

<b>COMMITTEE:</b> PLANNING	<b>DATE:</b> September 12, 2018	<b>LOCATION:</b> 10 N. San Pedro Rd.
<b>PRESENT:</b> Jody Timms, Girija Brilliant, Sybil Boutilier, Teri Dowling, <i>Michael Hagerty</i>		
<b>EXCUSED:</b>		
<b>RECORDER:</b> Amy Dietz		
<b>NEXT MEETING:</b> October 3 from 1:00 – 2:30 p.m.		

MINUTE SUMMARY	ACTION TAKEN/RESPONSIBLE PARTY
<p><b>Call to Order:</b> Chair Brilliant called the meeting to order at 1:08 p.m.</p> <p><b>Agenda Approval:</b> Agenda was approved as written.</p> <p><b>Meeting Minutes Approval:</b> The July 25, 2018 minutes were amended to remove “Chair” before Timms on Page 2.</p> <p><b>Open Time for Public Expression:</b> N/A</p> <p><b>Chair’s Report:</b></p> <ul style="list-style-type: none"> <li>Chair Brilliant shared the 2016 Older Adult Needs Assessment questionnaire with the mayor from Mill Valley re: age friendly assessment.</li> </ul> <p><b>Lifecare Planning Presentation:</b></p> <ul style="list-style-type: none"> <li>To be further discussed at October meeting.</li> </ul>	

MINUTE SUMMARY	ACTION TAKEN/RESPONSIBLE PARTY
<p><b>Area Plan Assessment:</b></p> <ul style="list-style-type: none"> <li>• Staff member Dietz informed the committee that the AAA would be contracting with an outside agency to conduct a 15-18 minute randomized telephonic questionnaire to conduct the needs assessment for FY 2021-2025.</li> <li>• The committee asked about what the caller ID would state on a person’s phone. Ideally, that it would come up as Marin Health and Human Services. Caller should be able to state that the survey is from Marin HHS.</li> <li>• Dietz mentioned that other local sources of data include: Information and Assistance calls, Oral Health Assessment data, HE/AL focus groups of older adults, Age-Friendly cities/ community’s assessments, Community Health Needs Assessment</li> <li>• The company contracted by the AAA will provide some guidance/ editing as to questions (strongly agree- strongly disagree, scale of 1-10, etc.).</li> <li>• Hagerty mentioned that the Housing and Transportation Committee is specifically interested in ascertaining the number of unused rooms in the homes of older adults that could possibly be converted to JADUs. He suggested that homeowners be asked how many people they live with and how many rooms they had in their homes. Members of the Planning Committee discussed that there are differing definitions of the word “room” and “bedroom.” Also, they felt that they would be personally uncomfortable if the questions were asked in this way. They recommended a specific survey and/ or focus group of home owners. Hagerty will bring this recommendation back to the Housing and Transportation Committee.</li> <li>• The committee reviewed the 2016 Older Adult Needs Assessment and noted the following: <ul style="list-style-type: none"> <li>○ Additional questions needed: <ul style="list-style-type: none"> <li>▪ Who supports you in your daily life?</li> <li>▪ Transportation (Hagerty): <ul style="list-style-type: none"> <li>• Within the last month, have you not had the transportation you needed?</li> <li>• If you could not drive, how would you get around?</li> <li>• Do you place any restrictions on your own driving such as driving at night, driving more than 15 minutes, etc.?</li> </ul> </li> <li>▪ Who supports you in your daily life? Do you need more help or support than</li> </ul> </li> </ul> </li> </ul>	

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<p>you currently get?</p> <ul style="list-style-type: none"> <li>▪ Need questions about hearing and dental needs/ concerns.</li> <li>▪ Expand questions on mental and emotional health.</li> <li>▪ Sexual orientation/ gender identity</li> </ul> <p>○ Changes to existing survey (See below):</p> <ul style="list-style-type: none"> <li>▪ Delete questions 1 and 2.</li> <li>▪ Keep questions 3 and 4.</li> <li>▪ Possibly delete questions 5 and 6. Decide whether ADL/ IADL needs are important and why.</li> <li>▪ Possibly delete question 7. Ask Pullen what specific data point he is interested in.</li> <li>▪ Keep question 8.</li> <li>▪ Change question 9 (if yes to 8), “Did you go to the Emergency Department or need to be admitted to the hospital because your fall?”</li> <li>▪ Delete Question 10 Nutrition Risk questionnaire. Instead use Food Resource questions, being utilized in county surveys and by county doctors.</li> <li>▪ Change question 11: How often do you socialize with other people?</li> <li>▪ Keep question 12.</li> <li>▪ Keep question 13. Add Hagerty questions above.</li> <li>▪ Question 14 (concerns): On a scale of 1-10: <ul style="list-style-type: none"> <li>• Separate loneliness/ social isolation from depression.</li> <li>• Delete “having enough food to eat” (asked previously).</li> <li>• Review which of the concerns listed should be included.</li> </ul> </li> <li>▪ Question 15: add responses 85-90; 90-100; 100+</li> <li>▪ Keep 18-28; 30.</li> <li>▪ Delete Question 29.</li> <li>▪ Try to include open-ended questions.</li> </ul> <p><b>Adjourned:</b> The meeting adjourned at 2:30 pm. The next meeting will take place on October 3 from 1:00 – 2:30 p.m.</p>	

## AAA 2016 Needs Assessment Survey

**INSTRUCTIONS: Please respond to the following questions based on the perspective of the person checked below. Complete one survey per person.**

