W}=4.79$, $df=3$, $p=0.003$).

FIGURE 5-17: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=32$, 24.6%), caregivers of seniors with disabilities ($n=64$, 49.2%), caregivers of persons with disabilities ($n=20$, 15%), and caregivers of children ($n=14$, 10%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) disagree that caregiver services are necessary to help them care for the individual(s) ($mean=2.32$, $median=2.2$, $n=32$, $sd=.88$). The most important need is for monetary assistance in acquiring services ($mean=2.66$, $median=2.0$, $n=29$, $sd=1.20$). (See Figure 5-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.76$, $median=2.80$, $n=64$, $sd=0.93$). The most important of these needs is for temporary relief from caregiver duties (respite) ($mean=3.15$, $median=4.0$, $n=59$, $sd=1.08$), and monetary assistance in acquiring services ($mean=3.0$, $median=3.0$, $n=59$, $sd=1.08$) (See Figure 5-18.)

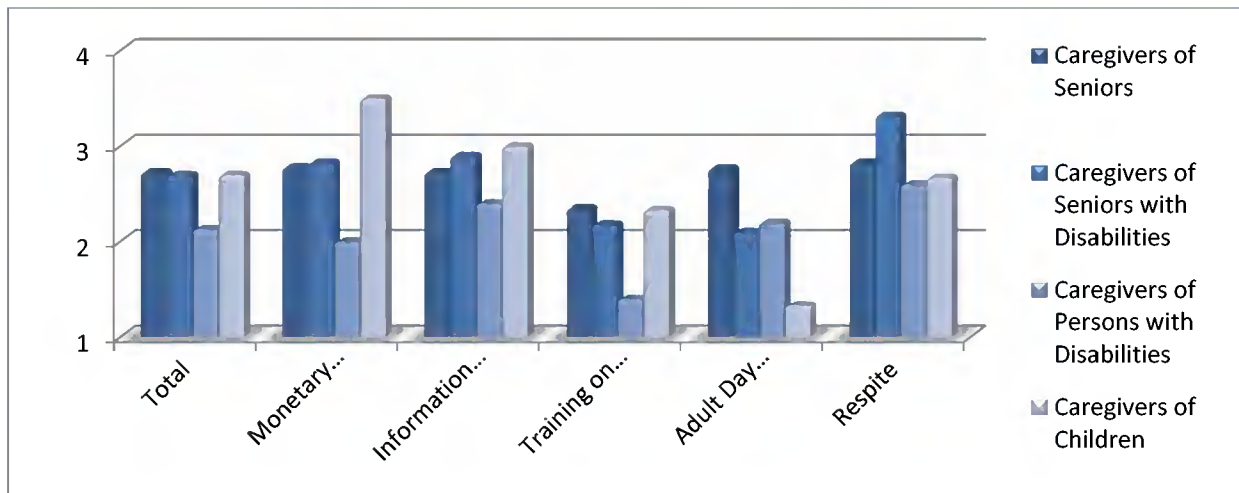
Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.57$, $median=2.42$, $n=20$, $sd=0.91$). The most important need is for monetary assistance in acquiring services ($mean=2.94$, $median=3.0$, $n=17$, $sd=.90$). (See Figure 5-18.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.88$, $median=3.0$, $n=14$, $sd=0.82$). The most important need is for monetary assistance in acquiring services ($mean=3.62$, $median=4.0$, $n=13$, $sd=0.51$), followed by temporary relief from caregiver duties (respite) ($mean=3.10$, $median=3.0$, $n=10$, $sd=.88$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 5-18.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=2.17$, $df=3$, $p=0.095$, $r^2=0.049$). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 5-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.32	2.77	2.57	2.88
Monetary Assistance	2.66	3.00	2.94	3.62
Information & Referral	2.50	2.98	2.13	2.69
Training on Caregiving	2.00	2.44	2.12	2.25
Adult Day Care	1.86	2.33	1.71	2.25
Respite	2.11	3.15	2.36	3.10



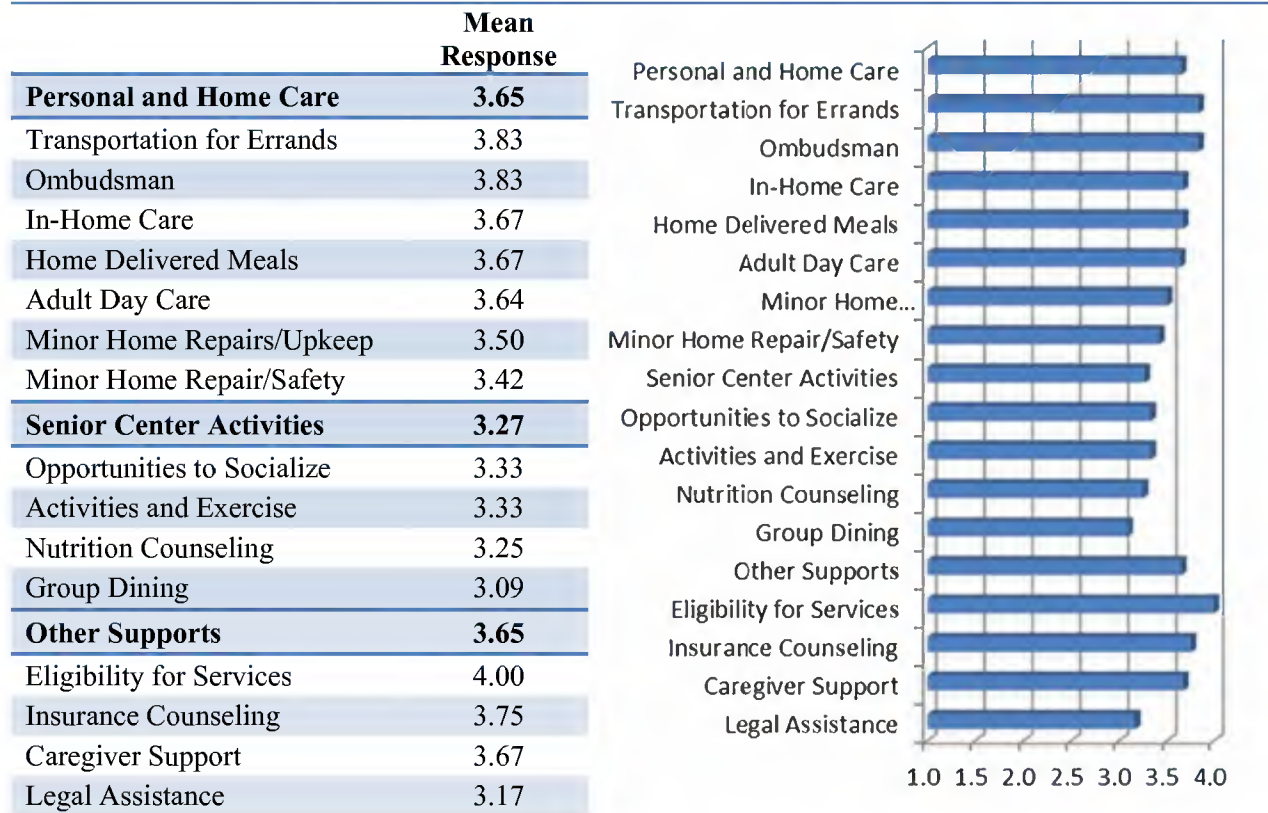
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean=3.65, median=3.64, n=12, sd=0.35*) and other supports (*mean=3.65, median=3.75, n=12, sd=0.43*) are viewed to be more essential services to helping seniors and those with disabilities in Region 5 to remain independent. The most essential services are information on eligibility for community and other services (ADRC) (*mean=4.0, median=4.0, n=12, sd=0.0*), services to protect the safety, property, rights and dignity (*mean=3.83, median=4.0, n=12, sd=0.57*), transportation for errands (*mean=3.83, median=4.0, n=12, sd=0.57*), insurance counseling/Medicare counseling services (*mean=3.75,*

median=4.0, n=12, sd=0.62), in-home care (housekeeping, laundry, personal care) (mean=3.67, median=4.0, n=12, sd=0.49), home delivered meals (mean=3.67, median=4.0, n=12, sd=0.65), and caregiver support (mean=3.67, median=4.0, n=12, sd=0.65). (See Figure 5-19.)

FIGURE 5-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered (n=11, 91.7%), are aware of the AAA's strategic plan (n=10, 83.3%), know who is eligible to receive services (n=10, 83.3%), understand how the AAA/ADRC sets priorities for which clients receive services (n=9, 75%), believe that the AAA is a critical partner for their organization (n=11, 91.7%), refer clients to the AAA/ADRC (n=9, 75%), stated that the services offered by the AAA/ADRC are easily accessible (n=11, 91.7%), and disagree that there are unmet needs for caregivers (n=11, 91.7%), seniors (n=11, 91.7%), and persons with disabilities (n=10, 90.9%). Only 8.3% of partners (n=1) stated that the clients are able to pay part of the cost of their services, and 75% (n=9) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 5-20.)

FIGURE 5-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	91.7%	8.3%	12
Aware of Strategic Plan	83.3%	16.7%	12
Know who is Eligible	83.3%	16.7%	12
Understand Priorities for Services	75.0%	25.0%	12
Critical Partner	91.7%	8.3%	12
Refer to AAA	75.0%	25.0%	12
Services Easily Accessible	91.7%	8.3%	12
Clients able to Pay	8.3%	91.7%	12
Unmet Needs for Caregivers	8.3%	91.7%	12
Unmet Needs for Seniors	8.3%	91.7%	12
Unmet Needs for PWD	9.1%	90.9%	11
Fixed Reimbursement	75.0%	25.0%	12

For seniors, the geographic areas that are most underserved are, in order of prominence:

- Rural areas of the region
- Barnwell County
- Calhoun County
- Allendale County
- Berkeley County
- Specific communities:
 - The Valley
 - Holly Hill
 - Eutawville
 - Williston
 - Denmark

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation
- Meals
- Caregiver support
- In Home services
- Also mentioned were insurance counseling, home repair, medical [care], and socializing

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- Transportation
- Caregiver support
- Home repair
- Socializing

Quotes:

Many of the Seniors we assist are living on fixed incomes with the average being under \$800 a month. Many are raising grandchildren. Any services they receive many times makes the difference between having enough to eat or going without a meal every day. It makes a difference in whether they take their medication or try to "stretch" it to last longer or going without.

I agree the services the agency is "able to provide" are needed; I rated them as a "disagree" because they never have the funds to adequately/fully provide the services. Many of those most in need still are not aware of the availability of the services.

Our regional AAA is wonderful. They do a great job with our community and are very involved with the local hospitals in the area.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 5. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as very important to caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 5 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 1 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

FINDINGS: REGION 6 – SANTEE-LYNCHES

Representation of the Population

A total of 438 surveys were completed in Region 6. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 438 surveys completed, 373 (85.2%) were categorized as a senior receiving services, 41 (9.4%) were categorized as a senior not receiving services, 121 (27.6%) were categorized as being a caregiver, and 316 (72.1%) were categorized as an individual with a disability.

For Region 6, the confidence interval for the sample of seniors receiving services is 4.96 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.96 percentage points). The confidence interval for seniors not receiving services is higher (15.3 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is not representative of the population of seniors not receiving services. The representation of caregivers is acceptable (7.2 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is good (4.85 points at a 95% confidence level assuming 50% agreement). (See Table 6-1.)

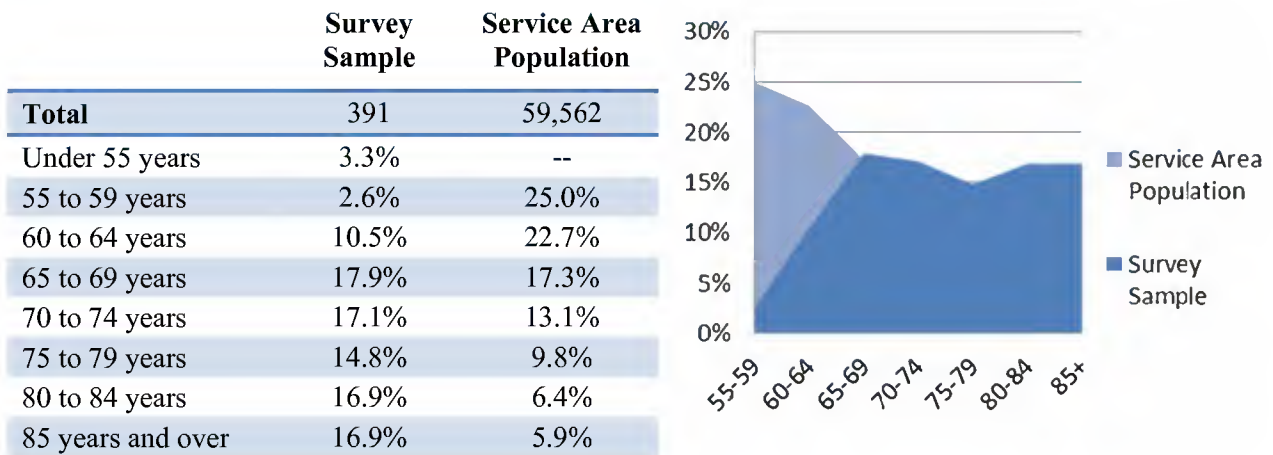
TABLE 6-1: SAMPLE REPRESENTATION OF POPULATION

	Population Size	Sample Size	Representation
Seniors Receiving Services	8,255	373	4.96
Seniors Not Receiving Services	48,593	41	15.3
Caregivers	347	121	7.2
ADRC	1,400	316	4.85

Demographic Characteristics of Seniors

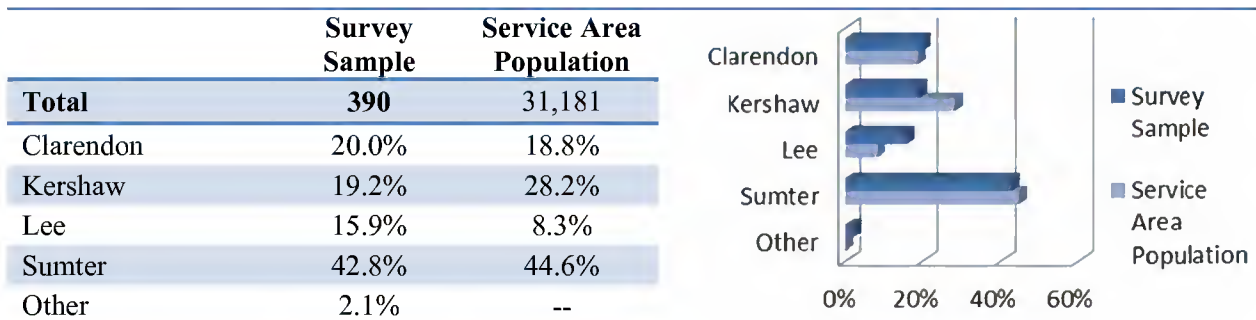
Compared to the service area senior population, the survey respondents are older. A small percentage of survey respondents are under 55 (n=13, 3.3%), 55 to 59 years old (n=10, 2.6%), or 60 to 64 years old (n=41, 10.5%), whereas 25% and 22.7% of the service area senior population is between these ages, respectively. The percentage of individuals between 65 to 69 years are similar (n=70, 17.9% of the sample and 17.3% of the population). The survey sample has higher percentages in older age groups compared to the population (ages 70 and older: n=257, 65.7% of the sample and 35.1% of the population). (See Figure 6-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 6-2: AGE GROUP



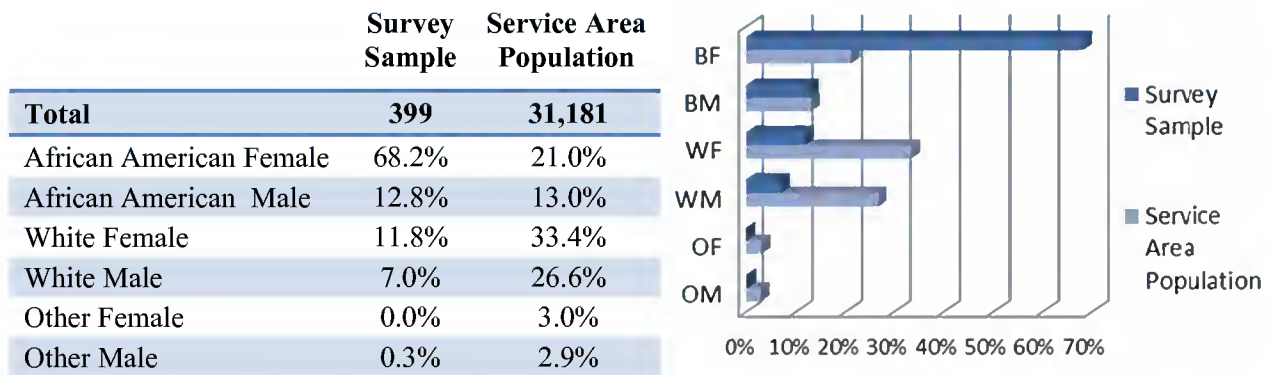
The proportion of the sample residing in each county is very similar to that of the population with a slightly smaller percentage of the sample residing in Kershaw (n=75, 19.2% compared to 28.2% of the service area senior population) and a slightly larger percentage of the sample residing in Lee (n=62, 15.9% compared to 8.3% of the service area senior population). (See Figure 6-3.)

FIGURE 6-3: COUNTY OF RESIDENCE



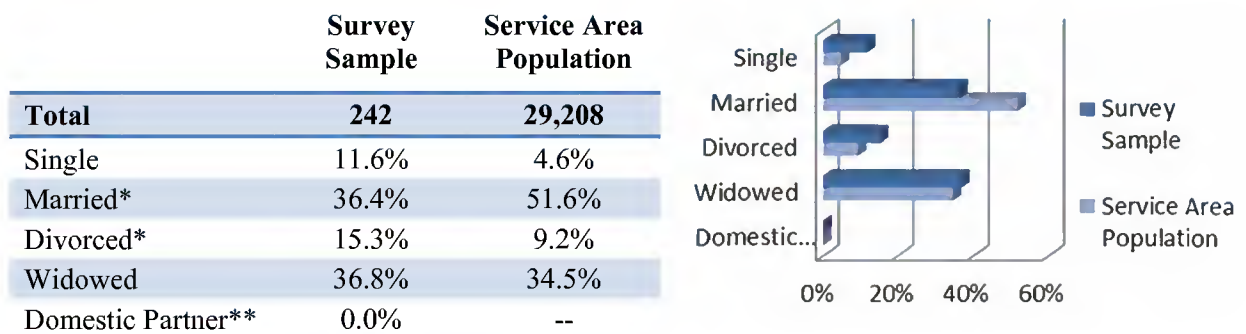
A much larger percentage of the survey sample are African American female (n=272, 68.2%) than in the service area senior population (21%). Conversely, a smaller percentage of the survey sample are Caucasian female (n=47, 11.8%) or Caucasian male (n=28, 7%) compared to the service area senior population (33.4% and 26.6%, respectively). Approximately the same percentage of respondents are African American male (n=51, 12.8%) as the population (13%). Very few respondents were of other races (females: n=0, males: n=1, 0.3%). These populations are also relatively small in the service area senior population (other females: 3%; other males: 2.9%). (See Figure 6-4.)

FIGURE 6-4: RACE AND GENDER OF SENIORS



The survey sample has a slightly larger percentage of individuals who are single (n=28, 11.6%) or divorced (n=37, 15.3%) than exist in the service area senior population (4.6% and 9.2%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=88, 36.4% of the sample compared to 51.6% of the service area senior population). A fairly similar percentage of respondents are widowed (n=89, 36.8%) as are in the service area senior population (34.5%). (See Figure 6-5.)

FIGURE 6-5: MARITAL STATUS OF SENIORS

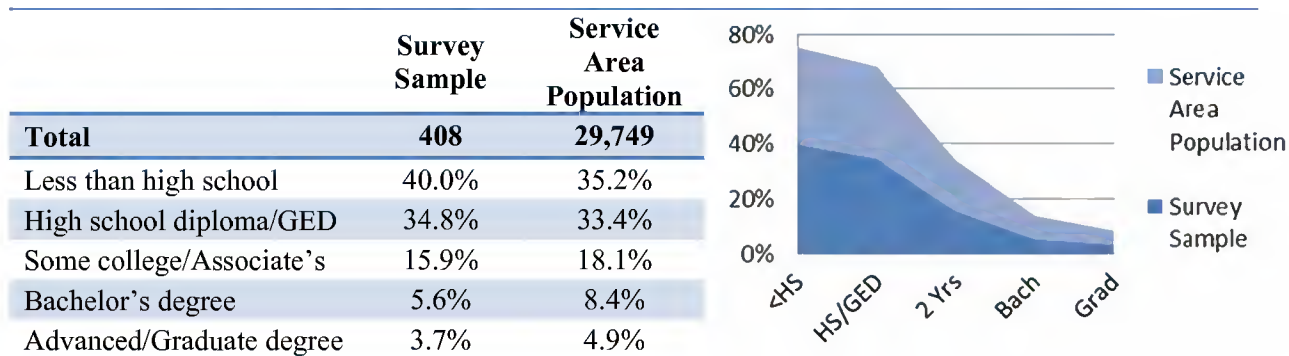


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

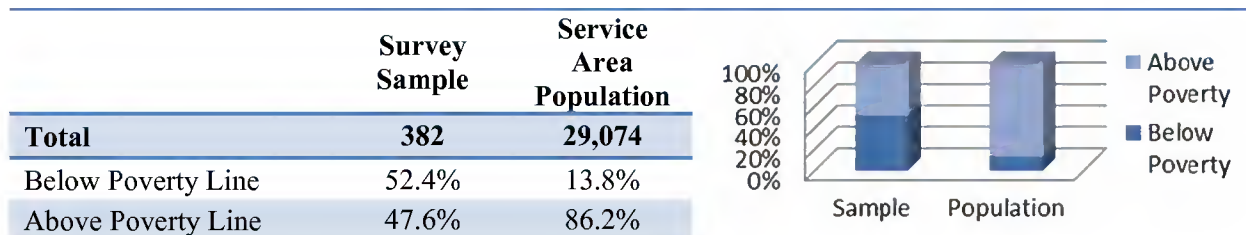
The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. The majority of respondents completed less than high school (n=163, 40%) or received a high school diploma or GED (n=142, 34.8%), compared to 35.2% and 33.4% of the service area senior population, respectively. Approximately the same percentage of the respondents (n=65, 15.9%) attended some college or earned an Associate’s degree than the service area senior population (18.1%). The percentage of respondents who earned a Bachelor’s degree (n=23, 5.6%) or an Advanced/Graduate degree (n=15, 3.7%) are similar to the percentage in the service area senior population (8.4% and 4.9%, respectively). (See Figure 6-6.)

FIGURE 6-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=200, 52.4% compared to 13.8% of the service area senior population). (See Figure 6-7.)

FIGURE 6-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or divorced, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 14 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 64.6% (n=283) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 5.7% (n=25) of the sample. Caregivers are caring for another individual

(senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 26% (n=114) of the sample. Persons with disabilities are the smallest group (n=14, 3.2%) and represents those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 52 respondents (11.9% of the sample and 28.6% of those classified). Cluster 2 is comprised of 51 respondents (11.6% of the sample and 28% of those classified). Cluster 3 is comprised of 49 respondents (11.2% of the sample and 26.9% of those classified). Cluster 4 is comprised of 30 respondents (6.8% of the sample and 16.5% of those classified). The remaining 256 (58.4%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be quite a bit important (*mean=3.06, median=4.0, n=282, sd=1.12*). The most important of these needs are transportation for errands (*mean=3.21, median=4.0, n=277, sd=1.2*) and home repairs and maintenance (*mean=3.32, median=4.0, n=275, sd=1.12*). The least important services to seniors who are already receiving services are personal care (*mean=2.79, median=4.0, n=276, sd=1.4*) and housekeeping (specifically laundry) (*mean=2.83, median=4.0, n=276, sd=1.38*). (See Figure 6-8.)

Seniors who have not received services view personal and home care needs to slightly less than quite a bit important (*mean=2.78, median=2.87, n=25, sd=1.05*). The most important of these needs are transportation for errands (*mean=3.0, median=3.5, n=20, sd=1.21*) and household chores (specifically keeping the house clean) (*mean=3.13, median=3.0, n=23, sd=1.06*). The least

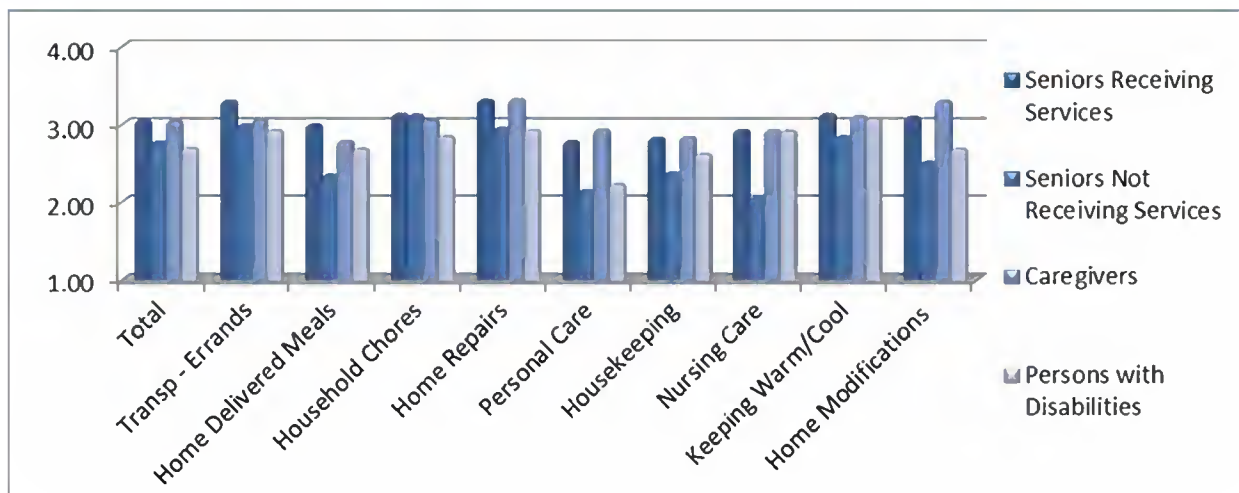
important services to seniors who are already receiving services are personal care (*mean=2.15, median=1.5, n=20, sd=1.35*) and nursing care/prescription assistance (*mean=2.05, median=1.0, n=20, sd=1.36*). (See Figure 6-8.)

Caregivers view personal and home care needs to be quite a bit important (*mean=3.05, median=3.25, n=111, sd=0.91*). All of the services are quite a bit important (*mean=2.83-3.31, median score = 3.0-4.0, sd=1.05-1.4*). (See Figure 6-8.)

Persons with disabilities view personal and home care needs to be quite a bit important (*mean=2.7, median=2.78, n=14, sd=0.83*). The most important services to persons with disabilities are transportation for errands (*mean=2.93, median=3.5, n=14, sd=1.27*), home repairs and maintenance (*mean=2.93, median=3.0, n=14, sd=1.07*), and keeping warm or cool (*mean=3.08, median=4.0, n=13, sd=1.26*). (See Figure 6-8.)

FIGURE 6-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

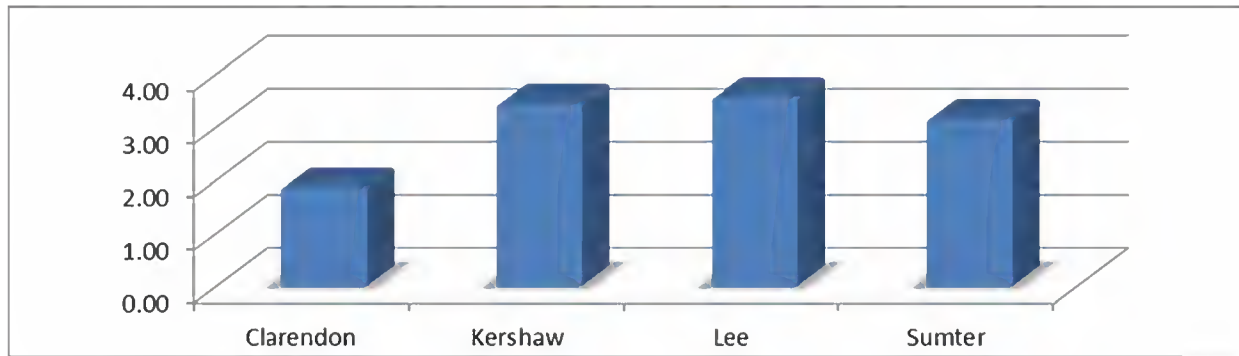
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	3.06	2.78	3.05	2.70
Transportation for Errands	3.31	3.00	3.07	2.93
Home Delivered Meals	3.00	2.35	2.79	2.69
Household Chores	3.14	3.13	3.06	2.85
Home Repairs/Maintenance	3.32	2.96	3.33	2.93
Personal Care	2.79	2.15	2.94	2.23
In-Home Housekeeping	2.83	2.38	2.84	2.62
Nursing Care/Prescription Assistance	2.93	2.05	2.93	2.92
Keeping Warm/Cool	3.14	2.85	3.11	3.08
Home Modifications	3.10	2.52	3.31	2.69



The difference in the personal and home care needs composite is not significantly different between the targeted groups ($F=1.02$, $df=3$, $p=0.384$, $r^2=0.007$). African Americans, those who are married, and individuals below the poverty line also rated these services as being of greater importance to them ($F=13.49$, $df=1$, $p<0.001$; $F=2.98$, $df=3$, $p=0.032$; and $F=12.73$, $df=1$, $p<0.001$, respectively). Individuals residing in Kershaw and Lee County expressed significantly greater need than individuals residing in Clarendon County ($F=22.39$, $df=3$, $p<0.001$).

Individuals classified as being part of Cluster 3 (Black females, widowed, with less than high school education, who are below the poverty line) expressed significantly greater need than any other demographic cluster ($F=2.66$, $df=3$, $p=0.050$).

FIGURE 6-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important ($mean=3.11$, $median=3.38$, $n=247$, $sd=0.87$). All of the items have a median value of very important. The most important of these needs are getting exercise ($mean=3.59$, $median=4.0$, $n=278$, $sd=0.79$) and having a senior center nearby ($mean=3.58$, $median=4.0$, $n=271$, $sd=0.9$). The least important, but still quite a bit important, service to seniors who are already receiving services is transportation to the senior center ($mean=3.17$, $median=4.0$, $n=272$, $sd=1.26$). (See Figure 6-10.)

Seniors who have not received services view senior center activities to be quite a bit important ($mean=2.77$, $median=2.8$, $n=14$, $sd=0.85$). The most important of these needs is getting exercise ($mean=3.29$, $median=4.0$, $n=14$, $sd=0.99$). The least important services to seniors who are not already receiving services are transportation to the senior center ($mean=2.42$, $median=2.0$, $n=19$, $sd=1.35$) and having a senior center close to home ($mean=2.45$, $median=2.0$, $n=20$, $sd=1.23$). (See Figure 6-10.)

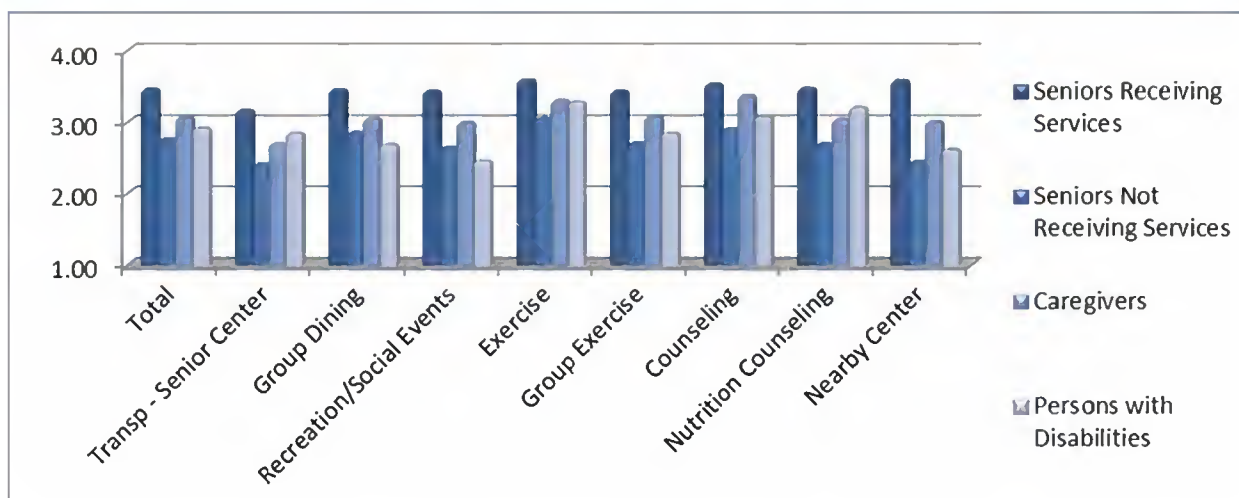
Caregivers view senior center activities to be quite a bit important (*mean*=2.77, *median*=2.8, *n*=22, *sd*=0.95). The most important of these needs are getting exercise (*mean*=3.31, *median*=4.0, *n*=107, *sd*=0.97) and counseling (having someone to talk to) (*mean*=3.37, *median*=4.0, *n*=108, *sd*=0.93). The least important service to caregivers is transportation to the senior center (*mean*=2.7, *median*=3.5, *n*=106, *sd*=1.41). (See Figure 6-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean*=2.92, *median*=3.13, *n*=14, *sd*=0.85). The most important services to persons with disabilities are getting exercise (*mean*=3.29, *median*=4.0, *n*=14, *sd*=0.99) and nutrition counseling (*mean*=3.21, *median*=3.0, *n*=14, *sd*=0.89). The least important service to persons with disabilities is recreation and social events (*mean*=2.46, *median*=2.0, *n*=13, *sd*=1.27). (See Figure 6-10.)

Transportation to the senior center is the least important of all the senior center activities seniors receiving services, seniors not receiving services and caregivers. Getting exercise is the most important to all of the target groups.

