

What Do Older Adults and People with Disabilities Need?

NARRATIVE RESPONSES



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What Do Older Adults and People with Disabilities Need?

ANSWERS TO OPEN-ENDED QUESTIONS FROM AL TSA STATE PLAN ON AGING SURVEY

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APPENDIX B

Narrative Responses

Q.1 If Washington State could improve services for people with memory loss/Alzheimer's/dementia, what would be the best first step to do so?

Potential Clients and Family Caregivers

One-on-one caregivers. I take care of my mother and can't imagine not having someone with her at all times.

Making sure there are facilities special built with all the equipment for their protection.

Diagnose it properly.

Talk with person doctor and seek information from the doctor.

Contact the families.

Provide money, services, facilities.

Determine how it would be funded and the project cost for the first 5 years of operation.

Get physicians, nurse practitioners, primary care providers up to speed about dementia and resources available for patients and care givers.

Finance Adult Day Centers using grants etc.

The State Legislature passes a new bill to fund these services!

To help family members with education, findings, outside help.

More respite care for caregivers.

Help in the home.

Be more active with senior center, creating activities to improve memory.

Go to doctor.

Education and medications available.

Look for more cures.

Improve and keep them on a good diet.

More in-home care givers (State funded - more hours).

In-home care and house work.

Have more compassion.

Education offered to ALL persons related to memory loss (patient/family).

Education in high schools, as mentioned above. Because a loved one lives with what I call "an aging

brain," I took a short university class for CEUs on the subject. We must teach high schoolers that evidence shows that the same things that are good for our heart health are also good for our brain health. Also, we can go a long way toward changing our culture of disrespect. I don't like hearing people say, dismissively, "that person has 'lost it,' " or "that person is not who they used to be." As we move through life, each one of us is exactly who we are, and we deserve to be treated with respect. We need to promulgate a culture and language of respect to creep into and replace the culture and language of disrespect for persons who live with aging brains.

Educate the public on the importance of this issue. It could happen to a family member or themselves.

Cut the red tape.

In-home care.

Education.

Increase the capacity and availability of services.

Some programs can slow down the progress.

Make everyone aware of what help is available.

Adult day care available throughout the state.

Have more awareness of causes/symptoms/explanation educated to public.

Funding for in home care, so many people don't receive the time and care they need due to funding issues.

Include a standardized assessment for patient suspected of onset of the condition.

Provide excellent treatment and care.

Find a cure.

Identify needs; not sure what is available.

Keeping facility costs down for single persons with no family.

Expand personal transportation, assistance with home-like chores. Expand services that utilize technology to enhance personal safety. Respite care for caregivers who are paid and unpaid.

Use the media to get the word out what is available. Almost impossible to find services in the phone directories or calls to various agencies usually hit a blank wall. GROUP MEALS AT A FACILITY ARE WORTH NOTHING TO PEOPLE UNABLE TO DRIVE/WALK THERE.

Create more adult day programs.

Help for caregivers. Specialists who deal with this disease...nurse practitioners and social workers who are readily available. Respite care, chore services. Isolation of caregivers and the elderly is terrible. Life shouldn't revolve around illness and disability so support groups are helpful.

1. Impeach Obama. 2. Repeal Obamacare. 3. Support and help the spouse/caregiver from the onset of the illness until the patient needs to be institutionalized.

Relief for caregivers.

Provide better training for caregiver staff – at all levels from home health aides to MD's.

Professional and on-going education on dementia is key: what it is and how to work with individuals diagnosed and with the care partners. This applies to health care and social service providers, paid and unpaid caregivers, etc. Too many providers consider themselves experts on dementia, when they are not. It takes on-going and evidence-based trainings, provided by true experts in the field (with a proven track record) to stay on top of the latest in this ever-evolving arena.

Teach them better with words they understand.

Educate the entire community: diagnosed individuals, unpaid and paid caregivers, health care

providers, social services providers, etc. on what dementia is and how to compassionately and professionally work with and refer the care partner and the person diagnosed. Too many providers consider themselves experts when they are not. This is an ever-changing field that requires on-going training from a proven & skilled professional, who in turn maintains a high standard of expertise and knowledge.

Provide more personal counseling about available services. There were a number of measures mentioned above that I don't know enough about.

Start with the friends and family who take care of them, they struggle to make it day by day sometimes and need some assistance, too.

Family caregiver support.

Educate the tax payers so that there could be public support for good statewide programs.

Educate the caregivers about services available and at what levels of care are available depending on severity of disease.

Adult Day Centers in each county; Family caregiver supports, including respite; In-home personal care; In-home chore services. The above items are needed in order for the caregiver to be able to keep their loved one at home. Beyond that, financial support would be most helpful should the loved one need to be cared for in a family care home or specialized care unit. The current costs are prohibitive!

Providing funds to educate families and caregivers on how to deal with a person with dementia or Alzheimer's. The rural communities do not have much available.

Adequately subsidize Adult Day Health and Adult Day Care centers.

More respite care and education.

Identify a one-stop number like "211" that people could call to gain access to information and services.

Respite and in home care, companionship, 20 hours a week. At home and at private pay facility.

We need a great deal more education and awareness on this disease in general. Unless a person has been directly involved with a family member or friend with dementia, there is a lot of misunderstanding about the illness and the toll it takes on the caregivers involved.

While I am not now a caregiver for a person with dementia, I was a family caregiver for my mother with dementia until her death, and for my aunt until her death. One of the biggest improvements could be respite care, places that allow family members to continue to work, similar to childcare. A few hours in the morning or afternoon is not sufficient and this type of care may prevent persons with dementia from being placed in residential settings. While some adult family homes are great, many are definitely poor choices, but the only choice for families.

Educate facilities on abuse/misuse of anti-psychotics and teach caregivers whether professional or family members how to treat and react to individuals with dementia.

Education.

Create a public awareness program and ask for input from the population.

Public education and money for research, clinical studies on the subject.

Have agencies talk to each other within State and between regions to minimize duplication of services, learn from each other and maximize support no matter where one lives.

Widespread support for Family Care-givers. Often it is the spouse, frequently an older adult, who ends up caring for those with memory loss. Family Caregiver support, including funding for services provided, would help more adults with memory loss stay at home, and not have to go more expensive living/treatment options.

Allow people to get in-home services that are more chore-like than personal care (e.g.. bathing)

because many are frail/forgetful and can't do chores but can physically take care of themselves.

People need to know where to find help at the beginning especially.

Better screening for memory loss.

Remove stigma and improve professionalism for companies like University of Washington Physicians (clinic facilities) so that they are not blaming the patient for their disability and then denying them service because of their disability.

Have information available to doctors and other medical professionals on the services available for people with dementia and how to access these services.

Early intervention coupled with education for caregivers/relatives.

Preventive and education for the person and their family and close friends.

Actively recruit medical professionals who understand importance of diagnosis and treatment of memory loss related diseases.

More medical information.

Make sure care givers understand the population they are working with. Rather than give medication as a crutch to calming some one down, find different solutions. Medication is not always the answer when a resident is acting out.

Education.

Help keep them in their homes by providing support to the caregiver, I currently need someone to prepare or bring in lunch for my husband 3 times a week so I can attend support groups and tend to my own appointments and errands. I haven't asked for help yet but I will need to soon.

Memory loss.

Get help from family members in home care.

Send information to all Seniors over the age of 50.

More/easier access to resources for caregivers.

Once a month up to date classes on this disease.

Having cared for my Mother for the past 16 years – alone. She has a shunt from Right Side Hydrocephalus. Which if misdiagnosed – many are and then they are diagnosed with Alzheimer's or dementia as this is how my Mother was acting. Dr said Mom had Meniere's at which point I did my own work and found that an MRI can pin point Meniere's or not. This is how it was found Mom had right Side Hydrocephalus. I moved from Alaska back to our home State of WA. as Vancouver had the best Drs to do a shunt placement. Mom is doing as well as she can with damage that has been done to brain. I do everything for her yet she is able to read her paper and do crosswords and walk. I care for her at home and keep her routine the same as she had during her younger years. While I was in Alaska I was a CNA and worked at a Pioneer Home in Juneau for a short time. They had a wonderful Alzheimer's unit – which was set just like a home. The residents were separate from all other residents. Meals were brought in from kitchen and we served residents at small dinner tables. We worked quietly and together. Some residents had a shared room – most did not. Each could live as if they were at home. It was by far the best for each resident – keeping same routine a person has had during life before illness is vital. As many think these people cannot understand – however they do – and if one would place themselves in a situation where all DOL's were taken and then you were moved to a new location it is very upsetting. At which point to make move as easy as possible it is important to find out from family what routine was – some may have read the paper each day or some may have been a bird watcher – no matter what each person may have enjoyed it is vital.

Quality of life. A friend had Parkinson's and when she could no longer walk etc. we cut pieces of cloth and placed in a basket and had an old sewing kit with spools that were empty etc. She would sit and thread a needle that wasn't there and pick up the cloth and sew lay everything out as she had loved

to sew her entire life. In a nut shell – Respect, quiet, routine, home, and help.

Improve time allotment for primary caregiver.

Continue the Workshops at Peace Health which occur annually.

More funding for families that take care of loved ones in home care.

STOP PAYING MORE MONEY TO FACILITIES AND GIVE IT TO THE PROVIDERS AT HOME.

More funding.

Help in keeping the person in their own home.

Getting a good program together, and making it well known how to get the services.

Make services better known.

Give a pathway on the progression of service how to get started.

Make sure families get connected to a navigator(social worker) who can direct them to the services and choices available.

More education about these issues and how to deal with the various complications as they affect the person and the people around that person.

Education.

Paying the spouse for caring for them so that retirement funds can be protected, they have a better chance of staying in their home and the spouse does not have to become financially, spiritually, socially and emotionally bankrupt. This is especially true for people who become disabled BEFORE retirement age and the spouse CANNOT collect SSI and they do not qualify for anything, nothing, there is nothing for us.

Fund home care services.

Advertise more about the services available.

Respite care for middle income families. Now you can't afford respite care if your income is 4,000 a month. With all the everyday expenses, there isn't much left over for a paid caregiver.

Pay for grants to train professionals to help these people. Getting training is impossible if you don't have funding to get the education, training and certification so that you can help take care of these patients.

Survey individuals who are currently caring for persons with Alzheimer's or dementia and prioritize programs on the basis of their stated needs. (Such as this survey!)

Make sure families/spouses don't feel they have to do it all by themselves.

Provide education on how to prevent and slow down dementia to younger adults.

Provide rural communities with a assisted living /adult day care programs in a hub community, so that families can get services if they only have to drive 25 miles to get there for visiting or participation. Most rural families do not have access to adult day care (which allows family members to continue to be employed).

Enclose a DSHS pamphlet with the voter's pamphlet.

Trained live-in assistance program that offers room & board & small stipend in exchange for care.

Individualized social worker intake/referral; advocacy and education. The caregiver needs education and assistance similar to pregnant mothers do, individualized as often the impact of the dementia and prognosis, etc. is not well explained and lost in the complexity of the illness. Family impact is huge, especially for early onset and there are very limited resources, if any for families. The patient needs social worker services, rather than just assessment at the facility (which is currently overstretched).

Enough funding to all for same robust services statewide.

Continue and/or increase availability of support groups.

Hold state-supported agencies & institutions accountable for proper nutrition and employee turnover rates (allow them to raise wages). Is there really a cap for hourly workers? I never have been one, but I find turnover wastes so much money that could have gone to better care and opportunities for adults in need.

I think the first thing WA State could do to improve services to all people with needs would be to allow case managers to be the social workers they are and use their education to assess and determine need instead of a math formula doing it based on answers given by clients that are abusing the system. The State would save a great deal of money and be able to pay for better services for those in real need.

More public information; more free seminars so people are well-informed.

Educate young people about memory issues and try to erase the stigma of the condition

Counseling for elderly and disabled.

More training to caregivers on the subject.

Having all departments on the same page, in other words drivers license, dept passed a person who failed the written test 4 times, was going to give the 5th test until caregiver stepped in, then they proceeded to give her a driving test which took approx. 15 minutes and passed the person. All of this was being done through the doctor who requested the state for the testing. Doctor does not want the patient driving because of Alzheimer's. ?.. State of Washington is allowing it. Have all on the same page for protection of patient and family.

Provide families with information on how to deal with the symptoms Alzheimer's cause so they can fully understand their loved one.

Educate the family, tell them the steps and what to expect. And, as the disease progresses to the point they don't know you, don't stop visiting.

Inform family members and medical community (re types of services available). Dementia, etc., can be devastating for families; everyone involved needs assistance.

Realize it is a disease just like any other disease learn about it don't hide from it.

In home care training & education.

Early identification of dementia.

Get input from families of people with memory loss. Provide adequate budget and reach out to the invisible members of our society i.e. first generation elderly immigrants, limited English speaking communities.

Lower the cost/ rating system. Paying in excess of \$5,000 for care is a tremendous burden.

Family caregiver support.

More education for families.

Give 24-hr care in the home.

Skilled medical help.

Help getting the food they need and help fixing it.

Establish memory care units for Medicaid residents and invest more money into their care.

Get a handle on the issue including the needs of participants and delivery systems.

More facilities for low income, or "Medicaid" residents.

Affordable places to live with high standards.

Trained caregivers to give respite care.

More educated/trained caregivers to support families and people with the above conditions.

Affordable in-home programs to assist caregivers. State financial aid to help cover high costs of assisted living, day care for seniors with memory problems.

More support for family caregivers.

Trying to get family more involved and help them understand what they will be encountering also what the caregiver will have to face on a day to day basis.

Continuing education for staff of Assisted Living, Community Homes, Nursing homes, and at-home care-givers.

Family support.

Educate caregivers.

Greater access to adult day programs that are affordable, supportive and provide respite at the same time!

Education.

Education for family and caregivers.

Something to assist the family care givers so they don't become isolated as they care for their loved one with Alzheimer's or other dementia.

Identify the full scale of the need statewide.

PROVIDE ADULT DAY CARE CENTERS.

Education.

Work toward a 'person-directed' therapy and education of caregivers and family members in how to apply the guidelines. Something similar to the approach suggested by Dr. G. Allen Powers in his book, "Dementia Beyond Drugs," would be a great start.

Training.

Information to prevent the illness.

To provide education about dementia to health care providers and services available to families. Many times health care providers are not aware of support services available which would alleviate undue stress to the family caregiver.

Education of the disease.

They need 100% services.

Education, Education, Education! Get the word out. Use the resources (\$\$\$) that the State has carefully in funding these resources. Organize, fund, and establish an Annual Summit. Gather a cross-section of the Social and Health Services Providers and have them tell their story (What they do to provide these needed services) State funded, Private funded ,Federal Funded groups could get together to get the ball rolling. Invite the Public!! Gather feedback! Your survey was great – I am embarrassed to say – I did not know about several of these resources!

Offer same service to people who can afford it but be exempt from paying out of pocket for services.

Prevention counseling, working one on one before the disease is aggressive, people involved in care providers and family members education. People working with those people should get more days off because work is exhausting emotionally and physically and higher wage.

Provide more training for those who deliver care services to Alzheimer's patients.

Offer more and more each year.

Family support.

Education, family caregiver supports.

Education.

Education on: (1) early detection and the difference between natural aging, (2) how to communicate with the person (3) how to effectively interact with a person.

Caregiver training and support.

Find the ones that need the help.

Because MPC/COPEs are not set up to provide adequate time for supervisory services (especially for recipients/applicants who are physically capable of performing most ADLs), providing breaks for informal caregivers is crucial for the wellbeing of the caregiver and the person with dementia. These folks need special care, and the availability of publicly supported community-based options is critical for people who cannot receive care on an unpaid basis.

Education of patient and family about the disease...what to expect, and how to maintain the highest quality of life for the person with this disease.

Assure funding is available to support a program on a long term basis. Not starting out a program only to have to cut back on it or threaten to do away with it.

Early detection to be part of the yearly physical so it doesn't fall on family or friends to initiate testing/care.

Early intervention and education.

Easy to get information and support family caregivers.

Provide more funds that adapt more to the needs of the person receiving the services.

Case managers visiting and talking to them personally or their family members.

Be less stringent with qualifications for respite.

Education to families.

Support for families.

If Washington State could improve services for people with memory loss I believe the first step would be to get it going as fast as they can and make it possible for people to access the help right away. E.g. If they had a support group available get that info out right away and start helping people be more aware that there is help available.

Offer help with in home care assistance for family member.

To provide education to families of Alzheimer's patients regarding the importance of supporting each other AS FAMILY should in order to avoid 'burnout' on a 'sole' caregiver. Family should be educated on the fact that their loved ones would benefit so much by remaining within their familiar surrounding and loved ones as long as possible.

Larger care provider to patient ratio in facilities.

To send out teams that could educate, support and relieve family members that are caring for their loved ones. I know from experience that if they had help with caring for them and individuals were able to leave the house to tend to their jobs or shopping with their loved ones being helped by others it would be a lot easier for them to continue to care for them.

Give families and caregivers more training.

Education!

Education in all areas pertaining to dementia from doctor, testing, meds, services housing and care options, family/spouse support.

Realize that the person who has this condition cannot make good choices for themselves...Drs have to have patients permission to keep them in the hospital even if the patient has dementia and could not make a quality choice for themselves....Somewhere we have got off track and these people are

falling through the cracks...Not getting the right care.

A liaison that will do home visits at least twice a month to make sure the person being helped, the client, is not being taken advantage of. Someone to check and make sure the caregiver is keeping the living space clean, keeping the fridge cleaned out of old food, checking to make sure everything is being done for the best possible care for the client and the caregiver isn't taking advantage of the memory loss and forgetfulness. The caregivers are not checked on often enough and usually by the time someone checks on them, if there has been things going wrong, they are very bad by the time someone checks.

Keep them in familiar surroundings as long as possible.

By making sure the standards of care for these special cases be up to par with the disease. It takes special people and special understanding to care for people with dementia and Alzheimer's and I think that if you are going to be a care provider you should be required to have a certain standard of education and training beyond the basic 30-70 hour course. Also it should be kept in mind that those family members who care for people who eventually show signs and become diagnosed with dementia or Alzheimer's may not be able to have time to learn how to cope with it better as changes come, I think a program should be in place to help them so they can care for their loved one as long as possible.

A state plan.

Visit client in their home.

Education.

To listen to the family and friends of persons dealing with these issues on a daily basis and not to make assumptions of their needs and wants. Involving the persons with the illness if at all possible in the decisions being made about them not just for them. Getting medical information from multiple sources and second opinions when a major decision is needed regarding diagnosis and/or care. To not downplay the religious or cultural beliefs of the persons being served.

Educate and recruit quality caregivers everywhere, make it a new and rewarding career.

Special living facilities designed especially for persons with dementia and Alzheimer's tailored to THEIR needs.

Provide adequate hours so that there are at least two 12-hour shifts to care for these people. Three 8-hour shifts are ideal. Either one would be less expensive and less traumatic than being put into a nursing home. These people should only have to go into a nursing home if they are not ambulatory and have no sense of their surroundings as in the late stages of Alzheimer's. Part of these hours could be credited back when there are daycare facilities that are appropriate and beneficial and being used. I did this type of care for a person, and I had to work at least eight to ten hours per day off the clock because he could not be left alone and it nearly ruined my health. For two years, I averaged only three hours of interrupted sleep over a 24-hour period of time – only being able to catch up when I had three days of respite care a month. I could not do this again because of damage to my own health in the form of strokes. As a matter of compassion to underpaid caregivers, the state also needs to raise the pay to a living wage and also pay for unemployment compensation and workmen's compensation like every other type of business does. This is as important or more important than health insurance since Obamacare is not available. If the state were a private entity, these benefits would be mandatory. They would not be allowed to be on the fence between self-employed and employed. When I was an unemployment insurance adjudicator, federal law stated the definition of employment is dictation of hours, rates, working conditions withholding of taxes were all determining of determination between being self employed and being employed.

Give training for caregiver, raise up hourly pays because caregiver have important role.

Since people like to stay in their homes as long as possible, there needs to be more respite hours for the family caregivers. This is for early stages of dementia.

For many of us with even mild memory loss, paperwork is overwhelming. My memory loss is considered minimal but I feel both burdened and threatened by all the papers that I have to deal with to get state services.

A safe place that the family can not worry about them.

Encouraging the disease to be diagnosed in early stages. At this point, providers are not checking for this problem early enough.

Pay for quality, educated caregivers to take care of them in their home

Providing these services with much information with availability.

Medication.

More monitoring. It is easier for people with dementia to become a victim of abuse because they don't speak out.

More assistance with easing someone out of their home into an assisted living arrangement....the transition is extremely difficult for all concerned.....really are limited services to help.

Caregiver support to be able to stay at home and get some personnel help dealing with daily living.

Listening better to family members who need help getting these services for them...they fall through the cracks when being accessed for dementia....they don't help families who are with them daily and tend not to believe the signs are there because they might be having a good day at that point. Also mental illness goes hand and hand with this a lot...depression, anxiety, etc....has been my experience also.

Educate the family members.

Better understanding and to help keep them in their own homes as long as possible.

Improve Medicaid funding levels to assisted living facilities (boarding homes). Many assisted living facilities with specialized memory care units won't accept Medicaid or keep existing residents if they go onto Medicaid because of the low rate. However, the resident may not qualify for a nursing home placement, nor would that be an appropriate placement because they don't have the skilled care needs. The state needs to expand the lower level housing/service level options.

Education and support.

HAVE SPECIALIZED FACILITIES MORE THAN 3 TO HELP.

We need daytime programs for adult daycare activities. We need a facility for people who are dependent on the state that will accept the program they are on and not be discriminated against financially for services.

I think that more respite hours for family members should be given monthly. Taking care of people with these type of illnesses is emotionally and physically difficult and giving them time to take care of personal business and personal time away is very beneficial for all involved.

The first step would be for people with dementia diagnoses to be authorized by their HCS or AAA case managers to access services they are eligible to receive. I have worked in this profession for 14 years and it is painfully clear to families that HCS and the AAA do not authorize services to many families who are eligible for services because of cost to the State. The least expensive option is offered and any additional services a person qualifies for are turned down. So if a person has a home care aide, they are turned down for adult day health. If the client is living in an adult family home, they will only authorize additional services if Medicare is the payee, the State will not pay for other services. "Least restrictive" translates to "least expensive" for the State. I have been told for years by HCS nurses that people with dementia and Alzheimer's cannot attend day services because they cannot remember how to do the exercises, so they are not eligible. If the State is going to create an Alzheimer's Plan, they are going to have to stop paying lip-service at the Administrative level and make sure the front-line social workers know how to authorize services the State already offers, and

allow people to access to the supports they are entitled to receive.

More care facilities around all areas in the state.

First and foremost acknowledgement of the depth and breadth of this debilitating mental illness, when I sat with my mother during her assessment to receive in home care there were very few questions asked that would show how incapable she was, an example being yes she can use a tooth brush but she can't use one without cues all through the process, but the assessment doesn't go far enough to ask mentality questions that require a twenty-four hour a day care setting which she needs, yet I only get 139 hours a month.

(Not sure if WA state already has this program but...) a system to alert of wandering/lost seniors similar to "Amber Alert" for children.

Make the process easier. There is so much financial and medical paperwork. Some people are more friendly and helpful than other people.

Better support to the people who provide in home support, rather than opting for nursing home care.

Family support.

Find the scope of the need for it; is it cost effective?

Family and paid caregiver focus and discussion groups.

Educate them. I find people who live with people with Alzheimer's don't understand and they get frustrated and don't know how to react.

Help support families of those who are affected with education and respite care.

Education is a logical first step.

Train more people specifically to work with people with Alzheimer's and dementia and pay them a living wage.

Everyone thinks staying in their house is the answer, it is not. Move to a small manageable place where supports can be provided.

Offer more training/education for home care aides, etc. on these topics.

It's almost impossible, but the best place to start is by meeting directly with the person with dementia and those closest to them to maximize their awareness of all available options and scenarios.

Help pay for in-home care.

Get the public educated by; 1. getting the person out into the public at places all people go, restaurants, church etc. 2. educating people through ads, classes 3. exploring all avenues about prevention 4. forming groups for people with Alzheimer's/dementia.

Specialized care units.

Have classes for memory problem.

Provide caregiving education about memory loss.

Provide more support services to family/caregivers as their lover one forgets the world.

Testing/memory.

Make sure that, if someone has acted out because of one of these symptoms they are not arrested and sent to jail but sent directly to a hospital and then to a facility if necessary. Putting them in jail confuses them more and frightens them almost beyond repair. These people are sick, they become victims!

