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Needs Assessment

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Needs Assessment

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Author Note

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Abstract

Seniors' needs are not being met. In California, 54.6% of elders need assistance in routine care, and 20.9% of elders need assistance in personal care (Kietzman & Chen, 2022). The causes are elders cannot take care of themselves, individuals are neglected, and limited insurance or finances. The outcomes are physical health decline, institutionalization in a nursing facility, and premature death. Health Projects Center is a non-profit organization that offers community programs to assist seniors to live and age in their homes independently. The capstone project is a needs assessment to determine if the clients are receiving services from the Multipurpose Senior Service Program by gathering data through a survey. The expected outcome is to implement changes that would meet the seniors' needs. Information was provided to the agency on 12 clients surveys and how their needs are not addressed. Recommendation for the agency is that this project needs to continue to address the needs of elders.

Keywords: Older adults, Seniors, unmet needs, neglect, Multipurpose Senior Service Program (MSSP), Health Projects Center

Agency & Communities Served

Health Projects Center is a non-profit organization in Salinas and Santa Cruz, CA. Their mission is to “Support people as they age to live safely at home by delivering high-quality services and programs in the Monterey Bay Region” (Health Projects Center, n.d. a, para. 3). Health Projects Center's vision is “To seek a community where people age at home with dignity and good health and all people receive supportive health and social services in the least restrictive environment possible” (Health Projects Center, n.d. a, para. 4). There are four programs in this agency that offer different services, such as: Caregiver Support, Multipurpose Senior Services Program, AIDS Medi-Cal Waiver Program, Central Coast Area Health Education Center (AHEC). The program I am involved in is Multipurpose Senior Services Program (MSSP) which provides “both social and health care management services to assist individuals to remain in their own homes and communities” (Health Project Center, n.d. b, para. 1) . The program qualifications define the population served. The qualifications are as follows: 65 years of age or older, have appropriate MediCal eligibility, live in Santa Cruz County or Monterey County, and are willing to participate in an individualized care plan. The population that is served in the agency are 0.6% American Indian or Alaska Native, 4.9% Asian, 1.2% Black or African American, 62.3% Hispanic or Latino, 30.3% White, and 0.6% Unknown (C. Mendez, personal communication, April 17, 2021).

Problem Model Background and Literature Review

Problem Statement

Seniors need assistance from caregivers, family members, friends, or some equipment to complete their daily routines. Their financial status will determine how much the

insurance will cover and whether seniors qualify for full or partial coverage by MediCal or Medicare. Sometimes, seniors do not qualify for either MediCal or Medicare insurance and would have to pay out of pocket to purchase their equipment. "The reality is that most of us, as we age, will require help at one point or another," said Dr. Bruce Chernof, president of the SCAN Foundation and chair of the 2013 federal Commission on Long-Term Care (Graham, 2019, para. 5). So, at the end of the day, someone is taking care of the seniors until their resting day. A problem model (see Figure 1) outlining the contributing factors and consequences of the needs of seniors not being met is provided below.

The needs of seniors not being met is common. Seniors are people that age from 65 and over. It is a severe problem they have been facing in their homes. The number of seniors with unmet needs has continued to increase dramatically as members of the baby boomer generation age. In California, 54.6% of seniors need assistance in routine care, and 20.9% of seniors need assistance in personal care (Kietzman & Chen, 2022). The needs of seniors not being met are both physical and psychological, such as social isolation, and inadequate care. This would have to do with the family members, caregivers, and friends that do not provide the care for the seniors.

Figure 1: Problem Model

Contributing Factors	Problem	Consequences
Elders can't take care of themselves (mental health decline)	Needs of elders are not being met	Physical health decline
Individuals are neglected		Institutionalization in a nursing facility
Limited insurance or finances		Premature death

Contributing Factors

Elders Cannot Take Care of Themselves

Mental health causes seniors to not be able to meet their own needs. Among people of 55 and older, 20 percent have some type of mental health problem (de Mendonça Lima & Ivbijaro, 2013). Seniors with mental health problems have a huge issue with accomplishing their daily chores, activities, and ability to care for themselves (de Mendonça Lima & Ivbijaro, 2013). In fact, mental health issues cause social isolation for the seniors which further exacerbates the problem. Social isolation is the lack of social contact that results in little or no interaction between people on a regular basis.

