2020 Community Needs Assessment

THE SENIOR Solution

Detroit Area Agency on Aging
The Senior Solution

Serving Detroit, Hamtramck, Harper Woods, Highland Park & the 5 Grosse Pointes

WAYNE STATE
School of Social Work

A Joint Collaboration

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Executive Summary

Detroit area seniors are a vital community resource, and the Detroit Area Agency on Aging plays an essential role in providing information, services, and support to the senior population. Detroit Area Agency on Aging leadership, recognizing the importance of involving Detroit area seniors and community stakeholders in long-term strategic initiatives, engaged in a comprehensive needs assessment of the region's seniors beginning in the fall of 2019.

The goal of this needs assessment project was to provide the opportunity for in-depth, meaningful input from stakeholders and the region's seniors about areas relevant for strategic planning efforts that are aimed at enhancing and enriching senior programming in the DAAA service area.

The domains of interest to DAAA were health and well-being, awareness and use of services, common issues and problems, and caregiving issues. We were particularly interested in obtaining views concerning Area Agency on Aging as an "age friendly city", including community engagement and interaction and transportation-related activities, information strategies and access, length of time in the community, and perceptions of current housing.

The seniors' needs assessment includes community surveys (413 participants), listening sessions (132 participants), and homebound seniors' interviews (23 participants)[1]. Stakeholder views were revealed via an online Qualtrics survey with community leaders, advocates, and university partners. (94 participants).

Needs Assessment Participants

Working collaboratively with DAAA leadership to identify relevant data collection strategies to address these domains of interest, a project team that included faculty and staff members at the Wayne State University School of Social Work designed a comprehensive plan for surveys and listening sessions of seniors in Area Agency on Aging. This region serves older adults living in multiple communities, including Detroit, Hamtramck, Highland Park, Harper Woods, and the five Grosse Pointes. DAAA service

[1] The Community Survey (n=418), which comprises the largest needs' assessment sample, was distributed at Detroit area seniors' events in the fall of 2019. The community survey was based on an 'intercept survey' of seniors available and interested in participating at these events, and the sample is not representative of all older residents in the service region.

areas are identified by zip code (Appendix C), with areas representing Northwest, Northcentral, East, Far East, and Southwest. The greatest proportion (33.6%) indicated that they resided in the east service area, while slightly more than a quarter were in the Northwest service area (26.0%) and in the Northcentral service area (27.4%). Smaller proportions indicated that they resided in the far east (1.6%) or Southwest (11.3%) service areas.

Through discussions with a diverse range of seniors in the DAAA, we were able to garner critical information on older adult characteristics, needs, service use, and perspectives relevant to the region's strategic initiatives and priorities for the future.

Demographic Characteristics

- Slightly over half of needs assessment participants overall[2] (57.1%) were between the ages of 60 and 74; roughly one quarter (27.0%) were in the 75-84 age range, and 10.4% were age 85 and over. The greatest proportion of these participants (82.6%) identified as African American, 8.8% indicated that they were Hispanic or Latino, and 5.6% reported their race as White/Caucasian. Smaller proportions identified as American Indian/Alaska Native (1.2%), Asian/Pacific Islander (0.2%), and "other" (3.3%).

- Approximately one out of five participants (20.1%) indicated that they were married, while slightly less than a third reported being divorced (28.3%) and widowed (29.4%). Smaller proportions reported being separated (3%) or never married (17.1%). The relatively small proportion of married respondents suggests that many needs assessment respondents were likely to experience social isolation and a lack of informal support that is often provided through relationships with a spouse.

- Most participants (81.3%) reported their gender as female, and 18.5% male. None of the participants reported their gender as gender fluid (0%) or trans gender (0%), which may reflect a reluctance to identify with these gender categories among some members of the LGBT population in the service area.

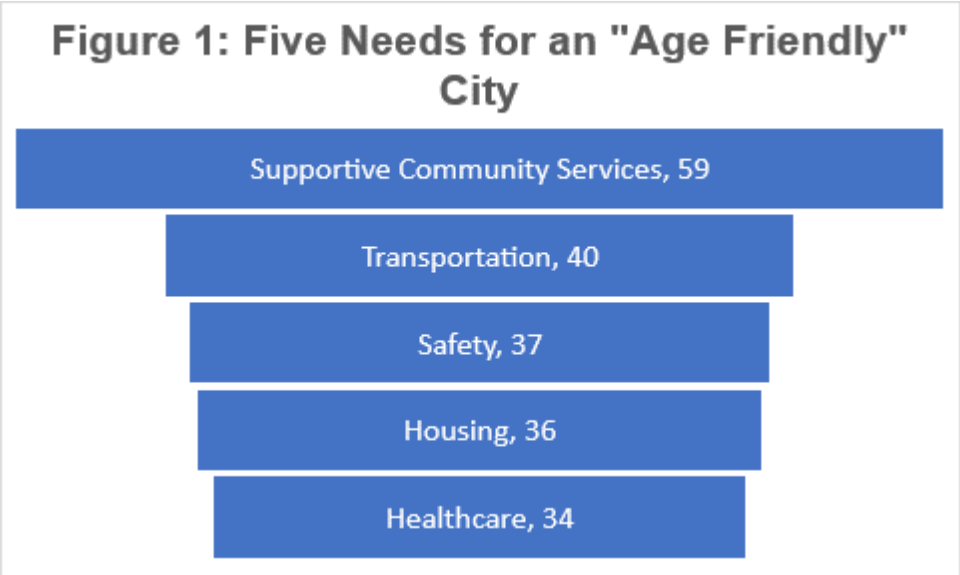
- In terms of employment, most respondents reported that they were either retired and not looking for work (51.0%), or unable to work due to disability (15.5%). Approximately one in five (20.2%) reporting being retired but looking for work, and about one in ten (9.6%) were employed part-time. Smaller proportions were employed full-time (1.2%) or self-employed (2.5%). The finding that one in five indicated that they were 'retired but looking for work', and one in ten were

[2] The overall needs assessment survey (568 respondents), included 418 in the Community Survey, 132 in the Listening Sessions, and 23 in the homebound seniors' survey.

working part-time, suggest the vital importance of senior employment services in connecting older adults with employment opportunities to help them to meet income needs.

Domains Relevant to promoting 'Age Friendly' Cities

Prioritizing top needs expressed by DAAA seniors is critical to future planning. Those needs fit nicely into those defined by stakeholders and shown in Figure 1: '**Top Five Needs for an 'Age Friendly' City** Stakeholders emphasized importance of offering support services and programs to meet the growing needs of an older population who are committed to their communities and have a pervasive and continuing desire is to 'age in place'. However, as noted by the stakeholders, the 'place' needs to be available at a reasonable cost, accessible through improved transportation services, acceptable in terms of safety, and accessible to healthcare services.



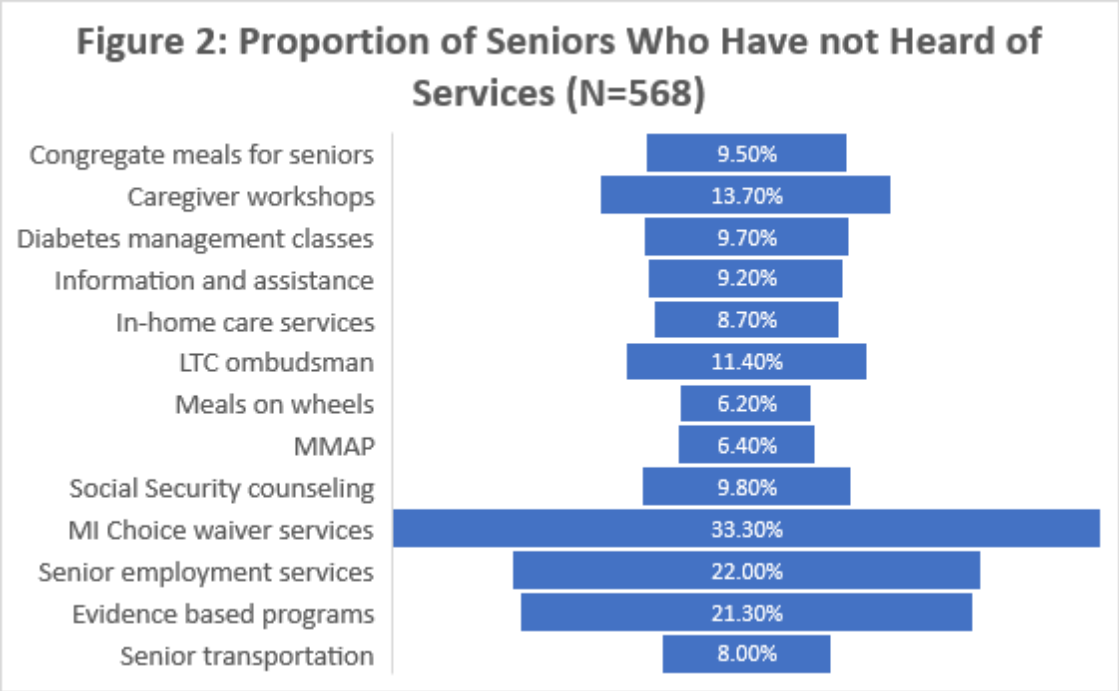
These stakeholder views are consistent with the domains of importance and concern emphasized by seniors in the community survey, the listening sessions, and the homebound seniors' interviews, as noted in the following sections.

#1: Supportive Community Services

Awareness of Services

A key component of supportive community services involves enhancing awareness of services in the region. Many seniors in the needs assessment (N=568) were not aware of available services, as show in figure 2 (below). The most common service that seniors were not aware of is the MI Choice Waiver Program, a program that provides a

range of services for Medicaid-eligible seniors stay in their own homes[3]. Moreover, nearly one in five (22.0%) had not heard about senior employment services offered by DAAA. This lack of awareness about employment services is particularly notable given that among Community Survey respondents, approximately one in five (20.2%) reporting being retired but looking for work, and about one in ten (9.6%) were employed part-time. This suggests that many seniors would be potentially interested in senior employment programs for new employment opportunities.



- More than one out of five seniors (21.3%) were also not aware of evidence-based programs such as PATH, DPATH, and Enhanced fitness; more than one in ten (13.7%) were not aware of caregiver workshops, and a similar number were not aware of social security counseling or navigation ((9.8%). Clearly there is a need for enhanced information and assistance services to help area seniors become more aware of DAAA programs and services.

- Information and assistance services (I&A) play a key role in connecting seniors to available services. However, many of the listening session participants were concerned that there was no central location for information and services, suggesting a lack of awareness of the role of DAAA in this area. Some senior center participants, particularly those at the La Sed center, viewed the senior center itself as the main source of information on services and programs. This indicates a clear opportunity for greater dissemination about DAAA services and highlights the vital role of local senior centers as sources of information and assistance.

[3] See https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857-16263--,00.html

- With the increasing use of computer technology as a means of accessing information and services, access to computers and internet is a critical resource. Currently about a third of the Community Survey respondents report they have no internet access (34.3%) and third do not have a computer or notebook tablet (31.7%).

- These findings further suggest that a significant number of older adults still need computer access, education and/or training through neighborhood locations such as senior centers and libraries in order to make use of the growing amount of information and resources available through the internet.

- Educational attainment has broad impacts on health literacy, and the ability to comprehend, advocate for, and access services is vital to obtain resources for basic needs, services, and social support. It is therefore important to note that approximately one out of five needs assessment participants (19.5%) had less than a high school diploma This suggests the need for clearly written materials as well as dissemination through radio and television programs as a means of proving information about available programs. .

Need for Services

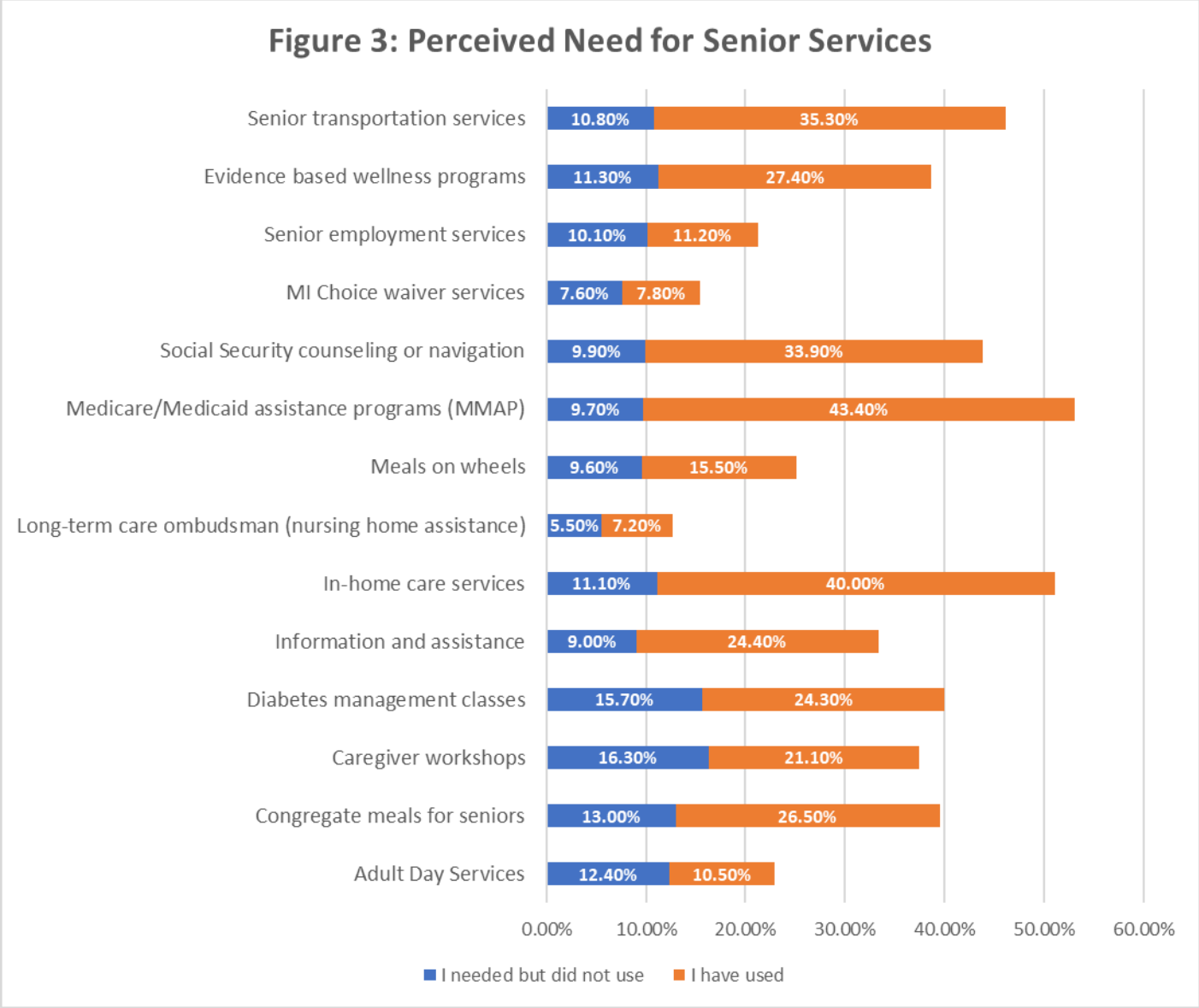
- Survey participants reported their need for services in one of two ways based on the options provided in the survey (Figure 3). First, need was reported in terms of the proportion needing, but not receiving, a range of senior services. This is often conceptualized as unmet need, which is important in terms of indicating the areas where access to services is most in need of enhancement. The most common areas of unmet need were for caregiver workshops (16.3%), diabetes management classes (15.7%), congregate meal services (13.0%), and for adult day services (13.9%).

- A second way that the need for services was reported was in terms of using senior services. Given that most senior services provided with DAAA funding have explicit qualifications, including need, it is reasonable to assume that those using these senior services also had a need for these services. In this regard, the most commonly used services (Figure 2) were for Medicare/Medicaid assistance programs (43.4%), in-home care services (40.0%), senior transportation services (35.3%), social security counseling or navigation (33.9%), and evidence-based health and wellness programs (27.4%). Approximately one out of five respondents reported using caregiver workshops (21.1%), diabetes management classes (24.3%), and information and assistance services (24.4%).

- Overall need is conceptualized in terms of the proportion who report either needing and not receiving services, and using services, as shown in the equation

below. The highest level of overall need was for Medicare/Medicaid Assistance Services (53.10%), Senior Transportation Services (46.1%), diabetes management (40.0%), in-home care services (40.0%), congregate meals (39.5%), and caregiver workshops (37.4%). These are areas where many seniors in the region are using services, but where some may also have an unmet need. They are therefore potential priority areas for expansion of DAAA services.

Overall Need for Service = % Unmet Need for service + % Using Service



Importance of Services

- The provision of services in the local community was of clear importance to needs assessment participants. Community Survey participants noted the **importance of community services**, with the majority indicating that the following services were "extremely important": health and wellness programs (68.8%), services that help seniors access health and supportive services (71%), easy to find information on health and supportive services (67.7%), home care and housekeeping services (66.4%), and supportive services for people providing care (63.7%).

- Although no respondents reported transgender or gender fluid, a surprising percentage rated "Services for LGBT seniors as very important (47.8%) and an additional 24.1% rated them 'important', revealing an understanding of need for this population.

- **Income sufficiency** is also vital to helping older adults **obtain adequate access to direct care service provision**. In the community survey, half of participants (50%) had incomes of less than $20,000. In the 2002 Detroit Needs Assessment of Older Adults[4], a slightly higher proportion made less than $20,000 per year (55.4%). However, between 2002 and 2019, those making less than $20,000 per year had reduced purchasing power (due to inflation), indicating that the ability of those with lower incomes to purchase basic goods and services has decreased over this timeframe.

The Key Role of Caregiving in Providing Support

Caregiving is a critical area for further consideration with regards to support for the region's seniors. Slightly more than one in ten respondents (14.5%) in the community survey reported caring for an older adult, 6.4% reported caring for a person with dementia, 7.2% cared for an adult child, and 6.1% cared for a grandchild under the age of 18.

- Among community survey respondents reporting any of these caregiving activities, roughly one third (29.7%) had provided care for less than a year, 35.6% had provided care for 1-5 years, 9.9% had provided care between six and nine years, with nearly a quarter (24.8%) reporting caregiving for 10 or more

[4] Chapleski, E., Massanari, R.M., & Herskovitz, L. (2002). *Facing the future: 2002 needs assessment of older adults.* Detroit, Michigan: Institute of Gerontology, Center for Urban Studies, and Center for Healthcare Effectiveness Research

years. This finding indicates that both 'short-term' (less than a year) and 'long term' (10 or more years) older adults are providing caregiving in the community. This suggests the potential for different service and education needs among these groups.

- Discussions among listening session participants emphasized the challenges of caregiving, noting that caregiving is overwhelming, that those engaged in caregiving need more resources, and that getting access to services from local agencies was difficult.

#2 Transportation

Transportation emerged as vital to further development of the Detroit area as an **Age Friendly City.**

- Transportation is a critical and important issue for seniors in the region. Among those participating in the community survey, 70.5% indicated that accessible and convenient public transportation was very important or extremely important, and an even higher proportion (80.4%) indicated that it was very important or extremely important for public transportation to be reliable and safe.

- Many seniors do not drive, and face obstacles in accessing public transportation needed for shopping, medical appointments, and other places that help them access wellness services and social interaction opportunities. Therefore, it is not surprising that transportation was reported as a "very serious problem" for more than one out of five seniors (22.4%).

- Promoting senior transportation services, through public transportation as well as through transportation programs offered by senior centers and health care centers, is therefore an important area where DAAA can provide leadership, advocacy, and support.

- Stakeholder responses suggest that DAAA needs to play a role in advocating for greater centralization, coordination and communication of **transportation services** among agencies and service providers.

    - They further stressed the importance of knowledgeable, trained staff who can direct customers and promote the wide dissemination of information through written and online materials.

- Many stakeholder comments addressed who and how to cover costs, others recommend advocacy and involvement with public transit authorities, still others suggest collaborations with private vendors such as Uber or Lyft for lower rates.

#3 Safety

- The vast majority of community survey participants (95.3%) indicated the view that neighborhood safety was somewhat or very important or extremely important, and a similar proportion (97.1%) perceived that well-lit safe streets and intersections for all users was very important or extremely important. Similar views were expressed in the listening session surveys and homebound seniors surveys.

- During the listening session discussions, a common area of concern related to neighborhood safety.

#4 Housing

- Most seniors feel positively about the local community, which can contribute to a sense of community cohesiveness and pride among the area's seniors. The needs assessment survey responses indicate a clear priority for DAAA to promote services to help seniors '**age in place'**.

- The needs assessment participants had overall positive impressions of their community and of their lives as older adults. In the Community Survey, 61.9% reported that they had lived in their community 25 years or more, or that they were born in the community and had lived there all their lives.

- Approximately one out of five (21.1%) rated their community as 'excellent' and 26.9% rated their communities as 'very good'. Slightly less than one third (30.8%) rated their community as 'good' while smaller proportions rated their community as 'fair' (14.7%) or 'poor' (5.4%).

- In the Community Survey, nearly half (49.1%) reported that they were 'satisfied' and 35.0% were 'very satisfied', with their housing. Furthermore, only one out of three (32.0%) had considered moving.

- Despite these positive assessments of housing, nearly one in five seniors overall (19.7%) reported that "keeping up my home and apartment" was a "very serious problem", and a roughly equal proportion (19.0%) reported that "paying for utilities" was a "very serious problem".

- These findings suggest that DAAA should consider prioritizing services and programs that allow seniors the support they need with home repairs, cleaning, and upkeep, as well as the utilities needed for them to remain healthy and safe.

#5 Healthcare

- Disability places older adults at greater risk for compromised physical and mental health status, presenting challenges for accessing needed services and supports. Overall, approximately one third (32.3%) of the needs assessment respondents reported having a disability, 4.0% had a spouse or partner with a disability, and 1.9% indicated that both they and their spouse/partner had a disability.

