



2024 Community Needs Assessment Results

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Health and Human Services

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→ Today's Goals

- Provide brief overview of DAVS programs, services and requirements as an Area Agency on Aging (AAA).
- Educate your board about the process and results of the DAVS community needs assessment completed in summer 2024.
- Prepare your board for review and approval of DAVS 2025-2029 Area Plan in February/March 2025.

→ Who We Serve

- People who live in Washington County
- People over 60 and their caregivers
- People over 55 and caring for a spouse or partner with dementia
- People over 18 with a physical disability
- Veterans and their families

Special focus on:

- Low-income households and individuals
- LGBTQ+ veterans and LGBTQ+ older adults
- Black, Indigenous and People of Color
- People aging with HIV+
- People experiencing language barriers





Key Services and Programs

- Veteran services
- Information & referral/
Aging & Disability Resource Connection (ADRC)
- In-home services for aging well at home
- Family caregiver support
- Nutrition services
- Legal assistance and elder rights protection
- Long-term care options counseling
- Medicare counseling
- Training, workshops and public education
- System navigation and advocacy



Area Plan Overview

- Area Agency on Aging requirement per Older Americans Act
- Focus areas and format determined by our funder, Aging & People with Disabilities
- Describes local region, needs, gaps and services
- Planning period: July 2025-June 2029, Due March 2025
- Guided by community needs assessment



Issues Addressed in Area Plan

- Information & referral/Aging & Disability Resource Connection (ADRC)
- Nutrition services
- Health promotion/falls prevention
- Family caregivers
- Legal assistance and elder rights protection
- Older Native Americans
- Veterans*
- Social isolation and loneliness*
- Emergency preparedness*

*Focus areas added by DAVS

About the Needs Assessment

- Guided by a steering committee
- Uses existing data and resources
- Builds on previous successes
- Tailored to address gaps, deepen understanding
- Aligns with other outreach to community
- Educates and informs – two-way
- Completed May-August 2024