Seniors that are lonely and socially isolated is a major concern because it is putting their health at risk by developing Alzheimer's disease, parkinson disease, and other types of mental health conditions. An approximately 50 percent increased risk of dementia and other serious medical conditions, was associated with social isolation (Centers for Disease Control and Prevention [CDC], 2021). When seniors have poor relationships with other family members or friends it puts them at risk for heart diseases and stroke (CDC, 2021).

Individuals are Neglected

Individuals being neglected by family or caregivers contributes to the issue that the needs of seniors are not being met. “Neglect occurs when the caregiver does not try to respond to the older adult's needs. This may include physical, emotional, and social needs, or withholding food, medications, or access to health care” (U.S. Dept. of Health and Human Services, 2022, para. 7). Each year, hundreds of thousands of seniors have endured some form of abuse, such as neglect, financial exploitation, emotional abuse, physical abuse, abandonment, and sexual abuse from their caregivers, family members, and friends.

The rate of seniors that have been neglected is approximately 4.2 percent (Rose, Klein & Marias LLP, 2022).

Seniors that have endured any type of abuse from their provider is a major concern due to the fact it can lead to death. According to an extensive literature review conducted by Jennifer Storey, “[E]lder abuse victims experience a mortality rate three times higher than that of non-victims” (2020, p. 2). In the past year, 1.7 percent of seniors experienced more than one type of abuse in the United States (Storey, 2020). They recognize their perpetrator because it is someone that they trust and count on to help assist them around the house. Seniors wouldn't report what they endured from the abuse of caregivers and family members. According to Storey, "for every reported case another 23.5 cases go without referral or services, suggesting that they are unreported, with cases of neglect being the least serviced (1 for every 57.5 cases)” (2020, p. 2). Family members and caregivers are not meeting the seniors needs, such as keeping them safe and not harming them.

Limited Insurance or Finances

Limited insurance or finances contributes to the issue that the needs of seniors still need to be met. In California, some seniors are eligible for partial coverage with a share of the cost from the insurance. Within the country, approximately 6% of seniors don't have insurance (Ibarra, 2022). The main reason they don't have insurance is that they don't meet the requirements of Medical and Medicare eligibility rules requirements due to their financial status. Since they don't qualify, they are dealing with financial burdens on covering expenses and care they need, which means their needs will go unmet.

The senior population keeps expanding. There is no doubt that they will face financial burdens and health and social issues. One leading issue seniors face daily is the high cost of

medications because some seniors need to qualify for insurance or have a share of the cost. An article on the findings from the 2021 International Health Policy Survey of Older Adults stated that, in the past year, approximately one-fifth of seniors spent more than two-thousand dollars out of pocket on health care expenses (Jacobson et al., 2021). Another expense that seniors face is physical fitness activities. Those who don't have insurance would have to pay out of pocket for services to maintain their physical health.

Consequences

Physical Health Decline

Seniors are now living with chronic conditions and face physical decline that requires the necessary care. The main issue is that some caregivers do not assist the seniors with necessary physical fitness activities. Nearly 50 percent of seniors deteriorate due to a lack of physical exercise (Victoria Department of Health & Human Services, 2003). When seniors lack physical activity, they are putting their physical health at risk, such as cardiovascular disease, stroke, some types of cancer, diabetes, mood disorders (anxiety and depression), and increased blood pressure. Not only did the seniors face these types of physical ailments, but they also face other types of physical health deterioration, such as a decrease in muscle mass, strength, and physical endurance, a decrease in coordination and balance, a reduction of joint flexibility and mobility, decrease bone strength, and increase in body fat levels. These physical health risks could happen to seniors in their homes and nursing facilities.