- In terms of perceptions of access to health insurance, more than one out of five of needs assessment respondents overall (23.1%) reported that getting help with Medicare or Medicaid was a "very serious" problem.[5] This indicates the vital role that DAAA can play in promoting and expanding information, assistance, and navigation services for seniors, particularly those with low incomes and/or disabilities.

Stakeholder's Survey

Responses received from an online survey of 94 community stakeholders(made up of contractors, vendors, advocates, government, media, faith-based partners, educators, human service organizations and healthcare workers) were quite thoughtful and showed a commitment to the aging population and the environment in which they live.

- The question about stakeholder's **ranking of various roles** that DAAA should provide can inform DAAA of congruence between what it is doing, what stakeholders think it should do, and the actual definition of its authorized function under the Older Americans Act. Stakeholders weighted ranking results show the following rankings

    - **#1**: Information & Assistance
    - **#2**: Direct Service
    - **#3**: Coordination of Services

[5] These responses are based on a series of questions in in which survey respondents were asked to indicate their perceptions of the seriousness of issues, based on a list of common issues and problems.

- **#4:** Education
- **#5**: Training

- Perceptions of DAAA's visibility showed the need to increase visibility by marketing through mass media, and at ongoing and existing events, branding and having a visible logo, or perhaps a new name with 44% saying people are not familiar with DAAA's mission.

- Stakeholders stressed the need for greater collaboration and outreach with respect to **training and education for caregivers**: Other areas of importance included:
  - Working closely with existing partners and commercial venues
  - Keeping costs minimal
  - Providing respite care for caregivers to attend trainings
  - Promoting cultural inclusivity
  - Heightening awareness through media and marketing, particularly through internet and social media platforms
  - Planning for meeting venues that promote awareness and participation

- **DAAA Service Priorities Next Five Years** include building and maintaining Livable Communities[6] with the goal of 'aging in place'. Prioritizing building and working with coalitions around the Livable or 'Aging Friendly" Communities model is important. As one stakeholder said, "DAAA should be 'leading the one-stop shop':"

- **Key Trends on the Horizon:**
  - Stakeholders most frequently emphasized the population explosion of older adults and the concomitant increased costs and demands due to growth of 'baby boomer' older adult cohort. **Greater understanding of the changing needs of age cohorts is critical** to enhancing services and programs
  - The second most noted trend is the need to create **'age friendly' livable communities** that address caregiving and housing needs.

[6] AARP, see https://www.aarp.org/livable-communities/

- Stakeholders also noted the need for greater understanding of the social determinants of health, including social isolation and increasing costs.

- Another issue relates to changing models of insurance and managed care.

These trends and issues require continued collaboration and coordination, a key responsibility for Area Agencies on Aging.

- **Vision of DAAA in next Three to Five Years**: Stakeholders were positive and hopeful that DAAA and the Detroit area can be prepared for the demographic growth of aging adults, and the increasing demands on aging services. Stakeholders raised specific ideas, including:

    - Making DAAA will the 'go to' place or 'one-stop shop' for information and assistance.

    - Continuing collaboration with partners who are carefully vetted for qualifications

    - Enhancing public awareness and increased agency visibility

    - Addressing supply side issues such as shortening times on waitlists, lowering costs and continuing to improve transportation.

    Together, enacting these visions, seen as enhancing the city's 'age friendly' status. The stakeholders offered many possible visions for DAAA, the nine municipalities within its planning and service area, and the aging population it serves.

Summary

The findings from the 2019 Needs Assessment indicate both opportunities and challenges for DAAA as leaders seek to develop, enhance, and sustain programs and services to meet the needs and aspirations of area seniors. Older adults in the region have an overall high degree of satisfaction with their housing, their community, and with their lives as seniors. Many have strong ties to the Detroit area and have lived here for more than 25 years. This suggests a strong desire "age in place", and complements the emphasis placed by stakeholders on the importance of developing the Detroit area as an 'Age Friendly' community.

Despite these positive community perceptions, seniors in our region face several challenges. Greater access to programs, particularly evidence-based wellness programs, caregiver support, and transportation services, were viewed as critical by

seniors and local stakeholders. The desire for greater information and assistance services by seniors is consistent with the emphasis that stakeholders placed on making DAAA the ‘go to’ place for information and assistance. These services are even more critical given the often confusing and fragmented nature of health care services and programming. Attention to demographic changes associated with new aging cohorts in the coming years, as well as the development of cultural competencies needed to address increased racial, ethnic, socioeconomic, and cultural diversity is critical to DAAA to remain vital as new challenges arise in the coming years.

Findings from the Needs Assessment

Project Design

An overview of the project design is shown in figure 1 (Appendix A). The overall goal of the needs assessment was to obtain more information from community members in the DAAA service area, through surveys and listening sessions, to guide DAAA leadership as they develop and expand programming through strategic planning efforts. The major data collection activities were listening sessions (132 participants) community surveys (413 participants), Homebound seniors' interviews (23 participants), and Stakeholder Interviews (94 participants). An overview of each component of the needs assessment is described below. The items included in each survey are shown in Appendix B. Details on the DAAA service areas included in the needs assessment are shown in Appendix C.

Community Needs Assessment Survey

The Wayne State University project team invited area residents age 60 and over who were attending community events (Strides for Seniors, Senior Expo, and holiday events in December of 2019) to participate in the community survey[7]. The surveys took 20-30 minutes to complete, and project team members read the surveys to any participants who requested assistance in completing the survey. At the Strides for Seniors event, staff members from the La Sed Senior Center provided Spanish translation for Spanish speaking participants. All participants in the community surveys received a $10 gift card to thank them for their participation.

Listening Sessions and Survey

The Listening Sessions were comprised of a group of similar aged peers, coming together to voice their concerns and opinions related to the various topics related to views of the community, common challenges and opportunities, and awareness and perceptions of local seniors' services. The Detroit Area Agency on Aging (DAAA) provided the project team with a list of locations where they wished to have listening sessions take place, based on an interest in garnering the views of seniors in diverse geographical areas within the DAAA service area. These locations included the Plymouth United Church of Christ and La Sed Senior Center in Detroit, the Harper

[7] Before completing the surveys, team members asked prospective participants to confirm that they were age 60 and over, and the team members also requested their zip codes to confirm their residence in the DAAA service area.

Woods Public Library, and the Ernest T. Ford Recreational Center in Highland Park. One of the advantages of participating in a Listening Session located at a senior center or library is that the older adults had the opportunity to interact with similar age peers and in their own community. They also had the opportunity to learn about resources from one another and provide mutual assistance with various issues of concern to seniors in the local community.

All interested parties were encouraged to RSVP for the listening sessions by calling a registration phone line located at the DAAA offices, which made it possible to estimate the number of participants for each session. Listening session participants completed a survey prior to the listening session. A moderator led each session, and an assistant took notes based on the conversations that took place and wrote summary comments on a large white paper pad. Towards the end of the session, participants had the opportunity to review the issues that had been recorded and offer additional comments and suggestions. Project team members, in collaboration with local program leaders, held raffles with gift prizes and baskets following each session as a means of thanking participants for being part of the listening sessions.

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Homebound Seniors Interviews

The homebound seniors' interviews were conducted in order to gain more information from recipients of DAAA services and programs who were homebound and would therefore have difficulty attending a listening session or community event. These individuals were recruited based on current recipients of Meals on Wheels, the Nutrition Homebound program, and senior centers located in the DAAA service area. Each senior participated in a 30-minute interview. The project coordinator contacted seniors by telephone and asked them to participate in a 30-minute survey at their place of residence. Project staff members conducted the surveys by reading the questions aloud to the participants and using response cards with large fonts to indicate potential response categories (such as strongly agree, somewhat agree, etc.). The coordinator recorded the sessions with the participants' permission, as a means of fully capturing responses to open-ended questions. All homebound interview participants received a $10 gift card to thank them for their survey participation.

Community Stakeholders Survey

A total of 283 stakeholders were selected by DAAA to receive a web-based survey, with the intention of reaching greater input for informing DAAA's priorities, strategic planning activities, and feedback on current initiatives. The survey had 15 questions, seven of which were open-ended, and eight with categorical fields.

Staff members at the Center for Social Work Research (CSWR), affiliated with the Wayne State University School of Social Work, used the Qualtrics online survey program to design,

administer, and distribute the survey. Of the 283 distributed surveys, 16 were returned as incorrect addresses. CSWR staff members sent three follow-up mailings over a three-week period, resulting in a total of 94 returned surveys (35% response rate). Persons responding to the survey represented contractors, direct service purchase vendors, human service organizations, government, advocates, faith-based partners, healthcare systems, media, and academic partners.

Findings from the Community Surveys

Participant Demographic Characteristics

- Most of the Community survey participants were African American (88.7%), while smaller numbers were Hispanic or Latino (6.8%), White or Caucasian (3.7%), American Indian or Alaska Native (0.8%), or Asian or Pacific Islander (0.3%). The greatest proportion (60.5%) were in the age range of 60 to 74, with smaller proportions age 75-84 (27.4%) or 85+ (8.2%).

- Most of the participants identified their gender as female (86.9%), and 13.1% reported their gender as male. None of the respondents (0.0%) identified as gender fluid or transgender.

- In terms of employment, most community survey respondents reported that they were either retired and not looking for work (51.0%), or unable to work due to disability (15.5%). Approximately one in five (20.2%) reporting being retired but looking for work, and about one in ten (9.6%) were employed part-time. Smaller proportions were employed full-time (1.2%) or self-employed (2.5%). The finding that one in five indicated that they were 'retired but looking for work', and one in ten were working part-time, suggest the vital importance of senior employment services in connecting older adults with employment opportunities to help them to meet income needs.

Awareness and Use of Community Services

- When queried concerning awareness and use of community services (Table 2), participants reported that they were aware of a range of services. More than half indicated that they were aware of, but did not need, adult day services (69.3%), congregate meals of seniors (50.8%), in-home care services (66.3%), long-term care ombudsman (79.5%), meals on wheels (73.6%), holiday meals on wheels (72.3%), MI Choice Waiver services (55.4%), senior employment services (57.9%) and senior transportation services (50.2%). However, nearly one out of three (29.7%) were unaware of MI choice waiver services, and roughly one out of five had not heard of senior employment services (19.3%) or evidence-based health and wellness programs (19.5%), which included programs such as A Matter of Balance, PATH, DPATH, and enhanced fitness (19.5%).

Unmet Needs for Services

- The most common areas of unmet need, in terms of reports of needing but not using services, were adult day services (13.9%), congregate meals for seniors (14.6%), caregiver workshops (17.4%), and diabetes management (15.4%)

Use of Services

- The most common services that participants reported using were information and assistance (45.8%), followed by Medicare/Medicaid assistance (40.8%) and evidence-based health and wellness programs (29.4%).

Common Issues and Problems

- When queried about common issues and problems (Table 3), the majority indicated that they did not have a problem with "getting enough food to eat" (70.6%), "getting help with Medicare/Medicaid" (60.7%), "keeping up my home/apartment" (57.9%), "paying for utilities" (62.1%), and "physical and financial abuse or neglect" (81.5%).

- Reports of serious problems indicate areas for more intensive outreach and support for some seniors in the service area. For example, more than one in five (23.6%) reported that getting help with Medicare and Medicaid was a 'very serious' problem, and nearly one in five (19.5%) reported very serious problems with "getting to places I need to go" (transportation)", "keeping up my home/apartment" (19.6%), and "paying my utilities" (19.0%). More than one out of ten participants (11.9%) reported that "enough food to eat" was a very serious problem, while nearly this proportion (9.6%) reported that "physical or financial abuse or neglect" was a very serious problem.

Caregiving

- Regarding caregiving (Table 4), slightly more than one in ten respondents (14.5%) reported caring for an older adult, 6.4% reported caring for a person with dementia, 7.2% cared for an adult child, and 6.1% cared for a grandchild under the age of 18.

- Among those reporting any of these caregiving activities, roughly one third (29.7%) had provided care for less than a year, 35.6% had provided care for 1-5 years, 9.9% had provided care between 6 and 9 years, with nearly a quarter (24.8%) reporting caregiving for 10 or more years.

Community Engagement and Interaction

- When asked to rate their community as a place to live (Table 5), perceptions were generally positive, with 31.7% providing a rating of "good", 29.5% depicting their community as "very good" and 20.7% reporting their community as an

"excellent" place to live. In contrast, 4.4% reported their community as a poor place to live, and 13.7% provided a community rating of "fair".

- Ratings of community engagement and interaction were generally high among this group of participants, with many noting that they interacted with friends, family, or neighbors every day (61.7%) or several times a week (27.5%). In contrast, smaller proportions reported lower levels of interaction, including once per week (5.2%) and a few times per month (3.9%)

- Survey participants noted the importance of community services (Table 5), with the majority indicating that the following services were "extremely important": health and wellness programs (68.8%), services that help seniors access health and supportive services (71%), easy to find information on health and supportive services (67.7%), home care and housekeeping services (66.4%), and supportive services for people providing care (63.7%).

- Although no respondents reported transgender or gender fluid, a surprising percentage rated "Services for LGBT seniors as very important (47.8%) and an additional 24.1% rated them 'important', revealing an understanding of need for this population.

Current Housing

- Regarding their current housing situation (Table 6), the majority (57.7%) of participants owned their own home, slightly more than one third (36.5%) were renters, and 5.8% reported a different type of living arrangement.

- Roughly one out of five (21.1%) reported living with an older adult relative or adult friend, while more than one in ten (14.7%) lived with one or more children age 18 or over. Fewer numbers reported living with children under 18 (8.9%), with children away at college (2.6%).

- About one out of three participants (32%) indicated that they had considered moving. Of these, approximately half (49.7%) did not know where they would move, a quarter (26.4%) would move elsewhere in the city, with one out of ten (10.7%) reporting they would move to a nearby suburb, and 13.2% indicated that they would move further away.

- Participants were generally positive about their present housing, with 34.5% reporting that they were very "satisfied", 49.1% giving a rating of "satisfied", and fewer numbers reporting neutral, "dissatisfied", or 'very dissatisfied" ratings.

Transportation-Related Activities

- Participants indicated how they got to places for shopping, visiting the doctor, running errands, or going to other places (Table 7). The most reported means of transportation was “driving yourself”, reported by 66.7%. Roughly half (50.7%) reported having others drive them, and 55.2% indicated that they walked.

- About a third of participants reported using public transportation (35.7%), and similar proportions reported using a taxi or shared ride service such as Uber or Lyft (31.9%), or a special transportation service, such as one for seniors or those with disabilities (32.9%).

Health and Well Being

- Participants were generally positive about life as an older adult (Table 8), with 29.4% reporting that they strongly agree, and 37.3% reporting that they somewhat agree, with the statement that “being an older adult is the best time of your life”.

- When asked to rate their health compared with “most people your age”, 33.9% reported their health as “good”, 36.7% reporting “very good” and 14.4% reporting “excellent”. Smaller proportions reported their health as poor (1%) or fair (13.9%).

- Slightly less than a quarter (23.9%) of participants reported having a disability, 5.2% reported having a spouse or partner with a disability, and 2.0% reported that both they and their spouse or partner had a disability.

- Many participants engaged in some form of physical exercise, with roughly a third (32.5%) reporting exercising every day and nearly half (46.1%) reporting exercising “several times a week but not every day.”

- In terms of health insurance, most respondents to the community survey (76.7%) indicated that they received Medicare services, with smaller proportions indicating having insurance through a current or former employer or a spouse’s employer (44.8%), Medicaid (25.8%), other insurance coverage (17.3%), or Veterans Administration or other military health care (6.1%). Approximately one quarter (26.1%) indicated receiving insurance purchased directly from an insurance company. The latter may reflect purchases of programs such as Medicare Part B and/or Medicare Advantage plans offered by private insurance companies.

- Most participants (94.9%) reported that they had seen a medical provider or doctor for their health in the past year.

Access to Information

- When asked about access to information (Table 9), nearly half of participants (49.0%) reported that the were able to find information on programs and services that they needed “most of the time,” and roughly one quarter (25.7%) indicate that they were able to get this information “all of the time.” More than one out of five (21.5%) indicated that they were “sometimes” able to get program and service information, while 3.9% indicate that they were “rarely or never” able to get this information.

- Participants indicated various ways that they were able to access information about services for older adults, such as caregiving services, home delivered meals, home repair, and health/social activities. The most common ways that individuals accessed this information was through family and friends (84.7%), and through television and radio (82.2%).

- Local senior centers were sources of information for 70.0%, while 67.7% indicated that they get information from the Detroit Area Agency on Aging.

Summary of Findings

Those participating in the community survey are generally active older adults who report being relatively healthy compared to others their age, and many participate in exercise programs one or more times per week. Many agreed with the statement “being an older adult is the best time of your life”.

- Transportation emerged as a salient issue. Most were able to drive on their own, but many used public transportation or relied on others for getting places they wanted to go.

- Community survey participants reported a high level of satisfaction with their local communities, most owned their own homes, and the majority intended to remain living in their local communities.

- Although most participants were generally aware of available community programs and services, many were not aware of evidence-based fitness and health programs and MI Choice Waiver programs.

- A small but notable proportion of participants indicated issues with accessing vital services, such as getting enough food to eat, or elder abuse were “very serious” problems.”

- The participants reported varying types of caregiving and had been providing this care for different lengths of time. This suggests that community members likely had different levels of experience with caregiving and may have different needs for education and support.

Listening Sessions Survey and Session Overview

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Findings from the Listening Session Survey

Participant Demographic Characteristics

As shown in Table 10, most of the Community survey participants were African American (63.6%), while nearly one out of five (19.7%) indicated that they were Hispanic or Latino. Smaller proportions identified as White or Caucasian (8.3%), or American Indian or Alaska Native (2.3%).

- Those identifying as “other” (2.3%) were invited to write in responses indicating the way they wished to be identified in terms of race or ethnicity. Three of these individuals identified as “Mexicana,” three identified as “Mexicano,” one as “Mexicana ISP,” one identified as “multi-racial,” and one chose not to provide a write-in response. None of the participants identified as Asian/ Pacific Islander or Arab American.

- The most reported areas of residence were Highland Park (34.1%), southwest Detroit (18.3%), and the west side of Detroit (12.7%).

- Most of the participants (67.9%) reported their gender as female.

- Approximately half of the listening session participants (51.7%) were in the age range of 60 to 74, with smaller proportions age 75-84 (24.2%) or 85+ (13.3%).

- More than half of the participants (63%) reported that they had a high school degree or more.

- The most reported marital status among participants was widowed (33.6%), with smaller numbers reporting being never married (27.6%) married 18.8%), or not married and living with a partner (3.9%).

- Approximately half of the listening session participants (50.8%) indicated that they had a disability

Participant Perspectives on Community & Aging

- When asked to rate their community as a place to live as they age (Table 11), slightly less than one third of participants (30.9%), rated their community as "good," while approximately one out of five rated their community as either "fair" (19.5%), "very good" (22.0%) or "excellent" (18.7). Slightly less than one out of ten (8.9%) rated their community as "poor."

- When asked if being an older adult is "the best time of your life," 66% "agree" or "agree strongly" that this is true," 17.5% are neutral, and 16% "disagree" or "disagree strongly".

Awareness and Use of Services

- The most reported services used (Table 12), reported by nearly half of listening session participants was information and assistance (47.5%), and Medicare/Medicaid assistance programs (48.8%).

- Nearly half of participants (45.2%) made use of senior transportation services (45.2%), with a slightly smaller proportion (40.5%) making use of Medicare/Medicaid Social Security counseling or navigation.

- Very few reported that there were services that they needed but did not use, with proportions ranging from long-term care ombudsman (5.0%) to diabetes management classes (19.4%).
- Slightly more than one out of five (21.9%) had participated in caregiver workshops, with a smaller proportion (15.8%) indicating that they needed but had not used these workshops.

Common Issues and Problems

- For each area identified as a common issue or problem (Table 13), most participants indicated that the areas listed were “not a problem” for them.

- However, approximately one out of five (18.0%) indicated that “getting enough food to eat,” “keeping up my home/apartment” (21.4%), “paying for utilities” (21.9%), “getting help for providing care to someone” (22.4%), or “getting help with Medicare/Medicaid” (23.4%) was a “very serious” problem.

- Nearly one out of three (32.3%) indicated that “going to places I need to go (transportation)” was a “very serious” problem. Approximately one out of ten (9.7%) indicated that “physical or financial abuse or neglect” was a “very serious” problem for them.

Caregiving

- Regarding caregiving (Table 14), 14.4% reported caring for an older adult, 6.1% reported caring for a person with dementia, 6.8% cared for an adult child, and 3.8% cared for a grandchild under the age of 18, and 7.6% reported caring for someone in a non-listed caregiving category.

- Among those reporting any of these caregiving activities, 51% had provided care for 1-5 years, 13.5% had provided care between 6 and 9 years, and more than one third (35.1%) had provided care for 10 or more years.

Perceptions of the Importance of Community Services

- Regarding perceptions of the community services (Table 15). the most commonly reported areas noted as “extremely important” by participants were “home care services including health, personal care, and housekeeping services” (57.6%), health and wellness classes (48.4%), “a service that helps seniors find and access health and supportive services” (55.5%), and “easy to find information on health and supportive services” (50.8%).

- Approximately one-third of participants (33.9%) indicated that “Services/programs for LGBT seniors” was “extremely important,” while a similar proportion (35.5%) indicated that these services were “very important.”

Themes Identified from the Listening Sessions

If an older adult were moving into your community, what do you think they should know?

- Participants were interested in offering advice and support to newcomers and gave a variety of suggestions on how to navigate services and supports as new community members.

- Three of the groups-La Sed, Harper Woods, and Ernst T. Ford- gave similar responses emphasizing safety concerns. Participants reported the importance of knowing about the police precinct and the neighborhood watch programs, and the need to be aware of surroundings always.

- In contrast, participants in the listening session at the Plymouth United Church of Christ focused more on the importance of knowing the locations of community services. These included services included those offered by community agencies and churches, as well as block clubs and community meetings

How will they find out about the services?

- All groups pointed out that the best way to find out information was by word of mouth.