Steering Committee Roles



Identified focus populations



Guided survey questions and outreach



Informed client interview questions



Conducted outreach

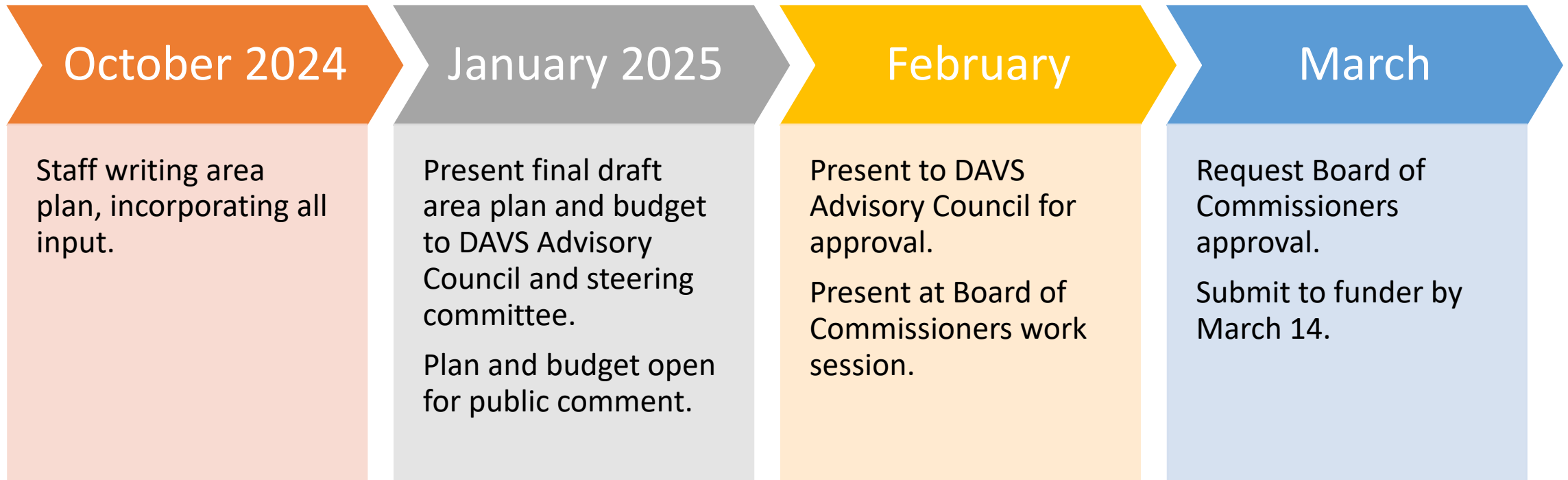


Hosted community meetings



Focused staff on highest needs

→ Timeline for Completion

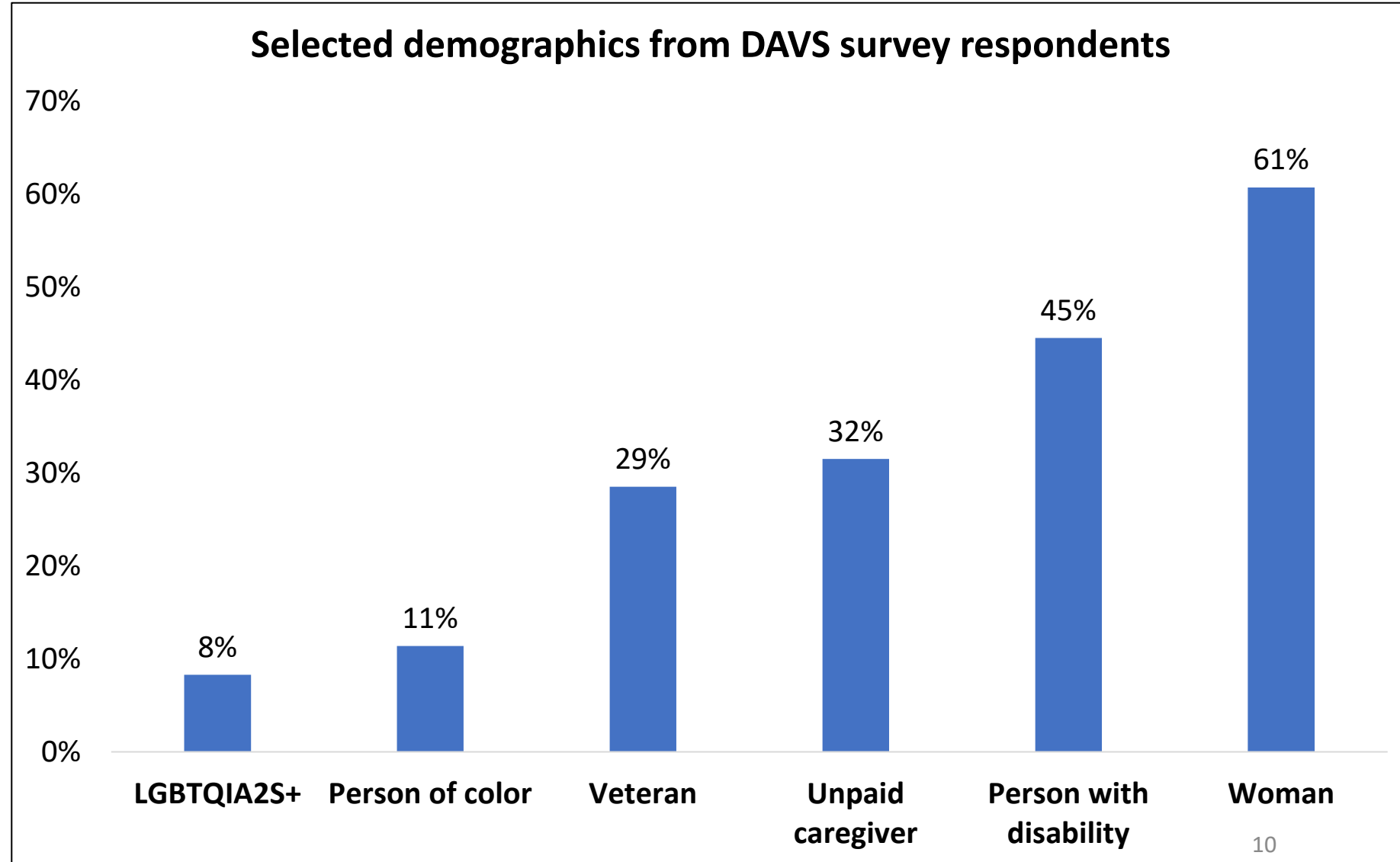




Summary Demographics

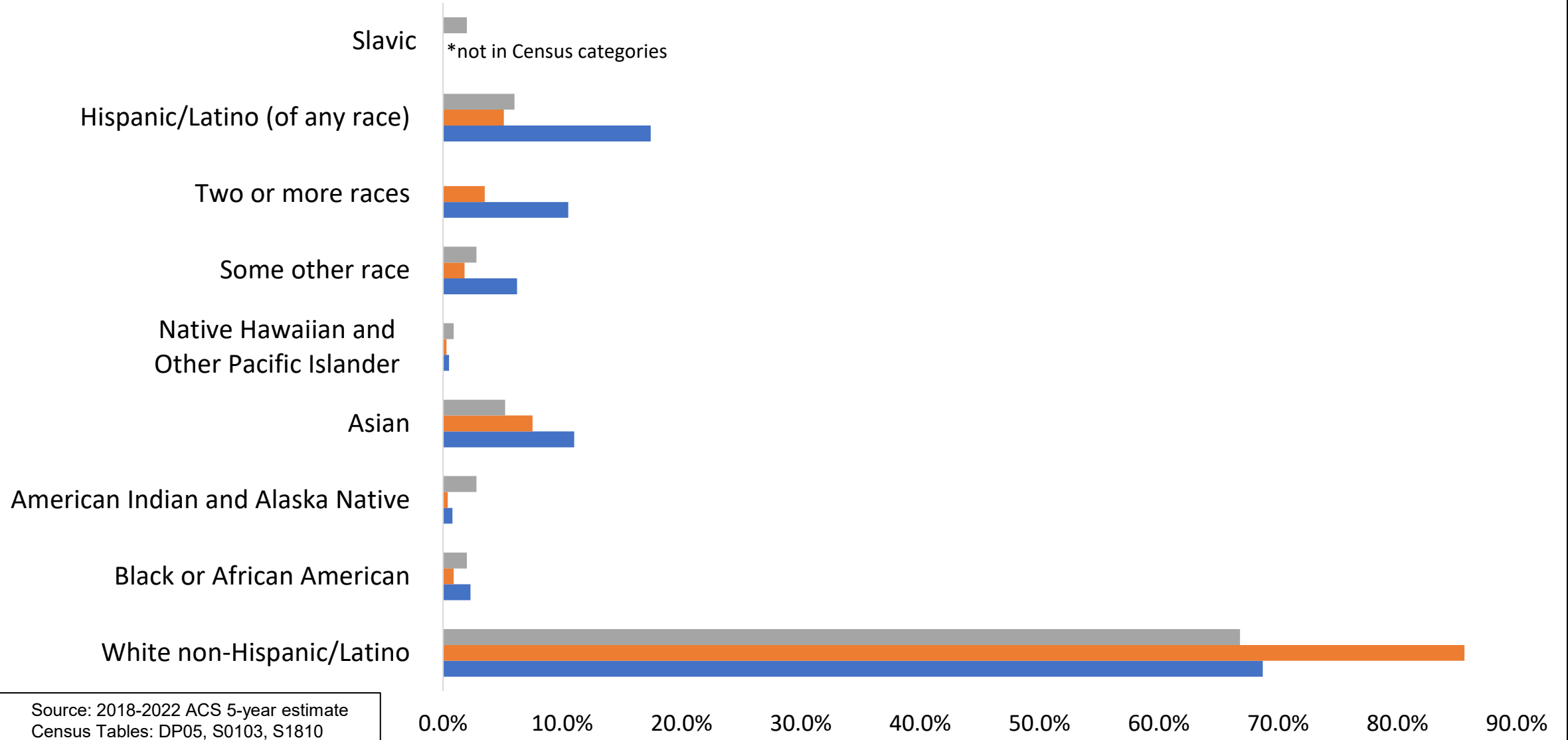
687 responses

- Majority took the survey in English and were 65-84 years old
- 168 took survey on paper
 - 2 in Russian
 - 8 Vietnamese
 - 158 English
- 26 took online survey in Spanish, 1 in Korean
- Primarily urban zip codes



Race and Ethnicity of Washington County Residents and DAVS Area Plan Respondents

■ DAVS Area Plan 2024 ■ 5-year Census estimate age 65+ ■ 5-year Census Estimate all ages



Source: 2018-2022 ACS 5-year estimate
Census Tables: DP05, S0103, S1810



Identified needs

“If you needed help with any of the following, would you know where to get it?”

Biggest gaps in knowledge:

- Assistance with personal care, including bathing, dressing and mobility
- Help caring for a friend or family member
- Making home safe and accessible
- Support as an unpaid caregiver
- Understanding long-term care options
- Navigating and accessing community resources
- Veteran benefits

→ Top Five Services

1. Navigating and accessing community resources
2. Accessible transportation
3. Understanding long-term care options
4. Participating in social and recreational activities
5. Managing chronic illness and pain

Top priorities were somewhat different among subpopulations.



Loneliness

Three question scale:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