Seniors living in institutionalization or hospitalization tend to face a decline in their physical health because someone, such as a physical therapist or a family member, is not meeting their necessary care. Seniors prefer to stay on bed rest and avoid any physical activity. "Ten days of bed rest result in a marked reduction in muscle mass and strength, walking speed,

and functional ability in old individuals, , all these changes being related to a higher risk of health-related adverse events and mortality” (Valenzuela et al., 2018, para. 1). Approximately 75 percent of hospitalized seniors avoid walking for a daily routine as short as 5.5 min (Valenzuela et al., 2018).

Institutionalization in a Nursing Facility

Caregivers cannot provide the proper care that seniors need since their needs have become more difficult for anyone to handle. When seniors enter a nursing facility, they face functional and cognitive impairment. In the nursing facility, approximately 68 percent of seniors have dementia, and about 30 percent have severe dementia (Pérez-Rodríguez et al., 2021). Seniors who have dementia have side effects, such as agitation, depressive symptoms, anxiety, wandering, aggression, or sometimes hallucinations. An article in *International Psychogeriatrics* stated that these side effects had to do with older adults' "aberrant motor behavior" (Miller et al., 2011). When seniors are dealing with mental health, it decreases their physical activity interaction because they do not have strength, which can lead to mortality.

Seniors prefer not to be admitted into a nursing facility because they lose their independence and identity after moving into a nursing facility. However, when seniors are institutionalized, they face physical and mental health challenges, which leads to shorter life expectancy because they are not receiving the proper care from caregivers. The article went on to say that seniors experience a decline in health both physically and mentally, resulting in limited participation in daily living activities and dexterity in performing daily activities (Miller et al., 2011). In nursing facilities, approximately 30 percent of seniors are malnourished, and 50 percent are at risk for malnutrition

(Pérez-Rodríguez et al., 2021).

Premature Death

Seniors face premature death due to the fact family members or caregivers are not providing the proper care. America's Health Rankings found that about 48 percent of all seniors' deaths are due to behavioral health and other preventable causes (2022). The type of health behavior seniors do that reduce their lifespan are "smoking, poor diet, lack of exercise, and alcohol and drug use; environmental factors such as air or water quality; and metabolic factors such as blood glucose levels or blood pressure" (Mather & Scommegna, 2015, para. 7) If the health behavior doesn't change for seniors, then the percent of deaths will continue. To help them live longer, they need someone who will provide the proper care.

Seniors are experiencing self neglect, being mistreated, and enduring several different abuses, which leads them to their death. The reason is that family members or caregivers are unable to provide the proper care. Research published in the Journal of the American Medical Association found that in a cohort of 176 seniors "who were seen by Elder Protective Services for verified allegations 10 (5.7%) of these were for abuse, 30 (17.0%) for neglect, 8 (4.5%) for exploitation, and 128 (72.7%) for self-neglect" (Lachs et al., 1998, para. 6).

Project Description and Implementation Process

Project Proposal

The project will be surveying clients at their homes. This survey will collect data and the client's satisfaction response. The kind of questions that will be asked on this survey to clients are as follows: my medical care is being managed properly, I can get home repairs when I need them, and I can get transportation when I need it, I can get supplemental in-home chore and personal care when I need it. When the clients complete the survey, the information that will be

collected from the survey will indicate the needs that are not being met. The survey will be mailed to every client that is in the program. The results from the survey will be presented to the agency by doing a presentation.

Project Justification & Benefits

The contributing factor that is being addressed is that seniors are being neglected causing unmet needs. The project would make a difference for the seniors by collecting data from the survey, showing what needs are being met. However, the needs that still need to be met for seniors is where the agency would focus on improving its services. Additionally, social workers would be informed on what needs are not being met. They would improve their communication and follow up with the clients.

Creating this survey for MSSP following best practices is to collect data by avoiding bias, avoiding loaded questions, and avoiding double-barreled questions. The questions created for this survey are intended to determine if the seniors' needs are being met. The survey uses closed questions, which are accessible for the clients to answer. They use a Likert scale to measure respondents' attitudes by asking the extent to which they agree or disagree with a particular question or statement. The Likert scale is the best because it uses a universal method of collecting data, which means it is easy to understand.