- A second theme was that all the groups discussed that there was no central location for information and services. Many listening session participants indicated that they were not aware of DAAA programs and services. For some of the sessions, project team members took time following the session to refer them to available DAAA staff persons and written information that was available following each session.

- Ernest T. Ford in Highland Park and La Sed Senior Center participants mentioned agencies or individuals that provided a lot of needed information. At the Ernest T. Ford Center, the Senior Coordinator was the main source of information. In contrast, at La Sed, the organization itself was viewed as the main informational source.

- Other groups reported that newcomers could find information in a community agency such as DAAA, City Hall, or the Internet.

Caregiving Services: Preferences and Challenges

- Caregiving is overwhelming

- Caregivers need more resources

- Assistance with caregiving

- Most challenges are with getting services

- Can’t get help from agencies when you call for help

What is most important in finding assistance for your loved ones?

- Housekeeping services
- Respite Care
- Caregivers and their qualifications
- Future Services
- A lot of concern about safety and care for their loved one when they are left with caregivers
- Need more variety with meals on wheels
- Need workshops—technology
- Caregiver legalities, compensation and workshops

Summary of Findings from Listening Sessions

- Most listening session participants were female, and approximately half of the indicated that they had a disability.
- Most respondents were not currently married, and many were widowed, divorced, or never married.
- During the listening session discussions, safety and the need for more information on programs and services was a common concern.
- Approximately one out of five indicated concerns with caregiving, and the listening sessions further revealed caregiving concerns.
- Despite issues and challenges related to the local community, participants were generally satisfied with their community, and many agreed that being an older adult was “the best time of your life.”

Homebound Seniors Interviews

Homebound Seniors Overview

The homebound seniors' interviews were conducted in order to gain more information from recipients of DAAA services and programs who were homebound and would therefore be unable to participate in a listening session or community survey. This provided homebound seniors with a chance to voice their concerns and opinions without interruptions or time limitations. Individuals were recruited based on current recipients of Meals on Wheels, Nutrition Homebound program and senior centers located in the DAAA service area.

Homebound Seniors Demographic Characteristics

Due to the small sample of 23 home-bound seniors, we will report the following data by showing actual numbers, as reporting percentages may be misleading.

- As shown in Table 20, most of the homebound elder participants were African American (N=15), while smaller numbers were White or Caucasian (N=6) or reported their race as "other" (N=2).

- The greatest number of participants (N=9) were age 85 or older, and eight (8) were 75-84 years old, and six (6) were between 60-74 years of age.

- The most common level of education less than high school (no diploma, N=8), while roughly a quarter (N=6) were high school graduates or those who achieved the GED. Smaller proportions had post high school training (N=3), graduate or professional degrees (N=2) or a 4-year college degree (N=1); none of the participants reported post-graduate study with no degree.

- The majority reported their gender as female (N=14), while nine (9) were male. The most reported zip code was 48207 (N=16), which is a neighborhood located in downtown Detroit near the riverfront.

- In terms of employment, the greatest number reported that they were retired and not looking for work (N=11), or unable to work due to disability (N=9), with a smaller proportion reporting being retired but not looking for work (N=11), retired and looking for work (N=2) or self-employed (N=1).

- Nearly half (N=10) reported income in the range of $10,000 to $19,999, one out of four (N=5) reported income of $20,000 to $29,999, and one out of five (N=4) reported income of less than $10,000. Only two (2) of the participants reported incomes of $50,000 per year or higher[8].

[8] Two of the 23 respondents did not report income information

- Equal proportions reported being widowed (N=9) or divorced (N=9), while smaller numbers were never married (N=3) or married (N=2).
- Most participants (N=14) had lived in their community 15 years or less, while three (3) had lived in the community between 15-25 years. Six (6) had lived in the community 25 years or more, of which two had lived in the community all their lives.

Findings from the Homebound Seniors Interviews

Perspectives on Community & Aging

- Perspectives on the local community (Table 21) indicate that about half reported their community as “excellent” (N=12) or “very good” (N=5).
- Most somewhat (N=10) or strongly (N=9) agreed, “being an older adult is the best time of your life.” One (1) of the homebound seniors indicated that their neither agreed nor disagreed with this statement, one (1) somewhat disagreed, and two (2) strongly disagreed.

Awareness and Use of Services

- Regarding awareness and use of services (Table 22), some participants had not heard about the services listed such as senior employment services (N=22), adult day care (N=21), the MI Choice Waiver Program (N=15), caregiver workshops (N=8) congregate meals (N=4), senior evidence based wellness programs (N=5), diabetes management (N=4), holiday meals on wheels (n=2), Medicare/Medicaid assistance programs (N=2), and social security and navigation (N=2). Among these, the lack of awareness of adult day care and MI Choice Waiver services are particularly notable, as these are services that may help seniors receive services that facilitate their ‘aging in place’.
- The most commonly reported services used were Medicare/Medicaid assistance programs (N=14), social security counseling or navigation (N=11), and senior transportation services (N=11).
- Slightly less than one out of five used congregate meals (N=5), information and assistance (N=4) in-home care services (N=6), long-term care ombudsman (N=6), or meals on wheels (N=7) or holiday meals on wheels (N=5).
- The most common services that participants reported needing but not using were Medicare/Medicaid assistance programs (N=14), social security counseling or navigation (N=11), evidence-based health programs (N=6) in-home care services (N=6), and senior transportation services (N=11).

- Roughly one out of five reported needing but not using long-term care ombudsman (N=6) meals on wheels (N=7), or congregate meal services (N=5).

- The most commonly reported issues reported as “very serious” problems were getting help with Medicare/Medicaid (N=3), and transportation (N=4). The most commonly reported issues reported as ‘serious but can manage’ were keeping up a home or apartment (N=5) and transportation (N=4). All the homebound respondents indicated that physical or financial abuse was ‘not a problem’, and most (N=20) reported that paying for utilities was not a problem.

Caregiving

- In terms of caregiving, only one respondent reported providing care to a person with dementia, and none reported providing care to another older adult, an adult child, or a grandchild under age 18.

Perceptions of the Importance of Community Services

- The most commonly reported community services (Table 25) noted as “extremely important” were well-lit, safe streets and intersections for all users (N=16), reliable and safe public transportation (N=14), transportation services for people with disabilities and older adults (N=13), accessible and convenient public transportation (N=11), and a neighborhood with good public safety (N=11)

- Equal proportions reported “Walkable communities with parks and other amenities” as “very important” (N=9) or “extremely important” (N=9).

- Approximately half of participants (N=11) reported interacting with friends, family, or neighbors several times per week, with smaller numbers reporting this interaction every day (N=7), once per week (N=4), or a few times per month (N=1).

Physical and Emotional Health

- Physical and emotional health (Table 26) was rated as relatively high among the homebound older adults, with 13 reporting their health as ‘very good’ or ‘excellent’, seven (7) reporting their health as ‘very good, and three (3) reporting their health as ‘fair’ or ‘poor’.

- The majority indicate that they either participate in some form of exercise every day (N=9) or several times a week but not every day (N=8); while nearly one out of five (N=4) report that they never engaged in exercise.

- Most participants (N=19) reported having a disability. Of these, one reported that both they and their spouse had a disability. Four (4) respondents indicated that they did not have a disability.

- Among the participants, most (N=20) had seen a doctor within the last 12 months.

- Nearly all participants (22 of 23) indicated that they had insurance through Medicare.

Housing

- Views of the homebound older adults of their housing (Table 27) were generally positive. Most participants were satisfied (N=13) or very satisfied (N=9) with their housing.

- Only a small proportion of participants (N=3) had considered moving.

- Participants were asked all the different forms of transportation they use to get places they needed to go such as to the doctor, running errands, or going to other places. None of the homebound participants reported that they drove themselves, and nearly all (n=22) reported that they had others drive them to places they needed to go; 14 reporting using transportation for seniors or persons with disabilities; 10 using public transportation; six (6) using Uber or Lyft. and 10 using public transportation.

- Only two participants indicated that they had an older adult relative or friend age 18 or over living with them at home, and one indicated that they had an adult child age 18 or over at home. None indicated that they had children away at college or that they had parents living with them.

Access to Information

- In terms of access to information (Table 28), 35% indicated that they were able to get information on services and programs they need “most of the time”, 30% report getting this information “sometimes” and 9% report getting information “rarely or never.”

- Among homebound participants,14 indicate that they do not have a computer or notebook tablet, and 12 report they have no internet service connection where they live.

- Nearly all participants (22 of 23) get information about services for older adults from family and friends, doctors or other healthcare professionals (21 of 23), followed by television or radio (18 of 23), with somewhat smaller numbers

indicating that they get information from the Detroit Area on Aging (N=14), faith-based organizations (N=10) local nonprofit organizations (N=8), or the internet (N=6).

Open Ended Comments from Homebound Seniors

During the in-home interviews, some responses to open-end questions were revealing as seniors expressed how they felt about availability and access to older adult services. Examples of open-ended responses are noted below.

- **Services for seniors to find supportive programs:** Some participants noted that understandable systems were needed to ensure that seniors were aware of programs they may need but not know about, such as MI Choice Waiver services and employment service for seniors. Seniors expressed that they could find out about services quickly if they had access to classes to search the internet on computers, tablets or smart phones. One participant noted that:

"A system is needed to help seniors find information to services. Most of these services could be easily found by accessing the internet."

- **Meals on Wheels:** Participants shared their view that the food did not always taste good or is not packaged well enough to determine what needs to be refrigerated, frozen, or how to cook (microwavable vs. oven heated). Additionally, some recipients revealed that they are unable to tolerate dairy products and/or were vegetarians. Some admitted to giving the food away to those that need or want items when they had food, they are unable to eat.

"I don't drink milk….milk is...with every meal. I tell [delivery person], take this out. I don't like to… just throw food away. So, I try to find somebody [to give it to]."

- **Senior Transportation:** Participants expressed the view that transportation was never on time to pick-up for appointments, and that they were often waiting extended periods to return home. Additionally, one respondent noted that the driver for a senior van service was on his own without an assistant, and that,

"I was dropped by a driver as he was unable to assist me exiting the van."

- **Physical Therapy:** One respondent mentioned the challenges of physical therapy, which resulted in his discontinuing the therapy program. His view was that

"Physical therapy often hurts more than helps."

Summary of Findings from Homebound Seniors Interviews

- The majority of the homebound older adult survey participants reported a disability, and nearly all were either widowed, divorced, or never married. Few had co-residence with other adults

- Community safety, including well-lit streets and other community features, was important to this group of participants.

- Most used Medicare as their source of insurance, but many reported Medicare navigation to be challenging.

- Family and friends were the most commonly mentioned sources of information on senior services and programs, but DAAA, senior centers, and medical sources were also important information sources.

- More than half indicated that they had internet service, with an equal proportion indicating that they had access to a computer and/or smartphone. However, one respondent mentioned the need for more accessible web-based information on older adult services.

- Transportation services were clearly of critical importance, as most used the assistance of others to get to appointments and other places they needed to go. Participants viewed safety issues as an important transportation issue.

- Most participants intended to stay in their local communities and gave high ratings to the importance of local community services relevant to seniors.

Community Stakeholder Survey

Executive Summary

The Stakeholder Analysis Survey is the final component of the DAAA Community Needs Assessment. An online survey of 15 questions, using Qualtrics, was conducted over a three-week period, resulting in 94 returned surveys from stakeholders identified by DAAA. Responses show the majority of respondents were either contractors or vendors (54.3%). Additional stakeholder domains were well represented, including those engaged in media, government, education, human service organizations, faith-based organizations, and healthcare partners. The majority (69.2%) are providing service solely within the area, while an additional 30% are equally serving the tri-county area, the state of Michigan, or Michigan and other states. Most (56%) have been at their place of work for over 10 years.

The survey included seven closed-ended and eight open-ended questions. Although 94 stakeholders returned surveys, open ended responses varied from 53 to 65 responses. Those responses were quite thoughtful and showed a commitment to the aging population and the environment in which they live.

Age-Friendly Cities

Many comments referred to becoming an “Age Friendly” city and emphasized the importance of offering support services and programs to meet the growing needs of the older population whose pervasive and continuing desire is to ‘age in place’. However, they stress that the ‘place’ needs to be available at a reasonable cost, accessible through improved transportation services, acceptable in terms of safety, and accessible to healthcare services.

Perspective on Role Ranking

The question about stakeholder’s perspectives on the ranking of various roles that DAAA should provide was intended to inform DAAA of congruence between what it is doing, what contractors think it should do, and the actual definition of its authorized function under the Older Americans Act. Stakeholders weighted ranking results show that the number 1 ranked role is Information & Assistance, #2 is Direct Service, #3 is Coordination of Services, #4 Education and #5 is Training.

Visibility of DAAA

Findings concerning the visibility of DAAA show that 56% are very or somewhat familiar with DAAA, while 44% are not familiar with the agency. Awareness is critical to utilization of services, and these findings suggest the clear need for DAAA to increase

their visibility, extend awareness, and enhance understanding of their mission. Stakeholders recommend marketing through mass media and at ongoing and existing events, consideration branding and a more visible logo, or perhaps a new name. They also indicated that contractors and vendors should be carefully 'vetted' to enhance a visible and positive image. Stakeholders rated DAAA a 7.4 on a 10-point scale. Generally, a 9-10 if interpreted as points on a 10-point scale would be 'excellent', 7-8 would be considered 'very good' , 5 -6 'good', 3-4 'fair' and below 3 'poor'. However, this scale did not provide narrative markers. This ranking is perceived as 'very good' but with room for improvement.

Transportation

Participants noted that the region's transportation system can be improved through better agency and service provider communication and coordination. They indicated need for better trained and knowledgeable staff who can direct customers to available transportation programs and services and who can distribute information through written materials and online. Many comments addressed challenges related to the cost of transportation services, in terms of fiscal responsibility and processes. Some stakeholders also recommend the need for more advocacy and involvement with public transit authorities, while still others suggest collaborations with private vendors such as shared ride services (Uber or Lyft) to lower rates.

Training and Education for Caregivers

Collaboration and outreach were mentioned frequently, suggesting access issues were most important, and working closely with existing partners, as well as commercial venues, keeping costs minimal, providing respite care for caregivers to attend trainings, being culturally inclusive, and by heightening awareness through media and marketing. Often the venue was primary and many suggested increased utilizations of internet and social media platforms. Currently about a third of the Community Survey respondents report they have no internet access (34.3%) and a third do not have a computer or notebook tablet (31.7%). These findings suggest trainings must use multiple platforms to remain accessible to all.

DAAA Service Priorities for the Next Five Years

Responses to this question address building and maintaining Livable Communities with the goal of 'aging in place'. To accomplish this, there is a critical need to address housing access, advocate for shorter wait lists for services, address caregiving needs (training, education, respite, costs) as well as nutrition and health needs, and issues related to social isolation. Prioritizing building and working with coalitions around the Livable or 'Aging Friendly" Communities model is important. As one stakeholder said, "DAAA should be 'leading the one-stop shop':"

Key Trends on the Horizon

The most frequently mentioned trend relates to the population explosion of older adults and the concomitant increased costs and demands due to growth of 'baby boomer' senior cohort. It is important to understand the changing needs of these cohorts. The second most mentioned relates to creating 'age friendly' Livable Communities, their caregiving and housing needs. Also mentioned is the understanding of social determinants of health, including social isolation and increasing costs. Another issue relates to changing models of insurance, managed care, social media. These issues all require continued collaboration and coordination, a key responsibility for Area Agencies on Aging.

Vision of DAAA in the next 3-5 Years

Stakeholders were positive and hopeful that DAAA and the city of Detroit can be prepared for the demographic growth of aging adults, and the increasing demands on aging services. Some mention the importance of Information and Assistance, hopeful that DAAA will be the 'go to' place or 'one stop shop' for I & A. They stress the importance of continued collaboration, but this is qualified with the need to contract with more qualified 'vetted' partners. Public awareness and increased agency visibility are important. Given the increased demand for services, the supply side must be addressed by shortening times on waitlists, lowering costs and continuing to improve transportation. Together, these visions, if materialized, would enhance the city's 'age friendly' status. The stakeholders offered many possible visions for DAAA, as well as the city, and its aging population.

Stakeholder Analysis Report

Methodology

Survey Design

A total of 283 stakeholders were selected to receive a web-based survey, with the intention of reaching greater input for informing DAAA's priorities, strategic planning activities, and feedback on current initiatives. The list of stakeholders was generated by DAAA. The survey had 15 questions, 7 of which were open-ended, and 8 with categorical fields.

Distribution

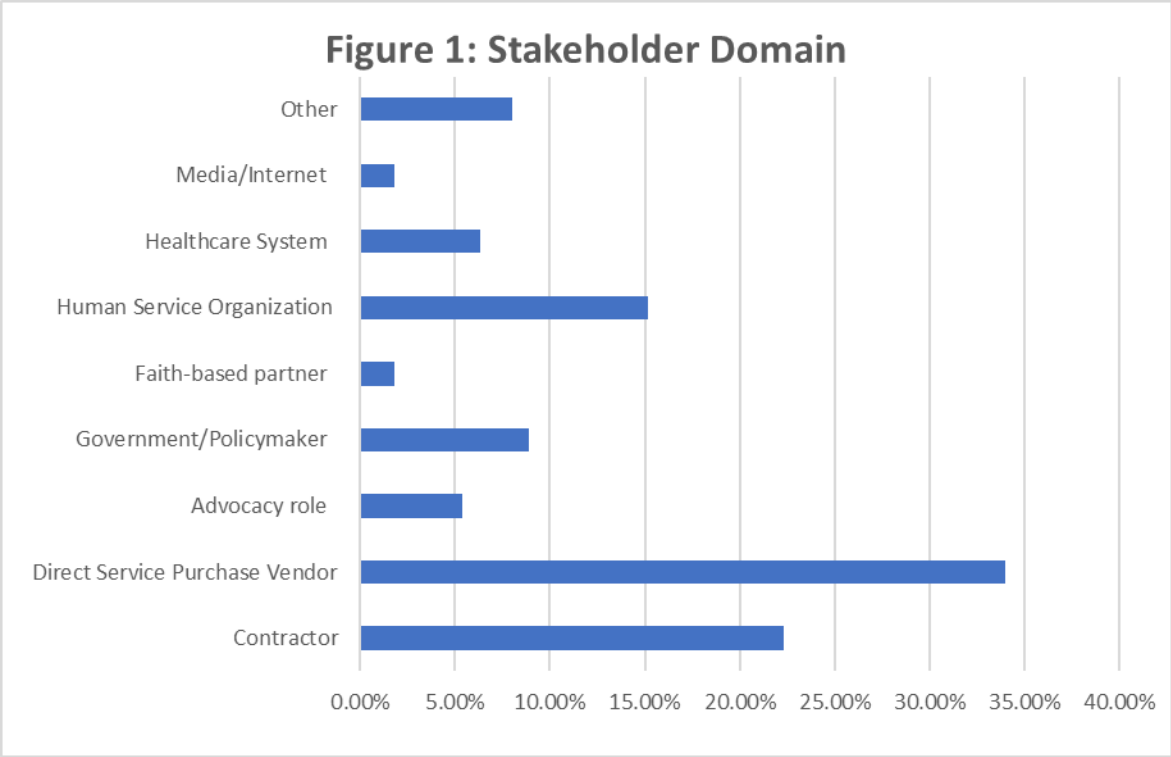
Staff members at the Center for Social Work Research (CSWR), affiliated with the Wayne State University School of Social Work, used the Qualtrics online survey program to design, administer, and distribute the survey. Of the 283 distributed surveys, 16 were returned as incorrect addresses. CSWR staff members sent three follow-up

mailings over a three-week period, resulting in a total of 94 returned surveys (35% response rate).

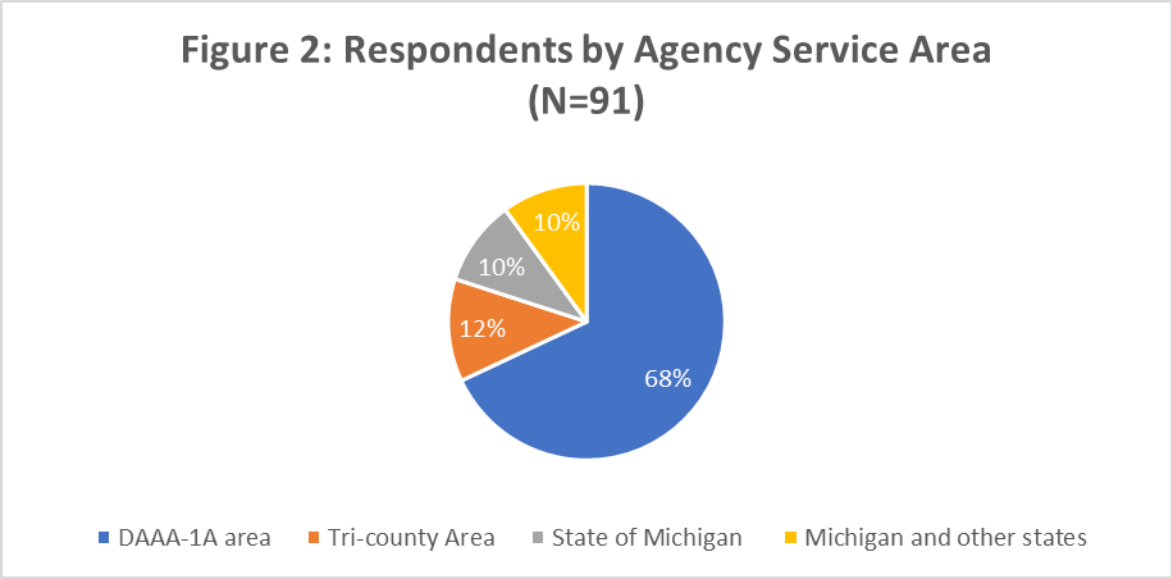
Respondent Profile

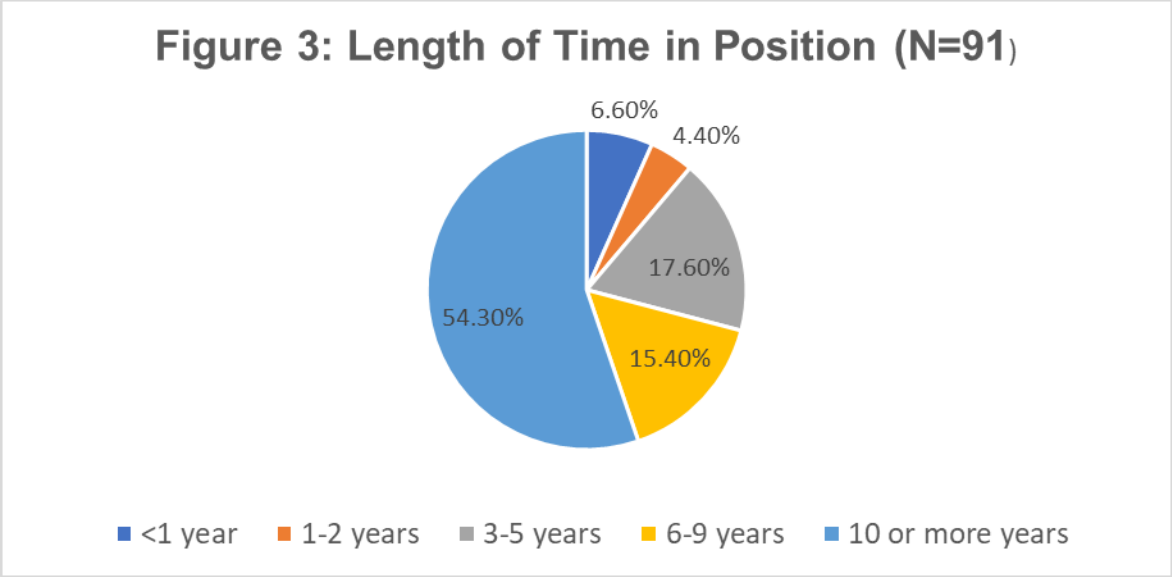
Questions 1, 2 and 3 included information as to the domain of the stakeholder, the length of time in their role/position and the geographic area serviced in that role/position. No other demographic questions were asked, as we promised confidentiality and race, gender and age questions, given the targeted sample, could compromise that confidentiality.