Diagnosis.

Provide in home care.

Get the families involved.

You need to increase the wages the state pays to agencies so that we may pay a good living wage to obtain and keep higher level of caregivers. The money you offer now is not close to adequate.

Help doctors recognize and formulate plan for care.

Try to keep them with family members (who they know) instead of random caregivers!

Get them better care at affordable prices that make people that have incomes lose their money.

Make sure caregivers and services are well funded and supported.

Continue providing older adult services.

Add more funds to boost budgets for special need services.

If further help could be provided e.g. taking medications for an Alzheimer's patient with a voice-activated reminder for the caregiver and/or the patient, that might be helpful.

Make facts and services simple for families/ individuals to understand.

Provide more caregiver services and support for people with memory loss; it really helps to keep them in their own home or with family but the work is very intense and the amount of hours allocated for them is too little.

Education and more service employees. People would be more interested in the service jobs if the wages were improved. The cost of becoming a caregiver is high related to the pay scale for being a caregiver.

Education on the brain.

Increase hours for at-home care (i.e.: COPES) so that the person can remain in their home as long as possible.

Educate and train the people who provide services.

More money funneled into Senior Care.

Improve nursing homes to provide better care.

Take them to a nursing home.

Family support.

It is not just for people with memory loss or dementia it is important for all elderly, because they need more time for everything, so the best first step would be to increase hours for those who stay in their homes and have caregivers. Coming to them, so elderly would not be rushed and caregivers could do their tasks with more satisfaction for elderly.

Education so that we can recognize its early stages.

Identifying people with these problems. Perhaps reporting by doctors.

Encourage more doctors to also be geriatrics...most of our info comes from my Aunt's primary doctor...My Mother had Alzheimer's and her Doctor specialized in geriatrics...he also made house calls as she progressed.

Education.

GIVE RESPITE CARE.

Educate people about the services available.

Provide support to families of those with Alzheimer's already; COVER in full the placement of person with Alzheimer's or HOME support; EDUCATION to the 30-55 year old community as they will be the ones caring for their parents.

Education services, early signs of Dementia and Alzheimer's are generally unnoticed or taken as some quirky behavior not the beginning of illness.

I feel that family members should be aware of all options for a family member that has memory loss. I feel that a lot of family members are not aware or have the information for what adult homes are available for their family member. If the family member is in the early stages they should not be in an Alzheimer's home they need to be in a more active environment.

Understand the needs of people suffering with this and also helping the caregivers in many ways time off when needed training etc.

Early patient and family education is critical to be prepared for what is likely to come as dementia progresses. I find that families often wait too long in having discussions about their parents situation and wishes.

Educate caregivers/family on the care for individual.

Meeting their individual needs and provided appropriate services based on the individual and their circumstances.

Quit deleting their funds. Why they always pick on the elderly and homeless for cutting benefits is beyond me.

Case managers currently only have time to do an annual meeting and paperwork. Hire more case managers or take away the day to day management of family caregiver's payroll. Allow case managers to stay with the family & support them through options available, personal situations, etc. – a resource for the family as they find the appropriate support for their family member needing services. Every family needs a resource – not just someone who shows up once a year and doesn't ever develop a relationship with the person they are 'managing.'

Provide support so they can remain in their homes as long as possible with caregiver support with ADL's. it is so important to all my clients that they maintain their independence, this applies to all people. We should encourage this and give help at home and later in the nursing facilities as we currently do as a state.

More awareness for the public of the early signs so they can seek early support.

Education and training of successful dementia programs that have helped communities around the US.

Good care and good trainer.

Have more Medicaid beds in Assisted Living Facilities.

More places for them to live at an affordable rent.

Proper assessment of the disease, reasonable costs for Adult Daycare.

More funding for current services such as adult day centers and in home care.

More education for the caregivers to understand and be supportive of the client/patient. Help for the spouse still at home, dealing with the client/patient. That's what I see in the home I work in, the wife needs more support and/or breaks from the situation.

Classes for the caregivers and family member to help better understand what is going on with a person with Alzheimer's.

Educate people. This type of problem is very hard on the person inflicted. The worst thing to do is not know how to react. Understanding is key.

Help family with ideas that could help improve memory with nutrition and exercise programs. Give relief for family care providers.

Get the information out! My dad is now living with me and I have no idea where I can get help – plus he has money in the bank so I don't think he will qualify for help if I do apply somewhere.

Educate people.

Have a caregiver at all times.

Better run facilities for those who cannot live at home with better paid caregivers with deeper background checks and daily monitoring to prevent abuse.

Research.

Education for those who care for Alzheimer's/dementia and respite care.

Help for family members who are their primary caregivers.

Ensure safety in their homes from wandering, fire, falls, etc.

PR directed at adult children to look for signs/symptoms. Open your eyes your parents are not who they used to be

I would find out more about the disease.

Increase paid caregiver hours and lower participation copays.

SUPPORT FOR FAMILY MEMBERS CARING FOR A LOVED ONE WITH ALZHEIMER'S DISEASE.

Treat hearing loss.

I think they need to go out more to do some activities light exercise visiting parks planting so there should be centers for that.

Education.

Focusing on "Caregivers" as a whole not just for a family member who is a caregiver, when it comes to respite care.

Educate all people who deal with Alzheimer's clients – and provide support groups for those who are providing the care.

Education.

Reopen our assisted living facility.

AFFORDABLE diagnosis.

Caregivers need more inclusive training regarding this issue. Also, although I'm a caregiver (how-be-it unemployed) how do people like me access the care help for ourselves? I have no other form of income, my insurance turns on and off like a water tap and I have many medical issues needing attention including more testing. Social security wants me unemployed for 12 full months before filing. The ole catch 22! Also, this survey is most confusing switching back and forth between answering questions about elder care from the viewpoint of a caregiver and then suddenly asking ME if I have Alzheimer's or memory loss. Which is your goal???

Respite care and adult day programs are extremely important for not only the well-being of the person with Alzheimer's but also for the mental health of their caregivers. No support for caregivers leads to elder abuse.

Home health support.

Remove all Republicans from state legislatures and Congress. Don't let the people that made methadone the required first call palliative care/pain choice in the WA Medicaid formulary be in charge of services for seniors with memory/dementia problems. Research what actually works in other states.

Educate caregivers how to treat the patients.

Education for all.

More education and support for families and caregivers.

Hire more workers.

To recognize the full problems with short term and cognitive memory loss.

Making sure the primary care provider for such an individual is aware of the severity of brain injury.

Education for family members about memory loss.

Items listed in #8.

To know the cause. Analyze lifestyle and cause.

Education for people caring for people with memory loss/Alzheimer's.

Family is the best thing help them improved their memory. Love, care.

Ask caregivers, paid and unpaid what kind of help their dementia client most needs and isn't getting.

Make it easier for people to get services.

Support to stay in home environment.

Make it publicly known that there is help for this condition and where to call for information.

Diagnosis.

Education for caregiver.

NOT TO BECOME THE AFFECTED PERSON'S GUARDIAN WITHOUT THE FAMILY'S PERMISSION!!!! My own mother was in a hospital on a health matter and was questioned by "someone" who determined that she was no longer competent to take care of herself. Instead of contacting the family concerning her care, the state declared itself guardian. Several hundred dollars later, my "incompetent" mother was given the choice of family or state. Family won, saving her big \$\$\$.

Do not keep switching caregivers on them. They need stability, and if caregivers are paid to do the job and have enough caregivers that they do not get burned out

Restore and increase hours for in home paid caregivers.

More education.

Allow paid caregivers of family members some paid respite time away monthly, 24/7 caregiving is hard if you never get a break away from the patient. I'm told because I'm paid thru Copes that I don't qualify for respite help other than my family volunteers.

Train people to be able to help these people.

Form focus groups of people dealing with family members, caregivers and people in the first stages.

Medical care specializing in memory loss, specific treatment such as job personal care coaching to increase use of memory function.

Increase in-home care funding.

Let older persons have a test if they have any mental disease.

Fun learning in day centers.

Train the helpers in the special care needed.

Improve pay and quality of educations for caregivers.

Better training for caregivers and family members that are a part of the care team, and better pay, and better benefits.

Family counseling. The most difficult thing to overcome is the family and their denial of the diagnosis. Once the family or support group recognizes the real situation, they can assist with respectful and effective ways of overcoming obstacles. A counselor may assist with realizing the true situation.

Make sure someone could go with them.

Ask families doing so already, what do they need, what would help.

Set up a "one-stop shop" where people start to gather information and resources. Send an information packet/online packet and start the process quickly so that services can begin. Allow services for all and not based on income but rather, on need.

To give the people with disabilities more hours, so they can have the help they need by a caregiver.

Listen to their caregivers!

Educate people to recognize the signs and get the caregivers help.

Education for family to know how to deal with their loved one with memory loss.

More in home care programs like COPES, because dementia causes fear of the unknown, I think it is best for many patients to stay in their own home.

Support for families who care for them at home. They need respite care workers, tracking devices and equipment (alarms) to keep them from wandering off and getting lost. Some families need help taking away keys to cars and other personal items that would be dangerous in the hands of a demented person.

Make it affordable.

Provide more training to the case managers and caregivers so that all of the available services are utilized to their full potential.

Training.

Listen to the families affected.

Keeping them in their homes as long as possible, and for residents in nursing homes a set resident to CNA ratio so they can get care they need. One on one is the best though.

Stop making it so difficult for family members to get help or insurance and care assistance.

Health care workers.

Work with people who take care of an client with Alzheimer's it's so better when you have hands on.

Provide more training about this disease.

Make sure they are not bring abused or neglect.

Whatever it takes to keep folks at home as long as possible. Family Support.

Assisted living with specialized units to continue services as the disease progresses.

Giving caregivers more hours and pay to deal with clients before it gets to nursing home facilities (only as a last resort).

Make info more available.

Screening and identification.

Giving classes on how to help.

Better trained caregivers.

Prevention.

Making sure services are open in the community so family could be closer to visit. Make sure families not paying too much out of pocket.

Family support for individuals caring for memory loss/ Alzheimer's disease.

Grass roots level to families – change the law back again to allow families to get assistance for placement if on state assistance. Placement agencies contact me and I do it because it's the right thing to do, not because I get paid, and they don't know where to go and/or what to do.

While being fully aware of instances of abuse and exploitation, not rely too heavily on popular and self-aggrandizing "punishment" programs for resolving deep and complex problems. Where dementia enters a family, especially for a key long-term contributor as its victim, problems can be subtle and complex. Good casework should be the FIRST approach taken. Only in VERY CLEAR cases, is a punitive approach likely to relieve underlying problems.

Attracting and paying enough for GOOD, trusted, trustworthy and loving caregivers.

Be aware of how common it is and try to match the personalities, lifestyles etc. of the people requiring the services with the same info of the certified caregivers.

Nurses with better understanding of the disease.

Talk with the case manager and get their help.

Give caregivers the hours needed to care for dementia clients.

Remind them with the important date , help customer with daily activity.

Education.

DAY CARE TO GIVE CAREGIVERS A BREAK.

Make access easier for the family members that are looking for services for their loved one.

Teach family members what is going on with their loved one so they can give over to professional caregivers and let them assist with daily activities with their love one.

Provide counseling services to the patient and family members living with them. It is important for them to understand how to interact and deal with their loved one with memory loss.

Providing people with a voice recorder would be nice for people who can't remember things and need a reminder. But I realize this could be costly! I guess mainly just making sure they get the medical care they need.

Give the family members who are taking care of their relatives or they get into caregiving would be to support them and give them a break and help them financially.

Hire well trained staff and maintain a home-like atmosphere (if in a facility), while providing individualized activities to best maintain quality of life. Also, if family members are providing in-home care, they must receive compensation, respite assistance and additional assistance as required.

Specialized home care.

#1 Education/ #2 Respite Services/#3Transportation/#4 Assisted living Support / #5Family Caregiver support. All of the above are very needed for our communities !!!!

Support to care provider.

Pay caregivers more money.

In home care and facility care options.

Just make it happen.

Go through them all and find anything that needs an upgrade, then start there.

Education.

Make it easier for husbands and wives to stay together and still get the help for their spouse.

Access to various modes of safety without " incarceration."

Stop spending money on things that don't matter like how many plants are out there.

Education for families and caregivers.

Making sure that the family has sufficient help when they are not able to be home for the individual with memory loss.

Crack the whip on the available nursing homes for Alzheimer's. Care being provided is not satisfactory.

Get families the experience they need.

Help with what is available.

Audit the current staff of case managers. They do NOT currently do enough to assist the clients they are supervising right now.

First off get rid of the money-sucking nursing homes instead of fines close them. The care that my in laws got there was awful and a year of calling and meetings and nothing got done. Mother in law is with us because of the BS from this awful place. When I got her out she was 89 pounds she is now 125. I am sick of them saying state law says I don't have to make her eat so the law lets her lay in bed for weeks on end with no shower and no clean sheets and they are the pros. They sucked her dry and didn't care that her health had gotten worse with them . Yes, I hate Sharon care .

Increase paid caregiver hours so they can do a better job of caring for these individuals.

Give ideas on working people with memory loss.

Families with members who are struggling with memory loss need a place they know their loved one will receive competent, loving care. These families suffer greatly from time away from work and other responsibilities while trying to take care of the ill person and, if we are truly a great nation, we should take care of our own on a state and/or national level. I have seen this first hand and without financial resources, the help available is poor. Nursing homes don't hire enough CNAs to truly give quality care, so those with memory problems often go without the interaction and personal care they need. The stress on families who have to leave their loved ones in these situations is awful.

Respite for the caregivers.

Education of general population.

Information so that everyone in the family of a person with memory loss/Alzheimer's disease, dementia could be informed. It is hard to find a service provider in a small town that really knows how to help the family to better serve their loved one.

Increase funding to already existing programs.

Identify clients, determine and review needs from the client, determine and review needs from family members as the symptoms progress. Ensure access to grocery delivery, access to home maintenance services.(I have difficulty procuring equitable/fair housing maintenance workers i.e.. contractors for ramping, repairs like plumbing, lawn services etc.)

24/7 care is what they need from their home not at the nursing home.

Help the unpaid caregivers.

I don't know, I don't know anyone with this condition.

Educate, educate, educate!

Pay to family caregivers for as long as is safely possible.

Better training for family members who are caregivers.

Stricter evaluation of people with these conditions.

Prioritize long term care facilities – better care, better wages for employees.

Build full staff care facilities – period.

To have a program that can help them that is in need.

Stop cutting hours for the people that need these services. If you were in their place you would want those hours available so some could be there to help you.

Educate family members and community about the services in ads, or brochures, fliers or word by mouth.

Provide more education for the caregivers. have helpers available to give the caregivers a vacation and/or a day off.

I believe the best first step would be to first help by informing the elderly that a loss of memory is nothing to be afraid of or to get frustrated over.

Education on prevention and provide more education to caregivers regarding memory

loss/Alzheimer's/Dementia so that they can provide better care.

Education.

Provide more assistance to seniors at lower cost and respite care through private pay agencies for those who don't qualify for COPES.

When case workers, nurse or anyone else comes they start asking my client questions that she answers incorrectly due to a stroke. When I chime in to correct the statement made in error I usually get sssssh'd.

The memory care facilities currently available are seldom affordable and often do not accept clients that cannot pay for their services without government assistance. We need affordable memory care facilities. Also many private pay facilities do not support memory care and long time residents who develop dementia are required to move in order to have their increasing needs met at a time when they are most vulnerable.

Classes for the care taker about the safety regarding the dementia/ Alzheimer's disease so far.

More in home services available for caregivers who are not ready to put their loved one into an assisted living or nursing home.

Recreation, games to deter memory loss and pass the time.

Respite support and care for the family caregiver.

Assessment.

Support for mental health issues.

Education to those at risk first and foremost. Then dealing with those who have memory loss issues and ensuring they have qualified professionals making the diagnosis. In some cases improved nutrition, reducing medications, etc. can improve memory.

Partner with the Alzheimer's Association and promote their wonderful work in our communities.

Make a commitment to keep people in their homes as long as possible and not give in to the residential care industry.

Expand H&CS assessment and referral services.

More respite care.

Education.

Educate them before memory loss happens.

Conduct a thorough survey to estimate the actual number of persons affected in our state. Many are home with family caregivers and not "in the system."

Increase primary caregiver respite hours.

Provide support to caregivers that would list resources for help and educate caregivers about understanding dementia/Alzheimer's disease.

People with memory loss need specialized treatment and should be in care facilities that can support that. In the early stages perhaps they can remain in the home but knowing when it is time for more professional care is very important.

More oversight on assisted living facilities. Their acuity level appears to be rising without increased staffing or training

Educating the public on the different types of dementia and what to be aware of.

1. Adopt memory recovery programs from many of those available in books and on line. 2. Make the services of a musicologist available for patients needing language recovery assistance.

Funding for elements of care that help a person with dementia and their family keep them safely at home for longer periods of time and/or prevent nursing home placement.

Positive support of in-home/ACH services.

Mandatory assessment done by all geriatric doctors.

Outreach.

Provide adequate housing rather than putting at-risk citizens on the street.

Providing support for in-home service.

Have classes and support in the rural areas, not always in Seattle area, so few people can attend.

More family awareness.

Some legitimate outreach to the elder community would help determine how significant the need for assistance really is. Start at meal sites and move on to home visits.

Looking at each individual and see what they need and directing them toward it.

Improved outreach to families supporting loved ones at home.

First check the degree of awareness about existing programs in each locality that can meet individual and caregiver needs, and if awareness is limited, increase outreach. Services need not be specialized around memory loss in order to meet the needs. One area of outreach is individuals, medical providers and social agencies working with people who might have been eligible for hospice under previous rules but not longer qualify – this includes many with progressive memory loss, including my mother who lost hospice benefits through becoming "too stable."

Offering agencies/residentials extra money to provide these services. Dementia care is disappearing.

Government sponsored programs are centered in urban counties; rural areas do not receive the support needed for those requiring assistance. Along with providing funding there should be accountability for spreading services throughout the State and make certain that rural areas receive more support.

Consider that the main issue is this client needs to be watched and guided. So. they do not necessarily have personal care needs. The state would save money getting this clientele in home COPES.

If there isn't one, form a task force and identify the number of persons living with Alzheimer's/Dementia.

Education/prevention/screening.

1. Early diagnosis and family education about what to do to address disease progression. 2. Play a role in research to be an active partner in new treatments.

Increase the frequency where a trained social worker sees the person with dementia and can advise the family decision maker about service options.

Education and training for family caregivers.

Use media to make sure individuals know what is available and how to access them. A single phone number and email address for help would be perfect.

Incentives to provide a greater number of Alzheimer's/Memory care facilities in Clark Co area.

Education be provided to family quickly to understand what this person is going through on a daily basis and how to handle the situations. How some reactions by caregivers can cause agitation for the person with dementia and Alzheimer's. More education for caregivers how to access respite care.

Make sure all the paid caregivers are educated in caring for a client with this disease.

More affordable home for people with memory loss and their relative (mostly children) are working full time.

Support services for families to turn to.

More care units are needed

Inform the public about what would be available and enlist the support of legislators to fund the programs.

Getting the best training possible...and taking that training into the homes and facilities and having trainers work 1:1 with the staff in the homes with the clients. We need professionals who can work with providers...Psychiatrists who can go into homes...many more Geriatric trained professionals. So many providers do not know how to help individuals, they are not reading up on issues or learning what can help or interventions that work. We need best practices instituted and we need to pay those providers who are doing the work...the rate of pay should not just be based on an Assessment...it should also be based on the care provided! There is a big difference between the TV being on and zombies sitting in front of the TV and very little conversation with individuals occurring because the person providing the care does not speak the persons native language...so they just don't talk to the person...and the care where everything being done is explained and routine is kept and the person puts puzzles together and meal time is a time of interaction. What CARE do you want for your mother?

Memory Loss Navigator for services available for family.

Provide more funds for those people.

Funding for programs in nursing homes that provide these services.

Talk to those working through these issues.

Access their needs and make attainable information on programs suited for people with memory loss.

To increase more in home hours for caregivers to produce better care. Also screen caregivers more thoroughly.

Improve capacity for increased hours of personal care – so clients can benefit from routine in their own homes, as long as possible.

Offer more support for the families and/or caregivers.

Fund needed services.

Provide affordable in-home care services and respite care for the caregiver.

Evaluate their memory system determining kind, type of care they need.

Provide more in-home funding and education.

More education for family members and caregivers.

Washington State could give more funds to Office of Deaf & Hard of Hearing to create more services and get more qualified case workers.

Have all MDs provide regular evaluation for signs/symptoms of memory loss.

I suggest new resident deaf and deaf/blind as deal with all disability future on all building as needs.

Consult with families that have had family members need services in the past or currently and see what has helped and what help they could have used.

Follow-up calls.

Make it easier to access Adult Day Services.

Provide services without a large multitude of steps and paperwork.

Ensure more memory care units accept Medicaid as a form of payment (whether after a roll-over period or up front).

Washington State needs to allow licensed agencies to do care – the issue of setting limited contracts for limited number of care providers only hurts those who need care. There are licensed agencies which can offer care, but since they are not contracted with DSHS due to limited number of contracts, the people do not have true choice in caregivers. In order to better serve those who need care, we

need to open to free-market and allow all licensed agencies to provide care if the client so chooses.

Education of family members/community specifically related to persons with memory loss/Alzheimer's disease/dementia.

Improve access to respite services.

Adult day care would help tremendously for everyone in the family!

Provide help for the caregivers. It is draining on them, and frustrating to have their loved one "gone." Their body is there, but their mind is gone along with the person they used to be. So caregiver help is vitally important

Get them mental health evaluations so that they can be receiving proper medication management for any of the more violent dementias.

Adequate reimbursement for the care they need.

Assist current services that are available to include senior center with wellness clinics.

Education for caregivers.

Provide Information to the community through continual outreach efforts through senior centers, churches, and health care organizations. Educate medical personnel about the community resources available.

In home care to give relief to the caregiver.

Raise awareness, family caregiver support.

Increase funding for respite care programs.

Education!!

Make them easily accessible and affordable.

Education for caregivers both in facilities and in the community.

Respite for caregivers.

Change the financial criteria for Copes/Medicaid in or out of home. Many CGs are now working and trying to care for someone with Alzheimer's. Often the well spouse has to work and they have to leave the CR at home alone because the participation is too high – \$1400 to allow them to use Medicaid services. WA State legislature does not realize that CGs are now paying for housing either through mortgage or rent. Even people in their 80s no longer always own their homes outright. The community partner does not have enough income to pay their own medical and housing. This is happening to couples who make \$3500-4500/mo. Looks good on paper but housing and medical take a third to half of the joint income for the well spouse.

Find out number of immigrant people with Alzheimer's to address their care and educating their family and friends.

More funding in these areas.

Help with access to secured and unsecured facilities, rates are too low and people are not accepted when on Medicaid.

Easier to access; less red tape.

Expand the memory loss program for Assisted Living Facilities and Adult Day Health Programs.

More support to family caregivers. I read in the newspaper that many folks are willing to do this tough work for their loved ones, but everyone...and perhaps especially these folks...need a respite break...lots of them. It would be money very well spent.

Require in-depth, extensive training of any person providing care for people with memory loss, as well as ongoing in-services and oversight by individuals skilled and knowledgeable in dementia-specific care and caregiving strategies.

The Legislature has to fund the services at a level such that the Dept of Social & Health Services can hire enough staff (and pay them what they're worth) to do the work that's required to provide these services in a meaningful way.

Begin training vast amounts of people to provide services and supports to people in their homes.

More aft.

More adult day centers so the adult children could continue to work.

Respite care for the unpaid caregivers. Family support groups with counseling and guidance as to how to handle certain situations as they come about.

Funding.

Set up some kind of web portal to help everyone understand what kind of help is/will be available to them.

More support to the programs that delay the need for expensive residential care. Programs like Adult Daycare and in home help.

Get in earlier help families do a better and longer job of caregiving.

Aging and Disability Service Providers Only

Provide training to family member.

Improve information and accessibility.

Better access to education for family members living with the condition.

Caregiver support.

Acknowledge that it is on par with other mental illnesses in Access to Care criteria (an "A" dx); support differential diagnosing because how you treat one dementia (ex.Lewy Body) is different from another dementia (Alzheimer's); work to allow needed services to be paid for even if CMS won't acknowledge Case management or Care coordination as billable services; support H.R.3662 to allow LMHC and LMFT professionals to bill Medicare Part B services.