1. The information I'm providing in this survey is for (Check only one):

- Myself  
 A family member/friend aged 60+

2. Where did you hear about this survey? \_\_\_\_\_

3. I would describe my health as:

- Excellent  Good  Fair  Poor

4. I would describe my quality of life as:

- Excellent  Good  Fair  Poor

5. Do you need help performing any of the following personal activities? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Bathing                             | <input type="checkbox"/> Cooking          |
| <input type="checkbox"/> Dressing                            | <input type="checkbox"/> Driving          |
| <input type="checkbox"/> Eating                              | <input type="checkbox"/> Exercising       |
| <input type="checkbox"/> Heavy housework                     | <input type="checkbox"/> Shopping         |
| <input type="checkbox"/> Light housework                     | <input type="checkbox"/> Using the toilet |
| <input type="checkbox"/> Managing medication                 | <input type="checkbox"/> Walking          |
| <input type="checkbox"/> Money management                    | <input type="checkbox"/> Using a phone    |
| <input type="checkbox"/> Getting out of bed or chair         |   |
| <input type="checkbox"/> Using transportation                |   |
| <input type="checkbox"/> I do not need any help (Skip to Q7) |   |

6. If you checked any of the daily personal activities listed above in #5, who is helping you perform those tasks? (Check all that apply)

- No one  Spouse/partner  
 Family members  Friends  
 Paid caregiver  Other \_\_\_\_\_

7. In the past year, did you need caregiver services that you were unable to afford?

- Yes  No

8. In the past year, how many times did you fall?

- None  1-2 times  3 or more times

9. In the past year, how many times have you been admitted to the hospital due to an injury or illness?

- None  1-2 times  3 or more times

10. Please answer yes or no:

Do you eat alone most of the time?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you eat <b>fewer</b> than 2 meals a day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you eat fewer than 5 servings of fruits or vegetables per day <b>or</b> fewer than two servings milk/dairy products per day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have tooth or mouth problems that make it hard for you to eat or chew?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have an illness or condition that made you change the kind/amount of food you eat?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you run out of money for food most months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you take 3 or more prescribed or over-the-counter drugs per day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Without trying, have you gained or lost 10 or more pounds in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you physically unable to shop, cook, or feed yourself?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have 3 or more drinks of liquor, wine, or beer almost every day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you smoke?	<input type="checkbox"/> Y <input type="checkbox"/> N

11. Which box best describes how often you socialize with other people?

- Every day  3-4 times a week  3-4 times a month  
 Once a month  Less than once a month  Less than once a year

12. How often do you get at least 20 minutes of exercise (walking, golfing, gardening)?

- Every day  3-4 times a week  3-4 times a month  Not at all

13. How do you usually get around? (Check all that apply)

- I drive my own car  Public transit  Paratransit  Taxi  
 Friends/ family  Volunteer drivers  Other \_\_\_\_\_

14. Instructions: Please indicate your level of concern for the following items.

Issue	Not Concerned	Slightly Concerned	Concerned	Very Concerned
Accidents in/ out of the home (Falling)				
Crime, Financial abuse				
Feeling isolated or depressed				
Understanding my medications				
Finding work (employment)				
Legal affairs				
Knowing where to access information about benefits/ services				
Housing				
Transportation				
Having enough food to eat				
Losing my memory/ cognition				
Finding a caregiver				
Paying for a caregiver				
Financial security				
How to use a cellphone, internet, or tablet				
Health insurance/ Medicare				
Getting out of house to socialize				
End of life planning and issues				

Turn over to continue →

15. What is your age (or the age of person for whom answering survey)?

- 60-64     65-69     70-74  
 75-79     80-84     85+

16. City/town of residence: \_\_\_\_\_

17. Preferred language: \_\_\_\_\_

18. What is your race?(Check all that apply)

- Asian  
 Black/African American  
 Caucasian/White  
 Native American/Alaskan Native  
 Native Hawaiian/Pacific Islander  
 Other \_\_\_\_\_

19. Are you Hispanic/ Latino?

- Yes     No

20. Gender identity:

- Male     Female     Transgender

21. Sexual orientation:

- Bisexual     Gay  
 Heterosexual     Lesbian

22. Housing situation:

- Own home with mortgage  
 Own home without mortgage  
 Rent (apartment/home)  
 Live in assisted living/ nursing home  
 Live in independent living senior housing  
 Live in affordable/HUD/Section8 housing  
 Staying with family/ friends  
 Other \_\_\_\_\_

23. Who else is living with you in your home? (Check all that apply )

- No one     Spouse/ partner  
 Grandchildren     Adult children  
 Roommate     Paid caregiver  
 Other \_\_\_\_\_

24. I live **alone** and my annual income is:

- \$11,700 or less     \$11,700-\$20,000  
 \$20,001-\$30,000     \$30,001-\$42,000  
 \$42,001-\$85,000     \$85,000 +

25. I live **with someone** and our annual income is:

- \$11,700 or less     \$11,701-\$28,000  
 \$28,001-\$38,000     \$38,001-\$51,000  
 \$51,001-\$85,000     \$85,000 +

26. Relationship status:

- Divorced     Married     Partnered  
 Separated     Single     Widowed

27. Employment status (Check all that apply)

- Full-time     Part-time  
 Retired     Unemployed  
 Underemployed     Volunteer

28. Are you looking for employment?

- Yes     No

29. Have you served in the military?

- Yes     No

30. What is the highest level of education you completed?

- 8th grade or less  
 High school diploma (GED)  
 Some college (AA)     College  
 Advanced degree

31. What is your top concern(s)?

_____
_____
_____

~ Thank you for completing this questionnaire! ~ <sup>3</sup>