38% overall scored lonely

Population groups with higher scores for loneliness

- Non-veterans
- Family/unpaid caregivers
- People with disabilities
- LGBTQIA+
- Women
- Not a person of color



Household emergency preparedness

Questions on subjective preparedness, evacuation needs and emergency supplies:

- 51% say they are somewhat prepared
- 57% say they have no difficulty evacuating
- 74% say they do not require in-home medical equipment

Supplies:

- **Most have** back-up heat, fan or air conditioner, three-day supply of food
- **Most do not have** three-day supply of water, generator, way to filter wildfire smoke



DAVS Client Interviews

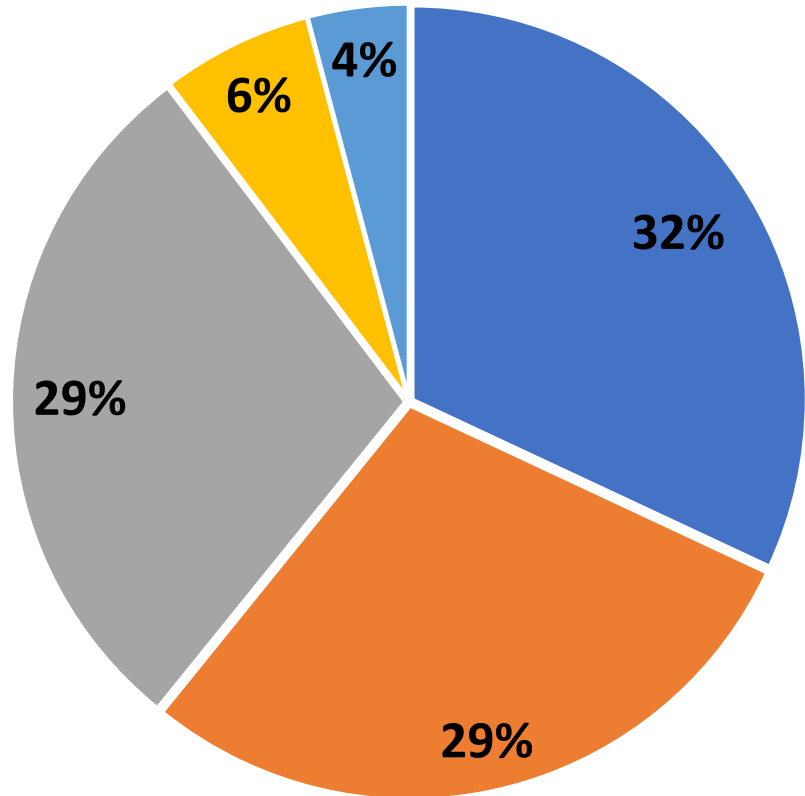
- Participants randomly selected from these programs
 - Veterans
 - Oregon Project Independence
 - Family Caregiver Support Program
 - Supportive Services
- 49 interviews completed by phone and in person by occupational therapy doctoral student from Pacific University
- Participants received \$25 stipend



Interview Questions

- From your experience, what is DAVS doing well?
- What could DAVS improve on to better support you and your health?
- What grade would you give DAVS for fulfilling their mission (A, B, C, D or F) and why?
- How would you like to see DAVS change in the next five years to better serve you?
- What is one word you would use to describe how receiving services from DAVS makes you feel?
- What is one thing you wish you knew when you started receiving services?
- What is one thing you'd tell DAVS leadership?
- Multiple questions about falls, fear of falls and impact(s) to daily life

→ How did you hear about DAVS?



