



FFY 2015-2018 North Dakota State Plan on Aging

Compilation and Analysis of Data from
Convenience Sample Survey
and
Public Input Hearing Comments
June 2014

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FINAL REPORT ON RESULTS OF THE PUBLIC INPUT SURVEYS AND PUBLIC HEARINGS

In February 2014, surveys were distributed to providers across the state for them to then distribute to consumers they serve. This methodology is that of a CONVENIENCE SAMPLE (there is no randomness at all). The deadline for returning the survey was March 10, 2014. The following results are based on a total of 1,802 completed surveys. The 1,802 includes respondents from reservations. The analysis shows comparisons of the respondents identified as consumers (1,623) and non-consumers (179). In addition, compilation and analysis was completed on the 44 respondents from reservations.

Respondents were identified as consumers if they received one or more of the following services:

- meals at a meal site, home-delivered or both
- use of the ND Family Caregiver Support Program
- use of Health Maintenance Services
- use of the Senior Companion Program
- use of Assistive Safety Devices
- use of the Senior Community Service Employment Program (Experience Works)
- use of the Aging & Disability Resource-LINK
- use of www.carechoice.nd.gov
- use of Options Counseling
- use of Legal Services of North Dakota
- use of the ND Long-Term Care Ombudsman Program

This report will follow the layout of the survey.

Verbatim and paraphrased respondent comments follow the data compilation and analysis. These are comments that the respondents could add to the surveys, or they are comments given in person at any one of the 12 public hearings held across the state.

CAUTION: WHEN INTERPRETING THE DATA, NONE OF THE DATA ARE GENERALIZABLE BEYOND THE RESPONDENTS. THEY ARE NOT REPRESENTATIVE OF ANY LARGER POPULATIONS. WHEN INTERPRETING THE DATA ONE CAN ONLY STATE THAT THE RESULTS APPLY ONLY TO THE RESPONDENTS.

AGE OF RESPONDENTS

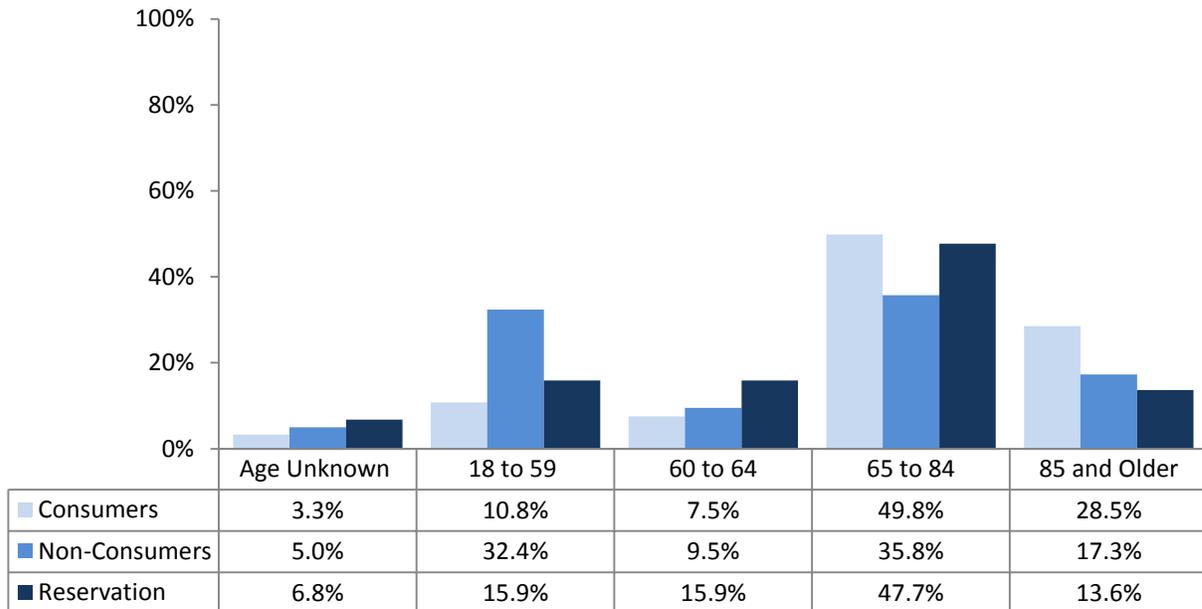
Most respondents were in the 65 to 84 age group (Table 1 and Figure 1). The number of consumer respondents in the 65 to 84 age group (809) was 75% more than those in the 85 and older age group (463). Non-consumer respondents tended to be younger than consumer respondents, with about 32% being in the 18 to 59 age group. Among the low count of respondents from reservations, there were 3 times more respondents in the 65-84 age group than the others.

- 81% of consumer respondents were age 60 and older.
- 56% of non-consumer respondents were age 60 and older.
- 65% of reservation respondents were age 60 and older.

Table 1. The Number of Respondents by Age Group

	Consumer	Non-Consumer	Reservation
Age Unknown	54	9	3
18 to 59	175	58	7
60 to 64	122	17	7
65 to 84	809	64	21
85 and Older	463	31	6
Total	1623	179	44

Figure 1. Percent of Respondents by Age Group



HEALTHY AGING

Does North Dakota need to educate older individuals and persons with physical disabilities on the importance of any of the following activities?

- Exercise (how-to, education)
- Diabetes education
- Nutrition (healthy eating, food choices, diet)
- Preventing Falls

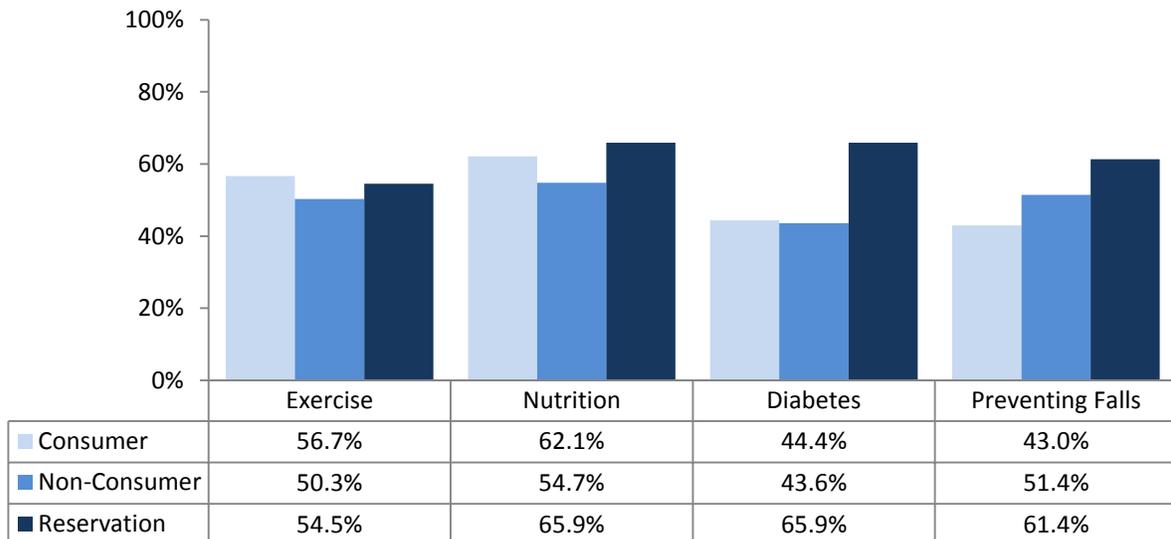
Exercise (1,010) and Nutrition (1,106) top the lists with almost an equal count. Non-consumer respondents do differ somewhat from consumer respondents in ranking Diabetes and Preventing Falls (Table 3 and Figure 2). Consumer respondents have more counts for Diabetes education, while non-consumer respondents rank Preventing Falls education higher than Diabetes education. Respondents from reservations rank Nutrition and Diabetes education above Preventing Falls and Exercise.

Table 3. The Number of Respondents by the Topic of Education for Older Individuals and Persons with Disabilities

	Exercise	Nutrition	Diabetes	Preventing Falls
Consumer	920	1,008	720	698
Non-Consumer	90	98	78	92
TOTALS	1,010	1,106	848	790
Reservation*	24	29	29	27

*Respondents from reservations are included in the above TOTALS.

Figure 2. Percent of Respondents by the Topic of Education for Older Individuals and Persons with Disabilities



NUTRITION (age 60 and older/spouses; disabled)

Do you eat at a meal site, receive home-delivered meals, or both?

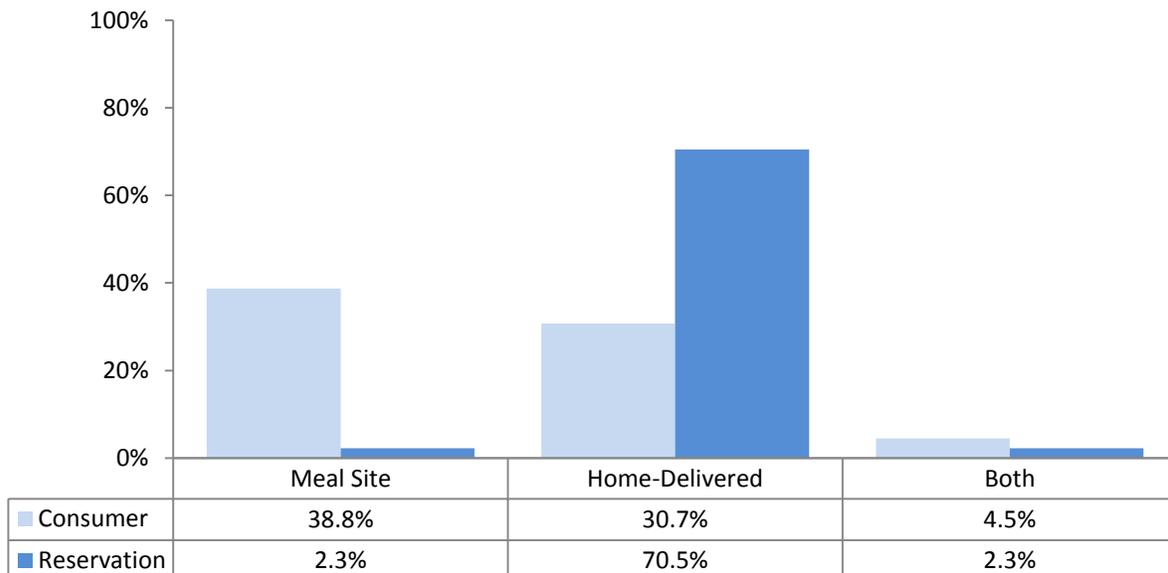
Table 4 and Figure 3 demonstrate the participation of respondents in the meals program. Over 66% (1,201) of all respondents participated. Far more respondents from the reservations who participated in the meals program had home-delivered meals.

- Over 66% (1,201) of all respondents participated in the meals program.
- About 39% (629) consumer respondents had meals at a meal site, about 31% (499) had home-delivered meals, and almost 5% (73) had both.
- About 2% (1) reservation respondent had meals at a meal site, about 75% (31) had home-delivered meals, and about 2% (1) had both.

Table 4. The Number of Respondents Receiving Meals, Either at a Meal Site, Home-Delivered or Both

	Meal Site	Home-Delivered	Both
Consumer	629	499	73
Reservation	1	31	1

Figure 3. Percent of Respondents by Participation in Meals Program



SENIOR CENTERS

What do you believe today's adults aged 50-60 are looking for in Senior Centers?