Address gap in services for families that are not Medicaid/COPES eligible but also lack the financial resources to pay for in-home care, adult day health, or residential placement privately through proactive measures and interventions.

Provide LTC facilities with staff who are trained to work with those with dementia.

More humane and appropriate options for families that can't afford to care full time for their loved ones.

More respite programs for family caregivers. More programs for the person with dementia/Alzheimer's. And the ability to gain the tools to help keep the person with dementia/Alzheimer's in the home for as long as possible at little to no cost to the family.

Improve education for caregivers and the community at large.

Nursing homes for special care.

Pay the caregivers a higher rate. With the current pay rate we lose good experienced people and have to start al over. Wasting a lot of training time and progress with the client not to mention the stress it causes the family. GOOD EXPERIENCED PEOPLE MOVE ON FOR HIGHER PAY. IT'S JUST A FACT.

Educate physicians and pharmacists so that people with dementia can get good prescription med programs put in place. Educate paid caregivers. Some don't know the first thing about memory loss and take things personally or judge the person with memory loss.

More training for state workers who help.

Home delivered meals.

Informing the public on what is available and specifics on how to obtain services.

Provide free public seminar to the public.

Family caregiver supports.

To make sure that there is enough help for the person and their families.

Effective training about the topic, hands on experience, education.

Better medication and more education.

Education, listening.

Improve diagnosis strategies.

Develop a specialized Dementia/Alzheimer's Coordinator Unit with social workers who are thoroughly educated and experienced in all the resources available and the step-by-step process to accessing services. Should be made up of a worker from each of the following areas; financial worker; residential worker; in home worker; county worker etc. This unit would be available to 8-5 like intake unit to assist people's questions and help with applications etc. This way family would always be able to get ahold of someone at all time to answer questions.

IMPROVE THE TRAINING THAT FACILITY STAFF RECEIVE AROUND BEST PRACTICES IN CARING FOR THOSE WITH DEMENTIA.

Enable people to stay at home.

Give more services all around. More hours.

Educate caregivers & family about all points of the disease & respite care. Number to call for help and info.

Open communication to try and get a overall view of the need and keep a realistic view of what can be done and empathy for those who suffer from this disease and family involvement.

Help family find medical care for help with them.

Improve access for caregivers to education and support for caregiving.

Educate more.

More funding to facilities that take State care patients so they can have more caregivers to meet the needs of those there.

The first thing that should be done is reassessments for the elderly because they need more care than what they are being provided with.

Education.

Letting the family/caregiver know what services and or options are out there for their use!!

Train HCA in it and show them how to work with it.

Making sure the person who is suffering from memory loss/Alzheimer's/dementia gets the right kind of help and assistance along with the family members.

Help.

Create a new plan for people with dementia.

Specifically creating residential facilities that specialize in Alzheimer's and dementia, but that also involves and educates family members.

Education and outreach to families.

Make these programs more known to the public.

In-home personal care.

Talk to the patients, family members, caregivers, professionals and other stake holders.

A program that kept them safe from the harm from the outside world. Such as: thieves, abusers, and etc..... A program to help the family that is left behind and confused about what is really right for their person going through this.

Community education about need/services to be provided. It doesn't do any good to have programs if people don't know about them.

Family being more involved.

Make the process of becoming a care provider (HCA) and (for the older adult) finding a care provider more stream lined and more effective. The system is currently far too disorganized and is NOT user friendly at all.

Caregiver support groups and respite care. Adult day care programs.

The first step is to educate people on ways to prevent the disease before it starts.

Get help caregiver.

For them to have an advocate to help them receive all the programs available.

Include this into hours needed for in home care and/or bed rating for a facility.

Information on services for families to get info.

Education and support for family members.

More training for the caregiver, so they are better prepared to help the person with dementia/Alzheimer's.

Plans that include the person, with Dementia(s), needs, wants and desires about their own care plan. Many fear they will lose the right to choose how, where, and by whom they are cared for.

More help to the families of the people affected by the disease.

A lot of training.

Get everyone educated, keep information and assistance running because they are full of information, and adult day care and caregivers in the lives of the clients because we offer more than assistance, we give them warmth for their hearts and inner strength for their bodies.

Offer respite care to family members taking care of person with memory loss/Alzheimer's/dementia. Family members suffer from the stress and emotional exhaustion that comes from caring for these individuals.

Support the caregiver and family.

Educate.

Making sure the person who has this memory loss is getting the hours they need, because really they need round the clock care.

More information about it.

More awareness.

The person with dementia to whom care is provided needs an extra attention and extraordinary care and time.

To provide more hours to take care for the person with dementia; it feels like they need to be helped/supervised 24/7.

Specialized training for caregivers (paid & unpaid) about these memory loss conditions not just sit in a room & be talked at.

Give care at home.

Educating those who work with Alzheimer's patient.

More checks on facilities that already provide this care to prevent elder abuse and financial

victimization.

How to spot what the problem and disease is????? To report it and get medical help for person.
Identify?????

Educating caregivers and family members much more extensively, perhaps offering a certification in such a specialty to caregivers and compensating them for their time and efforts in making the lives of those affected by such diseases much more comfortable and valuable.

Provide evidence-based treatment and adequate staffing for patients with these conditions in long-term care.

Pay caregivers a living wage.

More recognition and understanding that the one with memory loss is as severe a disability as a physical one.

Education.

Information.

More centers that are specialized.

Invite family to learn about it.

Help for the caregiver and family to learn to deal, accept and help with the illness.

Education of services for those involved. Less "red tape."

Make sure their needs are met.

I would have to say make sure that there was a variety of assisted living or home care programs to meet society's varying income groups and not just that the rich can have access to some place that offers assisted living housing. Most people I've talked to would rather stay in their homes to live out their lives. Perhaps, expanding the Medicare/Medicaid programs for people age 65 or those who qualify with disabilities.

More hours, more money in budget for more hours of in home care. People staying in their homes with their loved ones.

A huge raise for the people who do itthose people are very thick skinnedtheir work is hard.

Educate the public on programs.

More funding. More support. More Adult Day Centers. More respite care.

Providing their caregivers with support, training and resources.

More funding for caregiver support and adult day centers.

Education about Alzheimer's/Dementia and information about the services that are for the loved one who has memory loss. Plus having the funding for these programs.

Instituting an incremental increase in funding for elderly and vulnerable adults.

Education resources for families/caregivers.

Monitor for better compliance for enhanced services in assisted livings with dementia care.

Provide more facilities that accept Medicaid clients directly rather than have to be private pay for years before going on Medicaid.

Make sure consumers know about ADC and ADH. Increase the reimbursement for these services and consider changing form a "day" to hourly so it is more flexible.

More in home care.

Plan ahead. The increasing retirement of Baby Boomers is impacting services and will overwhelm them by 2020.

Central resource for people to help them understand services available and what steps to take to get

access to those services.

More adult day centers.

Q.2 What are the most needed programs and services that allow older persons to live where they want to live?

Potential Clients and Family Caregivers

Don't really know as I moved my mother into my house and I prepared it for her personal needs.

Mobility (at home and transportation).

1. Transportation to and from doctor appointments. 2. Help with grocery shopping. 3. Mental health support for the caregiver.

Education. Exercise.

Cellular phones even if they can't afford them.

Senior meals.

Having care 24/7 (full care).

More information about help for seniors.

In-home personal care.

In-home care.

Chore services. Transportation to shopping and appointments.

Funding for in-home services.

Senior housing like a safe, apartment-type complex up by the park for those who want to stay in the community but can't take care of their yards, etc.

Respite care. Being able to get transportation.

Meal delivery and transportation services.

Short term transitional care following hospitalizations, etc.

Meals-on-wheels, transportation.

Line-in care or support for your situation.

Transportation to and from grocery store/medical appointments.

Meals on wheels; home health.

Good transportation services, safe neighborhoods and streets, services to help maintain home - i.e. cleaning, repairing.

Adult Day Centers, home care.

Caregiving.

Government pay for meals and other services.

Some care in the home to stay where they are.

People who are trustworthy to help with elders in the home.

Food services, housekeeping, ADL.

Continue to provide the services such as the senior center provides.

Meals, personal care, transportation.

Housekeeping; personal care; food.

Caregivers to help with daily needs.

Help in the home.

Utilities, insurance, transportation and med-2-go.

Housekeeping help.

Chores, house cleaning, yard work, and transportation.

[Indecipherable] In care services.

Better housing.

Transportation.

You don't have to put up with a lot of people.

Cleaning services and personal hygiene.

In home care and house errands.

The most needed programs are those that offer low rates to keep them in their own homes. Make it affordable.

Help with food and personal care, ride to the doctor, etc.

Reduce property taxes on [the] house and reduce utility bills.

Some place to be screened for need. Affordable facilities.

COPES Waiver. No to In-home institutional living.

The most needed programs and services are not MORE or DIFFERENT programs or services. What we need are more mandatory disclosures of facts at more points in the life cycle of relationships between ourselves as citizen-consumers and vendors of services. I am astonished at the materially significant facts that our State laws and regulations currently permit licensed vendors of services to withhold from customers (and their representatives). So long as the regulatory practices permit vendors to withhold, and to misrepresent, materially significant facts, we shall not be successful in putting the brakes on the slide that NO ONE wants toward that "Medicaid spend-down."

Available medical care in close proximity.

In-home supports; respite.

In-home help; transportation.

Meals.

Education for caregivers.

To educate more their family members on how to handle a family member with dementia.

Home care and meal delivery.

Financial support programs.

Transportation.

Regular checkup visits.

Programs to help with services that help us stay in our homes or wherever we are living.

More opportunities to interact with others.

Personal care, medical transportation.

COPES.

Food help – meaning transportation.

In-home caregivers.

A home outfitted to meet their needs to remain at home!

Affordability; quality of call.

Care providers in the home.

Chore services; some personal care services; transport and medical appointments; companionship.

All of the above.

Environmental adaptations to housing, communities that are accessible to elders (walkable). Day programs where a person can receive respite care, activities, skilled nursing services, therapies, socialization and community engagement, meal service/groceries, visiting services from a nurse or social worker, technology such as cellphones, life line, telemedicine and home deliveries.

Home care programs/food services/care givers to assist with outdoor activities.

Help at home and a place for someone to go during the day like an adult day health program.

Transportation affordable in-home services – covered by insurance.

To allow family to be able to be paid caregivers.

Home services....to maintain and repair homes, chore services personal care services. Housing that is safe and affordable and that decreases isolation.

Variety.

Mom has moved in with us. Outside companionship would ease our burden. She is unwilling to form relationships outside of family.

Respite services. In-home care by well trained caregivers. Family support services.

Appropriate in-home services, provided by a skilled work force. Short and long-term planning via on-going support and consultation. Home modifications.

In Home care, respite care, transportation.

Appropriate in-home services and referral to the best agencies.

Hard to prioritize in general; depends on particular cases. As caregiver for my wife, I am finding the adult day program very helpful.

Caregivers.

In-home personal care (bathing, toileting, eating, nursing) and in-home programs such as housework, errands, chores, etc.

In home care prior to hospice care. Respite care for caregivers. Funds to pay for what you need.

In home care professionals at varying levels of certification and experience. Meals on Wheels.

Transportation alternatives for person and care-giver. Delivery services of meds and/or groceries

Adult Day Health and Adult Day Care centers

Adult Day Centers plus transportation to and from; meals-on-wheels; in-home care providers who regularly check on the person and whether their needs are being met; in-home chore services; companion services; continuous caregiver education and support including respite care.

Transportation services and possibly a companion to accompany the person on errands.

Respite for caregivers.

Transportation to appointments and activities. In-home personal assistance.

Home safety. Someone to check in to be sure all is going well.

Help w/daily chores and transportation.

1. Access to affordable caregiving services 2. Support and services for family caregivers 3. Access to community services, like home repair, neighbors providing transportation 4. Access to assisted living facilities that specialized in dementia care.

Home repair, transportation, in home health and companionship, someone to help make a plan on

care with me.

Transportation to Dr. appointments, grocery store Household help, meal planning, preparation

Transportation is key to helping individuals remain in their homes after they can no longer drive. The funding for this is becoming less and less each year. Hot meals at community dining centers are critical also. The meal is important for overall nutrition however the socialization with peers is equally important in maintaining good mental health and physical well being.

Non-medical home care to allow people to stay in their homes longer, especially transportation.

Transportation to medical appts and grocery, in home services to include home repairs and health care.

Bring in dental services into the home for those who are unable to get out.

Transportation, meal availability, errand service and medical services.

Support/ education for family caregivers, adult day programs and transportation to them.

A lot of seniors would like to stay in their home.

A safe place to live with informed, caregivers and adequate funds/transportation to secure/access services.

Respite care – the ability for family members who are caring for adults with memory loss recover, rest, or simply go about the normal activities of daily living. Flexible funding that would allow for adaptations in the home to prepare it for long-term care of an individual with a declining disease.

Available in-home caregivers, transportation.

First they or their caregivers need to know where to find help or what is available. They will need help with transportation, errands, personal care and household help.

Meal planning, bathing, medical access, transportation.

Low income housing with Service Coordination, COPES, C-VAN.

Home Care, reliable transportation, reduced rents.

Information, care/case manager, financial support when personal resources are used up.

Most needed is financial stability; next, appropriate and consistent support for older person and his/her immediate relatives.

Transportation.

In-home nursing visits for medication management, occupational and/or physical therapy, blood pressure management. Also 1-2 nourishing meals/day and personal hygiene care if needed.

More caregivers.

Nursing help in the home.

In home care.

Respite care in the home so the caregiver can have a break with the least amount of disruption to the patient's schedule. Someone to visit regularly to be sure the person is eating and able to bathe and also be sure bills are being paid.

The ability to hire a friend or family member to help you with personal care at home.

Helping a person with the specific tasks or activities that are dangerous or risky...learning to microwave instead of using a range, etc.

Home care by your family, in your home.

Caregiver and support.

Teaching caregivers how to take care of people with memory loss.

In home help with all aspects of living. Chore, food and personal help.

Chore service workers or adult daycare centers.

Home monitor chore service elder home visit. Elder check.

Most do not have LTC insurance as My Mother for one does not - when I asked about this the insurance co. she missed sign up period way back when. So I care for Mom at home - not able myself to do much for myself . I work from home and care for Mom at home and we have a caregiver that comes in 2 x's a week and Mom is to go to CDM which after a bad spell in Feb 2013 she has never been the same – she has shut herself off from CDM yet when she goes once every other month now this is huge. My sisters have passed and my Father passed years ago. I was able to attend my daughter's wedding in 2010 respite placed Mom for two weeks so I could travel to Alaska for this wonderful event. I have not had a break after this time. My Mother would have to be put on Medicaid if she were to be placed, at which point it seems no choice is allowed to be made as to where a person can go. Needed programs are Social Services to work with family and see that placement is carried out with well wishes of all involved. Smaller group homes with staff for Alzheimer's/Dementia.

Personal care.

A legally authorized 6 person residence capable of handling an Alzheimer's resident.

Caregiving Services, Respite Care, Food Services.

RESPITE.

Access to care nearby.

Nursing and bathing services, respite care for the caregivers, caregiver support (i.e. counseling).

Provide support for those caring for elders so they don't become a more expensive burden to the state.

Copes/DSHS programs for in home care but for the rural areas we NEED more allotted miles a month.

In home help and transportation.

Those below a certain income level have several programs to assist them. The ones who need more programs are those who do not qualify due to income, and yet who cannot afford to place our loved ones into long term care facilities. This group (which I think is the majority group) has very few programs and services and our needs should be looked into.

In home care and assistance.

Respite care, in home health care.

1) Education on options and services 2) Case management or social workers that work TOGETHER, a one stop shop if you will so that there is less confusion. 3) More healthy, safe and regulated choices for those that have to rely on Medicaid and Medicare.

Programs and services for lesbian and gay elders and their partners.

Assistance with daily living responsibilities and respite for caregivers.

In home care at least a few hours a week would help.

In home care givers and respite care for the main caregiver.

Professional training for blind and low vision seniors to learn to be independent so that they can stay in their homes and not end up in a nursing home.

Consistent and responsive to the individual's priority needs.

Home care aid that is affordable and safe.

Accessibility to services close to living arrangements and support to be independent.

Adult day care. Congregate meals. Meals on wheels.

Chore services, personal care services like bathing and possibly.

A comprehensive regional system of public transportation! In addition to that, very careful scrutiny of who has guardianship. The right of a person to stay in her/his home over the objection of a "case worker" or social services or medical doctor. This may not happen in Washington, but I've lived places where social services could order a person living in relative independence to vacate their home and live in a nursing home.

Independent Living Skills training and support to re-establish that the individual is in charge of their life and has rights. Competent personal care support when necessary. Reliable and consistent transportation.

Transportation assistance, available in home care care/consult, respite for family caregivers; adult day care programs/recreational.

Personal care in the home setting, transportation and affordable housing.

Chore services – especially house cleaning and someone to coordinate services for the person or their family.

Kinship caregiver support. Respite care. Care planning and caregivers.

Longer respite care. I found by the time I explained the care details, I had 30 minutes to get errands done while caring for a loved one.

In home health care, meals on wheels, help with chores/shopping.

Chore services & nutrition – managing the household and health needs BEFORE they get to the point of needing intensive services. Your environment influences your health and well-being. Nutritious meals delivered to those released from hospital would be very helpful as well. Get them through the first two weeks so there are less revisits to the hospital following in illness, injury, or surgery.

Affordable costs.

Meals, transportation, personal hygiene care.

Aging and disability counselors/attorneys advocates (personal one on one) to help with legal issues/care emergency call in services when being abused ability to manage caregiver in my home provided training involves the person being cared for DIRECTLY. WE NEED A SAY IN OUR INDIVIDUAL TRAINING CARE FOR CAREGIVERS!!!!!!!

More caregiver hours so someone can be around to care for the elderly more consistent during a 24 hour period.

Having in home care givers.

Caregiving is very important to help seniors who can't deal with things live a normal life.

Support services for families.

Personal care and services from family members, companions, etc. Need for money to pay for these services. Help with chores, yard, etc., if living at home.

Care providers from agencies or family members as caregivers.

Safety, transportation, personal care, housekeeping, meal preparation, exercise, proper equipment, accessibility, personal choice.

In home care, transportation, financial resources.

Availability of senior centers, groceries and most of all, affordable senior housing.

Caregiving and in-home nurse visits.

In home services.

In home care – health, personal care and chore services.

Ways to fund where they want to live.

Round the clock services. In home.

See above

Stable in home caregivers and back up in times of emergency.

Home assistance and care.

In home care.

Housing and Transportation assistance. Access to nutritional food. Caregivers.

In home caregivers, transportation to medical and shopping, healthy meals.

In-home support for those seniors who can age in their own homes state-funded assistance for those who require assisted living communities and make more beds available for this purpose. King County has almost no assisted living communities with immediate Medicaid availability.

In home care.

Caregiver services. Helping them with meals, cooking, cleaning and shopping. Also someone there that they can count on from day to day to help them. Also knowing that if something does happen to them that someone will find them fairly quickly, so that they don't feel so alone. Some companionship for the ones that have no family or friends. For some, we are the only people they associate with on a daily basis and if it weren't for us they would have no one.

Transportation; food delivery; entertainment opportunities.

Carefully-screened and well-trained caregivers and paratransit.

Housing assistance.

Transportation.

Home modification as needed and help to stay there as long as they .

Individual transportation rather than Access that involves too much waiting and no one to accompany inside the building or appt. Access to community activities.

In home care.

In home care.

In home care.

Transportation, medical insurance, and affordable housing.

Education on where to find and how to obtain such services.

ASSISTED LIVING FACILITIES.

Financial education.

In home care.

Respite services to caregivers. Offering an array of options alleviates stress on the caregivers.

In home personal care, feeding, distribution of medicine.

Caregiver.

Helping Seniors to live in their homes by providing them with the resources and helping them choose and access these resources.

Better discharge planning when coming from nursing home or hospital.

Transportation for private needs and wants. Ability to work without losing social security no punishment for marriage and loss of benefits.

Education for caregivers and adult day care centers with trained and knowledgeable staff, not just "baby sitters."

All of them.

In home care (Independent Providers, In home care companies), Meals on Wheels, Transportation, having a pers unit (life alert).

All of the programs mentioned in this survey are essential to different people at different times.

Copes.

Transportation services, recreational services.

Care providers, meals on wheels, transportation.

Adult Family Homes.

Transportation, in-home help with activities of daily living, medicine management, hot, nutritional meals; effective social interactions with other people.

Affordable home care services that include personal care. Affordable Assisted Living or help with cost of Assisted Living.

More group homes, or more home care.

Adequately funded respite, COPES, MPC, transportation, and protective services (APS & legal services).

Programs that provide in home care for even the most advanced dementia...whatever is deemed necessary that allows the person with dementia to remain in the home with family or other loved ones; support for family/caregivers in the home.

Transportation. Reasonably priced housing with access to needed support services.

In-home assistance. Patient care and caregiver care.

Support in the home to ensure safety, access to social experiences out of the home, support in continuing activities they are able to continue.

In home support, meals, chore service.

Help to overcome physical barriers in the home.

Respite services, adult day health and meals provided at centers or homes.

In home services.

In home assistance that isn't just for low income people, help moderate income people qualify too.

Accessible products.

Transportation, meals, and personal care attendants.

Affordable housing.

A state funded budget to assist in all needs to be paid for to stay in your own home.

Home Health Nurses to assess vitals and medication compliance; Meal on Wheels; Respite Care; Personal Bathing/House cleaning as needed; Grocery shopping.

Transportation, advice services, personal care, cooking, cleaning, companionship.

In home care is invaluable and helps individuals carry on with their lives and ensure their independence that would otherwise be taken from them living in facilities.

Meal programs, access to assistance.

Home care, respite for family/caregivers, help with meals, cleaning, transportation to appointments, etc.

Home health care.

Respite and support to family members who are providing care.

In home caregivers.

There needs to be 2 support groups available for older adults. Every person receiving care should be

offered both programs and strongly encouraged to attend. And they should be weekly. The first group should be for the client and the caregiver to attend together so things can be talked out in a group setting so things that are available in the area can be shared and so things that are going on that shouldn't be can be shared. The second group should be for the clients alone so they can talk to each other about the things going on in their lives. It's hard to go from an able-bodied adult to someone needing a caregiver and these people should have peers to talk to in order to make it easier on them.

Health caregivers.

Family caregiver help, transportation, in-home assistance, meals, assistance to pay for help or companionship.

Housing help. Seniors are almost always on a fixed income, and for many that shrinks after the loss of a spouse. My mother wants to live independently but can not afford to live on her own. Also she has pets she has had for years and is fearful of moving into an apartment that will not allow her to have them. Affordable housing that fits a person's needs and wants to fulfill ADL, integrity, independence without making an elderly person or disabled person feel hopeless and lost to having to resign themselves to limited choices.

In home care.

Education, coping skills, planning ahead.

Information given to client to be used by phone and not a website.

Pt. meals services, caregivers for help and support, activities outside the home.

In home care and personal care.

Affordable, safe, sanitary housing. Nutritious food/feeding programs and availability. Honest dependable caregivers and aides. Accessible medical care coverage and transportation. Preventive health care classes. Program creators and planners who listen and respond to the needs of the people being served. Follow-up.

Home Care Aids, Meals on Wheels, Medical transportation , Senior Services for home owners.

Community and family support.

Caregiver help.

Caregivers and also companions because they tend to get really lonely.

Allow for more realistic expenses that are incurred. Example consider car payments that were in existence prior to needing assistance, particularly if the disability is temporary and the client, (or I) plan on returning to work and public transportation or specialized transportation in order to work is not available.

The most programs and service is Housing, Dental care, Eye care and other their daily living.

Bus service, low income housing for seniors, meal programs.

Chore services and occasional help. In most cases the mandated yearly training is wasted money; we usually have the necessary medical help. What we need is help with everyday chores and errands. Pet care shouldn't be off limits for caregivers because the ability to hang on to our pet is very, very important to us.

I am an in home caregiver, so I know how important it is to do daily chores and take people to doctors appointment or grocery shopping. Helping them with personal hygiene and other assistance and just engaging them in conversation.

Someone to come in and handyman work, like repair things.

Home care to assist older persons to stay in their homes.

Being fed, good hygiene/grooming, and comfort as far as possible.

Caregivers.

Meals, reliable caregivers, companion.

Money and equal rights.

Transportation, meals, personal hygiene.

At home.