- Heard from someone (family, friend, neighbor, acquaintance)
- Referred by healthcare provider (after hospital visit, doctor, caregiver, social worker)
- Found DAVS website through own research
- Outreach (Social media, Retirement Connection, newsletter)
- Knew about DAVS previously

Client Interview Findings

Service awareness

- Many clients did not know what other services DAVS offers
- 22% of clients stated they wish they knew about DAVS' services sooner

Communication

Some clients rely solely on in-person or mailed communication

Average grade overall B+/A-



→ How did DAVS services make you feel?



→ Falls prevalence in clients interviewed

- 63% of interviewees had fallen at least once in the last year
 - Oregon Project Independence: 84%
 - Supportive Services: 61%
 - Veteran: 53%
 - Family Caregiver: 46%
- 35% no fall reported
- 40% had fallen more than once in the last year
- More than **1 in 4 (26%)** fell more than five times in the last year



What would you like DAVS to know and focus on?

Outreach and
information

Falls
prevention

Data
collection

Measuring
impact

Addressing
isolation and
loneliness

“

THANK YOU FOR THE SERVICES.
SHE HAS BEEN IN NORTH PLAINS FOR
30 YEARS AND THIS SERVICE WAS LIFE
CHANGING. IT FELT LIKE THE COUNTY
WAS THERE FOR HER.

FAMILY CAREGIVER TALKING ABOUT LOVED ONE



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Data Addendum

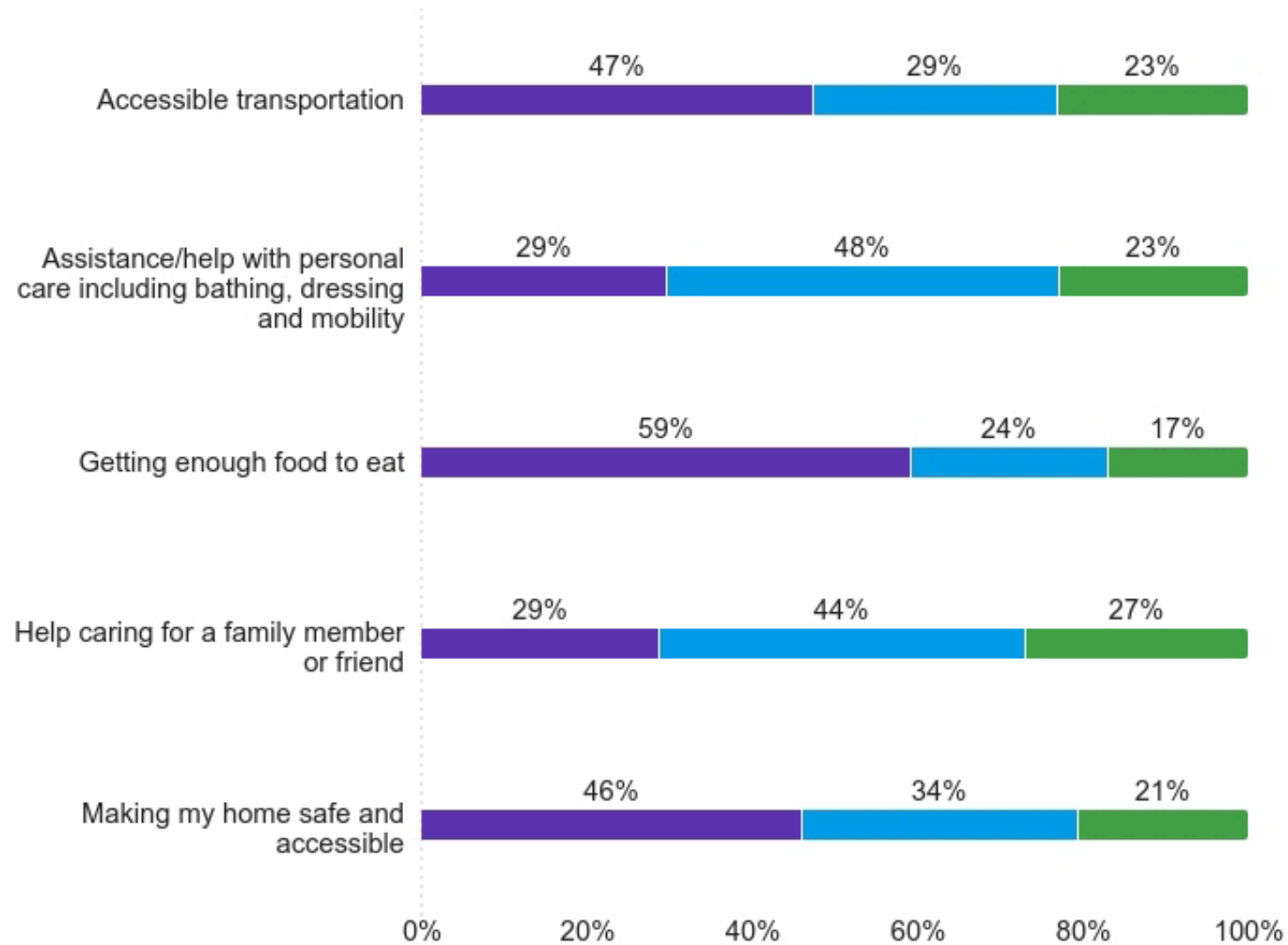
- Detailed information from which highlights were derived.
- Additional analysis will be included within the final 2025-2029 DAVS Area Plan.
- These data and additional data will be posted on DAVS website in late fall 2025.