Table 5 shows:

- Socialize ranked first for all three types of respondents.
- Recreation ranked 2nd for consumer and non-consumer respondents, while ranking 8th for reservation respondents. Health and Wellness ranked 2nd for reservation respondents.
- Health and Wellness ranked 3rd for consumer respondents, while Fitness ranked 3rd for non-consumer respondents and Healthy Eating Classes ranked 3rd for reservation respondents. Healthy Eating Classes ranked 9th for consumer respondents and 11th for non-consumer respondents.
- Three ranked 12th, 13th, and 14th for all three types of respondents (educational opportunities, no interest, and employment connections).

Table 5. Counts and Rankings for Consumer, Non-Consumer, and Reservation Respondents About What They Believe Today's Adults are Looking For in Senior Centers

	Consumer		Non-Consumer		Reservation	
	count	rank	count	rank	count	rank
Socialize	911	1	101	1	22	1
Recreation	581	2	66	2	12	8
Health and Wellness	578	3	55	4	21	2
Soup and Salad Bar	534	4	54	5	13	4
Fitness	514	5	56	3	13	6
Selection of at Least 2 Entrees	410	6	38	7	12	7
Computer Use Classes	384	7	48	6	13	5
Volunteer Opportunities	369	8	37	8	10	9
Healthy Eating Classes	342	9	34	11	14	3
Flexible Hours (evenings)	282	10	35	10	9	10
Arts Program	239	11	36	9	8	11
Educational Opportunities	200	12	28	12	7	13
No Interest	149	13	20	14	5	14
Employment Connections	148	14	23	13	7	12

CAREGIVING

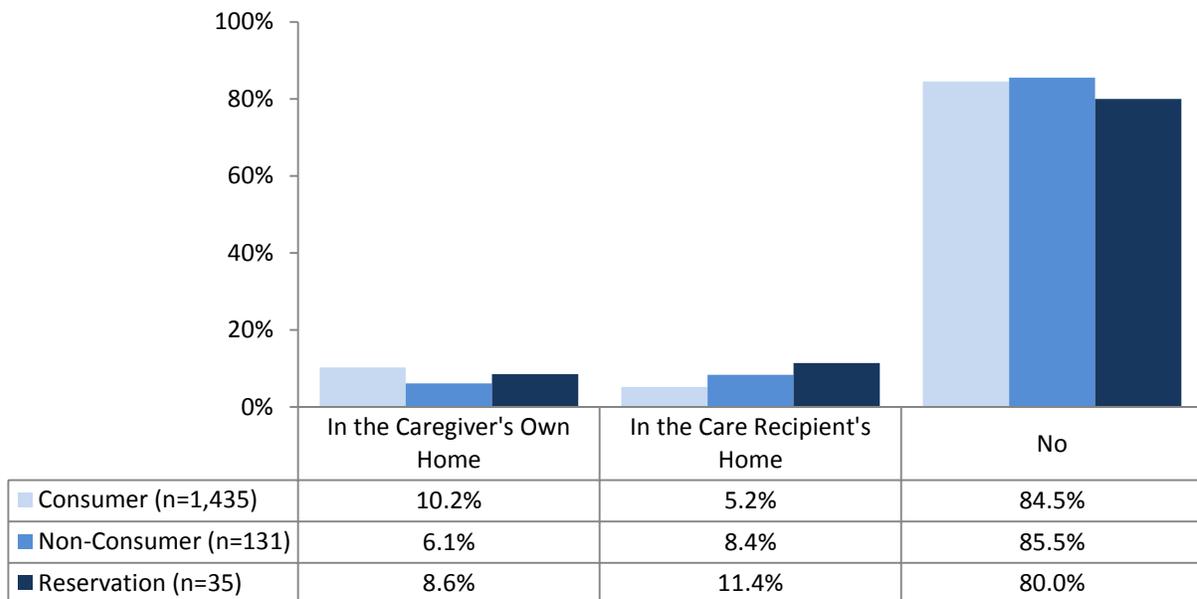
Are you providing direct care for an elderly friend or family member who is not in an assisted living home or nursing home?

Just over 18% (241) of the respondents are providing direct care for an elderly friend or family member (Table 6 and Figure 4).

Table 6. The Number of Respondents Providing Direct Care for an Elderly Friend or Family Member

	In Own Home	In Their Home	No
Consumer (n=1,435)	147	75	1,213
Non-Consumer (n=131)	8	11	112
Reservation (n=35)	3	4	28

Figure 4. Percent of Respondents Providing Direct Care for an Elderly Friend or Family Member



Do you use the North Dakota Family Caregiver Support Program that provides services (information, assistance to access services, counseling, support groups, caregiver training, and respite care) for individuals caring for someone at home?

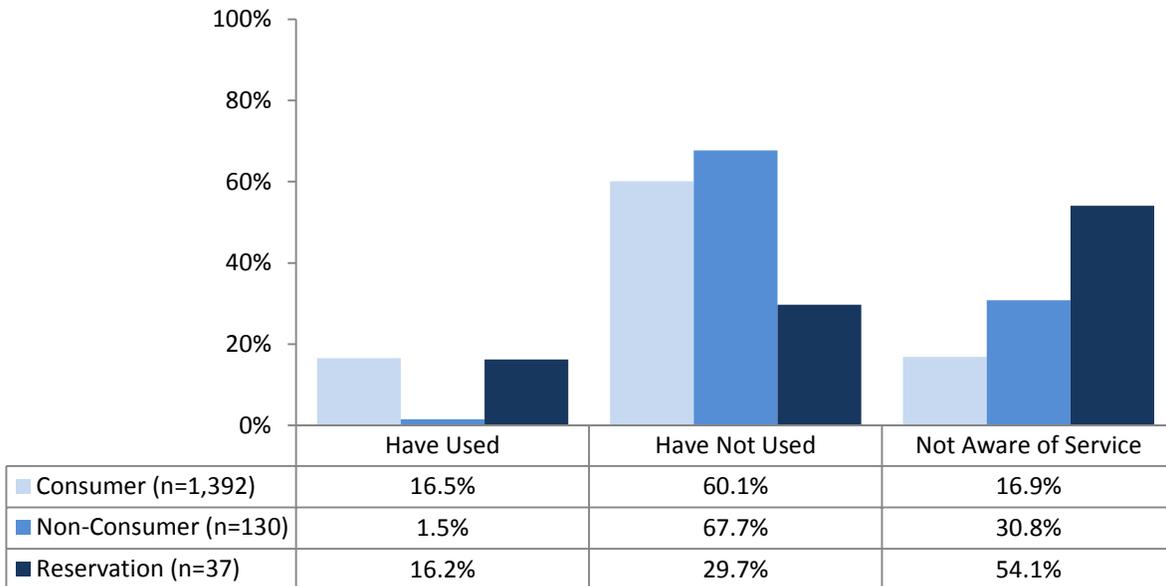
Table 7 and Figure 5 show:

- About 16% (230) of consumer respondents and 16% of reservation respondents (6) used the ND Family Caregiver Support Program.
- About 17% (235) of consumer respondents were not aware of the service and about 54% (40) of reservation respondents were not aware of the service.

Table 7. The Number of Respondents Who Have Used the North Dakota Family Caregiver Support Program

	Have Used	Have Not Used	Not Aware of Service
Consumer (n=1,392)	230	837	235
Non-Consumer (n=130)	2	88	40
Reservation (n=37)	6	11	20

Figure 5. Percent of Respondents Who Have Used the North Dakota Family Caregiver Support Program



SUPPORTIVE SERVICES

The following supportive services that help individuals remain in their own home are currently provided with Older Americans Act funds. Have you used, not used, or were you unaware of this service?

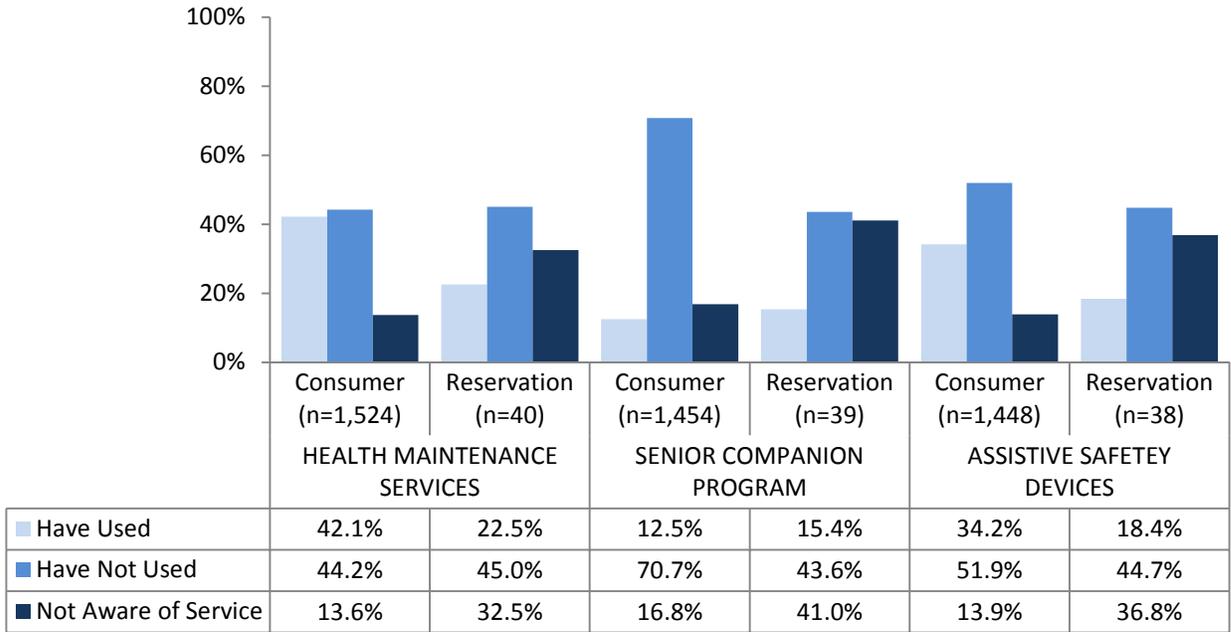
Table 8 and Figure 6 show:

- Just over 42% (642) of consumer respondents and just over 22% (9) of reservation respondents have used Health Maintenance Services.
- Almost 14% (208) of consumer respondents and over 30% (13) of reservation respondents were not aware of Health Maintenance Services.
- About 12% (182) of consumer respondents and 15% (6) of reservation respondents have used the Senior Companion Program.
- Almost 17% (244) of consumer respondents and over 40% (16) of reservation respondents were not aware of the Senior Companion Program.
- About 30% (495) of consumer respondents and 18% (7) of reservation respondents have used Assistive Safety Devices.
- About 14% (201) of consumer respondents and 37% (14) of reservation respondents were not aware of the Assistive Safety Devices.

Table 8. The Number of Respondents Who Have Used Supported Services

	Have Used	Have Not Used	Not Aware of Service
Health Maintenance Services			
Consumer (n=1,524)	642	674	208
Reservation (n=40)	9	18	13
Senior Companion Program			
Consumer (n=1,454)	182	1,028	244
Reservation (n=39)	6	17	16
Assistive Safety Devices			
Consumer (n=1,448)	495	752	201
Reservation (n=38)	7	17	14

Figure 6. Percent of Respondents Who Have Used Supported Services



EMPLOYMENT (for individuals age 55 and older)

Are you currently employed and if not, do you want or need training to obtain a job?

- Less than 15% (220) consumer respondents and 8% (3) reservation respondents are currently employed.
- 80 (about 6%) consumer respondents and 5 (about 13%) reservation respondents want or need more training to obtain a job.