Community living so the older person can take their pets with them and is based on their income.

Free legal aid for elderly or adult patients.

Caregivers and the access to supplies, resources and support.

Reasonable cost in home care/assistance.

Transportation allowance that exceeds the 60 mile limit per month in a rural area.

Biweekly medical visits from a nurse or a trained medical person.

Money and 24 hour help.

Reliable, safe help.

In home caregivers who love what they do.

Transportation and in-home care.

Money and flexibility.

Someone to help them live in their home (caregiver).

Homecare assistance.

One on one care with daily living needs to provide the culture that the person is familiar with. Nurse oversight for all clients.

Financial assistance services that do not make them live in poverty.

Options that help them to stay at home and age in place. Services like Adult Day Health and Adult Day Care, home care, visiting nurses, home health, home delivered meals, respite programs, Memory Care and Wellness Programs throughout the state. Penalties should be eliminated, families should be allowed to access day care services, have home delivered meals, and still receive in-home caregiver hours with having to sacrifice their total number of hours.

Individual in-home care services.

Give hours for mental illness to caregivers.

Sidewalks near where we live (along 1st Ave S in White Center) for safe walking; social support for seniors who do not speak English (we speak Vietnamese and Cambodian).

Home delivered meals, homemaking, bathing assistance, respite care.

In home caregiver.

Companion services, and someone for overnight care just a few times a week. With these things she would be able to stay in her home. Right now finding private care is difficult and they are asking for \$20 - \$25 an hour. Even at two days a week that will take everything she brings in each month, yet she still makes too much to qualify for State support.

Family care support and a safety net.

I only know about low income. In home care and in home help with home (cleaning).

Transportation, pain and medication management.

In home care.

Assistance from caregivers.

In home caregiver services are essential.

In home care services.

Living wage jobs.

Show respect more for the consumer, better listening skills, etc.

In home care, respite and in home helping services, any services that come to them, I would think.

We need more low-income housing so there are no waiting lists. We need more rent subsidies for low income and disabled persons. We also need to be realistic about the "no smoking" policies and abolish them.

In home care, transportation, emergency button (life line)

Better funding for in-home care, more case managers.

In home care, transportation to appts., help w/meds.

Care provider, door to door transportation services especially in rural areas, modifications to homes, equipment in homes, bath/shower chairs, outside activities to attend, housekeeping services, meals prepared.

Someone to help with personal care at home.

In-home care for assistance with ADL's and personal care.

Having people who are knowledgeable working with you and who also are trained and make a decent wage to eliminate turnover and theft.

Copes is good if they factually check husband/wife tax info for the income instead of relying on what they say they bring in. Millions more in need could get help.

Home caregiving (certified).

In home program.

Meals, Transportation, Energy Services, caregiver services.

Home care.

Help to live at home.

Rental or mortgage payments food programs so they are getting the right foods more home care.

Being able to find qualified caregivers to work. The wage is unacceptable for good quality caregivers.

In home care service, transportations, meals of wheel adult day health program.

Someone to help around house so they can stay in their home.

Early planning like a living will.

In home caregivers.

Programs that provide on-going assistance like Respite Care that are not income and asset based. Or, if they must be, then qualifications should be very lenient.

COPES, Medicaid and other transportation programs.

Respite /Home Care.

Resources and being informed about what's out there.

COPES.

Shopping, chores and gardening.

Quality caregiving services and meal programs.

Caregiver support with more hours available for the senior.

In home assistance with personal care, meals, shopping in general all ADLs.

Not sure if this is the correct answer but northwest regional council.

Any at-home care that allows a person to remain in their own home. This is where they are comfortable and content the most.

To have an advocate that can find needed services and programs and to speak on behalf of the older person.

Transportation and other programs that enable seniors to age in place.

In-home care that pays a living wage, i.e., \$15 and up.

Minor Home Repair, Housing Stability, Meals on Wheels, Caregiver Support, Transportation.

Safe and reliable In Home Assistance.

I love to have to the older member to live the place they want to.

Options.

Copes, In home programs, in home personal care. Transportation.

A caregiver in one that you can choose so you don't have a big turnover.

Ability to get food, transportation access, social programs with other like persons.

More assisted living housing for adults with disabilities.

Caregivers to help with daily chores, personal care, and safety.

Home care aids who can assist in cooking, transportation, making appointment, etc.

LIVING ASSISTANCE.

Please see above on what I have checked one.

Some type of a program to having a better income for the real low income adults and elderly.

Education.

PERSONAL HOME HELP, RESPITE SERVICES, TRANSPORTATION.

I think all of the listed programs are important.

MONEY! Nothing is free and everything is so expensive for someone living on such a fixed budget. A HIGHER individual budget will allow the individual to stay home if that is an option, or go in a facility OTHER THAN the "lowest" costing one those (and this is a fact) are NOT always the best of care.

24 hour a day In home assistance. People with serious problems need help 24/7. The care plans developed assume services can be delivered as if you were doing office work. The requirement to assist someone to bath can happen at 2AM. In home care is a cheap solution.

In home care providers, food deliver, tools such as toilet assisting products, shower products, whatever makes it easier for the client to be in his or her own home.

Events and things to do for older adults free of charge.

Help with cooking, cleaning and companionship.

IN HOME CARE.

Quit raising the rents on older mobile homes that have been in a park for thirty years...the Social Security checks a lot receive is way below poverty level and they cannot afford \$600 or more per month when their checks are \$700 -900 a month.

Life coaches assigned to manage the services.

See my comment above.

A transportation program that can get a disabled person out of their home, (multi level Apt. bldg.), down the stairs and to doctors visits. It is impossible even with a caregiver to get a client down safely.

Adult Day Services Programs : ADH and ADC, Respite programs.

My sister's hours were cut because she stays with me, I was told I was considered "informal support," and I benefited from her being in my home, and me having to clean, shop and cook for myself, and therefore, she was benefiting from what I had to do. I don't see how I am benefiting, my sister requires 24/7 care, and must be with me all the time, and can't be left at home alone, she gets 5.2 hours, I have to pay someone out of the money I get, and her social security, to give me in home respite, so I can have at least two hours a day to myself. Ongoing respite would help. Otherwise, I can't see family taking care of their relatives, it requires too much to do it alone.

Health.

For the spouse of the disabled person to be paid for some of the care given to the disabled person.

Meals on Wheels, affordable caregivers, transportation, Medic Alert programs.

Personal care at home.

In home care referrals.

Help with everyday chores i.e., bathing, dressing, personal care, cooking, eating, house keeping, shopping, appointments, transportation, etc.

Adult day services and in home support.

House cleaning, laundry services. Those are probably the first jobs someone can't do. Then cooking, meal planning help. Transportation help. Companionship is something that would help also. The person is less confused if they are in their own homes as opposed to being in a facility and it would cost less money.

Chore workers, care providers, collaborative efforts between those working to provide care and access to information for those who need it when they need it.

Give family respite.

in home meals and housework- at least for my dad.

The ability to hire a friend.

Need any advice or help to keep elderly people with family members at home.

In home programs.

In home assistance, including housework, transportation, personal care.

Support to allow for the most independent living possible, caregivers, assisted living for independence, etc.

Having family care for them are services that provide in home care shopping, doctors appt, act the family can.

Respite care for family providers.

In home care, respite for caregivers and community supports.

Being assessed correctly. Getting timely help with personal care, meal preparation, etc.

More senior friendly housing, low income and sliding scale.

Family support programs.

COPES.

In-home care.

Consequences of untreated hearing loss include risk of falls, depression, and dementia. It's associated with diabetes and heart disease. People must learn to use telecoil equipped hearing aids while they still can. Hearing connects to the world; they need HAC phones and access to AV with hearing loops. They need hearing accessible public transportation.

Help find suitable homes like special needs facilities with front yard.

Quality care providers.

Emergency alert monitors that are warn on person. Meals brought to home. Discounts on power and the heat sources in home, handyman services at a discount, yard maintenance services home check services.

Continued education for caregivers, competitive salaries for caregivers, in home care is a positive model that gives quality care to older persons as well as longevity of life. Respite care for "all" caregivers i.e. Live-in caregivers at this time does not have access to respite care if they are not a family member.

Help so they can stay in their own home.

Meals provided, transportation, in-home care (personal hygiene, housework).

Better assistance for inhome care hours for home owners without making them give up their home.

Better regular in-home visits from a health care person to check vitals, and physical condition of elderly such as bed sores, bruising, appetite, weight loss, hygiene and medications and to support the on-site caregiver emotionally and give instructions.

Enforce the autonomy rules to protect the elders from family abuse so family members cannot override the elder's wishes. Make a way for caregivers to protect themselves from family members with regard to meeting their consumer's requests. Manage the case managers: hold their feet to the fire.

In home care provider programs. Whether it be family members or a service to hire help.

In-home caregivers.

Nursing.

Being qualified for programs and services as well as a choice as to where to live are completely dictated by one's financial resources. A program that replaces the ridiculous 'spenddown to Medicaid' that would help low income seniors (65 or older) with medical expenses not paid by Medicare.

Having help in their homes.

In home caregiving, meals on wheels, transportation services and adult daycare to help families take a break when needed so that a family member doesn't have to be put in a facility prematurely.

In home care.

More money.

The money funded for in home help with chores and care as well as transportation to medical services. More social.

Meal preparation and house cleaning services.

In home personal care.

Assisted living.

Personal care support. Either money to pay someone to come in or allotted hours that can be used by friends, family members or someone the client is comfortable with.

Adult aging and long term care.

Independence.

In home caregivers, food and transportation for medical etc.

In-home care and education.

Home and community.

Have home care providers available to them.

In home care, a ride provided if needed to appointments. Visiting nurse if needed.

Home care.

Transportation, adult club.

To have chore people come in and help.

COPEs, better meals, transportation, home care/cleaning services.

TRANSPORTATION!!! In home care – personal and housekeeping.

Programs that allow older people to stay in their home and not lose it to pay all of their care.

COPEs.

Nursing homes.

Clarity on what services are available.

Copes to pay family members to care for their loved ones at home.

Home health care.

Assistants to live their lives as they have always done.

Home care, laundry, yard care. Shopping assistance with errands and appointments.

COPEs In Home Care w/ Medicaid and Section 8 vouchers. Help managing finances.

Live In caregiver.

They can live in the facility without language problems.

Personal care help.

Caregivers.

In home care givers.

Caregivers that have good pay and benefits, the caregivers are the most important people that help them maintain a healthier life and are responsible.

Assessments that realize the actual condition, so as to afford the most effective choices.

Make the paper work easy for them to fill out.

In-home care/shopping/errands etc., transportation, regular visits by case manager to assure that client's needs are being met in a timely manner and adjust accordingly.

Hours of care for them, so a caregiver can be there the whole time they need the care.

All of the programs are equally important and need to be addressed on an individual basis.

Maybe you could provide a "clearing house" or website to connect people (perhaps college students or lonely but capable adults) with people who need the services – with minimal finder fees.

Caregivers.

Someone who can come into a older persons home and help them with meals caregiving and also listening to them.

In home caregiver.

In home caregivers, transportation and meal delivery.

Liaisons for individuals to respond to official requests for information to justify their needs and services. The individuals often are unable to provide documentation or understand the notices that come or what to do with them. Without someone to help them, they risk losing their services and would end up homeless, or be forced into nursing homes which is more care than they really need. LTC services help them stay home where they have more freedom and happiness.

Transportation, in home care.

You may find this same answer on all of the questions. I think there are many wonderful services

available and many unavailable case managers to ensure the services are being utilized.

Me.

In home supports, personal care, delivered meals, transportation.

In home care.

In home care. Paid family member to take care of you at home.

In home caregivers and trained family members or friends.

When the caregiver knows what their sickness is. So they can help and be educated in the task at hand.

Caretakers that can come to the home.

Home Care Aides.

More care providers like myself to help more people.

Home care services.

Decent funding for in home care. The formulas are not realistic.

Physical help and/or dollars.

Support services.

More caregivers.

In home care, activities and somewhere to go during the day for services while caregiver is away.

At home help.

Care providers.

Any program that helps them stay in their homes as long as possible.

Help from outside sources other than family. Some of the most needy people don't have family to help them stay at home or move to a facility.

Retirement homes or family homes.

Adult day care, transportation, personal care, and house keeping.

In home care, medical equipment, naturopathic doctors.

Home care DSHS.

Knowledge of programs available.

Caregiver service.

Family members to assist in decision making.

Programs like what Kaiser does, that send out care managers into the homes, and allow them to be as independent as possible – the mental health system in this country and especially WA State SUCKS big time. The elderly are not allowed in those units, unless they are private pay, because after all, they're OLD.

Decision support. Then help with bringing decision to fruition. Where it is absolutely essential that DSHS not find itself being used as a tool of experienced parties with an axe to grind, or delivering injustice within a complex family situation.

Availability of affordable, safe, secure, cheerful places to live with supervision/caregivers and some healthcare and meals and social opportunities included.

Caregivers!

Finding someone to be a trusted, valuable, caring companion that have the required skills (nursing, etc.) and a good personality match to spend the majority of their time with.

Having a support group for the caregiver.

In home care.

TO have someone help decide what you can afford or help you figure out what help there is out there to supplement my income to make it work.

In their house.

SUPPORT WITH DAILY NEEDS.

Personal care, respite, home modifications.

At home care.

Assisted living program.

A program that is set aside for the needs of older people without taking all their savings such as a good insurance that is affordable by all older citizens without giving up their ability to make confident decisions.

A personal budget and allowance for them to be able to support themselves and if needed pay for the necessary services.

IP for in home care.

Financial services and more assistance with food stamp regardless of their income some adults resort to eating cat food or dog food.. A program where they don't have to jump so many hoops to get food stamps. They are older people and doing our help as opposed to these young people for 20 something years old and claim to be homeless and abuse the food stamp program when there is our senior citizens starving.

Community awareness of available programs for individuals needing assistance. And for those seeking jobs in the various fields of senior services, a special job search category on the Work Source website. Website specializing.

Programs that support this.

An Individual care plan with respite services in home care as long as possible!!! EDUCATION !!!

Quality of Life Considerations!

SUPPORT.

Transportation, reduced rent and utilities, food delivery.

In Home caregivers.

COPES, in home caregivers.

Care Providers, Transportation, Well Checks.

Funds for care.

Safety and cost but still get needed help.

Transportation, home healthcare, food delivery.

Personal care assistance, help with obtaining food and food prep. Routine contact for monitoring and safety. Method for protecting the wise use of resources. Help with routine household maintenance and repairs: replace high light bulbs, unplug toilet.

Caregivers.

Allow older persons to stay in their home. More Caregivers and increased salary.

Having caregiver be family or someone family has input too. Communication.

Home care aides and other services/organizations.

In home care providers. Providers who are registered LPNs our RNs should be paid more than a CAN.

Cheap transportation.

COPES program refinement – for example – a recipient of this service is always at risk of losing the service due to unintended accumulation of funds. For example, a home-bound, but bedridden recipient requiring many hours of care might not be able to spend the accumulation of even the Social security pension, if he/she has no major expenses. This would result in the potential loss of services by the COPES program – meaning a loss of the contracted Individual Provider caregiver. This would have a ripple effect with the resulting loss of working hours paid to the caregiver, and this, in turn, could result in the possible loss of health insurance coverage of the caregiver. After having to "spend down" the accumulated income, the client is then once again responsible to find a new IP caregiver, a process which, at best, takes several weeks due to the interview and background check processes. Then, when a new IP caregiver is assigned, the new caregiver must go thru a familiarization process with the client, and the experience of the previous caregiver is lost. In the meantime, the previous caregiver is now required to go thru a new job/client search procedure, the income is lost, and quite possibly the health insurance coverage also. There must be a more equitable process to address this all-too-often occurring problem. The current solution is that the client must then use the accumulated income to hire an agency-approved caregiver (at about \$20.00/hr.), in which case any accumulated income would be quickly depleted (for example: \$20.-- x 70 hrs. weekly results in a cost of more than \$5600.-- monthly), requiring the client to once again apply for services under the COPES program.

Home care.

The ability to have their current care takers assisting with their personal care, transportations needs. They are not receiving enough hours to remain in their homes safely.

That they are told they have that choice see to many being put in nursing homes and are so unhappy because they didn't know they could have stayed at home with help.

Alternative transportation options, chore-workers, subsidized rent, utilities and grocery expenses.

How to deal with aging.

Better and more frequently available transportation to a more diverse choice of locations (not just medical or basic shopping). Also, more miles paid to caregivers for a more diverse range of errands/trips so the person being cared for doesn't feel like a prisoner and the caregiver doesn't end up spending his or her own gas money.

Chore services, Care Providers when needed.

In home care and respite.

If you choose to keep your older family member with memory loss in your home, you just about have to give up your job to do it. Then, where does the money come from that allows you to do that. If you try to keep your job, your family member who needs you for care gets more and more confused. It's very frustrating.

Transportation, housing vouchers, meal programs, caregiver support, in home care, chore services.

Finances

A willing family member to help the person manage adequately.

24/7 care.

Social outlets within reasonable distances with maybe a group that rotates areas so more can be served.

In home services.

COPES.

Any that allow the person to remain in his/her own home for as long as possible.

In home daily needs care giving, meal prep, bathing, bills paid, appointments and cleaning house.

Enough care hours for their need.
Adult job creation, coaching.
Having in home personal care programs in place.
Personal in home care assistance.
In home care providers.
Only programs that provide actual care to the disabled person, giving the full time caregiver relief.
The money to do it.
Help in the home/transportation.
Help in house chores and personal care , shopping and appointment assistance and transportation.
A support system that allows the elderly to understand and learn more about what is going on.
Having good facilities with qualified and caring staff.
Family Caregiver Support Program.
In Home Care. Home Health. Respite. Transportation.
Family taking care of family so clients can remain in their homes.
Programs to assist and relieve the caregiver.
Transportation, housekeeping and personal care.
Money in the state budget.
Low income house, housing.
Water aerobics.
Affordable transportation to and from medical appointments.
Reliable caregivers, consistent transportation, delivery of items, such as library books.
Personal assistance with ADL's , medication assistance, transportation.
Congregate Meals, Meals on Wheels, Transportation, Information and Assistance.
Transportation, socialization, good nutrition.
Transportation and in home support for aging in place.
Behavior management & mental health resources.
Having the support of a trusted person when the individual has problems managing day-to-day tasks.
A paid agency caregiver cannot be expected to replace a relative or close friend. Many people have lost loved ones or were the only child in their family with little social supports.
Personal care and hot meals.
Long-term services and supports such as case management and in-home care and chore services.
In-depth assessments of need and ability, external support, funding options.
Information, referral and ability to pay for services.
Availability of good and responsible caregivers.
Good choices for assisted living facilities. Daily services for in-home care.
Senior service center that offer specialized programs.
Sustainable in-home services, such as Elders Caring for Elders that enable people to remain in their homes and communities.
In home care services.
Light housework, transportation, personal hygiene assistance, home maintenance, yard work, meals,

caregiver respite, home health nursing, shopping assistance.

Home Care Services and Medicaid Transportation.

Well trained, qualified in-home care, a means to help elderly understand when they are unable to drive a car any longer, take care of meals, take medications, clean house, do yard work.

Help in the home and regular visits to the home by persons who can evaluate the quality of life there.

Respite for caregivers, better education for caregivers (in community and in facilities), increased level of caregivers in assisted living facilities that accept clients with dementia who are not in memory care.

In home support services related to home maintenance, cooking, cleaning and financial payment allocation.

A safe home environment both for security and for accident prevention.

Availability and affordability of reliable in-home care services to support aging in place.

In home care, meals, bathing, chores...

In-home programs, also ACH programs for those who do not have a personal support network.

Deaf people can access.

COPES – Respite care.

In-Home Care Services.

Financial assistance for those on low and limited income. Appropriate medical assistance that provides appropriate intervention.

For Deaf-Blind, more Support Service Provider hours. The current 12 hours per month is not enough, especially for older persons. And equally important – access to care providers who know sign language, or have ready access to ASL interpreters.

Transportation In-home assistance.

Transportation and Finances.

Help in their home with personal care.

In home support and how to get it without going broke.

Transportation for Dr. Appts. and shopping for groceries ... a ride to the pharmacy!

Support to find services, fiscal assistance to pay for services. Making housing accessible for them to stay home. Having access to caregivers.

Adequate in-home care hours from a personal care attendant.

Personal care and respite.

Transportation options, respite help.

In home care and support for unpaid caregivers.

Copes and respite care.

In home personal care, transportation, programs for low income older adults to help with utilities. Wellness Coach.

Family support, adult day care centers, less strict but frequent oversight.

Caregiver support.

Programs that embrace fundamental human needs with dignity and respect.

Awareness of the services, options, and accessibility.

Caregiver Programs.

Having someone to help develop a plan would be the best service and an individual to contact if a

problem arises.

Higher wages for (family and agency) caregivers might serve to both fill the need for personalized care for disabled adults and also allow family members (and agency caregivers) to earn enough to stay off State programs in this depressed job market. Many children of disabled adults are out of work and would be open to providing paid caregiving services to their family member if they were compensated at a reasonable wage.

Availability of more senior housing, adult family homes and assisted livings. COPES and MPC programs need to continue.

Provide in-home caregiving services when the older adult goes home from the hospital and whenever the older adult needs the extra assistance to stay in the home. If they choose to move into a nursing home, rehab center, or adult family home, they should move into these homes as a choice and not be forced to move. OT should visit the home to minimize any dangers, this is not happening so it should be a part of the program/services for the older adults to have the OT go and visit the client/patient's home to make an assessment. The assessment will provide the equipment, services the client/patient may need to remain in their home safely.

Education as to what is available and how to access programs.

Affordable place to live where they have choices.

Provide in home care for those who are independent but needed extra help. Social/community activities for them to interact

Respite, home delivered meals, transportation assistance, in-home care.

MPC & COPES; Respite; Senior Personal Care; Home Delivered Meals; Care Giver Support Program.

In-home care funded by support other than personal insurance.

Transportation to services...all services including social...I want to visit my friend of 50 years...there should be transportation for this. Shelter...quality housing...with able/disabled/elderly/children... Access to services...and help with those services when I need it. Protection...from those who want to harm.

COPES/MPC in Home Program.

Mental illness programs and those with personality disorders. Housing and services that are appropriate for them outside of the nursing home environment.

Chore services since the elderly are not always able to maintain their home.

Copes and mpc.

Adult Day Health and Adult Day care to give people a safe place for their loved ones and still be able to stay home. ADH aids in maintaining functionality and keeping people at home longer.

Assisted Living Communities that accept Medicaid and provide services and support there.

In home caregivers, more disposable income for the poor in order for good nutrition.

Chore services, Personal Care Services, ability to modify homes so people can remain in their homes as long as possible.

Help with daily living tasks.

Chore services – the program should be expanded and affordable senior housing.

I would like to see deaf/blind senior citizen retirement center being established here in State of Washington with FULL amenities such as: heated garage, garden, greenhouse, indoor swimming pool, theater among other fun luxuries being added.

To be taken care of medically and physically.

Resources to pay for quality places to live.

Place or service for their own kind of people with disability. Deaf seniors and adults have long been neglected by the services and State of Washington.

In home case management and in home meal services.

In-home counseling support to identify and address mental health issues including cognitive symptoms, grief, depression and anxiety (all of which function as barriers to service access), and to address problems related to polypharmacy/medication management.

In-home care, transportation assistance, help with ADL's.

Chest lunge as sound deaf only on big problems hearing think own building deaf and deafblind future.

In home care that fluctuates with the increasing or decreasing needs as they present themselves.

In home care.

I believe it is cheaper for state, to let person with caregiver service a lot cheaper this way to live in their home.

Check on them daily.

Adult Day Services and Home Care Agencies.

Personal support from persons who are experienced and qualified in the specific diagnosis of the person delivered using an integrated care model.

In-home care and errand services funded by the state.

Respite for family caregivers – consistency in caregivers availability of caregivers.

Having access to resources programs that can help support the choice to stay in home and do it safely. Medicaid LTC, Caregiver support, Kinship.

Respite, Adult Day, In-home Care, Mental Health and Chemical Dependency Services, Transportation, Meals, Access to Medical Care.

The ones listed above.

Someone to check on them be it in person or via phone, A nutrition program. Inspection to determine their home is free of hazards.

Transportation.

Personal care, meals and transportation.

Respite.

Wellness visits in home and senior centers; these places afford many to access help.

Case management, funding for low income housing choices and transportation for people who can no longer drive.