If you wanted help with any of the following, would you know how to find it:

Basic Needs

671 Responses

■ Yes ■ No ■ Not sure

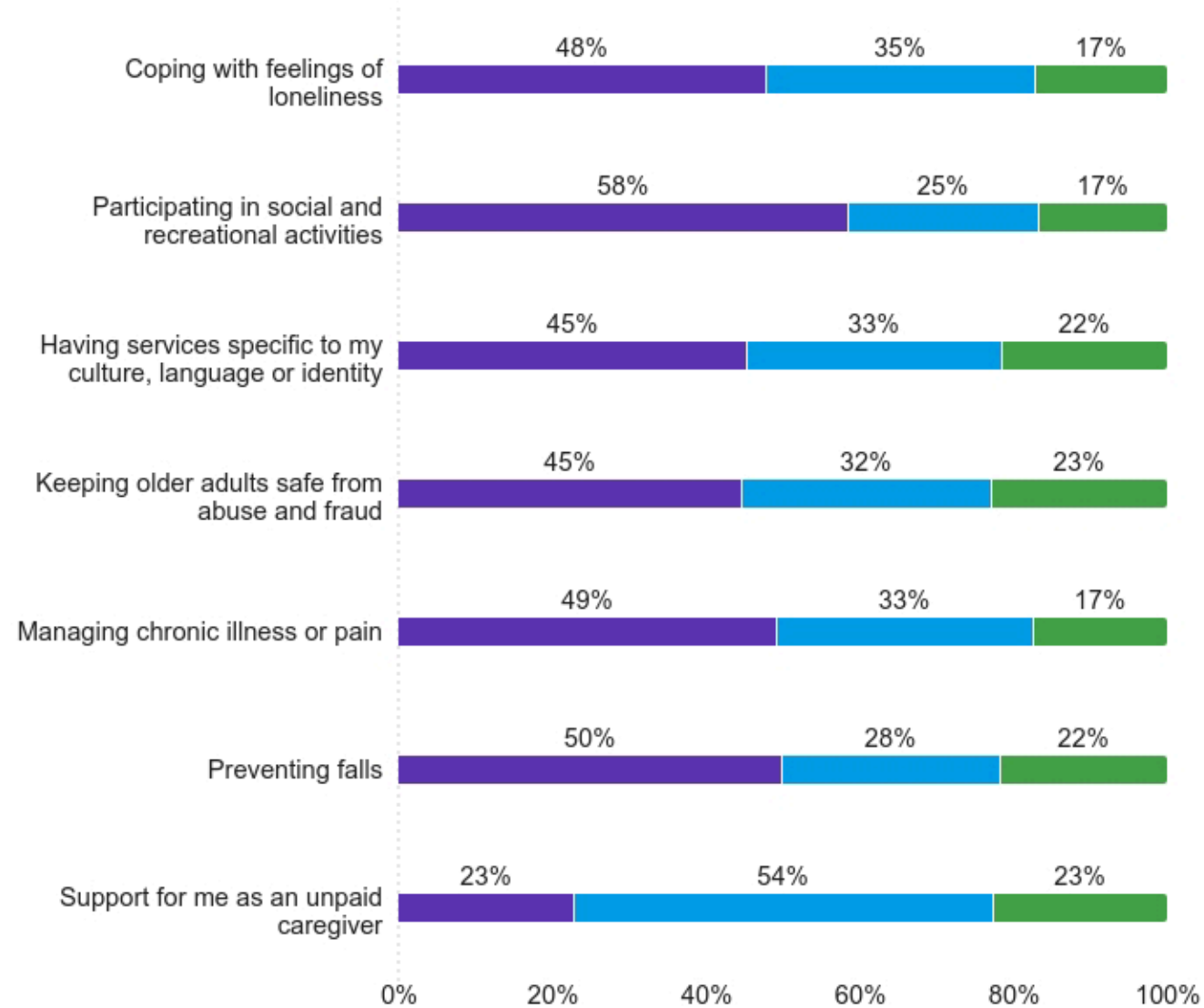


If you wanted help with any of the following, would you know how to find it:

Health and Well-being

665 Responses

■ Yes ■ No ■ Not sure



If you wanted help with any of the following, would you know how to find it:

System Navigation

659 Responses

■ Yes ■ No ■ Not sure

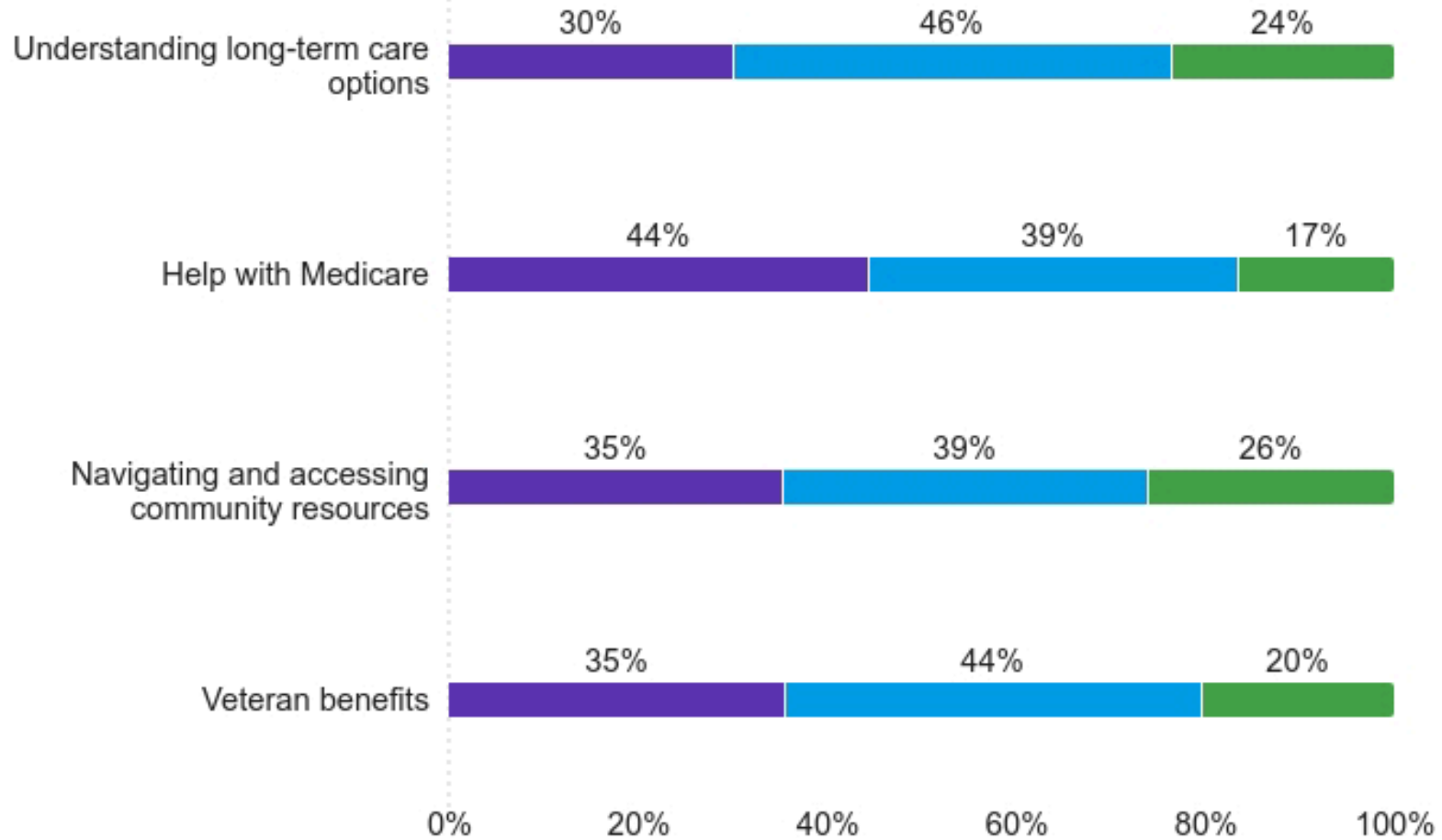


Table 2a: Top 5 Priority Services by Demographic; Proportion of Respondents who Selected						
DAVS Service	Respondent Demographic					
	All Respondents	Person of Color	Veteran	Caregiver	Person with a Disability	LGBTQIA+
Accessible transportation	10.1%	12.4%	8.5%	8.1%	10.4%	6.9%
Assistance with personal care						
Coping with feelings of loneliness						
Getting enough food to eat		11.8%				
Services specific to culture, language and/or identify of recipient						
Help caring for family member, friend				10.2%		
Help with Medicare		8.0%				6.5%
Keeping older adults safe from abuse or fraud						
Making my home safe & accessible		8.0%				
Managing chronic pain, illness	7.8%		8.1%		10.2%	9.7%
Navigating & accessing community resources	10.2%		10.2%	10.3%	10.6%	13.3%
Participating in social, recreational activities	7.9%	7.7%			8.1%	
Preventing Falls						
Support for me as a Caregiver				9.9%		
Understanding long-term care options	8.7%		9.5%	9.6%	8.0%	8.1%
Veterans' benefit			9.1%			
Other Service						

Top Priority Services by Demographic; Proportion of Race/Ethnicity Demographic Category								
DAVS Service	Respondent Demographic*							
	White n = 459	Hispanic and Latino/a/x n = 41	Asian n = 36	Black and African American n = 14	Slavic n = 14	American Indian and Alaska Native n = 19	Middle Eastern/ North African n = 7	Native Hawaiian n = 6
Accessible transportation	8.5%	10.6%	9.9%	12.1%	13.3%	8.0%	9.7%	7.7%
Assistance with personal care								
Coping with feelings of loneliness				6.9%			9.7%	7.7%
Getting enough food to eat		11.7%	7.1%	13.8%				
Services specific to culture, language and/or identify of recipient								
Help caring for family member, friend			7.1%	6.9%	7.4%			11.5%
Help with Medicare		8.9%				10.7%	16.1%	7.7%
Keeping older adults safe from abuse or fraud						8.0%		
Making my home safe & accessible		9.4%	7.1%	10.3%	7.4%	9.3%		
Managing chronic pain, illness	8.4%						16.1%	
Navigating & accessing community resources	10.5%		7.8%	8.6%	11.1%	10.7%		15.4%
Participating in social, recreational activities	8.1%	8.3%	7.8%			8.0%		
Preventing Falls								
Support for me as a Caregiver			7.8%	6.9%	9.3%		6.5%	
Understanding long-term care options	8.9%		9.9%		11.1%		9.7%	11.5%
Veterans' benefit								7.7%
Other Service								