Responses show that the various stakeholder domains were well represented, with the majority being either contractors or vendors (54.3%) and a few represented multiple domains (Table 1).



All of the stakeholders provide service within the DAAA area and the majority (69.2%) are providing service solely within the area. The additional 30% are equally serving the tri-county area, the state of Michigan, or Michigan and other states (Figure 2). Most have been at their place of work for over 10 years (56%) (Figure 3).





Descriptive Analysis

Rank Order Prioritizing DAAA's Roles

It is critical to determine how the community understands the role of DAAA and whether it reflects the expectation of the Older Americans Act (OAA) as well as the stakeholders. Question 4 asked stakeholders to rank order 5 of DAAA's roles in providing health and wellness services to older adults in its planning and service area. Established under the Older Americans Act (OAA) in 1973, AAAs operate a complex service delivery system that provides access to home and community-based services for older adults. These agencies play a key role in developing, funding, coordinating and delivering a wide range of long-term services and supports to consumers in their local planning and

service area (PSA) including information and referral, congregate and home-delivered meals, health and wellness programs.(National, 2014).().

The findings from Detroit reveal 42% of stakeholders rated the role of Direct Service Provision as the #1 rank, #2 ranked was Coordination of Aging Services for the region (33%), #3, Information and Assistance (17.1%) , followed by #4 Education (7.3%), and #5, Training (1.2%).

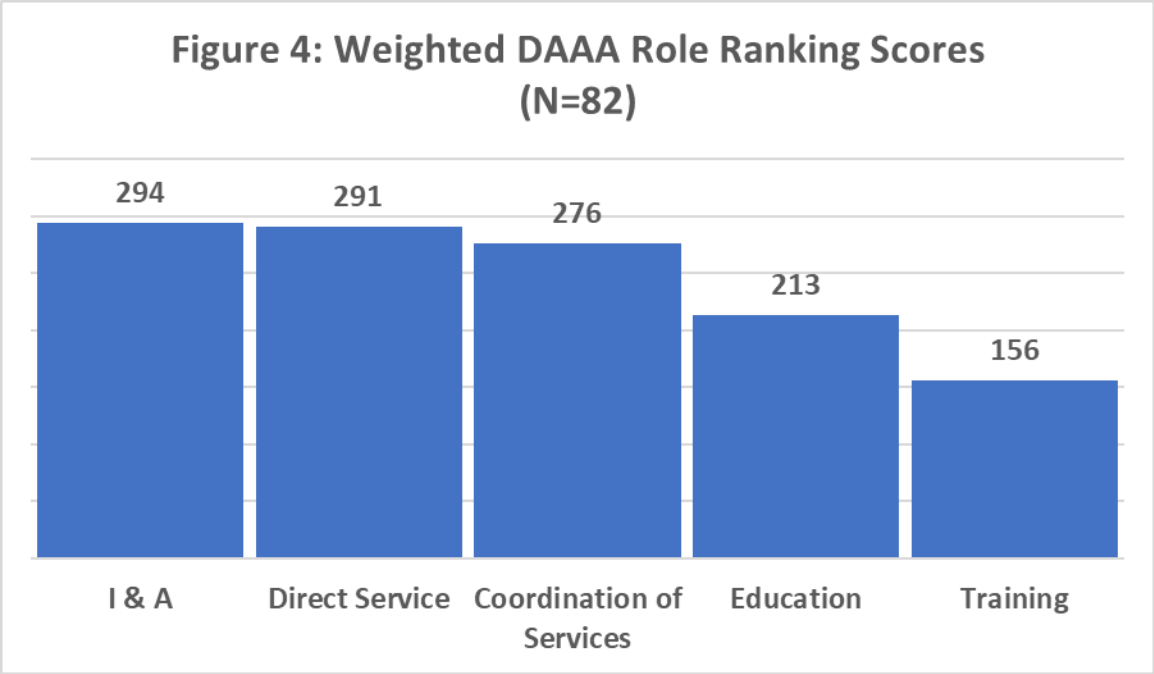
The final column in Table 4 shows the five role rankings by mean scores, with the lower scores representing the higher rank. The mean score would place Information and assistance tied with direct service as most important, with coordination close behind., as shown in Figure 4.

TABLE 1: PERCEPTION OF DAAA ROLE (N=82)							
	RANK	1	2	3	4	5	Mean
1	Direct service provision	41.6%	14.6%	19.5%	6.1%	18.3%	2.4
2	Coordination of aging services for its region	33%	22.1%	15.9%	7.3%	22%	2.6
3	Information and Assistance	17.1	42.7	26%	11%	3.6%	2.4
4	Education	7.8%	13.4%	24.4%	41.5%	13.4%	3.4
5	Training	1.2%	7.3%	14.6%	34.1%	42.7%	4.0

The weighted rank order scoring method[9] indicates that stakeholders gave the following rankings:

1: Information & Assistance (I&A)
2: Direct Services
3 Coordination of Services
4: Education
5: Training

[9] The method to understand rank order best is to assign weighted scores to the rankings as follows: Multiply top ranking ‘1’ by 5, rank ‘2’ by 4, rank ‘3’ by 3, rank ‘2’ by 2, and ‘1’ by 1 to get a more definitive composite result than just looking at the mean scores.



Age Friendly Cities (Questions 6 and 7)

The concept of 'age friendly cities' was addressed by asking **"**Are you familiar with the World Health Organization's (WHO) Age-Friendly Cities global project?" Making cities age-friendly is **one of the most effective policy approaches** for responding to **demographic ageing** (World Health Organization, n.d) Recognizing the important role that community infrastructure plays in supporting the quality of life of people as they age, many cities and AAAs have taken steps to develop Livable Communities or 'age friendly cities'. (National Association of Area Agencies on Aging, 2020). Only 39% of the stakeholders report familiarity with this project

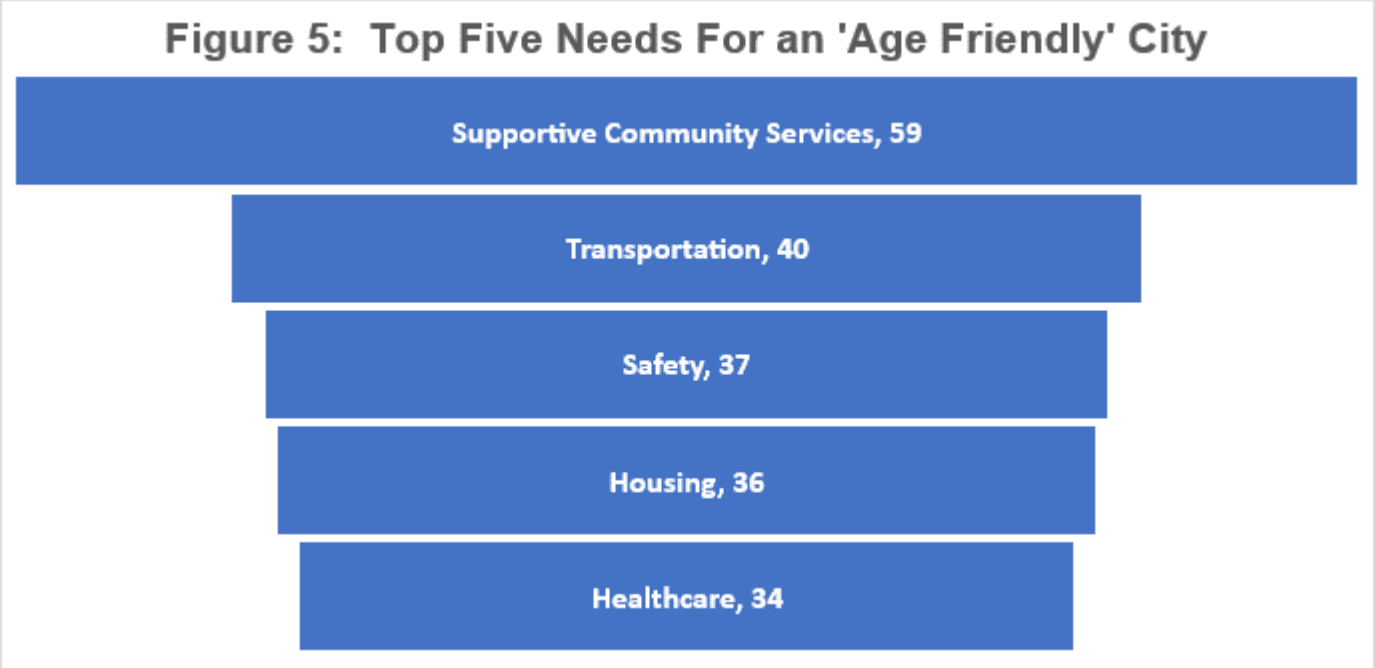
The follow-up question asked respondents to choose the three areas needing most improvement to become an 'age friendly' city. Table 2 shows the findings of the areas rated as needing most attention. Choices mentioned, in order of frequency are: Supportive community services (59), followed by Public Transportation (40), Safety and security (37) , Available and affordable Housing (36), Access to healthcare (34), Housing maintenance/modification (22), Walkability (16), Commerce (6) and Enrichment (5).

The Michigan Aging & Adult Services Agency (formerly Office on Aging) offers communities across the state the chance to be recognized for engaging in an assessment and improvement planning process that helps make their community more "aging-friendly" through its Community for a Lifetime (CFL) program. As Michigan's population ages, communities that adapt to meet the needs of older adults, their

families, and caregivers, will attract and retain more residents and be able to provide them with a better quality of life. The CFL program is part of a broader national aging-friendly communities movement sparked by the WHO global project.

TABLE 2: Areas Needing Most Important to Becoming 'Age Friendly City'(N=89)

Rank	Area Needed	%	#
1	Supportive community services	22%	59
2	Public transportation	15%	40
3	Safety and security	13.8%	37
4	Housing: Availability and affordability	13.5%	36
5	Access to healthcare	12.7%	34
6	Housing: Modification and maintenance	8.7%	22
7	Walkability	6.0%	16
8	Inclusion	5.2%	14
9	Commerce	1.9%	5
10	Enrichment	1.5%	4



Public Visibility of DAAA

A 4-A model of Service Utilization (Gelfand, 1994) can provide insight into what causes non-utilization of services regardless of need. Four factors that impinge on service use are:

1) Availability
2) Awareness (does service exist? How to apply?)
3) Acceptability (culturally appropriate, and past satisfaction); and
4) Accessibility (cost? hours? distance? transportation? eligibility?)

The question “How familiar do you think the general public is with DAAA-1-A?” addressed the aspect of awareness. Table 6 reveals that only 11% believe the general public is ‘very familiar’, and 44% “somewhat familiar”, while 44% are undecided, somewhat or very unfamiliar.

TABLE 6: Perception of Public Familiarity with DAAA (N=83)

5 Very familiar	10.8%	9
4 Somewhat familiar	43.9%	36
3 Undecided/Neutral	13.3%	11
2 Somewhat unfamiliar	22.9%	19
1 Very unfamiliar	9.6%	8

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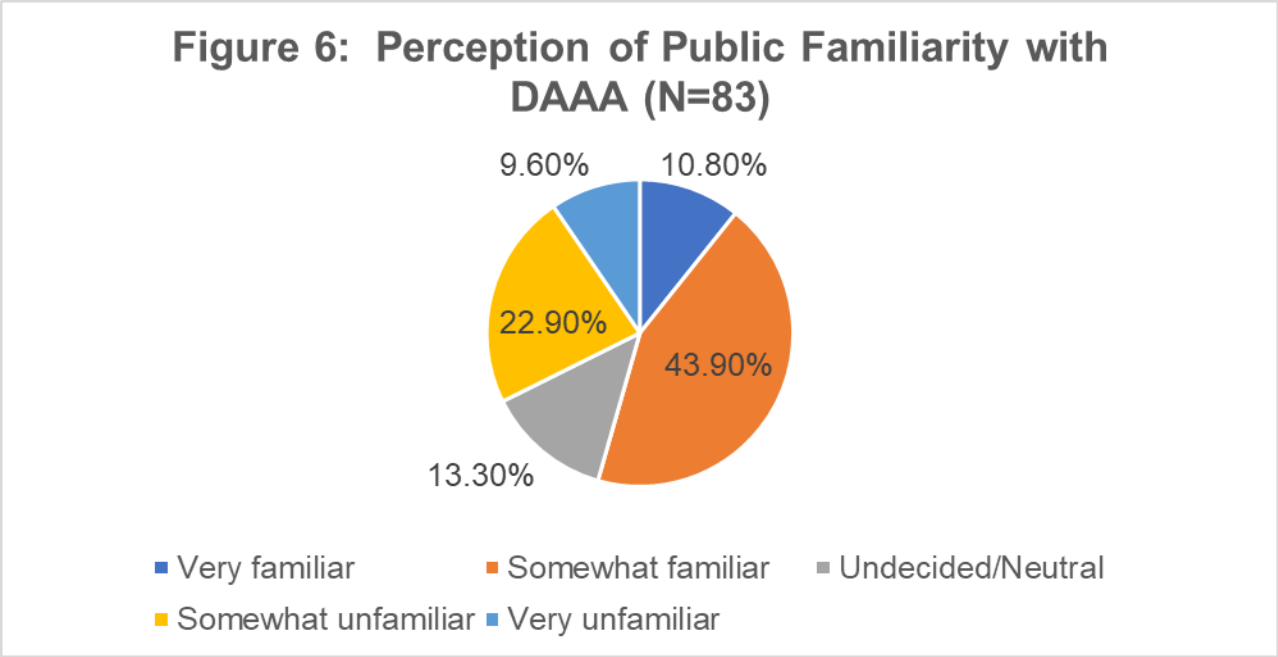

While 56% are very or somewhat familiar with DAAA, 44% are not familiar with the agency. Awareness is critical to utilization of services and DAAA clearly needs to increase their visibility and extend awareness and understanding of their mission. In the follow-up open-ended question, many recommended marketing through mass media and through ongoing and upcoming events. A smaller number suggested branding, having a visible logo, and/or perhaps a new name. And a small number pointed out the need to ensure that contractors and vendors were 'worthy' partners and helping to enhance a visible and positive image. (See the "Content Analysis of Open-Ended questions" for Question 11 for more information on visibility.)

Q.10 Rating of DAAA Services by Stakeholders (N=83)

Q13 asked "How would you rate DAAA program and service offerings in the community on a scale from 1 to 10 with 10 being the highest rating?" The mean score was 7.4 on the 10-point scale. Scores ranged from 3 to 10, with 8 the mode (most frequently chosen response).

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Analysis of Open-Ended Questions

QUESTION	CONTENT ANALYSIS	CATEGORIES/ THEMES	COUNT
5**. How can DAAA best make training, education, and support services available to family caregivers?** (N=65)	Collaboration and outreach were mentioned frequently, suggesting access issues were most important, and working closely with existing partners, as well as commercial venues, keeping costs minimal, providing respite care for caregivers to attend trainings, being culturally inclusive, and by heightening awareness through media and marketing. Often the venue was primary, and many suggested increased uses of the internet and social media platforms. Some highlighted the importance of flexibility and identification along with collaboration. *"Offer alternative methods to receive assistance, such as online. Educate public regarding what a caregiver is so they identify themselves correctly. Form relationships with health care providers so caregivers know where to access services."* *"Continue what you're doing now. Holding meeting in the different recreation centers so that everyone will have an opportunity to come. Have training and education there."* *"Connect with community groups such as the CWSC to offer these types of programs to their constituents."* *"By providing more support & training workshops after normal work hours and weekends."* Some suggested partnering with higher education partners to offer trainings with certification or CEUs and some suggested partnering with businesses *"Bi-monthly trainings and/or education seminars online or in seat. That offer CEU's credit and/or a certification of completion. Partner with a local University and/or College to offer the training, education and support courses/services both day and night as caregivers have different times they care for family members. Non-credit and for credit - Depending on depth of training."*	• Collaborate w/existing partners • Access (cost, respite, culturally appropriate • Outreach (media, marketing) • Access- Online/web-based.	27 25 23 13

QUESTION	CONTENT ANALYSIS	CATEGORIES/ THEMES	COUNT
	"This idea pertains to working caregivers. Partner with mid-size and large companies and present one-hour education, training and resource forums onsite to be attended by working caregivers during their shift. This would benefit caregivers as well as the company." *"Caregivers would be informed about the aging process and various health issue, and resources and eligibility thresholds including legal and money matters. Companies would see a reduction in absenteeism and worker turnover caused by employees leaving the workforce early to become stay-at-home caregivers. The expense of several hours of scheduled eldercare sessions would cost the company far less than problems resulting from unscheduled time off and the cost of training new employees."* Marketing and publicity viewed important *"Publicize through mass media the DAAA information and assistance line; make respite services available; help caregivers get in contact with MAP volunteers. "* *"Outreach activities at beauty salons, churches, on-line, grocery stores"* *".. use of the media to make these seminars and training event known to agencies, caregivers via radio, marketing information".*		

QUESTION	CONTENT ANALYSIS	CATEGORY/THEME	COUNT
8.**How can DAAA work with partner agencies to make transportation services more accessible?** (N=56)	Clearly transportation is a critical component for older adults in metropolitan areas such as Detroit, where many solutions are considered but no comprehensive, accessible, affordable, acceptable, reliable solutions have resulted. Many comments addressed who and how to cover costs, some suggesting using a voucher system, some suggesting the vendor of services be compensated through funding for vans, etc. Others recommend advocacy and involvement with public transit authorities, still others suggest collaborations with private vendors such as uber or Lyft for lower rates. Coordination and communication of the entire transportation system across agencies/services serving the older population might be centralized, with staff trained and knowledgeable to direct the customers, Guides /written and distributed widely and on websites. *Partner agencies should not be responsible for transportation services. The metro Detroit counties need to partner to create more accessible, affordable and available transportation for seniors as part of the critically needed mass transit system the area has needed for decades."* *"Have a department dedicated to oversee transportation."* *"Develop senior specific transit with trained senior friendly and screened drivers and transporters. Coordinate with CMS, State of Michigan, Health Endowment Fund to provide assistance in offering low cost or no cost reliable and safe transport for the aging."* *"Provide Uber/Lyft Accounts for use that enhance independence, community inclusion and navigation flexibility."* *Needs to be more readily accessible to the senior population and safer for senior s to ride without fear. More direct routes and senior only pick-up stations to places seniors frequent - Walmart, Meijers, Krogers etc."*	• Access through /funding/vouchers • Collaborate/contract with agencies • Coordinate knowledge of availability /Dept. of transportation • Consolidate across system/ Guides written/website • Availability through public/metro transit • Private/Uber/Lyft	16 13 10 10 9 6

QUESTION	CONTENT ANALYSIS	CATEGORY/THEME	COUNT
	"Replicate the transportation service offered by St Patrick's Senior Center, and contact patrons by phone and mail to learn about their experience and their satisfaction level with the service." *"Expand myride2; coordinate with D-dot & SMART* *"Lobby for it with the city, region and state."* *"Create a single system that provides transportation. Agencies input transportation schedules, locations and times of availability among/between agencies that currently have transportation services."* One stakeholder suggested 'testing' the systems- (a Transportation Ombudsman?): *"It is suggested that the organization send out "surprise guest riders" to assess the quality of services; train drivers and companies around a philosophy of service (Customer KARE); assuming the DAAA does customer service interviews - utilize the input from the community.*		

QUESTION	CONTENT ANALYSIS	CATEGORY/THEME	COUNT
9.**What key partners should DAAA collaborate with to become premier designation**? (N=56	DAAA already has many key partners with whom they collaborate and communicate, as evidenced by the response to this Stakeholder survey. We have selected some unique suggestions from stakeholders, and ways in which we might work together, for example, a senior millage is suggested and unrestricted funding from commercial entities. One respondent suggested that working toward building a CFL (Communities For a Lifetime) (or Aging Friendly Communities) might generate excitement and collaboration from partners. *"Wayne County needs a senior millage to support the services DAAA struggles to provide. Partner with the major medical systems. Partner with Wayne State medical school,*	• LTC /PACE /MOW/SR Centers/ Rec centers • Healthcare/hospitals • Government/public • Faith-based/churches	20 14 13 11 11 10 **5**

