



Houston Department of Health and Human Services
Funded By Texas Department of Aging and Disability Services

AREA PLAN NEEDS ASSESSMENT

Impact Statement: The U.S. population of ages 65 and over is expected to double in size within the next twenty-five years. "The social and economic implications of the aging population, and of the baby boomers in particular, is likely to be profound for both individuals and society," says Census Bureau Director, Louis Kincannon. By 2030 almost 1 out of 5 Americans (some 72 million people) will be 65 years of age or older.

Administration on Aging Goals

- ✚ Increase the number of older people who have access to an integrated array of health and social supports.
- ✚ Increase the number of older people who stay active and healthy
- ✚ Increase the number of families who are supported in their efforts to care for their loved ones at home
- ✚ Increase the number of older individuals who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

Department of Aging and Disability Services, Access and Intake Division Strategies

- ✚ State Strategy One - Intake, Access and Eligibility to Services and Supports
- ✚ State Strategy Two: Non-Medicaid Services
 - ✚ Sub-Strategy: Nutrition Services
 - ✚ Sub-Strategy: Service to Assist Independent Living

COMMUNITY NEEDS ASSESSMENT

1 Identified Unmet Needs and Service Gaps (Highlights any particular service areas): To your knowledge, are there any areas, communities and or special elderly population in Harris County in which the needs of older citizens are not being addressed? Yes or No (Please list)

- A _____
- B _____
- C _____
- D _____
- E _____

2 Based on your assessment as a provider/caregiver/client/advocate, what top five services (in order of importance as indicated by numbers 1-5, 1 being the most important) should be funded by the Harris County Area Agency on Aging (HCAAA) as authorized under the Older Americans Act? (Please place each number in the corresponding in the box). This section is also continued on page 2.

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Day Care* | <input type="checkbox"/> Health Screenings/Monitoring* | <input type="checkbox"/> Ombudsman* |
| <input type="checkbox"/> Assisted Transportation | <input type="checkbox"/> Home Delivered Meals* | <input type="checkbox"/> Participant Assessment |
| <input type="checkbox"/> Caregiver Education and Training* | <input type="checkbox"/> Homemaker* | <input type="checkbox"/> Personal Assistance* |
| <input type="checkbox"/> Caregiver Information Services* | <input type="checkbox"/> Hospice | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Caregiver Respite Care - In-Home* | <input type="checkbox"/> Housing Placement | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Caregiver Respite Care - Institutional* | <input type="checkbox"/> Income Support | <input type="checkbox"/> Residential Repair |
| <input type="checkbox"/> Caregiver Respite Care - Non-Residential* | <input type="checkbox"/> Information Referral and Assistance* | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Caregiver Support Coordination* | <input type="checkbox"/> Instruction and Training* | <input type="checkbox"/> Telephone Assurance |
| <input type="checkbox"/> Care Coordination* | <input type="checkbox"/> Legal Assistance (60 years and older)* | <input type="checkbox"/> Transportation* |



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AREA PLAN NEEDS ASSESSMENT

2 continued....

- | | | |
|---|--|---|
| <input type="checkbox"/> Chore Maintenance | <input type="checkbox"/> Legal Assistance (less than 60 years of age)* | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Congregate Meals* | <input type="checkbox"/> Legal Awareness* | <input type="checkbox"/> Volunteer Placement |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Medication Management* | <input type="checkbox"/> Voucher - Caregiver Respite Care |
| <input type="checkbox"/> Employment Placement | <input type="checkbox"/> Mental Health Services* | <input type="checkbox"/> Voucher - Homemaker |
| <input type="checkbox"/> Escort | <input type="checkbox"/> Nutrition Counseling | |
| <input type="checkbox"/> Health Maintenance* | <input type="checkbox"/> Nutrition Education | |

**Services noted by an * are services currently provided directly by the HCAAA or by contracted services.
Service Definitions are attached for your convenience or may be accessed by clicking the link: Service Definitions

3 System/Service Delivery Strengths and Weaknesses (Highlight any particular service area):
 (i.e. Quality Training of Direct Care Workers Medication Assistance, and Advocacy)

A _____
 Strength _____
 Weakness _____

B _____
 Strength _____
 Weakness _____

C _____
 Strength _____
 Weakness _____

D _____
 Strength _____
 Weakness _____

E _____
 Strength _____
 Weakness _____

4 Recommended Local Strategies for Meeting the Needs of Older Adults:

Please return this form no later than April 6, 2007 to:

Harris County Area Agency on Aging
 Re: Area Plan Needs Assessment
 8000 N. Stadium Drive, 3rd Floor
 Houston, Texas 77054
 Email: aging@cityofhouston.net