FIGURE 6-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.46	2.77	3.07	2.92
Transportation to the Senior Center	3.17	2.42	2.70	2.85
Group Dining	3.45	2.86	3.05	2.69
Recreation/Social Events	3.43	2.65	3.00	2.46
Exercise	3.59	3.05	3.31	3.29
Group Exercise	3.43	2.71	3.08	2.85
Counseling (someone to talk to)	3.53	2.91	3.37	3.08
Nutrition Counseling	3.47	2.70	3.04	3.21
Nearby Senior Center	3.58	2.45	3.01	2.62

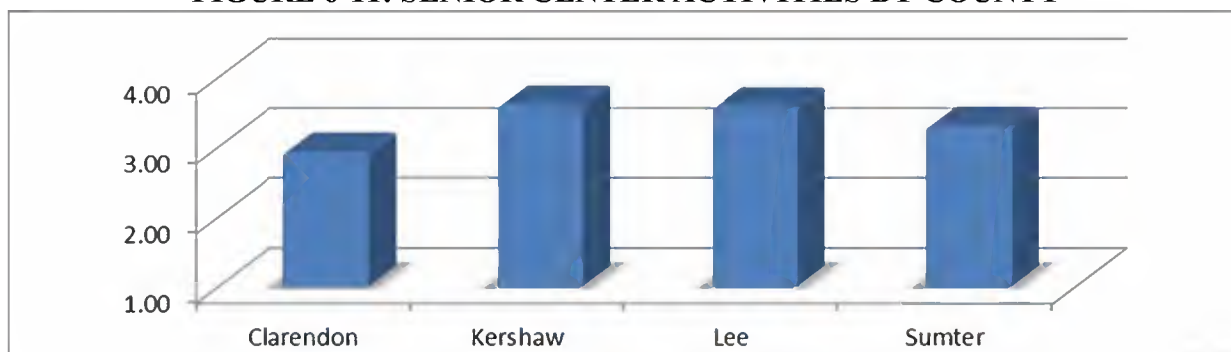


The difference in the senior center activities composite is significantly different between the targeted groups ($F=10.11$, $df=3$, $p<0.001$). Therefore, seniors receiving services view senior center activities to be more important than any other group. However, the target group categorization only accounts for 6.7% of the variability in this composite ($r^2=0.067$).

African Americans, females, individuals with less than a high school education, and those below the poverty line rated these services as being of greater importance to them ($F=30.01$, $df=1$, $p<0.001$; $F=8.7$, $df=1$, $p=0.003$; $F=2.85$, $df=4$, $p=0.024$; and $F=8.38$, $df=1$, $p=0.004$, respectively). Individuals who reside in Kershaw or Lee counties reported a greater need for senior center activities than did individuals residing in Clarendon county ($F=4.89$, $df=8$, $p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=3.6$, $df=3$, $p=0.015$). The second group to whom these services are important are individuals in Cluster 2 (white females, widowed, with a high school diploma or GED, who are above the poverty line).

FIGURE 6-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important ($mean=3.22$, $median=4.0$, $n=283$, $sd=1.11$). All of the needs are considered to be quite a bit important (preventing falls: $mean=3.22$, $median=4.0$, $n=278$, $sd=1.21$; healthcare directives: $mean=3.13$, $median=4.0$, $n=276$, $sd=1.26$; protection of rights: $mean=3.23$, $median=4.0$, $n=273$, $sd=1.22$; having someone to call if feeling threatened or taken advantage of: $mean=3.24$, $median=4.0$, $n=277$, $sd=1.2$). (See Figure 6-12.)

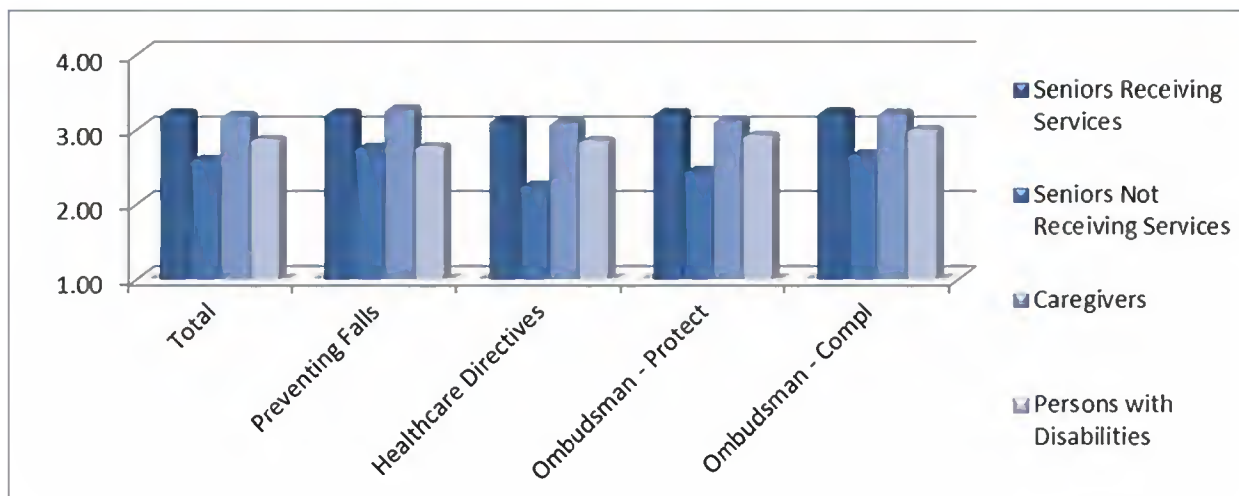
Seniors who have not received services view services to help in maintaining independence to be between a little a quite a bit important (*mean=2.61, median=2.63, n=22, sd=1.15*). All of the services were deemed to be a little or quite a bit important (preventing falls: *mean=2.76, median=3.0, n=21, sd=1.3*; healthcare directives: *mean=2.25, median=2.0, n=20, sd=1.25*; protection of rights: *mean=2.45, median=3.0, n=20, sd=1.23*; having someone to call if feeling threatened or taken advantage of: *mean=2.67, median=3.0, n=21, sd=1.2*). (See Figure 6-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean=3.19, median=3.75, n=110, sd=0.98*). All of the needs are considered to be quite a bit important (preventing falls: *mean=3.28, median=4.0, n=107, sd=1.09*; healthcare directives: *mean=3.1, median=4.0, n=107, sd=1.18*; protection of rights: *mean=3.13, median=4.0, n=108, sd=1.1*; having someone to call if feeling threatened or taken advantage of: *mean=3.22, median=4.0, n=110, sd=1.11*). (See Figure 6-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.87, median=3.25, n=13, sd=0.97*). The most important service is having someone to call if feeling threatened or taken advantage of: *mean=3.0, median=3.5, n=12, sd=1.21*). (See Figure 6-12.)

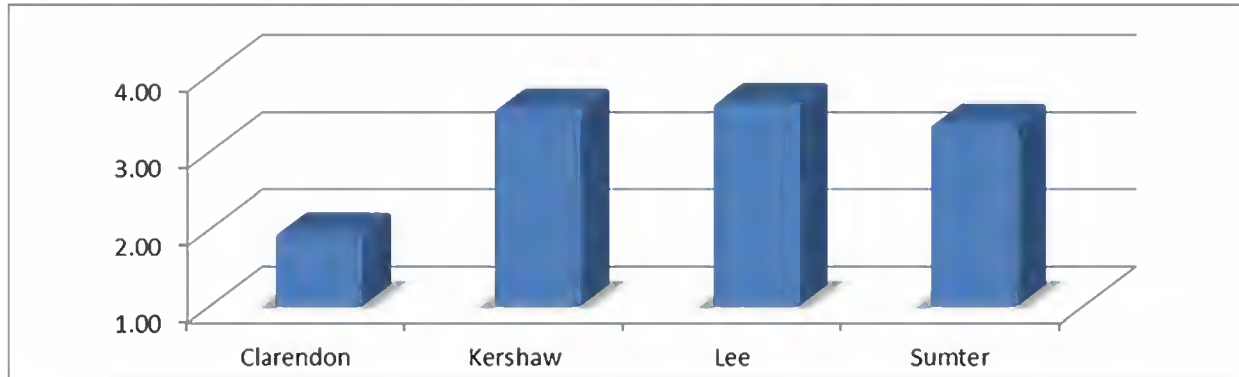
FIGURE 6-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	3.22	2.60	3.19	2.87
Preventing Falls	3.22	2.76	3.28	2.77
Healthcare Directives	3.13	2.25	3.10	2.85
Ombudsman - Protection	3.23	2.45	3.13	2.92
Ombudsman - Complaints	3.24	2.67	3.22	3.00



The difference in the maintaining independence composite is not significantly different between the targeted groups ($F=2.54$, $df=3$, $p=0.056$, $r^2=0.018$). African Americans and individuals below the poverty line also rated these services as being of greater importance to them ($F=4.16$, $df=1$, $p=0.042$ and $F=8.1$, $df=1$, $p=0.005$, respectively). Individuals who reside in Kershaw and Lee counties expressed a significantly greater need for these services than those residing in Clarendon County ($F=22.65$, $df=8$, $p<0.001$). There are no differences in service need by demographic cluster ($F=0.98$, $df=3$, $p=0.405$).

FIGURE 6-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

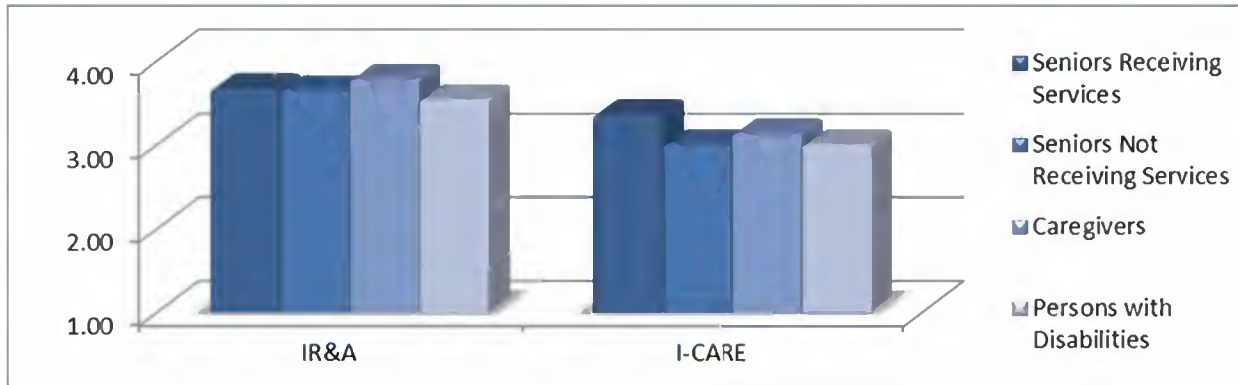
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 438 respondents, 412 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.54-3.78$, $median=4.0$). The results of the Kruskal Wallis test indicate that there are no significant differences between the target groups ($X^2_{K-W}=2.43$, $df=3$, $p=0.488$). (See Figure 6-14.)

Of the 438 respondents, 402 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. All of the targeted groups view I-CARE to be quite a bit important ($mean=3.0-3.36$, $median=3.5-4.0$). The results of the Kruskal Wallis test indicate that there are no significant differences between the target groups ($X^2_{K-W}=7.78$, $df=3$, $p=0.051$); however, seniors who are receiving services have the greatest need of all the groups ($mean=3.36$, $median=4.0$, $n=264$, $sd=1.1$). (See Figure 6-14.)

FIGURE 6-14: IR&A AND I-CARE BY TARGETED GROUP

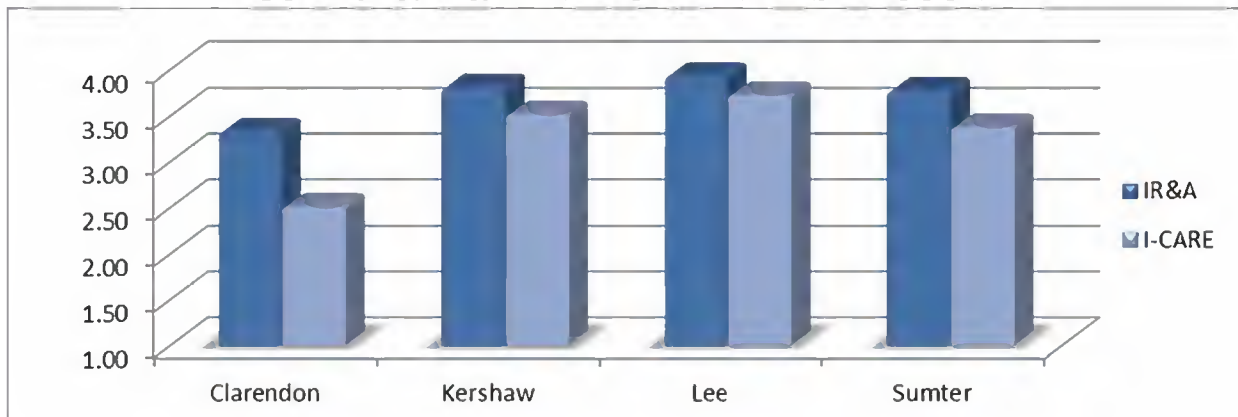
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.67	3.65	3.78	3.54
Insurance Counseling (I-CARE)	3.36	3.00	3.13	3.00



Individuals who are divorced have a greater perceived need for IR&A ($t=8.07$, $df=3$, $p=0.045$). Individuals residing in Lee, Kershaw, and Sumter counties expressed significantly greater need for this service ($X^2_{K-W}=55.16$, $df=3$, $p<0.001$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

African Americans and individuals below the poverty line also rated these services as being of greater importance to them ($t=9.2$, $df=1$, $p=0.002$ and $t=12.08$, $df=1$, $p<0.001$, respectively). Individuals residing in Lee and Kershaw counties expressed significantly greater need for this service ($X^2_{K-W}=63.43$, $df=3$, $p<0.001$).

FIGURE 6-15: IR&A AND I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be quite a bit important (*mean*=3.15, *median*=3.88, *n*=283, *sd*=1.05). All of these needs were reportedly quite a bit important (*mean*=3.0-3.33, *median*=4.0, *sd*=1.08-1.32). (See Figure 6-16.)

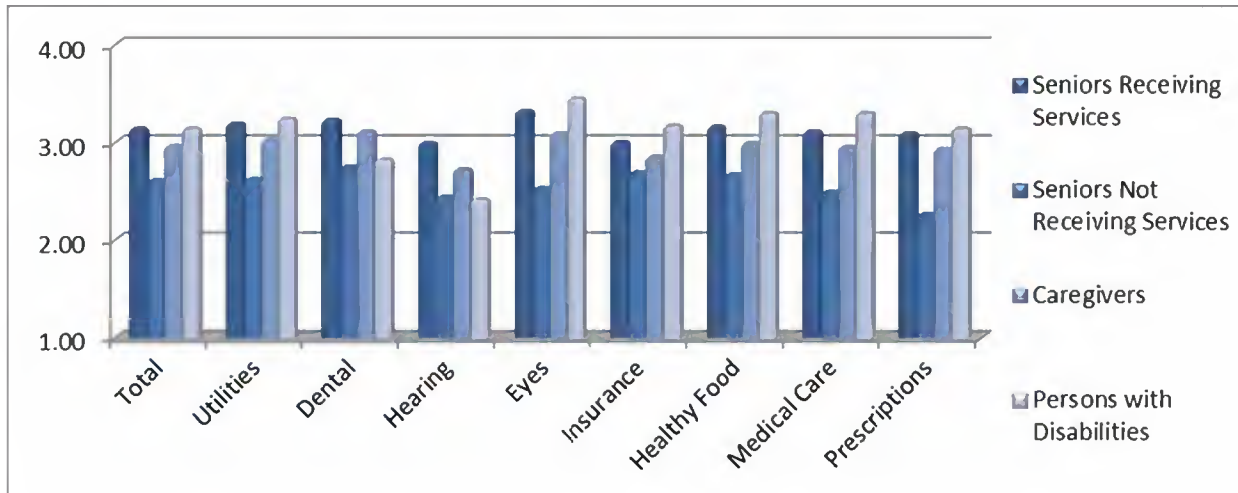
Seniors who have not received services view monetary assistance to be between a little and quite a bit important (*mean*=2.62, *median*=2.83, *n*=25, *sd*=1.05). The most important of these needs are help paying for dental care and/or dentures (*mean*=2.76, *median*=3.0, *n*=19, *sd*=1.34). The least important service to seniors who have not received services is help paying prescriptions or prescription coverage (*mean*=2.27, *median*=2.0, *n*=22, *sd*=1.2). (See Figure 6-16.)

Caregivers view monetary assistance to be quite a bit important (*mean*=2.97, *median*=3.25, *n*=112, *sd*=1.02). The most important of these needs are help paying for dental care and/or dentures (*mean*=2.76, *median*=3.0, *n*=19, *sd*=1.34). The least important service to caregivers is help paying prescriptions or prescription coverage (*mean*=2.27, *median*=2.0, *n*=22, *sd*=1.2). (See Figure 6-16.)

Persons with disabilities view monetary assistance to be a little important (*mean*=2.25, *median*=2.13, *n*=18, *sd*=1.0). The most important of these needs is help paying for utilities or an unexpected bill (*mean*=3.25, *median*=3.5, *n*=12, *sd*=0.97). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean*=2.42, *median*=2.0, *n*=12, *sd*=1.24). (See Figure 6-16.)

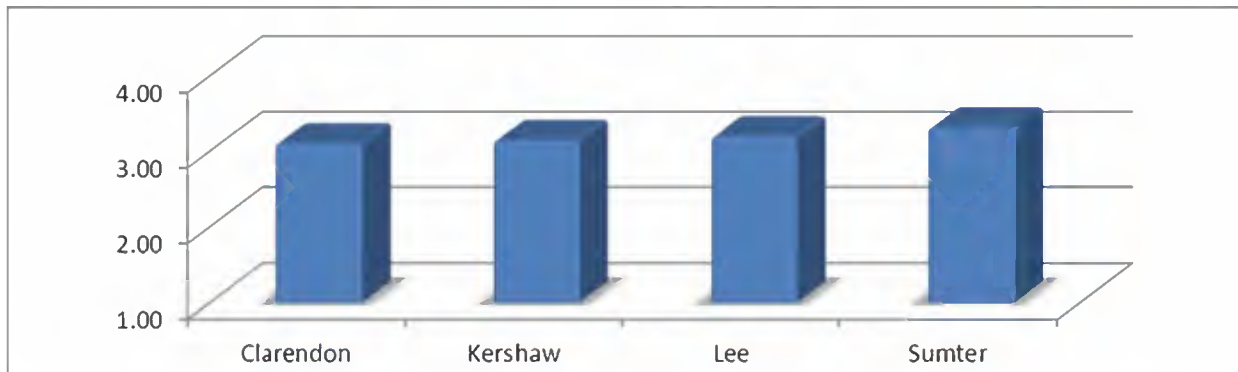
FIGURE 6-16: MONETARY ASSISTANCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	3.15	2.62	2.97	3.15
Utilities or an unexpected bill	3.20	2.63	3.03	3.25
Dental Care and/or Dentures	3.24	2.76	3.12	2.83
Hearing Exam and/or Hearing Aids	3.00	2.45	2.73	2.42
Eye Exam and/or Eyeglasses	3.33	2.54	3.10	3.46
Health Insurance	3.01	2.70	2.86	3.18
Healthy Food	3.17	2.68	3.00	3.31
Medical Care	3.12	2.50	2.96	3.31
Prescriptions or Prescription Drug Coverage	3.10	2.27	2.94	3.15



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=2.54, df=3, p=0.056, r^2=0.017$). African Americans, individuals who are married or divorced, those who have received an Associate’s degree or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=15.82, df=1, p<0.001$; $F=3.25, df=3, p=0.022$; $F=9.78, df=3, p<0.001$; and $F=15.04, df=1, p<0.001$, respectively). Individuals who are single rated these services as being of greater importance to them than individuals who are widowed, married, or divorced ($F=3.01, df=1, p<0.001$). Individuals residing in Kershaw and Lee counties expressed a greater need for monetary assistance than did individuals who reside in Clarendon ($F=8.29, df=8, p<0.001$).

FIGURE 6-17: MONETARY ASSISTANCE BY COUNTY



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual’s responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=24$, 38.1%), caregivers of seniors with disabilities ($n=30$, 47.6%), caregivers of persons with disabilities ($n=5$, 7.9%), and caregivers of children ($n=4$, 6.3%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) ($mean=3.48$, $median=4.0$, $n=39$, $sd=0.73$). All services are equally important ($mean=3.29-3.61$, $median=4.0$, $sd=0.73$). (See Figure 6-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=3.33$, $median=3.4$, $n=50$, $sd=0.55$). The most important of these needs is for assistance in paying for services ($mean=3.69$, $median=4.0$, $n=45$, $sd=0.56$) and respite ($mean=3.6$, $median=4.0$, $n=47$, $sd=0.68$). (See Figure 6-18.)

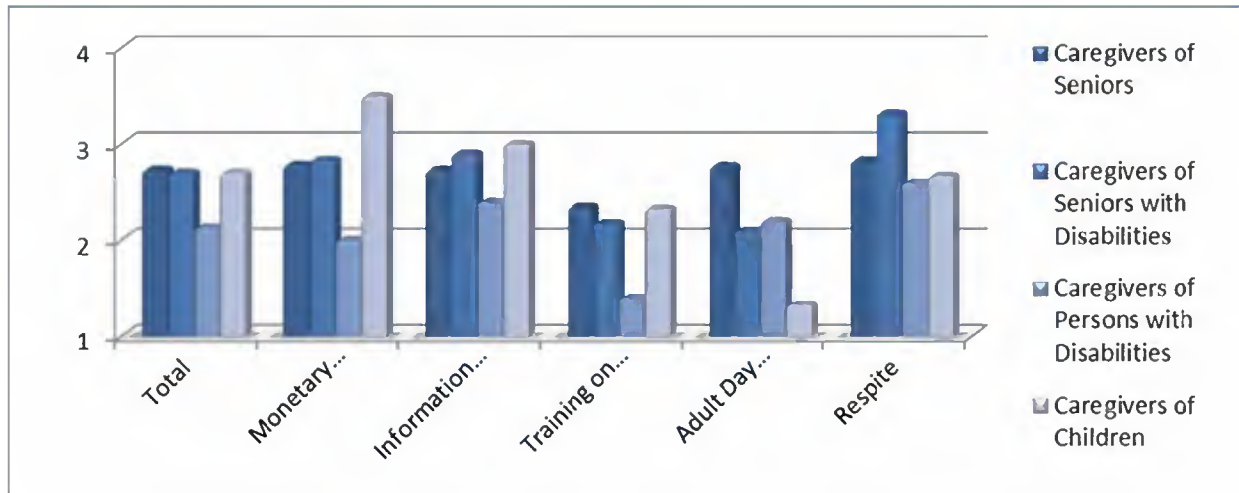
Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=3.41$, $median=3.65$, $n=8$, $sd=0.71$). The most important needs are for assistance in paying for services ($mean=3.41$, $median=3.65$, $n=8$, $sd=0.71$) and respite ($mean=3.6$, $median=4.0$, $n=5$, $sd=0.89$). (See Figure 6-18.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.67$, $median=2.7$, $n=6$, $sd=0.64$). The most important needs are for information and referral for services ($mean=3.0$, $median=4.0$, $n=3$, $sd=1.7$) and monetary assistance in acquiring services ($mean=3.5$, $median=3.5$, $n=4$, $sd=0.58$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 6-18.)

The difference in the caregiver needs composite is significantly different between the type of person being cared for ($F=2.83$, $df=3$, $p=0.043$), most likely due to the small number of persons caring for a person with a disability who is under 60 and seniors caring for a child under 18. Monetary assistance, information and referral, and respite are the services most needed by all types of caregivers. There are no differences in the needs of caregivers based on demographics.

FIGURE 6-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	3.48	3.33	3.41	2.67
Monetary Assistance	3.61	3.69	4.00	3.83
Information & Referral	3.57	3.47	3.20	3.33
Training on Caregiving	3.29	2.71	3.25	1.17
Adult Day Care	3.31	2.95	3.00	2.33
Respite	3.47	3.60	3.60	2.67



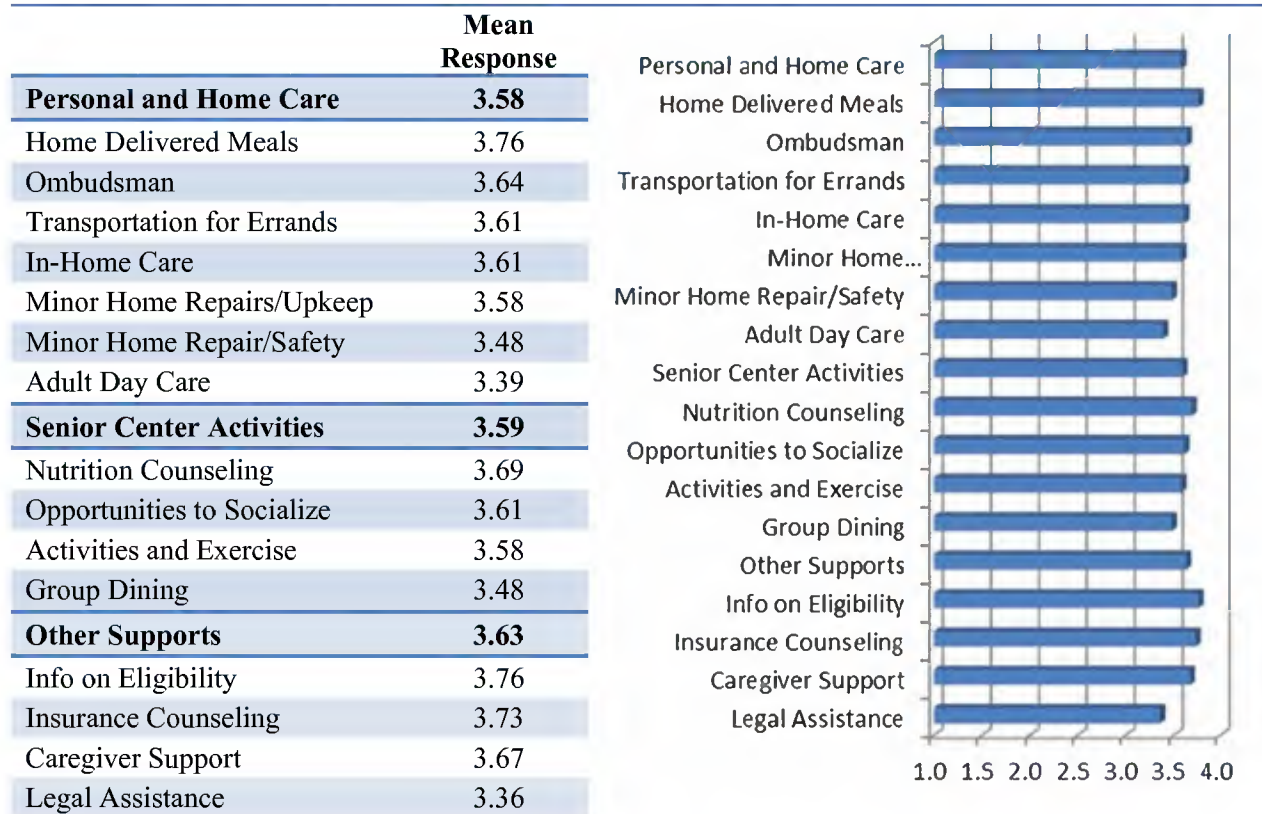
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean*=3.58, *median*=3.86, *n*=33, *sd*=0.55), senior center activities supports (*mean*=3.59, *median*=3.75, *n*=33, *sd*=0.58), and other supports (*mean*=3.63, *median*=3.75, *n*=33, *sd*=0.46) are all viewed to be essential services to helping seniors and those with disabilities in Region 6 to remain independent. The most essential services are home delivered meals (*mean*=3.76, *median*=4.0, *n*=33, *sd*=0.5), information on eligibility for services (ADRC) (*mean*=3.76, *median*=4.0, *n*=33, *sd*=0.44) and Insurance

Counseling/Medicare Counseling services (*mean=3.73, median=4.0, n=33, sd=0.52*). (See Figure 6-19.)

FIGURE 6-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners’ perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered (n=28, 87.5%), are aware of the AAA’s strategic plan (n=28, 87.5%), understand how the AAA/ADRC sets priorities for which clients receive services (n=28, 87.5%), believe that the AAA is a critical partner for their organization (n=29, 93.5%), refer clients to the AAA/ADRC (n=26, 83.9%), and believe that the services of the AAA are easily accessible to clients (n=28, 87.5%). Of concern is that 56.3% of partners (n=18) stated that they do not understand which clients are eligible to receive services. Furthermore, 37.5% (n=20) stated that there are unmet needs for caregivers, 40.6% (n=13) stated that there are unmet needs for seniors, and 40.6% (n=13) stated that there are unmet needs for persons with disabilities. Only 37.5% of partners (n=12) stated that the clients are able to pay part of the cost of their services, and 80% (n=24) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 6-20.)

FIGURE 6-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	87.5%	12.5%	32
Aware of Strategic Plan	87.5%	12.5%	32
Know who is Eligible	43.8%	56.3%	32
Understand Priorities for Services	87.5%	12.5%	32
Critical Partner	93.5%	6.5%	31
Refer to AAA	83.9%	16.1%	31
Services Easily Accessible	87.5%	12.5%	32
Clients able to Pay	37.5%	62.5%	32
Unmet Needs for Caregivers	37.5%	62.5%	32
Unmet Needs for Seniors	40.6%	59.4%	32
Unmet Needs for PWD	40.6%	59.4%	32
Fixed Reimbursement	80.0%	20.0%	30

For seniors, the geographic areas that are most underserved are, in order of prominence:

- Lee County
- Rural
- Sumter County
- Clarendon County
- Also all areas and rural Kershaw

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation
- In home meals
- Healthcare
- Also, caregiver support, home repairs, food bank and help with paying utilities

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- Transportation
- Healthcare
- Caregiver support

Quotes:

There are problems placing seniors who has a mental health diagnoses and many seniors are facing with leaving their home due to poor caregivers support

Seniors are living a lot longer so more services will be needed to keep clients in their homes.

To reduce the cost of services, allow providers to contract for a financial review rather than an audit. Both performed by an independent CPA. 2. Eliminate the requirement for a 3

hour delivery window for meals. Four hours meets both federal and SCDHEC guidelines. This would reduce the cost of meals in many regions of the state.

There are never enough funds to provide needed services, also more Public Service announcements and Seminars should be held to keep the public more aware of what is available and the process to apply. Also more information need to be distributed on how to tap into needed resources. Technology is a problem for the seniors due to lack of computer skills and lack of assessing computers. A lot of information is now distributed on line and our seniors and disable population may not always ha...

The Seniors are in need of services for minor home repairs and help with Utilities.

Mostly the disabled seniors.

Long Term Care Nursing Facility Resident Interviews

Nineteen individuals were interviewed in nine different facilities. The fewest interviewed in any facility was one and the most interviewed in a single facility was six.

County of Residence	
Clarendon	1 (5%)
Kershaw	5 (26%)
Lee	7 (37%)
Sumter	6 (32%)
Total	19 (100%)

Age Groups	
18-59	4 (21%)
60-74	4 (21%)
75-84	6 (32%)
85+	4(21%)
Unk	1 (5%)
Total	19 (100%)

Marital Status	
Single	6 (32%)
Married	4 ((21%)
Divorced	1 (5%)
Widowed	8 (42%)
Total	19 (100%)

Education	
Less than High School	11 (59%)
High School	5 (26%)
Some College	2 (10%)
Unk	1 (5%)
Total	19 (100%)

Race	
Black	6 (32%)
White	13 (68%)
Total	19 (100%)

Length of Years in Facility	
One	3(16%)
Two	7 (37%)
Three	2 (10%)
Four	1 (5%)
Five	3 (16%)
Six	2 (11%)
Seven	0
Eight	1 (5%)
Total	19 (100%)

Gender	
Male	7 (37%)
Female	12 (63%)
Total	19 (100%)

Discussion of Demographics

The members of the sample interviewed are relatively diverse. There are representatives from all four counties in the region. About half of the respondents are over 75 and half are 74 or younger. Twelve are married or widowed and seven are single or divorced. The education level is relatively low, with almost 60% having less than a high school education, which is fairly typical of this age group in South Carolina. Not quite seventy percent are white with the remainder African-American. About two-thirds are female and one-third male, also fairly typical in this population.

Over half the respondents have been in the facility for one or two years. The remaining respondents are pretty evenly distributed across three, four, five and six years, with one outlier at eight years.

Participant Views

a. This facility is the right place for me to get the care I need right now	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
	1	1		2	15

b. My rights as a resident have been explained to me	Definitely No 1	Probably No 1	Maybe Yes, Maybe No 1	Probably Yes 2	Definitely Yes 14
c. The staff here know about client rights	Definitely No 1	Probably No 1	Maybe Yes, Maybe No 1	Probably Yes 2	Definitely Yes 14
d. I know who to talk to if I believe that my rights have been violated	Definitely No 3	Probably No 2	Maybe Yes, Maybe No 1	Probably Yes 1	Definitely Yes 12
e. The staff here follow my choices and preferences	Definitely No	Probably No 1	Maybe Yes, Maybe No	Probably Yes 3	Definitely Yes 15
f. I have concerns about my safety and dignity	Definitely No 14	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes 5
g. I am entirely satisfied with the services I receive at this facility	Definitely No 1	Probably No 2	Maybe Yes, Maybe No 1	Probably Yes 3	Definitely Yes 12

h. The Area Agency on Aging has services that would help me here	Definitely No 10	Probably No 4	Maybe Yes, Maybe No	Probably Yes 1	Definitely Yes 1
i. I want to be discharged from this facility	Definitely No 10	Probably No 1	Maybe Yes, Maybe No 1	Probably Yes 1	Definitely Yes 6
j. I would need additional supports to be able to live at home	Definitely No 4	Probably No 3	Maybe Yes, Maybe No	Probably Yes	Definitely Yes 11

Discussion of Participant Views

Most of the respondents appear to believe they are in the right place and are receiving the care they need. A large number, given the small size of the sample, have concerns about their rights (b, c, and d) and about their safety (f).

While many would like to be discharged from the facility, most appear to realize (as supported by the comments in the next section) that they cannot live at home and that the AAA has little to offer that could help them to do so. This knowledge may confound the answers to h, i and j, which on the whole indicate a desire to be elsewhere, but the knowledge that, for most, this is not possible.

Participant Responses to Open-Ended Questions

1. What services that AAA provides would help you in this facility?

Most of the respondents (14 out of 19, or 74%), said none. One other said unknown. The remaining three said help with going home, help with getting up in the morning and support from home care.