Financial support. Family financial support to offer services.

The one that person needs – choice and flexibility.

Availability of affordable, assessable, safe housing.

Services that ensure an older person can stay at home: transportation to medical, etc. meals delivered, respite svcs. A program that provides continuous education for all involved, including the person receiving services.

Affordable housing and in home care and transportation.

In home care providers and respite care.

In-home services that include light housework, shopping, cooking, as opposed to only bathing and/or dressing.

Copes/Medicaid in home services using a budget so that I can hire who I need.

Transportation and chore services.

Home delivered meals, transportation, access to health care.

Transitional houses to help older adults while waiting for more permanent housing.

Rates for facilities are too low, limiting the number of AFH and AIs that will accept Medicaid.

Housing stabilization; in-home care, meals delivered.

Home Care Programs, Home Health Programs, and Adult Day Health Services.

Transportation, meals.

All types of in-home services, to include home health and hospice...and respite care for family caregivers. Home health was instrumental in allowing my father to remain at home, the year before he needed to go to a nursing home.

In-home care and transportation support services.

Care services including personal care, meals and reliable transportation.

In home supports, access to healthcare services, transportation services.

Adult family home to age in place with care team.

Affordable home health and chore services.

In home care to help with housework, meal cooking and transportation to shop and to doctor appointments.

Caregivers; transportation.

Transportation.

Programs like Enhance Fitness & Enhance Wellness.

Adult Daycare is indispensable. The programs should be expanded, they are much cheaper than LTC, but they seem to be getting cut left and right, if they exist at all.

Any that provide services in the home, to help them be independent. Any that provide help to family members so they can continue to provide care.

Financial support...while many needs supports the most widely seen issue is affordability.

Aging and Disability Service Providers Only

Respite for caregivers; Assistance with transportation or services that provide needed items that adults typically require transport for (IADLs); in-home services for supervision and ADLs.

In home support for the individual, respite for family.

Accessible communication for people who are deaf, hard of hearing, and deaf-blind.

In-home caregivers/copes.

Transportation to medical appointments and social events.

Programs that provide respite for caregivers.

In-home assistance; home modifications – universal design; transportation not only to medical appts but also to social events; case management brought to where one lives to assist in daily care needs – behavioral care as well as medical.

Food delivered to them (Meals on Wheels) and help with ADLs (home health aides, shower aides).

In home care transportation.

Adult day health and memory care programs.

Adult Day Health Centers.

Help with the things they can no longer do.

Nursing homes.

Housing and transportation access.

Increased funding/ free list of resources/classes.

Personal caregiver.

Home and Community Services and COPES case managers. People who need in home care often cannot make the decisions and should not hire family members.

Home care and home delivered meals.

Title XIX Case Management Program and personal care services to support elders and disable adults to stay home. Programs that reduce social isolation.

In home support.

Respite care and home care.

Homecare services for those who remain in their homes and supplemental care for those who live in AL or IL communities.

Caregiver, transportation to doctors appointments. Supervision.

Long-Term Care Ombudsman Program. In-Home Care Services.

Assistance in daily household chores. Preparation in meals and daily hygiene routines. Also set up safety methods; falling, basic needs within reach.

In home caregivers and respite care.

More transportation options.

In home care services.

In-home care with ADLs and IDLs, transportation services, health and wellness education.

HCS.

Increased home hospice care. Increased quality long-term care for adult day services.

More hours for caregivers.

Caregivers & or respite care. Equipment needed for medical disabilities such as lift, shower chair , etc..

Caregiver support and funding.

The Housing Program.

Having a caregiver with the knowledge to take care of me.

More caregiver hours.

Copes, respite.

Home care providers.

Services that support daily living needs.

Expand COPES program, quicker approval time and more realistic hour allocation.

HOME CARE THROUGH AGENCIES THAT HAVE THE TRAINING TO ASSIST THEM TO LIVE INDEPENDENTLY

More low income assisted living so that family can allow them to stay in the area of their choice for a longer period.

Help within their home so they don't have to leave and go to a nursing facility.

In order for the elderly to remain in their homes or places of their choice they need to be provided

with the correct amount of care hours that fits their personal needs. The more critical they are the more hours of care they need.

Housework, meals and assisted living daily tasks.

In home care and assisted living facilities with specialized care units.

Qualified, paid in-house caregivers.

Health and safety.

HCA can and government help.

Home care help with the hours and money they need to be able to live where they want to live.

Help care for the elderly.

Home care or nursing home.

Intensive caregiving (5-7 days a week) and meal services, including pre-made meals that are delivered. Payee services. Resources for incontinence.

Educate family members on options for older person to live at home.

Help that will allow seniors to stay in their own homes, where they are more comfortable. This service would have to be free, or very low cost. Services like MOW's.

Improve accessibility and safety in their residence.

Copes and programs like this one.

Respite care, assistance with basic needs, meals, transportation.

Family and caregiver assistance.

More senior housing for low income people is very needed.

Getting the care they need. Staying fit and healthy programs.

Copes.

Meals on wheels, available transport to Dr. appts and shopping. I would also like to see ADA go into these Senior Housing appts and put in walk in showers. My client has a horrible time getting in and out of his tub and needs a walk in shower badly.

Home care aids.

Home services, caregivers so they can stay in there homes.

Personal Care, respite care, access to transportation for medical, shopping and to adult day care out on the Key Peninsula.

In Home care programs.

At own house.

Department on aging and disability.

Assistance for errands, appts, household care, bathing, medication management, food prep.

In home care.

Support for remaining at home as long as possible if wanted.

In home caregivers that provide meals, bathing, housekeeping as well as transportation and shopping needs. It also allows for the one on one time with client/ caregiver for social interactions and support as well as an outside source to report abuse or decline in health. It is important that they stay at home where they are comfortable and any services that allow them to do so i.e. door to door bus services are in the best interests of the older persons.

Programs including family members.

Better support for the family as in education and training , when they are caring for a loved one. Offer

a better selection of courses for training that is detailed for the person your caring for.

In-home services to assist with ADL's by state or private agencies. These agencies must provide on-going education for staff and homecare workers.

Someone to help with the things they are no longer able to do, with out taking away all of their control. Also transportation to allow them time away from home for something other than a doctor's appointment.

In home health care. Transportation.

In home caregivers.

Caregivers!!!!

Medicare.

Home Care Providers.

Activities.

Financial assistance.

In home care services are very important, because this makes the older person part of the family and makes them feel needed and gives them positive influence of happiness and fulfillment (although person with dementia not really registers it as a healthy individual does, but yet its the road to take for good).

Adults like and prefer to live either close or not far away from any family member/friend; that is the reason I don't think cutting hours for a person who lives with a consumer is the correct thing to do. Basically when you live with your consumer you work beyond hours you 're paid. Caregivers who lives with their consumers should be re-imbursed for that.

COPEs and other in home care services.

Adult Day Service.

Help.

Agencies that hire competent help. Agencies that care and understand the needs of the patient.

Caregivers and chore workers that make meals, do shopping, daily chores and possible medication management.

In home care services and nutritional education and services (individual and caregiver).

Funds for at-home care.

Home care aides, cooked meals delivered, help with transportation.

Each situation is individual. In-home support and care along with transportation support. Food prep is a good program as well.

Caregivers!!

Care providers.

In home care, and salaries equivalent to services provided.

More subsidized and low income housing and less waiting list.

In home care.

I think more awareness among the population of the programs to help seniors. I don't think the Agency on Aging and Disabilities spends any money on advertising. For some people, it would cost a lot less to have someone come to the home and deliver the services needed then to put someone into a nursing home.

Meals, personal care, respite.

How do you choose. All are needed. Services that will enable people to stay in their home as long as

possible, not be isolated and get proper healthcare.
Cost of livingshelter cost ..should be none.
Programs that increase housing affordability.
Transportation. In Home personal care. Meals. case management.
Education on how the wellness of mind, body and spirit maintain independence and the ability to make choices on how and where they want to live.
Senior services; transportation, senior centers, food banks, meal sites, and adult day centers.
Case management and in-home care resources.
Transportation assistance.
Trustworthy caregiver support.
Appropriate funding so services can be provided and maintained. Places that are accepting of all people regardless of sexual orientation, race, culture, or religion.
In home caregiving options and lifeline options
I believe safety interventions are a top priority.
Dementia care.
Education early on. Counseling support to address life changes. Financial & legal support to make the best choices. Single access to all the programs and services that support older adults.
Coordinated information service to help people access Adult Day care, home care and other combinations of services needed.
Meals on Wheels.

Q.3 What other programs or services would you like to see for older persons and/or persons with disabilities?

Potential Clients and Family Caregivers

I would like to have a paid respite caregiver, above what my siblings can provide, with the cost added to the COPES benefit. I have worked 24-7 for 2.5 years and am only receiving 191 hours, which doesn't allow me to pay someone to sit with my mother.

More day care classes.

More education program

Visiting nurses. Books on wheels.

Home delivered meals.

Indoor swimming pool for year round exercise.

Bathing. Respite.

Training programs for caregivers on how to handle older adults – physically – how to move them without hurting them.

A call program that would call the persons at home to do a health check via phone.

Personal care services.

Recreation and music.

Anything and everything to facilitate independence!

More exercise options for people in chairs.

Drivers.

Help at pumping gas. Bring it back.

Transportation.

Transportation.

Care at home.

Better access.

Medical and transportation.

Protection from children or grandchildren taking over before needed.

Financial help.

Recreational therapy is very important for fostering good Mental and physical health. This would be great for family building.

My outside-the-box idea is to begin to regard public schools as resources not only for the children who are educated with the walls, but also for the vulnerable elders within the boundaries of each school district. There are "wrap-around services" for vulnerable students. What if we began to regard our bricks-and-mortar investments in school buildings as places in which we could locate a person with a desk and a phone to be locally present to the vulnerable elders, as a resource to connect the local elders with existing services? An African American friend tells me that the neighborhood barbers are the thought-leaders in neighborhoods. How about an outreach to barbers? For that matter, how about an outreach at spas.... bars.... theaters.... places that real people like to go? How about taking literature displays to the places that baby boomers and millennials like to be?

Available transportation. In home care and respite for family member care providers.

Increased employment emphasis; emphasis on community inclusion not facilities for living/working.

In-home care.

To give them activities which more can help to improve more and be independent.

Increase in capacity for multi cultural settings and adult day services.

No time and area limitations of the transportation programs.

A single telephone number in each county to be dedicated to calls for help.

A program that would ask us what we need and find a way to make it happen. Unfortunately, we don't all need the same thing, so programs must be flexible and individualized.

Adult day care centers, DDD care centers, activities in public, better transportation options for non driving elders or people with conditions that do not allow them to drive. Not only medical transportation other than CVAN.

Rent control and discounts and better legal assistance.

Companions/visitors; financial support; animal food (cat).

Assistance with cleaning and cooking.

As many care and teaching programs as possible.

Outside training programs and transportation to specialists.

Activities and transport.

Assistance with adaptive equipment, cash to pay for specialized equipment and services, access to technology. Real assistance with finding services that have been vetted by professionals and accessible to the consumer.

Personal outings, i.e. getting out of the house for some fresh air.

Affordable housing; client directed (not payer directed) care.

Nutrition programs.

More variety at the adult day program.

Mental health counseling which is not labeled as such, to assist elders who refuse to accept, for instance, that they are grieving.

Dementia specific day programs that last a whole day – so family members can work – with funding by DSHS (all or part).

Respite options that are specific to individual needs.

Hospice care.

I go to a caregiver group meeting which is very helpful. Sponsorship/leadership of such programs seems important.

In-home personal care (bathing, toileting, eating, nursing) and in-home programs such as housework, errands, chores, etc.

Elder day care programs with activities, not just locations in which to park people for a few hours. Trained elder care workers need to be paid a living wage.

Lists of social opportunities in area appropriate for age group and levels of disabilities. Lists of light exercise opportunities for older person and caregiver Options/ways that a caregiver could live on premises of older adult.

Adult Day Centers plus transportation to and from; meals-on-wheels; in-home care providers who regularly check on the person and whether their needs are being met; in-home chore services; companion services; continuous caregiver education and support including respite care. Transportation services and possibly a companion to accompany the person on errands.

Faster and easier way to apply for Medicaid. Also assistance to apply instead of having to hire a high priced attorney!

Subsidizing of community senior and disabled services staffed mainly by volunteers. A well publicized community clearing house for finding volunteers to help individuals.

Education for docs.

Home maintenance and repair programs.

Making sure the people are not abused.

1. Programs/services that connect people to the arts and music 2. Programs/services that encourage all kinds of physical activity 3. Converting senior centers to "intergenerational" centers of learning, crafting and physical activity.

Transportation to adult day health, senior centers, shopping, visiting nursing homes and friends, etc. More case management to help make plans to figure out what to do in caring for adults.

More safe places for older adults to gather and socialize, more ways for older adults and adults with disabilities to be useful. More acceptance and patience with them in volunteer settings.

Guidance and one-on-one services that inform and help these people regarding choices on services and any program changes that may occur while they are receiving these services.

Service for someone to step in so caregiver can go on a vacation.

For someone to be there every day to help.

More adult day programs.

Community involvement, that allows for normalized relations for those who have a disability, but who can still be functioning members.

Allow people to get in-home services that are more chore – like than personal care (e.g.. bathing) because many are frail/forgetful and can't do chores but can physically take care of themselves.

Probably more help with transition from hospital or nursing facility to home. For example getting equipment rented like hospital bed, commode, wheel chair or walker and so on. Might need help preparing the home like removing doors to make room for the wheelchair and adding grab bars in the bathroom.

More education about medical insurance and resources available public and private.

Housekeeping service without personal care.

Advocacy, advocacy, advocacy.

Information about and access to good nutrition and hydration. Transportation for those that don't qualify for Medicaid.

Opportunities for older persons to become/stay actively involved in community concerns and/or opportunities for "late-life-learning."

Someone who understands and is able to give them their own choices at least some of the time.

For those people who are physically fit, I'd like to see bowling, golf, tennis, swimming – any physical sport that involves small group social contact and physical activity. No need to keep score – just have some fun and exercise.

More choice.

Culturally competent supports...often there are language barriers which are overlooked.

Recreation, leisure activities to keep active and engaged.

Access to good transportation, in home help if you choose to stay in your home and easy access to all current services for PWD's.

Recreational facilitator – so many seniors have limited mobility and can't get out much, many are lonely and depressed. Someone to care for pets should the elderly person be hospitalized.

Once a week check by nurse. Personal med kit.

To assure needs are met – getting out – fresh air – animals play a huge role – being around children – we are all different and many have different interests – music – a fund for x amount of trips a year. Or bring those to the people.

Personal care and meals delivered.

Continue the caregiver meetings at the various locations.

Positive and fun programs, get them out of their homes, more family involvement programs. More activities.

FACILITIES LIKE YAKIMA VALLEY SCHOOL IN THE COMMUNITY AS OPPOSED TO BEING SO FAR AWAY.

More caregiver/receiver classes.

Mental challenges to keep our minds active.

More transportation options.

Facilities and out reach to small communities.

Social programs because they get lonely.

It would greatly help if spouses who are care givers could be paid. This will greatly ease our financial burden.

Group home living facilities.

More companionship programs, just someone to do things with the person, not necessarily just someone who cooks and cleans, but someone who does projects etc...as to give the caregiver a break.

Better access to assistive devices/equipment.

Recreation/art type classes for the dementia patient.

Home health care, vision training, senior aid, personal companions, and anything that would allow the person to stay at home.

Earlier diagnosis and education for aging adults beginning about age 50.

People with disabilities, especially physical disabilities do not have access to many sports or recreation activities because they do not exist or transportation is near impossible. These individuals become obesity, depressed and more dependent on others. Physically disabled are expected to be in the same programs as those with mental disabilities. This is not the peer group, thus they do not participate. This leads to many problems from poor health, self-worth, empowerment and independence.

Agencies that can assist seniors in the building of ramps, performing handyman activities to keep windows door and roofs in repair, meals on wheels, congregate meals in rural areas, senior centers offering vibrant case management info and referral that is VISIBLE, with signage and good public visibility. Our area on agency sits behind closed doors.

24-hour hot line that would take calls (that could be made with the push of an emergency button) and contact a relative or "in emergency" person. I believe there are paid services (a friend had one, I think) but this should be available to any older/disabled person who needs it.

Expansion of training options for older workers to maintain competitiveness in employment, subsidize/supported employment, assistance for independent living education and support.

Assistive technology services.

Consistent care staff.

Chore Services – changing light bulbs, mowing lawns, running errands. I see many older persons that need help with these things but not necessarily in need of personal care services like bathing assistance and dressing.

Activities to stimulate physical fitness and mental exercises.

CAREGIVERS I'VE HAD WANT TO DISBAND THE UNION AND WANT MORE TRAINING BY THOSE WHO USE THE SERVICES.

There is a need for house call doctors for bed bound individuals that can't get out to see the doctor.

The ability to have construction changes made to home if needed for safety and mobility.

More hours for the caregiver. We are tired of working and not getting paid for enough hours to care for the clients.

Ombudsman programs for all needing care.

Dental care, psychological services. Need to make the facility/home appropriately set up for the disability...ramps, wider doors, etc.

I don't think more programs but easier accessibility to the one we have to much red tape to get so little.

Safety and security, transportation, personal care, house keeping, meal preparation, exercise, proper equipment, accessibility, personal choice.

Senior center programs geared towards people with disabilities.

Exercise! Socialization. Healthy Meal Preparation.

Self care education and exercise programs.

Respite care services for the older person caring for a loved one.

Physical therapy.

Transportation for errands other than medical.

Coaches and or companion care.

In Home Care.

More outreach in person in rural areas and not just in the county seats or over the internet. Need better quality meals delivered, more access to physical therapy.

Affordable assisted living communities for those who do not qualify for Medicaid but can't afford the high cost of private pay communities in King County. Why not require private pay communities to provide a small percentage of their beds for Medicaid recipients?

Increase in public transportation.

Something to help them understand the importance of taking their meds regularly and eating healthy.

Entertainment opportunities.

Meals on wheels. Activities at the Senior Center.

Available services.

Recreational services.

Transportation not from caregiver.

Educating caregivers on what to say and how to boost self-esteem issues with older people.

More robust day treatment. Better and more responsive transportation options. Home modification for accessibility services.

ASSISTANCE IN THE HOME.

Availability of services.

In home care.

Community engagement programming (movie nights, volunteer opportunities for people with dementia) and social events (momentia movement).

In home care relief for the caregivers.

Need help.

Support groups to help outline the resources that are available. These groups can be held at: Senior Centers, Churches, Hospitals etc.

Discharge planning and getting social services involved at point of admittance.

More daycare services transport to services where there are no busses, acupuncture for people with long term health problems, massage chiropractors.

Respite care for caregivers Dental cleaning facility which can accommodate Alzheimer's/dementia challenges of patient.

More services.

More neighborhood based volunteer programs. Home share programs.

My son could use more things to do during the day.

Medicaid contracts for those of lower income.

Expanded transportation for medical appointments & grocery shopping. DART in Snohomish County lacks sufficient funding & keeps cutting service.

Dating service.

Additional funding for the above, more funding for PDN when needed. Currently PDN services are often cut or denied and clients forced to delegate care when doing so is not safe or appropriate. Many recipients are denied a provider of choice who is a competent, suitable caregiver (often one who has provided care for years, sometimes on an unpaid basis) due to old and irrelevant issues on a

background check.

Companions for those without families nearby.

Anything to normalize their lives e.g. social interactions, community involvement.

Counseling to help through crisis and to understand services available and eligibility, one stop for all info and services without getting the run around.

Transportation is desperately needed.

Navigators to help them to access services and craft them to their need and preferences.

I would like to see more vocational and activity programs that get them out of the home for awhile.

Help with prescriptions.

In home assistance.

Information to be available an easy to access.

An assigned state case manager to guide you through your individual needs and directions and funding in how to acquire and maintain your ability to stay in your own home.

Possible program that would assign health staff to visit the elderly/disabled on routine basis to offer a caring listening ear and assist with any needs as needed.

Yard services and handyman services.

Free senior programs that help them gain their meals and spend time with others. Also, the transportation requirements has in the past made it near impossible to go anywhere. The need to get from appointment to appointment and go shopping were very difficult and the dial a ride refused us many of times.

Increased funding for MOW, senior services information.

Connecting with others and the community.

Adult day health centers.

To be able to shop.

To get to the grocery store or have delivery service.

More day centers for adults with disabilities who cannot work very many hours. I have a 29 year old son who lives with me who is cognitively disabled. I sign him up for everything I can find – the YMCA, Seattle Parks Department programs, Special Olympics etc.-- and he has a very small part time job. It is not enough-- he spends too many hours at home watching TV ,sleeping and getting fat and unhealthy. I think the emphasis on everybody working, and therefore putting so much money into that, is misguided. It may work for people with mild cognitive disabilities, but not for those with more severe disability or with other conditions in addition. It seems to me to be more of a response to appease taxpayers and militant disability advocates rather than an policy that addresses the needs of all the members of a diverse group.

Housing and housing options. Being on a limited income does not mean you should have to live in the ghetto. Programs to help people who have become disabled find worth in themselves, things that are offered in the community.

Provide outings for shut-ins. I'm a caregiver and only allowed to provide shopping and health transportation. One of my clients is a double leg amputee and he and the other two are in motorized chairs. They want to go somewhere besides the doctor's office. I cannot take them because I don't have a vehicle to do so and there is no program available for "joy rides."

Group social gatherings.

Exercise programs, affordable gym memberships, better transportation services, cooking classes for the changing needs of the elderly focusing on dietary changes and restrictions. Basically more educational classes and resources made available especially for low income people who are not able

to access these resources on their own. Maybe a friend for life program, a match up with a youth person who visits a couple times a week through a school program or pet companion at home. Stop the isolation of our elders, happy elders are healthy elders. There are so many more creative programs that can benefit everyone young, old and in-between.

Would like to see Home Care Aids be also allowed to provide quality of life hours , such as a twice monthly outing to the park, or movie or ???

Massage, aromatherapy, exercise, music and dance, nourishing nutritious meals, keep them occupied.

All medical and dental services covered under Medicaid.

Meds paid for and transportation with patient drivers.

More opportunities in employment at a living wage that is not labor intensive or that requires being on your feet for hours per day. Many older persons, like myself, have professional experience and knowledge that go beyond education, and yet they are discriminated against in government fields as well as in corporate fields. Some experience should be allowed to replace education when degrees are mandatory, because it was more difficult to obtain a degree years ago before there when educational loans and grants were not available to the extent that are now available. When I worked for the State of Colorado, I was allowed to study the law book and then get tested in lieu of the educational requirements as a job insurance representative. Then I was allowed to do the same thing about nine months later to become a job insurance adjudicator when I obtained a waiver of the 24-month requirement for that position in addition to the educational requirements. I was allowed to do this because I only had three decisions go to appeal and then my decisions were upheld in all subsequent appeals.

They must get good care plan for disability. They must get disability item.

Sustainable funding for long term care services, i.e. homecare workers.

In my case, a social worker to help me with paperwork. It stacks up on me and I can't manage it.

Services such as lawn mowing or handyman services would help when people are in their own homes but have disabilities but can't afford hiring people all the time.

Respite for the caregivers to prevent burnout and keep the quality of service optimum.

Transportation to appointments by trained drivers and maybe trained escorts.

Massage, aromatherapy, dance, music, nutritious food, comedies, plays.

Budgeting, dietician, social activities.

Counseling.

Increase the number of home visits by psychologists/ counselors.

More monitoring of both the person and the caregivers.

Financial advisor to help older person keep monthly expenses in line and paid.

More one on one with compassionate people.

Day trips for the less than wealthy people.

Better organization between Doctors.

Meal service, transportation (store, medical, church).

There is Special Olympics. We need an adult activity building, instructor with staff to assist with one on one crafts, music, exercises.

Educational programs for life skills.

Case management for all seniors.

More support for the blind or vision-impaired.

Have more access to mental health care services, I am waiting until July 2nd to get my mother into comprehensive mental health which she will have to pay 40% yet hospice pays all her physical health care needs, so why is mental health so ignored?

Programs that encourage social interaction and activities for seniors.

Home modifications.

Transportation; I know it is available but many seniors don't realize it. They also need help for TV. It's expensive.

More caregiver hours.

Anything that keeps them active and involved with others with like needs. Such as Special Olympics, Music for them to play or listen to, etc.

More emphasis on healthy living, including activities.

Jobs and social activities for people with disabilities.