*Alone or in combination (Respondent may select more than one response)

Table 4: Top 5 Community Supports for Mental Health Challenge

Resource	Respondent Demographic					
	All Respondents	Person of Color	Veteran	Caregiver	Person with a Disability	LGBTQIA+
Civic Organization or Community Center						
Crisis or Call Hotline		10.0%				11.8%
Culturally Specific Organization						
Faith-based Community						
Family Member	15.8%	17.7%	15.7%	15.0%	14.7%	12.8%
Hospital or Emergency/Crisis Center	10.7%	11.5%	11.8%	10.6%	10.5%	
Library						
Mental Health Provider	15.0%	12.0%	14.9%	14.9%	15.5%	17.1%
Primary or other Medical Care Provider	17.3%	13.9%	17.3%	18.1%	18.2%	17.6%
Trusted Friend	13.0%		10.6%	13.3%	12.4%	14.4%
Senior Center or Congregate Meal Site						
Support Groups						
Other						

DAVS 2024 Community Survey

Washington County Disability, Aging and Veteran Services (DAVS) is collecting information to learn about the needs of veterans, people with disabilities and older adults in our community.

The information gathered through this survey will be used by Washington County DAVS to create a plan to prioritize services and seek out resources to serve the community.

This survey is anonymous and flexible. We will not ask for your name. You can skip any questions you don't want to answer, and you can stop at any time. There are no right or wrong answers. Your answers will greatly help us serve our community the best way possible. This survey will take about 10-15 minutes.

Thank you very much for your time! We appreciate your feedback.

Assistance is available to take this survey over the phone. This survey is also available in Arabic, Chinese, Korean, Russian, Spanish or Vietnamese. If you would like this survey in another language or need any other accommodation or assistance, please call 503-846-3060, option 4.



**Department of
Health and Human Services**
Disability, Aging and Veteran Services Division

We are interested in how familiar people are with services provided by Washington County Disability, Aging and Veteran Services.

Q1. If you wanted help with any of the following, would you know how to find it?

BASIC NEEDS	Yes	No	Not sure
Accessible transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance/help with personal care including bathing, dressing and mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting enough food to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help caring for a family member or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making my home safe and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH AND WELL-BEING	Yes	No	Not sure
Coping with feelings of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in social and recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having services specific to my culture, language or identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping older adults safe from abuse and fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing chronic illness or pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for me as an unpaid caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEM NAVIGATION	Yes	No	Not sure
Understanding long-term care options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating and accessing community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Washington County Disability, Aging and Veteran Services wants to hear which programming and services are important to the community.

**Q2. Which of the following services or needs are the MOST important to you?
SELECT TOP THREE:**

- Accessible transportation
- Assistance/help with personal care including bathing, dressing and mobility.
- Understanding long-term care options
- Coping with feelings of loneliness
- Participating in social and recreational activities
- Getting enough food to eat
- Having services specific to my culture, language or identity
- Help caring for a family member or friend
- Help with Medicare
- Keeping older adults safe from abuse and fraud
- Making my home safe and accessible
- Managing chronic illness or pain
- Navigating and accessing community resources
- Preventing falls
- Support for me as an unpaid caregiver
- Veteran benefits
- Other (please describe)

Q5. How do you like to get information or available resources from Disability, Aging and Veteran Services? SELECT ALL THAT APPLY:

- By mail
- By text
- In person
- Online webinar
- Over the phone
- E-newsletter
- Other (please describe)

Q6. Have you received services from DAVS either now or in the past?

- Yes
- No
- I don't know

Next we would like to ask a few questions about veterans and families of veterans.

Q7. Did you or your spouse serve in the United States military?

- Yes
- No -IF NO, skip to Q11
- Do not wish to say—skip to Q11

Q8. Are you currently receiving, or have you ever received any of the following veteran benefits? SELECT ALL THAT APPLY:

- Medical
- Pension
- Compensation
- Educational
- Home loan
- Burial benefits
- Other (please describe)

Q9. If you are not currently receiving benefits, why not? (please describe)

Q10. What type of veteran programs would you be most interested in? SELECT ALL THAT APPLY:

- Adaptive sports
- Addiction recovery
- Addressing mental health concerns
- Building social connections
- Exercise
- Information on VA compensation and pension benefits
- Information on VA medical benefits
- Quitting smoking
- Stress management
- Surviving spouse benefits
- Weight loss
- Writing workshops
- Other (please describe)

Next we would like to ask a few questions about caregiving or providing care for someone else.

Q11. During the past 30 days, did you provide unpaid care to a friend or family member who has a health problem or disability to help them remain in their home or yours?

- Yes
- No—IF NO, skip to Q19

Q12. Do you provide care to more than one person?

- Yes (IF YES, fill out the following questions for the person for whom you provide the most care)
- No

Q13. What is their relationship to you?

- Parent/Parent-in-law
- Child
- Spouse/significant other/partner
- Other relative
- Grandparent
- Grandchild
- Family friend/chosen family member

Q14. How old is the person for whom you are providing care?

- Less than 18 years old
- 18-59 years
- 60 and over

Q15. How long have you provided care for that person?

- Less than 30 days
- 1 month to less than 6 months
- 6 months to less than 2 years
- 2 years to less than 5 years
- More than 5 years

Q16. In an average week, how many hours do you provide care or assistance?