2. If you were able to be discharged, what kind of help or support would you need to stay at home?

Of the 19 respondents, nine, or almost 50%, indicated they could not live outside the facility, and therefore the question did not apply to them. Six of the remaining ten, or sixty percent of those

who believed they could return home, said they needed family help. The remaining four asked for help in the home similar to the help they got in the facility.

Discussion of Participant Responses to Open-Ended Questions

As in the previous section, the respondents indicate that they do not believe they can go home. The surprising result, however, was that six believed they could return home if they had support from their family. This may explain some of the ambivalence found in the responses elsewhere in the interview.

The difficulty for many of the participants in returning home seems to be, at least from their viewpoint, lack of family support. A closer look at the data shows no particular age pattern for the respondents who feel this way. Two are 18-59, two are 75-84, one is 85 +, and one's age is unknown. However, their marital pattern may hold some clues. One is widowed, three are single and two are married. The widowed and single persons would, certainly, not have as much support as persons with a spouse might have. And one of the married persons is in the 75-84 age group and the health of his spouse may be poor.

In short, the respondents did not believe the AAA could give them much support in the facility, and four (21%) felt the AAA might be able to help them leave the facility. However, the fact that a relatively large proportion of the respondents are concerned about their safety in the facility indicates a role for the AAA in the facility that the respondents would not perhaps think of.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 6. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.

2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed all of the services to be quite a bit important. Information, Referral, and Assistance is the service most important to helping them stay where they are, followed by caregiver services, senior center activities, I-CARE (Insurance Counseling), services to help them maintain independence, and monetary assistance. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly less than quite a bit important, with the most important being help with payments for dental care and/or dentures and eye exams and/or eyeglasses. Personal and home care is viewed to be the least important overall, but still quite a bit important for seniors receiving services and caregivers, with the most important of these being transportation for errands, keeping warm or cool, and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are caring for children. Personal and home care, which is viewed as the least important to persons with disabilities is viewed as very important to caregivers and seniors already receiving services. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 6 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 6 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

FINDINGS: REGION 8 – WACCAMAW

Representation of the Population

A total of 759 surveys were completed in Region 8. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 759 surveys completed, 610 (80.4%) were categorized as a senior receiving services, 61 (8%) were categorized as a senior not receiving services, 228 (30%) were categorized as being a caregiver, and 562 (74%) were categorized as an individual with a disability.

For Region 8, the confidence interval for the sample of seniors receiving services is 3.36 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 3.36 percentage points). The confidence interval for seniors not receiving services is higher (12.54 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is not representative of the population of seniors not receiving services. The representation of caregivers is high (4.2 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is relatively high (3.2 points at a 95% confidence level assuming 50% agreement). (See Table 8-1.)

TABLE 8-1: SAMPLE REPRESENTATION OF POPULATION

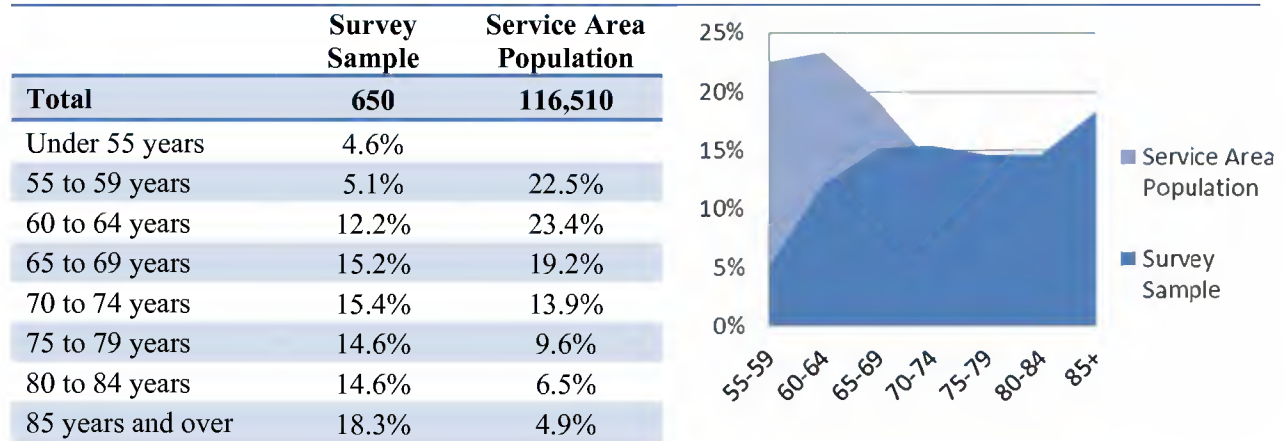
	Population Size	Sample Size	Representation
Seniors Receiving Services	2,138	610	3.36
Seniors Not Receiving Services	71,283	61	12.54
Caregivers	391	228	4.2
ADRC	1,395	562	3.2

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are under 55 (n=30, 4.6%), 55 to 59 years old (n=33, 5.1%), or 60 to 64 years old (n=79, 12.2%), whereas 22.5% and 23.4% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 70 to 74 years (n=100, 15.4% of the sample and 13.9% of the population) and stays even until it reaches 85 years and over (n=119, 18.3% of the sample and 6.5% of the

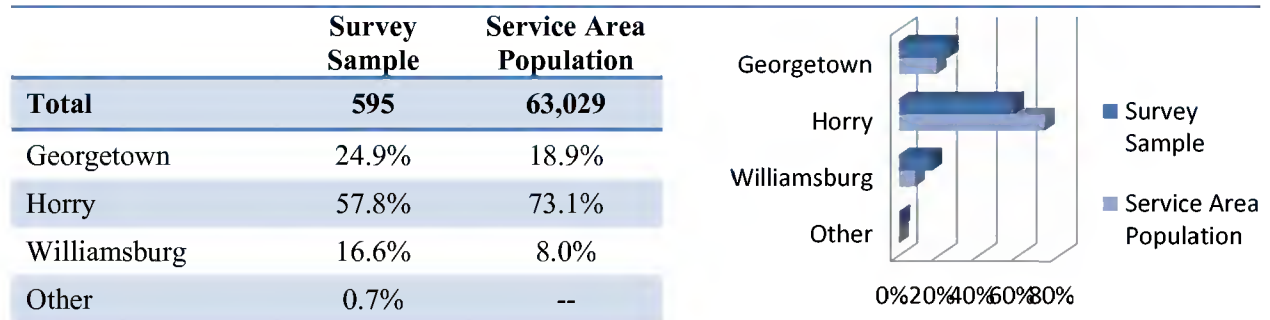
population). (See Figure 8-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 8-2: AGE GROUP



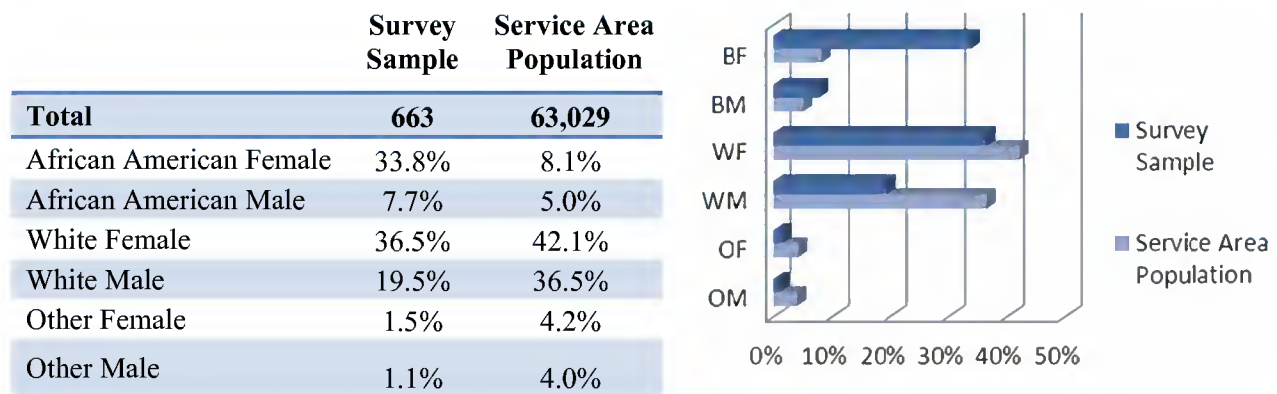
Larger proportions of the survey sample reside in Williamsburg (n=99, 16.6%) and Georgetown (n=148, 24.9%) than in the service area senior population (8% and 18.9%, respectively). Smaller proportions of the survey sample reside in Horry (n=344, 57.8%) than in the service area senior population (73.1%). This was done intentionally in order to ensure representation from the smaller counties and to increase the power of comparisons by county. (See Figure 8-3.)

FIGURE 8-3: COUNTY OF RESIDENCE



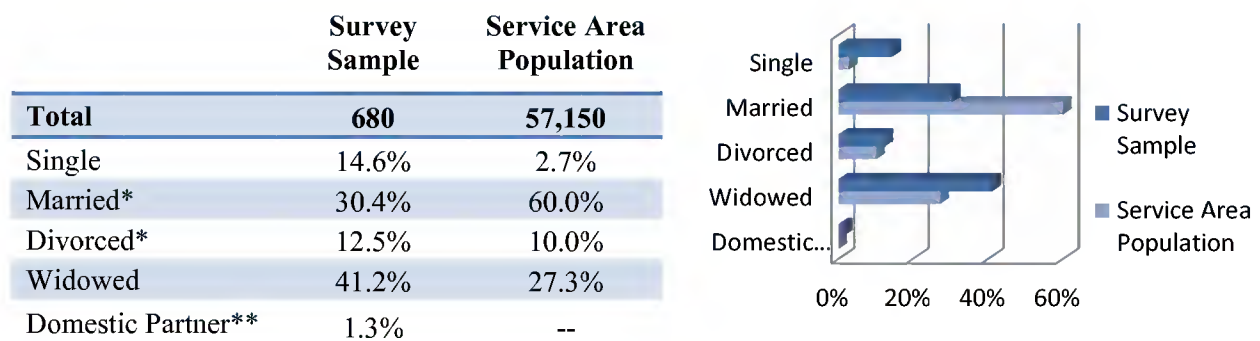
A much larger percentage of the survey sample are African American female (n=224, 33.8%) or than in the service area senior population (8.1% respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian male (n=129, 19.5%) compared to the service area senior population (36.5%, respectively). Very few respondents were of other races (females: n=10, 1.5%; males: n=7, 1.1%). These populations are also relatively small in the service area senior population (other females: 4.2%; other males: 4.0%). (See Figure 8-4.)

FIGURE 8-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=99, 14.6%) or widowed (n=280, 41.2%) than exist in the service area senior population (2.7% and 27.3%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=207, 30.4% of the sample compared to 60% of the service area senior population). A similar percentage of respondents are divorced (n=85, 12.5%) as are in the service area senior population (10%). (See Figure 8-5.)

FIGURE 8-5: MARITAL STATUS OF SENIORS

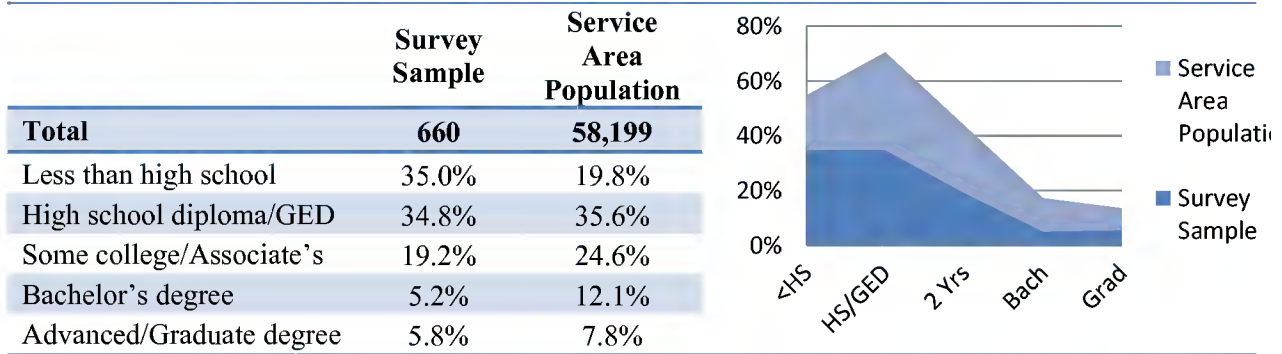


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

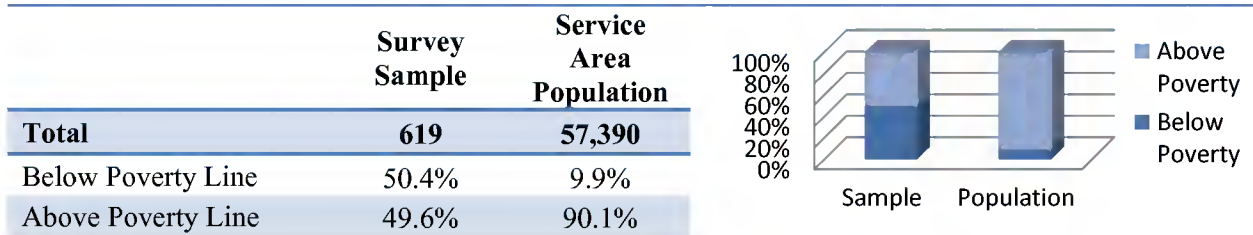
The survey sample has a higher percentage of individuals who have completed less than high school (n=231, 35%) compared to 19.8% of the service area senior population. A slightly lower percentage of the respondents (n=127, 19.2%) attended some college or earned an Associate’s degree than the service area senior population (24.6%). The percentage of respondents who earned a Bachelor’s degree (n=34, 5.2%) is lower than the service area population (12.1% respectively). Advanced/Graduate degree (n=38, 5.8%) are similar to the percentage in the service area senior population (7.8%, respectively). (See Figure 8-6.)

FIGURE 8-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=312, 50.4% compared to 9.9% of the service area senior population). (See Figure 8-7.)

FIGURE 8-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, more likely to be single or widowed, less well educated and more likely to be below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 50 survey respondents from this region are considered to have a disabled and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 60% (n=452) of the sample. Seniors not receiving services

are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 5.4% (n=41) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 28.4% (n=215) of the sample. Persons with disabilities are the (n=50, 6.6%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 141 respondents (18.6% of the sample and 27.9% of those classified). Cluster 2 is comprised of 78 respondents (10.3% of the sample and 15.4% of those classified). Cluster 3 is comprised of 131 respondents (17.3% of the sample and 25.9% of those classified). Cluster 4 is comprised of 156 respondents (20.6% of the sample and 30.8% of those classified). The remaining 253 (33.3%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.24, *median*=2.11, *n*=436, *sd*=0.97). The most important of these needs are keeping warm or cool as the weather changes (*mean*=2.58, *median*=3.0, *n*=409, *sd*=1.33) and transportation for errands (*mean*=2.54, *median*=3.0, *n*=406, *sd*=1.35), household chores (*mean*=2.24, *median*=2.0, *n*=462, *sd*=1.22). The least important services to seniors who are already receiving services are nursing care/prescription assistance (*mean*=1.69, *median*=1.0, *n*=403, *sd*=1.1) and housekeeping (specifically laundry) (*mean*=1.86, *median*=1.0, *n*=409, *sd*=1.17). (See Figure 8-8.)

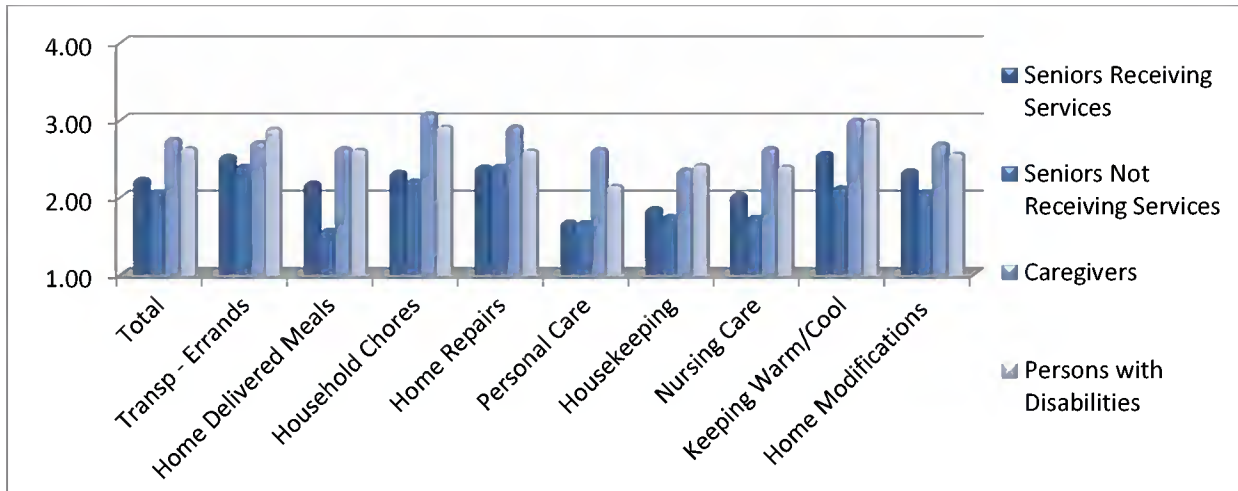
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.08, median=1.78, n=40, sd=0.96*). The services deemed to be a little important by most of the respondents are home repairs and maintenance (*mean=2.41, median=2.0, n=37, sd=1.32*) and transportation for errands (*mean=2.41, median=2.0, n=37, sd=1.32*). The least important services to seniors who are home meal service (*mean=1.58, median=1.0, n=38, sd=.86*) and nursing care (specifically assistance with prescription medicine) (*mean=1.68, median=1.0, n=37, sd=1.1*). (See Figure 8-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important (*mean=2.76, median=2.78, n=213, sd=0.91*). The most important service to caregivers is household chores (specifically keeping home clean) (*mean=3.09, median=4.0, n=206, sd=1.17*) and keeping warm or cool as the weather changes (*mean=3.01, median=4.0, n=206*). The least important service to caregivers is housekeeping (specifically laundry) (*mean=2.36, median=2.0, n=205, sd=1.31*). (See Figure 8-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (*mean=2.64, median=2.56, n=50, sd=0.88*). The most important service to persons with disabilities are household chores (specifically keeping home clean) (*mean=2.92 median=4.0, n=50, sd=1.26*) and keeping warm or cool as the weather changes (*mean=3.0, median=3.5, n=48, sd=1.17*). The least important services to persons with disabilities is personal care or bathing (*mean=2.15, median=2.0, n=46, sd=1.24*). (See Figure 8-8.)

FIGURE 8-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.24	2.08	2.76	2.64
Transportation for Errands	2.54	2.41	2.72	2.89
Home Delivered Meals	2.19	1.58	2.64	2.62
Household Chores	2.33	2.22	3.09	2.92
Home Repairs/Maintenance	2.40	2.41	2.92	2.61
Personal Care	1.69	1.68	2.63	2.15
In-Home Housekeeping	1.86	1.76	2.36	2.42
Nursing Care/Prescription Assistance	2.04	1.75	2.64	2.40
Keeping Warm/Cool	2.58	2.13	3.01	3.00
Home Modifications	2.35	2.08	2.70	2.57

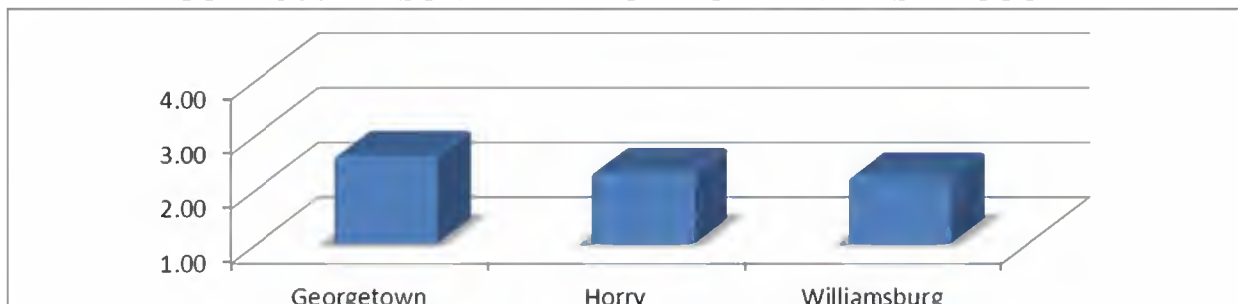


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=17.15$, $df=3$, $p<0.001$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 6.5% of the variability in this composite ($r^2=0.065$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=8.76$, $df=4$, $p<0.001$). This indicates that respondents who are in most need of these services are those who under the age of 55 years old (most of whom are persons with disabilities) and those who are 75 and older. African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=30.12$, $df=1$, $p<0.001$; $F=17.49$, $df=4$, $p<0.001$; and $F=32.61$, $df=1$, $p<0.001$, respectively). Those who are single or widowed rated these services as being of greater importance to them than individuals who are divorced or married ($F=3.27$, $df=3$, $p=0.021$). For seniors, those who have a disability have a significantly greater need ($diff=0.57$, $t=6.23$, $df=474$, $p<0.001$). Individuals residing in Georgetown County had significantly greater personal and home care needs ($F=5.68$, $df=4$, $p<0.001$).

The demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=11.6$, $df=3$, $p<0.001$).

FIGURE 8-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be between quite a bit important and a little important (*mean*=2.69, *median*=2.9, *n*=438, *sd*=0.94). All but one of the items has a median value of quite a bit important. The most important of these needs are getting exercise (*mean*=3.01, *median*=3.0, *n*=411, *sd*=1.09) and nutrition counseling (*mean*=2.83, *median*=3.0, *n*=409, *sd*=1.17). The least important service to seniors who are already receiving services is transportation to the senior center (*mean*=2.12, *median*=1.0, *n*=399, *sd*=1.31). (See Figure 8-10.)

Seniors who have not received services view senior center activities to be slightly less than quite a bit important (*mean*=2.55, *median*=2.38, *n*=40, *sd*=0.81). The most important of these needs are getting exercise (*mean*=3.08, *median*=3.5, *n*=40, *sd*=1.07), counseling (having someone to talk to) (*mean*=2.73, *median*=3.0, *n*=40, *sd*=1.18). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.95, *median*=1.0, *n*=39, *sd*=1.19). (See Figure 8-10.)

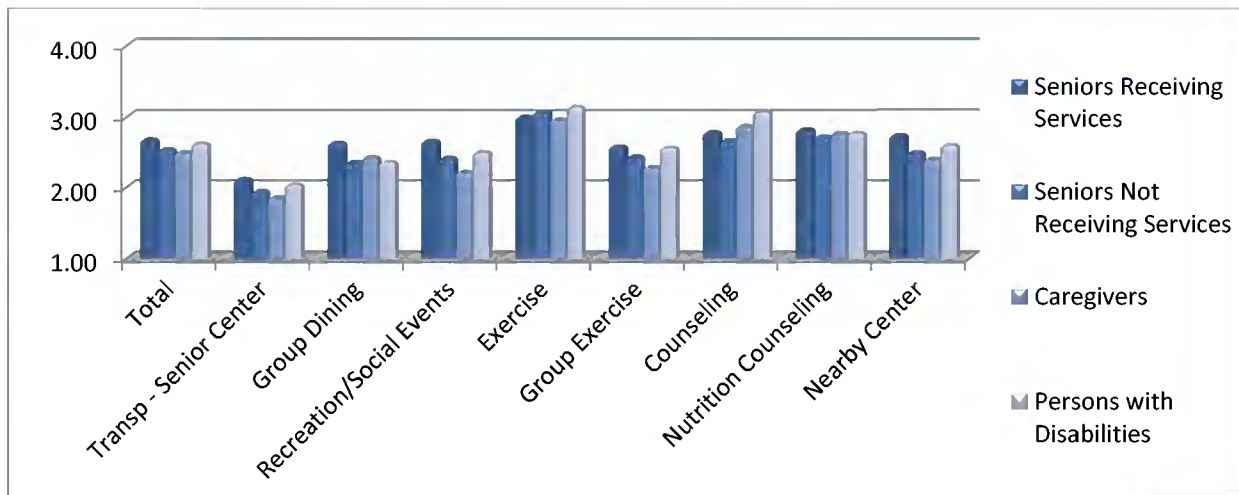
Caregivers view senior center activities to be between a little important and quite a bit important (*mean*=2.50, *median*=2.43, *n*=213, *sd*=0.88). The most important of these needs are getting exercise (*mean*=2.97, *median*=3.0, *n*=205, *sd*=1.1), counseling (having someone to talk to) (*mean*=2.88, *median*=3.0, *n*=205, *sd*=1.17), and getting information on eating healthy (*mean*=2.78, *median*=3.0, *n*=205, *sd*=1.2). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.86, *median*=1.0, *n*=200, *sd*=1.21). (See Figure 8-10.)

Persons with disabilities view senior center activities to be between a little important and quite a bit important (*mean*=2.63, *median*=2.61, *n*=50, *sd*=0.84). The most important services to persons with disabilities are getting exercise (*mean*=3.15, *median*=3.0, *n*=48, *sd*=0.97) and counseling (having someone to talk to) (*mean*=3.08, *median*=3.0, *n*=49, *sd*=1.07). The least important service to persons with disabilities is transportation to the senior center (*mean*=2.04, *median*=1.0, *n*=47, *sd*=1.32). (See Figure 8-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 8-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	2.69	2.55	2.50	2.63
Transportation to the Senior Center	2.12	1.95	1.86	2.04
Group Dining	2.64	2.36	2.43	2.36
Recreation/Social Events	2.67	2.42	2.22	2.50
Exercise	3.01	3.08	2.97	3.15
Group Exercise	2.59	2.44	2.29	2.57
Counseling (someone to talk to)	2.79	2.68	2.88	3.08
Nutrition Counseling	2.83	2.73	2.78	2.78
Nearby Senior Center	2.74	2.50	2.41	2.60



The difference in the senior center activities composite is significantly different between the targeted groups ($F=2.08$, $df=3$, $p=0.102$). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services and caregivers. However, the target group categorization only accounts for 0.8% of the variability in this composite ($r^2=0.008$).

African Americans and females rated these services as being of greater importance to them ($F=25.96$, $df=1$, $p<0.001$; $F=16.57$, $df=1$, $p<0.001$, respectively). Those who are single, widowed or divorced rated these services as being of greater importance to them than individuals who are married ($F=3.58$, $df=3$, $p=0.014$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line), the majority of whom are seniors receiving services.

FIGURE 8-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be between a little and quite a bit important (*mean*=2.56, *median*=2.5, *n*=425, *sd*=1.1). The most important of these needs is having someone to call if feeling threatened or taken advantage of (*mean*=2.71, *median*=3.0, *n*=408, *sd*=1.3). Healthcare directives is the only one considered to be a little important (*mean*=2.36, *median*=2.0, *n*=403, *sd*=1.25). (See Figure 8-12.)

Seniors who have not received services view services to help in maintaining independence to be between a little and quite a bit important (*mean*=2.50, *median*=2.5, *n*=94, *sd*=1.03). The most important of these need are protection of rights (*mean*=2.59, *median*=3.0, *n*=39, *sd*=1.21) and having someone to call if feeling threatened or taken advantage of (*mean*=2.54, *median*=3.0, *n*=37, *sd*=1.24). Preventing falls and healthcare directives are a little important (*mean*=2.37, *median*=2.0, *n*=38, *sd*=1.28; *mean*=2.37, *median*=2.0, *n*=38, *sd*=1.95). (See Figure 8-12.)

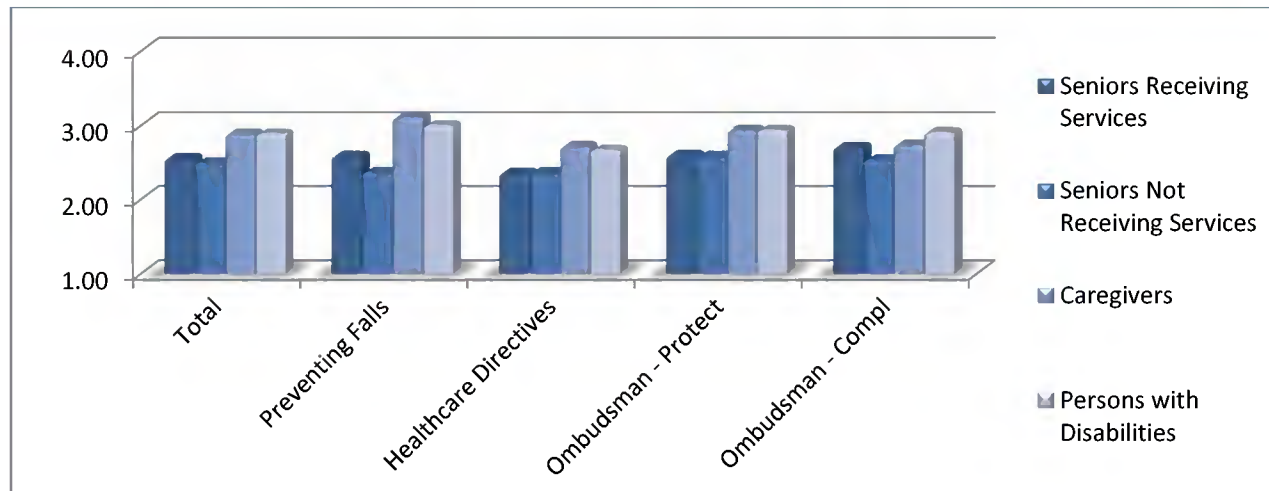
Caregivers view services to help in maintaining independence to be quite a bit important (*mean*=2.89, *median*=3.25, *n*=211, *sd*=1.05). The most important of these services are preventing falls (*mean*=3.11, *median*=4.0, *n*=207, *sd*=1.17) and protection of rights (*mean*=2.94, *median*=4.0, *n*=208, *sd*=1.25). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean*=2.72, *median*=3.0, *n*=207, *sd*=1.27; and someone to call if feeling threatened or taken advantage of: *mean*=2.74, *median*=3.0, *n*=207, *sd*=1.29). (See Figure 8-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.9, median=3.0, n=49, sd=1.05*). All of the services were deemed to be quite a bit or very important (preventing falls: *mean=3.0, median=4.0, n=46, sd=1.21*; healthcare directives: *mean=2.67, median=3.0, n=48, sd=1.26*; protection of rights: *mean=2.94, median=4.0, n=48, sd=1.25*; and someone to call if feeling threatened or taken advantage of: *mean=2.91, median=3.0, n=47, sd=1.23*). (See Figure 8-12.)

Preventing falls is most important to caregivers and people with a disability; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors not receiving services. . Seniors receiving services perceive the services of the ombudsman to be the most important.

FIGURE 8-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.56	2.50	2.89	2.89
Preventing Falls	2.59	2.37	3.11	3.00
Healthcare Directives	2.36	2.37	2.72	2.67
Ombudsman - Protection	2.60	2.59	2.94	2.94
Ombudsman - Complaints	2.71	2.54	2.74	2.91

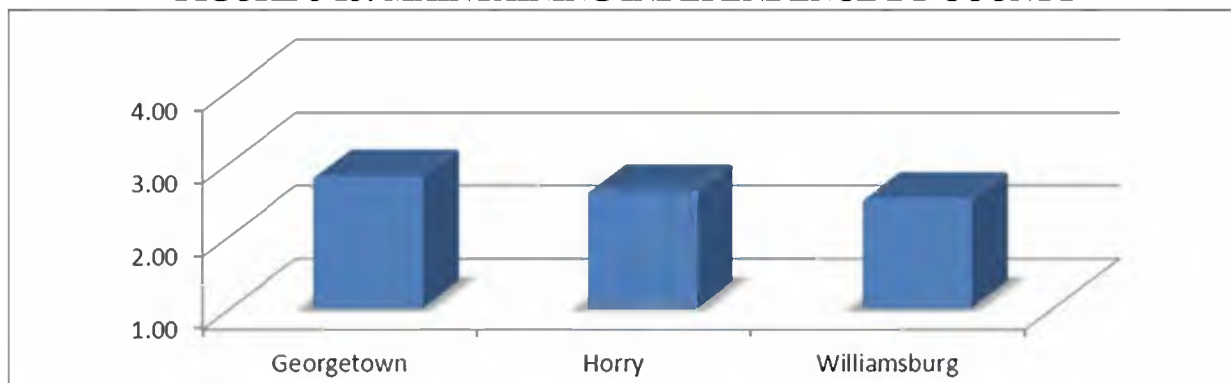


The difference in the maintaining independence composite is significantly different between the targeted groups ($F=5.33, df=3, p=0.001$). Therefore, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 2.2% of the variability in this composite ($r^2=0.022$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=3.7, df=4, p=0.005$). This indicates that respondents who are in most need of these services are those who are under 55. African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=7.4, df=1, p=0.007$; $F=9.44, df=4, p<0.001$; and $F=4.7, df=1, p=0.031$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.48, t=4.6, df=462, p<0.001$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line and most likely to be over the age of 85), $F=3.7, df=4, p=0.005$ This matches the analysis of individual demographics above.

FIGURE 8-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

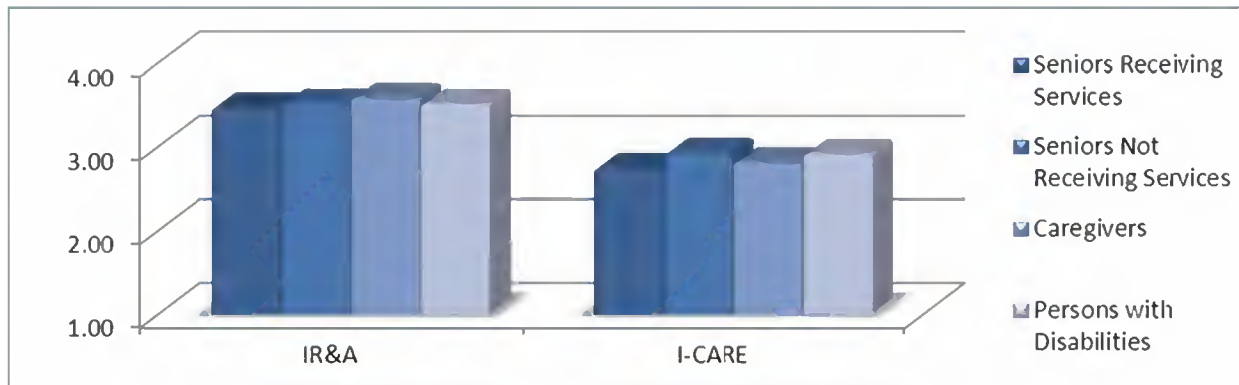
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 759 respondents, 705 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.47-3.51, median=4.0$). The results of the Kruskal Wallis test indicate that there was no significant differences between the target groups ($X^2_{K-W}=2.14, df=3, p=0.543$). (See Figure 8-14.)