Table 9. The Number of Respondents Currently Employed and The Number Wanting or Needing Training to Obtain a Job

	CURRENTLY EMPLOYED		WANT/NEED TRAINING	
	Yes	No	Yes	No
Consumer	220	1,293	80	1,166
Reservation	3	37	5	34

While there may be an expectation that those respondents who want or need training to obtain a job would have also answered that they were not currently employed, there were 50 respondents who were currently employed but also wanted or needed training to obtain a new job.

Figure 7. Percent of Respondents Who are Currently Employed and Those Wanting/Needing Training to Obtain a Job



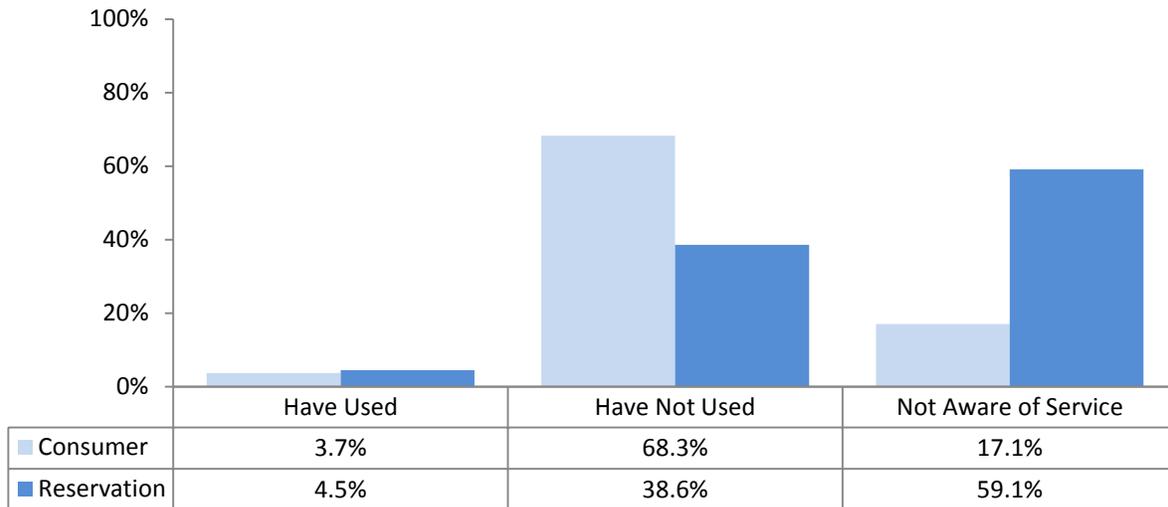
The Senior Community Service Employment Program (Experience Works, contractor) helps low income older individuals find training assignments in local areas with the goal of transitioning into permanent employment.

- The percent of reservation respondents (59.1%) not aware of the Senior Community Service Employment Program was 3.5 times that of consumer respondents (17.1%).

Table 10. The Number of Respondents Who Have Used the Senior Community Service Employment Program

	Have Used	Have Not Used	Not Aware of Service
Consumer	60	1109	277
Reservation	2	17	26

Figure 8. Percent of Respondents Who Have Used the Senior Community Service Employment Program



CONSUMER INFORMATION

Aging & Disability Resource LINK (1-855-GO2-LINK) – information, referral and assistance toll-free number provides one-on-one assistance about services and programs available in communities.

www.carechoice.nd.gov – internet access to a directory of services and programs available in North Dakota.

Options Counseling – person-center, interactive decision support process for consumers, family members and/or significant other to provide information and assistance in accessing long-term services and supports.

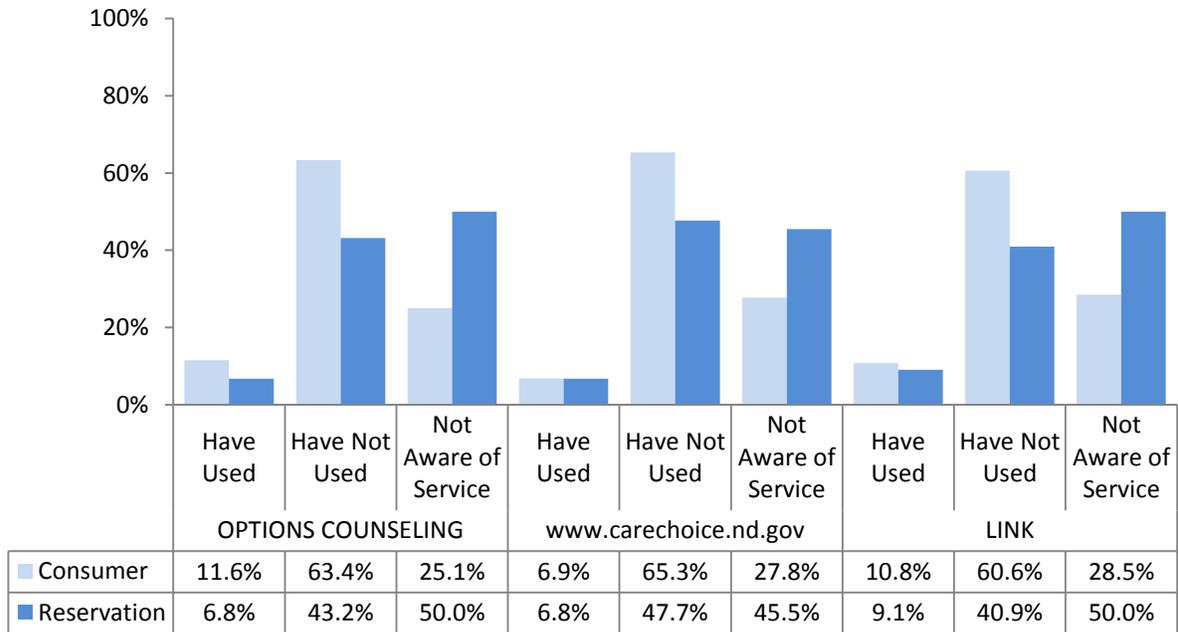
Table 11 and Figure 9 show:

- Almost 12% (168) of consumer respondents and 7% (3) of reservation respondents have used Options Counseling.
- About 25% (364) of consumer respondents and 50% (22) of reservation respondents were not aware of Options Counseling.
- Almost 7% (102) of consumer respondents and 7% (3) of reservation respondents have used www.carechoice.nd.gov.
- About 28% (411) of consumer respondents and 46% (20) of reservation respondents were not aware of www.carechoice.nd.gov.
- Almost 11% (163) of consumer respondents and 9% (4) of reservation respondents have used the Aging & Disability Resource-LINK.
- About 28% (429) of consumer respondents and 50% (22) of reservation respondents were not aware of the Aging & Disability Resource-LINK.

Table 11. The Number of Respondents Who Have Used Consumer Information

	Have Used	Have Not Used	Not Aware of Service
Options Counseling			
Consumer (n=1,452)	168	920	364
Reservation (n=42)	3	19	22
www.carechoice.nd.gov			
Consumer (n=1,479)	102	966	411
Reservation (n=44)	3	21	20
Aging & Disability-LINK			
Consumer (n=1,503)	163	911	429
Reservation (n=44)	4	18	22

Figure 9. Percent of Respondents Who Have Used Consumer Information



How do you learn about new programs, services, and activities available for North Dakota’s older individuals and persons with physical disabilities?

Table 12 shows:

- Word of Mouth ranked 1st with each respondent type for ways in which respondents learn about new programs, services, and activities available to North Dakota’s older individuals and persons with physical disabilities.
- While consumer and non-consumer respondents ranked Newspaper as 2nd, reservation respondents ranked Radio as 2nd.
- Ranking lowest included Centers for Independent Living, Internet, ND Aging & Disability Resource-LINK, and Church Bulletins.

Table 12. The Ranking of Ways In Which Respondents Learn about New Programs, Services, and Activities Available to North Dakota’s Older Individuals and Persons with Physical Disabilities

	Consumer		Non-Consumer		Reservation	
	count	rank	count	rank	count	rank
Word of Mouth	910	1	86	1	29	1
Newspaper	757	2	66	2	13	4
Senior Centers	708	3	38	5	5	8
Television	689	4	49	3	12	6
County Social Services Office	562	5	44	4	15	3
Doctor or Health Care Provider	446	6	31	7	13	5
Radio	384	7	32	6	16	2
Newsletters	342	8	27	9	8	7
Church Bulletins	292	9	30	8	4	10
ND Aging & Disability Resource LINK	129	10	7	11	5	9
Internet	126	11	25	10	2	12
Centers for Independent Living	99	12	2	12	3	11

Do you have difficulty obtaining needed services?

Table 13 and Figure 10 show that 39% (175) of consumer respondents and 90% (18) of reservation respondents have had trouble obtaining needed services.

Table 13. The Number of Respondents Who Have Difficulty Obtaining Needed Services

	Yes	No
Consumer (n=449)	175	274
Reservation (n=20)	18	2

Figure 10. Percent of Respondents Who Have Difficulty Obtaining Needed Service



CONSUMER CHOICE/CONSUMER DIRECTION

Would you want to have more say in choosing and directing services you need to help you stay in your own home?

Would you want to receive a coupon/voucher so that you could choose and pay for the service(s) needed to stay in your own home?

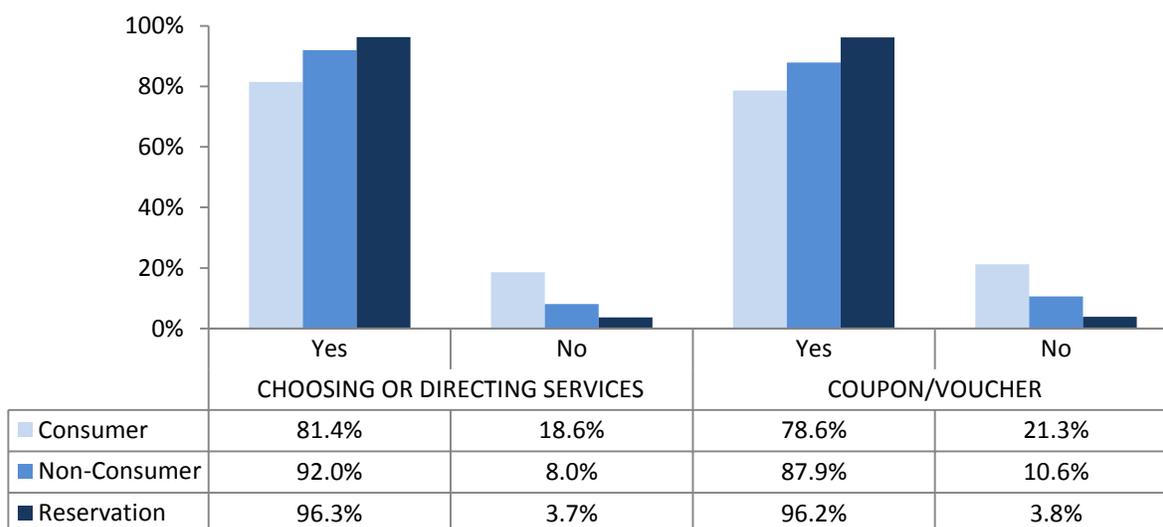
Table 14 and Figure 11 show that of the respondents who answered these questions:

- About 81% (746) of consumer respondents, 92% (80) of non-consumer respondents, and 96% (26) of reservation respondents want to have more say in choosing and directing services needed to help stay in their own home.
- About 79% (639) of consumer respondents, 88% (58) of non-consumer respondents, and 96% (25) of reservation respondents would want to receive a coupon/voucher so that they could choose and pay for the service(s) needed to stay in their own home.