QUESTION	CONTENT ANALYSIS	CATEGORY/THEME	COUNT
	school of nursing and school of social work. Finally, instead of pursuing a 'premier' designation, DAAA should adopt a more supportive stance in relation to the direct providers, such as the community centers. Make others successful and DAAA will be successful." *"Human service agencies in this field are overwhelmed, over worked, and underfunded. Partnerships with entities that could provide more unrestricted funding would be helpful, especially companies that seniors tend to give their money to anyway (Walmart, Meijer's, Kroger, CVS, Walgreens)."* *"DAAA should work with existing senior center agencies, many who may be under contract, and coordinate referrals to these organizations."* *"Movie Theatres that offer Senior Citizen days - must include transportation or at least several sites within Senior Citizen communities that others can get to. Performing Arts entities DIA, Charles Wright Museum, Libraries especially - that have seminars, computers, and Senior memberships at no or low cost. Chamber of Commerce - places that are senior friendly, easily accessible, and easy on their budget and of interest of the Senior Population."* *"Partner with businesses in the community (including those offering cultural, entertainment and educational opportunities) local government agencies, churches, hospitals and senior residents including family members. Find out what works, what they would like to see in their community, and areas presenting opportunities for improvement. Present information on building communities for a lifetime so that all are aware of the concept and benefits and eager to participate working toward the goal.*	• Commercial/public/cultural • HSOs/AARP/United Way • Academic/higher ed	

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
11**. How can DAAA increase visibility?** (N=60)	While 56% are very or somewhat familiar with DAAA, 44% are not. Awareness is critical to utilization of services and DAAA clearly needs to increase their visibility and understanding of their mission. Many recommended marketing through mass media, and at ongoing and existing events. A smaller number suggested branding and having a visible logo, perhaps a new name. And a small number pointed out the need to ensure that contractors and vendors were 'worthy' partners and helping to enhance a visible and positive image. Selected comments of note include: *"Its customers know DAAA. The general public does not "* *"PSA's...Billboards, a really nice Facebook Page (you probably already have that...) Face to Face community Q and A's that are senior friendly (every income level represented)"* *"More advertising and marketing in locations seniors tend to frequent (grocery stores and pharmacies"* *"Place DAAA logo on any partner that provides services."* *"Have outreach programs to get people familiar with the brand. Ensure participants know who is authorizing and funding services. Know what services DAAA supports"* *"Advertise at doctor's offices, hospitals and churches."* *"Partner with Chamber of Commerce, advertise on Public Radio Station about its services and geographic boundaries. Partner with City Officials as the major representative for Seniors in the Metro area:. Present aging challenges, concerns, opportunities and risk. Develop and Design a Senior HOTLINE that is staffed 24/7 to give information and referrals. Many times the person doesn't know where to go for what they need."*	• Increase mass marketing/ social media; TV • Outreach/events • Branding/logo/billboards • Worthy partnerships	25 18 7 6

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
	"DAAA should partner with and support agencies that provide senior services. Together, they could offer joint programming that increases usage of the services and promotes DAAA as a sponsor." *"Not sure. Does DAAA have funding for advertising? I would have ads on Van's, billboards, and possibly TV commercials. Social Workers upon discharge, DAAA services available in rehab center nursing homes or assisted living."* *"Advertise like AAA1B, on TV and radio".*		

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
12. **What services should be DAAA's service priorities over the next 3 - 5 years to strengthen long-term care supports and services?** (N=62)	Responses to this question address building and maintaining Livable Communities with the goal of 'aging in place'. In order to do that, housing accommodations made, wait lists must be shortened, caregiver needs addressed (training, education, respite, costs), nutrition and health needs must be prioritized, as well as attention to older persons' isolation. Prioritizing building and working with coalitions around the Livable or 'Aging Friendly" Communities model is important. As one stakeholder said, "DAAA should be 'leading the one-stop shop':"….. *"Leading the one stop shop for Detroit seniors to age in place."* *"Aging-in-place services that cover accessibility modifications, care coordination and caregiver support to community dwelling older adults."* *"…it should be services that allow seniors to remain at home, living as independent as possible. E.g. lawn care, snow removal services, safety measures for bathing, showering, intergenerational buddies for senior socializing."* *'Environmental modifications should be a top priority to ensure safety and longevity in the home."* *"continue assisting family members to stay in their homes."* *"Help direct seniors to needed resources. Address senior isolation. "* *"Rx drugs advocates. Prescriptions drug pricing. Housing"* *"Services that sustain the senior in the home and transportation"* *"We have other agencies that make us feel more like partners rather than contractors. This type of relationship*	• Aging in Place/ Livable Communities/ • Care management/ training & education • Access/ waitlists/ hours/costs transportation • Awareness/visibility/ I & A • Healthcare access/ nutrition • Senior Isolation	24 13 13 10 10 4

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
	has helped us work together to find solutions for our participants in the programs and a stronger support system." *"Education for the clients on their ailments as to better understand what health challenges they are dealing with. Support services to and from doctor's appointments. Access to healthy foods, partnerships with local grocery stores to provide them with fruits and vegetables. Preventative measures put in place to promote a healthy lifestyle. As well as activities geared towards our elderly population's mental health, giving them something to look forward to."* *"How can they shorten their long waiting lists?"*		

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
14. **What is the key trend on the horizon that DAAA should consider as it develops its five-year strategic plan?** (N=53) 14. What is the key trend on the horizon	The most frequently mentioned trend relates to the population explosion of older adults and the concomitant increased costs and demands due to growth of 'baby boomer' cohort of. seniors. It is important to understand the changing needs of these cohorts. The second most mentioned relates to creating 'age friendly' Livable Communities, their caregiving and housing needs. Also mentioned by eleven of the 53 responding to this question, is the understanding of social determinants of health, including social isolation and increasing costs. Another issue relates to changing models of insurance, managed care, social media. All these trends and problems require continued collaboration and coordination, a key responsibility for Area Agencies on Aging. *"Growing aging population and the changing needs of that population (e.g. Baby Boomers are very different from the Greatest Generations seniors.) "* *"There will be a wave of seniors wanting activities and support."* *"Seniors are living longer with more health challenges that in the last century. Seniors want to stay in their own homes. Family members are challenged with being the caregiver and Respite Care is going to be more important to this sector than ever. Additionally, understanding and imprinting upon the State of Michigan the need for more Livable Communities within the City of Detroit and geographic boundaries of DAAA's."* "*More baby boomers are aging in to needing services while the current group of elders are needing increase of services. Demand is outplacing supply. Many baby boomers are not financial ready for the costs of aging in place. The LTC programs are a bandage not an ultimate solution. While I*	• Demographic explosion/ increased need, demand; costs • Housing/aging in place/livable communities/caregiving • Understanding social determinants of health/ isolation/ economic • Changing models/insurance/social media/ managed care • Collaboration/coordination	19 16 12 11 7

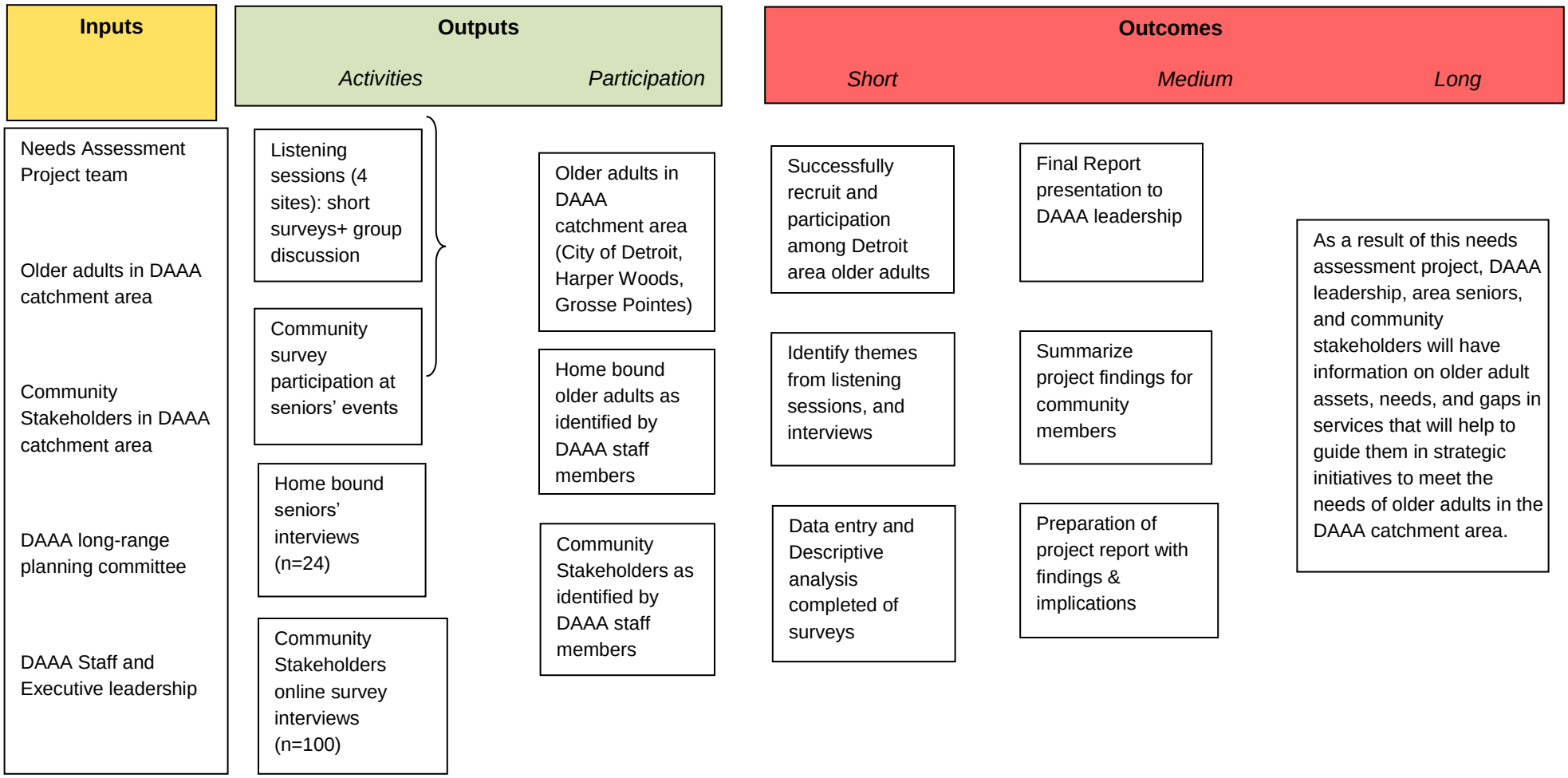
QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
that DAAA should consider as it develops its five-year strategic plan? (N=53)	*understand DAAA money is tied to the 60+…. some efforts towards the pre-retirement groups to better prepare me."* "Consider playing a leading role in collaborating with other stakeholders to help guide the creation of communities for a lifetime in DAAA's service areas particularly in Detroit and Highland Park." *"Medicare Advantage"* "*More families will take on caregiving roles as their loved-ones age. The vast majority of these families are not prepared and are not making preparations to serve their care recipients. As a result, it will be important to reach these caregivers where they are in their journey, making it easy for them to connect to programs that can help them with the current stressors and assist them with preparing for the future."* *"Structuring a health care plan with the elderly population that caters to their health, physical, and mental needs. Developing partnerships with their healthcare professionals to make sure their care is structured to their individual needs."* *"Good question: people are staying in their homes longer versus living in a nursing home or assisted living...how are homes transited into more "senior friendly" living spaces"* *"Older adults want different things and different program offerings in the community which are not labelled "senior". Seeking out more opportunities for intergenerational programming will be important to improve quality of life for this aging population."* *"Transportation, access to healthy food, getting/staying active, more jobs for seniors (not so much for the money but for staying active).More people are going to be needing the services of agencies like DAAA. I'm on the tail end of baby boomers, and this is the largest group of individuals that will be needing the services in a very short period of time."*		

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
15. **What is your vision for the DAAA over the next 3 - 5 years?** *(N=50)*	Comments are largely positive and hopeful that DAAA and the city of Detroit can be prepared for the demographic growth of aging adults, and the increasing demands on aging services. Some mention the importance of Information and Assistance, hopeful that DAAA will be the 'go to' place or 'one stop shop' for I & A. They stress the importance of continued collaboration but qualify that with the need to contract with more qualified 'vetted' partners. Public awareness and increased agency visibility are important. Given the increased demand for services, the supply side must be addressed by shortening times on waitlists, lowering costs and continuing to improve transportation. Together, these visions, if materialized, would enhance the city's 'age friendly' status. The stakeholders offered many possible visions for DAAA, as well as the city, and its aging population. Some of those comments follow: *"DAAA is a clearing house where older people and their caregivers can turn for information and referrals to community-based organizations that can meet their needs."* *"Become the aging and disability resource center that it is intended to be. Ensure the functionality of the I&R department so that calls are answered and people get the referrals that they seek."* *"As the "go to" place for information on senior issues."* *"Making the DAAA services more publicized."* *"Collaboration with different partners to improve outcomes for their seniors"* *"To receive more referrals and grant funding to provide more senior services.".*	• *Preparation for Growth* • *Availability Services/I & A/ funding* • *Access/Shorten waitlists/lower costs* • *Visibility/awareness* • *Age Friendly City/Age in Place* • *Collaboration / Acceptability*	*13* *10* *10* *9* *8* *7*

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
	"Develop additional resources for caregiver support/ Expand the wellness program/Work with provider network to reduce waitlist and deliver services within 72 hours" *"My vision is that DAAA and the services provided along with the agency's reputation for advocacy and sound results among peer organizations will be well known by citizens throughout the communities served. This combined with placing emphasis on advanced planning forums and workshops will help individuals and families to better prepare for their advancing years, i.e., Aging Mastery program. "* *"Become a communications partner to organizations across the region."* *"Advocate for county support (such as a senior millage) so we are less dependent on fundraising from individuals and foundations."* *"Reach more diverse populations. Understanding cultural beliefs and experiences regarding aging and caregivers."* *"That it becomes more inclusive to all Seniors."* *"That they become the premiere organization for the coordination/financial source for supportive services for older adults; with clear accountabilities; that provides ongoing staff development and engagement; that stays on top of the changing needs and trends. Flexible enough to utilizing learnings."* *"It is well and good to acknowledge that we, and our loved ones, will age. However, it is another thing to actually be prepared. We are not prepared. "* *"Look to reinvent their mission. look at what the aging baby boomers need .. focus in support services and prevention, again social isolation .. how to use community program along the all ages continuum.. cross generational programs."*		

QUESTION	CONTENT ANALYSIS	CATEGORIES/THEMES	COUNT
	"To have a large informational data base for all providers to connect with each other to meet the needs of our communities so we can give our clients the ability to stay in their home as independently as they can with our assistance." *"To assist the city of Detroit in becoming an age friendly city"* *"To be a liaison between the insurance companies, grant sources and professional providers. Direct and coordinate professional resources to the community so they can age and/or die with dignity in their chosen environment."* *"to continue to improve its vendors relationships and to partner with more highly vetted vendors"*		

Appendix A: Project Logic Model



Appendix B: Project Survey Instruments

Community Survey

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Shade Circles Like This →
Not Like This →

Detroit Area Agency on Aging
The Senior Solution

Serving Detroit, Hamtramck, Harper Woods, Highland Park and the five Grosse Pointes

DETROIT AREA AGENCY ON AGING
COMMUNITY NEEDS ASSESSMENT 2019

The Detroit Area Agency on Aging (DAAA) was established in 1980 and is located in Detroit at 1333 Brewery Park Blvd., Suite 200. DAAA serves the Southeast Michigan area, which includes the cities of Detroit, Hamtramck, Harper Woods, Highland Park, and the five Grosse Pointes. The mission of DAAA is *"to educate, advocate, and promote healthy aging to enable people to make choices about home and community-based services and long-term care that will improve their quality of life".* DAAA assists older adults, adults with disabilities and caregivers by removing social, economic, physical and psychological barriers and creating aging friendly neighborhoods through nutrition, health and wellness and senior independence.

This survey will help DAAA learn more about the conditions and needs of adults, age 55 and older and living in the DAAA service area. Please print your responses using a pen. Your participation is entirely optional and confidential. Identifying information is kept separately from your answers. If a question does not apply to you or you do not want to answer, you may leave it blank. The survey should take about 15 minutes to complete and you will be given a $10 gift certificate in appreciation for your time.

PLEASE TURN TO THE NEXT PAGE

1

COMMUNITY & HOUSING

1. **How would you rate your community as a place for people to live as they age? (This would be the geographical location where your home is located. A community can be located within a city or town or county)**

   O Excellent

   O Very good

   O Good

   O Fair

   O Poor

2. **Some people say that being a senior citizen "is the best time of your life". How much do you agree with that statement?**

   O Strongly agree

   O Somewhat agree

   O Neither agree nor disagree

   O Somewhat disagree

   O Strongly disagree

3. **How long have you lived in this community?**

   O Less than 15 years

   O 15 years but less than 25 years

   O 25 years or more

   O All my life, I was born here

4. **What is your 5-digit ZIP code?** _____ _____ _____ _____ _____

PLEASE TURN TO THE NEXT PAGE

5. **Do you own or rent your primary home – or do you have some other type of living arrangement, such as living with a family member or friend?**

   O Own

   O Rent

   O Other type of living arrangement

6. **How satisfied are you with your present housing?**

   O Very satisfied

   O Satisfied

   O Neither satisfied nor dissatisfied

   O Dissatisfied

   O Very dissatisfied

7. **Have you considered moving?**

   O Yes O No (If 'No', skip to Question #9)

8. **Where have you considered moving?**

   O Another location in my city

   O Near a suburb

   O Further away

   O Do not know where

TRANSPORTATION

9. **How do you get to places for shopping, visiting the doctor, running errands, or going to other places?**

		YES	NO
9a.	Drive yourself ……..	O	O
9b.	Have others drive you ……...	O	O

PLEASE TURN TO THE NEXT PAGE

		YES	NO
9c.	Walk	O	O
9d.	Ride a bike	O	O
9e.	Use public transportation	O	O
9f.	Take a taxi/cab/Uber/Lyft	O	O
9g.	Use a special transportation service, such as one for seniors or persons with disabilities	O	O

10. **How important are the following to you?**

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
10a.	Accessible and convenient public transportation	O	O	O	O	O
10b.	Walkable communities with parks and other amenities	O	O	O	O	O
10c.	Affordable housing close to services	O	O	O	O	O
10d.	Reliable and safe public transportation	O	O	O	O	O
10e.	Neighborhood with good public safety	O	O	O	O	O
10f.	Special transportation services for people with disabilities and older adults	O	O	O	O	O
10g.	Well-lit, safe streets and intersections for all users ...	O	O	O	O	O

PLEASE TURN TO THE NEXT PAGE

SOCIAL SUPPORT & PARTICIPATION

11. About how frequently do you interact with your friends, family, or neighbors? This interaction could be by phone, in person, email, or social media (such as Facebook)

- O Everyday
- O Several times a week
- O Once a week
- O A few times a month
- O Once a month
- O Less than monthly
- O Almost never

12. How often do you participate in social or recreational activities?

- O Daily or a few times a week
- O Weekly
- O A few times a month
- O A few times a year
- O Rarely or never

13. Consider the list of services below and tell us whether you've heard of them, needed them, or used their services <u>in the past year</u>.

Select one response for each service.	I have used	I have needed but did not use	I did not need	I have not heard of
13a. Adult Day Care ……	O	O	O	O
13b. Congregate meals for seniors ….	O	O	O	O
13c. Caregiver workshops …….....	O	O	O	O

PLEASE TURN TO THE NEXT PAGE

Select one response for each service.		I have used	I have needed but did not use	I did not need	I have not heard of
13d.	Diabetes management classes ..	O	O	O	O
13e.	Information and assistance …….	O	O	O	O
13f.	In-home care services …….……	O	O	O	O
13g.	Long-term care Ombudsman (nursing home assistance) ……..	O	O	O	O
13h.	Meals on Wheels …….……	O	O	O	O
13i.	Holiday Meals on Wheels …….....	O	O	O	O
13j.	Medicare / Medicaid assistance programs (MMAP) …….……	O	O	O	O
13k.	Medicare / Medicaid Social Security counseling or navigation	O	O	O	O
13l.	MI Choice Waiver services ……..	O	O	O	O
13m.	Senior employment services …...	O	O	O	O
13n.	Evidence-based programs: A Matter of Balance, PATH, DPATH, Enhanced Fitness …….	O	O	O	O
13o.	Senior transportation services …	O	O	O	O

14. As people get older some problems become more serious for them than others. Below is a list of common problems. Please rate if they are very serious, serious but manageable, or not a problem for you

		Very serious	Serious but can manage	Not a problem
14a.	Enough food to eat ……..……..……..	O	O	O

PLEASE TURN TO THE NEXT PAGE

		Very serious	Serious but can manage	Not a problem
14b.	Getting help with Medicare / Medicaid ..	O	O	O
14c.	Getting to go places I need to go (transportation)	O	O	O
14d.	Keeping up my home / apartment	O	O	O
14e.	Paying for utilities	O	O	O
14f.	Physical or financial abuse or neglect ..	O	O	O

COMMUNICATION & INFORMATION

15. **In general, are you able to find information on programs and services you need**?