Of the 759 respondents, 696 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. All of the targeted groups view I-CARE to be quite a bit ($mean=2.74-2.92, median=3.0$). The results of the Kruskal Wallis test indicate that there was no significant differences between the target groups ($X^2_{K-W}=1.77, df=3, p=0.623$). (See Figure 8-14.)

FIGURE 8-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.47	3.51	3.58	3.51
Insurance Counseling (I-CARE)	2.74	2.92	2.81	2.91



Respondents with a Bachelor’s degree have a greater perceived need for IR&A ($X^2_{k-w} = 11.5$, $df=4$, $p=0.021$). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{k-w} = 11.29$, $df=4$, $p=0.023$). This indicates that respondents who are in most need of these services are those who between 55 and 64 years old. African Americans, those with a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($t=21.1$, $df=1$, $p<0.001$; $t=27.22$, $df=4$, $p<0.001$; and $t=17.31$, $df=1$, $p<0.001$, respectively).

Overall, the demographic cluster of respondents who reported the greatest need for I-CARE services is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($X^2_{k-w} = 19.3$, $df=3$, $p<0.001$).

Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual’s responses to the eight items.

On average, seniors receiving services view monetary assistance to be slightly more than a little important (*mean=2.45, median=2.5, n=418, sd=1.1*). The most important of these needs are dental care and/or dentures (*mean=2.63, median=3.0, n=389, sd=1.32*) and eye exam and/or eyeglasses (*mean=2.61, median=3.0, n=386, sd=1.3*). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean=2.22, median=2.0, n=380, sd=1.3*) and health insurance (*mean=2.23, median=2.0, n=370, sd=1.3*). (See Figure 8-15.)

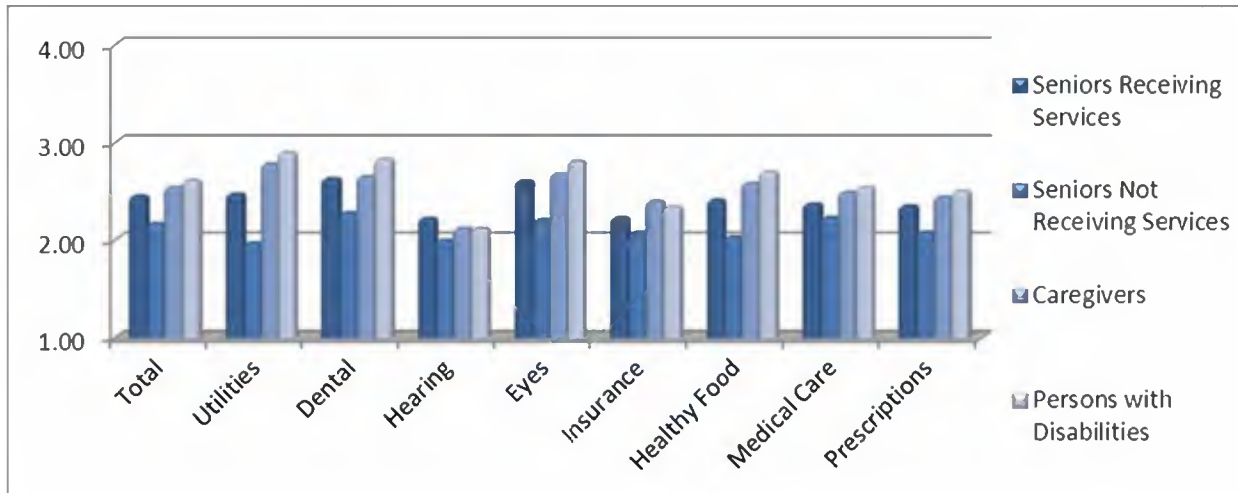
Seniors who have not received services view monetary assistance to be a little important (*mean=2.08, median=2.0, n=36, sd=1.2*). The most important of these needs is dental care and/or dentures (*mean=2.28, median=2.0, n=36, sd=1.21*). The least important service to seniors who are already receiving services is paying for healthy food (*mean=2.03, median=1.0, n=37, sd=1.3*). (See Figure 8-15.)

Caregivers view monetary assistance to be between little important and quite a bit important (*mean=2.54, median=2.5, n=213, sd=0.98*). The most important of these needs are for utilities or an unexpected bill (*mean=2.78, median=3.0, n=203, sd=1.2*) and dental care and/or dentures (*mean=2.65, median=3.0, n=207, sd=1.3*). The least important service to caregivers is help paying for hearing exam and/or hearing aids (*mean=2.12, median=1.0, n=200, sd=1.3*). (See Figure 8-15.)

Persons with disabilities view monetary assistance to be between little important and quite a bit important (*mean=2.61, median=2.71, n=45, sd=0.86*). The most important of these needs are for utilities or an unexpected bill (*mean=2.9, median=3.0, n=41, sd=0.97*) and dental care and/or dentures (*mean=2.83, median=3.0, n=41, sd=1.2*), eye exam and/or eyeglasses (*mean=3.28, median=4.0, n=18, sd=1.07*). The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (*mean=2.12, median=2.0, n=41, sd=1.25*). (See Figure 8-15.)

FIGURE 8-15: MONETARY ASSISTANCE BY TARGETED GROUP

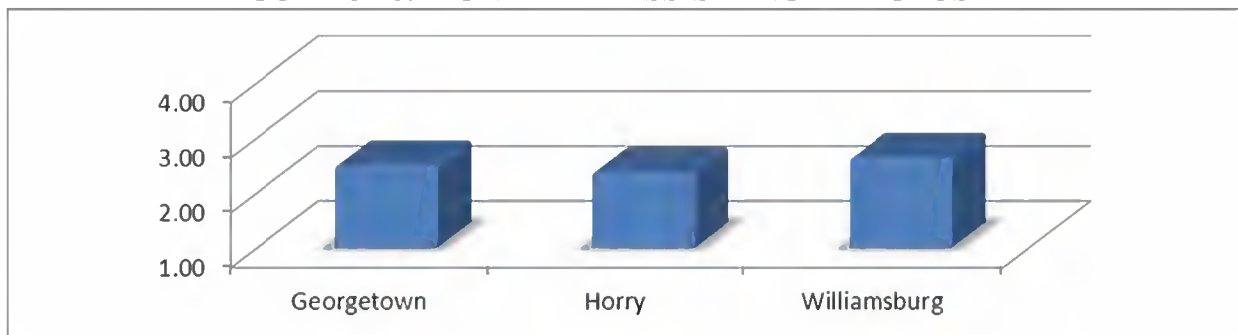
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.45	2.17	2.54	2.61
Utilities or an unexpected bill	2.47	1.97	2.78	2.90
Dental Care and/or Dentures	2.63	2.28	2.65	2.83
Hearing Exam and/or Hearing Aids	2.22	2.00	2.12	2.12
Eye Exam and/or Eyeglasses	2.61	2.21	2.68	2.81
Health Insurance	2.23	2.08	2.40	2.34
Healthy Food	2.41	2.03	2.58	2.70
Medical Care	2.37	2.23	2.49	2.54
Prescriptions or Prescription Drug Coverage	2.35	2.08	2.44	2.50



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=1.71$, $df=3$, $p=0.164$, $r^2=0.007$). The age of the respondent has a significant impact on their perceived need for monetary assistance ($F=4.31$, $df=4$, $p=0.002$). This indicates that respondents who are in most need of these services are those who are under 55 years old. African Americans, those who have received less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=34.45$, $df=1$, $p<0.001$; $F=23.14$, $df=4$, $p<0.001$; and $F=45.77$, $df=1$, $p<0.001$, respectively). Individuals who are divorced rated these services as being of greater importance to them ($F=8.21$, $df=3$, $p<0.001$). For seniors, those who have a disability have a significantly greater need ($diff=0.58$, $t=5.45$, $df=455$, $p<0.001$).

Overall, the demographic cluster of respondents who reported the greatest need for these services is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=9.57$, $df=3$, $p<0.001$).

FIGURE 8-16: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care;

and Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=18$, 9.1%), caregivers of seniors with disabilities ($n=126$, 64%), caregivers of persons with disabilities ($n=37$, 18.8%), and caregivers of children ($n=16$, 8.1%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) disagree that caregiver services are necessary to help them care for the individual(s) ($mean=2.38$, $median=2.6$, $n=18$, $sd=.95$). The most important need is for temporary relief from caregiver duties (respite) ($mean=2.8$, $median=3.0$, $n=15$, $sd=1.15$). (See Figure 8-17.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.81$, $median=2.8$, $n=126$, $sd=0.86$). The most important of these needs is for temporary relief from caregiver duties (respite) ($mean=3.07$, $median=4.0$, $n=115$, $sd=1.4$), followed by monetary assistance for acquiring services ($mean=3.01$, $median=3.0$, $n=116$, $sd=1.31$) and information and referral for services ($mean=2.94$, $median=3.0$, $n=112$, $sd=1.09$). (See Figure 8-17.)

Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.89$, $median=2.8$, $n=37$, $sd=0.73$). The most important of these needs are information and referral for services ($mean=3.26$, $median=4.0$, $n=31$, $sd=.99$), for monetary assistance in acquiring services ($mean=3.21$, $median=4.0$, $n=34$, $sd=1.04$), and temporary relief from caregiver duties (respite) ($mean=2.86$, $median=3.0$, $n=35$, $sd=1.2$). (See Figure 8-17.)

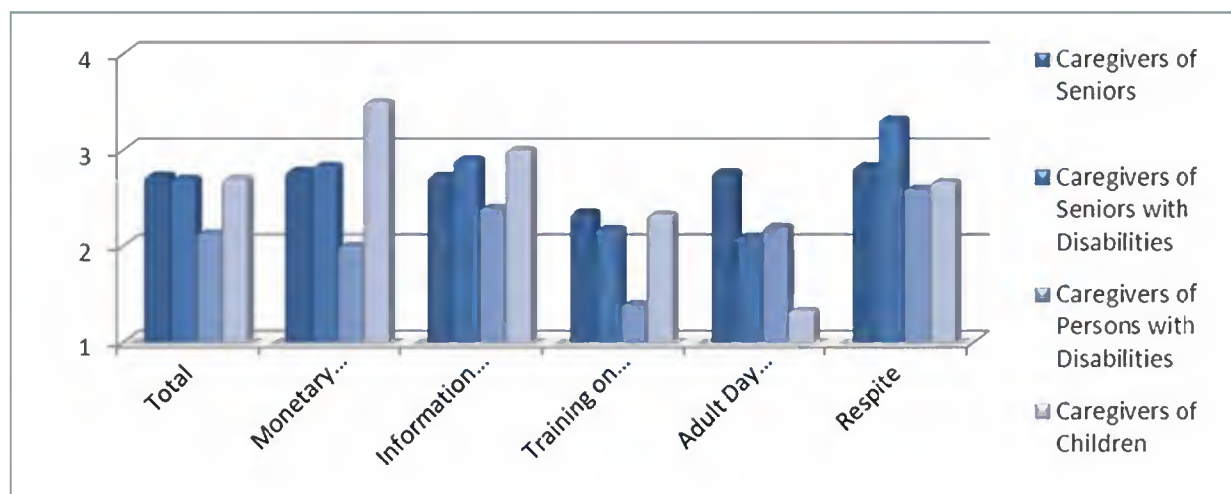
Seniors who are also caregivers of children somewhat agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.5$, $median=2.6$, $n=16$, $sd=0.77$). The most important need is for monetary assistance in acquiring services ($mean=3.0$, $median=3.0$, $n=16$, $sd=1.2$), followed by temporary relief from caregiver duties (respite) ($mean=2.77$, $median=4$, $n=13$, $sd=1.42$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 8-17.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=2.34$, $df=3$, $p=0.075$, $r^2=0.035$). Monetary assistance and respite are the

services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 8-17: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.38	2.81	2.89	2.45
Monetary Assistance	2.61	3.01	3.21	3.00
Information & Referral	2.56	2.94	3.26	2.64
Training on Caregiving	1.47	2.32	2.35	1.93
Adult Day Care	2.00	2.25	2.22	1.86
Respite	2.80	3.07	2.86	2.77



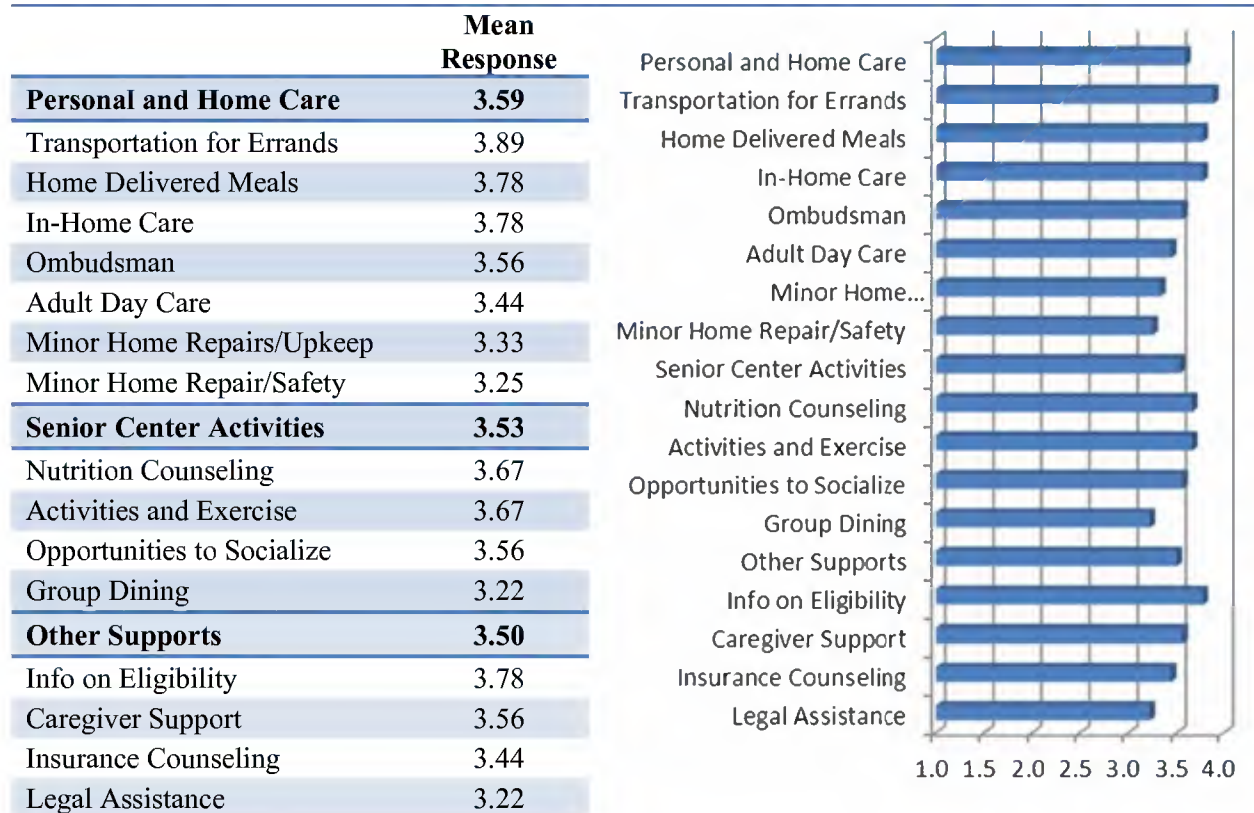
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, personal and home care services (*mean*=3.59, *median*=3.71, *n*=9, *sd*=0.46), senior center activities (*mean*=3.53, *median*=3.5, *n*=9, *sd*=0.36), and other supports (*mean*=3.43, *median*=3.5, *n*=30, *sd*=0.44) are viewed to be equally essential services to helping seniors and

those with disabilities in Region 8 to remain independent. The most essential services are transportation for errands (*mean=3.89, median=4.0, n=9, sd=0.33*), information on eligibility for community and other services (ADRC) (*mean=3.78, median=4.0, n=9, sd=0.67*), home delivered meals (*mean=3.78, median=4.0, n=9, sd=0.44*), and in-home care (housekeeping, laundry, personal care) (*mean=3.78, median=4.0, n=9, sd=0.67*). (See Figure 8-18.)

FIGURE 8-18: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are divided; however, the sample size is too small to draw definitive conclusions (*n=9*). Just over half of the partners are knowledgeable of the services offered (*n=6, 66.7%*), are aware of the AAA's strategic plan and goals (*n=5, 55.6%*), know who is eligible to receive services (*n=5, 55.6%*), and believe that the services are easily accessible (*n=5, 62.5%*). The majority believe that the AAA is a critical partner for their organization (*n=8, 88.9%*), and refer clients to the AAA/ADRC (*n=8, 87.5%*). Most partners disagreed that there are unmet needs for caregivers (*n=5, 62.5%*), seniors (*n=7, 87.5%*), and persons with disabilities (*n=5, 62.5%*). Of concern is that only 44.4% (*n=4*) understand how the AAA/ADRC sets priorities for which clients receive services. Only 37.5% of partners (*n=3*) stated that the clients are able to pay part of the cost of their services, and 85.7% (*n=6*) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 8-19.)

FIGURE 8-19: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	66.7%	33.3%	9
Aware of Strategic Plan	55.6%	44.4%	9
Know who is Eligible	55.6%	44.4%	9
Understand Priorities for Services	44.4%	55.6%	9
Critical Partner	88.9%	11.1%	9
Refer to AAA	87.5%	12.5%	8
Services Easily Accessible	62.5%	37.5%	8
Clients able to Pay	37.5%	62.5%	8
Unmet Needs for Caregivers	37.5%	62.5%	8
Unmet Needs for Seniors	12.5%	87.5%	8
Unmet Needs for PWD	37.5%	62.5%	8
Fixed Reimbursement	85.7%	14.3%	7

There was no clear pattern of frequency of mentions for underserved geographic areas; these areas were noted by at least one respondent:

- Loris
- Myrtle Beach
- Conway
- Georgetown
- Williamsburg County
- Rural

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation
- Caregiver Support
- Other needs mentioned were meals, home repair, healthcare, socialization, adult day care

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- Transportation
- Healthcare
- Caregiver support
- Other needs noted were home care and adult day care

Quotes

The process takes too long to place a vulnerable adult into residential placement.

Transportation is always an issue

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 8. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 8 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, less well educated and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important

of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as more important to caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 8 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 8 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

While partners believe they have a good relationship with the AAA, they believe they have little knowledge of the plan, do not understand how priorities are set for which clients receive services and are not clear on who is eligible to receive services. In short, the partners feel that they are a strong part of service provision and a small part of planning and prioritizing. This may or may not be an important issue, but should be explored.

FINDINGS: REGION 9 – TRIDENT

Representation of the Population

A total of 405 surveys were completed in Region 9. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 405 surveys completed, 291 (71.9%) were categorized as a senior receiving services, 74 (18.3%) were categorized as a senior not receiving services, 106 (26.2%) were categorized as being a caregiver, and 238 (58.8%) were categorized as an individual with a disability.

For Region 9, the confidence interval for the sample of seniors receiving services is 5.27 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 5.27 percentage points). The confidence interval for seniors not receiving services is higher (11.38 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services. The representation of caregivers is relatively high (2.81 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is acceptable (6.05 points at a 95% confidence level assuming 50% agreement). (See Table 9-1.)

TABLE 9-1: SAMPLE REPRESENTATION OF POPULATION

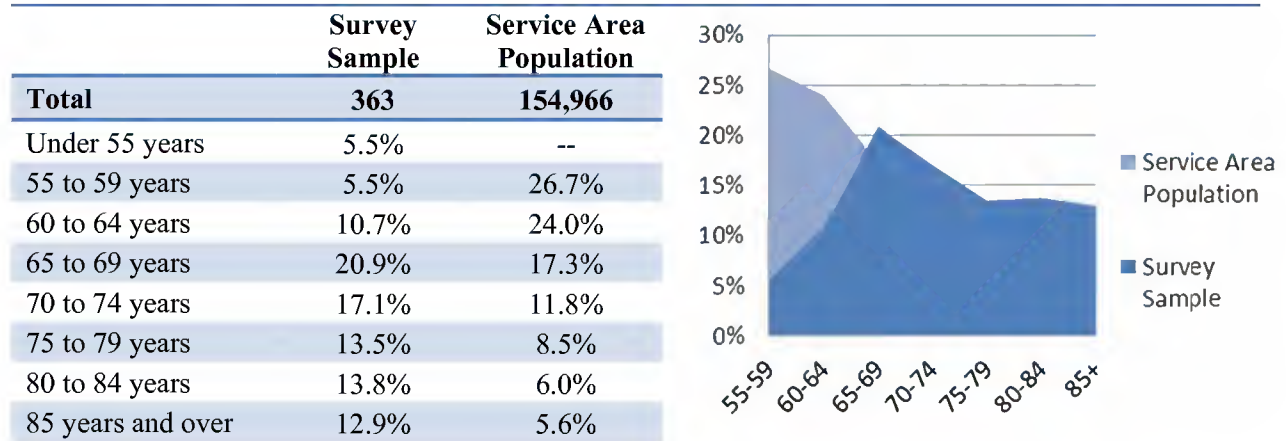
	Population Size	Sample Size	Representation
Seniors Receiving Services	1,836	291	5.27
Seniors Not Receiving Services	105,623	74	11.39
Caregivers	116	106	2.81
ADRC	2,546	238	6.05

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are under 55 (n=20, 5.1%), 55 to 59 years old (n=20, 5.5%), or 60 to 64 years old (n=39, 10.7%), whereas 26.7% and 24% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 65 to 69 years (n=76, 20.9% of the sample and 17.3% of the population) and slowly declines until it reaches 85 years and over (n=47, 12.9% of the sample and 5.6% of the

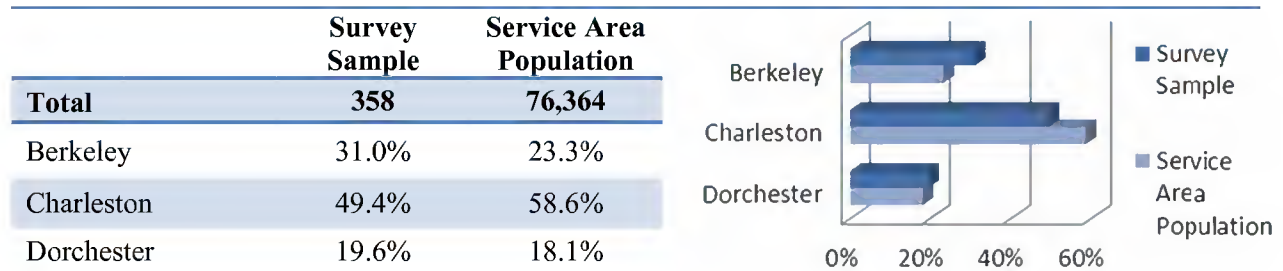
population). (See Figure 9-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 9-2: AGE GROUP



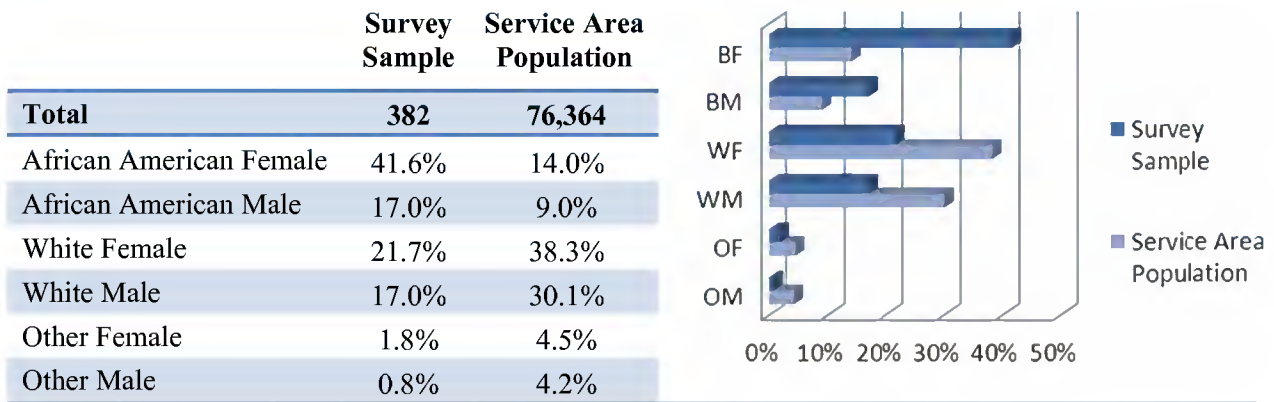
About half of the survey sample reside in Charleston (n=177, 49.4%) this is proportionate to service area senior population (58.6% respectively). Smaller proportions of the survey sample reside in Berkely (n=111, 31.0%) and Dorchester (n=70, 19.6%) again this is proportionate to service area senior population (23.3% and 18.1%, respectively). (See Figure 9-3.)

FIGURE 9-3: COUNTY OF RESIDENCE



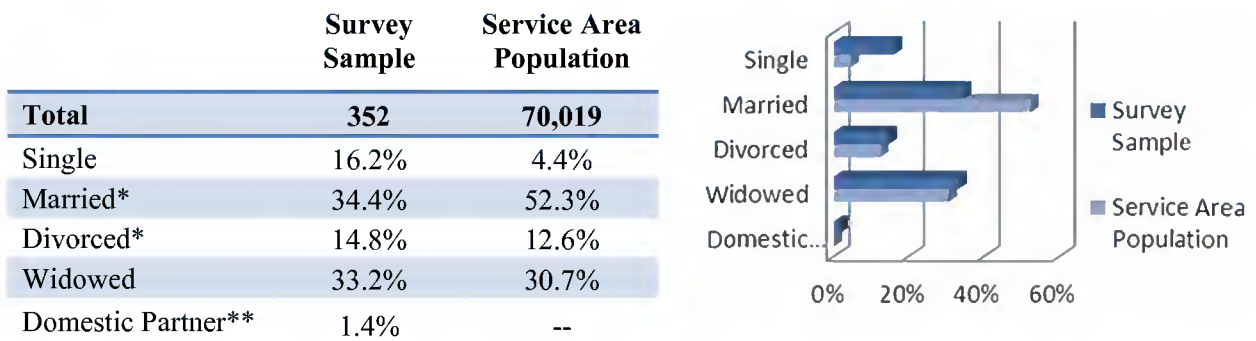
A much larger percentage of the survey sample are African American female (n=159, 41.6%) or African American male (n=65, 17%) than in the service area senior population (14% and 9%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian female (n=83, 21.7%) or White/Caucasian male (n=65, 17%) compared to the service area senior population (38.3% and 30.1%, respectively). Very few respondents were of other races (females: n=7, 1.8%; males: n=3, .8%). These populations are also relatively small in the service area senior population (other females: 4.5%; other males: 4.2%). (See Figure 9-4.)

FIGURE 9-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=57, 16.2%) than exist in the service area senior population (4.4% respectively). Conversely, there is a much smaller percentage of individuals who are married (n=121, 34.4% of the sample compared to 52.3% of the service area senior population). A similar percentage of respondents are divorced (n=52, 14.8%) as are in the service area senior population (12.6%). (See Figure 9-5.)

FIGURE 9-5: MARITAL STATUS OF SENIORS

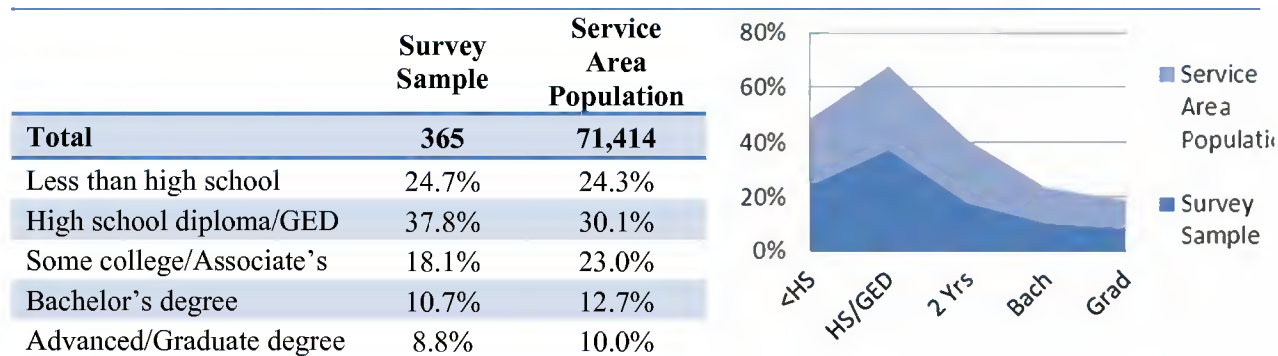


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

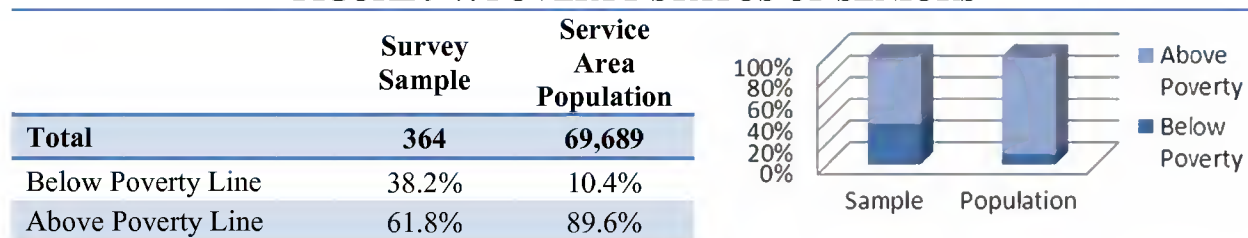
The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=90, 24.7%) or received a high school diploma or GED (n=138, 37.8%), compared to 24.3% and 30.1% of the service area senior population, respectively. A slightly lower percentage of the respondents (n=66, 18.8%) attended some college or earned an Associate’s degree than the service area senior population (23%). The percentage of respondents who earned a Bachelor’s degree (n=39, 10.7%) or an Advanced/Graduate degree (n=32, 8.8%) are similar to the percentage in the service area senior population (12.7% and 10%, respectively). (See Figure 9-6.)

FIGURE 9-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=139, 38.2% compared to 10.4% of the service area senior population). (See Figure 9-7.)

FIGURE 9-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, is more likely to be single, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 14 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 56.3% (n=227) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not

caring for another individual, and most often were answering the survey for themselves. This group comprises 14.4% (n=58) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 25.8% (n=104) of the sample. Persons with disabilities are the smallest group (n=14, 3.5%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 93 respondents (23% of the sample and 35.9% of those classified). Cluster 2 is comprised of 59 respondents (14.6% of the sample and 22.8% of those classified). Cluster 3 is comprised of 66 respondents (16.3% of the sample and 25.5% of those classified). Cluster 4 is comprised of 41 respondents (10.1% of the sample and 15.8% of those classified). The remaining 146 (36%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be between a little important and quite important (*mean*=2.64, *median*=2.67, *n*=226, *sd*=1.05). The most important of these needs are keeping warm or cool as the weather changes (*mean*=2.98, *median*=4.0, *n*=221, *sd*=1.24), home repairs and maintenance (*mean*=2.95, *median*=4.0, *n*=215, *sd*=1.23), transportation for errands (*mean*=2.86, *median*=4.0, *n*=222, *sd*=1.3). The least important services to seniors who are already receiving services are personal care (*mean*=2.23, *median*=2.0, *n*=218, *sd*=1.3), housekeeping (specifically laundry) (*mean*=2.25, *median*=2.0, *n*=216, *sd*=1.33). (See Figure 9-8.)

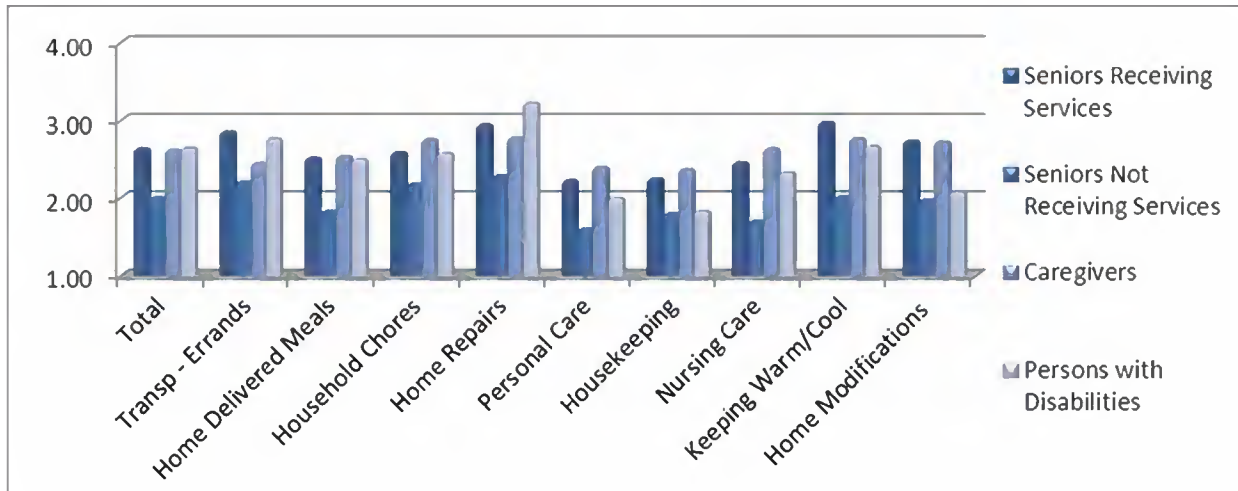
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.01, median=1.78, n=57, sd=0.92*). The services deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.29, median=2.0, n=55, sd=1.24*), transportation for errands (*mean=2.21, median=2.0, n=53, sd=1.2*), household chores (specifically keeping home clean) (*mean=2.18, median=2.0, n=55, sd=1.28*). The least important services to seniors who are not already receiving services are personal care (*mean=1.60, median=1.0, n=53, sd=1.04*) and nursing care (specifically assistance with prescription medicine) (*mean=1.70, median=1.0, n=53, sd=1.15*). (See Figure 9-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important (*mean=2.4, median=2.0, n=102, sd=1.28*). The services deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.78, median=3.0, n=99, sd=1.26*) and keeping warm or cool as the weather changes (*mean=2.77, median=3.0, n=103, sd=1.26*). The least important services to caregivers is housekeeping (specifically laundry) (*mean=2.37, median=2.0, n=103, sd=1.27*). (See Figure 9-8.)