The benefit of the project is that clients will be provided with additional services.

Expected Outcomes & Assessment Plans

The expected short term outcome will be reached by gathering data which will eventually help clients and staff members. The goal is to get enough feedback and then analyze the information to assess how it can be useful. The expected long term outcome would be to use the survey feedback to implement changes into the program permanently.

The questionnaire that was distributed to older adults was to assess what needs were not being met by their social worker. The expected number of clients to participate in completing a survey is 40 out of the 83 that received the survey. After providing feedback to Claudia Mendez. There would be a survey provided that would ask her if the survey results were helpful to her to improve services in MSSP.

Implementation Process

The implementation began with getting approval for my doing a need assessment survey as my project. I attended a survey method class, which was held by professor Igancio Navaro . This class shows the steps of creating a survey properly. The next step was to create a survey for clients of MSSP on February 13, 2023. On the same day I created a questionnaire survey in which I emailed it to the mentor Claudia Martinez for approval. The survey has been approved by my mentor Claudia Martinez on March 6, 2023. On March 16, 2023, I mailed the surveys out to the clients. They were given a week to respond back to the questionnaire survey. When the clients responses are received; it will be time to start analyzing and collecting the data.

The following step was to start preparing the powerpoint presentation that would contain important information. When the powerpoint was complete and ready for presentation, I presented it to the staff of MSSP to show them the results that came in. Additionally, I had certain questions for the staff to make sure the agency receives benefits from my survey. There is detailed information on implementation steps in the table in Appendix A.

Project Results

The response goal of the questionnaire was to have 50 percent (40 clients) participate in the survey. The outcome fell short with a total 12 client responses (6.91 percent). These results

are anecdotal and are not statically significant. However, it still provides information to the agency on clients and how their needs are not being met. The outcome from 12 responses did confirm the hypothesis that “seniors' needs are not being met” in some cases was correct. Aggregated responses are available in Appendix B: Graph 2. There were two clients that were disappointed with transportation service. One client was concerned because they got dropped off in the wrong complex, which made the transportation unreliable. The other client had difficulties returning home because the transportation would take approximately an hour to pick the client up or the service would cancel the ride and have the client call again which added more time for the service to even pick up the phones. In response to the question, “I know how to get an IHSS caregiver when I need it.” A client mentioned that there is a shortage of employers, which makes it difficult for them to have their needs met. In response to the question, “I know how to get an ERS device when I need it.” The client needs training to use the device properly. Without training, their needs wouldn't be met.

I presented a powerpoint to my mentor Claudia Mendez with my data. It was successful because the data showed what needs are not being met and need to be addressed. Claudia stated, “this is very well done data and information that you received back from the clients. I will bring this information to other staff members, so we all can discuss it and resolve the problem”. To measure how well my data met the expectation for improving the agency’s ability to meet the needs of clients, I provided a survey to my mentor. The survey that was provided was a questionnaire. It had three questions that were likert scale and three questions that were fill-in the blanks.

The aggregated responses to the questions of the survey are available in Appendix C. In response to question one “The information I provided will help you meet the needs of seniors”.

My mentor strongly agreed because it showed the needs that needed to be met and addressed with staff members. In response to question two “How would the information help to meet the needs of seniors,” my mentor stated, “to obtain better services from vendors”. With better services from the vendor, the needs will be met.

The project did meet my expected outcome because I was able to get some seniors’ needs met. The agency wouldn’t know if the needs of seniors who did not respond to the survey are being met. Ideally more response would have given the agency more information on seniors and whether their needs are being met or their needs are not being met.

Conclusion & Recommendations

Based upon the results of the project, there are seniors who are being neglected in terms of their needs not being met. Although the results represented a small pool, the information was meaningful. The agency will follow up to resolve the problem. Given the success of the project in identifying needs, bringing them to the attention of the agency, and getting needs addressed, the recommendation is to continue conducting needs assessments. Another recommendation is to make calls to the clients to receive more responses.