Table 14. Number of Respondents Wanting Consumer Choice and Consumer Direction for Helping to Stay in Their Own Home

	Choosing or Directing Services		Coupon/Voucher	
	Yes	No	Yes	No
Consumer	746	170	639	173
Non-Consumer	80	7	58	7
Reservation	26	1	25	1

Figure 11. Percent of Respondents Wanting Consumer Choice and Consumer Direction for Helping to Stay in Their Own Home



LEGAL SERVICES

Legal Services of North Dakota provides legal advice and representation to low income older individuals.

Table 15 and Figure 12 show:

- Over 15% (229) of consumer respondents and 12% (5) of reservation respondents have used Legal Services of North Dakota.
- About 21% (320) of consumer respondents and 48% (20) of reservation respondents were not aware Legal Services of North Dakota.

OMBUDSMAN

The North Dakota Long-Term Care Ombudsman Program identifies, investigates and resolves complaints made by or on behalf of residents of nursing homes, basic care, swing bed, and assisted living.

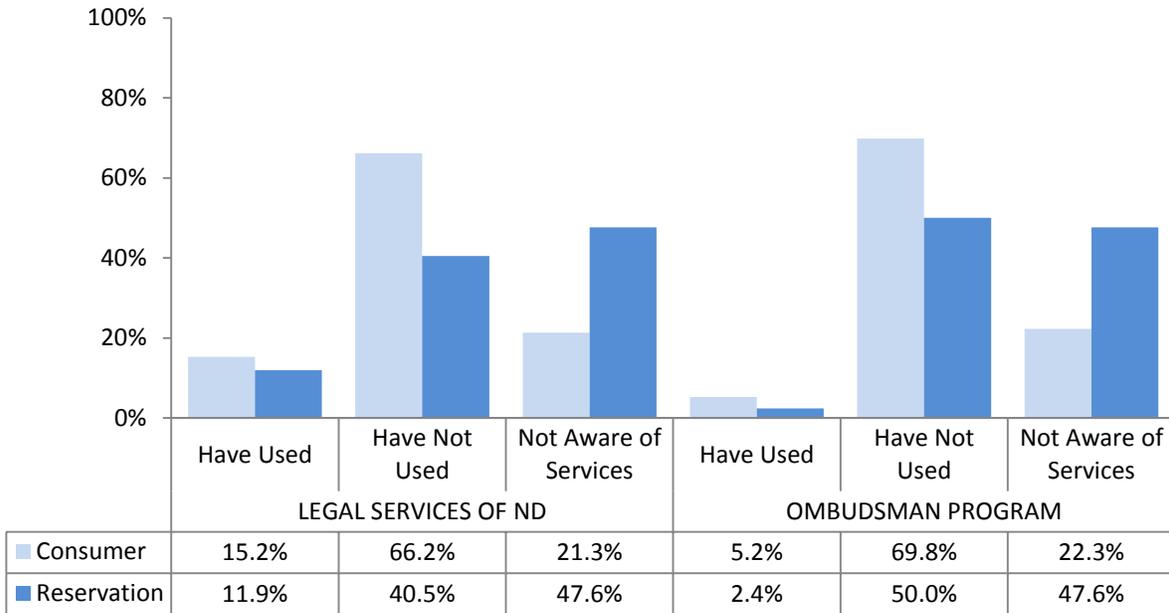
Table 15 and Figure 12 show:

- Over 5% (81) of consumer respondents and 2% (1) of reservation respondents have used the Ombudsman Program.
- About 22% (344) of consumer respondents and about 48% (20) of reservation respondents were not aware of the Ombudsman Program.

Table 15. The Number of Respondents Who Have Used Legal Services of ND and the Number Who Have Used the Ombudsman Program

	Have Used	Have Not Used	Not Aware of Services
Legal Services of ND			
Consumer (n=1,543)	229	994	320
Reservation (n=42)	5	17	20
Ombudsman Program			
Consumer (n=1,502)	81	1,077	344
Reservation (n=42)	1	21	20

Figure 12. Percent of Respondents Who Have Used Legal Services of ND and the ND Long-Term Care Ombudsman Program



ABUSE/NEGLECT

Are you aware of the new mandatory reporting law in North Dakota that requires certain professionals to report abuse and/or neglect of adults?

Do you know where to report suspected abuse and/or neglect of adults?

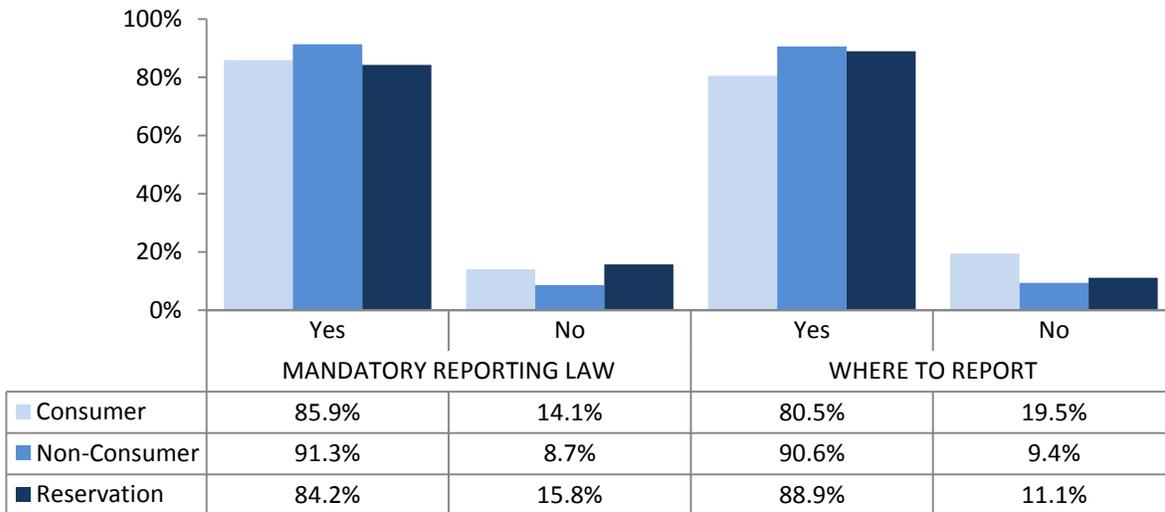
Table 16 and Figure 13 show that of the respondents who answered the questions:

- About 14% (145) of consumer respondents, 9% (8) of non-consumer respondents, and about 16% (3) of reservation respondents were not aware of mandatory reporting laws in North Dakota that requires certain professionals to report abuse and/or neglect of adults.
- About 20% (184) of consumer respondents, 9% (8) of non-consumer respondents, and 11% (2) of reservation respondents did not know where to report suspected abuse and/or neglect of adults.

Table 16. The Number of Respondents Who Are Aware of the Mandatory Reporting Law and Where to Report Suspected Abuse/Neglect of Adults

	MANDATORY REPORTING LAW		WHERE TO REPORT	
	Yes	No	Yes	No
Consumer	885	145	760	184
Non-Consumer	84	8	77	8
Reservation	16	3	16	2

Figure 13. Percent of Respondents Who Are Aware of the Mandatory Reporting Law and Where to Report Suspected Abuse/Neglect of Adults



CONCLUSIONS

Respondents were identified as consumers if they received one or more of the following services:

- meals at a meal site, home-delivered or both
- use of the ND Family Caregiver Support Program
- use of Health Maintenance Services
- use of the Senior Companion Program
- use of Assistive Safety Devices
- use of the Senior Community Service Employment Program (Experience Works)
- use of Options Counseling
- use of www.carechoice.nd.gov
- use of the Aging & Disability Resource-LINK
- use of Legal Services of North Dakota
- use of the ND Long-Term Care Ombudsman Program

NUTRITION - MEALS PROGRAM

- Over 66% (1,201) of all respondents participated in the meals program.
- About 39% (629) consumer respondents had meals at a meal site, about 31% (499) had home-delivered meals, and almost 5% (73) had both.
- About 2% (1) reservation respondent had meals at a meal site, about 75% (31) had home-delivered meals, and about 2% (1) had both.

CAREGIVING – ND FAMILY CAREGIVER SUPPORT PROGRAM

- About 16% (230) of consumer respondents and 16% of reservation respondents (6) used the ND Family Caregiver Support Program.
- About 17% (235) of consumer respondents were not aware of the service and about 54% (40) of reservation respondents were not aware of the service.

SUPPORTIVE SERVICES – HEALTH MAINTENANCE SERVICES; SENIOR COMPANION PROGRAM; AND ASSISTIVE SAFETY DEVICES

- Just over 42% (642) of consumer respondents and just over 22% (9) of reservation respondents have used Health Maintenance Services.
- Almost 14% (208) of consumer respondents and over 30% (13) of reservation respondents were not aware of Health Maintenance Services.
- About 12% (182) of consumer respondents and 15% (6) of reservation respondents have used the Senior Companion Program.
- Almost 17% (244) of consumer respondents and over 40% (16) of reservation respondents were not aware of the Senior Companion Program.

- About 30% (495) of consumer respondents and 18% (7) of reservation respondents have used Assistive Safety Devices.
- About 14% (201) of consumer respondents and 37% (14) of reservation respondents were not aware of the Assistive Safety Devices.

**EMPLOYMENT – SENIOR COMMUNITY SERVICE
EMPLOYMENT PROGRAM (EXPERIENCE WORKS)**

- The percent of reservation respondents (59.1%; 26) not aware of the Senior Community Service Employment Program was 3.5 times that of consumer respondents (17.1%; 277).

**CONSUMER INFORMATION – OPTIONS COUNSELING;
www.carechoice.nd.gov; AGING & DISABILITY RESOURCE LINK**

- Almost 12% (168) of consumer respondents and 7% (3) of reservation respondents have used Options Counseling.
- About 25% (364) of consumer respondents and 50% (22) of reservation respondents were not aware of Options Counseling.
- Almost 7% (102) of consumer respondents and 7% (3) of reservation respondents have used www.carechoice.nd.gov.
- About 28% (411) of consumer respondents and 46% (20) of reservation respondents were not aware of www.carechoice.nd.gov.
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LEGAL SERVICES OF ND

- Over 15% (229) of consumer respondents and 12% (5) of reservation respondents have used Legal Services of North Dakota.
- About 21% (320) of consumer respondents and 48% (20) of reservation respondents were not aware Legal Services of North Dakota.

OMBUDSMAN PROGRAM

- Over 5% (81) of consumer respondents and 2% (1) of reservation respondents have used the Ombudsman Program.
- About 22% (344) of consumer respondents and about 48% (20) of reservation respondents were not aware of the Ombudsman Program.

COMMENTS

The following comments are either verbatim, or they are paraphrased with minor edits and wording while maintaining the meaning of the comment.