Persons with disabilities view personal and home care needs to be a little (*mean=2.0, median=2.0, n=12, sd=1.13*). The most important service to persons with disabilities are home repairs and maintenance (*mean=3.23, median=4.0, n=13, sd=1.17*), transportation for errands (*mean=2.77, median=4.0, n=13, sd=1.48*). The least important service to persons with disabilities is housekeeping (specifically laundry) (*mean=1.83, median=1.5, n=12, sd=1.03*). (See Figure 9-8.)

FIGURE 9-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.64	2.01	2.62	2.65
Transportation for Errands	2.86	2.21	2.45	2.77
Home Delivered Meals	2.52	1.83	2.54	2.50
Household Chores	2.59	2.18	2.76	2.58
Home Repairs/Maintenance	2.95	2.29	2.78	3.23
Personal Care	2.23	1.60	2.40	2.00
In-Home Housekeeping	2.25	1.80	2.37	1.83
Nursing Care/Prescription Assistance	2.46	1.70	2.64	2.33
Keeping Warm/Cool	2.98	2.02	2.77	2.67
Home Modifications	2.74	1.98	2.73	2.08

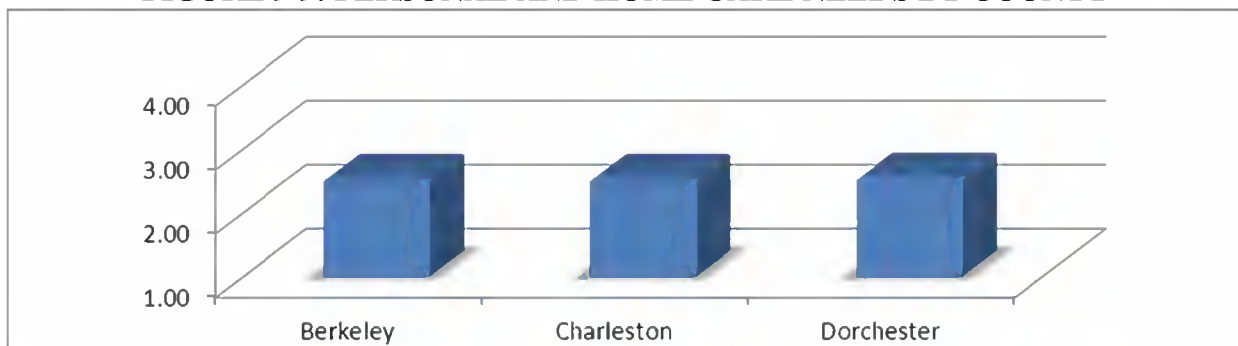


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=6.32$, $df=3$, $p<0.001$). Therefore, seniors receiving services, caregivers, and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 4.6% of the variability in this composite ($r^2=0.046$).

African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=17.47$, $df=1$, $p<0.001$; $F=4.77$, $df=4$, $p=0.001$, and $F=15.73$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.38$, $t=3.04$, $df=267.7$, $p=0.003$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line), the majority of whom are seniors receiving services ($F=2.69$, $df=3$, $p=0.047$)

FIGURE 9-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean=3.08, median=3.26, n=224, sd=0.90*). All but one of the items has a median value of either quite a bit or very important. The most important of these needs are getting exercise (*mean=3.40, median=4.0, n=220, sd=0.96*) and counseling (having someone to talk to) (*mean=3.18, median=4.0, n=215, sd=1.09*). The least important service to seniors who are already receiving services is transportation to the senior center (*mean=2.67, median=3.0, n=218, sd=1.36*). (See Figure 9-10.)

Seniors who have not received services view senior center activities to be a little important (*mean=2.27, median=2.31, n=56, sd=0.77*). The most important of these needs is getting exercise (*mean=2.75, median=3.0, n=53, sd=1.16*). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean=1.89, median=1.0, n=53, sd=1.16*). (See Figure 9-10.)

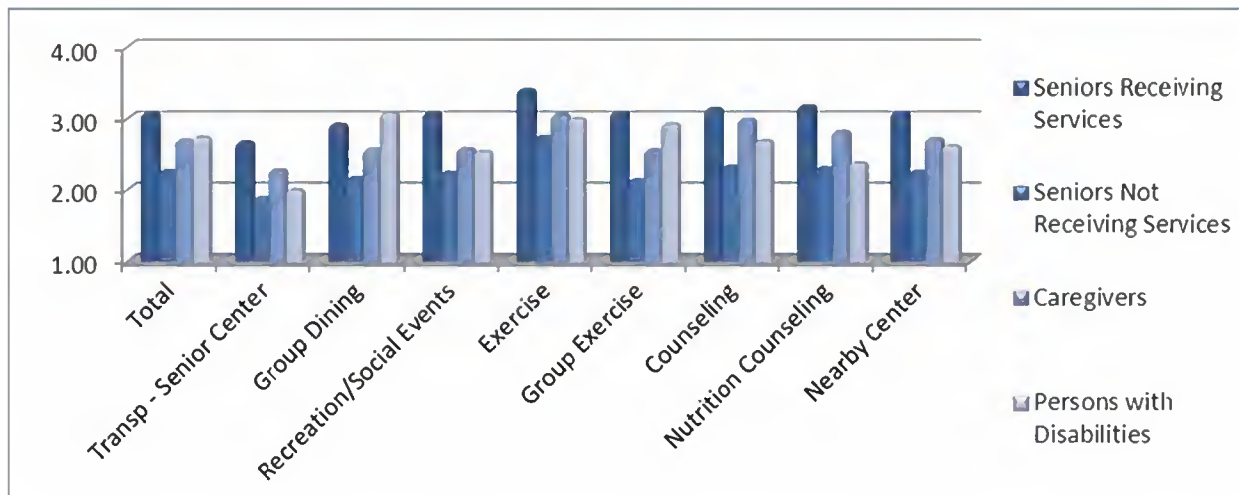
Caregivers view senior center activities to be between a little and quite a bit important (*mean=2.70, median=2.75, n=104, sd=0.78*). The most important of these needs are getting exercise (*mean=3.06, median=3.0, n=103, sd=1.07*) and counseling (having someone to talk to) (*mean=2.99, median=3.0, n=103, sd=1.13*). The least important service to caregivers is transportation to the senior center (*mean=2.28, median=2.0, n=100, sd=1.3*). (See Figure 9-10.)

Persons with disabilities view senior center activities to be between a little and quite a bit important (*mean=2.74, median=2.38, n=14, sd=0.93*). The most important services to persons with disabilities are group dining (*mean=3.08, median=4.0, n=13, sd=1.2*) and getting exercise (*mean=3.0, median=3.0, n=13, sd=1.2*). The least important service to persons with disabilities is transportation to the senior center (*mean=2.0, median=1.0, n=13, sd=1.41*). (See Figure 9-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and caregivers.

FIGURE 9-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.08	2.27	2.70	2.74
Transportation to the Senior Center	2.67	1.89	2.28	2.00
Group Dining	2.92	2.17	2.57	3.08
Recreation/Social Events	3.08	2.25	2.58	2.54
Exercise	3.40	2.75	3.06	3.00
Group Exercise	3.09	2.14	2.56	2.93
Counseling (someone to talk to)	3.14	2.33	2.99	2.69
Nutrition Counseling	3.18	2.31	2.82	2.38
Nearby Senior Center	3.09	2.26	2.72	2.62

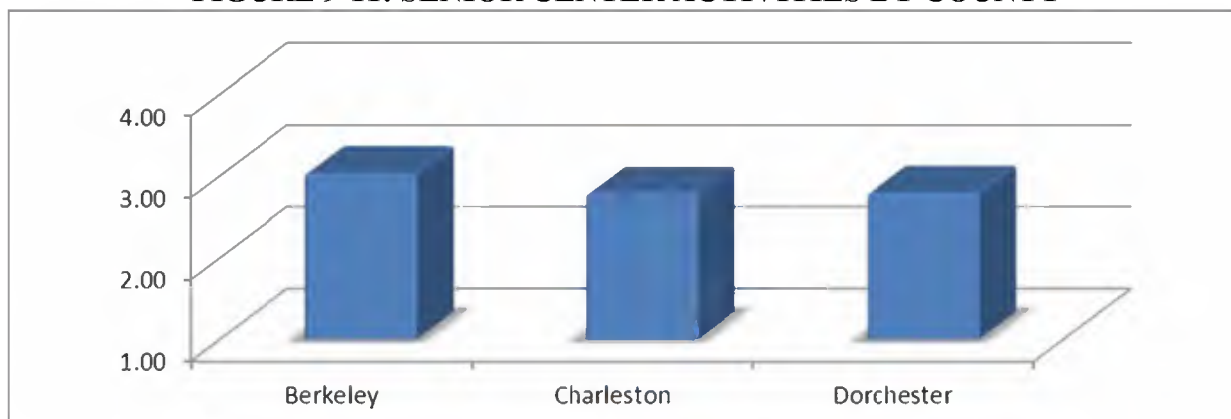


The difference in the senior center activities composite is significantly different between the targeted groups ($F=14.94$, $df=3$, $p<0.001$). Therefore, seniors receiving services view senior center activities to be more important than do seniors not receiving services. However, the target group categorization only accounts for 10.2% of the variability in this composite ($r^2=0.102$).

African Americans, females, those with a high school diploma/GED or less, those who are below the poverty line rated these services as being of greater importance to them ($F=34.21$, $df=1$, $p<0.001$; $F=13.35$, $df=1$, $p<0.001$; $F=2.63$, $df=4$, $p=0.034$; $F=8.59$, $df=1$, $p=0.004$, respectively). There are no significant differences by county ($F=2.38$, $df=3$, $p=0.070$).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) ($F=8.6$, $df=3$, $p<0.001$).

FIGURE 9-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (*mean=2.92, median=3.25, n=221, sd=1.12*). All services were deemed to be quite important with the most important being having someone to call if feeling threatened or taken advantage of (*mean=2.96, median=4.0, n=214, sd=1.26*), protection of rights (*mean=2.96, median=4.0, n=216, sd=1.28*). (See Figure 9-12.)

Seniors who have not received services view services to help in maintaining independence to be a little important (*mean=2.19, median=2.25, n=56, sd=1.03*). All of the services were deemed to be a little important (preventing falls: *mean=2.24, median=2.0, n=55, sd=1.22*; healthcare directives: *mean=2.17, median=2.0, n=53, sd=1.19*; protection of rights: *mean=2.11, median=2.0, n=54, sd=1.25*; having someone to call if feeling threatened or taken advantage of: *mean=2.13, median=2.0, n=55, sd=1.25*). (See Figure 9-12.)

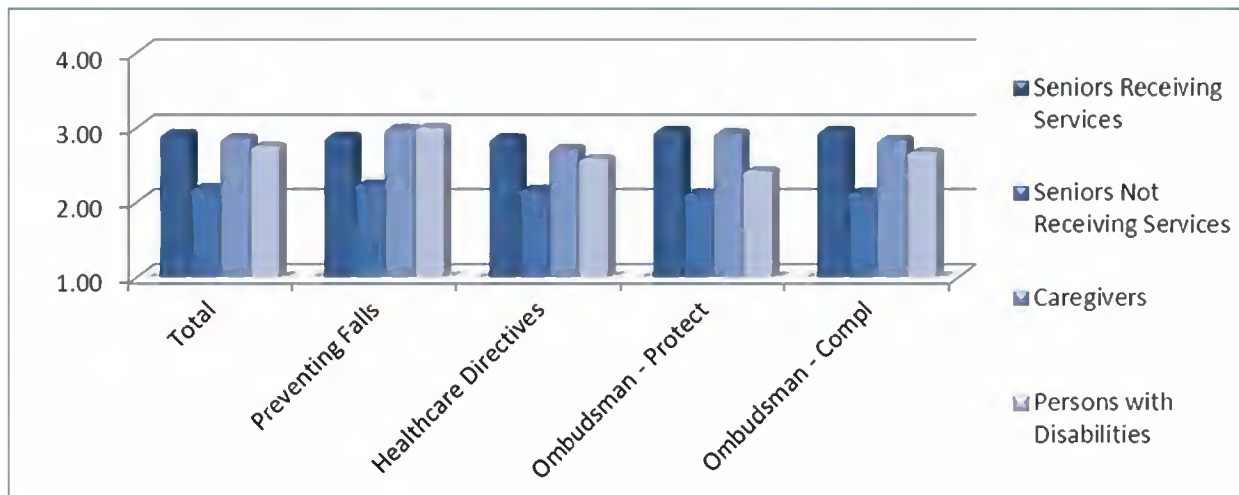
Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.86, median=3.0, n=104, sd=0.98*). The most important of these services is preventing falls (*mean=2.99, median=3.5, n=102, sd=1.17*). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean=2.72, median=3.0, n=102, sd=1.2*; protection of rights: *mean=2.93, median=3.0, n=99, sd=1.17*; and someone to call if feeling threatened or taken advantage of: *mean=2.84, median=3.0, n=103, sd=1.24*). (See Figure 9-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.75, median=3.0, n=13, sd=1.15*). The most important of these services is preventing falls (*mean=3.0, median=3.0, n=13, sd=1.16*). The least important of these services for persons with disabilities is protection of rights (*mean=2.42, median=2.0, n=12, sd=1.31*) (See Figure 9-12.)

Preventing falls is most important to caregivers, seniors not receiving services and persons with a disability. Seniors receiving services perceive the services of the ombudsman to be the most important.

FIGURE 9-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.92	2.19	2.86	2.75
Preventing Falls	2.88	2.24	2.99	3.00
Healthcare Directives	2.86	2.17	2.72	2.58
Ombudsman - Protection	2.96	2.11	2.93	2.42
Ombudsman - Complaints	2.96	2.13	2.84	2.67

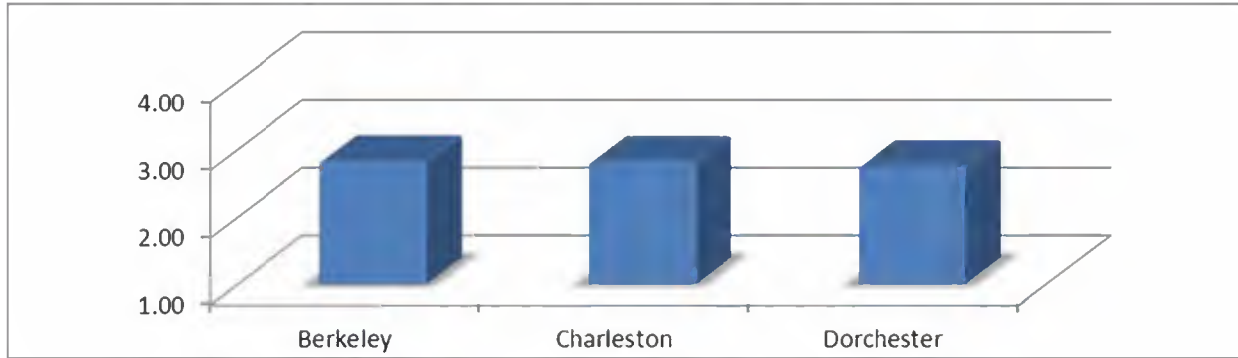


The difference in the maintaining independence composite is significantly different between the targeted groups ($F=7.1, df=3, p<0.001$). Therefore, seniors receiving services, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors who have not received services. However, the target group categorization only accounts for 5.2% of the variability in this composite ($r^2=0.052$).

African Americans and individuals below the poverty line also rated these services as being of greater importance to them ($F=8.65, df=1, p=0.003$; $F=3.36, df=1, p=0.012$, respectively). For

seniors, those who have a disability have a significantly greater need ($diff=0.29$, $t=2.09$, $df=268.8$, $p=0.038$). There are no significant differences by county ($F=0.41$, $df=3$, $p=0.750$).

FIGURE 9-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

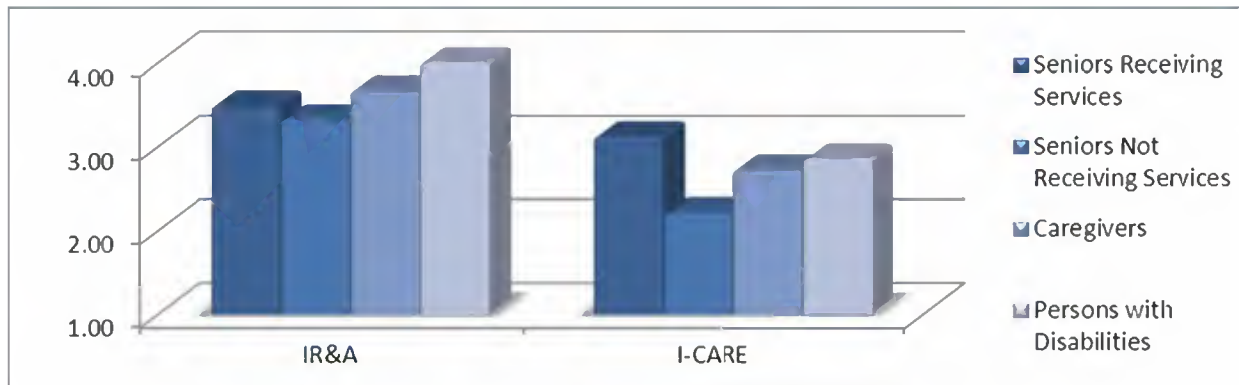
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 405 respondents, 391 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.32-4.0$, $median=4.0$). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=9.11$, $df=3$, $p=0.028$). In particular, persons with disabilities and caregivers view this service to be more important than do seniors (both those receiving services and those not receiving services). (See Figure 9-14.)

Of the 405 respondents, 386 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Seniors receiving services view IR&A to be quite a bit to very important ($mean=3.12$, $median=4.0$, $n=219$, $sd=1.17$). Disabled persons, caregivers, and seniors not receiving services view this service to be quite a bit important ($mean=2.85$, $median=4.0$, $n=13$, $sd=1.35$; $mean=2.72$, $median=3.0$, $n=102$, $sd=1.23$; and $mean=2.21$, $median=2.0$, $n=52$, $sd=1.21$, respectively). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups ($X^2_{K-W}=25.66$, $df=3$, $p<0.001$). In particular, seniors receiving services and persons with disabilities view this service to be more important than do caregivers and seniors not receiving services. (See Figure 9-14.)

FIGURE 9-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.49	3.32	3.67	4.00
Insurance Counseling (I-CARE)	3.12	2.21	2.72	2.85



Since most of the respondents viewed Information, Referral and Assistance services to be quite a bit to very important, there are no significant differences by demographics. The demographic cluster of respondents who reported that IR&A services are of greatest importance to them is Cluster 2 (White females, widowed, with a high school education, who are above the poverty line) ($X^2_{K-W}=8.65$, $df=3$, $p=0.034$).

African Americans, females, and individuals below the poverty line also rated these services as being of greater importance to them ($t=10.58$, $df=1$, $p=0.001$; $t=6.54$, $df=1$, $p=0.011$; and $t=4.58$, $df=1$, $p=0.032$, respectively). There are no significant differences by county ($X^2_{K-W}=1.61$, $df=2$, $p=0.447$). The demographic cluster of respondents who reported that I-CARE services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($X^2_{K-W}=10.56$, $df=3$, $p=0.014$).

Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be between a little important and quite a bit important (*mean*=2.55, *median*=2.5, *n*=224, *sd*=1.05). The most important of these needs are for utilities or an unexpected bill (*mean*=2.63, *median*=3.0, *n*=214, *sd*=1.23) and dental care and/or dentures (*mean*=2.62, *median*=3.0, *n*=209, *sd*=1.29). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean*=2.08, *median*=2.0, *n*=201, *sd*=1.24) and paying for health insurance (*mean*=2.43, *median*=2.0, *n*=202, *sd*=1.23). (See Figure 9-15.)

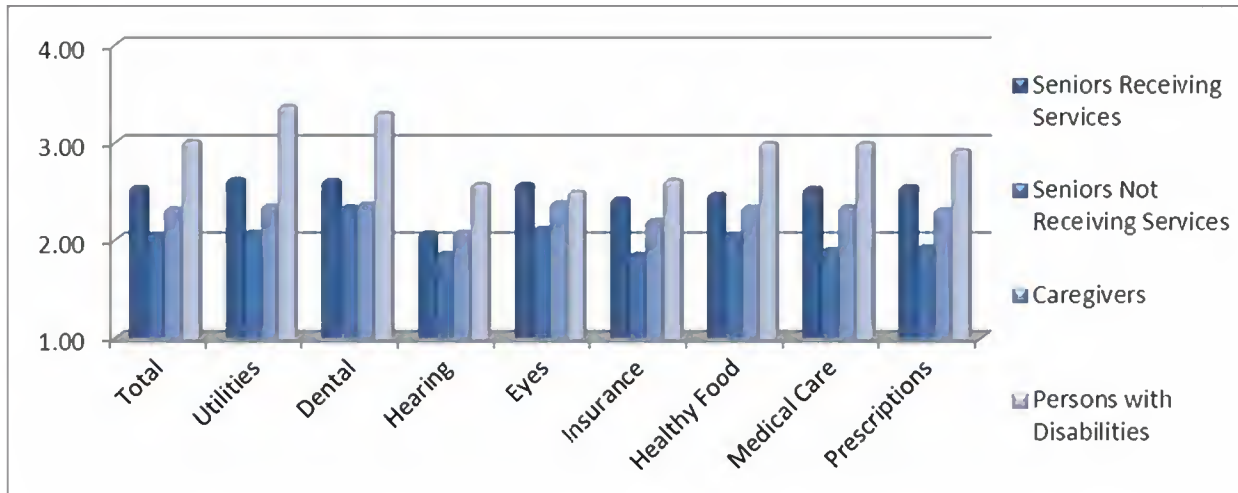
Seniors who have not received services view monetary assistance to be a little important (*mean*=2.07, *median*=1.88, *n*=14, *sd*=0.93). The most important these needs is dental care and/or dentures (*mean*=2.35, *median*=2.0, *n*=55, *sd*=1.29). The least important need to seniors who are already receiving services is health insurance (*mean*=1.87, *median*=1.0, *n*=53, *sd*=1.2). (See Figure 9-15.)

Caregivers view monetary assistance to be a little important (*mean*=2.33, *median*=2.38, *n*=101, *sd*=0.98). All of these needs are considered to be a little important (*mean*=2.09-2.36, *median*=2.0, *sd*=1.13-1.3). (See Figure 9-15.)

Persons with disabilities view monetary assistance to be quite a bit important (*mean*=3.02, *median*=3.2, *n*=14, *sd*=0.93). The most important of these needs are for utilities or an unexpected bill (*mean*=3.38, *median*=4.0, *n*=13, *sd*=1.12) and dental care and/or dentures (*mean*=3.31, *median*=4.0, *n*=13, *sd*=1.18). The least important service to persons with disabilities is help paying for eye exam and/or eyeglasses (*mean*=2.5, *median*=2.5, *n*=12, *sd*=1.31). (See Figure 9-15.)

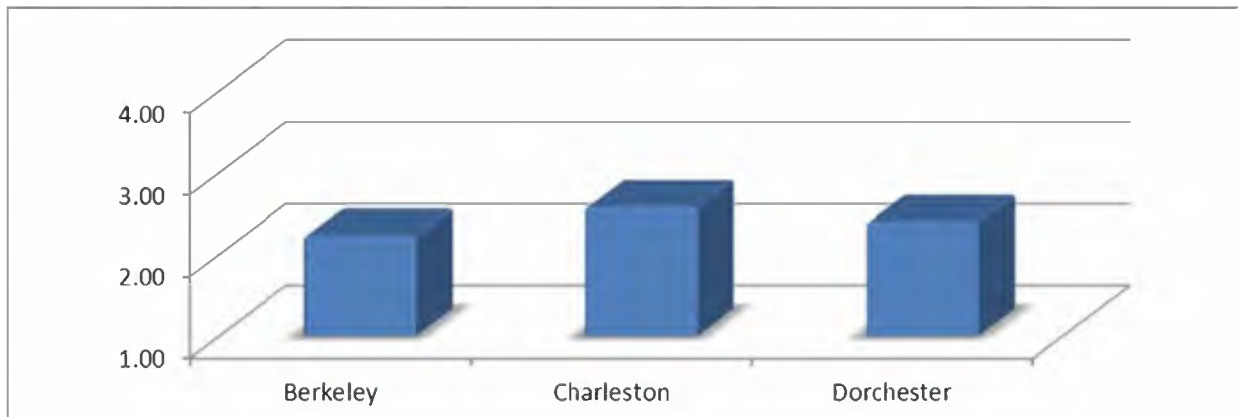
FIGURE 9-15: MONETARY ASSISTANCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.55	2.07	2.33	3.02
Utilities or an unexpected bill	2.63	2.09	2.36	3.38
Dental Care and/or Dentures	2.62	2.35	2.38	3.31
Hearing Exam and/or Hearing Aids	2.08	1.87	2.09	2.58
Eye Exam and/or Eyeglasses	2.58	2.13	2.39	2.50
Health Insurance	2.43	1.86	2.21	2.62
Healthy Food	2.48	2.07	2.35	3.00
Medical Care	2.54	1.91	2.35	3.00
Prescriptions or Prescription Drug Coverage	2.56	1.94	2.32	2.93



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=5.06$, $df=3$, $p=0.002$, $r^2=0.037$). African Americans, those who have less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=26.35$, $df=1$, $p<0.001$; $F=13.1$, $df=4$, $p<0.001$; and $F=37.63$, $df=1$, $p<0.001$, respectively). Individuals who are divorced rated these services as being of greater importance to them than individuals who are single, widowed, or married ($F=3.96$, $df=3$, $p=0.009$). For seniors, those who have a disability have a significantly greater need ($diff=0.55$, $t=4.44$, $df=267.3$, $p<0.001$). There are no differences in the need for monetary assistance based on county.

FIGURE 9-16: MONETARY ASSISTANCE BY COUNTY



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite

was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=24$, 24.5%), caregivers of seniors with disabilities ($n=59$, 60.2%), caregivers of persons with disabilities ($n=9$, 9.2%), and caregivers of children ($n=6$, 6.1%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.72$, $median=3.0$, $n=24$, $sd=0.98$). The most important need is information and referral services ($mean=2.87$, $median=3.0$, $n=23$, $sd=1.06$). The least important need is training on caregiving ($mean=2.33$, $median=3.0$, $n=21$, $sd=1.02$). (See Figure 9-17.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=3.02$, $median=3.2$, $n=59$, $sd=0.74$). The most important of these needs are for temporary relief from caregiver duties (respite) ($mean=3.39$, $median=4.0$, $n=57$, $sd=0.98$), information and referral for services ($mean=3.32$, $median=4.0$, $n=57$, $sd=1.0$), and monetary assistance for acquiring services ($mean=3.27$, $median=4.0$, $n=56$, $sd=0.94$). (See Figure 9-17.)

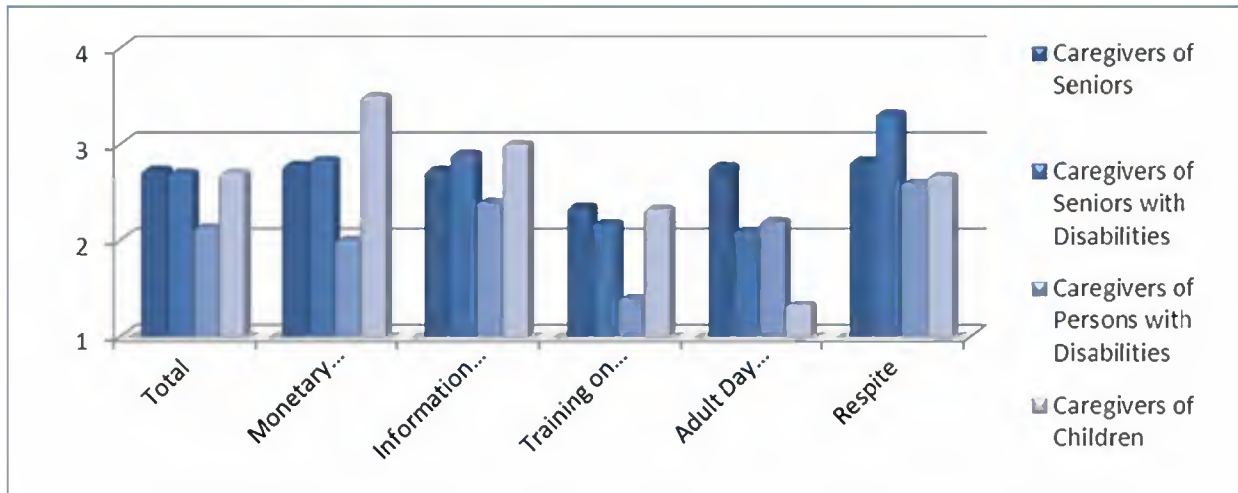
Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.96$, $median=3.2$, $n=9$, $sd=0.89$). The most important of these needs are temporary relief from caregiver duties (respite) ($mean=3.57$, $median=4.0$, $n=7$, $sd=0.53$), adult daycare ($mean=3.0$, $median=3.5$, $n=8$, $sd=1.2$), information and referral for services ($mean=3.0$, $median=3.0$, $n=9$, $sd=1.12$) and monetary assistance in acquiring services ($mean=2.89$, $median=3.0$, $n=9$, $sd=1.27$). (See Figure 9-17.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.8$, $median=3.0$, $n=6$, $sd=1.1$). The most important need are for monetary assistance in acquiring services ($mean=3.0$, $median=3.5$, $n=6$, $sd=1.27$), followed by training on caregiving ($mean=3.0$, $median=3.0$, $n=5$, $sd=1.0$). Note that some of these senior caregivers of children also care for other seniors. (See Figure 9-17.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=0.820$, $df=3$, $p=0.486$, $r^2=0.026$). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. Caregivers in Dorchester county have a significantly greater need than do caregivers in Berkeley or Charleston counties ($F=3.1$, $df=3$, $p=0.029$).

FIGURE 9-17: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.72	3.02	2.96	2.80
Monetary Assistance	2.57	3.27	2.89	3.00
Information & Referral	2.87	3.32	3.00	2.40
Training on Caregiving	2.33	2.55	2.56	3.00
Adult Day Care	2.57	2.57	3.00	2.50
Respite	2.95	3.39	3.57	2.80



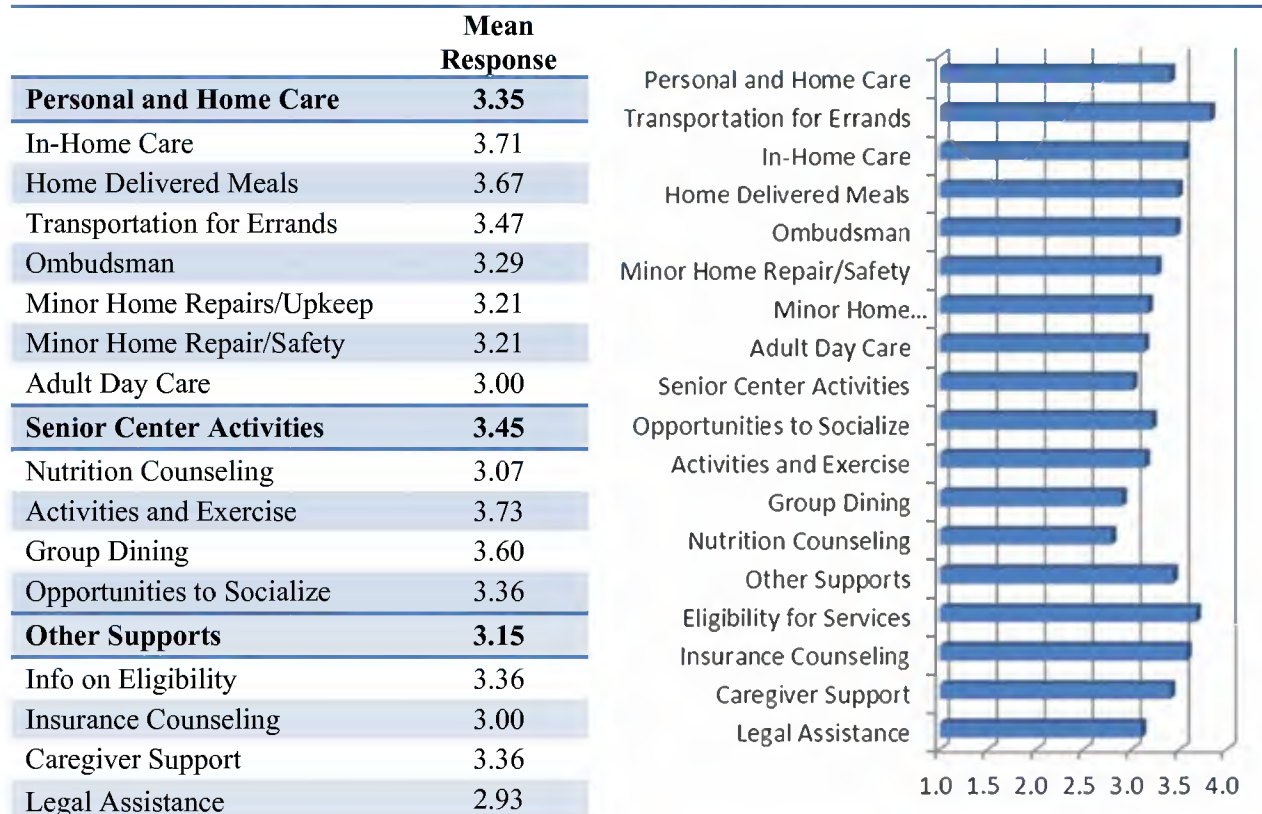
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean=3.35, median=3.43, n=15, sd=0.51*) and Senior Center Activities (*mean=3.45, median=3.5, n=15, sd=0.55*) are viewed to be more essential services to helping seniors and those with disabilities in Region 9 to remain independent. The most essential services are Activities and Exercise (*mean=3.73, median=4.0, n=15, sd=0.46*), in-home care (housekeeping, laundry, personal care) (*mean=3.71, median=4.0, n=14, sd=0.61*), home delivered meals (*mean=3.67, median=4.0, n=15, sd=0.62*), and group dining (*mean=3.6, median=4.0, n=15, sd=0.74*). (See Figure 9-18.)