Affordable housing.

That the consumers wishes are heard and acted upon by care personnel.

Social interaction groups for those with limited mobility/ability to leave their homes.

We don't need more programs and services. We do need more advocates and ombudsmen so that all persons have contact with at least one well-meaning individual. Too many seniors feel threatened by "cliques" where they live and are often bullied and exploited in so-called independent senior living which are outside the reach of the Long Term Care Ombudsman program, for example. Maybe rename Adult Protective Services so that these people aren't afraid to call. And many seniors and disabled do not even know what APS is or what it does.

Transportation on weekends.

Respite care.

Other group programs like Full Life, All Aboard, adult day care programs for the person to go to be with people like themselves and enjoy life.

More help with transportation in rural areas to appointments in other cities. We are in Ritzville and although there is a commuter van to ride from here to Spokane it is not feasible for one with dementia and since they are not on Medicaid they are ineligible for SMS although they have no way to numerous appts and don't know where to turn.

Programs that inform both the person needing services and the people who administer them.

Programs to provide jobs.

Access to pools/mild exercise support. Help staying active to remain independent.

Anything to support the family.

More adult daycare, especially for those that are still lively and just want to be able to mingle and have fun and doesn't cost! A lot of these people don't have extra income to do all the things they want. Also a place for disabled seniors who range between 55 to 75!

Better information for the services offered for the people who need it.

Learning to be more independent. Work skills.

It's not about programs, it's about the need to increase the amount of hours these individuals need and deserve to be able to remain in home.

Interpretation for minority seniors.

Help with driving to appts.

Home visits and monitoring (more than once a year).

Bill assistance for low income.

More programs that provide ready to eat meals or easy to cook nutritional meals delivered to their homes.

Safety checks.

More activities.

Transportation, telephone call to check in.

People with disabilities should be able to rely on volunteer transportation or services such as Access more often.

Programs that allow them to interact with each other, without having to meet huge expectations/requirements.

See above.

Adult day care or respite services to give the care provider a break from daily activities. Easier access (less paperwork, shorter wait time, etc.) to place them in an assisted living facility when that becomes necessary.

Repair or handyman available at reduced cost or free to help older people to stay in their homes.

More access to information about services, especially for refugee and immigrant populations and people with limited proficiency in English.

Hearing loss education.

More education on topics of their choice.

Technology support and education.

Independent living skills offered.

Live with family member.

Older people love their pets but are not always able to care for them. If they are unable to care for their pets I feel it should be part of their case plan, because being happy helps keep them healthier and less depressed.

A program that would help sustain one's memory... someone to actually work with the clients and find out what their needs are before they do the paperwork. I feel this way it eases up on paperwork and a lot of time going back and forth negotiating care.

I already described that above.

Respite for full time paid caregivers when the disabled person is severely disabled and is not a relative. Somewhere that can accommodate an overnight or two stay.

For those with numerous medical issues to continue living at home.

A set of professionals that can come to their homes for dental and vision services if they are not physically able to visit doctors.

A guardianship program with volunteers. Something like Big Brothers and Sisters.

FINANCIAL ASSISTANCE.

Fun things to do that would cost a lot so that more people can get involved.

Education.

MORE GROUP ACTIVITIES THAT INCLUDE WHEELCHAIR BOUND PEOPLE.

A phone contact system that calls and talks with the senior. The senior may not want to say anything with people present. This would allow them share feelings and honest answers

OUTINGS! ACTIVITIES! COMPANION PROGRAMS! ANIMALS in facilities for 1:1 connections. For people with disabilities (I have 3 in our home!) BETTER DAY CARE facilities for severely disabled young

adults! SAFE Adult Family HOMES for young adult with Trach's/severe disabilities, that treat them with respect and give them HIGH QUALITY LIVES; But the BEST things would be to have foster homes that have disabled kids that are aging out, be able to continue to live with the (usually) only family they know for as long as the FOSTER home is willing! THIS would solve a HUGE problem that is being overlooked! I have a 23 year old girl that lives with us and we are foster parents. Currently, you can only have 1 over the age of 18 unrelated that receives funding allowed in your home. THIS IS RIDICULOUS! We have FOSTER PARENTS building second homes next to their own homes just so that their kids can stay together! We had a severely disabled foster son who turned 21 when our other severely disabled daughter turned 18. The only alternative is for them to go to NURSING HOMES! The current Adult Family homes are NOT set up to handle this and the ones run with a nurse are FEW AND FAR BETWEEN. I am a NURSE of 30 years and was told they had to leave the only home they knew. We ADOPTED the 21 year old at that time (he had been with us since he was 12) so that our daughter could stay too!!! LOSING NURSING (16 hours day) to "delegated caregivers" is ALSO A HORRIBLE MISTAKE! (LOOK UP AUSTIN WIKE incident) If they needed it when they were under 18, WHY IN THE WORLD would these kids be "getting healed" on their 18.1 day or even 21st bday???

They have a trach, severe cp, tube fed, need 100% ADL's...it just doesn't make sense :(When we take foster kids that are medically fragile, we know it is for "LIFE!" THEIR LIFE! However long it may be DON'T MAKE IT SO HARD FOR US TO LOVE AND CARE FOR THEM!! We are already licensed for years. PLEASE MAKE A GRANDFATHER LAW for these Foster Homes willing to take young adults that their parents just can't do the heavy care they need after age 18 (like Austin Wike) and especially for their current foster kids that will always have their diagnosis and age out!

More frequent in-person contact with their Case Manager. One time a year contact is inadequate to identify and resolve problems people face attempting to survive on their own.

More entertainment in local areas.

Transportation free for disabled adults to go to events for older adults within their area 30 mile range.

My family's priorities are for those younger folks with disability. I feel that DDD persons in particular don't have enough services. There are not enough activities/social opportunities. There are never enough jobs or volunteer opportunities, camps or respite options are very expensive. No Sunday bus service in Snohomish county is just plain cruel.

An information kit of where to start with agencies.

Subsidies for food (like the farmer's market) coupons of some sort to help pay for medicine....some do not take their medicine the way they should...only half doses etc...cannot afford to take the medications the way they are prescribed.

A program that supports the individual who wants to work – currently very rare, selective, and not open to everyone.

Cover mental health services and treatments. Crime is on the rise, because the state stopped covering mental health issues due to budget reasons. I believe prevention is key.

Some sort of program that will offer them some stimulation on a regular basis.

Cognitive programs and fall prevention exercise programs.

Good care.

A neighborhood watch program for older persons living alone.

There needs to be more affordable respite facilities.

Transportation.

I would like to see the Sheltered Workshop come back. There are lots of people with disabilities who cannot work in the community and need that structured, smaller scale support to work. Being in the community is great for those that can do it. Even if they only worked 1/2 hour a day 5 days a week, its

better than staying at home and doing nothing.

Communication. Social gatherings and phone trees to keep people informed of opportunities and changes.

Have a friend with a severely disabled son, needs skilled help who can give family time away, with the assurance that the skilled caregiver would listen to the parents and provide the same quality of care as the parents.

Getting some help with repairs around the house.

Make it more understandable and not so difficult to get the products and services that are needed daily in order to live. i.e., catheters, bowl program products. The items you can not buy at your local Walgreens.

Making sure there are food choices available.

Give disabled or elder person as much knowledge about any help they can have or need.

See better (affordable) rent and better houses to rent. Some rentals with low income houses are horrible and are in need of updating and refurbishing.

A day center for adults, to give family members respite. Other respite services for family members.

Home help from family places to go more transportation.

Respite care.

ADULT DAY facilities.. things for this population to DO during the day.. field trips, activities, etc.!!!
NEEDED BADLY in Kitsap County.

Help with transition from working to disability. Most low income people don't have the means to survive until they receive benefits. Sometimes that takes a year or more!

The ability to hire a friend or family member to help you with personal care at home. A personal budget you could use to buy the senior services you need.

More support for family care at home.

I would like to see COPES and/or Medicaid cover the cost of hearing-aids for clients who qualify for these programs.

Change medication restrictions. Too many not covered by current Medicare plan.

Every program designed for seniors should put hearing loss front and center. How can you do an art project if you must look at the teacher or follow the aerobics instructor without missing a step? If people can't hear what benefit are the projects? Senior centers need universal hearing access via hearing loops. People need to learn how to live with hearing loss and providers need to learn how to work with people who struggle to hear. We need to make it ok to be hard of hearing by talking about it and creating hearing friendly communities. We must treat the society of people who have hearing loss by being inclusive. It's not about us or them; it's all of us.

Find special indoor and out door safe places to go to like once or twice a week at least just to walk in

Large discounts on all and any types of services or products. One on one explanations of complicated services.

Transportation from home to senior centers for group activities (hobby groups), also a way to help with their pets grooming and vet visits.

Education placing caregivers in the shoes of the disabled.

More help on the east side of the state.

Access to day activities instead of hoping caregivers have allotted time and means to meet this need. Stop allowing case mgrs and payees make all their monetary decisions. When a household has over \$2,000/mo, they should not go without basic needs like food or clothing, and they should not be forced to drop the medical coverage they've had for many years, up-ending their current in-home

medical services i.e. oxygen.

Just more support.

Adult day centers for memory care are extremely important.

Transportation.

Understanding of vision loss and other disabilities that reduce living skills, but don't totally "handicap" an individual.

Being qualified for programs and services as well as a choice as to where to live are completely dictated by one's financial resources. A program that replaces the ridiculous 'spenddown to Medicaid' that would help low income seniors (65 or older) with medical expenses not paid by Medicare.

Social hours and parties.

In my area I have talked with so many families that would like to see an adult day care facility. Also, I work with a couple of caregivers who are still working plus taking care of their husbands with severe medical problems. It is sad that they have to hire other caregivers for their spouse when it makes more sense for them to be home and getting paid instead of trying to make ends meet and worrying about the care their spouse is getting while they care for their client.

More on home care.

Programs in a casual setting with food and music for them and their family care giver.

Planned and supervised exercise programs that are not called "physical therapy" and are paid for by the state.

Companion services.

I personally like the Yakima Valley school where my adult daughter goes. She stays in cottages while I am away. I don't worry at all-- the care is excellent! Any problems – just a phone call from the Nurse. I wish there were more places like this. I'm very grateful YVS is in my city. I can't say enough about the care my girl has received.

Sport and socialization.

Once a client is placed in hospice have more help available for respite for the family members. That would help with burnout and make the process more bearable for the family and the client.

Financial aid.

Caregivers.

Meet and greet social services to ease the depression and loneliness.

A living wage.

I feel there are lots of programs out there it's just finding the right person to get ahold of.

Fitness and nutrition training.

Senior club.

Yard care, home maintenance including assistance with appliance repairs, better transportation, pet care, legal aide. Informing of rights, knowledge of power of attorneys what they are for and help choosing the best person to do so.

Physical fitness programs – gender specific as well as mixed. I know some older ladies are embarrassed to be exercising in front of men, while a group walk would be perfectly acceptable. Group outings – cabin fever from being home so much can cause some to resort to online retail therapy, spending money they should be saving for possible emergencies.

Freedom of choice in whom and how and when services are provided.

Care unit.

Facilities that would provide therapy, of any sore to disable people. Such as children or adults with

autism, mental or physical retardation, act.

There is a crying need for adult family residential settings for special needs adults. We have been encouraged by DSHS staffers a number of times to turn our home (six bedrooms, six bathrooms) into one for special needs young adults. However, when we try to start the path of educating ourselves on this: 1) We are treated like we want to gouge the state to get rich or something, 2) the process is about as streamlined as dunking for apples, 3) the remuneration rates do not work and the variables are vague as heck, 3) the state people who are supposedly in charge of shepherding folks through this are invariably in meetings and prone to tell you to call someone else when you finally hear from them.

If needed aide 24 hrs day.

Adult day care.

Social activities movies, plays, zoos, museum, theater, opera, church that provide companion if needed and transportation.

Companion programs more accessible and affordable healthcare.

More get along time with other older persons.

Help with cooking, cleaning and house hold duties.

More hours for the aides.

Counseling services for spouses, immediate family, caregivers too.

Social programs designed to keep people doing their favorite activities. I believe that television is the preferred activity for dementia or disabled persons. Encouraging other activities and arranging for transportation and a safe atmosphere increases their life quality.

Day excursions. or outings. Help with daily chores. Church.

More interaction groups.

Yard care/home maintenance and repairs; volunteers who visit clients regularly.

When they call to talk to their case manager that they get them or if they have to leave a message the case manager calls back within a reasonable time not days, weeks or never.

Mental health. Just because someone "doesn't need" mental health interactions, doesn't mean that they can't use them. They may just need someone to listen or to "vent" to.

More respite for caregivers.

Same as above.

In home care giver, meals brought to home at no charge (if low income).

Someone available to help guide them through the required paperwork. Discounts to local fast food vendors for their favorite treats once in a while. Ongoing support for discounted and AVAILABLE public transportation services.

Affordable housing, perhaps senior co-op housing.

Group meeting so they can know that they are not the only one with these problems.

Daytime activities with transportation, access to healthy food.

Things to stay at home.

More accessible transportation for medical visits and for day trips.

For those that are still active be able to have some programs for exercise or entertainment within their age group.

Respite care, adult family homes for when parents are too old to care for disabled child.

Better transportation services.

Recreational activities.

More hours for in home care and help getting equipment replaced in a reasonable time. Five years for a wheelchair cushion is begging for pressure sores.

Access to equipment and changes that can be done within the home to make things easier.

More programs for persons with disabilities.

A caregiver who can provide personal care, cook meal and related chores to prepare meals and most importantly understand some medical to know and to work with client.

More activities to keep them entertained and happy in life.

At home help.

Dental care.

More paid hours to help them eat, bathe, etc.

Just something to help them feel appreciated.

Transportation outside medical needs, recreational trips to visit friends or family.

Naturopathic doctors, outdoor activities.

If their meds could be delivered to their home early part of the day.

Senior center.

Same as above, possible add bus services to assist them. For the Medicaid patient in a wheelchair who can't get transportation to Portland (Jantzen Beach) to buy cigarettes with what little money she does have. It's her right to smoke with whatever time is left.

There should be much more extensive monitoring, review, coaching, and support for DPoA and Guardians, both family/voluntary, and paid-for. It is a shame and should be an embarrassment today, that DPoA activities are largely conducted without scrutiny or accountability in Washington State.

Just daily care that involves maintaining their living environment, meals, social opps with transportation to/from, etc.

Cheaper places for them to live.

Loneliness is the biggest factor in most of these peoples lives. Finding a great match for these individuals may be challenging, but I think it is crucial in their quality of life.

Free outings to keep them involved with the area they live in.

My work hours for clients.

I would like there to be better guide lines to define what is not acceptable so it would not be so easy to take advantage of the disabled or handicap. I have called Adult Protective Services twice and they act like their hands are tied and they can do nothing. It is very discouraging if you know something is really not right.

I think they need to someone take care them.

RESPIRE.

Coordinated services manual.

Assisted living program.

A program that meets their needs for getting to appointments, personal services (such as getting their hair taken care of and feel like they are human beings).

Social support services, such as field trips to outdoor and indoor recreation places in the city they reside.

More help to get their personal care products covered by insurance/medical if possible to save out of pocket cost.

Again, more financial help and more assistance program or more income for them so they don't have to use food stamps.

Specialized jobs and job training for individuals with limited abilities. Our disabled population needs to feel productive – to believe they have value. We have abandoned our disabled population after they graduate from school. They are left with little structure and too much time. Washington state should create jobs if the private sector won't.

Same as above, as well as transportation to health care centers and respite services and Individual Providers Services , In Home care plan from social worker, State funding!!

MORE HOURS.

Outings and travel.

Nursing Home or assisted living in town, adult respite.

In home specialists to help with physical therapy, health monitoring and foot care.

Some kind of "get out of the house and mingle with friends" support.

24 hr care funding.

it would be great to have a small community with "families" – husbands and wives with a community dining hall/game area, gathering hall help each other out and be social as well. That was my dream to make a homestead type living with small cottages.

DENTAL care! EYE care and glasses as needed. Revamp the system for accessing insurance for health care. It is currently impossible to even find a way to ask "what happened" when one suddenly is dropped from Medicaid. Not by phone, fax, email and US mail. JUST SILENCE.

Have less stress.

Centers for activities. More training for caregivers.

A program where the grandchild can be home care aides for their grandparents and not have to go through the Prometics Exam every year.

Meals delivered.

See comment above in question 12, regarding a refinement of a flaw in the COPES program.

Home care.

Assistance with legal needs, assistance with personal care equipment.

That they get more info out there for them so when it comes to this they have a choice.

More options for senior recreational activities at low or no-cost.

Healthy living on a budget.

I feel that the food assistance needs to be increased for many seniors and disabled persons that are on housing assistance. Also, the allowance for that same group that's allotted to them when they enter an assisted living facility needs to be greatly increased, as \$70 or less is not really enough to buy new clothing or even go to a movie.

Productive social programs.

A chance to be out in the community.

Respite care, information that you can get near your home without having to go to a big city for a class, about how to help your family member. I care for both my adult son with disabilities and my mother who has memory loss issues, and it is impossible for me to leave them for an entire day to travel someplace to take a class. Perhaps classes you could take on the computer?

More case management services, increased transportation options, more affordable housing, affordable yard care.

Making sheltered workshop activities available for those disabled adults who have not

developed/achieved competitive working skills. Since competitive employment is the only option – that group now stays home.

Activities.

There was an exercise class in our town that didn't get a chance to take off because of loss of funding it helped while it was there if only for a few folks.

More access to ARC programs, or something structured like a work program for the intellectually disabled in small towns.

Programs that would allow them to work for others in some capacity – as paid or unpaid workers.

More hours given to work on strengthening and personal care.

Job support.

More welfare checks done by case managers.

Respite for caregivers.

Family caregivers getting respite services.

I only want to see programs that provide actual caregiving relief. People know how to get health insurance info legal info meal program info etc. – these programs waste money.

Day programs so they can get out of the house whether they physically able or not. Community access that takes the clients out to do something fun. Movies, bowling, the zoo.

For disabilities: Job training, socializing programs.

Home repairs to make their place accessible and easier for older people and disabled adults to live in.

Getting care providers that care and like their job so that they take better care of older persons and persons with disabilities.

Being able to call the doctor for minor issues so client isn't exposed to sick people or bad weather.

Health care advocates to help people understand treatment options and ask the right questions about their health care decisions. One stop shopping for services that are locally based for more rural elders.

I think mental program for older persons.

Job development.

Medicaid must cover any kind of prescription.

If a caregiver is sick and lives away from client. Meal deliveries for the client.

Emergency caregiver services for times when so-called reliable caregivers quit, get sick, have cars break down, have dependents become ill, etc.

Healthy meals and more timely transportation. Elderly people needing transportation often wait a long time for ride to arrive.

Social and educational activities, fitness programs.

Mental health care.

I would like to see a focus on restorative and rehabilitation vs entitlement/dependency on disease in order to get services. In order to live a healthy life folks need food, lodging, clothing, medications, and access to a trained health care professional who can assess early for any health care issues.

Home delivered hot meals, and case management.

Emphasize healthy aging at all ages to reduce (or help manage) chronic illness and debilitation.

Client advocacy. Patient navigator.

Support for care managers who will know my needs, the resources available to me, and help in

accessing and paying for needed services.

Daily activity centers.

Specialized program that offer video with close captioned or have an interpreter provided.

Advance planning service to assist adults in planning for life needs following a catastrophic illness or dementia/Alzheimer's. Roommate matching for elders to cohabitate in a home in the community.

Snow removal, visitation (conversation, play cards, reading, etc.), pet care.

Real Health Care coordination (not HMO care).

Senior centers with transportation provided with a variety of activities.

More involvement by clients in determining their care needs and living situation.

Expansion of transportation services.

Active promotion of Assistive Listening devices (captioned telephones etc.) Hearing aid counseling.

Hearing ombudsman program like the one at Galaudet University.

An ACH licensing program that is supportive and prompt. Abolish the 'union' that ACH providers must join, since there is no collective bargaining nor representation involving an employer. This makes no sense.

Long term care.

Individual case management with financial support.

One place for all Deaf – Deaf Blind people receiving different medically oriented services so that they would have access to sign language interpreters and reduce isolation.

Sexual liaisons.

Many Deaf-Blind live independently. For safety an emergency call button that they can wear.

However, most of the Deaf-Blind seniors can not afford to pay for such a device. I know of a couple of situations, where an elderly person lay on the floor, unable to move and summon help for days, and later died.

Information and support.

Respite Care for the unpaid caregivers. Resources to educate the public.

Help to maintain their home – upkeep.

Transportation that is easy to access.

Sponsored and monitored community activities with transportation provided.

See 12.

In-home chore services for those with chronic/severe depression or mental illness and living independently.

Maintain good library services in all media and consider outreach to home-bound see if they are able to access online services or what help they need. Many older people think only "books" in relation to the library.

Home care services.

Transportation options.

Support groups and mental health.

The COPES program is a wonderful program as a financial worker I wish they would raise the federal poverty income level so more people could survive with the in home program as \$973.00 is just not enough for rent and utilities.

A program to identify the people in need and tell them about the many services provided.

Smaller facilities with continuous education and training oriented staff.

Make programs more available and accessible, a better informed client base.

Programs designed that include an intergenerational focus through schools, community colleges, churches, businesses, community groups, etc.

More training for family and family caregivers r/t managing challenging behaviors in the home setting. Support for development of a greater number of specialized (residential) settings for Alzheimer's/TBI/mental health clients.

Transportation for disabled is not easily accessible and clients wait 1 and 2 hours after the appointment for pickup to return to their homes. More real Social Work, time to talk with clients rather than only filling out computer work. Not enough one on one counseling for clients.

In all senior centers, nursing homes and adult family homes should have sign language interpreters for the deaf older adults so the communication is more direct than using the paper and pen method. Most individuals can't read when they have dementia/Alzheimer's.

Flexible respite options, choice for caregivers about what they need and the ability to get financial assistance to help with those choices – more flexibility in the system.

More AFHs, Assisted Living facilities and more dementia units.

The list of services provided above is excellent.

Senior living with proving meals.

I would like to see more food programs and services.

Immediate accessible programs for placement in appropriate settings for disabled, mental and personality disorders.

Help in finding all services available that the average person may not know such as hospice care through Medicare.

In-home care, respite without causing people to lose their entire life savings.

More dental providers. Hearing aid coverage.

More focus on activities in the communities to prevent depression and boredom especially if the individual doesn't have a close knit family or friends.

Increased capacity for companions/supervision. More specialty adult family homes (specialize in men under 60 for example).

Bill paying assistance.

Department of Service for Blind to work closely with Deaf/Deaf-Blind senior citizens (residents).

More case management available.

Employment, vocational services, 88% of deaf people in Clark County are relying on Social Security Income because we are unable to find jobs like normal people do. Dept of Vocational in Vancouver WA is the worst service in State of Washington.

Telehealth programs that allow seniors and their caregivers to monitor health issues without having to leave to see an MD. Regular respite care for family caregivers.

Friendly visitor program to reduce isolation.

Crisis support for elderly disabled people that doesn't involve multiple trips to the hospital psych unit or worse yet the state institutions.

Discount for folks with disabilities, even if they are below the age of 65 and people over the age of 60 with disabilities, should be considered as seniors.

More caregiver hours, and not computer generated as to how many hours she/he deserves.

Bring the foods (breakfast, lunch, and dinner).

Respite, Transportation, Home Delivered Meals.

Autism specific programs for adults with Autism! The disorder has unique qualities that create significant barriers to employment, respite and remaining in the home. They are largely ignored.

Day programs, transportation.

To be able to remain in the area that client chooses with the appropriate support and services to stay in the setting of their choice. In all areas of Washington this isn't always possible due to lack of services/support/resources/alternative settings to best suit individuals. The appropriate setting may mean relocation of individual, which is defeating the purpose of properly supporting the individual and keeping them in an area with natural informal supports.

Increased access to mental health and chemical dependency programs. There is a need for case management, in-home counseling, transportation to services, housing, increased # of hospital beds for mental health and detox inpatient care, and access to psychiatric services which are limited. Programs such as Project Pride short term case management and Catholic Community Services low-cost counseling services are no longer available to those needing mental health services and this has been a large loss for them.

More info getting out there. So many people don't know where and how to find help.

ADL help.

The current programs are good but need to have better community transportation system to get our citizens to the facilities. Access is always an issue.

In home care services.

Day services, transportation, housing.