- O All of the time
- O Most of the time
- O Sometimes
- O Rarely or Never

16. **Do you have internet service connection where you live?**

O Yes O No

17. **Have you used a computer (or notebook tablet) <u>in the past year</u>?**

O Yes O No

PLEASE TURN TO THE NEXT PAGE

18. **Please indicate the places where you get information about services for older adults, such as caregiving services, home delivered meals, home repair, and health / social activities.**

		YES	NO
18a.	Local senior center	O	O
18b.	Detroit Area Agency on Aging (DAAA)	O	O
18c.	Family or friends	O	O
18d.	Local nonprofit organizations	O	O
18e.	Faith-based organizations such as churches and synagogues	O	O
18f.	Internet	O	O
18g.	Television or radio	O	O
18h.	Your doctor or other health care professional	O	O
18i.	Local government offices such as the Department of Health	O	O
18j.	Library	O	O
18k.	Social media (Facebook, Twitter, Instagram)	O	O

HEALTH & WELLNESS

19. **In general, when compared to most people your age, how would you rate your health?**

O Excellent
O Very good
O Good
O Fair
O Poor

PLEASE TURN TO THE NEXT PAGE

20. **In general, when compared to most people your age, how would you rate your emotional / mental health?**

O Excellent

O Very good

O Good

O Fair

O Poor

21. **How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?**

O Everyday

O Several times a week, but not everyday

O About once a week

O Few times a month

O About once a month

O Less than once a month

O Never

22. **Have you seen a medical provider or doctor for your health in the past 12 months?**

O Yes O No

23. **Are you providing primary care to any of the following? (If 'NO' to all, skip to Question #25)**

		YES	NO
23a.	Older adult ……..……..	O	O
23b.	Person with dementia …….……	O	O
23c.	Adult child ……..	O	O
23d.	Grandchild under 18 years old ……..	O	O

PLEASE TURN TO THE NEXT PAGE

24. If 'YES' to any of the categories in Question #23 on the previous page: How long have you provided care?

O Less than 1 year

O 1 to 5 years

O 6 to 9 years

O 10 or more years

25. How important do you think it is to have the following in your community?

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
25a.	Health and wellness programs / classes in areas such as nutrition, smoking cessation, and weight control ……..	O	O	O	O	O
25b.	A service that helps seniors find and access health and supportive services	O	O	O	O	O
25c.	Services / programs for LGBT seniors …….....	O	O	O	O	O
25d.	Easy to find information on local health and supportive services …….……..	O	O	O	O	O
25e.	Home care services including health, personal care, and housekeeping …	O	O	O	O	O
25f.	Supportive services and resources for those who provide care ……..	O	O	O	O	O

PLEASE TURN TO THE NEXT PAGE

PLEASE TELL US ABOUT YOURSELF

26. Which of the following best describes your current employment status?

- O Self-employed
- O Employed, part-time
- O Employed, full-time
- O Retired, but looking for work
- O Retired, not looking for work
- O Unable to work due to disability

27. What is your gender?

- O Male
- O Female
- O Gender fluid
- O Transgender

28. What year were you born? _____

29. What is your current marital status?

- O Married
- O Not married, living with partner
- O Separated
- O Divorced
- O Widowed
- O Never married

PLEASE TURN TO THE NEXT PAGE

30. **Besides yourself, do you have any of the following people living in your household?**

		YES	NO
30a.	Child / children under 18 ……	O	O
30b.	Child / children 18 or older ……	O	O
30c.	Child / children away at college …….	O	O
30d.	Parents ……...	O	O
30e.	Other adult relative or friend 18 or older ……	O	O

31. **Do you have any of the following kinds of health care coverage?**

		YES	NO	Not sure
31a.	Insurance through a current or former employer of yours or your spouse …….	O	O	O
31b.	Insurance purchased directly from an insurance company (not through an employer) ……..……..……..……..	O	O	O
31c.	Medicare (for people 65 and older or people with certain health disabilities) ..	O	O	O
31d.	Medicaid or any kind of government assistance plan for those with low incomes or a disability ……	O	O	O
31e.	Veterans Administration or other military health care ……..…….....	O	O	O
31f.	Any other insurance coverage ……	O	O	O

PLEASE TURN TO THE NEXT PAGE

32. **Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]**

- O Yes, myself
- O Yes, my spouse or partner
- O Yes, both me and my spouse or partner
- O No

33. **What is your race and / or ethnicity? [CHECK *ALL* THAT APPLY]**

- O White or Caucasian
- O Black or African American
- O Hispanic or Latino
- O American Indian or Alaska Native
- O Asian
- O Native Hawaiian or other Pacific Islander
- O Arab American
- O Other, please specify _____

34. **What is the highest level of education you have completed?**

- O K-12th grade (no diploma)
- O High school graduate, GED or equivalent
- O Post-high school education / training (no degree)
- O 2-year college degree
- O 4-year college degree
- O Post-graduate study (no degree)
- O Graduate or professional degree(s)

PLEASE TURN TO THE NEXT PAGE

35. **What is your annual household income before taxes in the most recent tax year?**

- O Less than $10,000
- O $10,000 to $19,999
- O $20,000 to $29,999
- O $30, 000 to $49,999
- O $50,000 to $74,999
- O $75,000 and over

36. **Please use the space below for any additional comments about programs and services for older adults in your community.**

Thank you very much for completing this survey.
Your assistance in providing this information is greatly appreciated.

Listening Session Survey

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Not Like This → ⊗

DETROIT AREA AGENCY ON AGING
LISTENING GROUP SURVEY 2019

PLEASE FILL IN THE OVALS:

1. **How would you rate your community as a place for people to live as they age? (This would be the geographical location where your home is located. A community can be located within a city, town, or county)**
   - O Excellent
   - O Very good
   - O Good
   - O Fair
   - O Poor

2. **Some people say that "being an older adult is the best time of your life". Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with that statement?**
   - O Strongly Agree
   - O Somewhat Agree
   - O Neither Agree nor Disagree
   - O Somewhat Disagree
   - O Strongly Disagree

3. **What is your 5-digit ZIP code?** _____ _____ _____ _____ _____

PLEASE TURN TO THE NEXT PAGE

SERVICE USE AND NEED

4. Consider the list of services below and choose the category that best applies to your (or anyone in your household) experience in the past year.

Select one response for each service.		Have used	Have needed but did not use	Did not need	Have not heard of
4a.	Adult Day Care	O	O	O	O
4b.	Congregate meals for seniors	O	O	O	O
4c.	Caregiver workshops	O	O	O	O
4d.	Diabetes management classes	O	O	O	O
4e.	Information and assistance	O	O	O	O
4f.	In-home care services	O	O	O	O
4g.	Long-Term Care Ombudsman (nursing home assistance)	O	O	O	O
4h.	Meals on Wheels	O	O	O	O
4i.	Medicare/Medicaid assistance programs (MMAP)	O	O	O	O
4j.	Medicare/Medicaid Social Security counseling or navigation	O	O	O	O
4k.	MI Choice Waiver services	O	O	O	O
4l.	Senior employment services	O	O	O	O
4m.	Evidence-based programs: A Matter of Balance, PATH, DPATH, Enhanced Fitness	O	O	O	O
4n.	Senior transportation services	O	O	O	O

PLEASE TURN TO THE NEXT PAGE

5. **As people get older some problems become more serious for them than others. Below is a list of common problems. Please rate if they are very serious, serious but manageable, or not a problem for you.**

Select one response for each problem.		**Very serious**	**Serious but can manage**	**Not a problem**
5a.	Enough food to eat	O	O	O
5b.	Getting help with Medicare/Medicaid	O	O	O
5c.	Getting to go places I need to go (transportation)	O	O	O
5d.	Keeping up my home/apartment	O	O	O
5e.	Paying for utilities	O	O	O
5f.	Physical or financial abuse or neglect	O	O	O
5g.	Getting help providing care for someone	O	O	O

6. **Are you providing primary care to any of the following: (Choose all that apply)**
   - ☐ Older Adult
   - ☐ Person with dementia?
   - ☐ Adult child?
   - ☐ Grandchild under 18?
   - ☐ Other (specify): _____

7. **IF 'YES' to any of the categories in Q6: How long have you provided care?**
   - O 1-5 years
   - O 6-9 years
   - O 10 or more years

PLEASE TURN TO THE NEXT PAGE

8. How important do you think it is to have the following in your community?

Select one response for each service.		Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
8a.	Health and wellness programs/classes in areas such as nutrition, smoking cessation, fitness, and weight control	O	O	O	O	O
8b.	A service that helps seniors find and access health and supportive services	O	O	O	O	O
8c.	Services/program for LGBT seniors	O	O	O	O	O
8d.	Easy to find information on local health and supportive services	O	O	O	O	O
8e.	Home care services including health, personal care and housekeeping	O	O	O	O	O

PLEASE TELL US ABOUT YOURSELF

9. What is your gender?

- O Male
- O Female
- O Gender fluid
- O Transgender

10. What year were you born? _____

PLEASE TURN TO THE NEXT PAGE

11. What is your current marital status?

- O Married
- O Not married, living with partner
- O Separated
- O Divorced
- O Widowed
- O Never married

12. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework, or other activities? [CHECK ONLY ONE]

- O Yes, myself
- O Yes, my spouse or partner
- O Yes, both me and my spouse or partner
- O No

13. What is your race and/or ethnicity? [CHECK *ALL* THAT APPLY]

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Arab American
- ☐ Other, please specify _____

14. What is the highest level of education you have completed?

- O K-12th grade (no diploma)
- O High school graduate, GED or equivalent
- O Post-high school education/training (no degree)
- O 2-year college degree
- O 4-year college degree
- O Post-graduate study (no degree)
- O Graduate or professional degree

Thank you very much for completing this survey.
Your assistance in providing this information is greatly appreciated.

Homebound Seniors Survey

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Not Like This →

Serving Detroit, Hamtramck, Harper Woods, Highland Park and the five Grosse Pointes

DETROIT AREA AGENCY ON AGING
HOMEBOUND ELDERS NEEDS ASSESSMENT 2019

This interview will help The Detroit Area Agency on Aging (DAAA) learn more about the conditions and needs of homebound adults, age 55 and older and living in the DAAA service area. I will read the questions and write down your responses. Your participation is entirely optional and confidential. Identifying information is kept separately from your answers. If a question does not apply to you or you do not want to answer, we can move on to the next question. The interview should take about 30 minutes to complete, depending on how much you have to tell me, and you will be given a $10 gift card in appreciation for your time.

Shall we begin? The first few questions will ask about your community and housing

1. **How would you rate your community as a place for people to live as they age? Would you rate it as excellent, very good, good, fair or poor?**

   O Excellent
   O Very good
   O Good
   O Fair
   O Poor

14

2. **Some people say that being a senior citizen "is the best time of your life". How much do you agree with that statement? Do you agree strongly, agree somewhat, neither agree nor disagree, or do you disagree somewhat, or disagree strongly?**

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

3. **How long have you lived in this community? Would you say 15 years or less (SINCE 2004 AT EARLIEST), between 15 and 25 years (SINCE 1994), 25 years or more (LIVED HERE BEFORE 1994), or have you lived here in this community all your life?**

a. Less than 15 years
b. 15 years but less than 25 years
c. 25 years or more
d. All my life, I was born here

4. **What is the 5-digit ZIP code here at your address? _____ _____ _____ _____ _____**

5. **Do you own or rent your primary home – or do you have some other type of living arrangement, such as living with a family member or friend?**

a. Own
b. Rent
c. Other type of living arrangement IF YES TO OTHER ASK 5A

5A. How would you describe your living arrangement?

_____

_____

6. **How satisfied are you with your present housing? Would you say 'very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied?**

a. Very satisfied
b. Satisfied
c. Neither satisfied nor dissatisfied
d. Dissatisfied
e. Very dissatisfied

6A. Can you tell me why you are dissatisfied and what would make it better?

_____

_____

_____

7. Have you considered moving?

a. Yes b. No (If 'No', skip to Question #9)

8. Where have you considered moving?

a. Another location in my city
b. Near a suburb
c. Further away
d. Do not know where

8A. Can you tell me more about why you think about moving?

_____

_____

_____

9. **The next series of questions is about how you get to places you need to go, such as for shopping, visiting the doctor, running errands, or going to other places?**

		YES	NO
9a.	Do you Drive yourself	O	O
9b.	Have others drive you ……...	O	O
9c.	Walk ……..	O	O
9d.	Ride a bike ……..	O	O
9e.	Use public transportation …….....	O	O
9f.	Take a taxi/cab/Uber/Lyft ……..	O	O
9g.	Use a special transportation service, such as one for seniors or persons with disabilities door to door ……..	O	O

10. **Programs for Older Adults are thinking about creating 'Senior Friendly communities' and want to know how important certain factors are for people like yourself. How important are the following to you?**

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
10a.	How important is accessible and convenient public transportation? Would you say extremely important, or very, or somewhat or not very important or not at all important?	O	O	O	O	O
10b.	Walkable communities with parks and other amenities?	O	O	O	O	O

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
10c.	Affordable housing close to services ……..	O	O	O	O	O
10d.	Reliable and safe public transportation ……..	O	O	O	O	O
10e.	Neighborhood with good public safety ……..	O	O	O	O	O
10f.	Special transportation services for people with disabilities and older adults	O	O	O	O	O
10g.	Well-lit, safe streets and intersections for all users ...	O	O	O	O	O

10H. Are there other things you would say are important in having a 'senior friendly community?

_____

_____

_____

11. Thinking about your social support and participation, about how frequently do you interact with your friends, family, or neighbors? This interaction could be by phone, in person, email, or social media (such as Facebook)

a. Everyday
b. Several times a week
c. Once a week
d. A few times a month
e. Once a month
f. Less than monthly
g. Almost never

12. **How often do you participate in social or recreational activities? Would say daily or a few times a week, weekly, or a few times a month, or a few times a year, or rarely or never?**

a. Daily or a few times a week
b. Weekly
c. A few times a month
d. A few times a year
e. Rarely or never

12a. Would you like to tell me more about the social or recreational activities you are able to do?

_____

_____

_____

13. **I am going to read a list of services offered to older adults or persons with disabilities in your community. First, please tell me if you have heard of each of them. Then I will ask you to tell me if you needed each of them and whether you used any of the services <u>in the past year</u>.**

		I have heard of this service:	I needed this service	I used this service
13a.	Adult Day Care.	O	O	O
13b.	Congregate meals for seniors.	O	O	O
13c.	Caregiver workshops.	O	O	O
13d.	Diabetes management classes.	O	O	O
13e.	Information and assistance.	O	O	O
13f.	In-home care services.	O	O	O

		I have heard of this service:	I needed this service	I used this service
13g.	Long-term care Ombudsman (nursing home assistance).	O	O	O
13h.	Meals on Wheels.	O	O	O
13i.	Holiday Meals on Wheels.	O	O	O
13j.	Medicare / Medicaid assistance programs (MMAP).	O	O	O
13k.	Medicare / Medicaid Social Security counseling or navigation	O	O	O
13l.	MI Choice Waiver services.	O	O	O
13m.	Senior employment services.	O	O	O
13n.	Evidence-based programs: A Matter of Balance, PATH, DPATH, Enhanced Fitness.	O	O	O
13o.	Senior transportation services.	O	O	O

13P. For services that you noted you needed and used, can you tell me more about those and what you liked about the service and anything that would help improve it?

_____

_____

_____

13Q. For those services that you needed but did not use, can you tell me, why you didn't use it? Were you aware of the service? Did you know how to access it? And was it offered in a way that made you feel comfortable?

_____

_____

_____

_____

_____

_____

14. As people get older some problems become more serious for them than others. Below is a list of common problems. Please tell me if they are very serious, serious but manageable, or not a problem for you

		Very serious	Serious but can manage	Not a problem
14a.	Enough food to eat. Is that very serious, serious but you can manage, or not a problem for you?	O	O	O
14b.	Getting help with Medicare / Medicaid (READ RESPONSES).	O	O	O
14c.	Getting to go places I need to go (transportation).	O	O	O
14d.	Keeping up my home / apartment.	O	O	O
14e.	Paying for utilities.	O	O	O
14f.	Physical or financial abuse or neglect.	O	O	O

14G. You said <u>is a serious problem</u> for you. Can you tell me more about that?

_____

_____

_____

_____

15. **We are interested in how you find information in general, and specifically, are you able to find information on programs and services you need**?

a. All of the time
b. Most of the time
c. Sometimes
d. Rarely or Never

16. **Do you have internet service connection where you live?**

a. Yes b. No

17. **Have you used a computer (or notebook, smartphone or tablet) <u>in the past year</u>?**

a. Yes b. No

18. **Please indicate the places where you get information about services for older adults, such as caregiving services, home delivered meals, home repair, and health / social activities. Have you gotten any information from (ITEM BELOW) in the past year?**

		YES	NO
18a.	Local senior center ……	O	O
18b.	How about, the Detroit Area Agency on Aging (DAAA)? Do you get information from them?	O	O
18c.	Family or friends?	O	O
18d.	Local nonprofit organizations? ……	O	O
18e.	Faith-based organizations such as churches and synagogues?	O	O
18f.	Have you gotten information from the Internet?	O	O
18g.	How about from Television or radio?	O	O

18h.	Your doctor or other health care professional?	O	O
18i.	Local government offices such as the Department of Health?	O	O
18j.	Your public Library?	O	O
18k.	Social media (Facebook, Twitter, Instagram)?	O	O

Next, we will ask a few questions about your health.

19. In general, when compared to most people your age, how would you rate your health?

a. Excellent
b. Very good
c. Good
d. Fair
e. Poor

20. In general, when compared to most people your age, how would you rate your emotional or mental health?

a. Excellent
b. Very good
c. Good
d. Fair
e. Poor

21. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

a. Everyday
b. Several times a week, but not everyday
c. About once a week
d. Few times a month
e. About once a month
f. Less than once a month
g. Never

22. Have you seen a medical provider or doctor for your health in the past 12 months?

a. Yes b. No

23. Are you providing primary care to any of the following? (IF 'NO' TO ALL, SKIP TO QUESTION #25)

		YES	NO
23a.	Older adult	O	O
23b.	Person with dementia	O	O
23c.	Adult child	O	O
23d.	Grandchild under 18 years old	O	O

24. If you have provided care to any person in the previous question, how long have you provided care?

a. Less than 1 year
b. 1 to 5 years
c. 6 to 9 years
d. 10 or more years

25. Now we'd like to know how important do you think it is to have certain health and related services in your community?

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
25a.	How about some Health and wellness programs or classes in areas such as nutrition, smoking cessation, and weight control? Are they extremely important, very important, somewhat important, or not very important or not at all important?	O	O	O	O	O
25b.	How about a service that helps seniors find and access health and supportive services?	O	O	O	O	O

		Extremely important	Very important	Somewhat important	Not very important	Not at all important
25c.	Services / programs for LGBT seniors?	O	O	O	O	O
25d.	Easy to find information on local health and supportive services?	O	O	O	O	O
25e.	Home care services including health, personal care, and housekeeping?	O	O	O	O	O
25f.	Supportive services and resources for caregivers or those who provide care?	O	O	O	O	O

Now, we're almost done, and these last questions are for demographic purposes.

26. Which of the following best describes your current employment status?

a. Self-employed
b. Employed, part-time
c. Employed, full-time
d. Retired, but looking for work
e. Retired, not looking for work
f. Unable to work due to disability

27. What is your gender?

a. Male
b. Female
c. Gender fluid
d. Transgender

28. What year were you born? _____

29. What is your current marital status?

a. Married
b. Not married, living with partner
c. Separated
d. Divorced
e. Widowed
f. Never married

30. Besides yourself, do you have any of the following people living in your household?

		YES	NO
30a.	Child / children under 18 ……	O	O
30b.	Child / children 18 or older ……	O	O
30c.	Child / children away at college …….	O	O
30d.	Parents ……...	O	O
30e.	Other adult relative or friend 18 or older ……	O	O

31. Do you have any of the following kinds of health care coverage?

		YES	NO	Not sure
31a.	Insurance through a current or former employer ……...	O	O	O
31b.	Insurance purchased directly from an insurance company (not through an employer) ……	O	O	O
31c.	Medicare (for people 65 and older or people with certain health disabilities) …….....	O	O	O
31d.	Medicaid or any kind of government assistance plan for those with low incomes or a disability……	O	O	O
31e.	Veterans Administration or other military health care ….	O	O	O
31f.	Any other insurance coverage ……	O	O	O

32. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities?

a. Yes, myself
b. Yes, my spouse or partner
c. Yes, both me and my spouse or partner
d. No

33. What is your race and / or ethnicity? If you consider yourself to be more than one, we will mark all that apply. Are you White or Caucasian?

a. White or Caucasian
b. Black or African American
c. Hispanic or Latino
d. American Indian or Alaska Native
e. Asian
f. Native Hawaiian or Pacific Islander
g. Arab American
h. Do you wish to claim any other ethnicity? _____

34. What is the highest level of education you have completed?

a. K-12th grade (no diploma)
b. High school graduate, GED or equivalent
c. Post-high school education / training (no degree)
d. 2-year college degree
e. 4-year college degree
f. Post-graduate study (no degree)
g. Graduate or professional degree(s)

35. And our final question asks about your total annual household income before taxes in 2018? Looking at the response card, just tell me the letter that applies? (READ RESPONSES)

a. A. Less than $10,000
b. B. $10,000 to $19,999
c. C. $20,000 to $29,999
d. D. $30, 000 to $49,999
e. E. $50,000 to $74,999
f. F. $75,000 and over

Thank you very much for completing this survey. Your help in providing this information is greatly appreciated and will help the DAAA in their future planning.

Stakeholder Survey

Note: The following draft was converted to Qualtrics survey software, with an email link for distribution.

Detroit Area Agency on Aging Stakeholder Analysis Survey Questions

The Detroit Area Agency on Aging (DAAA) is one of sixteen (16) Area Agencies on Aging in Michigan. The private, non-profit organization serves customers in nine cities in Wayne County that consists of the City of Detroit, the five Grosse Pointes, Harper Woods, Hamtramck and Highland Park.

The DAAA is developing its five-year strategic plan and would like to obtain input from you as a community leader regarding your vision for the agency and the service delivery system for older persons, adults with disabilities and ~~their~~ family caregivers. Please share your perspectives on programs and services, service gaps and unmet needs as well as the direction that DAAA should adopt to better serve this community.

DAAA's mission is to educate, advocate and promote healthy aging to enable people to make choices about long term care that will to improve their quality of life.

1. My association with DAAA (Region 1- A) is: (check all that apply)

Contractor
Direct Service Purchase Vendor
Advocacy role
Academic partner
Government/Policymaker
Faith-based partner
Human Service Organization
Healthcare System
Media/Internet
Other: (specify)

2. My agency/position services people in:

DAAA-1-A area
Other Detroit suburban area
State of Michigan
Michigan and other states
Other: (specify)

3. Length of your business/agency/role with DAAA-1A:

<1 year
1-2 years
3-5 years
6-9 years
10 or more years

4. What should DAAA's role be in providing health and wellness services to older adults in its planning and service area?