COMMENTS FROM THE “2014 NORTH DAKOTA STATE PLAN ON AGING REQUESTED PUBLIC INPUT” SURVEY

FOCUS AREA 1: OLDER AMERICANS ACT CORE PROGRAMS

- *ACCESSIBILITY Elder's should receive some kind of newsletter, to let Elder's know of what is going on in the district they live in. Because like myself, I don't socialize or keep in touch with people. Sometimes people call, but I don't keep up conversations unless it's important. Sometimes, this is how I find information out, then when I hear that it's applications that need to be filled out at the district offices, sometimes I have to go there (to the district office) 3 to 4 times, then when there is someone there, I find out that the applications were out for 3 weeks. I still get my application in, but sometime I might not.*
- *ACCESSIBILITY I wish the business places would have to have their stores so that at least one door was handicap accessible. I walk with a walker and I like to go to the stores, but some are so hard to get into as the doors are large and heavy and the floor is uneven or cement is cracked etc. Thank you*
- *ACCESSIBILITY Need more access in rural areas. If you live in the bigger communities (8) it seems to be available, but in the outlying areas it is piecemeal at best.*
- *ACCESSIBILITY Regarding information needed by seniors: it seems they need to be reminded of the availability at least annually. Generally, folks do not “store” service information in their brain – maybe they dismiss it because they are “not there yet”.*
- *ACCESSIBILITY Services for aging is the “best kept secrets there is” and Why? More direct contact with older people in the community could be done since older people don’t go to meetings.*
- *ACCESSIBILITY This may be the problem in a little town but in the bergs that is some cases, no longer have schools, bars or churches, an outreach worker or a newsletter seems the only way to keep folks in touch with what is going on. Many in this state pride themselves on their independence. They have chosen to remain here in familiar surroundings rather than move to cities where their children are (and who may move a year or so after the senior has joined them). So, they chose to remain here in their familiar surroundings but they are yet healthy and independent.*
- *ACCESSIBILITY COMPUTER re: www.carechoice.nd.gov I do not have a computer.*
- *ACCESSIBILITY COMPUTER I am not on-line – can’t afford it.*
- *ACCESSIBILITY COMPUTER Need for learning how to buy a computer, operate a computer, and assistance with paying for monthly connections.*
- *ACCESSIBILITY COMPUTER Need online database of rental homes for disabled, specifically wheelchair accessible and barrier free, and verified they are. Need better more complete*

information online and fillable forms for services online!! Best yet, one form & each service access their information needs.

- *ACCESSIBILITY COMPUTER What makes you think elderly people can use or are comfortable using the Internet?*
- *ASSISTIVE SAFETY DEVICES I would like assistive safety devices.*
- *CAREGIVING ND Family Caregiver Support Program is an excellent program and there are 2 mighty fine case managers out in that program!!*
- *CAREGIVING Only so many hours can be authorized to provide services. This number of hours needs to be increased. There are people out there with unmet needs due to the inability to provide more service hours. When people feel like they need more hours of service and can't get more hours, they are not directing their own care. At that point, the caregiver is doing what they can to complete tasks in the time allowed for services and the individual receiving services loses the ability to direct the care. An individual that needs assistance with shopping (cart pushing, loading groceries into the home) may be forced to have their groceries delivered in order to save time. The individual may prefer to physically go to the store, pick out their own items, browse, and shop for themselves.*
- *CAREGIVING I am disabled and my wife and daughter provide all of my care. My wife is experiencing the effects of Macular Degeneration but continues to read using magnification. She is very reluctant to accept assistance but from time to time could use it. Two years ago my wife used the respite program provided by Aging Services. More recently we tried to use a program. [NAME] Aging Services did a site visit and indicated my wife would not qualify for the service because she was remaining at home and my daughter was getting away for a few days. With some assistance my wife and I would be able to remain at our home. It would be great if there was some way of cost sharing for services provided.*
- *CAREGIVING My mother was diagnosed with dementia/Alzheimer's this fall. I wanted her to remain at home but had no idea which way to turn. By the grace of God, Dakota Travel [NAME] directed me to [NAME] Alzheimer's Association. She was my savior. She gave me a crash course on the disease, and resource package with community services available. She followed up with emails to check on my progress and was there to answer my questions. Five months later my mom is living in her home with the assistance of caretakers from two community agencies and three hired individuals. We are taking one day at a time. Thank God for the Alzheimer's Association.*
- *CAREGIVING ND does not acknowledge the needs of families of disabled people who are caregivers and working to make a living; if you are under the age of 60, do not fall into the categories of rich or poor, there is no help. My family has been turned away by every avenue approached for being too old, not old enough, too much money, not enough money, too rural, etc. We have been told we are the 'fall in the crack' people. I have been the sole caretaker of my disabled husband for over 14 years while being employed and raising two children. He is now 59 years old and in a nursing home because we never fit into the 'categories' for help and I am physically and mentally unable to continue his care. Our family is very disappointed, disillusioned, and disgusted by the so called "help" for the disabled and their families in ND.*

- *CHORE SERVICES In cold weather we would need someone to go to store and post office for us.*
- *CHORE SERVICES Lawn/snow removal/handyman services are needed to enable seniors to continue living in their homes, when they are no long able to perform that work themselves.*
- *CHORE SERVICES Live in home. Outdoor work, lawn raking, window washing, etc. someone needed to do these services to help the aged.*
- *CHORE SERVICES Make people aware of more services for people with disabilities that are staying in their own homes. I need services that would help to re-shingle roof on modular house. I also need to get a walk-in tub for multiple medical problems - dr. prescribed.*
- *CHORE SERVICES Yard work for seniors; snow shoveling for seniors.*
- *EMPLOYMENT I also am interested in training for a job (Experience Works).*
- *HEALTH MAINTENANCE 1.) Retain foot care – necessary for diabetic care. 2.) Help when you get home from a hospital and have no-one to help with needs. 3.) Hospital discharge evaluations and services for home care assistance.*
- *HEALTH MAINTENANCE Appreciate the bone builders program in our community at the senior center.*
- *HEALTH MAINTENANCE Healthy Aging - my wife has four doctors that provide us with information. We use the Senior Center if my wife, [Name], needs toe nail cutting. There are other services a person could use, my wife used the wheels on meals when she was under the weather.*
- *HEALTH MAINTENANCE I need life alert - 86 years old.*
- *HEALTH MAINTENANCE We especially like and use the foot care clinics. Please keep services within our budget which is about “poverty level” and in our community.*
- *HEALTH MAINTENANCE Please devote more resources to home health care so individuals can remain in their homes for as long as possible.*
- *HEALTH MAINTENANCE I am 90 years and with assistance by my wife and health services I can remain home.*
- *HOUSING I am 62 years old. Living in Rugby, ND, Pierce County. I NEED to move to Bismarck within the next several weeks/months. I need a place to stay in Bismarck while I search for a job and then while I search for an apartment - maybe a week or two. Can you help? Motels are extremely high. So is the rent in Bismarck. I am sure the state of North Dakota can do more to bring down rent amounts in Bismarck or offer more financial assistance. So, someone my age can afford to live in a SAFE and AFFORDABLE apartment. I also need further computer training - Excel, Power Point - currently not offered in Rugby - Otherwise, I am much more limited in jobs in Bismarck. What are my options or what rental assistance can I get for an apartment? I hope to work for a few more years, but could not afford to rent an apartment in Bismarck when living only on my social security. Also, I don't want to worry about moving again. Thank you.*
- *HOUSING Some kind of services that would make housing to follow the leases not only the renter.*
- *HOUSING They need to look at the rent in North Dakota, because most of us just have one income, which is social security. A lot of time some people barely make it to the first of the month. Please help with this matter.*

- *LEGAL ASSISTANCE Need legal services for seniors that are not always able to receive services, but are still low income. Broaden income requirements.*
- *LEGAL ASSISTANCE Some of these services are not used because of hassle trying to deal with them, example legal aid.*
- *LEGAL ASSISTANCE What types of legal services are available?*
- *MEALS Applied several times no response from Meals & Wheels.*
- *MEALS Being home bound - Meals on Wheels is a blessing. I am very satisfied with it.*
- *MEALS Home-delivered meals program is a valuable service.*
- *MEALS I would like to comment on the senior meals. They are wonderful. I fell on the ice this winter and had home delivered meals for two weeks what a great service and they were delicious. I am going to the center at least two times a week, as I don't eat right at home. Again, they are a great service.*
- *MEALS I would like to get a bigger meal and I would like to take some of my meal to my apartment if there is some left. It's bad for the senior centers to not take meals to our home.*
- *MEALS Meals on Wheels is great, meals are nutritious, tasty, delivered by friendly caring [NAME].*
- *MEALS I use the transportation that is available in LaMoure County along with the other service. I am very happy with the Home Delivered meals, frozen meals etc.*
- *MEALS Only complaint is when they keep changing the menus and you don't know till you get there. It will say strawberry shortcake on the menu and when you get there its fruit cocktail. If I would have known, I wouldn't have gone.*
- *MEALS Serve baked potatoes more often.*
- *MEALS We need to continue to strive for improved state/federal reimbursement of every service provided rather than a contract for X amount of services. Most dollars are retained in the urban settings for members there and rural settings have increased needs despite lower populations.*
- *MEALS Home delivered meals in rural areas, too.*
- *OPTIONS COUNSELING Get people out working with elderly, instead of making cuts to their programs.*
- *OPTIONS COUNSELING Miss the information and support of [Name] and helper at Heritage Center. [Name] at Senior Center is great help with many of my calls answered at the Senior Center. (Referring to former outreach program).*
- *OPTIONS COUNSELING Not useful even when used.*
- *OPTIONS COUNSELING Options counseling is a poor service.*
- *OPTIONS COUNSELING Program is not what it's supposed to be doing in our opinion - not like the old program was.*
- *OPTIONS COUNSELING The community outreach program needs to be put in place to better reach the people in need of these services and to access those needs!*
- *OPTIONS COUNSELING We need a community outreach person in our immediate area to help us contact the services offered and help with filling out applications for services. We live about five miles from the Canadian border and sometimes Grand Forks or Fargo is just out of our reach.*

- *REMAIN IN OWN HOME Assistance with propane purchase needed!*
- *REMAIN IN OWN HOME At this date, I am still living in my own home but as time goes on, in order to live here, I need financial help in having my laundry room on the main floor, as the steps to basement are very exhausting to walk up and down also my freezer is in basement. I do pay a cleaning lady to vacuum once a month at \$17.00 an hour but believe that I should not have to pay on account of my health and age.*
- *REMAIN IN OWN HOME We could use some help (money) or some place that could help people to stay in their own home. We hear about all the help but nothing works for us. Why? What is all the talk about??*
- *SENIOR COMPANION PROGRAM Companionship during the winter months, don't know if she would accept that.*
- *SENIOR COMPANION PROGRAM I'm interested in possibly being a companion for someone.*
- *SENIOR COMPANION PROGRAM Referred several people but no follow through from program.*
- *SENIOR COMPANION PROGRAM Program is a great service; like to see more sociable people work it. Aging services could have senior companion as a program since we have state oil money. Elderly need company!*
- *SENIOR COMPANION PROGRAM They need more people to do companions work to help them understand programs and help aids – some past case managers have gone the extra mile to help the elderly. Some case managers haven't a clue what is out there. More people who are older need services too. Even though they have money they need help and our ND is producing oil and we have monies – let's use it on our elderly who have worked hard and not always the healthiest and could use in-home services.*
- *SENIOR COMPANION PROGRAM They need to take people out for social life if mobile. Elderly are lonely and some missing their spouses terribly!! They need company!!*
- *SERVICES Discharge planning services after hospitalization.*
- *SERVICES Need assistance with trash take-out, transportation – volunteers to assist elderly who are alone, no family, especially to and from medical appointments, haircuts, etc. It would be helpful if churches would offer some volunteer help to the elderly, or disabled, or widows.*
- *SOCIAL ACTIVITIES Am very satisfied with everything. Thank you.*
- *SOCIAL ACTIVITIES Could a service be coordinated with another to use bus for social purposes such as entertainment at the Chester Fritz? Especially during the winter months, this may be a plus. How about insurance? (I at one time, contemplated cost differential between individuals driving down, eating out, attending an event, staying over in a motel or driving back in the wee hours and tired OR paying the bus to get us to the door, take us home in the wee hours, etc.).*
- *SOCIAL ACTIVITIES Hydro therapy/warmed swimming pool; recreation opportunities (i.e., fishing, art classes, yoga); exercise classes for elderly.*
- *SOCIAL ACTIVITIES I am working on establishing a Senior Games program. When I was employed with the Idaho Commission on Aging, we initially sponsored the Idaho Senior Games. They were eventually picked up by the state AARP and now have a state coordinator. I have spoken to the Director of the Aquatic Center on the BSC campus. He has*

referred the matter to the Bismarck City Park District and AARP (state) has expressed interest. I would like to see the North Dakota Department of Human Services and the Aging Services Division become co-sponsors.