Exercise and appropriate foods. Learn about the person – screen for likes and dislikes. Programs that ensure the person is getting what they want – treat as individuals, not put everyone in the same mix.

More in-home mental health and wellness counseling options available.

Transportation across county lines to medical appointments at expanded times so older adults in Northern Sno Co can get to Seattle hospitals for day surgeries. For example, early in the AM, and home late in the PM.

Expanded Hospice.

Transportation that is available to everyone, not just for those who live close to fixed route services; increased in-home support; shopping assistance.

Support groups in different languages for the older person and their families, especially for those with dementia. More education directed at the family members and overall the older person's social network.

Housing stabilization.

More personalized options other than nursing homes. However, a well run nursing home has lots of checks and balances. One question is: how to assure similar standards in smaller facilities. And as I'm writing this, options should accommodate small pets, have a garden area...things younger folks want. People don't change what they want when they age...they just can't manage all of it. And how about a sense of privacy. It's like when you're young you're expected to share a room with someone, and when you're old...you are as well. That's not respectful...unless it's the person's choice. Bottom line...focus on programs that keep a person at home, and really well run institutional options such as smaller nursing homes.

A better, more responsive, more thorough and more effective APS system.

Community medical home visits.

Enhanced adult day care and transportation to the centers.
Additional transportation services especially in the rural areas. Adult Day Care.
Entertainment opportunities, opportunities to contribute to the community.
Daycare centers.
More public informational campaigns about wellness.
I would like to see more non-profit options for in home care as well as day services that can offer sliding scale fees or that take government assistance.
Increased social security payments.

Aging and Disability Service Providers Only

New program to evaluate managers and supervisors.
Additional funding from the Legislature for the 14,000 people with developmental disabilities on the wait list for services!
Training funds for consumers and service providers on how to work with people with deaf-blindness.
Services that help individuals maintain health.
Organized socializing.
Residential care options that maintain older adults as part of the broader community rather than in medicalized silos.
Help for all who need it, not just the very poor.
More transportation options, support for families.
More Adult day health facilities, so the person can get out of their home and socialize with other adults.
Visit and assistant.
Dental insurance.
Protection from friends and family members – Better Caregiver education.
Transportation.
More flexibility and hours for in home support Persons with disabilities – ability to save.
Better coordinated healthcare between specialists.
Advocates for residents that are accessing In-Home Care Services.
More activities for the elderly with disabilities. Small and large motor skills.
Some people need more monthly hours than they get for caregivers.
Big Brother/ Big Sister programs, Affordable Recreational Activities.
More socializing program.
Nurse visit services.
A comprehensive list(s) of resources for all kinds of services: financial, recreational, medical, emotional support, etc. HEALTH AND WELLNESS EDUCATION.
More activities for aging and disabled persons. Better transportation that is easier to access.
More QUALITY ADULT FAMILY HOMES.
Nursing care that works with the client and care provider with medical issues.
More homecare hrs.
Senior ctrs food programs.

Food stamps.

Programs and service for people with low vision.

Case management services to help caregivers stay on track.

MORE SOCIAL EVENTS, MORE EDUCATION.

Transition from hospital/nursing facility back home and getting the needed items to make it possible; not just being sent home and having to figure out how to take care of on-going medical needs.

More social programs geared towards certain ethnic groups. I feel for senior immigrants it is very important for them to connect with others from the same ethnic group – to speak in their native tongue.

There should always be a fall back plan in place for those who need emergency assistance before they are set up with care.

More community day care services.

Field trips for them would be very nice.

More outing opportunities for like people to gather for activities.

All or many therapies.

Help with cleaning supply and more training.

More staffing hours and the money to hire the staffing to allow better care for the client with disabilities.

Access to fun activity.

Get help from family members.

Specialized residential treatment.

Help in their homes, with personal care, house chores, errands, and with meals. Things that let seniors stay in their homes, where they are more comfortable.

Strengthen in-home care options.

Day center programs, ability to communicate with others in similar situations. Support groups, info sharing, etc.

Low income housing.

Exercising and physical therapy programs. Healthy options.

Insurance specialty centers.

A place for them to "go shopping" for free to get needed clothing, household supplies and toiletries. People on low incomes cannot afford to buy clothing since their food stamps have now been cut to 85 dollars a month.

Community social events.

Help with med cost, heating cost food.

Adult day care programs, access to transportation to medical and shopping out on the Key Peninsula.

Meals on wheels.

Have help, caregiver.

Advocates.

Socialization, so they aren't so lonely.

How to introduce a person to a nursing home. There is much that I don't know about how nursing homes function.

Programs that can be supervised to be ensure that the older person or people with disabilities are

getting the care that they need.

Physical therapy, more than a few visits or an exercise program. Better access to dental care as that affects health of the person tremendously. If a person cannot eat because of their teeth, their health will decline. Assist with paying for equipment needed in the home for the person to be able to stay in the home.

Expansion of In-Home Services to include time for "Stress Reduction" activities which might include short car trips to outdoor activities.

Expanded transportation services. Enjoyable outings for those that are so housebound, especially those that are wheelchair bound and have to rely on public transportation.

Someone to take them on outings.

None. Washington State has them covered, especially in Clark County!!!!

Adult day center.

Programs to take them for socialize.

Personally, one wouldn't let my mother to be taken into a nursing home. She wouldn't be able to communicate with the rest of the residents and even the best staff wouldn't be able to 'figure out' her needs on time and in 'proper manner' in accordance with her upbringing and religious beliefs. And the latter will greatly affect her emotional standing and then some.

So far I like the situation we have here in WA, and honestly my consumer is happy to have me nearby and to get the help he needs.

Specialized training for the caregivers about the disability they are working with. To take these trainings with their client if possible would be awesome.

In-home care.

Exercise.

A program that helps with yard work or house maintenance or snow shoveling.

Specific agency, state or non-profit that can assist older persons and/or persons with disabilities to medical appointments without the frustration of being told "No."

Extensive 1:1 companionship services, whether it be implemented by caregivers, or some type of youth volunteer/mentorship program that gives elderly persons a chance to pass on their knowledge and life lessons to the next generation and feel a sense of community as well as a sense of contribution to their society.

Mental health programs and community outreach for home bound seniors.

More community programs for seniors.

Home help with fixing household problems...roof, good windows and furnace. Caregivers, transportation, shopping.

More supplies available.

Being able to go places with client so she won't always stay in bed . Would feel encouraged

Respite for the family. I am my adult son's caregiver, and have no break unless he is sick enough to be in the hospital. I also think that the caregivers should be paid on actual hours worked. I do not get any hours off and am only paid for 100 a month. There should be a program in place where we can place our clients when the hours run out. He requires 24/7 care and is ventilator dependent, suffers seizures and is medicated and must be watched at all times. I also have custody of two grand children and wish there was a program that paid for adoption after CPS gives you third party custody.

Subsidized senior and DD housing no waiting lists.

They need enough care hrs to take care of their needs.

I think Meal on Wheels needs some financial support and perhaps to expand for a growing population of seniors. Here in Cowlitz county , I think the C.A.P organization needs some financial assistance too.

More hours for personal care.

Better transportation.

Retrofitting programs.

More case management.

Social programs where people with disabilities can feel like they are part of the community. Adult day health programs and adult day centers.

Programs to empower the individual to live where they desire.

Help for hoarders.

Better mental health services. Counseling resources that specialize in the transition into aging and loss.

Companionship programs...so many of the elders are lonely.

As more and more transit routes are getting cut maybe offer a few taxi vouchers per month.

DME programs for people who are underinsured, programs that provide more comprehensive coverage for dental services.

Conservatorship.

Outreach to those that are isolated – we already see those who aren't. Increased specialized transportation that is the same cost as Metro senior passes. Way more fall prevention programs. Develop a coordinated volunteer system to do wellness checks, household support, visiting, and transportation.

Either allow funding for both Adult Family Home services and Adult Day Services or require Adult Family Homes to provide activity programs such as those offered in Adult Day programs.

Lack of transportation services is HUGE. Seniors want to get out, but the current models make it difficult.

Q.4 As you age, what do you think would be the most help in allowing you to remain in your own home?

Potential Clients and Family Caregivers

Downsizing to a manageable place for my capabilities.

Help assistant in my home.

To get a caregiver.

Better health.

Services to help maintain my home.

Adult Day Centers.

As a c3-c-4 Quad...I need to make a plan for every hour of the day because I live on my own. I need free and untethered access to personal care.

Moving to a different home. My home does not lend itself to a first floor bedroom/bathroom. A major remodel would be needed to deal with the six steps that must be climbed to get to the front door. My husband and I seriously consider relocating to a one-story home with certain features. Honestly? I could see buying a home that is now used as an adult family home and using it as a multi-generational home for our family use. My parents each grew up with generations living together. I

see the appeal of returning to those ways.

Housekeeping. Education about in-home safety awareness as I age.

In home caregiving supports.

I feel more safe, secure and close to my family.

Wellness checks.

Help me how to keep healthy, mobility and independent.

Transport for groceries and medical appointments.

Right now, I need someone to wet-mop my floors on a regular basis. I don't know what I will need, but I have some ideas based on my disabilities. I can best describe my needs as those things that I will no longer be able to do as my arthritis gets worse and movements are more restricted. My parents needed help with cooking meals and keeping their home clean. My mother needed adult day care.

Support, and exercise, someone helping with small chores or lifting (man?).

Rent control, discounts more funded and legal assistance.

Worry about injuring myself physically.

Inability to drive.

Knowing you have help with personal hygiene and bathing cooking fear of falling. That is why caregivers are so important to have. You people rely on us we are definitely needed.

Resources to help me adapt my home, maintain personal safety and access to services. Help with transportation when needed. Opportunities to engage with others in a meaningful way. Help with home chores, shopping, cleaning, and up to personal care.

Probably housekeeping.

Supportive services to help me at home and to allow me to get out of the house sometimes.

Transportation – available buses and so on access to assistance that doesn't break the bank.

Having services that will allow me to stay in the home.

I carefully plan where I live. I moved to a 55 and over community at 54 to a small easy to maintain home. I think access to good health care, help with home repairs, house cleaning etc. will be of help. I am fortunate that I have an income that will allow me to purchase services but I am very worried that there will not be enough reputable and trained people to do this work. I really worry about the victimization of the elderly in upcoming years.

Help with light chores. Budget to hire help for more involved chores.

In home care givers and respite for family members. Better funding for these services by the .

All items listed in #12.

For a family member to care for me.

Probably help in finding available care. Also, Meals on Wheels.

Medication and caregivers.

In-home personal care (bathing, toileting, eating, nursing) and in-home programs such as housework, errands, chores, etc.

Quality care by people who care.

Having family and friends close by for companionship, and trustworthy, intelligent caregivers available for tasks that I could no longer safely perform.

Adult Day Centers plus transportation to and from; meals-on-wheels; in-home care providers who regularly check on the person and whether their needs are being met; in-home chore services; companion services; continuous caregiver education and support including respite care.

Transportation services and possibly a companion to accompany the person on errands.

I will eventually need to move to a single story home with no stairs. I would need to have that home near children, who currently do not live close by.

Assistance with heavy chores.

A home without stairs or with an elevator.

Assistance.

A support system and a trusted person to help me and my spouse as we age. We have no children and no close relatives. We worry about remaining in our home as we live in unincorporated Snohomish County. We may need someone to help us around the house/yard and to help if we get sick. If we develop dementia/Alzheimer's we will need a trusted person to help with bills, etc.

Coming in help w/daily chores and transportation.

1. Access to affordable caregiving services 2. Access to community services, like home repair, neighbors providing transportation.

A case manager to work on a plan that fits me, to help direct me to services I would want or to make plans that will help me in future as I age.

Hire family or friend to care for me at home.

To know I have services that will allow me to continue to remain independent, however will assist me when I can no longer drive to access transportation to medical appointments, groceries, etc.

Keeping my physical abilities.

Transportation, assistance with house and yard work.

Down sizing my home to make it more manageable (i.e., condo/townhome where maintenance is part of homeowners) ability to get to appts and needed resources.

Having a strong caregiver support system.

Someone to do errands.

Adult day programs, transportation to med visits, etc., support for my caregivers, visiting medical professionals.

House that can accommodate bathroom, bedroom, kitchen on same floor.

Adaptation to accommodate physical issues (ramps, chair lifts for stairs, grab bars in bath).

Available in-home caregivers, transportation.

Knowing what services are available to me in my community.

Help with grocery shopping, housework, yard work, transportation, especially to the doctor.

Home Care Programs.

Assistance with housekeeping and yard work, transportation, affordable property taxes.

Full spectrum in home services.

I haven't a clue. In fact, I'm thinking about going to Assisted Living when I can no longer manage to stay at home by myself.

Retaining financial stability.

Transportation, help with projects that require a ladder, moving large objects, and living on one level.

In-home nursing visits that would include physical or occupational therapy, safety assessment, companionship or outside activities with transportation provided.

Caregivers.

A medical person who drops into the home to see how things are going.

Money.

Housekeeping, yard upkeep, handyman. All the things I might not be able to do physically.

What would be the most help in allowing me to remain in my own home is a single child as my caregiver.

Helping me with tasks that I am no longer safe with.

Yes, I must stay with my family and loved ones.

In home caregiver and support.

Support for caregivers.

In home help with all aspects of life and someone to drive you to appointments.

Personal care/chore service workers.

Family member check on us everyday, elder home visits by a staff member of the community.

I have never owned a home and have rented my entire life so for me I am pretty used to adapting. I have worked my entire life and never received any assistance from State. So, I would like to keep my own hard earned retirement and still live safe and affordable.

Financial assistance.

N/A for me.

Caregiving support, and allowing family to care for an elder, assist with financial support.

FINANCIAL SUPPORT, FAMILY AND FRIENDS.

Broader exercise programs.

Exercise to maintain health, proper nutrition, transportation to medical appointments.

As people grow older they should be developing relationships with people who can support each other. I am able to hire people to help with heavy yard and house work. I am prepared to move to a less demanding environment when I no longer want to do that.

In home services like in home care, but also in home physical therapy, mental health workers that go to the home etc.. Some people it is VERY difficult to get into vehicles.

My mother needed help with shopping, transportation, staying warm in winter, doctor appointments. Even doctors don't know enough to give everything in writing. She needed help getting groceries and drugs and getting to social situations (church, friends etc.).

Cleaning and meals.

More affordable in home care for the group that does not qualify under the present programs. Paying spouses who are caregivers. More subsidized respite care for those caregivers whose income do not let them qualify under the present programs, to prevent burn out to us caregiver spouses.

Assistance with yard care, house cleaning and meal preparation.

Help with basic home maintenance and transportation.

Money. Good quality help, being able to trust the system that when a stranger comes in to help that I will not be taken advantage of, it is a very scary situation.

Adequate information about assistive devices/equipment.

Assistance with home care services.

In home visits by volunteers or paid workers.

Respite care for me and caregiver for my husband so I could get away once in a while.

Housekeeping, personal care, and hot delivered meals or community based meals program.

Long Term Care Insurance, independent living skills training, financial support.

Financial stability. Without it, one will ultimately be assigned to whatever the state has to offer.

Remodeling the home to be more accessible.

Support for my family in the needs and changes happening, and an advocate who can help me make the transitions along the way in aging.

Medical transportation. Congregate meals. Home maintenance.

Chore services, expanded dial a lift, personal care services.

An agreement between me and my children that they won't move me out of my home "for my own good." Too many older people are moved out of their homes for the convenience of other family and systems. We need to get beyond the belief that assisted living is necessarily better.

Ability to drive/access transportation. With so many older workers unemployed due to recession or disability the ability to refinance (if able to make payments) without credit criteria could allow older workers to stay in their homes without being driven to poverty.

Affordable housing, personal care in home, transportation, assistive technology to make a home more accessible.

Information about what is available.

Money! I am squirreling it away now. I found most ancillary care was minimal.

Support with ADLs. Some modification of outdoor entry/porch steps.

Help with household chores/cleaning.

Upkeep of my home and errands.

Knowing what services are available if I need them.

Transportation.

ALL OF THE ABOVE ONE THING IN PARTICULAR – IF I'M TO HAVE A SURGERY OR HOSPITAL STAY, DON'T FIGHT WITH ME AS WE TRY TO ARRANGE EXTRA HOURS FOR MY RETURN HOME LIKE THEY DID WHEN I HAD BRAIN SURGERY IN 2009.

A helper.

Assistance with upkeep.

Do not stifle the caregivers hours so they can be paid to meet the needs of the elderly.

Part-time help to provide meals, companionship and transportation.

Hopefully I will be prepared in my living quarters to do this.

Of course, good health! Assistance as needed with yard work/snow removal, transportation if needed to doctor's appointments. Presently, I don't need any assistance, but life can change in 24 hours or less.

Good professional care providers who care about their clients and more at home health programs that make it possible for people to stay in their homes longer.

In home care.

Same as #13.

Social life. Accessible and nearby senior centers. Social isolation can make people fall ill.

Probably help with utilities and food. It would be nice to be able to stay employed.

In home care services.

Having a one-stop "shopping" place to go to for help with personal care, transportation to doctors, chore services, etc.

Being able to afford in home care.

Good care givers OT prior to an accident.

Doing the heavy lifting and difficult projects.

To have a companion.

The ability to get help with household things, rides to appts.

Tax and power assistance.

Occasional volunteers to help with larger tasks (i.e. heavy lifting).

Caregivers who could visit to assist with daily activities. Transportation services to medical appointments.

Home modification, inexpensive home care.

Having someone that will help me with the day to day stuff. Someone I can count on that will not hurt me or steal from me. I have seen a lot of caregivers that should not be allowed to care for the elderly when they really can't take care of themselves or their own family. The ones that claim hours they do not work. There needs to be a better system in place for that.

A stair climber. There are two sets of 12 stairs each leading out of my home.

Physical therapy and better access to my front stairs.

Family Caregiver Support Services.

Depends on how much money I have and if my house and the ground it sits on is paid for.

My home being "handicap accessible." Healthy supportive social relationships. Financial stability/long term care insurance.

Understanding the process ahead of time.

Cleaning and organizing.

in home care.

Being financially secure.

Free classes on safety hazards in the home, access to free or low cost alarm systems, personal alert devices and printed sheets advising family member about helping with the above items.

The ability to have someone come in for a short period of time to help. For example, some to come in for an hour to help with a bath. Most agencies today have a minimum of 4 hr charge. That can be cost prohibitive for many.

Home modification for accessibility, and caregiver safety.

ASSISTANCE WITH PERSONAL CARE AND CARE OF THE HOME.

Financial education.

Finances.

Beds that adjust for high or low settings. Personal care to the patient at home.

Caregiver.

Referrals for Home repair services: Yard, home repair, appliance repair, furnace repair.

Exercise regularly.

Decent retirement monthly information where I could meet new my age people.

In home care/assistance and transportation capability when no longer able to drive myself.

Anything and everything.

In home care, help with housework, meals on wheels, transportation to appointments, life alert (pers).

It depends on my health issues at the time.

More in home care givers or IP's.

COPEs.

Caregiver with the appropriate salary. Continuous transportation services , there are some areas not being served.

Help with housework, yard work, snow removal, personal care and transportation if needed.

Knowledge/availability of services.

Assistance with activities of daily living, medicine management, trusted help with finances.

Grocery deliveries, in-home services including housework and personal assistance with bathing, dressing, medicines, etc.

Meals home deliver.

Ideally, family and friends who are able and willing to help out with backup for those who do not have that through publicly supported transportation (shopping, medical, social), nutritious meals, activities, and when necessary paid help with I/ADLs.

Remaining physically able-bodied.

Affordable housing with supportive services accessible as needed.

Knowing I could rely on an honest and caring person.

Preparing my home so that I can live on one floor if stairs become an issue.

Making healthy choices, financial planning. Easy to access services if needed.

Support from the local community, especially local townships.

Individualized services that would help me to modify the physical environment; funds to pay the people I trust to provide are and support to me.

Good healthcare.

In home care.

Family care.

Transportation, meals, and in home assistance.

Being able to access help from a person's own family an friends. The family and friends need to be able to get paid because they need to make a living too.

Money from the state for required care.

Education regarding physical and mental health as we age to properly prepare ourselves with the appropriate nutrients and exercises. Have options in grocery shopping if the weather keeps us homebound, etc.

In home care givers and case workers to check in often and assure that the needs are being met and transportation is available as needed.

Reverse mortgage type assistance.

Support for family.

In home help. Someone to manage what I could no longer do physically.

Ability to access affordable in home help. Affordability is a huge issue.

Financial help.

A caregiver.

Cleaning and cooking.

Help with ADL, help keeping independent, active and happy. Being able to continue to make choices

based on the individuals needs and wants.

In home care.

In home and personal care.

Preventative programs beginning before the person needing the resources needs the resource. Start teaching and training people in their 30-40-50's about proper health, maintenance, health planning/decision making for their future. Plan ahead programs. Last will and testament classes well in advance of their golden years. Affordable/free resources for planning your future. There is so much that can be done now for our future later.

Home Care Aide.

Keeping active and involved with my community, by taking responsibility for my own health and well being by exercising and eating nutritiously, a balanced lifestyle.

Personally, I would probably need physical help if I become more unable to do my housework; but the main thing I would need would be to obtain funding for education and medication including supplements and physical fitness to prevent further disability. My feeling is that prevention is more cost effective and beneficial than fixing the body after it is broken. Getting rid of the doughnut hole, deductibles, and tiers of medication in all plans of Part D at an affordable price, would be a good start. Also getting rid of the penalty in part D would also be helpful, because I could not afford the Part D when it first came out. My current medication at that time was about half the cost of Part D and I was on a very tight budget. The only reason that I just suffered a stroke is because I could not afford the \$360 deductible on my medication in order to purchase my Aggrenox. Fortunately I had enough knowledge to demand blood thinners and anti-hypertensive medication in an I.V. as soon as I learned about my excessively high blood pressure as a result of my atrial-fibrillation problem causing my body's throwing clots. I have a lot of knowledge as a result of past experience and research, but I also know not to use this knowledge to circumvent professional counseling or help when it involves others.

I think that we have to respect them. We have to understand them.

Bathroom that is handicap accessible and equipped for handicap person. Everything on one floor, including laundry. Neighbors that check on neighbors. Volunteer programs that help seniors get their lawns mowed and shoveled walkways in winter.

To keep the very good chore worker that I currently have.

Probably having someone like I mentioned in the above question and also help with housekeeping and maybe doctors/shopping would help.

For homecare workers to be paid a wage above poverty so that I can afford to save for my own old age. An income that allows me to pay my bills so I can be above poverty level instead of below it would be an amazing help for my future.

Access to family members who, supported by the system as needed, can provide long-term care.

Caregivers.

Consistent caregivers, modify home for safety, nutritional meals.

Getting a couple of friends to move in and we all share the costs and have each other to bounce off of.

Being physically, mentally and spiritually able.

Home care aide.

Someone to come by weekly to help with cleaning, bathing, etc. For a FULL day.

Home health nurses as a help and feeling of security.

Help with cleaning, maintenance of the home.

Eating healthy, getting exercise daily, medical appts. transportation, caregiver check ups on consumer health and welfare.

One on one help.

Advocate for good choices and resources.

Healthy living relaxed atmosphere.

A personal case manager to arrange for needed services and let the family know the cost and how to arrange it. Someone that I and my family knows.

Homecare assistance.

Modifying a home to allow the most independent living possible. Usually someone's home causes a person to need to move in order to do the best that they can independently. If there was a budget that could pay for a remodel it would be cheaper than putting them into a facility.

Community services that would help w/ maintenance, lawn care issues.

Higher income.

Getting an in home care provider.

Social involvement, senior exercise programs.

Information and assistance.

Help with cleaning, shopping, driving, all the basics.

Making certain that if I need help, there is more than one person providing that help. It is a huge task for just one person to take on.

Lower taxes on our home so we can afford to stay in our home.

Caregivers and service workers to help vacuum.

ADL support.

Having the proper programs such as in home care.

Having people who are able to assist me with finding workers, activities, doctors. Help with yard work, driving, shopping, cooking, advice, paying bills.

In home caregiver services are essential.

Help with chores.

Affordable rent.

Having someone come into your home to help you out with whatever services are necessary and for the consumer to have a right to determine for themselves which services could best meet their personal needs.

Wow, this is not the most important thing going on here. Many people don't even have "their own home." And that number is growing. A person must decide for themselves how long they wish to stay in their current home. That's not always what a person chooses. Most people choose to downsize willingly.

Live in caregiver not related but also has a couple of days off. Someone with a life besides mine.