Direct service provision
Education
Training
Information and Assistance
Coordination of aging services for its region

5. How can DAAA best make training, education and support services available to family caregivers?

6. Are you familiar with the World Health Organization's (WHO) Age-Friendly Cities global project?

Yes
No

7. How can DAAA make its region more age-friendly in alignment with its mission? Select three areas as most in need of improvements for our DAAA-1-A region:

(*Community for a Lifetime* page on AASA website: https://www.michigan.gov/osa/1,4635,7-234- 64083_64552---,00.html)

Walkability
Access to healthcare
Supportive community systems
Public Transportation
Housing: Availability and Affordability
Housing: Modification and Maintenance
Safety and security
Commerce

Enrichment

Inclusion

8. How can DAAA work with partner agencies to make transportation services more readily available and dependable?

9. What key partners should DAAA collaborate with to become a premier designation place for the coordination of age-focused services? Provide some specific ideas.

10. How familiar do you think the general public is with DAAA 1-A?

Very familiar

Somewhat familiar

Undecided/neutral

Somewhat unfamiliar

Very unfamiliar

11. How can DAAA- increase the visibility of the agency and its services for its customers?

12. What should be DAAA's service priorities over the next 3 – 5 years to strengthen long term care supports and services?

13. How would you rate DAAA program and service offerings in the community on a scale of 1- 10 with 10 being the highest rating?

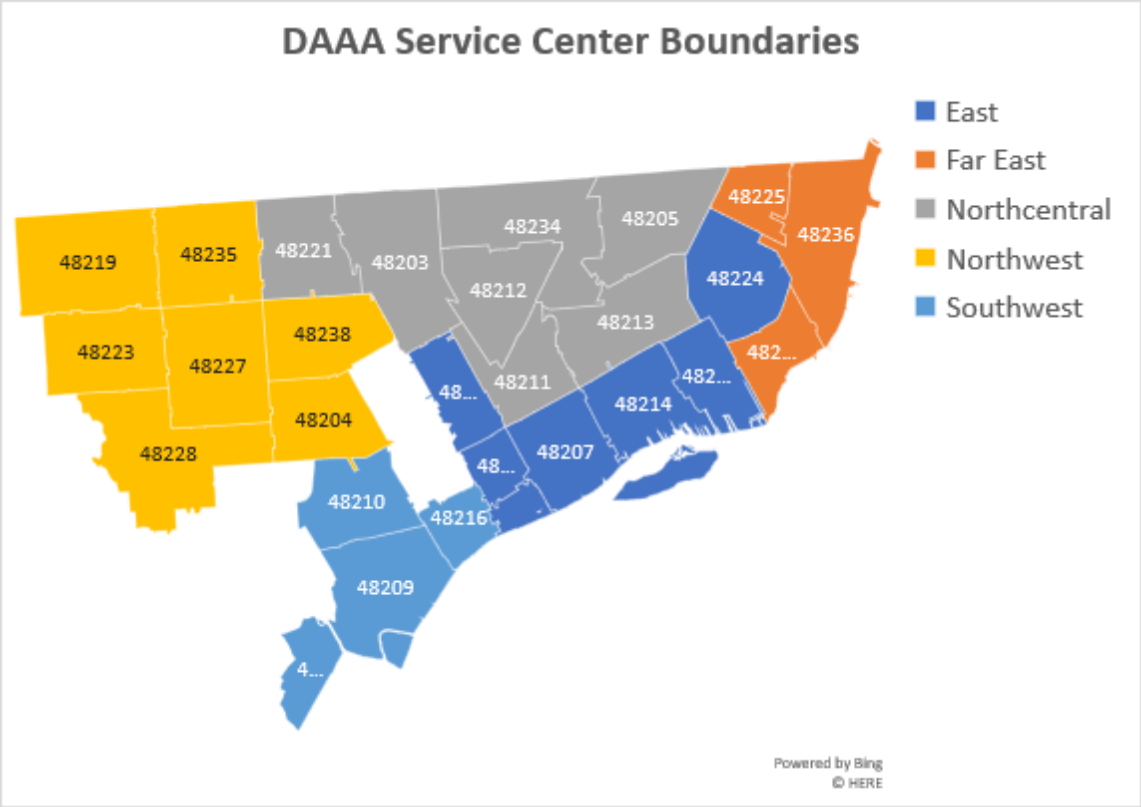
10	9	8	7	6	5	4	3	2	1
Highest									Lowest

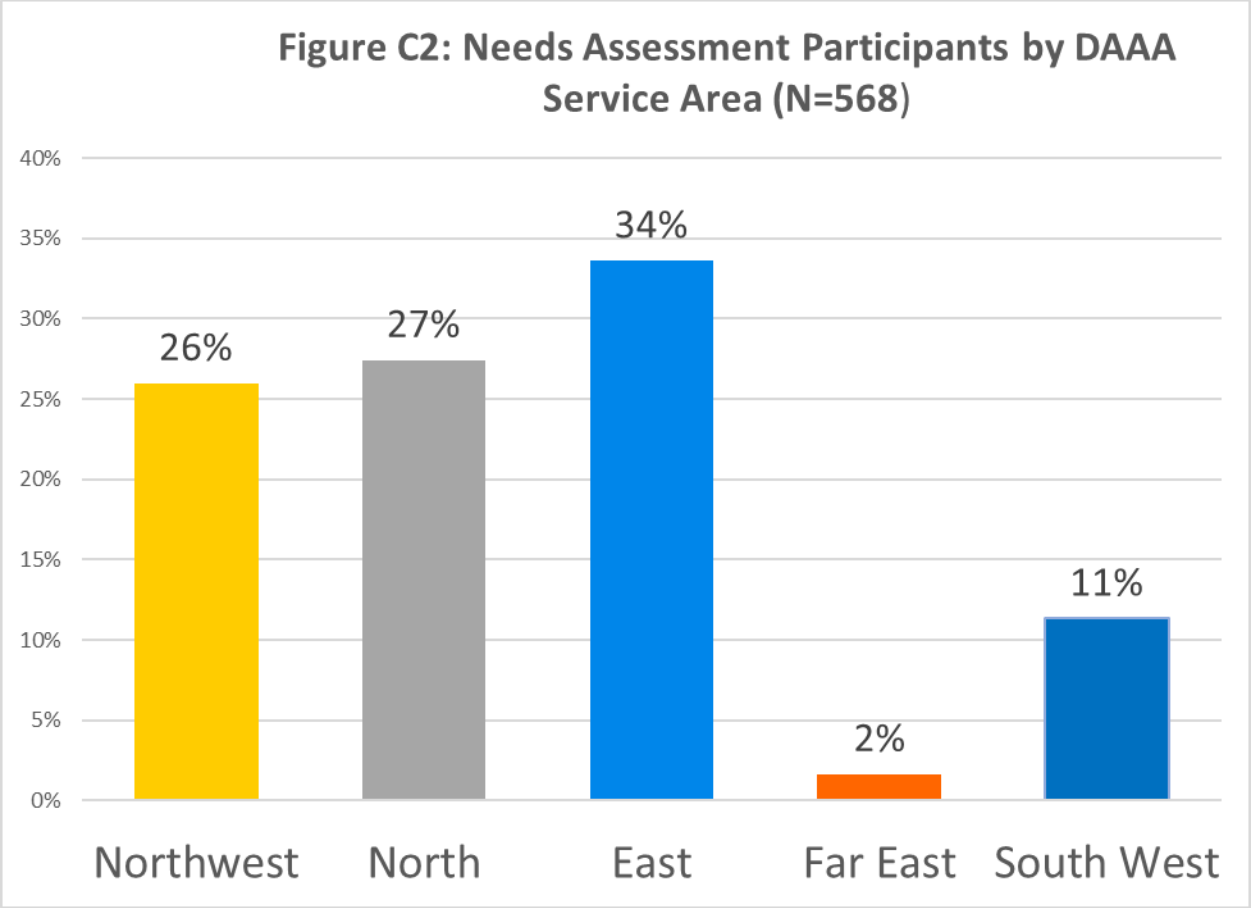
14. What is the key trend on the horizon that DAAA should consider as it develops its five-year strategic plan?

15. What is your vision for the Detroit Area Agency on Aging (DAAA) over the next 3 - 5 years?

Appendix C: DAAA Service Areas

DAAA service areas are identified by zip code (Figure 1), with areas representing Northwest, Northcentral, east, far east, and southwest. As shown in Figure 2,the greatest proportion (33.6%) indicated that they resided in the east service area, while slightly more than a quarter were in the Northwest service area (26.0%) and in the Northcentral service area (27.4%). Smaller proportions indicated that they resided in the far east (1.6%) or Southwest (11.3%) service areas.





Service Area Demographic Characteristics

The U,S. Census Bureau[10] provides annual demographic estimates for the population of persons living in U.S. cities based on data collected from the American Community Survey (ACS). These estimates suggest great diversity across the DAAA service area in terms of demographic characteristics. One out of five persons in Grosse Pointe City (20.1%) and Grosse Park Farms (20.2%) are estimated to be 65 and above. In contrast, only 13.3% of Detroit residents and 13.5% of Harper Woods residents are 65 and over. While the greater proportion of seniors. Hamtramck and Highland Park are both separate cities located geographically within the City of Detroit, but these two cities have different proportions of seniors. The City of Hamtramck has the lowest proportion of seniors age 65 and above in the service area (8.3%), while the proportion of seniors age 65 and over in the City of Highland Park is considerably higher (17.7%).

[10] Census Bureau Quick Facts, see https://www.census.gov/quickfacts/fact/table/US/PST045219

While the Far East Service area is older than other service areas, it may suggest greater importance of senior programming in this geographic area, several demographic factors in the other service regions suggest that seniors living in these service areas face additional challenges. For example, census data estimates show that among all age groups, residents of Grosse Pointe City and Grosse Pointe Farms are more likely than the residents of other cities in the region to have attained high school or college education, are more likely to have an internet subscription and broadband access. The Census also reports the average home value in the Far East area to be $341,500, compared to $45,700 for the city of Detroit. The DAAA, when considering programming and funding by service areas, should take these demographic differences into account.

For the needs assessment survey, demographic characteristics by service area are shown in Table A. The southwest service area included the greatest proportion of African American participants (87.3%), the greatest proportion of persons with a Hispanic/Latino ancestry (63.6%), and the greatest proportion of those who reported their ancestry as “other” (14.5%). In contrast, the far east service area, which includes the Grosse Pointe area, had the greatest proportion of Caucasian participants (62.5%). The Northwest service area included the greatest proportion of women (95.2%), while the far east service area included the greatest proportion of men (37.5%). In terms of age, the service area with the highest proportion of participants age 85 and higher (28.6%) was in the far east region, while the service area with the highest proportion of participants in the youngest senior age group (those age 60-74) were in the Northwest region (63.3%). The higher proportion of the ‘oldest old’ participation in the far east service area likely reflects greater longevity among those with higher socioeconomic status in this part of the region.

In terms of education, which is often viewed as an indicator of socioeconomic status that has profound impacts on economic opportunity and health status, there was considerable variation across service areas. More than half of participants in the southwest service area (64.7%) had less than a 12^{th} grade education, while all the participants in the far east region had a high school education or higher. A four-year college degree or above was attained by 62.5% of those in the far east service area, contrasted with 40.5% of participants residing in the Northwest, 25.2% of those in the Northcentral, 23.9% of those in the east, and 9.8% of those in the southwest.

In terms of marital status, the southwest service area included the greatest proportion of participants who were married (30.9%) and the greatest proportion of participants who were widowed (34.5%). The east service area contained the greatest proportion of participants who were divorced (38.1%), followed by the far east service area (37.5%).

The greatest proportion of participants who were never married, roughly one out of five, resided in the East (20.6%) and Northcentral (19.8%) service areas.

Table C1 : Demographic Characteristics by DAAA Service Area

DEMOGRAPHIC CHARACTERISTIC	Northwest	Northcentral	East	Far East	South West
RACE/ETHNICITY					
White/Caucasian	1.6%	3.8%	4.3%	62.5%	12.7%
African American/Black	4.0%	8.3%	7.4%	25.0%	87.3%
Hispanic/Latino	0%	1.5%	0%	12.5%	63.6%
American Indian/Alaska Native	0%	3.0%	0.6%	0.0%	0.0%
Asian/Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Arab American	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.8%	3.8%	2.5%	12.5%	14.5%
GENDER					
Male	4.8%	21.8%	23.3%	37.5%	27.3%
Female	95.2%	78.2%	76.7%	62.5%	72.7%
Gender Fluid	0%	0%	0%	0%	0%
Transgender	0%	0%	0%	0%	0%

DEMOGRAPHIC CHARACTERISTIC	Northwest	Northcentral	East	Far East	South West
AGE					
< 60	3.3%	12.8%	3.2%	0.0%	0.0%
60-74	63.3%	56.8%	58.3%	28.6%	55.8%
75-84	23.3%	21.6%	28.2%	42.9%	34.6%
85+	10.0%	8.8%	10.3%	28.6%	9.6%
EDUCATION					
K-12th grade (no diploma)	5.8%	22.0%	17.2%	0.0%	64.7%
High school graduate, GED, or equivalent	16.5%	22.0%	29.8%	25.0%	17.6%
Post-high school education/training (no degree)	9.1%	10.2%	7.9%	0.0%	3.9%
2-year college degree	28.1%	20.5%	21.2%	12.5%	3.9%
4-year college degree	15.7%	10.2%	6.6%	25.0%	7.8%
Post-graduate study (no	6.6%	2.4%	6.0%	0.0%	2.0%

DEMOGRAPHIC CHARACTERISTIC	Northwest	Northcentral	East	Far East	South West
degree)					
Graduate or professional degree	18.2%	12.6%	11.3%	37.5%	0.0%
MARITAL STATUS					
Married	20.8%	25,2%	9.4%	25.0%	30.9%
Not married, living with partner	1.6%	4.6%	1.9%	0.0%	3.6%
Separated	0.8%	3.8%	1.9%	0.0%	3.6%
Divorced	28.8%	20.6%	38.1%	37.5%	14.5%
Widowed	29.6%	26.0%	28.1%	25.0%	34.5%
Never married	18.4%	19.8%	20.6%	12.5%	12.7%
DISABILITY					
Yes, myself	17.7%	40.0%	37.1%	37.5%	43.4%
Yes, my spouse or partner	4.8%	6.2%	1.9%	0.0%	1.9%
Yes, both me and my	1.6%	1.5%	1.3%	12.5%	1.9%

DEMOGRAPHIC CHARACTERISTIC	Northwest	Northcentral	East	Far East	South West
spouse or partner					
No	75.8%	52.3%	59.7%	50.0%	52.8%

Appendix D: Summary Tables from Community Needs Assessment Survey

Table 1: Participant Demographic Characteristics

Race or Ethnicity (N=413)[11]	Yes - %
White/Caucasian	3.6%
African American/Black	**87.7%**
Hispanic/Latino	5.8%
American Indian/Alaska Native	.9%
Asian/Pacific Islander	.2%
Arab American	0%
Other[12]	1.9%
Education (N=413)	**%**
K-12th grade(no diploma)	13.4%
High school graduate, GED or equivalent	**22.7%**
Post-high school education/training (no degree)	8.6%
2-year college degree	21.5%
4-year college degree	12.4%
Post-Graduate Study (no degree)	5.3%
Graduate or professional degree	6.2%
Gender (N=413)	**%**
Male	13.1%
Female	**86.9%**
Gender Fluid	0%
Transgender	0%

[11] Survey respondents were given the opportunity to indicate more one or more race or ethnicity
[12] Other text responses (n=7): *"Human (3)", "Moor", "Person of Color", "Human Race", "Creole & Cajun"*

Age (N=413)	Yes - %
<60	4.3%
60-74	**60.5%**
75-84	27.3%
85+	7.8%
Disability Status (N=413)	**%**
Yes, myself	23.9%
Yes, my spouse or partner	5.2%
Yes, both my spouse and partner	2.0%
No	**69.0%**

Marital Status (N=413)	**%**
Married	21.2%
Not married, living with partner	2.9%
Separated	1.2%
Divorced	**30.7%**
Widowed	27.6%
Never married	16.3%
Annual Household Income (N=413)	**%**
Less than $10,000	18.2%
$10,000 to $19,999	**31.4%**
$20,000 to $29,999	16.2
$30,000 to $49,000	19.7%
$50,000 to $74,999	9.5%
$75,000 and over	5.0%

Zip Code Area (N=413)	%
Northwest	33.5%
Northcentral	21.5%
East	**37.8%**
Far East	0%
Southwest	7.2%

Table 2: Awareness and Use of Services

Consider the list of services below and tell us whether you've heard of them, need them, or used their services in the past year.	N	Have not heard of - %	Did not need - %	Have needed but did not use - %	Have used - %
Adult Day Care	397	7.1%	**69.3%**	13.9%	9.8%
Congregate meals for seniors	398	7.8%	**50.8%**	14.6%	26.9%
Caregiver workshops	403	11.7%	49.1%	17.4%	21.8%
Diabetes management	408	8.6%	**49.0%**	15.4%	27.0%
Information and assistance	397	7.3%	35.3%	11.6%	**45.8%**
In-home care services	404	6.7%	**66.3%**	9.2%	17.8%
Long-term care Ombudsman (nursing home assistance)	400	8.8%	**79.5%**	5.8%	6.0%
Meals on Wheels	401	4.2%	**73.6%**	9.2%	13.0%
Holiday Meals on Wheels	397	4.5%	**72.3%**	8.3%	40.5%
Medicare/Medicaid assistance programs (MMAP)	400	5.0%	**44.5%**	9.8%	40.8%
Social Security counseling or navigation	399	9.5%	**49.4%**	10.0%	31.1%
MI Choice Waiver services	397	29.7%	**55.4%**	7.3%	7.6%
Senior employment services	399	19.3%	**57.9%**	10.5%	12.3%
Evidence-based programs: A Matter of Balance, PATH, DPATH, Enhanced Fitness	401	19.5%	**39.9%**	11.2%	29.4%
Senior transportation services	406	7.1%	**50.2%**	11.1%	31.5%

Table 3: Common Issues and Problems

Common problems[13]	N	Not a problem - %	Serious but can manage - %	Very serious - %
Enough food to eat	411	**70.6%**	7.5%	11.9%
Getting help with Medicare/Medicaid	407	**60.7%**	15.7%	23.6%
Getting to go places I need to go (transportation)	395	**64.1%**	16.5%	19.5%
Keeping up my home/apartment	404	**57.9%**	22.3%	19.8%
Paying for my utilities	401	**62.1%**	19.0%	19.0%
Physical or financial abuse or neglect	405	**81.5%**	8.9%	9.6%

Table 4: Caregiving

Are you providing primary care to any of the following?*	N	Yes - %
Older adult	372	**14.5%**
Person with dementia	345	6.4%
Adult child	347	7.2%
Grandchild under 18 years old	346	6.1%

[13] "As people get older, some problems become more serious for them than others"

Table 5: Community Experiences and Perceptions

How would you rate your community as a place to live as they age? (N=410)	%
Excellent	20.7%
Very Good	29.5%
Good	**31.7%**
Fair	13.7%
Poor	4.4%
How long have you lived in this community? (N=412)	**%**
Less than 15 years	**26.5%**
15 years but less than 25 years	11.7%
25 years or more	43.7%
All my life – I was born here	18.2%
How frequently do you interact with your friends, family, or neighbors?[14] (N=407)	**%**
Everyday	**61.7%**
Several times a week	27.5%
Once a week	5.2%
A few times a month	3.9%
Once a month	0.5%
Less than monthly	0.5%
Almost never	0.7%

[14] "This could be by phone, in person, email or social media (such as Facebook)"

How often do you participate in social or recreational activities? (N=410)[15]	%
Daily or a few times a week	**55.4%**
Weekly	27.3%
A few times a month	13.4%
A few times a year	2.4%
Rarely or never	1.5%

How important do you think it is to have the following in your community?*	N	Not at all Important - %	Not very important - %	Some what important - %	Very important - %	Extremely important - %
Health and wellness programs/classes[16]	410	0.7%	1.0%	3.7%	25.9%	**68.8%**
A service that helps seniors find & access health & supportive services	410	0.5%	0.7%	3.4%	24.4%	**71.0%**
Services/programs for LGBT seniors	406	9.6%	5.4%	13.1%	24.1%	**47.8%**
Easy to find information on local health & supportive services	402	1.0%	0.7%	6.05%	24.6%	**67.7%**
Home care services including health, personal care & housekeeping services	411	2.4%	1.2%	5.6%	24.3%	**66.4%**
Supportive services and resources for those who provide care	408	2.2%	1.7%	6.4%	26.0%	**63.7%**

[15] "This could be by phone, in person, email or social media (such as Facebook)"

[16] Health and wellness programs/classes reference those related to nutrition, smoking cessation, fitness and weight control.