- Up to 8 hours
- 9 to 19 hours
- 20 to 39 hours
- 40 hours or more

Q17. What type of services are most helpful to you as a caregiver? SELECT ALL THAT APPLY:

- Caregiver conference (resources, workshops, networking)
- Classes and training (self-care, dementia, communication skills)
- Individual counseling
- Getting help with caregiving so you can get a break (respite)
- Meeting with someone to talk about resources
- Obtaining medical equipment and supplies
- Support groups

Q18. What type of community services would you like to see related to caregiving?

- Activities for socializing with other caregivers (coffee, hiking, etc.)
- Book club
- Memory Café (monthly meeting for people living with dementia and their family and friend caregivers)
- Peer mentoring (learning from other caregivers)
- Services specific to my culture or identity (please list)

- Other (please describe)

We would like to ask you a few questions to help us understand our community better. When answering these questions, think of your life as it generally is now (we all have some good or bad days). Remember, you can choose not to answer these questions.

Q19. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

Q20. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

Q21. How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often

Q22. If you or a family member were experiencing a mental health challenge, who would you go to for support? SELECT ALL THAT APPLY:

- Civic organization (Elks/Lions/unions, etc.) or other community center
- Crisis or call hotline
- Culturally-specific community organization
- Faith-based community
- Family member
- Hospital or emergency/crisis center
- Library
- Mental health provider
- Primary or other medical care provider
- Trusted friend
- Senior center or congregate meal site
- Support groups
- Other (please describe)

Q23. How ready is your household to handle an emergency?

- Well prepared
- Somewhat prepared
- Not prepared at all
- Don't know

This next set of questions asks about some things you might need to do in the event of an emergency.

Q24. Would any member of your household have a hard time evacuating during an emergency due to a disability? (e.g., uses a wheelchair, is blind or deaf)

- Yes
- No
- Don't know

Q25. Are there any members of your household who require in-home medical equipment? (e.g., oxygen, dialysis)

- Yes
- No
- Don't know

Next we would like to ask you about some safety supplies you may have.

Q26. Does your household have any of the following?	Yes	No	Not sure
Accessible transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A back-up heat source if your regular heat source is not working (e.g., fireplace, kerosene heater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A way to filter wildfire smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An air conditioner or fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least a 3-day supply of water, not including tap water, for everyone within the household. It is recommended to have 1 gallon/person/day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least a 3-day supply of non-perishable food for everyone in the household, set aside for an emergency (e.g. food that does not need to be refrigerated or cooked such as canned foods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next few questions are about demographics and characteristics. The answers you provide will help us understand how best to work with our communities and support them.

This information will remain anonymous and will not be linked to your answers. If there are questions you prefer not to answer, please leave them blank.

Q27. What is your current living situation? SELECT ALL THAT APPLY:

I live with...

- My spouse/partner
- My adult child(ren)
- My grandchildren
- Friend or roommate(s)
- By myself
- Other family members
- A caregiver
- Pets
- No one else
- Other (please describe)

Q28. What is your age?

- 49 and under 65 to 84
- 50 to 59 85 years and over
- 60 to 64 Do not wish to say

Q29. What is your zip code? _____

Q30. Which of the following describes your racial or ethnic identity? PLEASE CHECK ALL THAT APPLY.

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- Chamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other categories

- Other (please list)
- Don't know
- Don't want to answer

Q31. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity on the previous page.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer

Q32. Do you live with a disability? SELECT ALL THAT APPLY.

- Ambulatory difficulty (unable or having serious difficulty walking or climbing stairs)
 - Cognitive difficulty (because of a physical, mental or emotional problem, having difficulty remembering, concentrating or making decisions)
 - Hearing difficulty (deaf or having serious difficulty hearing)
 - Independent living difficulty (because of a physical, mental or emotional problem, unable or having difficulty doing errands alone)
 - Self-care difficulty (unable or having difficulty bathing or dressing)
 - Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
 - Mood difficulty (mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations)
 - A disability not listed above (please describe)
-

- No disability
- Prefer not to answer

Q33. What is your gender? SELECT ALL THAT APPLY.

- Woman
- Man
- Non-binary
- Agender/No gender
- Questioning
- Two-spirit
- Not listed. Please specify:

- Additional gender category (or other). Please specify:

- Don't know
- I don't know what this question is asking
- I don't want to answer

Q34. Are you transgender?

- Yes
- No
- Questioning
- Don't know
- I don't know what this question is asking
- I don't want to answer

Q35. How do you describe your sexual orientation or sexual identity? SELECT ALL THAT APPLY.

- Straight (attracted mainly to or only to other gender or sex)
- Lesbian
- Gay
- Bisexual
- Pansexual
- Asexual
- Queer
- Questioning
- Same-gender loving
- Same-sex loving
- Don't know
- Not listed. Please specify:

-
- I don't know what this question is asking
 - I don't want to answer

**Q36. Is there anything else you would like Washington County DAVS to know?
Please leave any comments or feedback below.**

This is the end of the survey. Thank you very much for your time!

Learn more about services mentioned in this survey by visiting www.washingtoncountyor.gov/davs or calling the DAVS office at 503-846-3060. Contact us by email at hhsdavsinfo@washingtoncountyor.gov. We will post a report of the results from this survey on our website in winter 2025.

Help is available 24-hours a day, seven days a week for people experiencing a mental health crisis. Concerned friends, family or community members are also encouraged to call. Please call Washington County Crisis Line at 503-291-9111 to speak with a mental health professional. If you speak a language other than English, a phone interpreter will be provided.

If you are a military veteran in crisis, please call 1-800-273-TALK (8255) and press 1 for support specific to veterans.



**Department of
Health and Human Services**
Disability, Aging and Veteran Services Division