Partners and professionals who reported that their primary line of business is in providing personal and/or home care (such as nutrition/meals, adult day services or in-home, or transportation) reported that senior center activities ($mean=3.77, n=5, sd=0.33$) and personal and home care services ($mean=3.4, n=5, sd=0.47$) were more essential than other supports ($mean=3.1, n=5, sd=0.42$). Partners and professionals who reported that their primary line of business is in community or senior centers reported that personal and home care services ($mean=3.46, n=4, sd=0.62$) and other supports ($mean=3.44, n=4, sd=0.52$) were more essential as senior center activities ($mean=3.38, n=4, sd=0.48$). Partners and professionals who reported that their primary line of business is in healthcare or wellness (such as skilled nursing, healthcare, health and wellness, mental health or behavioral health) reported that personal and home care services ($mean=3.5, n=2, sd=0.71$) and other supports ($mean=3.0, n=2, sd=0.35$) were more essential than senior center activities ($mean=2.88, n=2, sd=0.88$).

FIGURE 9-18: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered ($n=13, 86.7\%$), are aware of strategic plan ($n=10, 66.7\%$), know who is eligible to receive services ($n=8, 53.3\%$), understand the priorities for services ($n=10, 66.7\%$), believe that the AAA is a critical partner for their organization ($n=13, 92.9\%$), refer clients to the AAA/ADRC ($n=13, 86.7\%$), believe services are easily accessible ($n=12, 85.7\%$), and disagree that there are unmet needs for caregivers ($n=11, 78.6\%$), seniors ($n=11, 78.6\%$), and persons with disabilities ($n=11, 78.6\%$). Of concern is that 57.1% of partners ($n=8$) disagree that the clients are able to pay part of the cost of their services, and

64.3% (n=9) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 9-19.)

FIGURE 9-19: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	86.7%	13.3%	15
Aware of Strategic Plan	66.7%	33.3%	15
Know who is Eligible	53.3%	46.7%	15
Understand Priorities for Services	66.7%	33.3%	15
Critical Partner	92.9%	7.1%	14
Refer to AAA	86.7%	13.3%	15
Services Easily Accessible	85.7%	14.3%	14
Clients able to Pay	42.9%	57.1%	14
Unmet Needs for Caregivers	21.4%	78.6%	14
Unmet Needs for Seniors	21.4%	78.6%	14
Unmet Needs for PWD	21.4%	78.6%	14
Fixed Reimbursement	64.3%	35.7%	14

For both seniors and persons with disabilities, the geographic areas that are most underserved are, in order of prominence:

- Rural
- Dorchester/Upper Dorchester
- Charleston County, N Charleston, Western Charleston County, SE Charleston County
- St. Stephens
- Specific underserved communities
 - Edisto
 - upper Berkeley
 - Jedburg
 - Ridgeville
 - Jamestown
 - Huger
 - Schulerville
 - Macedonia
 - Hollywood
 - Cross
 - Alvin

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation
- Meals

- In home services/home care/homemaker
- Senior Center
- Also noted were home repair, adult day care, housing, nursing assistance, knowing their rights, Community Education

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- Transportation (top 2)
- Home delivered meals
- Also mentioned as needs were Adult Day Care, in home care, home repair, home health, homemaker, healthcare, pest control, community education

Quotes

[Need to have] Technical Assistance to contractors providing services under the plan, Contract Management, Service Delivery

I have found that a lot of clients and caregivers are not prepared for end of life care both mentally and financially. Majority of the time, one child caregiver is taking care of their parent or grandparent independantly [sic] without help from any other person in their family.

Because of the limitations that are placed on where and how money can be distributed / spent the AAA agency is only able to provide services to a very amount of the elderly population. There are waiting lists that are very long and services will probably not be provided due to not having the proper funding. The AAA is only able to touch a very small portion of the elderly population due to money constraints and further cut backs. The numbers of elderly continue to rise and services are not alw....

Even with budget cuts, AAA/ADRC does a good job helping the older persons residing in the Trident Area.

Trident Area Agency on Aging has always been a wonderful resource for me. As director of a 2,300 member senior center I have relied on Stephanie Blount and her staff many times with questions.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 9. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important

within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Senior Center Activities, which are viewed as very important by seniors who are already receiving services, is viewed as less important by caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 9 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this

report be carefully reviewed by the staff and policy makers of Region 9 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

While partners believe they have a good relationship with the AAA, they believe they have little interaction with the AAA on the planning process, have little knowledge of the plan, do not understand how priorities are set for which clients receive services and have very little knowledge of the strategic plan or the planning process. In short, the partners feel that they are a strong part of service provision and a small part of planning and prioritizing. This may or may not be an important issue, but should be explored.

FINDINGS: REGION 10 – LOWCOUNTRY

Representation of the Population

A total of 415 surveys were completed in Region 10. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 415 surveys completed, 337 (81.2%) were categorized as a senior receiving services, 47 (11.3%) were categorized as a senior not receiving services, 97 (23.4%) were categorized as being a caregiver, and 266 (64.1%) were categorized as an individual with a disability.

For Region 10, the confidence interval for the sample of seniors receiving services is 4.8 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.81 percentage points). The confidence interval for seniors not receiving services is higher (14.29 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services but is acceptable. The representation of individuals with a disability who have received services through the ADRC is relatively high (5.24 points at a 95% confidence level assuming 50% agreement). The representation of caregivers cannot be calculated as the figure that was used as the population size was derived from the mailing list of caregivers for that region (n=31), which is less than the number of surveys returned from caregivers. (See Table 10-1.)

TABLE 10-1: SAMPLE REPRESENTATION OF POPULATION

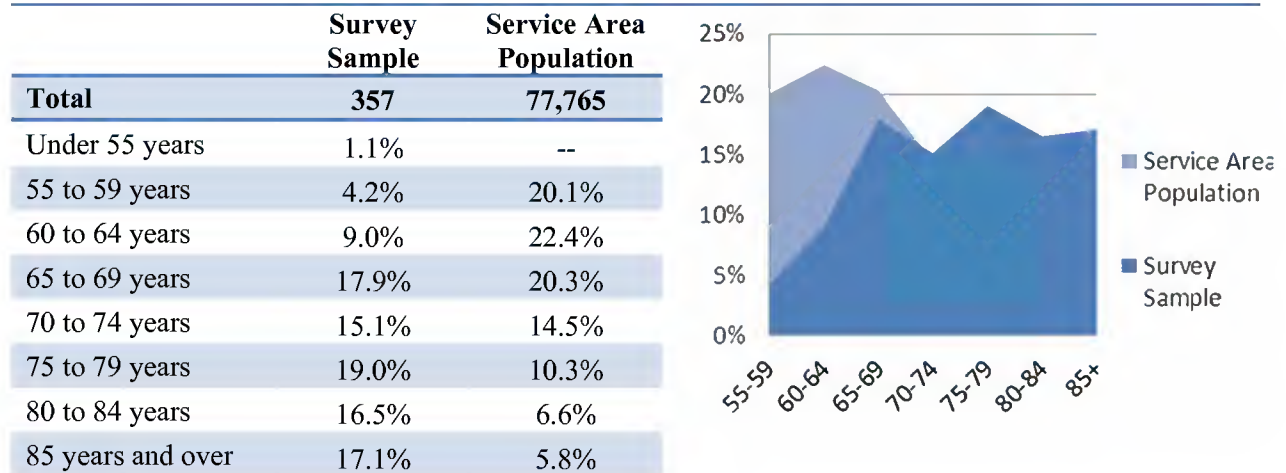
	Population Size	Sample Size	Representation
Seniors Receiving Services	1,741	337	4.8
Seniors Not Receiving Services	69,811	47	14.29
Caregivers	31	97	--
ADRC	1,118	266	5.25

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are under 55 (n=4, 1.1%), 55 to 59 years old (n=15, 4.2%), or 60 to 64 years old (n=32, 9.0%), whereas 20.1% and 22.4% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 65 to 69 years (n=64, 17.9% of the sample and 20.3% of the population) and

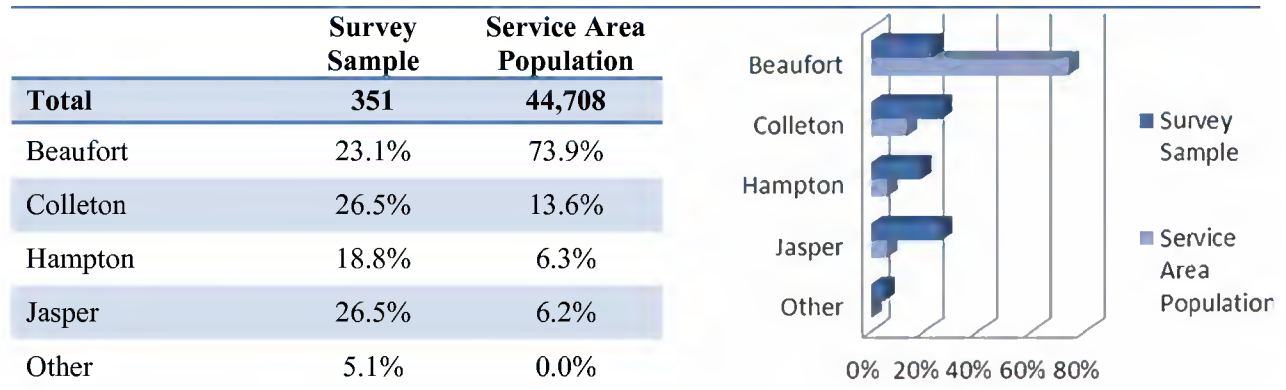
slowly declines until it reaches 85 years and over (n=61, 17.1% of the sample and 5.8% of the population). (See Figure 10-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 10-2: AGE GROUP



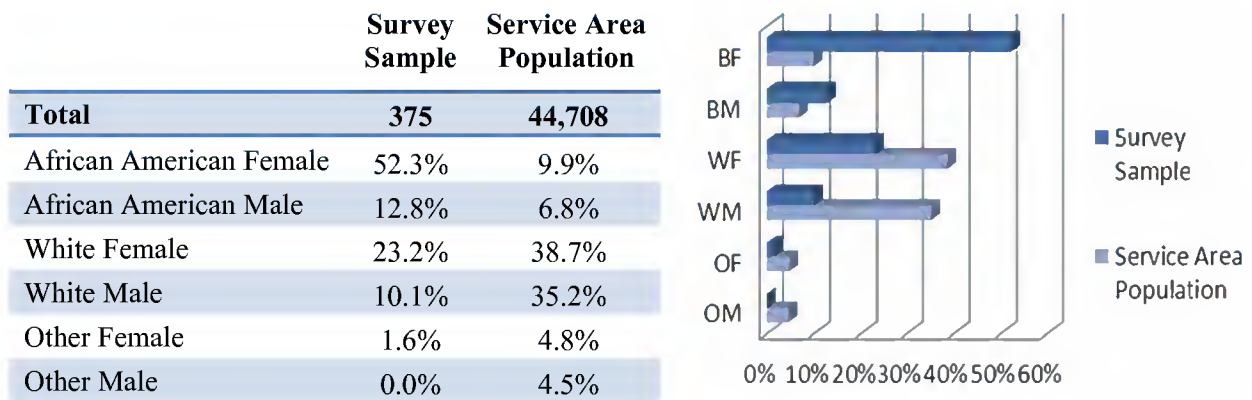
Larger proportions of the survey sample reside in either Colleton (n=93, 26.5%) or Jasper (n=93, 26.5%), counties than in the service area senior population (13.6% and 6.2%, respectively). Smaller proportions of the survey sample reside in Beaufort (n=81, 23.1%), than in the service area senior population (73.9%, respectively). This was done intentionally in order to ensure representation from the smaller counties and to increase the power of comparisons by county. (See Figure 10-3.)

FIGURE 10-3: COUNTY OF RESIDENCE



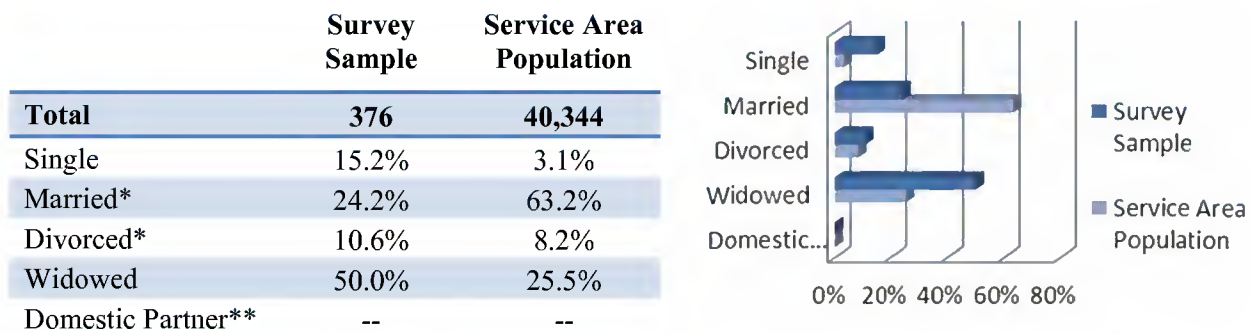
A much larger percentage of the survey sample are African American female (n=196, 52.3%) or African American male (n=48, 12.8%) than in the service area senior population (9.9% and 6.8%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian female (n=87, 23.2%) or White/Caucasian male (n=38, 10.1%) compared to the service area senior population (38.7% and 35.2%, respectively). Only a few females respondents were of other races (females: n=6, 1.6%) These populations are also relatively small in the service area senior population (other females: 4.8%; other males: 4.5%). (See Figure 10-4.)

FIGURE 10-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=57, 15.2%) or widowed (n=188, 50%) than exist in the service area senior population (3.1 and 25.5%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=91, 24.2% of the sample compared to 63.2% of the service area senior population). A similar percentage of respondents are divorced (n=40, 10.6%) as are in the service area senior population (8.2%). (See Figure 10-5.)

FIGURE 10-5: MARITAL STATUS OF SENIORS

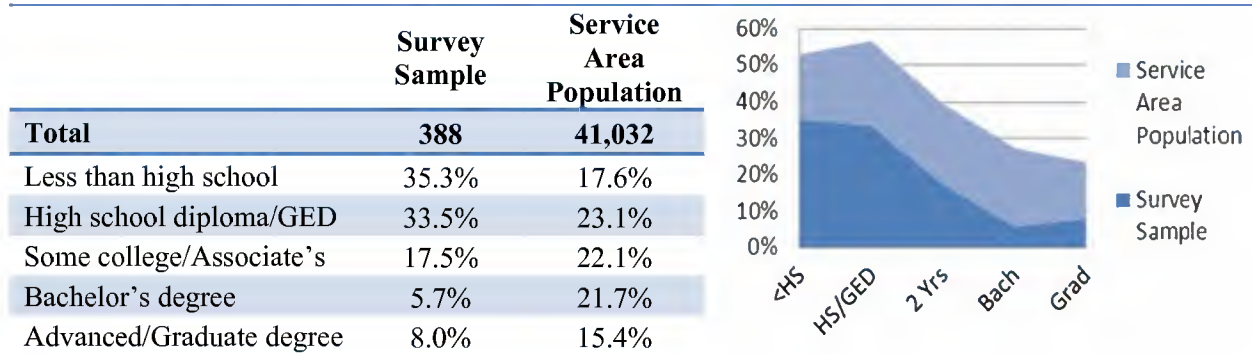


*Individuals in the service area population categorized as “Married, spouse absent, not separated” were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single (“never married”).

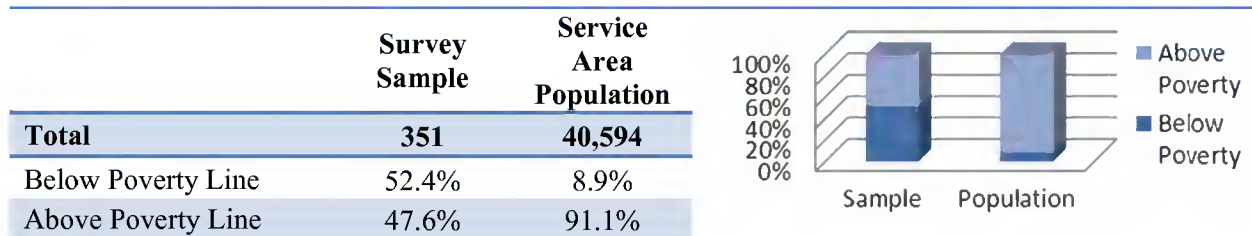
More than half of the respondents completed less than high school (n=137, 35.3%) or received a high school diploma or GED (n=130, 33.5%), compared to 17.6% and 23.1% of the service area senior population, respectively. A slightly lower percentage of the respondents (n=68, 17.5%) attended some college or earned an Associate’s degree than the service area senior population (22.1%). The percentage of respondents who earned a Bachelor’s degree (n=22, 5.7%) or an Advanced/Graduate degree (n=21, 8.0%) are also lower than the percentage in the service area senior population (21.7% and 15.4%, respectively). (See Figure 10-6.)

FIGURE 10-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=184, 52.4% compared to 8.9% of the service area senior population). (See Figure 10-7.)

FIGURE 10-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and below the poverty line, less well educated as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 10 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 65.5% (n=272) of the sample. Seniors not receiving services

are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 9.6% (n=40) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 22.4% (n=93) of the sample. Persons with disabilities are the smallest group (n=10, 2.4%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 68 respondents (16.4% of the sample and 22.6% of those classified). Cluster 2 is comprised of 65 respondents (15.7% of the sample and 21.6% of those classified). Cluster 3 is comprised of 109 respondents (26.3% of the sample and 36.2% of those classified). Cluster 4 is comprised of 59 respondents (14.2% of the sample and 19.6% of those classified). The remaining 114 (27.5%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be between a little important and quite a bit important (*mean*=2.5, *median*=2.33, *n*=270, *sd*=1.0). The most important of these needs are transportation for errands (*mean*=2.82, *median*=3.0, *n*=261, *sd*=1.26), home repairs and maintenance (*mean*=2.81, *median*=3.0, *n*=254, *sd*=1.25) and keeping warm or cool as the weather changes (*mean*=2.80, *median*=3.0, *n*=252, *sd*=1.28). The least important services to seniors who are already receiving services are personal care (*mean*=1.98, *median*=1.0, *n*=253, *sd*=1.28) and housekeeping (specifically laundry) (*mean*=2.07, *median*=1.0, *n*=256, *sd*=1.208). (See Figure 10-8.)

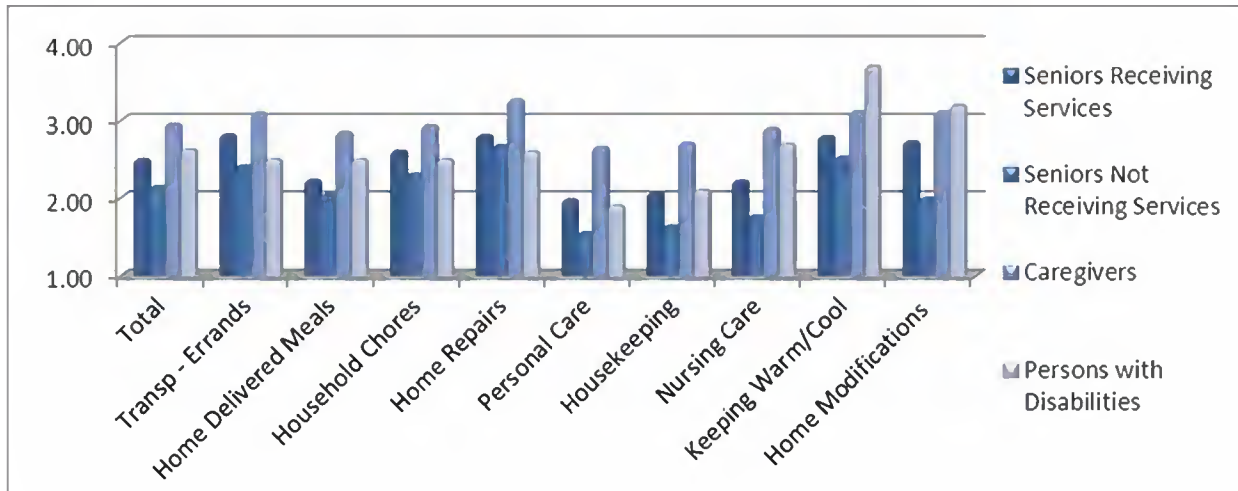
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.15, median=1.76, n=40, sd=0.98*). The most important by most of the respondents are home repairs and maintenance (*mean=2.68, median=2.5, n=40, sd=1.35*) and keeping warm or cool as the weather changes (*mean=2.53, median=2.5, n=38, sd=1.35*). The least important services to seniors who are not already receiving services are personal care (*mean=1.55, median=1.0, n=38, sd=1.0*) and housekeeping (specifically laundry) (*mean=1.64, median=1.0, n=39, sd=0.90*). (See Figure 10-8.)

Caregivers view personal and home care needs to be quite a bit important (*mean=2.96, median=3.0, n=93, sd=0.87*). The most important by most of the respondents are home repairs and maintenance (*mean=3.27, median=4.0, n=90, sd=1.1*), keeping warm or cool as the weather changes (*mean=3.12, median=4.0, n=90, sd=1.14*) and home modifications (*mean=3.12, median=4.0, n=90, sd=1.13*). The least important services to caregivers is personal care (*mean=2.66, median=3.0, n=89, sd=1.29*). (See Figure 10-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (*mean=2.63, median=2.61, n=10, sd=0.81*). The most important service to persons with disabilities are keeping warm or cool as the weather changes (*mean=3.7, median=4.0, n=10, sd=0.68*) and home modifications (*mean=3.2, median=4.0, n=10, sd=1.23*). The least important services to caregivers is personal care (*mean=1.90, median=2.0, n=10, sd=0.99*). (See Figure 10-8.)

FIGURE 10-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.50	2.15	2.96	2.63
Transportation for Errands	2.82	2.42	3.10	2.50
Home Delivered Meals	2.23	2.05	2.85	2.50
Household Chores	2.61	2.31	2.94	2.50
Home Repairs/Maintenance	2.81	2.68	3.27	2.60
Personal Care	1.98	1.55	2.66	1.90
In-Home Housekeeping	2.07	1.64	2.71	2.10
Nursing Care/Prescription Assistance	2.22	1.77	2.90	2.70
Keeping Warm/Cool	2.80	2.53	3.12	3.70
Home Modifications	2.73	2.00	3.12	3.20

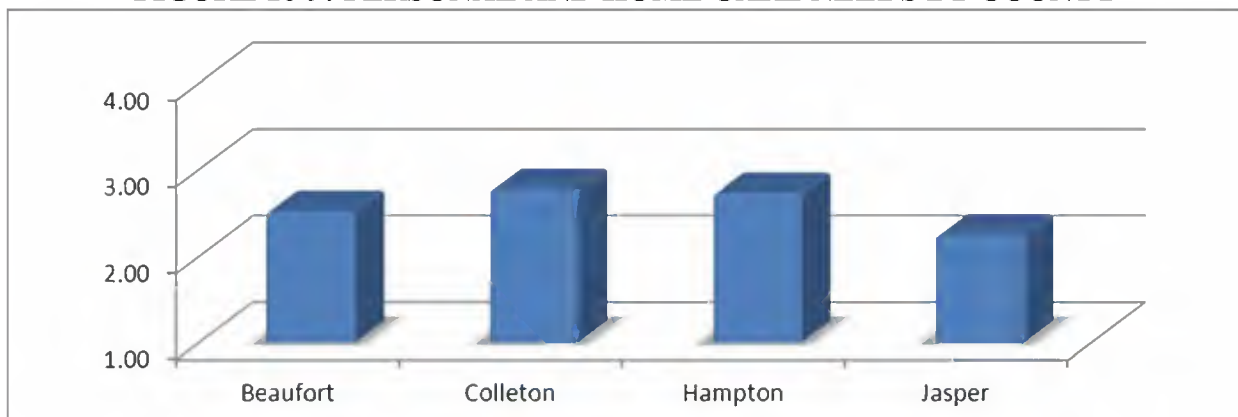


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=8.12$, $df=3$, $p<0.001$). Therefore, caregivers view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 5.6% of the variability in this composite ($r^2=0.056$).

African Americans, those with a less than high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=19.19$, $df=1$, $p<0.001$; $F=13.73$, $df=4$, $p<0.001$; and $F=37.73$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.39$, $t=3.46$, $df=308$, $p=0.001$). Individuals residing in Colleton and Hampton County had significantly greater personal and home care needs ($F=2.66$, $df=10$, $p=0.004$).

The demographic cluster of respondents who reported that personal and home care services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=8.83$, $df=3$, $p<0.001$).

FIGURE 10-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean=3.11, median=3.2, n=270, sd=0.88*). The most important of these needs are getting exercise (*mean=3.29, median=4.0, n=258, sd=0.98*), counseling (having someone to talk to) (*mean=3.16, median=4.0, n=263, sd=1.11*) and getting information on eating healthy (*mean=3.16, median=4.0, n=263, sd=1.07*). The least important service to seniors who are already receiving services is recreation and social events (*mean=2.98, median=3.0, n=262, sd=1.15*). (See Figure 10-10.)

Seniors who have not received services view senior center activities to be between a little important and quite a bit important (*mean=2.65, median=2.5, n=39, sd=0.85*). The most important of these needs is getting exercise (*mean=3.26, median=4.0, n=39, sd=0.99*). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean=2.03, median=2.0, n=37, sd=1.12*). (See Figure 10-10.)

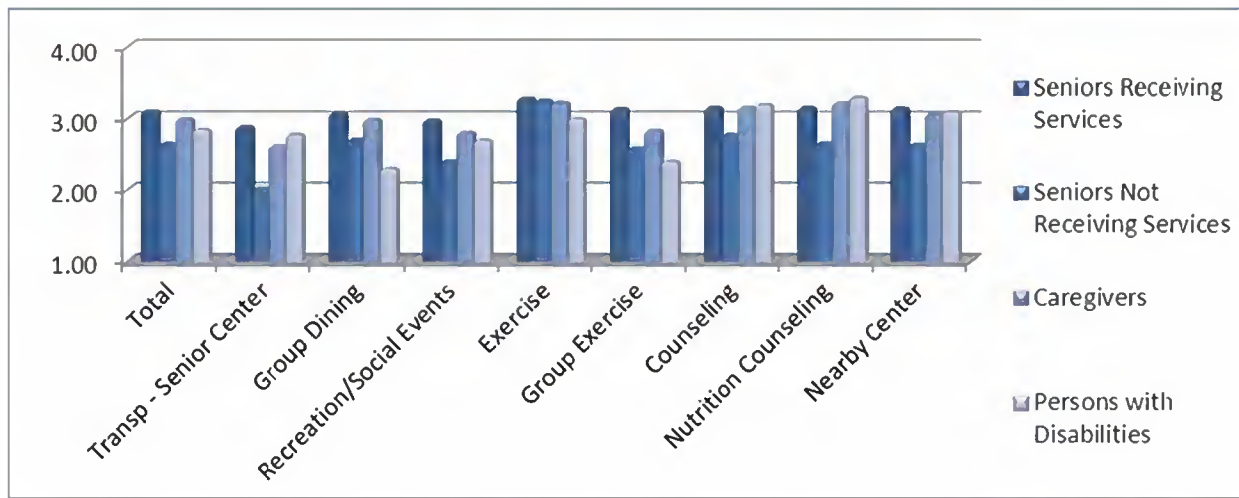
Caregivers view senior center activities to be quite a bit important (*mean=3.0, median=3.25, n=92, sd=0.90*). The most important of these needs are getting exercise (*mean=3.23, median=4.0, n=92, sd=.96*), getting nutrition counseling (*mean=3.22, median=4.0, n=89, sd=0.99*) and counseling (having someone to talk to) (*mean=3.16, median=4.0, n=92, sd=1.02*). The least important service to caregivers is transportation to the senior center (*mean=2.62 median=3.0, n=89, sd=1.34*). (See Figure 10-10.)

Persons with disabilities view senior center activities to be quite a bit important (*mean=2.85, median=2.86, n=10, sd=0.78*). The most important services to persons with disabilities are nutrition counseling (*mean=3.30, median=4.0 n=10, sd=1.06*), counseling (having someone to talk to) (*mean=3.20, median=3.5, n=10, sd=0.92*). The least important service to persons with disabilities is group dining (*mean=2.30, median=2.0, n=10, sd=1.25*). (See Figure 10-10.)

Services related to health, such as getting exercise, eating healthy and nutrition counseling, are the most important to seniors (both those receiving services and those not), caregivers, and individuals with a disability. Transportation to the senior center is the least important of all the senior center activities for seniors not receiving services and for caregivers. Group dining is the least important service to those persons who have disabilities. . .

FIGURE 10-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.11	2.65	3.00	2.85
Transportation to the Senior Center	2.89	2.03	2.62	2.78
Group Dining	3.08	2.71	2.99	2.30
Recreation/Social Events	2.98	2.41	2.81	2.70
Exercise	3.29	3.26	3.23	3.00
Group Exercise	3.14	2.59	2.84	2.40
Counseling (someone to talk to)	3.16	2.78	3.16	3.20
Nutrition Counseling	3.16	2.66	3.22	3.30
Nearby Senior Center	3.15	2.64	3.07	3.10

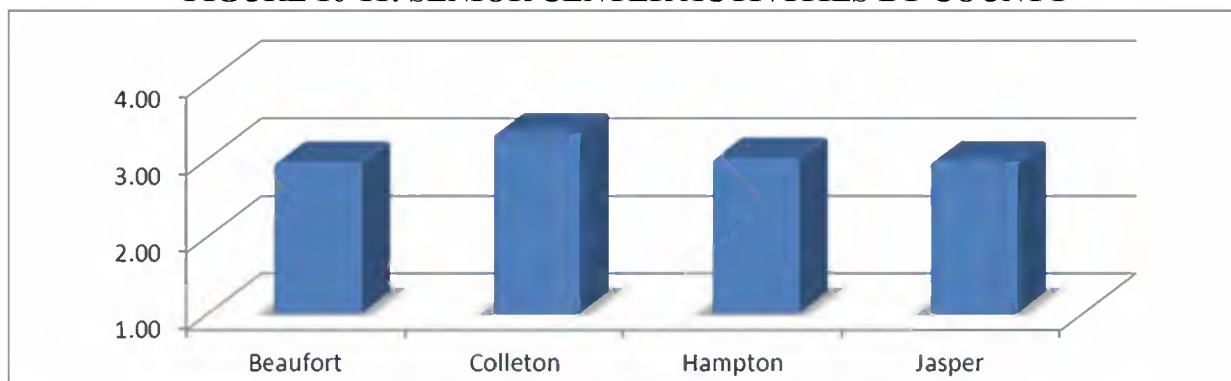


The difference in the senior center activities composite is significantly different between the targeted groups ($F=3.43$, $df=3$, $p=0.017$). Therefore, seniors receiving services view senior center activities to be more important than do seniors not receiving services. However, the target group categorization only accounts for 2.5% of the variability in this composite ($r^2=0.025$).

African Americans, females, those who received less than a high school diploma/GED, and those below the poverty line rated these services as being of greater importance to them ($F=25.31$, $df=1$, $p<0.001$; $F=7.84$, $df=1$, $p=0.005$; $F=8.74$, $df=4$, $p<0.001$; $F=19.33$, $df=1$, $p<0.001$, respectively). Those who are single or widowed rated these services as being of greater importance to them than individuals who are married or divorced ($F=4.01$, $df=3$, $p=0.007$). For seniors, those who have a disability have a significantly greater need ($diff=0.23$, $t=2.29$, $df=307$, $p=0.023$).

The demographic cluster of respondents who reported that senior center activities are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=13.19$, $df=3$, $p<0.001$).

FIGURE 10-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (*mean*=2.98, *median*=3.25, *n*=265, *sd*=1.04). The most important of these needs are having someone to call if feeling threatened or taken advantage of (*mean*=3.05, *median*=4.0, *n*=257, *sd*=1.2) and protection of rights (*mean*=3.05, *median*=4.0, *n*=257, *sd*=1.2). The least important service is healthcare directives (*mean*=2.86, *median*=3.0, *n*=256, *sd*=1.24). (See Figure 10-12.)

Seniors who have not received services view services to help in maintaining independence to be between a little important and quite a bit important (*mean*=2.55, *median*=2.75, *n*=39, *sd*=1.14). The most important of these needs are having someone to call if feeling threatened or taken advantage of (*mean*=2.74, *median*=3.0, *n*=39, *sd*=1.39), with the least important need being healthcare directives (*mean*=2.46, *median*=2.0, *n*=39, *sd*=1.25). (See Figure 10-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean*=3.03, *median*=3.25, *n*=92, *sd*=0.94). The most important of these services are protection of rights (*mean*=3.11, *median*=4.0, *n*=91, *sd*=1.17) and preventing falls (*mean*=3.10, *median*=4.0, *n*=92, *sd*=1.17). The least important need for caregivers is healthcare directives (*mean*=2.80, *median*=3.0, *n*=91, *sd*=1.23) (See Figure 10-12.)

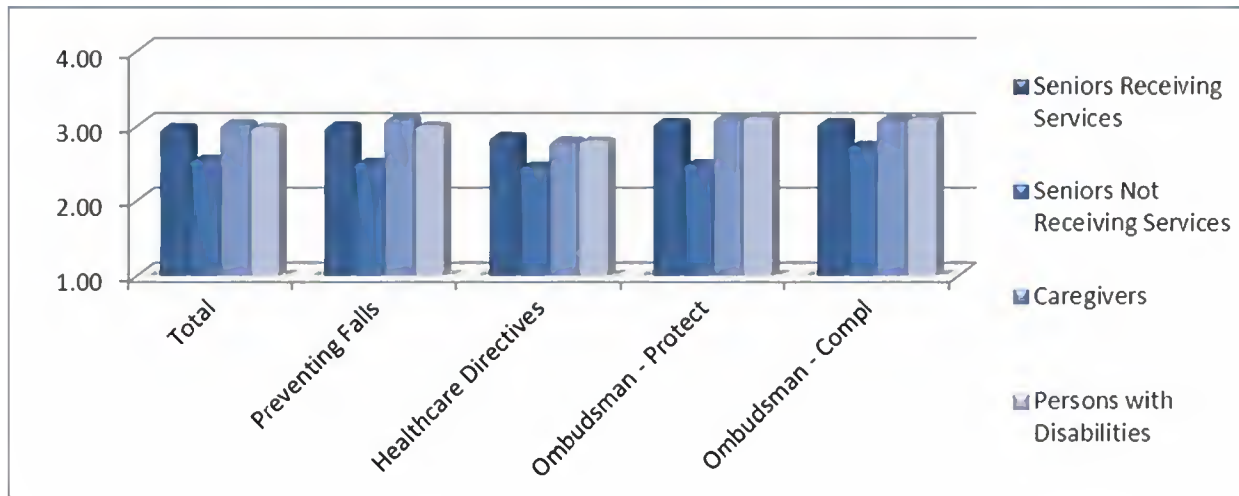
Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean*=2.98, *median*=2.75, *n*=10, *sd*=1.15). All of the services were deemed to be quite a bit or very important (preventing falls: *mean*=3.0, *median*=4.0, *n*=10, *sd*=1.41; healthcare directives: *mean*=2.80, *median*=3.0, *n*=10, *sd*=1.23; protection of rights: *mean*=3.11,

median=4.0, n=9, sd=1.36; and someone to call if feeling threatened or taken advantage of: mean=3.10, median=3.5, n=10, sd=1.1). (See Figure 10-12.)