- *SOCIAL ACTIVITIES I believe we need other people in our lives. When we are young and healthy, we drive ourselves to shop, entertainment in the city. Are we the same people who hate to commit to a schedule? After mulling this around a few days, I wonder if one way to go would be to utilize e-mail addresses rather than a physical outreach worker. That may assist some of the older; as for other younger, I do not know. I will watch the Grand Forks effort in interest.*
- *SOCIAL ACTIVITIES It would be nice to have more recreational activities besides the senior center.*
- *SOCIAL ACTIVITIES Need building/center for adults to meet and associate with other. Two times a year, the elderly get a good meal during holidays from the casino.*
- *SOCIAL ACTIVITIES Some aging have mentioned they would like to see some recreational day trips planned or chartered bus to areas.*
- *SOCIAL ACTIVITIES We need pet friendly care facilities in Grand Forks!!*
- *TRANSPORTATION Services that don't cost a lot for elderly to ride and services of delivery for those who can't ride or drive, like grocery delivery, rides to and from doctors at a cheaper cost, \$3.00 one way is the cheapest and if you have a lot of dr. appointments your money is gone fast, this is not right I do not believe.*
- *TRANSPORTATION The bus service is awesome (as the kid's would say) - we really need it.*
- *TRANSPORTATION Make it easier to keep in touch with them.*
- *TRANSPORTATION For people in/out of town. People in rural areas 5-10-20 miles away from center.*
- *TRANSPORTATION On the regular taxi for handicapped with vehicles for wheelchairs- will pay for rides.*
- *TRANSPORTATION That can be used for shopping, drug store, etc. without cost in our town.*
- *TRANSPORTATION We are fortunate to have all these opportunities for seniors! Some type of transportation for Sunday church would make it easier to attend - for many events.*
- *TRANSPORTATION We need more options for transportation service that gives flexibility for scheduling.*
- *TRANSPORTATION Why doesn't our county have drivers that can take us to clinics and other health care appointments? I've missed many appointments because I was not able to find a ride.*

FOCUS AREA 3: PARTICIPANT-DIRECTED/PERSON CENTERED PLANNING

- *PERSON CENTERED PLANNING Educating children about when it is no longer safe for parent(s) to live alone.*
- *PERSON CENTERED PLANNING Services based in the community needs to be the priority. Everything needs to be straight forward and simple. Vouchers would just be one more thing to confuse elderly*

FOCUS AREA 4: ELDER JUSTICE

- *ELDER JUSTICE Education - Scam prevention.*
- *FRAUD ABUSE Senior centers should alert seniors about scams.*
- *GUARDIANSHIP Information on guardianship.*
- *LONG-TERM CARE Long term care facilities need to not only educate but train staff, especially direct caregivers, with in-services about anger management and their responsibilities. Caregivers have so many duties to perform in order to get residents up in the morning or to bed at night etc. They focus on duties not the needs of the individual resident. One example---lights are on for 20-30 minutes without being answered. A solution to an unanswered light, which wasn't answered, is to put the resident in a "brief" to avoid "accidents". When the real reason for the 'accident' was no one answered the call light. I have often wondered if the staffs really understand what that 'brief' does to the dignity of the resident. I believe the residents true needs are second to the 'duties' that are supposed to be met. The 'person', the resident, is no longer number one. Even though it is the residents who are paying the salary for all those employed at the facility, even the CEO.*
- *OMBUDSMAN Used ombudsman program - no good.*
- *OMBUDSMAN More nursing home options for residents with mental health and behavior issues. Patients are often kicked out of nursing homes for aggressive behavior and have nowhere else to go.*
- *OMBUDSMAN Could use monthly meetings for group inputs.*
- *OMBUDSMAN Does nothing but make excuses as to why things can happen.*
- *OMBUDSMAN Program is a joke! They primarily advocate for the institution!*
- *OMBUDSMAN Program should be available. Very important!*
- *VULNERABLE ADULTS This needs to be made aware to people so if they see abuse they can report it to (no organization listed).*
- *VULNERABLE ADULTS As of today 2/18/14, I saw a report/form to use when elderly get abused. Was never in place on reservations. No communications! Staff only there for jobs/pay!*
- *VULNERABLE ADULTS Efforts to initiate investigation of apparent abuse situations have been "passed off". Social Service representative challenged me as to the validity of my concern. It is not my place to determine if abuse does/does not prevail. "Social Services" representatives are expected to be able and willing to visit a home/location and observe.*
- *VULNERABLE ADULTS I would like to know where to report neglect and abused people.*
- *VULNERABLE ADULTS I'm also looking for someone to talk with about a situation that happened to me where a relative or sibling was supposed to be taking care of my bills and was taking money out of my accounts over time. Who do you report this to and get help?*
- *VULNERABLE ADULTS Region 4 needs more staff. I work closely with [NAME] the Adult Protective Services Program staff and know firsthand that she is very busy doing assessments and extensive follow up until the person is safe. I am concerned regarding the number of nursing home beds that will be available to adults with SMI as they age.*

OTHER:

- *OTHER Keep getting turned down for services because I'm not 60 yet; I'm 59. There is such needs among the age group 55-60 but few programs I'm aware of unless I can pay for them. I turn 60 in October of this year so I hope I can get the adaptive equipment I need then.*
- *OTHER Have had all my life, especially after diagnosed w/ permanent disabilities – daily problems. Helpers in ND seem to put in place to assure that people won't receive services they need and it's working! Good job ND! Legal Services – again not much help. Notice to all – don't need help in North Dakota – don't get old and don't get disabled. Helpers devoted to not being helpful and for scrutinizing you for asking. Move to blue state if you want to find people who care. Sadly not much has changed in ND in the last 40 years. My degree is in social work and even that doesn't help.*
- *OTHER I receive many of the services provided and really appreciate all that is done to assist me in my home and I know if I need more help I can depend on getting all the help I need.*
- *OTHER I'm in a care center at Edgewood Vista with type 1 Brittle diabetes. I'm unable to feel high or low or fast moving blood sugar levels due to being on blocker for years. Would like to be on my own with a dog trained with diabetic training and have internet service so that I can earn a living doing internet marketing. Using the money for paying for the dog and training and for helping other people in need that fall between the cracks of the health care system.*

COMMENTS GIVEN AT THE 12 JOINT PUBLIC HEARINGS OF AGING SERVICES DIVISION AND MEDICAL SERVICES DIVISION

FOCUS AREA 1: OLDER AMERICANS ACT CORE PROGRAMS

- *ACCESSIBILITY Paperwork is of concern. Elders need help completing paperwork due to lack of knowledge related to the terms, etc. Could paperwork be made simpler and more understandable.*
- *ACCESSIBILITY Services to assist with application completion assistance is needed.*
- *ACCESSIBILITY Prior to decision to navigate through a telephone system of prompts, consideration should be given to the individual who will be using the system.*
- *ACCESSIBILITY COMPUTERS Prior to a decision being made to include forms, materials, etc., on computers such as Medicaid, Social Security, etc.; consideration should be given to individuals who are not comfortable with computers and who do not have computer access, skills, or knowledge needed to navigate through a system in order to receive services.*
- *ACCESSIBILITY COMPUTERS Internet services are needed for communication as it relates to the rural areas. Financial assistance is also needed to connect to the internet.*
- *ACCESSIBILITY COMPUTERS Classes such as basic computer skills and training, and cell phone usage are needed as a means of social activity.*

- *ACCESSIBILITY COMPUTERS Forms for services are computerized. Access to forms is difficult, and also of concern is that elders may not have the computer skills needed to complete the forms.*
- *ACCESSIBILITY COMPUTERS Notifications, etc., are increasingly being communicated through e-mails. Older people do not always have the computer skills; therefore, are being isolated from receiving the information.*
- *ACCESSIBILITY COMPUTERS Phone and computer assistance is needed. Seniors with hearing, vision, and memory issues do not do well with listen and press numbers to navigate through a system.*
- *ADVOCACY Needs to be stronger for the elderly.*
- *ADVOCACY Need for advocacy on behalf of older individuals across the state. Organizations exist that can advocate on behalf of the older individuals.*
- *ASSISTIVE SAFETY DEVICES Need for adaptive equipment. Have concerns about meeting the needs of the elderly that are not on Medicaid and Medicare does not cover many of the necessary pieces of equipment.*
- *CAREGIVERS Concern that medical facility discharges take place too fast and there are no plans in place for the older individual.*
- *CAREGIVERS Family caregiver support is necessary for loved ones to live more independently in their homes and local communities. North Dakota could do better through coordination in the discharge process.*
- *CAREGIVERS Family Caregiver Support Program needs more funding.*
- *CAREGIVERS In-home 24 hour care is needed for persons with dementia, similar to care being provided in nursing facilities.*
- *CAREGIVERS Lack of education of doctors to assess and document cognitive impairments and whether patients are capable of making decisions, problem-solving, and functioning safely in the home.*
- *CAREGIVERS More funding is needed from the state for respite care qualified service providers and Family Caregiver Support Program caregivers.*
- *CAREGIVERS Need for adult day care.*
- *CAREGIVERS Need for respite care.*
- *CAREGIVERS Need services to pay for 24-respite care. Individuals may be able to physically live in their own home; however, have cognitive impairments where services are needed.*
- *CAREGIVERS Need to collaborate with medical professionals when transitioning an individual from the hospital back to the community.*
- *CAREGIVERS Need to expand availability of qualified service providers for the Family Caregiver Support Program and Home and Community Based Services Program.*
- *CAREGIVERS Respite services are so needed. Depending upon variables, an individual may need 24/7 supervision, however, there is insufficient respite providers.*
- *CAREGIVERS Rural differential is good, however, the number of respite hours have been reduced because there are no additional funds overall.*
- *CHORE SERVICES Assisted living could be more efficient living than trying to obtain chore services to remain in own home.*

- *CHORE SERVICES* Chore services are needed and should include yard care, changing light bulbs, and other chore-related services as needed.
- *CHORE SERVICES* Chore services such as shoveling snow, etc., are needed.
- *CHORE SERVICES* Consideration should be given to areas to make the elder's life easier such as having more wastebaskets, hooks on walls to hang clothing, make doors easier to open, steps that are not impossible to navigate, etc.
- *CHORE SERVICES* Contractors are needed to provide maintenance services.
- *CHORE SERVICES* Have own home. Need home maintenance assistance such as fixing cabinet doors, etc., and need chore services such as snow removal, so that I can stay in my own home.
- *CHORE SERVICES* Home improvements such as weatherization, windows, and doors, are needed.
- *CHORE SERVICES* Light housekeeping services are needed.
- *CHORE SERVICES* Need for yard work and other chore related services to allow for individuals to remain in their own home.
- *CHORE SERVICES* Need help with snow shoveling, etc., due to the winter weather.
- *HEALTH MAINTENANCE* Dental services are needed for individuals with lower income.
- *HEALTH MAINTENANCE* Doctors and other medical professionals should provide written follow-up instructions so individual or family has a better understanding of what is needed.
- *HEALTH MAINTENANCE* Lifeline is needed as a preventive measure which would help to get to individuals earlier.
- *HEALTH MAINTENANCE* Lifeline services are essential for older individuals to remain in their own home.
- *HEALTH MAINTENANCE* Medication set-up is a need in the rural counties. Often times there are no relatives or others to assist older individuals with medication set-up.
- *HEALTH MAINTENANCE* Medications set-ups are needed. Difficult where there is no family.
- *HEALTH MAINTENANCE* Mobile health maintenance services would benefit the rural areas.
- *HEALTH MAINTENANCE* Need additional funding for health maintenance services.
- *HEALTH MAINTENANCE* Need for 24-hour emergency care through the Indian Health Services on the reservation rather than transporting elders to facilities which may be several hours away.
- *HEALTH MAINTENANCE* Need for access to communication. Hearing issues lead to isolation, loss of socialization, and lack of communication. Hearing loss can lead to increased falls and safety issues.
- *HEALTH MAINTENANCE* Need more workforce to assist with health related services.
- *HEALTH MAINTENANCE* Need to continue existing home-health care programs as these work well for health and morale of the elders.
- *HEALTH MAINTENANCE* Vision and hearing services are needed.
- *HOUSING* Government should be required to advertise changes related to lower-income housing units such as when units are being sold out leaving individuals to pay higher rent or with no housing options.
- *HOUSING* Low-income housing and poverty level guidelines have changed causing increases in rent which are not affordable for individuals with fixed incomes.