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Appendix A

Project Implementation Plan

Task	Timeline/ Deadline	Supporting Staff	Material/ Services Needed	Deliverables/ Completed Project
Got approval for my project	December, 2022	Claudia (mentor), Barbara (instructor), Rose (intern)	Laptop	Approval
Attended class for survey method	February 2, 2023 & February 9, 2023	Ignacio (faculty)	Rough draft of survey and laptop	Survey improvements
Created survey and emailed it to mentor	February 13 , 2023	Rose	Survey and Laptop	Survey
approval on the survey	February 13, 2023	Claudia	Laptop	Approval
Transfer the question to Microsoft Word with MSSP Logo Survey	Feb 20 - March 6, 2023	Rose, Claudia	Laptop	Mentor emailed the Microsoft Word document to email. Copy questions paste them on new document
Emailed the new survey with the logo and questions.	March 6, 2021	Rose	Laptop	Survey
Need to make changes on the survey	March 6-8, 2023	Rose	Laptop/ Survey	Survey
Waiting for the clients information to be mailed to me	March 13-15, 2023	Rose	Laptop	Clients information
Survey is being mailed out	March 16, 2023	Rose	Laptop/ google sheet, envelopes, and stamps	Survey feedback
Analyzed data	March 28, 2023	Claudia, Rose	laptop/ excel worksheet	Collect data
Prepare powerpoint for presentation	April 5, 2023	Rose	Laptop, Google docs, excel worksheet	Finish Powerpoint

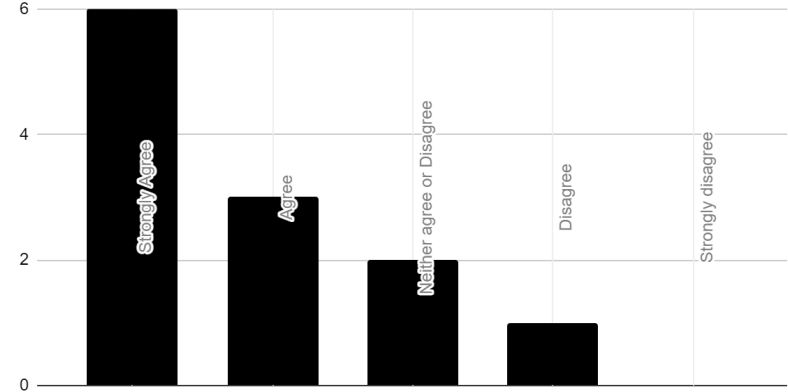
Meeting with staff members for presentation	April 10, 2023	Rose and Claudia	Laptop	Information delivered
Assessment Questionnaire on getting feedback from staff	April 10,2023	Rose and Claudia	Laptop	Survey feedback from social worker