Ombudsman services, both for protection and complaints, are most important for seniors receiving services and people with a disability. There is a virtual tie among these two services and preventing falls for caregivers. Seniors not receiving services perceive the services of the Ombudsman for complaints as the most important service.

FIGURE 10-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.98	2.55	3.03	2.98
Preventing Falls	3.00	2.51	3.10	3.00
Healthcare Directives	2.86	2.46	2.80	2.80
Ombudsman - Protection	3.05	2.49	3.11	3.11
Ombudsman - Complaints	3.05	2.74	3.09	3.10

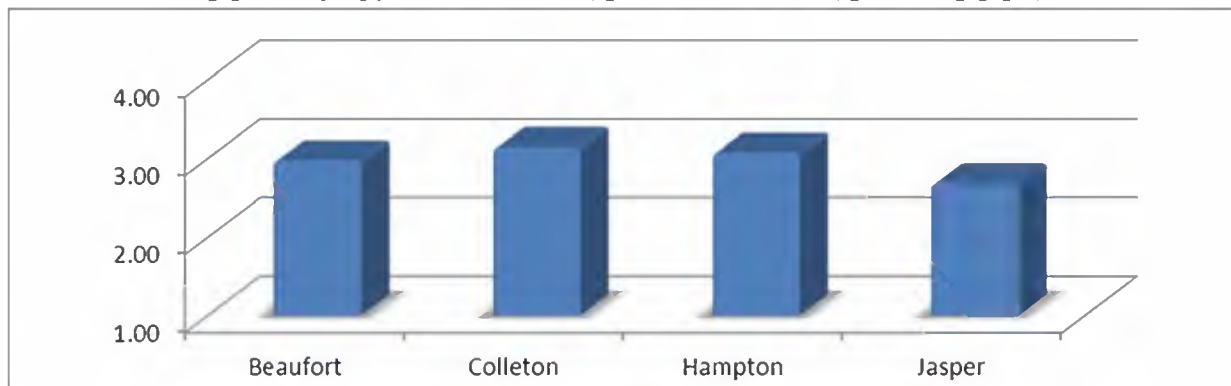


The difference in the maintaining independence composite is significantly different between the targeted groups ($F=6.55$, $df=3$, $p<0.001$). Therefore, seniors receiving services, caregivers and persons with disabilities view services to help maintaining independence to be equally important, whereas seniors who have not received services perceive these services to be less important. However, the target group categorization only accounts for 1.6% of the variability in this composite ($r^2=0.016$).

African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them ($F=15.05$, $df=1$, $p<0.001$; $F=6.43$, $df=4$, $p<0.001$; and $F=11.9$, $df=1$, $p=0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.46$, $t=3.71$, $df=240.7$, $p<0.001$).

The demographic cluster of respondents who reported that services to maintain independence are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=5.18$, $df=3$, $p=0.002$).

FIGURE 10-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

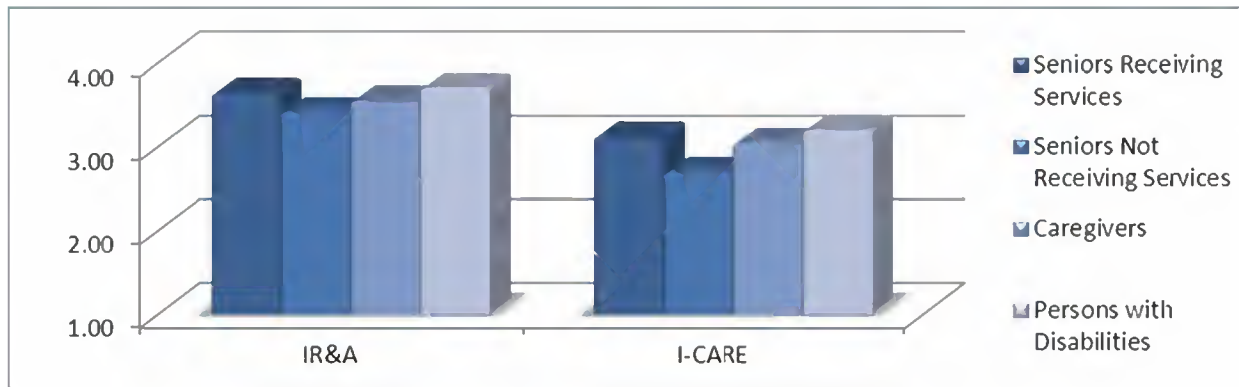
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 415 respondents, 404 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.55-3.70$, $median=4.0$). The results of the Kruskal Wallis test indicate that there was not significant differences between the target groups ($X^2_{K-W}=2.07$, $df=3$, $p=0.558$). (See Figure 10-14.)

Of the 415 respondents, 398 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Disabled persons, seniors receiving services, caregivers, and seniors not receiving services view this service to be quite a bit important ($mean=3.2$, $median=3.5$, $n=10$, $sd=1.03$; $mean=3.12$, $median=4.0$, $n=257$, $sd=1.13$; $median=3.04$, $n=92$, $sd=1.17$ and $mean=2.69$, $median=3.0$, $n=39$, $sd=1.28$, respectively). The results of the Kruskal Wallis test indicate that there was no significant differences between the target groups ($X^2_{K-W}=4.08$, $df=3$, $p=0.253$). (See Figure 10-14.)

FIGURE 10-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.64	3.41	3.55	3.70
Insurance Counseling (I-CARE)	3.12	2.69	3.04	3.20

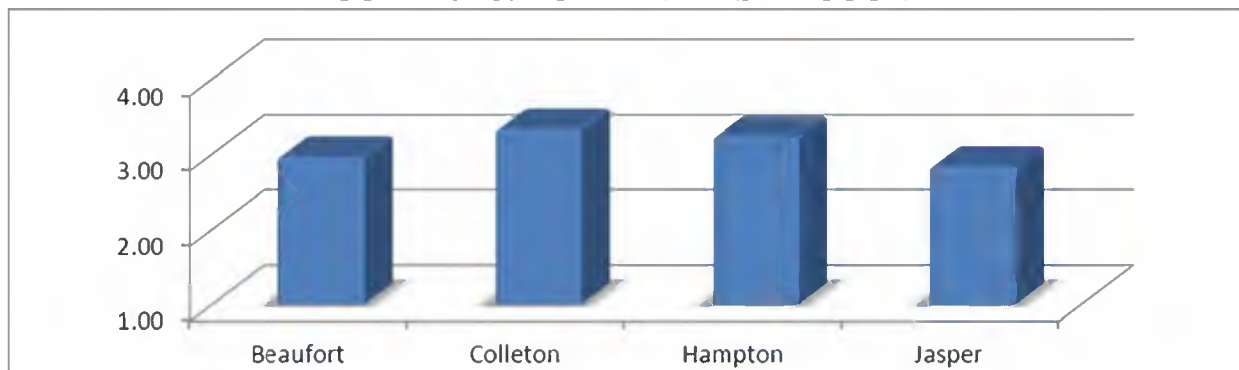


For seniors, those who have a disability have a significantly greater need for IR&A ($diff=0.32$, $t=3.11$, $df=198.1$, $p=0.002$). Since most of the respondents viewed Information, Referral and Assistance services to be quite a bit to very important, there are no other significant differences by demographics.

African Americans, those who received less than a high school diploma/GED, and those who are below the poverty line also rated these services as being of greater importance to them ($t=18.56$, $df=1$, $p<0.001$; $t=28.58$, $df=4$, $p<0.001$; and $t=9.38$, $df=1$, $p=0.002$, respectively). Individuals residing in Colleton County expressed the greatest need for this service ($X^2_{K-W}=17.57$, $df=9$, $p=0.040$).

The demographic cluster of respondents who reported that I-CARE services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($X^2_{K-W}=9.38$, $df=3$, $p=0.002$).

FIGURE 10-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be slightly more than a little important (*mean*=2.33, *median*=2.25, *n*=266, *sd*=1.02). The most important of these needs are for utilities or an unexpected bill (*mean*=2.46, *median*=3.0, *n*=266, *sd*=1.22) and paying for an eye exam and/or eyeglasses (*mean*=2.42, *median*=2.0, *n*=251, *sd*=1.23). The least important services to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=1.95, *median*=1.0, *n*=243, *sd*=1.21). (See Figure 10-16.)

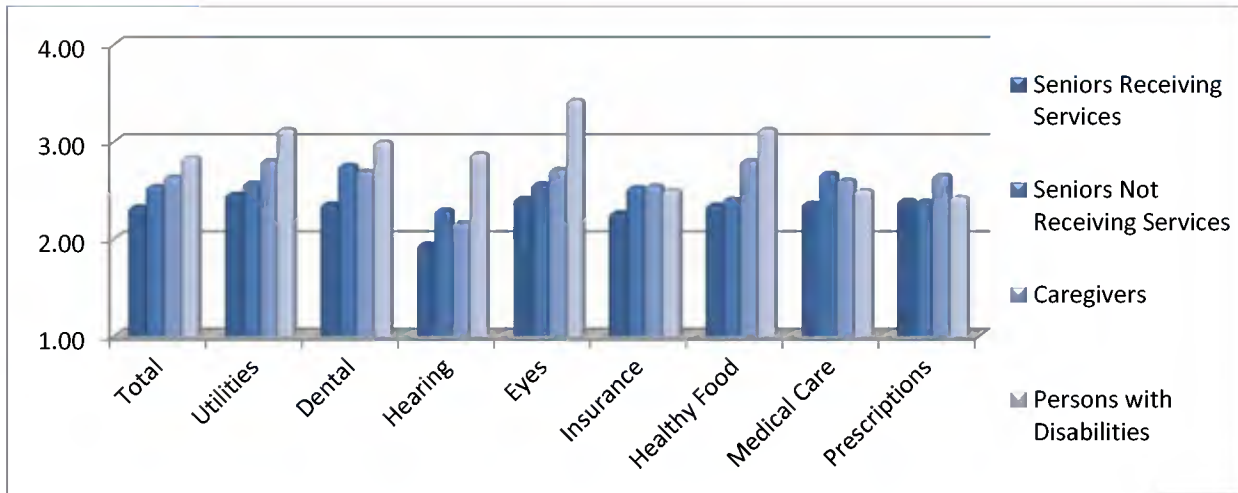
Seniors who have not received services view monetary assistance to be between a little important and quite a bit important (*mean*=2.54, *median*=2.8, *n*=38, *sd*=1.09). The most important of these needs are dental care and/or dentures (*mean*=2.76, *median*=3.5, *n*=38, *sd*=1.38) and medical care (*mean*=2.68, *median*=3.0, *n*=38, *sd*=1.32). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=2.30, *median*=2.0, *n*=37, *sd*=1.39). (See Figure 10-16.)

Caregivers view monetary assistance to be between a little important and quite a bit important (*mean*=2.64, *median*=2.87, *n*=91, *sd*=0.96). The most important of these needs are for utilities or an unexpected bill paying (*mean*=2.81, *median*=3.0, *n*=90, *sd*=1.15) and paying for healthy food (*mean*=2.81, *median*=3.0, *n*=88, *sd*=1.19). The least important service to caregivers is hearing exams and/or hearing aids (*mean*=2.17, *median*=2.0, *n*=87, *sd*=1.23). (See Figure 10-16.)

Persons with disabilities view monetary assistance to be quite a bit important (*mean*=2.84, *median*=3.06, *n*=8, *sd*=0.92). The most important of these needs are for eye exam and/or eyeglasses (*mean*=3.43, *median*=4.0, *n*=7, *sd*=1.13), paying for healthy food (*mean*=3.13, *median*=3.5, *n*=8, *sd*=1.26) and utilities or an unexpected bill (*mean*=3.13, *median*=3.0, *n*=8, *sd*=0.84). The least important service to persons with disabilities is prescriptions and prescription drug coverage (*mean*=2.43, *median*=2.0, *n*=7, *sd*=1.27). (See Figure 10-16.)

FIGURE 10-16: MONETARY ASSISTANCE BY TARGETED GROUP

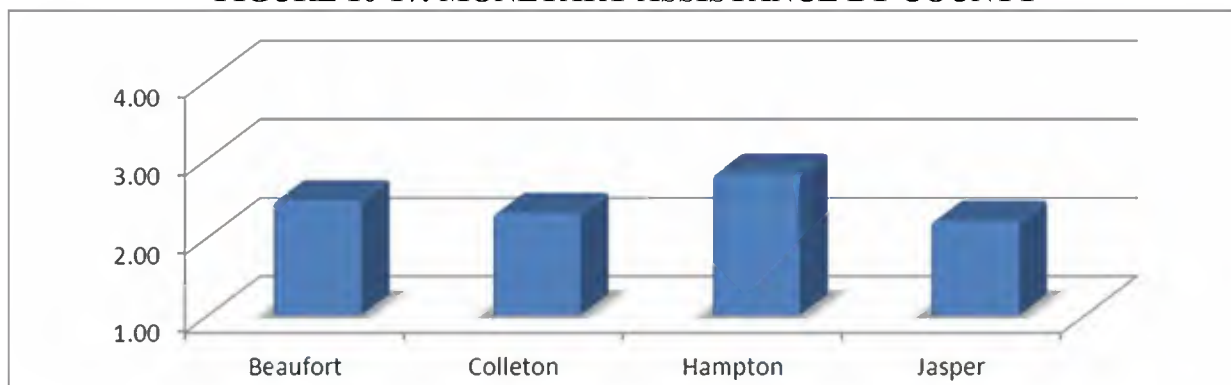
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.33	2.54	2.64	2.84
Utilities or an unexpected bill	2.46	2.58	2.81	3.13
Dental Care and/or Dentures	2.36	2.76	2.70	3.00
Hearing Exam and/or Hearing Aids	1.95	2.30	2.17	2.88
Eye Exam and/or Eyeglasses	2.42	2.57	2.72	3.43
Health Insurance	2.27	2.53	2.55	2.50
Healthy Food	2.35	2.41	2.81	3.13
Medical Care	2.37	2.68	2.61	2.50
Prescriptions or Prescription Drug Coverage	2.40	2.39	2.66	2.43



The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=2.74$, $df=3$, $p=0.043$, $r^2=0.020$). The age of the respondent has a significant impact on their perceived need for monetary assistance ($F=4.62$, $df=4$, $p=0.001$). This indicates that respondents who are in most need of these services are those who are younger than 55 years old. African Americans, respondent who are single, those who have received a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=15.02$, $df=1$, $p<0.001$; $F=3.92$, $df=3$, $p=0.009$; $F=11.37$, $df=4$, $p<0.001$; and $F=34.84$, $df=1$, $p<0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.51$, $t=4.33$, $df=302$, $p<0.001$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 3 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) and Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($F=8.84$, $df=3$, $p<0.001$).

FIGURE 10-17: MONETARY ASSISTANCE BY COUNTY



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors ($n=15$, 17.4%), caregivers of seniors with disabilities ($n=47$, 54.7%), caregivers of persons with disabilities ($n=19$, 22%), and caregivers of children ($n=5$, 5.8%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) disagree that caregiver services are necessary to help them care for the individual(s) ($mean=2.27$, $median=2.2$, $n=15$, $sd=1.05$). The most important need is monetary assistance for acquiring services ($mean=2.29$, $median=2.0$, $n=14$, $sd=1.07$). (See Figure 10-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.64$, $median=2.8$, $n=47$, $sd=0.96$). The most important of these needs is monetary assistance for acquiring services ($mean=3.11$, $median=4.0$, $n=45$, $sd=1.15$), with the least need being training on caregiving ($mean=2.16$, $median=2.0$, $n=44$, $sd=1.14$). (See Figure 10-18.)

Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) ($mean=2.58$, $median=2.4$, $n=19$,

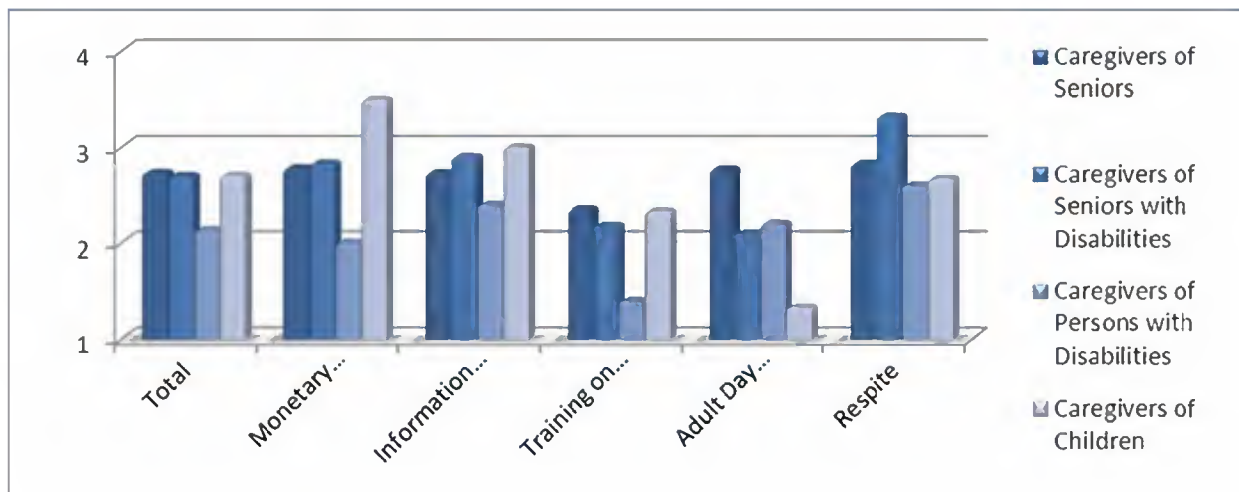
sd=0.86). The most important of these needs are for monetary assistance in acquiring services (*mean=2.95, median=3.0, n=19, sd=1.31*) and temporary relief from caregiver duties (respite) (*mean=2.89, median=3.0, n=18, sd=1.18*). The least important of these needs is training on caregiving (*mean=2.17, median=2.0, n=18, sd=1.1*). (See Figure 10-18.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.68, median=2.8, n=5, sd=0.58*). The most important need are for monetary assistance in acquiring services (*mean=3.60, median=4.0, n=5, sd=0.55*) and temporary relief from caregiver duties (respite) (*mean=3.60, median=3.0, n=5, sd=0.55*). Note that some of these senior caregivers of children also care for other seniors. (See Figure 10-18.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for ($F=0.624, df=3, p=0.601, r^2=0.022$). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 10-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.67	2.64	2.58	2.68
Monetary Assistance	2.29	3.11	2.95	3.60
Information & Referral	2.21	2.70	2.63	2.20
Training on Caregiving	2.07	2.16	2.17	1.80
Adult Day Care	2.07	2.44	2.21	2.20
Respite	2.20	2.71	2.89	3.60



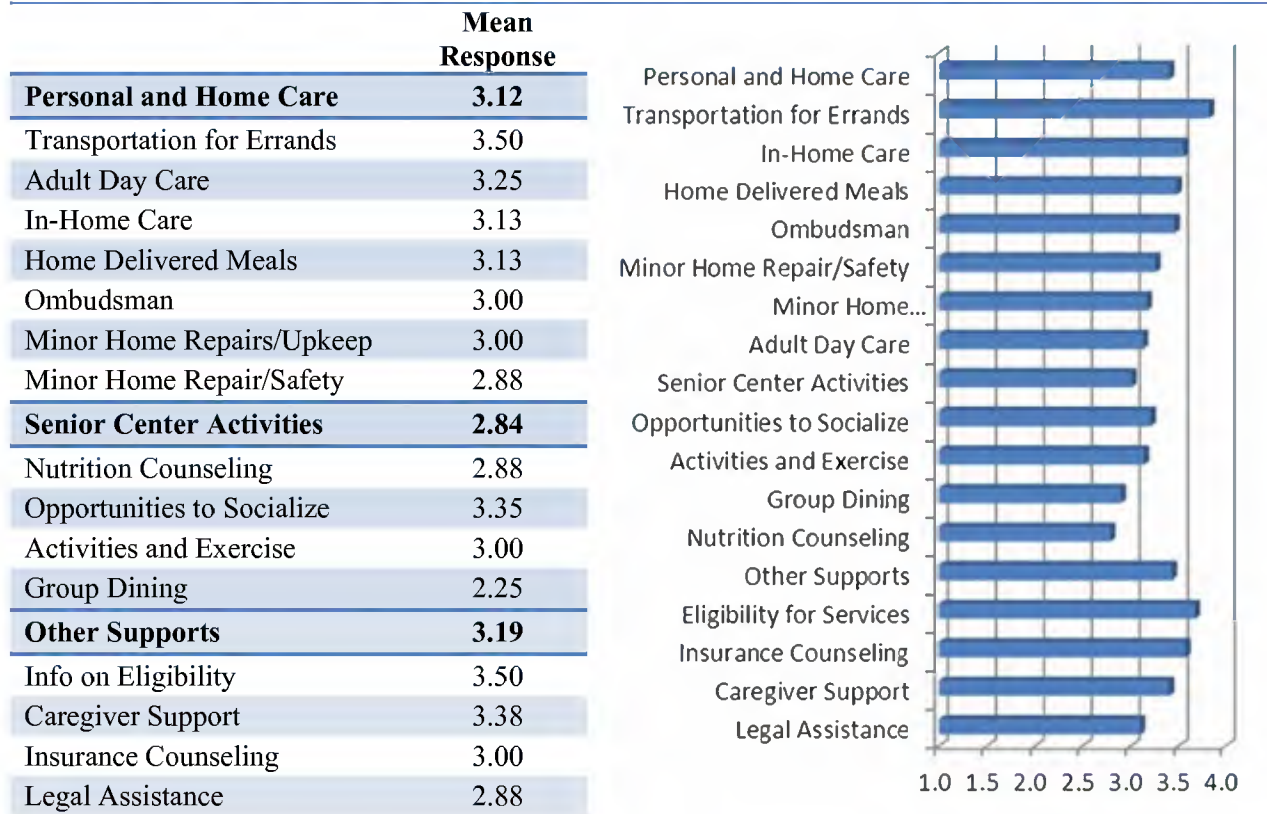
Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean=3.12, median=3.43, n=8, sd=1.04*) and other supports (*mean=3.19, median=3.25, n=8, sd=1.0*) are viewed to be more essential services to helping seniors and those with disabilities in Region 10 to remain independent. The most essential services are transportation for errands (*mean=3.50, median=4.0, n=8, sd=1.07*), information on eligibility for community and other services (ADRC) (*mean=3.50, median=4.0, n=8, sd=1.07*), and caregiver supports (*mean=3.38, median=4.0, n=8, sd=1.06*). (See Figure 10-19.)

Partners and professionals who reported that their primary line of business is in providing personal and/or home care (such as nutrition/meals, adult day services or in-home, or transportation) reported that personal and home care services (*mean=3.67, n=3, sd=0.36*) and other supports (*mean=4.0, n=3, sd=0.00*) were more essential than senior center activities (*mean=3.17, n=3, sd=0.76*). Partners and professionals who reported that their primary line of business is in community or senior centers reported that senior center activities (*mean=2.38, n=2, sd=1.95*) and personal and home care services (*mean=2.2, n=2, sd=1.72*) were more essential than other supports (*mean=2.12, n=2, sd=1.59*). Partners and professionals who reported that their primary line of business is in healthcare or wellness (such as skilled nursing, healthcare, health and wellness, mental health or behavioral health) reported that personal and home care services (*mean=3.07, n=2, sd=1.31*) were more essential than senior center activities (*mean=3.0, n=2, sd=0.35*) and other supports (*mean=3.0, n=2, sd=0.35*).

FIGURE 10-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES



Overall, partners' perceptions of how their organization interacts with the AAA are negative. Half of the respondents are knowledgeable of the services offered (n=4, 50%), and 75% (n=6) of respondents understand the priorities for services. Partners responded that the services offered by the AAA/ADRC are easily accessible (n=4, 57.1%), clients are able to pay part of the cost of their services (n=5, 71.4%) and 57.1% (n=4) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. The majority of respondents are not aware of the strategic plan (n=6, 75%), do not know who is eligible for services (n=5, 62.5%), do not believe that the AAA/ADRC are critical partners (n=6, 75%), do not refer their clients to the AAA/ADRC (n=5, 62.5%), and agree that there are unmet needs for caregivers (n=4, 57.1%), seniors (n=5, 71.4%), and persons with disabilities (n=4, 57.1%). (See Figure 10-20.)

FIGURE 10-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	50.0%	50.0%	8
Aware of Strategic Plan	25.0%	75.0%	8
Know who is Eligible	37.5%	62.5%	8
Understand Priorities for Services	75.0%	25.0%	8
Critical Partner	25.0%	75.0%	8
Refer to AAA	37.5%	62.5%	8
Services Easily Accessible	57.1%	42.9%	7
Clients able to Pay	71.4%	28.6%	7
Unmet Needs for Caregivers	57.1%	42.9%	7
Unmet Needs for Seniors	71.4%	28.6%	7
Unmet Needs for PWD	57.1%	42.9%	7
Fixed Reimbursement	42.9%	57.1%	7

- Of the underserved areas, Bluffton had the most frequent mentions for both seniors and person with disabilities.
- The following areas were noted by at least one respondent as underserved:
 - Beaufort county
 - Hilton Head
 - Low country,
 - rural Colleton
 - Hampton,
 - Upper Berkeley (actually in Region 9)
 - Upper Dorchester (actually in Region 9)
 - SE Charleston (actually in Region 9)

The services most needed by seniors in the underserved areas are, in order of prominence:

- Transportation (mentioned twice as often as other needs)
- Home repairs
- Respite
- Food assistance
- Socialization
- Companion Care
- Also mentioned as needs were
 - funds to help with utility bills and medications
 - helping with [raising] grandchildren
 - financial counseling
 - information and referral
 - home delivered meals
 - senior center
 - adult day care
 - support group
 - Home health.

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- Transportation
- Respite
- Also mentioned as needs were
 - socialization
 - companion care
 - mental health
 - medications
 - employment
 - financial assistance
 - financial counseling
 - adult day care
 - home health

Quotes

I work with grandparents raising grandchildren and am not aware of services provided by COG

They [persons with disabilities] are poorly provided with care and support.

I hope that the AAA and ADRCs also have a strong working relationship with the VA, as I suspect that they do, so that veterans can have an easy link to getting their VA benefits. The VA benefits. The VA is just so bureaucratic that oftentimes people don't even know where to start to ask for help.

HELP!

Seniors are living longer and are retiring in those geographical regions. Services and requests for services are not only for middle and low-income clients but those who have retirement income as well.

The biggest need we see right now is financial-we offer sliding scale for our adult day care (dementia specific) but it still is not enough.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 10. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of

what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, older, and less well educated than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as more important by caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 10 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 1 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

While partners believe they have a good relationship with the AAA, they believe they have little interaction with the AAA on the planning process, have little knowledge of the plan, do not understand how priorities are set for which clients receive services and have very little knowledge of the strategic plan or the planning process. In short, the partners feel that they are a strong part of service provision and a small part of planning and prioritizing. This may or may not be an important issue, but should be explored.

**APPENDIX ONE:
SURVEY INSTRUMENTS AND PROTOCOLS**

SC4A S.C. ASSOCIATION OF AREA AGENCIES ON AGING

Dear South Carolina Resident:

The Regional Area Agencies on Aging (AAA) and Aging and Disability Resource Centers (ADRC) provide help for seniors, those with disabilities and disabled veterans, as well as the people who care for these individuals. Some services are delivered by local senior centers and other partners. These services help keep people living independently in the community.

The agencies want to hear from individuals in all parts of the state, even if you do not receive services or care for someone who does. They will use this information to plan which services to offer within each region. Please take a few minutes to complete the enclosed survey. It will take about 15 minutes. This information will help these agencies plan services to meet the most critical needs for citizens in their part of the state.

Please respond to the items in this survey as they relate to you personally. If you care for someone who is over 60 or who has a disability, please answer all items under Questions #2-6 from that person's viewpoint and answer all items under Questions #1 and 7 from your viewpoint as a caregiver. Your answers will be kept private and confidential.

We appreciate you taking the time to complete this survey. Please return the survey in the postage-paid envelope provided by **August 31, 2012**, or you may complete it online at <http://swssurveys.com/AAA/survey.asp>. Your input is important. Contact your local AAA at the number provided below if you have questions about this survey or services that you may be eligible to receive.

Sincerely,



Shawn Keith
Aging Director
Santee-Lynches AAA

THE SOUTH CAROLINA AGING NETWORK: PARTNERS SERVING ALL OLDER SOUTH CAROLINIANS

- Appalachian Area Agency** (Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg) 800-434-4036
- Upper Savannah Area Agency** (Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda) 800-922-7729
- Catawba Area Agency** (Chester, Lancaster, York and Union) 800-662-8330
- Central Midlands Area Agency** (Fairfield, Lexington, Newberry, Richland) 866-394-4166
- Lower Savannah Area Agency** (Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg) 866-845-1550
- Santee-Lynches Area Agency** (Clarendon, Kershaw, Lee and Sumter) 800-948-1042
- Pee Dee Area Agency** (Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro) 866-505-3331
- Waccamaw Area Agency** (Georgetown, Horry, and Williamsburg) 888-302-7550
- Trident Area Agency** (Berkeley, Charleston, and Dorchester) 800-894-0415
- Lowcountry Area Agency** (Beaufort, Colleton, Hampton, and Jasper) 877-846-8148

SOUTH CAROLINA AREA AGENCY ON AGING NEEDS ASSESSMENT

As you answer, fill in each circle completely. Please return the survey by August 31, 2012 in the postage-paid envelope provided. Thank you.

- 1. Please mark all that apply:** I am answering for myself I am answering for someone I care for
 I am helping someone I care for answer I am over 55 years old I am disabled I am a caregiver

2. Do you receive services from one of these ADRC's or Area Agencies on Aging or a Senior Center in these areas?

- Central Midlands Catawba Appalachian Upper Savannah Lower Savannah
 Santee-Lynches Waccamaw Trident Lowcountry

3. How important are the following to help keep you where you are right now?

Please bubble in your answer (4 = very important, 3 = quite a bit important, 2 = a little important, 1 = not at all important).

	Very	Quite a bit	A little	Not at all
a. Knowing what services are available and how to get them.	(4)	(3)	(2)	(1)
b. Information or help applying for health insurance or prescription coverage.	(4)	(3)	(2)	(1)
c. Transportation to the grocery store, doctor's office, pharmacy, or other errands.	(4)	(3)	(2)	(1)
d. Transportation to the senior center.	(4)	(3)	(2)	(1)
e. Having a meal with my friends or others like me.	(4)	(3)	(2)	(1)
f. Taking part in fun activities (such as crafts, music, games) with others like me.	(4)	(3)	(2)	(1)
g. Getting the exercise that is good for me.	(4)	(3)	(2)	(1)
h. Exercising with others like me.	(4)	(3)	(2)	(1)
i. Having someone to talk to when I feel lonely.	(4)	(3)	(2)	(1)
j. Information on how to eat healthy.	(4)	(3)	(2)	(1)
k. Having someone bring a meal to me in my home every day.	(4)	(3)	(2)	(1)
l. Help keeping my home clean.	(4)	(3)	(2)	(1)
m. Help with repairs and maintenance of my home or yard.	(4)	(3)	(2)	(1)
n. Help with personal care or bathing.	(4)	(3)	(2)	(1)
o. Help with washing and drying my laundry.	(4)	(3)	(2)	(1)
p. Having someone help me with my prescription medicine.	(4)	(3)	(2)	(1)
q. Keeping warm or cool as the weather changes.	(4)	(3)	(2)	(1)
r. Preventing falls and other accidents.	(4)	(3)	(2)	(1)
s. Help making choices about future medical care and end of life decisions.	(4)	(3)	(2)	(1)
t. Someone to protect my rights, safety, property or dignity.	(4)	(3)	(2)	(1)
u. Someone to call when I feel threatened or taken advantage of.	(4)	(3)	(2)	(1)
v. Modifications to my home so that I can get around safely.	(4)	(3)	(2)	(1)
w. A senior center that is close to my home.	(4)	(3)	(2)	(1)

- 4. Do you have a medical condition that (mark all that apply)** Limits your ability to dress, bathe, or get around inside your home. Makes it difficult to see or hear. Makes it difficult for you to walk, climb stairs, reach, lift or carry things. A physical, mental or emotional condition that limits your ability to go outside the home alone. A condition that has made it difficult for you to work at a job or business. None of these

5. How much do you need help paying for the following: (4 = a lot of help, 3 = quite a bit of help, 2 = a little help, 1 = no help).	Very	Quite a bit	A little	Not at all
a. Utilities or an unexpected bill	(4)	(3)	(2)	(1)
b. Dental Care and/or Dentures	(4)	(3)	(2)	(1)
c. Hearing Exam and/or Hearing Aids	(4)	(3)	(2)	(1)
d. Paying for an Eye Exam and/or eyeglasses	(4)	(3)	(2)	(1)
e. Health insurance	(4)	(3)	(2)	(1)
f. Help paying for healthy food	(4)	(3)	(2)	(1)
g. Medical care	(4)	(3)	(2)	(1)
h. Prescriptions or prescription drug coverage	(4)	(3)	(2)	(1)

6. Please tell us about yourself (If you are a caregiver, answer about the person you care for).

Gender

- Female
- Male

Race

- Black or African American
- White or Caucasian
- Native American
- Hispanic
- Other (specify): _____

Marital Status

- Single
- Married
- Divorced
- Widowed
- Domestic Partner

What year were you born? 19 ____

What county do you live in? _____

Education

- Less than high school
- High school diploma/GED
- Some college or Associate's degree
- Bachelor's degree
- Advanced/Graduate degree

What is your monthly household income?