- *HOUSING Need for affordable housing. Individuals from Williston and Minot are on waiting lists in other communities.*
- *MEALS Senior center renovation funding is needed.*
- *MEALS Baby boomers are still working and have nutritional needs. Frozen congregate meals are needed for low-income workers.*
- *MEALS Diabetic needs should be considered when it relates to the nutrition programs.*
- *MEALS Frozen meals, commodities, and Ensure deliveries are needed.*
- *MEALS Funding is needed to upgrade facilities being used as meal sites.*
- *MEALS Incentives are needed for providers to explore new sites and menu options.*
- *MEALS Individuals who are discharged from a medical facility should automatically receive home-delivered meals. Funding could come from the medical facility and the service could be coordinated with the senior nutrition provider.*
- *MEALS Should not have so much sodium and preservatives.*
- *MEALS Need for delivery of meals to a senior center even if it is a home-delivered frozen meal.*
- *MEALS Nutrition programs are important to eliminate senior hunger and isolation. Enhanced funding for meals and nutrition programs will fight against hunger and malnutrition.*
- *MEALS Nutrition service requirements are too restrictive such as food choices and menus. Can separate allowances be made for the state funds to use for less restriction than the federal rules.*
- *MEALS Nutrition services should be expanded into more rural areas rather than one main site. Consider partnerships with neighboring communities to make rotating meal sites to meet existing three-day per week criteria for congregate meal site provision.*
- *MEALS Required menus for nutrition services needs to be changed. Hunger should be addressed rather than what the seniors are told they need to eat.*
- *MEALS Survey of nutrition services program is needed with efforts to improve delivery to home-bound and incapacitated elders.*
- *MEALS Additional funding is needed for the nutrition services programs, so that local funding can be freed up for socialization and other activities.*
- *MEALS Additional state funds are needed for seniors living in the oil patch as the oil impact has taken a toll on their quality of care and life.*
- *MEALS Do not have sufficient funding for consistent and frequent services.*
- *MEALS Efforts need to be made by the State to provide funding for every meal provided through nutrition services. State should be encouraging new meal sites, sites for New Americans, etc. New needs that develop should be met. Should be no caps on the service dollars.*
- *MEALS Need for increased state mill levy match.*
- *OPTIONS COUNSELING Need for changes to the options counseling service such as paperwork is too intensive and service is too restrictive in who can be served and what they can be assisted with.*
- *OPTIONS COUNSELING Need to find a way for people to know available services so they can be served at the beginning of their needs. Need for a central point of contact, communication through media, marketing, etc.*

- *OPTIONS COUNSELING* Need to help individuals who do not qualify for case management. Options counseling does not allow for this, so there is no case management unless the individual qualifies under the county social services system.
- *OPTIONS COUNSELING* Options counseling is intended to be person-directed when helping clients, but program requirements do not allow for the service to meet what the client needs and wants.
- *OPTIONS COUNSELING* Options counseling should be like the former outreach program. Professionals are restricted as to what services can be provided for older individuals. Options counseling is more of a referral service rather than a one-stop shop for older individuals.
- *OPTIONS COUNSELING* Outreach is a necessary service in that it is unknown where to obtain services now that outreach is no longer available.
- *OPTIONS COUNSELING* Outreach workers are being missed as a person who can connect services and people.
- *SENIOR COMPANION PROGRAM* State funds are needed for the Senior Companion, RSVP, and Foster Grandparent Programs.
- *SENIOR COMPANION PROGRAM* Need for senior companions for companion cares.
- *SENIOR COMPANION PROGRAM* Need more senior companions to go into homes to visit, play cards, read, etc.
- *SENIOR COMPANION PROGRAM* Need to assist elderly who are shut-in. Socialization and companionship are needed. In-home care providers have limited time, so other assistance is needed.
- *SENIOR COMPANION PROGRAM* People need help sorting through mail and figuring out what to do with it all.
- *SENIOR COMPANION PROGRAM* Could complement the Family Caregiver Support Program, such as assisting with mail, etc.
- *SENIOR COMPANION PROGRAM* Guidelines need to be changed.
- *SENIOR COMPANION PROGRAM* Program is needed without the income restrictions.
- *SENIOR COMPANION PROGRAM* Qualifying guidelines limit individuals who could become a senior companion.
- *SENIOR COMPANION PROGRAM* Expand and better define as to what the rules are and as to who can do what.
- *SENIOR COMPANION PROGRAM* Program should not identify boundaries where services can be provided.
- *SERVICES* Coordination of volunteers to assist with needs.
- *SERVICES* Counties within a region or reservation need to work together. There is a diverse population to work with. Boundaries need to be removed.
- *SERVICES* For services to be effective they need to be provided out of the rural areas rather than the major cities.
- *SERVICES* Need to connect services to people with dementia as early as possible. Crisis and placement should be at beginning stages.
- *SERVICES* Need to be coordinated for efficiency.
- *SERVICES* Need to expand to nights, weekends, etc., to meet the needs of seniors.

- *SOCIAL ACTIVITIES Need for exercise programs including exercise equipment to benefit elders.*
- *SOCIAL ACTIVITIES Need for individuals to help out as not everyone can afford the available services.*
- *SOCIAL ACTIVITIES Seniors are isolated in their own homes and need meaningful social activities.*
- *SOCIAL ACTIVITIES Transportation to meaning social events is needed.*
- *SOCIAL ACTIVITIES Funding should be provided for socialization activities.*
- *SOCIAL ACTIVITIES Community activities should be coordinated by the programs. Seniors are willing to pay for some of the costs.*

FOCUS AREA 2: ADMINISTRATION FOR COMMUNITY LIVING DISCRETIONARY GRANTS

No Comments

FOCUS AREA 3: PARTICIPANT-DIRECTED/PERSON CENTERED PLANNING

- *PERSON CENTERED PLANNING Care transition services is a need and is a trend on the federal level.*
- *PERSON CENTERED PLANNING Choice to eat what they want should be allowed.*
- *PERSON CENTERED PLANNING Currently available State funding should be able to be used for frozen takeout meals, voucher program, etc., rather than have restrictions.*
- *PERSON CENTERED PLANNING Funding should be available to help individuals meet their personal needs.*
- *PERSON CENTERED PLANNING Funding would be good as it relates to home and community based services such as what does the individual need to keep you in your own home and then give them an amount of funding to take care of those needs.*
- *PERSON CENTERED PLANNING Futures planning is beneficial to education 40-50 age group to plan ahead and to have a backup plan.*
- *PERSON CENTERED PLANNING It is time to look at trends for services, cultural changes, baby boomers that do not have children or families to help, etc.*
- *PERSON CENTERED PLANNING Meals should include choice of entrees or individuals should have option to eat at cafes through a voucher system.*
- *PERSON CENTERED PLANNING Program is needed for seniors that include whatever is necessary so they may remain in their own home setting. Types of needs include forms assistance, chore services, financial representative payee, assistance with phone calls, escort to financial and medical appointments, computer assistance, unresolved bills, insurance issues, Medicaid terminations/denials, IPAT equipment loan, legal services, etc.*
- *PERSON CENTERED PLANNING Voucher program for nutrition services would increase the number of participants involved in the program.*
- *REMAIN IN OWN HOME Elders choose to remain in their own homes as long as possible. Need for programs to keep elders independent and in their own homes which is also less costly than nursing homes.*

- *REMAIN IN OWN HOME Faith Community Nurses/Parish Nurses can be a wonderful resource to help aging citizens remain safely in their own homes as they desire.*
- *REMAIN IN OWN HOME In-home assistive technology assessments performed by certified assistive technology professionals should be considered. These assessments provide comprehensive solutions and home modification suggestions to help a person stay independent, remain in their own home, and remain safe.*
- *REMAIN IN OWN HOME Older individuals want to remain in their own homes and should have this choice. Providing services in their homes makes sense and is cost effective. Home care options should be enhanced. North Dakota should move forward in helping seniors live safely at home as long as they are able to do so.*
- *REMAIN IN OWN HOME Need ramp repairs to maintain independence and live in own home.*

FOCUS AREA 4: ELDER JUSTICE

- *ELDER JUSTICE Jurisdiction within reservations is of a concern where services are needed.*
- *ELDER JUSTICE ND Centers for Persons with Disabilities - Senior Medicare Patrol, will present on fraud and how to report fraud or identity theft.*
- *ELDER JUSTICE Security in housing units is of concern. Medication theft and safety of older individuals is a concern.*
- *GUARDIANSHIP Better screenings should take place as it relates to guardianship. More people need someone to help make decisions for them.*
- *LEGAL ASSISTANCE Legal services are needed as it relates to wills.*
- *LEGAL ASSISTANCE Need for legal services as it relates to questions regarding wills.*
- *OMBUDSMAN PROGRAM Need for long-term care clients to continue to be notified of the ombudsman services.*
- *OMBUDSMAN PROGRAM Too many nursing homes are not doing proper discharge planning, which needs to be corrected.*
- *VULNERABLE ADULTS Fully-funded Adult Protective Services Program is needed throughout the state. There is a need for additional full time staff. Relationships cannot be built when workers are too busy.*
- *VULNERABLE ADULTS Adult protective services community education is needed such as brochures, television, etc. Education has focused on professionals rather than older individuals.*
- *VULNERABLE ADULTS Additional workers are needed for adult protective services.*
- *VULNERABLE ADULTS Adult protective services collaboration is needed. All entities need to be involved such as discharge planners, law enforcement, etc.*
- *VULNERABLE ADULTS Adult protective services needs to address verbal abuse as elderly are told to be quiet.*
- *VULNERABLE ADULTS Adult protective services legislation eliminated financial institutions from reporting financial abuse. Individuals should talk to their bankers to advise legislators that financial institutions should be included in mandatory reporting.*