Appendix B

Graph 1

My medical care is being managed properly

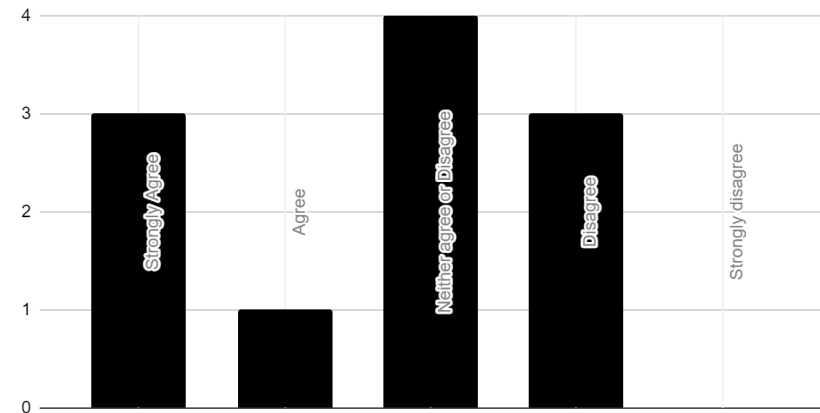
12 Responses



Graph 2

I know how to use CCAH transportation services when I need it

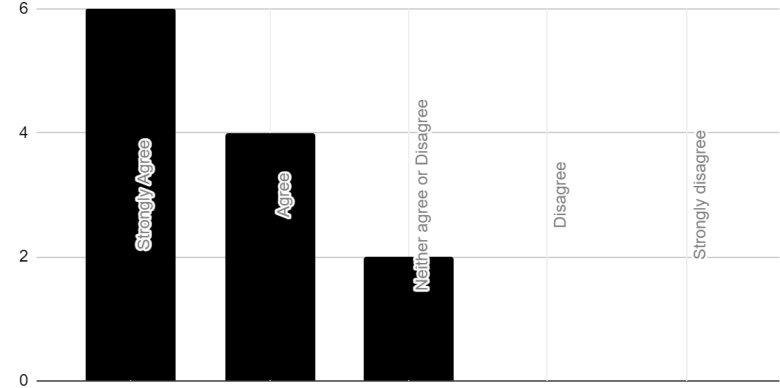
11 Responses



Graph 3

I know how to get an IHSS caregiver when I need it

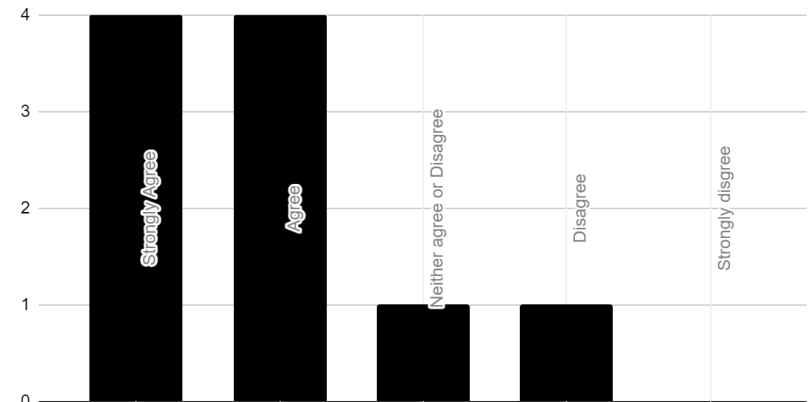
12 Responses



Graph 4

I know how to get an ERS device when need

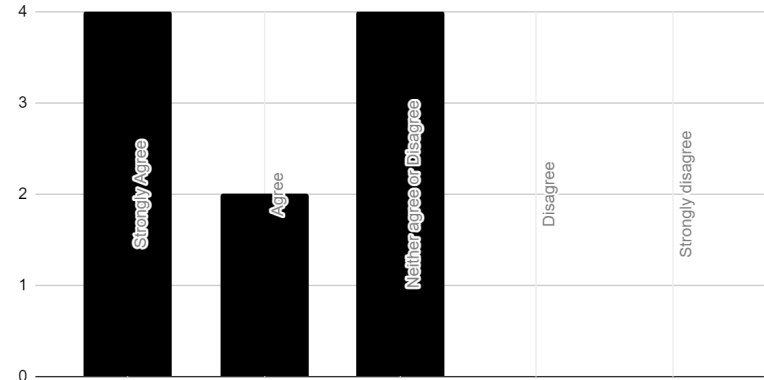
10 Responses



Graph 5

Obtain money management services if needed

10 Responses



Appendix C

1. The information I provided will help you meet the needs of seniors.

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree

2. How would the information help to meet the needs of seniors?
Obtain better services from vendors

3. How could the collection of information be improved?
Manage talking to vendors and collaboration
 how to better services MSSP clients

Author notes: this answer doesn't go with
 this question

4. Do you think following up with the seniors that didn't respond in a virtual meeting would get more responses?

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree

5. Do you think calling would have gotten more responses instead of mailing?

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree

6. Do you have any suggestions gathering data on senior needs?
Support Enclaps and phone calls to clients
 for more responses.