- Less than \$698
- \$699-\$931
- \$932-\$1,257
- \$1,258-\$2,093
- More than \$2,094

How many people are supported by this income?

- One Two Three Four or More
-

7. CAREGIVER: Please answer if you are responsible for the care of one or more persons who are over 60, have a disability, or a minor (under 18).

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I need help paying for services the person I care for needs.	(4)	(3)	(2)	(1)
b. I need help locating services for the person I care for.	(4)	(3)	(2)	(1)
c. I would like training on caring for someone at home.	(4)	(3)	(2)	(1)
d. I need somewhere for the person I care for to be during the day.	(4)	(3)	(2)	(1)
e. I sometimes need temporary relief from my caregiver duties (respite).	(4)	(3)	(2)	(1)
f. Of the persons you care for, how many are:	None	One	Two	3 or More
Over 60 years old	(0)	(1)	(2)	(3)
Has a disability	(0)	(1)	(2)	(3)
Both elderly and disabled	(0)	(1)	(2)	(3)
Child under 18 years old	(0)	(1)	(2)	(3)

THANK YOU FOR YOUR INPUT

Name of AAA Region _____

SURVEY CONVENIENCE SAMPLING FOR THE 2012 REGIONAL AAA NEEDS ASSESSMENT

In addition to the data obtained through the random mail survey, regional AAAs will, at their discretion, gather data through a convenience sample. There will be two major distribution methods to gather the same survey information.

1. **Hard Copy:** Direct distribution of hard copies to specific audiences (regional option)
 - Hard copies will be distributed and collected by staff of each regional AAA.
 - Photocopies of the survey **must be printed single sheet front-back** (otherwise we cannot scan them electronically)
 - Suggested venues for distribution of hard copy surveys
 - Recipients of home delivered meals, congregate meals and home care participants and their primary caregivers.
 - Senior Centers
 - Faith communities/churches
 - Health fairs
 - Board or Advisory Committee members for further distribution
 - Public officials - legislators, city and county government
 - Public functions
 - Community meetings.
 - Motor Vehicle (DMV) offices
 - Use tracking form for number distributed and collected from each place or group
 - Completed surveys should be bundled and mailed to System Wide Solutions, PO Box 11391, Columbia, SC 29211-1391 any time during the month of August.
 - All surveys must be received by SWS by August 31, 2012.

2. **Online Completion:** AAA will conduct publicity to invite the general public to complete the needs assessment survey, either online or by requesting a hard copy. Announcements should contain this web address: <http://swssurveys.com/AAA/survey.asp>. Online surveys will go directly into the database.
 - Local newspaper announcements
 - Electronic newsletters distributed by the AAAs or other local agencies
 - Flyers or posters placed in public places such as senior centers, malls, public libraries and other places that allow public notices
 - Use tracking form for each announcement to include estimated number of people the announcement will reach.

Although there is some concern that people filling out the form more than once might bias the results, this is unlikely. For the online forms we have built-in safeguards that let us know if that is happening. However, other than coding the blank forms, there is little way to safeguard duplicates from the hard copies. We believe that the risk of duplicates is fairly small. **Please encourage constituents to fill out a survey only once**, so if they received one by mail, they should not do another that you distribute at a meeting.

Follow up Telephone Interview by SWS Staff

Select sample of individuals by region, including a higher number from regions that are underrepresented in the mail returns. Print out a call list by region and each staff person focus only on that region to avoid duplicative calls.

Supplies needed: copies of survey, pen/pencil, list of AAAs by region and their phone numbers

Make no more than three attempts to reach a given number – keep notes of attempts in the right margin. Try calling at different times of the day and on weekends. Avoid calling at meal times: 12 noon-1pm and 6-7pm. If you are successful in completing an interview, put a check mark next to the name in left margin.

“Hello Mr. _____ or Mrs. _____. My name is _____ and I am calling on behalf of the SC Area Agencies on Aging. (For USADATA names only) “We recently sent you a survey by mail. The survey asked about services needed for seniors and persons with disabilities Do you remember receiving it?”

If yes, ask “Did you complete your answers and mail the survey back to us?”

If yes, thank them for taking the time to do it. Say goodbye.

If no, as if they might have completed a AAA survey in person at a senior center, a community meeting or that someone brought to their home. If they did complete a survey “in person,” Thank them and say goodbye.

(For all non-USA-DATA names – caregivers and AAA clients): Say: The Area Agencies on Aging are conducting a statewide survey about the needs of seniors and persons with disabilities in order to improve services. Did you complete a survey like this recently at a senior center, community meeting, etc.?” If yes, thank them and say goodbye.

If no, ask if they have about 15 minutes now to answer the questions by phone. Assure them that their answers will be kept private, will be combined with the answers of others and that their answers will not affect any services they currently receive.

If they are willing to answer by phone but do not have time now, ask what is a better time to call back. Make a note of the time and try again later.

If they still prefer to do the survey by mail, but have not gotten around to it, ask if they have any questions about the survey and encourage them to complete it and put into the mail by September 7. Say that any mail surveys received after September 15 will not be counted.

If they do not remember receiving a survey by mail, ask if they would be willing to answer questions now by phone. Explain the purpose of the survey is to find out

what services are most critical for seniors and persons with disabilities. Assure privacy/confidentiality.

Say, "Most of these questions are short answer or multiple choice. I will read each question and then give you the options for your answers. If you don't understand, just ask and I can repeat anything. Do you have any questions for me before we begin?"

❖ **Address the presence of others**

If they prefer to have a family member or helper present to assist them, they may do so. If there are two people answering, ask if the call can be put on speaker phone.

Other individuals may prefer to talk to you privately, but may need your help in asking others present to give you and the individual some privacy. Explain to the other person that this is a confidential survey.

❖ **Eliminate distractions**

If you hear noise in the background, like music, barking dog or a loud TV, ask them to turn it down or off while you are talking.

❖ **When in doubt, ask; do not skip.**

Ask every question on the survey, unless a skip pattern indicates to do otherwise. Respondents may choose not to answer any question they wish. That is their prerogative.

❖ **Do not leave any questions blank.**

If the individual does not answer, record "No Response."

❖ **Ask the questions as they are written**

This ensures that each person asks the question the same way. If you need to, after reading the question in the original form, you may repeat or rephrase the question to help clarify the question's intent, as long as the meaning of the question does not change.

❖ **Try to clarify unclear answers**

For the open ended questions, if a consumer's answer is unclear, you may probe to gain further understanding. However, try to not impose your interpretation on the consumer. You may simply mark the response as "unclear" if the consumer's response is unclear.

❖ Close the interview

Thank the participant again for their participation. IF they have further questions, refer them to their regional AAA (see state list)

❖ Data entry

- 1) Complete paper survey form during the call and then do data entry on line
OR
- 2) Wear a headset during the call and complete data entry on line as you go along.

2012 AAA/ADRC Professional and Partner Survey Protocol

NOTE: The purpose of the partner survey is to obtain input from knowledgeable persons about service needs and priorities for your region. Only certain AAA/ADRC Regions have decided to collect information from partners and professionals. Those regions should use this protocol.

Work Plan: “The partner and professional survey, interview schedule and protocol will be developed by SWS and provided to each Area Agency. The survey will include several multiple choice questions and no more than two open ended questions. Each Region may, at their sole expense and discretion, collect survey data from partners and professionals by mail, telephone, email, or online survey. The sample of professionals and *partners will be obtained by the AAA’s and will be collected through a “snowball” method.* The Area Agency will be responsible for administering the professional/partner survey as well as for entering any mail, telephone, or email surveys into the survey database via the online survey portal. All professional and partner surveys completed online will be automatically entered into the database. SWS will provide at no cost training on protocols for administering surveys and entering data through the online portal. Training will be provided via Webinar [3pm August 30 and 10:30am August 31] and posted to the Internet for viewing at any time.”

Privacy and Consent: No written consent is necessary. Responses will be kept private. No names or individual answers will be in the written report.

The final **deadline for data reporting is August 31, 2012.** After that date at midnight, the online portal will be closed.

Selecting Partners and Aging Professionals: Identify organizations and individuals within your region who work with or provide services to seniors, persons with disabilities, caregivers and other constituents.

Method for administering: Choose only one method of administration of the survey per organization (either email OR telephone interview) to avoid duplicate responses. Also avoid asking several representatives in the same organization to complete a survey.

Email Procedure: Send the message below or a message in your own words to your partners that explains the purpose of the needs assessment and the value you place on having their input. Include a link to the online partner survey (<http://swssurveys.com/AAA/partnersurvey.asp>). The responses will go directly into the database, so you do not have to do data entry.

Dear Partner/Professional:

The [Region Name] Area Agency on Aging (AAA/ARDC) wants to know your perceptions of service needs of seniors, those with disabilities, and caregivers. In this era of reduced funding, we need your input as a valued partner to make decisions about which essential services to preserve at current levels and which less critical services may be offered at a reduced level or in a different manner. These decisions are for services provided by the AAA/ADRC as well as through agencies we contract with, such as senior centers, home care agencies, etc.

Please go online to <http://swssurveys.com/AAA/partnersurvey.asp> to complete the survey. Answer the questions based on your experience as a partner or service provider for seniors and persons with disabilities constituencies. Your response is anonymous and all answers will be kept confidential. **All surveys must be completed by August 31, 2012. Thank you.**

Telephone Procedure: For selected partners or experts, you may choose to conduct the survey by telephone and then manually enter their responses yourself through the online portal.

- **Scheduling:** If you do telephone surveys, we suggest that you schedule an appointment ahead of time. Tell the person that the survey should take about 15 minutes.
- **Number of Interviews:** That is entirely within the discretion of each Region. There is no minimum or maximum number. Conduct as many interviews as you reasonably can accomplish within the time frame. Make enough photocopies of pp. 3-5 to record your interviews.
- **Reporting Telephone Interview Findings:** Each phone interview should be reported through the online portal within one week of administering the interview or survey. Data entry can be done by the person conducting the interview or by another trained individual. The web address is <http://swssurveys.com/AAA/partnertelephonesurvey.asp>.
- **Selecting Staff:** Persons conducting telephone interviews should have good communication skills and be knowledgeable of the AAA/ADRC programs and services offered in your area. Preferably, interviewers should be Board members or volunteers, rather than staff members. All interviewers should receive training on the purpose of the project and how to conduct the interviews. They may watch the live or recorded webinar at <http://swssurveys.com/AAA/webinars.asp>.
- **Conducting the Telephone Interview**
 - Explain that the purpose of the interview is to obtain their input about AAA/ADRC programs and priorities
 - Make an appointment to do a telephone interview at a convenient time for the interviewee. Say that it will take about 15 minutes.
 - Call promptly at the appointment time and introduce yourself by name.
 - Have an interview form and pen ready to record their responses.
 - Assure that their individual answers will be private and no names will be in the written report.
 - Read each question slowly and explain each choice on multiple choice items. Repeat choices as necessary for clarification.
 - Allow them to answer open-ended questions in their own words
 - Enter interview answers through the online portal <http://swssurveys.com/AAA/partnertelephonesurvey.asp>
 - All data must be completed by **August 31, 2012 at midnight**.

AAA/ADRC Partners and Senior/Disability Professionals Survey

The Area Agencies on Aging (AAA/ARDC) want to know about your perception of service needs of seniors and those with disabilities in each region, as well as needs of caregivers. In this era of reduced funding, we need your input as a valued partner to make decisions about which essential services to preserve at current levels and which less critical services may be offered at a reduced level or in a different manner. These decisions are for services provided by the AAA/ADRC as well as services provided through agencies they contract with, such as senior centers, home care agencies, etc. Please answer the questions based on your experience as a partner or service provider for seniors and persons with disabilities constituencies. **All surveys must be completed by August 31, 2012. Thank you.**

1. Which of these ADRC or Area Agency on Aging or Senior Center do you work with or partner with?
 Central Midlands Catawba Appalachian Upper Savannah Lower Savannah
 Santee-Lynches Waccamaw Trident Lowcountry

2. Preserving Services provided by regional Area Agencies on Aging/ADRC or through agencies they contract with. Please tell us <u>how essential</u> each of the following services are for helping seniors and those with disabilities in your region to remain independent.	Very Essential	Quite a bit Essential	Somewhat Essential	Not at All Essential
a. Insurance Counseling/Medicare Counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Group Dining services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Activities and Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information on eligibility for community and other services (ADRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Home-delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In-Home Care (housekeeping, laundry, personal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Minor home repairs and property upkeep (like lawn care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Transportation (e.g. for medical appointments, grocery shopping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Caregiver Support (those caring for elderly/disabled or minor child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Services to protect the safety, property, rights and dignity of elderly/disabled persons (Ombudsman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Opportunities for elderly/disabled persons to socialize with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Help with minor home repair, maintenance and home safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Relationship with the Organization. How much do you agree or disagree with these statements about AAA/ADRC services and how you/your organization interacts with the AAA/ADRC in your region?	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I am fully knowledgeable of the range of services provided by the Regional AAA/ADRC or through organizations with which they contract	☐	☐	☐	☐
b. I am aware of the Regional AAA/ADRC's strategic plan and goals	☐	☐	☐	☐
c. I do not know which clients are eligible to receive services from the AAA/ADRC or the agencies with which they contract	☐	☐	☐	☐
d. I understand how the regional AAA/ADRC sets priorities for which clients receive services	☐	☐	☐	☐
e. The regional AAA/ADRC is a critical partner for my organization	☐	☐	☐	☐
f. My organization frequently refers seniors or person with disabilities to services offered through AAA/ADRC or agencies with which they contract	☐	☐	☐	☐
g. Clients or constituents I work with can easily access services offered by AAA/ADRC	☐	☐	☐	☐
h. Most elderly or disabled clients are able to pay part of the cost for their services	☐	☐	☐	☐
i. The AAA/ADRC is not providing services to meet critical needs for caregivers in this region	☐	☐	☐	☐
j. The AAA/ADRC is not providing services to meet critical needs for elderly persons in this region	☐	☐	☐	☐
k. The AAA/ADRC is not providing services to meet critical needs for disabled persons in this region	☐	☐	☐	☐
l. The regional AAA/ADRC should offer enrolled providers the opportunity to contract for fixed reimbursement rates	☐	☐	☐	☐

4. Please tell us about yourself

Gender

- Female
- Male

Race

- Black or African American
- White or Caucasian
- Native American
- Hispanic
- Other (specify): _____

Education

- Less than high school
- High school diploma/GED
- Some college or Associate's degree
- Bachelor's degree
- Advanced/Graduate degree

What year were you born? ____ _

Years of experience in the Aging or Disabilities field

__1-3 __4-6 __7-10 __11 or more_____

Which of the following best describes your organization's primary line of business?

- Independent living retirement community
- Assisted living or continuing care retirement community
- Skilled nursing
- Healthcare
- Health and wellness
- Nutrition/Meals
- Community or senior center
- Adult day services or in-home care
- Transportation
- Disability advocacy
- Legal services
- Mental health
- Behavioral health
- Support group

5. Views of Underserved Populations

- a. The specific geographic areas in this region most in need of additional services for seniors are:

- b. The three programs most needed by seniors in those geographic areas are

- c. The specific geographic areas in this region most in need of additional services for persons with disabilities are: _____
- d. The three programs most needed by persons with disabilities in those geographic areas are

THANK YOU

**APPENDIX TWO:
INTERVIEW SCHEDULES AND PROTOCOLS**

Control # _____

2012 AAA LTC Resident Interview Protocol

NOTE: Only certain AAA Regions have decided to collect information from LTC facility/nursing home residents. Those regions should use this protocol.

Work Plan: *“SWS will develop and provide to the Area Agencies interview and focus group schedules and protocols. With this information, each Area Agency may, at its sole expense and discretion, conduct the focus groups, face to face surveys, and interviews of persons living in LTC facilities. Persons to take part in focus groups and interviewed in long term care facilities will be volunteers selected by the AAA’s and the ombudsmen.*

The individual interview will include several multiple choice questions and no more than two open ended questions. The Area Agency will be responsible for administering the survey as well as for entering the surveys into the survey database via the online survey portal. Individual interview data will be included in the data analysis used to determine the needs by region. SWS will provide at no cost training on protocols for conducting individual interviews and entering survey data through the online portal. Training will be provided via Webinar and posted to the Internet for viewing at any time.”

Selecting Participants: Consult with the Regional Ombudsman in developing any plans for interviewing nursing home residents. You will need to get the permission of the facility to conduct interviews and the written consent of each resident to participate. Interview participants should be able to understand and answer the questions. Persons with significant cognitive impairment are not good candidates for interviews.

Number of Interviews: That is entirely within the discretion of each Region There is no minimum or maximum number. Conduct as many interviews as you reasonably can accomplish within the time frame. Make enough photocopies of p. 2-3 to record your interviews.

Selecting Staff: Persons conducting interviews should have experience in communicating with elderly and/or disabled persons. Interviewers should be trained on interview procedures and confidentiality guidelines. Staff may view live or recorded webinar training on how to do interviews and data input.

Privacy and Consent: Obtain a signed consent from each participant you interview. These forms (that contain client names) should be kept in the AAA office in a locked file separate from the completed interview survey forms (that do not contain client names).

Reporting Interview Findings: Each interview should be reported through the on line portal. The address is <http://swssurveys.com/aaa/LTCinterview.asp>. **The final deadline for reporting is August 31, 2012.**

Interview procedure

- Make an appointment to see the interviewee at a convenient time for them (e.g not at meal time).
- Introduce yourself to the participant by name and explain the purpose of the interview.
- Review the consent form it with them to make sure that they understand before they sign.
- Assure them that their answers are confidential and private; and will not be shared with anyone, including the nursing home facility
- Say that the interview will take about 15 minutes.
- Read each question slowly and explain each choice (rating scale). Repeat choices as necessary.
- For the open-ended questions, let them answer in their own words. Write down what they say.
- Enter results from each interview through the online portal at <http://swssurveys.com/aaa/LTCinterview.asp>

Control # _____

Informed Consent for LTC Nursing Home Interview: AAA Needs Assessment

Purpose: to look into participants' views about services offered by the nursing home or other facility.

Explanation: If you decide to participate in this study, you will take part in a 10-15 minute interview. It will be conducted by a representative of the Area Agency on Aging/Ombudsman. The interviewer will ask you questions about your opinions regarding the services provided to you in the LTC facility.

Confidentiality: The information collected in this study will remain confidential. This means that your identity as a participant will not be told to people other than the staff conducting the interviews. Any references to information that would reveal your identity will be removed or disguised prior to the preparation of the research reports. All research materials will be kept in locked files.

Risks and Discomforts: We do not believe that participation in this study will pose physical or psychological risks beyond what you face in everyday life. However, if you are uncomfortable answering a particular question, you are free to refuse to answer the question, and you are free to quit the study at any time.

Benefits: The results from this study will be shared with decision-makers and will assist aging professionals in deciding how services for seniors, caregivers and disabled persons are to be delivered within this area.

Freedom to Withdraw Participation: Participation in this study is voluntary; you will not be penalized if you decide not to participate. You are free to withdraw consent and end your participation in this project at any time.

Contact Information: If you have concerns about this study or would like to have a copy of the results after we have completed the project, please contact your Area Agency on Aging at _____.

Your signature below shows that you understand the above and agree to participate in this interview.

Please print your name _____ Witness signature _____

Please sign your name _____ Date _____

Control # _____

2012 AAA NEEDS ASSESSMENT - LTC RESIDENT INTERVIEW

Interview Date _____ Facility Name _____ Interviewer Name _____

1. Demographics: Say “Please tell me a little about yourself.”

- a. What is your county of residence? _____
- b. Gender M F
- c. What is your age? 18-59 60-74 75-84 85 or older
- d. Marital status Single Married Domestic Partner Widowed Divorced
- e. Education Less than HS HS or GED Some college Bachelor’s degree
 Advanced/graduate degree
- f. Race White African-American Hispanic Other
- g. How long have you lived at this facility? _____ years _____ months?

2. Participant Views

Say that you are going to read to them several statements about their experience living in this facility. They will tell you how much they agree or disagree with each statement. Read each numbered statement and then read each opinion choice. Circle the answer that the participant gives. Repeat the choices after you read each statement.

a. This facility is the right place for me to get the care I need right now	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
b. My rights as a resident have been explained to me	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
c. The staff here know about client rights	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
d. I know who to talk to if I believe that my rights have been violated	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
e. The staff here follow my choices and preferences	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
f. I have concerns about my safety and dignity	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
g. I am entirely satisfied with the services I receive at this facility	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
h. The Area Agency on Aging has services that would help me here	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
i. I want to be discharged from this facility	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes
j. I would need additional supports to be able to live at home	Definitely No	Probably No	Maybe Yes, Maybe No	Probably Yes	Definitely Yes

Control # _____

Before asking the following questions, first read them a list of services that are provided through the regional AAA. Explain any terms with which they are not familiar.

3. Participant Views

- a. Open ended #1 What services that AAA provides would help me in this facility?

- b. Open ended #2 *If you were able to be discharged*, what kind of help or support would you need to stay at home?

4. Interviewer Observations (Fill in after interview is completed)

Participant was ___ cooperative ___ uncooperative ___ alert ___ disoriented ___ other

Thank the individual for their time and input.

Say that their information will be kept private and that no names will be in the written report.

Data entry: Enter all interview data through the online portal at <http://swssurveys.com/aaa/LTCinterview.asp> within one week of interview.

AAA/ADRC Regional Focus Group Protocol

SWS will provide training on focus group procedures. Person conducting or supervising the focus group process should attend the webinar at 10am on October 11, 2012

See <http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf> for general guidelines about focus groups based on David Morgan's The Focus Group Kit. The entire reference set is available from Sage Publications.

General Guidelines

Goal of Focus Groups: To obtain feedback from AAA/ADRC constituents about the quality, convenience and other features of the services they receive or might want to receive, including specifics about time and place, frequency, particular vendors, etc., as determined by each region's needs and interests. To determine how, in the future, current and potential future recipients would like to have services provided, where and by whom.

What is a Focus Group? A focus group is a research tool for gathering information from similar participants through focused interactive group discussion. Essentially, it is a group interview where a Moderator stimulates and guides the discussion and interaction among participants. Moderators guide discussion by posing a few key questions and promoting discussion of specifics through "prompts" where needed. This feedback provides an opportunity for the sponsoring organization to listen and learn. It is a qualitative research method that provides exploration and discovery, context and depth, and requires interpretation. Unlike written or oral surveys, in-depth discussion and exploration of variation in opinions is the aim of the discussion, rather than "polling" or voting by a show of hands.

Selecting Participants: All invitees for a given group should be homogenous, that is representing a single category, such as senior citizens receiving services, persons with disabilities, caregivers, or the general public (potential future customers). Recruitment of participants may be done by AAA/ADRC staff or volunteers, not necessarily by the Moderator. You may randomly select participants from an existing group, ask for volunteers or advertise until you have the appropriate number. Ideally, groups should have about 6-8, although up to 12 participants may be workable with a skilled Moderator. Groups that are too large do not allow for interaction among the participants. If you unexpectedly have too many volunteers show up, you may choose to break a large group into two or more smaller groups, assigning a Moderator to each group.

Communication with Potential Participants: State that "Our Organization wants to hear from you in a private, small-group forum about your service needs" or similar wording. Explain that participation is voluntary. Once someone states they are willing to participate, confirm the group purpose, date, time and location, preferably in writing (hand-delivered, mail or email) at least one week ahead of the date. Supply a map or directions if needed. Assure participants that their comments will be held in confidence. Distribute and collect the Participant Consent form. (See page 6) You may adapt the exact wording of the form to fit your region or group but we do encourage you to get written consent. If you are offering an incentive to participate, such as a

chance to win a “door prize” in a drawing, state this in your advertising and confirmation. If you are assisting with transportation, confirm where and when the participants will be picked up.

Selecting Staff: The Moderator should have experience in doing group work, preferably in conducting focus groups, keeping people on topic, and managing group dynamics. The moderator should also be someone with whom the participants can feel comfortable in sharing their true opinions. Ideally, the Moderator should not be an AAA staff member. An outside person may be able to encourage more frank and candid discussion. However, a staff member who has training and experience in conducting focus groups may handle the situation, keeping in mind the participants’ potential caution and perceptions. The Scribe or Assistant should assist the Moderator by helping with group management, timekeeping, ongoing note taking on a flip chart or in a notebook and compiling the results and themes of the discussion afterwards. If AAA staff attend, try to keep a low profile. It is best to avoid having too many staff present so you do not overwhelm the participants.

Logistics: Choose a convenient setting where participants will feel comfortable and safe. Accessibility of the facility should be considered. Set up the room with chairs in a circle or U-shape or around a large table to encourage interaction. Position a blank flip chart and markers for recording key statements. (Optional) Place light refreshments at the side of the room or at least provide water. Any snacks should be suitable for the persons attending, such as sugar-free or low-cal choices, like cereal bars or fruit cups.

Supplies needed: The Moderator and Assistant/Scribe should get a map or directions to location, list of focus group questions, list of expected participants, forms for gathering consent and demographic information (pages 6 and 7 of this guide), flip chart, blue or black heavy markers, tape recorder and tapes (optional), legal pad for note-taking, refreshments (optional), door prize and tickets for conducting a prize drawing (optional).

Recording and Note-taking: If you wish to tape record a discussion, you must first ask permission of all the participants while the tape is running. It is best to do this right after you begin. If they agree, you can record the session and the Assistant or Scribe will then be available to record key points on a flip chart to help guide the discussion. Both leaders can then listen to the tape afterwards to note recurrent themes or patterns. If you choose not to tape record, or if participants object to your doing so, the Scribe should take detailed notes throughout the session. Write comments in the participants’ own words whenever possible.

Reporting Focus Group Findings: The Moderator and Scribe should listen to the tapes several times, then reflect on the tapes and/or notes and discuss their meaning to determine what are the major themes or patterns they see/hear in the discussion. They should also note their observations of group interaction, nonverbals, etc.

Instructions for the Facilitator and Scribe

30 minutes prior to scheduled focus group time – Arrive at the site to meet facility contact person and introduce yourself. Ask where to conduct group and location of bathrooms. Set up room in a horseshoe shape, a circle or around a table, if possible. Put out snacks or drinks on a side table (if provided).

As participants arrive: Greet them and distribute/collect participant demographics form and consent form. Assist anyone who has mobility or vision problems.

Starting the group: Welcome participants. Offer snacks and drinks. Give information about bathrooms.

- Briefly state your name as moderator and introduce your assistant (Scribe/note-taker) or other staff present.
- State purpose of group - To obtain participants' views about services needed by residents of our region and services currently offered to our residents by the AAA/ADRC and its contractors. Say that you are doing similar groups around the region.
- As Moderator you will be asking a few questions and each person will have a chance to say a much or as little as they wish about that.
- Time frame will be approximately 60-90 minutes.
- Assure anonymity (Say, "We don't connect names to comments") and assure confidentiality. Mention the Participant Consent form they signed. If someone has not signed it, distribute it now.
- Say either "We will be recording the session, with your permission" OR "We will be taking detailed notes of the comments and discussion."
- Assure them that no one will be identified by name in the write ups.
- Ask "Do you have any questions before we begin about the reason you are here and what we will be doing?" (Respond to any questions before proceeding.)
- Tell them who/how to contact if they have questions (for example, the regional AAA/ADRC Director or Ombudsman). Distribute business cards or give phone number if asked.

Warm-up questions

Ask some general icebreaker or background questions, such as "Who is here from _____ (community) who is here from ___ community?" "Who has participated in a focus group before?" "How long have you been receiving services from AAA/ADRC/Senior Center, etc.?"

Repeat the purpose of the focus group discussion, which is to gather their opinions about the services they currently receive (if a group of recipients) or services that they might like to receive in the future (either current recipients or general public). The key questions and probes will be different for each of these groups.

Record the following for each session:

Region _____ Location _____ Date _____ # Participants ____ M ____ F
Moderator: _____ Scribe (note-taker) _____
Composition of group (current recipients, caregivers, etc.) _____

Note: the question sequences written here are guides, not survey questions; a skilled Moderator should adapt according to the agreed-upon goals of the region.

A. Key questions for groups consisting of current service recipients (elderly, persons with disabilities or caregivers)

1. To what extent are the services you are receiving now meeting your needs (or needs of the person you care for)?

Probes

- a. What service(s) do you receive?
 - b. How often?
 - c. What is it about _____ (the service) that you like?
 - d. How is that helpful to you?
 - e. How important is that to you in maintaining your current functioning?
 - f. What concerns do you have about this service?
 - i. Probe about particular issues like timing, frequency, particular vendors
 - g. What are the obstacles for you in using this service? (such as transportation)
 - h. What might make this service even more helpful for you? (such as providing more often, in my home, with more flexibility, through a voucher), etc.)
 - i. Ask participants to compare their experiences and how they are similar and different
-
2. (This section is about unmet needs) What other activities, services or supports do you think would help you (or the person they care for) continue to live independently?
 - a. Where would you like to have this services or support?
 - b. How often?
 - c. Who would be the best person or organization to provide the service to you? (agency, church, volunteer, paid aide)
 - d. How would this help you?
 - e. What might happen if you do not get this kind of help?
 - f. Ask participants to compare their experiences and how they are similar and different

B. Key questions for groups consisting of general public (that is, future service recipients)

Assuming that the participant are currently physically able and functioning independently – ask them to imagine themselves several years (or decades) in the future. What changes do they foresee for themselves? Ask them to imagine these changes and what help or supports might be helpful to them.

1. As you age, what might interfere with or prevent you from continuing to live independently?
2. What physical factors and medical needs might change for you?

3. What social supports might change as you get older?
4. How might your environment become difficult for you to maintain? (home, property upkeep)
5. Based on the changes you considered, what activities, services or supports do you think would help you continue to live independently?

Probes

- a. Where would you like to have this services or support?
- b. How often?
- c. Who would be the best person or organization to provide the service to you? (agency, church, volunteer, paid aide)
- d. How would this help you?
- e. What obstacles do you see for you using this services or support?
- f. Ask participants to compare their experiences and how they are similar and different

Wrap-up: Summarize major themes that participants have mentioned. Thank them for their input.

(optional) Draw for door prize.

Adjourn no later than 90 minutes after start time.

Clean up room, arrange chairs as you found them, pack supplies. Scribe reviews notes with Moderator to assure that major ideas are noted.

Completion: All focus group notes and demographic forms are to be kept in a locked file at the AAA/ADRC office. Written notes and forms are to be kept for one year and then shredded.

The Moderator and Assistant/Scribe should listen to the tape or review written notes, discuss impressions of major themes, compile these themes into a summary and complete their write-ups within two weeks of the group. The summary report should, at minimum, go to the Regional AAA/ADRC Director.

The region may decide to present focus group findings to other persons or organizations, either as a formal written report or power point presentation of major themes, Use participants' own words, where appropriate, but omit their names. Often, the in-depth stories generated in these forums are a powerful way to get community and stakeholder attention.

Informed Consent for Focus Group Participation: AAA/ADRC Needs Assessment

Purpose: To obtain participants' views about services needed by residents of our region or services currently offered to our residents by the AAA/ADRC and its contractors.

Explanation: If you decide to participate in this study, you will take part in a focus group discussion with 5-11 other participants, which will be led by a focus group Moderator (_____) and Assistant (_____). The questions that the focus group leader will ask will address your views opinions about the service available to seniors, caregivers and disabled persons.

You also will complete a brief survey that will request information about your age, marital status, and educational background. The focus group session will last approximately 90 minutes.

Confidentiality: The information collected in this study will remain confidential. This means that your identity as a participant will not be revealed to people other than the leaders listed above. Any references to information that would reveal your identity will be removed or disguised prior to the preparation of any reports and publications. All materials will be kept in locked files.

Risks and Discomforts: We do not anticipate that participation in this study will pose physical or psychological risks beyond what you encounter in everyday life. However, if you are uncomfortable answering a particular question, you are free to refuse to answer the question, and you are free to quit the study at any time.

Benefits: The results from this study will be shared with decision-makers and will assist aging professionals in determining how services for seniors, caregivers and persons with disabilities are to be delivered within this area.

Freedom to Withdraw Participation: Participation in this study is voluntary; you will not be penalized if you decide not to participate. You are free to withdraw consent and end your participation in this project at any time.

Contact Information: If you have concerns about this study or would like to have a copy of the results after we have completed the project, please contact your regional AAA/ADRC office at _____.

Your signature below shows that you understand the above and agree to participate in this focus group discussion.

Please print your name _____ Witness signature _____

Please sign your name _____ Date _____

AAA/ADRC Regional Focus Group Demographics

Directions: *Photocopy form and cut into single slips. Give a single form to each participant to protect privacy. You may modify/add other data elements to the form, such as income, transportation Y/N, etc.*

Thanks for participating in this focus group. Please tell us a little about yourself. Do not write your name. We will protect your privacy. Please return form to your group Moderator.

County of residence _____ Gender M F Age 18-59 60-74 75-84 85 or older
Marital status: Single Married Domestic Partner Widowed Divorced
Education Less than HS HS or GED Some college Bachelor’s degree Advanced/graduate degree
Race White African-American Hispanic Other # of people living in my home _____
I currently receive services from a senior center /AAA /ADRC Yes No
I am a caregiver for someone who is a senior or an adult with a disability Yes No

Thanks for participating in this focus group. Please tell us a little about yourself. Do not write your name. We will protect your privacy. Please return form to your group Moderator.

County of residence _____ Gender M F Age 18-59 60-74 75-84 85 or older
Marital status Single Married Domestic Partner Widowed Divorced
Education Less than HS HS or GED Some college Bachelor’s degree Advanced/graduate degree
Race White African-American Hispanic Other # of people living in my home _____
I currently receive services from a senior center /AAA /ADRC Yes No
I am a caregiver for someone who is a senior or an adult with a disability Yes No

Thanks for participating in this focus group. Please tell us a little about yourself. Do not write your name. We will protect your privacy. Please return form to your group Moderator.

County of residence _____ Gender M F Age 18-50 60-74 75-84 85 or older
Marital status Single Married Domestic Partner Widowed Divorced
Education Less than HS HS or GED Some college Bachelor’s degree Advanced/graduate degree
Race White African-American Hispanic Other # of people living in my home _____
I currently receive services from a senior center /AAA / ADRC Yes No
I am a caregiver for someone who is a senior or an adult with a disability Yes No