- *VULNERABLE ADULTS Adult protective services staffing needs to be adequately funded to meet the current needs of providing protective services.*
- *VULNERABLE ADULTS Adult protective services training dollars are needed. Law enforcement needs to recognize signs and symptoms.*
- *VULNERABLE ADULTS Adult protective services workers could benefit from additional training. There seems to be confusion about the role of Administrative Orders, the federal requirements around discharge planning, and admission of clients on Medicaid, as well as the meaning of financial exploitation.*
- *VULNERABLE ADULTS Because of the oil, funding is needed for elder abuse services.*
- *VULNERABLE ADULTS Expand adult protective services workforce. Proposed legislation did not get funded to implement the additional FTEs that are needed throughout the state.*
- *VULNERABLE ADULTS Financial abuse is a concern, particularly where it is difficult for a family member to report another family member who is the abusive individual.*
- *VULNERABLE ADULTS Full attention needs to be given to adult protective services needs rather than guardianship needs.*
- *VULNERABLE ADULTS Lapse of time between onset of dementia and time of declaration of incompetency needs to be addressed.*
- *VULNERABLE ADULTS Need for adult protective services.*
- *VULNERABLE ADULTS Older individuals living in areas where there is oil impact are in need of assistance with financial exploitation. Older individuals are being taken advantage of.*
- *VULNERABLE ADULTS Resources need to be doubled to keep up with the financial exploitation as a result of the oil boom and population explosion in North Dakota.*
- *VULNERABLE ADULTS There needs to be more funding for Adult Protective Services Program.*
- *VULNERABLE ADULTS Transit drivers are trained to identify abuse. In addition, bank staff and fuel dealers also have the knowledge of when to report abuse.*

HCBS:

- *HCBS When making referrals, those agencies also do not have sufficient funding or workforce. Families are working so not available to help.*
- *HCBS Families need assistance when an individual with a permanent disability is discharged from a medical facility.*
- *HCBS Family members should receive reimbursement when taking older individuals for medical appointments and needs.*
- *HCBS Health insurance is a concern if not eligible for Medicaid or Medicare.*
- *HCBS Home health is a need in all rural areas as medical facilities only provide home health within a specific range from their facility.*
- *HCBS In-home assistance for spouse with Alzheimer's is needed.*
- *HCBS Live-in home health care services are needed.*
- *HCBS Need assistance with spouse with medical needs and not aware of any help in county.*
- *HCBS Need for resources for hospital overnights when traveling from a rural location to a medical facility in a larger area.*

- *HCBS Social service type jobs are difficult to fill in oil impact areas.*
- *HCBS There is a lack of follow-up by medical in-home care due to lack of staff.*
- *HCBS Need for workers at the county level to assist with paperwork.*
- *HCBS Need to have more case management as a worker providing a specific service cannot meet all needs of an individual. Recruited personnel should include a wide range of talent to meet those needs.*
- *HCBS Older individuals who are taking care of babies, small children, and teenagers are in need of assistance.*
- *HCBS Elderly need help going to medical appointments. Would be helpful to have paid staff to go with those as needed.*
- *HCBS ELIGIBILITY Guidelines for HCBS eligibility needs to be expanded.*
- *HCBS ELIGIBILITY Income guidelines need to be changed to qualify for Medicaid as the guidelines are not keeping up with the cost of living.*
- *HCBS ELIGIBILITY Eligibility requirements for waiver services are not realistic for seniors who live in the oil patch. Consider different eligibility levels.*
- *HCBS ELIGIBILITY Guidelines need to be removed so that services can be available to all in need.*
- *HCBS ELIGIBILITY Individuals are eligible for Medicaid; however, the recipient liability is a detriment to keeping people in their own homes.*
- *HCBS ELIGIBILITY In-home care services are provided at a reduced or no cost to the individual; however, if an individual does not meet the reduced or no cost guidelines, the hourly service rate may apply.*
- *HCBS ELIGIBILITY Lighten-up on guidelines that restrict individual who are recuperating to leave the house.*
- *HCBS ELIGIBILITY Medicaid rules need to be lifted so items such as hearing and dentures are covered.*
- *HCBS ELIGIBILITY Need case managers for those individuals who do not meet the county social services eligibility guidelines for services.*
- *HCBS ELIGIBILITY Need to open functional and financial criteria. Have a cost share. Sliding fee scale needs to change. Poorest of poor are paying high recipient liability costs.*
- *HCBS ELIGIBILITY Waiver eligibility requirements do not take into account the high cost of rent for elderly in the oil patch.*
- *HCBS ELIGIBILITY Waiver personal needs allowance is too low compared to the cost of living in the oil patch.*
- *HCBS ELIGIBILITY Case management is needed for individuals who do not qualify through the county social services program.*
- *HCBS QSP Assistance with medications is needed. Qualified service providers cannot help with medication assistance; therefore, higher level of care is necessary.*
- *HCBS QSP Change is needed regarding the rural differential in that some qualified service providers receive differential and others do not due to being just a couple of miles short.*
- *HCBS QSP Home health visits are needed.*
- *HCBS QSP Mileage reimbursement is needed for qualified service providers to better serve those in rural areas, not just the differential, but pay for mileage to those areas.*

- *HCBS QSP Need better financial incentives for qualified service providers and for senior companions to get to the rural areas.*
- *HCBS QSP Qualified service provider workforce should be given priority as lack of qualified staff is a significant barrier for older adults and people with disabilities in finding in-home support services. Qualified service providers need to be trained for tasks that are more medical in nature. Qualified service providers should be provided with dollars to receive the necessary training to assist those in-home clients with more complicated medical needs.*
- *HCBS QSP Qualified service providers should be allowed to provide meds, change dressings, etc.*
- *HCBS TRANSPORTATION There is a lack of transportation for those who do not drive or should not drive.*
- *HCBS TRANSPORTATION Transportation to medical appointments is a need in the rural counties. Often times there are no relatives or others to take older individuals to medical appointments.*
- *HCBS TRANSPORTATION Medical transportation needs to be addressed. Individuals cannot be on bus all day to travel to medical appointments as currently is happening.*

OTHER:

- *OTHER Addiction and mental health needs are not being taken care of. There is a lack of people to carry out the needed services. Individuals saying they do not have choices for self-dependency.*
- *OTHER Grants are available to convert lawn mowers to diesel vehicles.*
- *OTHER Need for an ambulance on the reservation.*
- *OTHER North Dakota is rich in oil; however, there are still so many unmet needs for older individuals.*
- *OTHER Skilled nursing facility costs are high, which drives the cost of long-term care insurance high.*
- *OTHER State should provide grant writers to assist senior centers with writing for grant funds.*
- *OTHER State uses tax dollars wisely. There are 3 billion dollars in the state budget, and only 6% are used for administration.*
- *OTHER State websites do not clearly identify grant funds from oil impact that can be applied for by senior providers and centers to upscale the senior centers that exist in rural North Dakota as well as for other purposes. Individuals are not aware of the availability of the funds and often learn of availability after the deadline, as the websites are somewhat confusing.*
- *OTHER Taxes paid by homeowners over 60 years of age should be used to fund senior programs.*
- *OTHER Accessibility of handicapped parking needs improvement and needs to be enforced by local law enforcement and local governments.*
- *OTHER Shut-ins have rights to vote; however, many are unable to do so because of access.*

- *OTHER Seniors living in the oil patch are having difficulty living on their social security as the costs in the oil patch have increased and continue to increase.*

APPENDIX: SURVEY INSTRUMENT

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2014 North Dakota State Plan on Aging Requested Public Input

Every four years, the North Dakota Department of Human Services, Aging Services Division seeks out public comments to update its State Plan on Aging. This plan will guide the delivery of Older Americans Act Services such as home delivered meals, congregate meals, supportive services (Assistive Safety Devices, Health Maintenance Services, Senior Companion Program, Options Counseling), family caregiver support, ombudsman, and vulnerable adult protective services. With this in mind, the Division requests your input in the following survey.

Are you a: Consumer Non-Consumer, 60+ year of age
 Provider Advocate
 Consumer/Advocate

Age: Under age 18 18 to 59 60 to 64
 65 to 84 85 and older

County or Reservation/Indian Service Area **where you live:**

HEALTHY AGING

Does North Dakota need to educate older individuals and persons with physical disabilities on the importance of any of the following activities? Check all that apply.

- Exercise (how-to, education)
- Nutrition (healthy eating, food choices, diet)
- Diabetes education
- Preventing falls

Other: _____

NUTRITION (age 60 and older/spouses; disabled)

Do you eat at a meal site, receive home-delivered meals, or both?

- Yes (Meal Site) Yes (Home-Delivered Meals)
- No (Meal Site) No (Home-delivered Meals)

SENIOR CENTERS: What do you believe today’s adults aged 50-60 are looking for in Senior Centers? (Check all that you believe would apply)

- Selection of at least 2 entrees
- Soup & Salad Bar
- Healthy Eating Classes
- Health & Wellness
- Flexible Hours (evenings)
- Other: _____
- Computer Use/Classes
- Employment Connections
- Educational Opportunities
- Volunteer Opportunities
- No Interest
- Socialize
- Recreation
- Fitness
- Arts Program

CAREGIVING

Are you providing direct care for an elderly friend or family member who is not in an assisted living home or nursing home? (Individuals who are employed and/or providing caregiving services for pay should not answer this question.)

- Yes (in my home)
- Yes (in their home)
- No

Do you use the North Dakota Family Caregiver Support Program that provides services (information, assistance to access services, counseling, support groups, caregiver training, and respite care) for individuals caring for someone at home.

- Used
- Not Used
- Not aware of service

SUPPORTIVE SERVICES

The following supportive services that help individuals remain in their own home are currently provided with Older Americans Act funds.

Check whether or not you use the service, or if you are not aware of the service.

	Have used	Have not used	Not aware of service
<u>Health Maintenance Services</u> - blood pressure/pulse/rapid inspection; foot care; medication set-up; home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Senior Companion Program</u> - offers periodic companionship and non-medical support by volunteers to adults that require assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Assistive Safety Devices</u> - adaptive and preventive health aids that assist individuals in their activities of safe daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT (for individuals age 55 and older)

Are you currently employed? Yes No
 If no, do you want or need training to obtain a job? Yes No

The Senior Community Service Employment Program (Experience Works) helps low income older individuals find training assignments in local areas with the goal of transitioning into permanent employment.

Used Not Used Not aware of service

CONSUMER INFORMATION

	Have used	Have not used	Not aware of service
<u>Aging & Disability Resource LINK (1-855-GO2-LINK)</u> – information, referral and assistance toll-free number provides one-on-one assistance about services and programs available in communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
www.carechoice.nd.gov – internet access to a directory of services and programs available in North Dakota.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Options Counseling</u> – person-center, interactive decision support process for consumers, family members and/or significant other to provide information and assistance in accessing long-term services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you learn about new programs, services, and activities available for North Dakota’s older individuals and persons with physical disabilities? Check all that apply.

- Newspaper
- Radio
- Television
- Word of Mouth
- Church Bulletins
- Newsletters
- Internet
- Senior Centers
- Centers for Independent Living
- Doctor/Health Care Providers
- County Social Services Offices
- ND Aging & Disabilities Resource-LINK

Do you have difficulty obtaining needed services? Yes No

CONSUMER CHOICE/CONSUMER DIRECTION

Would you want to have more say in choosing and directing services you need to help you stay in your own home? Yes No

Would you want to receive a coupon/voucher so that you could choose and pay for the service(s) needed to stay in your own home? Yes No

LEGAL SERVICES

Legal Services of North Dakota provides legal advice and representation to low income older individuals.

Used Not Used Not aware of service

OMBUDSMAN

The North Dakota Long-Term Care Ombudsman Program identifies, investigates and resolves complaints made by or on behalf of residents of nursing homes, basic care, swing bed, and assisted living.

Used Not Used Not aware of service

ABUSE/NEGLECT

Are you aware of the new mandatory reporting law in North Dakota that requires certain professionals to report abuse and/or neglect of adults?

Yes No

Do you know where to report suspected abuse and/or neglect of adults?

Yes No

OTHER COMMENTS/NEEDED SERVICES

Please return by March 10, 2014 to:

**North Dakota Department of Human Services
Aging Services Division
1237 West Divide Avenue, Ste. 6
Bismarck, ND 58501**

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