

2016 KEY INFORMANT SURVEY

Agency: _____

County: _____

Person completing survey: _____

Phone Number & Email: _____

1. How has your older/disabled clientele changed over the past three to five years?

2. What changes in the community (county) have affected your older/disabled clientele?

3. What unmet needs have you seen emerging in the past few years?

4. What future changes (demographics, national, state or local policies, etc.) do you see affecting the delivery of services to older/disabled persons?

5. What recommendations do you have for implementing evidence based disease prevention/health promotion programs?

6. You are familiar with the in-home services administered by the SEAGO Area Agency on Aging (AAA). These services include housekeeping, personal care, home health aid, home nursing, home delivered meals, and in-home respite care, all monitored by a case manager.

a. From your agency’s perspective, are the type and level of in-home services provided by the AAA adequate to meet the needs of your older and/or disabled clients? If not, please explain what is inadequate about the system and what changes you would recommend.

b. From your agency’s perspective, what should the SEAGO AAA do more or less of as a system of in-home service providers to have the greatest impact on older or disabled individuals’ quality of life? What changes would you recommend?

7. Please prioritize the existing services listed below (with # 1 being most important).

HOME & COMMUNITY BASED SERVICES

CAREGIVING

- _____ Case Management
- _____ Congregate Meals
- _____ Home Delivered Meals
- _____ Housekeeping
- _____ Personal Care
- _____ Home Health Aid
- _____ Home Nursing
- _____ Transportation

- _____ Caregiver - Training
- _____ Caregiver – Case Management
- _____ Caregiver – Adaptive Aids/Home Repair
- _____ In-Home Respite

HEALTH PROMOTION

ELDER RIGHTS

- _____ A Matter of Balance Classes
- _____ Chronic Disease Self Management Classes
- _____ The Aging Mastery Program

- _____ Assistance with Medicare & Insurance
- _____ Long Term Care Ombudsman (Advocacy for Residents)
- _____ Legal Aid

8. Do you have a question we should have asked? Please indicate it, and your response:

PLEASE RETURN BY NOVEMBER 30, 2016
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