Table 6: Characteristics and Perceptions of Current Housing

Living Arrangement – Do you own or rent? (N=411)	%	
Own	**57.7%**	
Rent	36.5%	
Other type of living arrangement	5.8%	
Have you considered moving? (N=403)	**Yes - %**	
Yes	32.0%	
Besides yourself, do you have any of the following people living in your household?	**N**	**Yes - %**
Child/children under 18	395	8.9%
Child/children 18 or older	395	**14.7%**
Child/children away at college	385	2.6%
Parents	386	1.3%
Older adult relative or friend 18 or older	398	21.1%
Where have you considered moving? (N=197)	**%**	
Another location in my city	26.4%	
Near a suburb	10.7%	
Further away	13.2%	
Do not know where	**49.7%**	
How satisfied are you with your present housing? (N=409)	**%**	
Very Satisfied	34.5%	
Satisfied	**49.1%**	
Neither satisfied nor dissatisfied	11.7%	
Dissatisfied	4.2%	
Very Dissatisfied	0.5%	

Table 7: Transportation-Related Activities

How do you get places for shopping, visiting the doctor, running errands, or going to other places?	N	%
Drive yourself	384	**66.7%**
Walk	371	55.2%
Have others drive you	341	50.7%
Use public transportation	364	35.7%
Use special transportation service, such as one for seniors or persons with disabilities	371	32.9%
Take a taxicab/Uber/Lyft	357	31.9%
Ride a bike	352	18.2%

"Being an older adult is the best time of your life" (N=412)	%
Strongly Agree	33.3%
Somewhat Agree	**47.1%**
Neither Agree nor Disagree	13.8%
Somewhat Disagree	4.1%
Strongly Disagree	1.9

In general, when compared to most people your age, how would you rate your health? (N=409)	%
Excellent	14.4%
Very Good	**36.7%**
Good	33.9%
Fair	13.9%
Poor	0.7%

Table 8: Health and Well Being

In general, when compared to most people your age, how would you rate your emotional/mental health? (N=412)	%
Excellent	25.7%
Very Good	**37.1%**
Good	29.4%
Fair	6.8%
Poor	1.0%
How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)? (N=412)	**%**
Everyday	32.5%
Several times a week but not everyday	**46.1%**
About once a week	10.0%
A few times a month	6.3%
About once a month	0.7%
Less than once a month	2.9%
Never	1.5%
Have you seen a medical provider or doctor for your health in the past 12 months? (N=413)	**%**
Yes	**94.9%**
No	5.1%

Are you providing care to any of the following? (N=413)	Yes - %
Older adult	**14.5%**
Person with dementia	6.4%
Adult child	7.2%
Grandchild under 18	6.1%
If yes, for how long have you provided care? N=101	**%**
Less than 1 year	29.7%
1 to 5 years	**35.6%**
6 to 9 years	9.9%
10 years or more	24.8%

Do you have any of the following kinds of health care coverage? (N=393)	No - %	Yes - %	Not Sure - %
Insurance through a current or former employer of yours or your spouse	**52.0%**	44.8%	3.2%
Insurance purchased directly from an insurance company (not through an employer)	**68.2%**	26.1%	5.7%
Medicare (for people 65 and older or people with certain health disabilities)	19.6%	**76.7%**	3.7%
Medicaid or any kind of government assistance plan for those with low incomes or a disability	**68.6%**	25.8%	5.6%
Veterans Administration or other military health care	**86.5%**	6.1%	7.4%
Any other insurance coverage	**73.5%**	17.3%	9.2%

Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework, or other activities? (N=406)	%
No	**69.0%**
Yes	23.9%
Yes, my spouse or partner	5.2%
Yes, both me and my spouse or partner	2.0%

Table 9: Information Strategies and Access

In general, are you able to find information on programs and services you need? (N=412)	%
All the time	25.7%
Most of the time	**49.0%**
Sometimes	21.4%
Rarely or never	3.9%

Places where you get information about services for older adults, such as care-giving services, home delivered meals, home repair, and health/social activities:	N	Yes – %
Family and Friends	406	84.7%
Television or radio	405	82.2%
Local Senior Center	404	70.5%
Faith-based Organizations such as churches and synagogues	402	67.2%
Department of Health	402	45.8%
Social Media (Facebook, Twitter, Instagram)	401	41.6%
Internet	400	60.0%
Your doctor or health care professional	399	73.9%
Library	397	44.8%
Local Nonprofit Organizations	396	60.6%
Detroit Area Agency on Aging (DAAA)	394	67.5%

Do you have internet service connection where you live? (N=412)	%
Yes	**66.7%**
No	**33.3%**

Have you used a computer (or notebook tablet) in the past year? (N=410)	%
Yes	68.3%
No	31.7%

Appendix E: Summary Tables from Listening Sessions

Table 10: Participants' Demographic Characteristics[17]

Race or Ethnicity (N=131, multiple response per person)[18]	Yes - %
White/Caucasian	8.3%
African American/Black	**63.6%**
Hispanic/Latino	19.7%
American Indian/Alaska Native	2.3%
Asian/Pacific Islander	0%
Arab American	0%
Other[19]	6.8%

[17] Table 10 contains overall demographic characteristics for participants who took part in all four of the listening sessions: Plymouth United Church of Christ, Harper Woods Public Library, La Sed Senior Center and Ernest T. Ford Recreational Center.

[18] Survey respondents were asked to select which race or ethnicity category they identified with, which allowed them to record more than one race or ethnicity for each category.

[19] *Other text responses (n=8): *"Mexicana (3)", "Mexicano (3)", "Mexicana ISP.", "Multi-racial"*

Education (N=131)	%
K-12th grade (no diploma)	37.0%
High school graduate, GED or equivalent	23.5%
Post-high school education/training (no degree)	7.6%
2-year college degree	14.3%
4-year college degree	10.9%
Post-high school education/training (no degree)	7.6%
Graduate or professional degree	6.7%
Age (N=131)	**%**
< 60	10.8%
60-74	51.7%
75-84	24.2%
85+	13.3%
Gender (N=131)	**%**
Male	32.1%
Female	**67.9%**
Gender Fluid	0%
Transgender	0%
Disability Status[20] (N=131)	**%**
Yes, myself	**50.8%**

[20] Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework, or other activities?

Yes, my spouse or partner	1.6%
Yes, both me and my spouse or partner	1.6%
No	17.4%
Marital Status (N=131)	**%**
Married	18.8%
Not married, living with partner	3.9%
Separated	4.7%
Divorced	18.8%
Widowed	**33.6%**
Never married	20.3%
Zip Code Area (N=126)	**%**
Northwest	8.0%
Northcentral	**47.8%**
East	12.4%
Far East	5.3%
Southwest	26.5%

Table 11: Participant Perspectives on Community & Aging

How would you rate your community as a place for people to live as they age? (N=123)	%
Excellent	18.7%
Very Good	22.0%
Good	**30.9%**
Fair	19.5%
Poor	8.9%
"Being an older adult is the best time of your life" (N=126)	**%**
Strongly Agree	29.4%
Somewhat Agree	**37.3%**
Neither Agree nor Disagree	17.5%
Strongly Disagree	5.6%

Table 12: Services

Consider the list of services below…[21]	N	Have not heard of %	Did not need %	Have needed but did not use %	Have used %
Adult day care	122	13.9%	**63.9%**	9.0%	13.1%
Congregate meals for seniors	119	14.3%	**49.6%**	10.3%	26.1%
Caregiver Workshops	114	16.7%	**45.6%**	15.8%	21.9%
Diabetes management classes	124	12.9%	**45.2%**	19.4%	22.6%
Information and assistance	120	15.0%	26.7%	10.0%	**47.5%**
In-home care services	121	13.2%	**53.7%**	9.9%	23.1%
Long-term care ombudsman (nursing home assistance)	119	21.0%	**66.4%**	5.0%	7.6%
Meals on Wheels	126	13.5%	**54.0%**	11.9%	20.6%
Medicare/Medicaid assistance programs (MMA)	121	10.7%	28.9%	11.6%	**48.8%**
Social Security counseling or navigation	121	11.6%	36.4%	11.6%	**40.5%**
MI Choice Waiver services	119	39.5%	**41.2%**	10.1%	9.2%
Senior employment services	116	26.7%	**53.4%**	10.3%	9.5%
Evidence-based programs	118	28.8%	**38.1%**	12.7%	20.3%

[21] Responses in Table 12 are based on the following question: Consider the list of services below and choose the category that best applies to your (or anyone in your household) experience in the past year

Senior transportation services	124	12.1%	31.5%	11.3%	**45.2%**

Table 13: Common Issues and Problems[22]

Common problems	N	Very Serious %	Serious but can manage %	Not a problem %
Enough food to eat	128	18.0%	18.8%	**63.3%**
Getting help with Medicare/Medicaid	124	23.4%	16.9%	**59.7%**
Getting to go places I need to go (transportation)	127	32.3%	16.5%	**51.2%**
Keeping up my home/apartment	126	21.4%	24.6%	**54.0%**
Paying for my utilities	128	21.9%	16.4%	**61.7%**
Physical or financial abuse or neglect	124	9.7%	11.3%	**79.0%**
Getting help or providing care for someone	125	22.4%	10.4%	**67.2%**

[22] Table 13 is based on the following question: “As people get older some problems become more serious for them than others. Below is a list of common problems. Please rate if they are very serious, serious but manageable, or not a problem for you.”

Table 14: Caregiving[23]

Are you providing care to any of the following: (N=132)[24]	Yes - %
Older adult	**14.4%**
Person with dementia	6.1%
Adult child	6.8%
Grandchild under 18	3.8%
Other person	7.6%

Table 15: Perceptions of Importance of Community Services

How important do you think it is to have the following in your community?*	N	Not at all Important - %	Not very important - %	Some what important - %	Very important - %	Extremely important - %
Health and wellness programs/classes[25]	128	7.0%	0.8%	7.0%	36.7%	**48.4%**
A service that helps seniors find & access health & supportive services	128	4.7%	3.1%	3.9%	32.8%	**55.5%**
Services/programs for LGBT seniors	121	11.6%	6.6%	12.4%	**35.5%**	33.9%
Easy to find information on health & supportive services	128	7.0%	3.9%	3.9%	34.4%	**50.8%**
Home care services including health, personal care & housekeeping services	125	6.4%	3.2%	4.8%	28.0%	**57.6%**

[23] For Table 14, responses for 'other person' category included "assisting many in complex" (n=1); brother (n=2); Cat (n=2), grandson (n=1), husband (n=1); neighbor (n=2).

[24] Among those who responded, 19 (51%) had provided care for 1-5 years, 5 (13.5%) had provided care for 6-9 years, and 13 (35.1%) had provided care for 10 or more years.

[25] Health and wellness programs/classes reference those related to nutrition, smoking cessation, fitness and weight control.

Table 16: Key Themes from Plymouth United Church of Christ, Detroit, Michigan

A. If an older adult were moving to your community, what do you think they should know?
Neighbors make themselves available
More outreach needed

B. How will they find out?
No central location
Word of mouth

C. Care-giving Services: Preferences and Challenges
(Some participants are/were caregivers. What services are important for you (as a caretaker) for those providing help to your loved one?
Aware of services
Services are needed
Overwhelming
Respite Care needed
Improvement and training for in-home care provider

D. Future Services?
Workshops for seniors

Table 17: Key Themes from Harper Woods Public Library, Harper Woods, Michigan

A. If an older adult were moving to your community, what do you think they should know?
Safety Issues
Basic Services

B. How will they find out? Are there challenges accessing services?
Word of mouth
No central location to find help
Challenges accessing services

C. **Care-giving Services?** (Some participants are/were caregivers.) What services are important for you (as a caretaker) for those providing help to your loved one?
Help needed
Services not easily available

D. What is most important in finding assistance for your loved one?
Housekeeping services
Respite care

E. Future Services?
Quality of meals on wheels
Concern about caregivers in the homed with their loved one
Education for seniors

Table 18: Key Themes from La Sed Senior Center, Detroit, Michigan

A. If an older adult were moving to your community, what do you think they should know?
Home and safety issues
Concerns more about community relationships

B. How will they find out?
LaSed (only services known)
Community Events

C. Are there any challenges accessing services?
Challenges
Distant and isolated for services
Neighborhoods changing
Maintenance care needed in communities

D. What works well in the community
LaSed provides services and knowledge of the services
LaSed is unique to the community

Table 19: Key Themes from Ernest T Ford Recreation Center, Highland Park, Michigan

A. If an older adult were moving to your community, what do you think they should know?

No services in Highland Park
Get services in Hamtramck or Detroit

B. How will they find out?

No idea where to find services

Senior Coordinator for Highland Park
Need a central location
Community venues

C. Are there any challenges accessing services?

Need a central location for services
Challenges—lack of communication in Highland Park

D. Care-giving Services? **What services are important for you (as a caretaker) for those providing help to your loved one?**

Some participants are/were caregivers.
Help is needed

Services not easily accessible

E. What is important in finding assistance for your loved one?

The protection of their loved ones from in-home caretakers

In need of an advocate

A need for relief (respite, financial)

F. Future Services?

Ways to get services out to the people

Appendix F: Summary Tables for Homebound Seniors Survey

Table 20: Participant Demographic Characteristics

Race or Ethnicity (N=23, multiple responses per individual)[26]	Yes - %
White/Caucasian	26%
African American/Black	**65.2%**
Hispanic/Latino	0%
American Indian/Alaska Native	0%
Asian/Pacific Islander	0%
Arab American	0%
Other* (n=2)	8.7%
*Other text responses (n=2): *"Other", "Mixed Black White"*	

Education (N=23)	%
K-12th grade (no diploma)	26%
High school graduate, GED, or equivalent	**65.2%**
Post-high school education/training, no degree	0%
2-year college degree	0%
Graduate or professional degree(s)	0%
4-year college degree	0%
Post-graduate study(no degree)	8.7%

[26] Survey respondents were asked to select which race or ethnicity category they identified with, which allowed them to record more than one race or ethnicity for each category.

Age (N=23)	%
< 60	0%
60-74 years	26.1%
75-84 years	34.7%
85+ years	**39.2%**
Gender (N=23)	**%**
Male	39.0%
Female	**60.9%**
Gender Fluid	0%
Transgender	0%
Disability Status (N=23)[27]	**%**
Yes, myself	**78.3%**
Yes, my spouse or partner	4.3%
Yes, both my spouse or partner	0%
No	17.4%
Marital Status (N=23)	**%**
Married	8.7%
Not married, living with partner	0%
Separated	0%
Divorced	**39.1%**
Widowed	**39.1%**
Never Married	13.1%

[27] "Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework, or other activities?"

Employment Status (N=23)	%
Retired, not looking for work	**47.8%**
Unable to work due to disability	39.1%
Retired, but looking for work	8.7%
Self-employed	4.3%
Employed, part-time	0%
Employed, full-time	0%
Annual Household Income (N=23)	**%**
Less than $10,000	19.0%
$10,000 to $19,999	**47.6%**
$20,000 to $29,999	23.8%
$50,000 to $74,999	4.8%
$75,000 and over	4.8%
Zip Code Area (N=23)	**%**
Northwest	0%
Northcentral	17.4%
East	**73.9%**
Far East	8.7%
Southwest	0%
How long have you lived in this community? (N=23)	**%**
Less than 15 years	**60.9%**
15 years but less than 25 years	13.0%
25 years or more	17.4%
All my life, I was born here	8.7%

Do you own or rent your primary home? (N=23)	%
Rent	**69.6%**
Own	26.1%
Other type of living arrangement	4.3%

Table 21: Participant Perspectives on Community & Aging

How would you rate your community as a place for people to live as they age? (N=23)	%
Excellent	**52.2%**
Very good	21.7%
Good	13.0%
Fair	8.7%
Poor	4.3%
"Being an older adult is the best time of your life"? (N=23)	**%**
Strongly agree	39.1%
Somewhat agree	**43.5%**
Neither agree nor disagree	4.3%
Strongly disagree	8.7%
Somewhat disagree	4.3%

Table 22: Awareness and Use of Services[28]

Consider the list of services below…(multiple responses per individual)*	Have heard of – %	Have needed – %	Have used – %
Adult Day Care	**77.3%**	13.6%	9.1%
Congregate meals for seniors	**63.3%**	20.0%	16.7%
Caregiver Workshops	**88.2%**	5.9%	5.9%
Diabetes management classes	**79.2%**	12.5%	8.3%
Information and assistance	**69.2%**	15.4%	15.4%
In-home care services	**57.1%**	25.7%	17.1%
Long-term care ombudsman (nursing home assistance)	**61.8%**	20.6%	17.6%
Meals on Wheels	**60.5%**	21.1%	18.4%
Holiday Meals on Wheels	**65.6%**	18.8%	15.6%
Medicare/Medicaid assistance programs (MMAP)	**42.9%**	28.6%	28.6%
Medicare/Medicaid Social Security counseling or navigation	**48.8%**	25.6%	25.6%
MI Choice Waiver services	**72.7%**	18.2%	9.1%
Senior employment services	**92.3%**	7.7%	0%
Evidence-based programs: A Matter of Balance, PATH, DPATH, Enhanced Fitness	**54.5%**	27.3%	18.2%
Senior transportation services	**50.0%**	26.1%	23.9%

Table 23: Common Issues and Problems

Common problems[29]	N	Very Serious	Serious but can manage –	Not a problem

[28] Responses in Table 22 are based on the following question: "Consider the list of services below and choose the category that best applies to your (or anyone in your household) experience in the past year."

		– %	%	– %
Enough food to eat	23	0%	8.7%	**91.3%**
Getting help with Medicare/Medicaid	22	13.6%	9.1%	**77.3%**
Getting to go places I need to go (transportation)	23	17.4%	17.4%	**65.2%**
Keeping up my home/apartment	23	8.7%	21.7%	**69.6%**
Paying for my utilities	23	4.3%	8.7%	**87.0%**
Physical or financial abuse or neglect	23	0%	0%	**100.0%**

[29] "As people get older some problems become more serious for them than others"

Table 24: Caregiving

Are you providing care to any of the following? (N=23)	Yes - %
Person with dementia	**4.3%**
Older adult	0%
Adult child	0%
Grandchild under 18	0%
If you are providing care to another person, how long have you provided care? (N=1)	**Yes - %**
10 or more years	**100.0%**
Less than 1 year	0%
1 to 5 years	0%
6 to 9 years	0%

Table 25: Perceptions of Importance of Community Services

How important are the following to you?	N	Extremely important - %	Very important - %	Somewhat important - %	Not very important - %	Not at all important - %
Accessible and convenient public transportation	23	**47.8%**	39.1%	4.3%	0%	8.7%
Walkable communities with parks and other amenities	23	**39.1%**	**39.1%**	13.0%	4.3%	4.3%
Affordable housing close to services	23	43.5%	**47.8%**	4.3%	4.3%	0%
Reliable and safe public transportation	22	**63.6%**	27.3%	0%	4.5%	4.5%
Neighborhood with good public safety	23	**47.8%**	43.5%	0%	4.3%	4.3%
Special transportation services for people with disabilities and older adults	23	**56.5%**	39.1%	0%	4.3%	0%
Well-lit, safe streets and intersections for all users	23	**69.6%**	30.4%	0%	0%	0%

How important do you think it is to have the following in your community? (N=23)*	Not at all Important - %	Not very important - %	Somewhat important - %	Very important - %	Extremely important - %
Health and wellness programs/classes[30]	13.0%	0%	21.7%	**47.8%**	17.4%
A service that helps seniors find & access health & supportive services	4.3%	0%	13.0%	**65.2%**	17.4%
Services/programs for LGBT seniors	13.0%	4.3%	26.1%	**43.5%**	13.0%

[30] Health and wellness programs/classes reference those related to nutrition, smoking cessation, fitness and weight control.

Easy to find information on health & supportive services	4.3%	21.7%	0%	**43.5%**	30.4%
Home care services including health, personal care & housekeeping services	0%	0%	4.3%	43.5%	**52.2%**

About how frequently do you interact with friends, family, or neighbors? [31](N=23)	**%**
Several times a week	**47.8%**
Everyday	30.4%
Once a week	17.4%
A few times a month	4.3%
Once a month	0%
Less than monthly	0%
Almost never	0%

[31] "This interaction could be by phone, in person, email, or social media."

How often do you participate in social or recreational activities? (N=23)	%
Daily or a few times a week	**47.8%**
Weekly	21.7%
A few times a month	17.4%
Rarely or never	13.0%
A few times a year	0%

Table 26: Physical and Emotional Health

In general, when compared to most people your age, how would you rate your health? (N=23)	%
Excellent	17.4%
Very Good	13.0%
Good	**39.1%**
Fair	8.7%
Poor	21.7%
In general, when compared to most people your age, how would you rate your emotional or mental health? (N=23)	**%**
Excellent	**34.8%**
Very Good	21.7%
Good	30.4%
Fair	8.7%
Poor	4.3%
How often do you engage in some form of physical exercise? (N=23)	**%**
Everyday	**39.1%**
Several times a week, but not everyday	34.8%
About once a week	4.3%
About once a month	4.3%
A few times a month	0%
Never	17.4%
Have you seen a medical provider or doctor for your health in the past 12 months? (N=23)	**%**
Yes	**87.0%**
No	13.0%

Do you have any of the following kind of healthcare coverage?	N	Yes - %	No - %	Not sure -%
Insurance through a current or former employer	23	26.1%	**73.9%**	0%
Insurance purchased directly from an insurance company (not through an employer)	23	21.7%	**78.3%**	0%
Medicare	23	**95.7%**	4.3%	0%
Medicaid or any kind of government assistance plan for those with low incomes or a disability	23	**60.9%**	34.8%	4.3%
Veterans Administration or other military healthcare	23	21.7%	**78.3%**	0%
Any other insurance coverage	22	9.1%	**90.9%**	0%

Table 27: Characteristics and Perceptions of Current Housing

How satisfied are you with your present housing? (N=23)	%
Very Satisfied	39.1%
Satisfied	56.5%
Neither Satisfied nor Dissatisfied	0%
Dissatisfied	4.3%
Very Dissatisfied	0%
Have you considered moving? (N=23)	**%**
No	87.0%
Yes	13.0%

Table 28: Information Strategies and Access

In general, are you able to find information on programs and services you need? (N=23)	%
Most of the time	**34.8%**
Sometimes	30.4%
All of the time	26.1%
Rarely or Never	8.7%
Do you have internet service connection where you live? (N=23)	**%**
No	**52.2%**
Yes	47.8%
Have you used a computer (or notebook, smartphone, or tablet) in the past year? (N=23)	**%**
No	**60.9%**
Yes	39.1%

Please indicate the places where you get information about services for older adults. Have you gotten any information from the items below in the past year? (Multiple responses per individual, N=23)	Yes - %
Family or friends	95.7%
Your doctor or other healthcare professional	91.3%
Television or radio	78.3%
Detroit Area Agency on Aging	60.9%
Local senior center	52.2%
Faith-based organizations	43.5%
Local nonprofit organizations	36.4%
Internet	26.1%
Local government offices	26.1%
Your public library	17.4%
Social media	17.4%

Appendix G: References

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