Help for things I wouldn't be able to do myself.

More personal care dollars and better trained care providers.

Daily contact (phone or personal), help w/meal prep and meds and housework and necessary home repairs.

Accessibility to the home, door to door transportation especially in rural areas, activities to attend.

To have a family member as my caregiver.

To use sometimes an assistant when I need.
Help with personal care.
See above.
Some in home care.
Access to adequate home caregiving (certified).
Transportation/ support group to learn what is available to make intelligent choices/decisions.
A higher income.
Affordable quality health care.
Chore services, help with transportation.
Transportation, housing, community programs, to be needed.
Having the adequate amount of monthly service hours to ensure my safety as my age or disease progresses.
Have someone to help in personal care and daily chore.
One of my grandkids to live with me to help.
Education, having a plan ready to implement.
Paid providers (if needed).
Adaptive equipment, someone to call when I need help.
In home support, chore services and transportation.
Programs that assist people.
Just knowing services for help are there if needed.
Continued older adult services.
Shopping.
Low income subsidy to improve safety of home.
In home services
Neighbors should look out for the elderly.
Having caregivers with good knowledge, but also understanding of my rights and feelings.
Support for the elderly with help from caregivers.
Putting devices in my home to keep me safe.
In-home care with personal services. It depends on whether you own or rent as to the type of services you will need.
Financial and help with home repairs.
Transportation.
Accessibility of home and services.
A job that pays a living wage.
Environmental modifications to make things accessible, transportation options, support from family and friends.
Financial accommodations. Affordable and safe living location.
Caregiving and a program to help organize and plan for the future. Helping provide clients with the proper outlets for end of life decisions act.
For my age good thing for the best way to take care family member they can enjoy they're leaving and happy.

Access to allow movement within the home.

More hours for IP care.

A caregiver and budgeting or facility were all there needs are met but stay in a home like environment.

I already described that above in the 9.

A gardener.

Keeping the funding to remain at home and also funding for good respite care.

Paying family member to take time off of work to care for me.

Assistance with maintenance of yard and house.

PERSONAL CARE OR BETTER FAMILY MEMBER PAID ASSISTANCE.

Home delivered meals.

Home care with a very good caregiver because I have no real friends and no kids and brothers and sisters are not nearby.

I am caregiver to my disabled sister...I don't even want to go there at this point. My cousin has been doing the most care for my Aunt who can still be in her home which I hope I will have someone to help me...my sister would have died by now had I not been her advocate for her medical care.

Education.

SOMEONE TO CHECK UP TO BE SURE EVERYTHING IS OKAY. AN IN PERSON CHECK.

Support in general – education about services available and open communication.

SUPPORT! MONEY!!! WILLING EDUCATED CAREGIVERS/NURSES!

Modifications to make the home user friendly, from grip bars in the bathrooms to chair lifts on the stairs. Perhaps a State sponsored program that will give special financing to Seniors and Landlords making modification to a home.

A great family support system.

Having parents that are quite elderly, and stayed in their homes until passing, I can say that if we can help them with physical improvements to help them be safe and productive in their home we need to provide the resources. Things like hand rails, ramps, non skid strips can all be hugely helpful. Many can purchase these things but might need to know who can install them correctly.

In home care, adaptation of entries, ramps, transportation to appts.

60-85.

Education on safety. Services management, health, exercise, nutrition, accessing individualized activities – not mass transit for everyone to the same place and activity.

Get my home more disabled friendly. Doors, ramps installed.

Having a personal caregiver to assist in the home with ADL's.

Cognitive and physical exercise, socialization and activities.

Training provided.

The proper home care aides.

Having enough money to pay for support services.

To have a service that would help in everyday living tasks.

Housekeeping. Things that are too hard for me to do any more. Carry groceries, vacuum, making the bed over w/clean sheets, mopping the floor.

Transportation and in home support.

Support for the people taking care of family members. If they cannot go out and work, because they are taking care of a family member in home, they need more hours to be able to live.

Honestly, I feel it is important to have chore workers to take some of the burden of daily life. We used to call them neighbors, but in today's world there isn't time for that. We must pay them to do the work no one else will. Mowing lawns, washing dishes, mopping floors, shopping, all the things can overwhelm a person who can't do it all any more.

In home aide.

Help with taking care of the home, help with shopping, transportation.

Having some help so as not to have the elderly trying to do too much themselves.

Help with things around the house but not feeling like a burden.

Allowing friends or family to help and get paid for helping me!

Choices.

Quality help, caregivers with knowledge and experience.

In home programs.

In home assistance, including housework, transportation, personal care.

If I can get help around the house, maintenance, repairs. If I need help with daily living, if I can get enough caregiver time to allow me to remain independent.

In home care.

Help with ADLs, respite care for providers.

In home supports.

Someone to check on me and be sure that my basic needs are met and that I truly am safe.

That varies depending on the person. I have had two foot surgeries in two months. I can't work. And I am only 52.

Having enough money to pay increasing costs for utilities, food, and healthcare. And someone to take me to appointments, shopping, and other places I may need to go if I am unable to take myself. And money and someone for up keep and maintenance.

My own health, periodic nurse/aide visits.

Good care and finances.

Increased number of hours for paid care.

Annual checkups. A positive Dr patient relationship in health maintenance.

Transportation and accessibility.

Be in good health. Have someone with me. Have enough money to pay rent food and other expenses.

Caregivers.

More help.

Transportation to appointments, convenient doctors offices, delivered meals, more importantly competent caregiver.

Help with transportation, meals, escort to shopping, help with yard work, hobby groups, in-home help (hygiene, housework).

Available assistance and ease to get it.

Good health of course and programs that put reliable helpers in my home.

Many should be provided low-income housing that are living in squalor, but it continues and apparently is legal to do so. But when a person owns their own home or is renting an acceptable

unit/house, I believe their rent/mortgage should be supplemented to prevent unexpected evictions down the road.

Anyone should be able to stay in their own home with a care plan in place. Excluding medical needs which may require a nurse or require to be lifted might be hard for families to give adequate care.

Personal care.

Respite for family.

Capable and knowledgeable caseworkers and competent support workers like non-family caregivers.

Having a great caregiver.

Having someone to help me set things up for my care according to my medical needs and mentality.

Help with household chores.

More money for our elderly to be able pay for rent and extra caregiving.

Funding from the state or at least most for weekly shopping for groceries and medical needs. Also, outings at low cost to art and music or learning classes near their homes. Transportation provided at low cost or no cost according to income for trips to museums or beach or casinos with performers.

House cleaning services, including help with garbage disposal, salt in the water system.

In home personal care.

My personal Will and skilled Nurses to aid my family.

Help with ADLs.

Money available to get home services. I have never understood how it makes sense to put someone in a nursing home or group home when all they need is help with personal care tasks. Sometimes increasing hours to stay at home would be more cost effective than putting a client in a home.

Help paying bills, transportation and in home caregiver hours.

In-home care.

Caregiver daily.

Having help with housework, cooking, personal needs.

Someone to help with household needs, cooking. Someone who could transport me to the dr., even occasionally to something entertaining, to help keep up cheerfulness, a positive attitude..

Chore services and transportation.

Money.

To have someone help me.

Income that is closer to what I made at a younger age.

If healthy and single, a regular contact person to ensure everything is OK. If health problems, someone to help do the things that the health problems prohibit or make difficult.

Insurance I could afford for long-term care.

Adequate caregiver hours.

More care.

I would have family members close by to assist me and be with me.

A really attractive female nurse who gives foot massages.

Family to get paid to care for their elderly family members.

Home health care.

Someone to assist with small chores, shopping, dr appointments and not the feeling of isolation that

happens with older people.

Help with home care housework, laundry, yard care, shopping, assistance with errands and appointments.

All of the above.

Caregivers.

In home care services, like meal service, cleaning or transportation to the hospital when they need to.

Caregiver.

Cleaning and cooking and laundry.

Caregivers that are in home care.

In home assistance and chore service.

Someone to talk to. Safety, aid in meal prep, transportation.

Transportation to medical appointments, shopping; bathing assistance and home care.

Having someone I can trust to be there for my needs.

Be able to pay person of my choice (including family member) to provide care, rather than be mandated to a nursing home. Medicare should make such lower-cost/higher desirability options available.

Caregivers.

Same as above.

Help from family or caregiver.

In home caregivers.

Someone to help take out the garbage, shop for me, change sheets on the bed and do some laundry. When I had a shoulder injury, I needed help combing my hair (long hair in a braid) and couldn't find anyone to help. (2 months with my hair in a mess while my arm was in a sling was not fun).

In home care.

Become able to deal directly with Medicare/Medicaid as opposed to relying on others who either are overloaded or undereducated to make decisions for me.

Hand rails.

Assistance with housework and personal care, assist with healthy diet and shopping and meal prep.

All programs to assist in remaining at home.

Family support.

Transportation assistance, in home care when needed.

Caregiver.

Home Care Aides.

That my current care provider could have more hours so I can have more assistance at night when things get hard for me.

Home care aides and home maintenance help.

In home care.

Physical help.

Home care attendants.

More caregivers and pay them a living wage.

Having someone with some medical understanding so she or he can look out for me and my health.

Caregiver help, resources for my caregiver, places to go for activities and transportation to those places.

Financial help.

Financial aid.

In home assistance with household chores as well as caring for the OUTSIDE of my home.

A caregiver and the correct amount of hours to meet my needs.

Programs that help family members share the burden.

In home care with out account recovery.no one want's to loose what they worked for they're whole life.

Having funds to pay for help needed.

Caregiver.

A pay raise in Social Security that would cover my bills, so I don't have to choose between groceries and bills. I can't get disability because I'M over 70.

Family support. And should that be lacking, enlightened community and State support.

Help with taking care of our son with Down Syndrome – personal care and respite care.

I am fine as a caregiver myself at 75.

Being able-bodied, healthy mentally and self sufficient enough to care for myself. Having family or a companion you like and trust to help with chores etc. and to ease loneliness.

In care help.

Someone to help with everyday needs.

That the banks would help with the financial part of keeping the home.

To earn a fair wage for being a caregiver.

Help with food and cleaning. Both my home and my person.

Family support system.

A CHANGING SCHEDULE OF AVAILABLE SERVICES THROUGH THE MANY STEPS OF DISABILITY.

Lower rent.

Personal care assistance.

Pay caregivers more.

Having a plan. Having someone come in and help to become self sufficient. Independent.

Someone to take me to appointments, hair dresser, and out to lunch once a month. I think it is important for eating out and seeing other people that do not come by to see you or a casual friend.

Home care aid and support of your family members.

Money & family as support.

The freedom to choose to remaining at home, and have outside help come in and take care of things like running errands cooking cleaning or maybe just to sit and talk to somebody. And do thorough background checks we need to stop the abuse of the elderly and disabled.

Individualized assistance for anything that may develop, while allowing me to function to the best of my ability. Also having an advocate in the event I am unable to determine my needs.

Help from relatives and children.

Education: Respite and Personal care services, Care Plan and Transportation , State Funding.

TO HAVE A CARE PROVIDER TO HELP OUT.

Financial assistance.

In home care.

Have the help of a caregiver, someone to do errands, shopping and cleaning.

Help with keeping good health.

Fall prevention falling.

Financial assistance.

In home personal care assistance, transportation. Household chores. Help with the new developing technology in communication and the use of the devices, even new washers/dryers/TVs/phones.

Ramps. Secure doors, windows.

CAREGIVER.

Likely.

Being able to hire family to care for me.

Financial stability. Being able to hire someone/caregiver.

The care and services of home care aides and other senior services.

In home care providers.

Supplies medical.

If the caregiver/parent or relative could get a wage close to if I was in a nursing home or assisted living.

COPES.

Someone I can rely on.

Ability to hire a family member to assist me with personal care and transportation needs.

That I have choices.

Help with chores.

Rent subsidy.

Your rights.

Help with yard and house work would be incredible. I'm only 47, yet arthritis is increasingly making normal activities like opening container and doors difficult. Also, having handrails installed around the home, including the bathroom and the doors to the outside, would be very helpful. And help with paperwork, such as bills and other mail – piles with delinquent business issues can build up very quickly. (Of course, we would need spotlessly honest help.)

Household help, cooking and caregiving services.

In-home care person.

Support that I would still have some say in getting and being able to direct my program by myself as much as I was able.

Transportation services, affordable housing, access to affordable in home care, access to affordable food.

More hours for caregiver.

Money. Long term care, trustworthy care providers, good financial planning, transport services.

Being able to afford to keep my home without going bankrupt with medical bills and maintenance bills.

In home services.

HHCAides.

Help with transportation and knowing how to call for more help.
Someone to come in and help out.
Cost of rent and heating.
Having someone living with me in my own home.
A paid caregiver.
Renovations for potential limitations.
Caregivers.
Have the ability to afford it because if these hours keep getting cut then the clients and families won't have the extra help they need unless they bring in a six figure income a month.
Assistance in the home.
Help with yard work, housework and maintenance of my home.
A good support system.
Having a qualified caregiver take care of me.
Affordable Long Term Care Insurance.
Physical assistance and general home maintenance.
Homemaking services – cleaning occasionally.
Transportation, housekeeping and personal care assistance.
I need someone to stay with me in my house.
Services that enable me to maintain my health and not develop mental health disorders due to being isolated. Depending on how active I am able to be at that time would depend on the services that I needed.
Good environment.
In home assistance such as housekeeping, laundry, personal care, shopping, cooking and transportation.
Family here with client caregiver.
Reliable caregivers (definition of reliable caregivers: they come on time every time they are scheduled to come, they do all of the tasks they are scheduled to do, they speak English (or the language both client and caregiver speak), and they make reasonable accommodations for my disabilities just like they would have to do in any other job).
Caregiver.
Home/transportation. Services to support independence.
Transportation. KEEPING MY GOOD HEALTH – options for exercise and fitness, social connections for friendship and home help, errands, etc.
Accommodations in the home to prevent falls and other injuries.
Respite.
Making sure I can afford the mortgage.
In home supports.
Affordable housing and health care.
Environmental modifications, simplified finances, good oversight.
Caregiver support services.
Daily in-home homemaker.

Brochure that explain the service which I could find out about.

A community of friends and helpers to care for me and for me to care for. Possibly room-mate matching as I become less able to care for myself.

Transportation and daily contact.

See #12. At some point, will need in-home caregiver(s).

Help at home.

Someone to check on me and my skills and understanding of taking care of my daily needs, medications. Transportation to medical appointments, shopping.

Help with chores and personal cleanliness.

Respite care, continuity in caregivers, meal delivery, supportive living partners in the home.

More financial support and easy transportation.

More complete health care coverage for drugs and for cochlear implants.

Being able to secure affordable in-home care to support myself and my family as I age in place.

In home support.

A family-style provision of care, with a support network that helps with care needs. I think a vibrant ACH support program is also helpful, since not all aging adults have families who are able to provide support.

Nurse not family because I don't want any of my families to be stressed.

Less taxes.

In home care services.

Having a caregiver that can assist with my needs when family and friends are not available.

Relief from student loan burdens.

In home services – housework, bathing, nursing, etc. And respite care for partner, so they have free time each week just for themselves, no worries for a chunk of time.

Transportation. In-home assistance.

Transportation keep my independence.

Managing chronic conditions.

Transportation.

Exercise.

Light housekeeping, assistance with personal needs and maybe laundry – even a couple days a week would be a great help.

Keeping home accessible and having some home support.

Family and paid caregiver support.

Daily living task that an aging person cannot perform on their own.

Respite help for caregivers, transportation options.

Help with home repairs, help with care for my husband.

Copes.

Someone knows I live alone. Free or low cost ways to stay at home.

Senior centers with assist of meals, transportation, health education. support for family caregivers. Adult day cares, adult family homes and assisted living. SNF's are too big and vague with too many rules and too little care (physical, emotional, social or nursing).

Caregivers with adequate support.

1. Home maintenance 2. Nutrition 3. Transportation 4. Fitness/health.

Financial planning. Allowing me to afford the services designed to help me stay at home or live where I'd like to.

Meal prep, ambulation, etc.

Having someone to help develop a plan would be the best service and an individual to contact if a problem arises.

A PERS system, assistance for environmental modifications, respite care, meals, chore and housekeeping svcs.

Ability to pay for services, shelter, food and medical. Be safe in your home.

As you age, it depends upon how much the person can do. The person should be allowed to stay at home for as long as he/she wants. And all the in home services like bath aide, in-home caregivers, transportation aide, and the care team of social workers, case managers, home nurse, etc.

Financial planning – I am struggling paying bills each month and am not always aware what help is available.

In home services like cleaning, basic house chores.

Transportation help, trusted providers of care and financial assistance to pay for care.

Planning for care needs; making my home aging and disabled friendly. Knowing resources.

In-home care as needed, especially meals.

My Physical and Mental Health, friends, family, connection to my community and having pets to love me always.

Be healthy, exercise, watch for foods you eat.

A safe environment, low cost housing and utilities, neighborhood safety, family and friends support.

Chore services, adaptive equipment.

Support in the home.

Mobility.

Supported care, such as COPES.

Regular visits to the doctor to maintain good health and better dental coverage.

Increased capacity for caregivers. Agencies always seem to be short staffed OR they only want to provide care on their schedule, not what might be best for the consumer.

Help with shopping, meal planning and preparation, assist w/medical appts, household chores, financial management, medical insurance issues.

Chore services and other in home care services that are affordable.

For me... Just taking thing easily and don't OVER-DO onto my body, mind, etc.

Home Care.

Financial, disability help.

Having someone to keep an eye on me. Making sure my house is safe.

Yes, I just lost my home cuz of no appropriated service for me.

Home modifications to accommodate physical disability.

Affordable in-home services including case management.

Occasional visits for healthcare issues/financial/dietary

Flexible specific care to the changing needs either increasing or decreasing in intensity.
Get the lower and affordable mortgage payments.
As long as I can care of myself.
Home Care Agency.
Personal care and respite care from a provider who has experience with my diagnosis.
Flexibility in choice and caregivers – not tied to who DSHS has a contract with.
The support of services that I qualify for, and the support of family.
Home Care, Transportation, Meals, Access to Medical and Mental Health Care, Caregiver Support as needed.
A concerned medical facility with knowledge of services provided and making sure that they find them.
Housekeeping services...food services.
Help with ADL's, yard work, transportation.
Personal care and meals.
Assistive devices and modifications such as grab bars.
To insure that the home is retrofitted to meet changes and services contact information.
In home help, transportation options, and bill paying services.
Financial help and physical help support.
On a population basis, we need a better long term care financing plan – too many families have no plan and have to become bankrupt to get the array Medicaid offers.
Accessibility, affordable housing options, medical care.
That there is connection to the outside world should I become ill. Programs that call and check on those that may be infirm. Offer family members this service especially out of state.
Easy and affordable access to in home services such as light chores, meals on wheels, inexpensive transportation and easy access to bus routes.
Meals, light housekeeping, possibly med management.
Copes in home with housing and medical expenses of the well spouse taken into consideration. I want a budget where I can decide what spouse and I need so that I can continue to pay for home expenses and care for spouse.
Access to health care, help with household chores, shopping assistance, home delivered meals.
Continued health care and mental health screenings.
To be able access to the services I need.
Keeping active, eating nutritiously, good medical care.
Continue my exercise program for movement and continue with healthy foods.
Housekeeping, transportation, meal service.
A good choice of in-home services. But you know...maybe the most important goal isn't to stay in your own home...as if it's your original home...maybe folks need help transitioning to smaller living situations, less square footage, but with support services nearby. We need small villages or something like that. I will be looking for something with privacy, but support if I needed it.
Someone to help evaluate the modifications my home will need to be "aging friendly" and a plan to make those adaptations.
Reliable transportation for medical appointments, grocery shopping, etc.

In home supports, access to healthcare services, transportation services.
Long term care insurance.
Affordable in-home help with chores.
Help with my daily needs such as keeping my house clean, grocery shopping, preparing my meals.
Managing my medications.
A stair climber.
Transportation, chore services.
Wellness.
Having help come to the home. And a way to help pay for it.
Services in the home such as help with cleaning, laundry, preparing food.
Financial capacity.

Aging and Disability Service Providers Only

More caregivers.
In home support.
n/a
In-home services.
Maintaining independence.
Free or reduced transportation for errands.
Someone trustworthy to help care for my needs (i.e. clothing, bathing, etc.).
The Village Model.
Engagement in a community that is committed to addressing needs of all community members including older adults and individuals with dementia.
Food and help with ADLs.
Affordable in home support or funds to compensate friends/family to provide support.
Adult day health programs.
Adult Day Health Centers.
Trusted assistance.
Taking care of them.
Financial assistance to continue to pay for the things needed. Volunteer connections to help with house cleaning, yard work, laundry, meal prep etc.
Transportation, homemaker services.
Don't cut the funding for the program.
Nutrition and social.
Essential service information and professionals to check on me from time to time.
In home support/check in program.
Funding that would allow aging-specific items to be obtained.
Homecare services.
Caregiver.
Easy access to transportation and emergency alert system.

Everything within my reach. Move my room downstairs, so I don't have to risk falling.
For more funds for in home caregivers.
In home bathing, clothing, toileting, eating, nursing.
Staying in contact with family.
Access to home care, education about aging and home safety.
Prevention and wellness services. What to do now (and keep doing) to keep your abilities and independence.
Keeping myself healthy.
In home services and help coordinating care.
In home care.
A sense of security in knowing my needs will be addressed. I would like to see an advocate for me personally to evaluate how best to use my resources and to guide me toward programs of assistance that I would qualify for.
Cut red tape.
Care provider.
In home care.
Housing assistance.
Caregivers.
Someone to help me.
In home aide and funding to cover their services, transportation, nursing services.
Home care providers.
In home care (help).
In home care such as agency help. DSHS might consider paying other agencies that they do not cover now.
Prevention information and ability to obtain in-home assistance services if needed.
HELP WITH ARRANGING DR APPTS, HELP UNDERSTANDING FINANCE AND TAXES, HELP GETTING TO DT APPTS, HELP WITH HOME NEEDS, SHOPPING, BATHING, CLEANING, HELP WITH OUTSIDE THINGS YARD MOWING, WEEDING, HELP GETTING FIREWOOD.
Caregivers to help at home and transportation to medical appointments.
Help with errands and within the home.
As long as there is someone to hire to take care of me then I will remain in my home until I pass away.
Family and caregiver support.
In home care.
My care.
State covered, trained and paid caregivers.
Financial and medical.
Carrying HCA.
Having the right caregiver and the hours for care.
Family to take care of you better than the nursing home.
Financial assistance and meal delivery.
Have my children on board early on and preparing our home so we are able to remain there as long

as possible.

Meals and errands.

Improve accessibility and safety, and more options for in-home care.

A home to have.

Transportation.

Family and caregiver.

Having a home care assistant.

Being healthy and making sure I am safe.

The ability to make my own choices.

Having my house ADA accessible and some daily help when needed.

Cleaning assistance.

Help care service so I could stay in my home.

Someone to help with housework laundry, transportation to shopping and medical appointments.

Meals to seniors.

It's important because I will have privacy in my home.

Have help caregiver.

Caregiver.

Help with grooming, chores, medicine management, help with doctors appts, transportation, grocery shopping, paying bills.

A family member getting paid to care for me.

Case manager setting you up with in home care.

Transportation for food, clothing, banking, and recreation/physical exercise and a pleasant activity that reduces stress.

Someone providing the same services that I do.

Pay caregivers more money so they spend more time with us.

To be able to remain close to my loved ones.

Evaluation and help with assisted.

Caregivers.

Good health and mobility. Stay active as long as possible which allows you to be more self sufficient with less chances of falls or injury at home. Also knowing your limitations and asking for help when help is needed by either a family member or paid caregiver.

Help with family that take care of me.

More time with a Family.

Having whatever equipment I may need at that time.

Affording the costs. Everything's so high anymore, and getting around without little or no assistance.

Assistance help.

Finance.

Honestly, why people prefer nursing homes, instead of in-home care anyways?

I do wish and hope I will be living in my own home when I became elderly, however, I do put some hope on my kids yet when it comes to having a caregiver. I don't give a preference to my kids. Any person who is honest, reliable and with a positive attitude towards life and, of course, with a

certificate (license of HCA) will be appreciated.

Having outside help to come in and provide services needed.

Having enough money to hire your needs.

More comfortable

Availability for assistance for food or help with out side stuff that health care agencies don't provide.

In-home caregivers and chore workers that I could trust.

Help.

Being treated with dignity and respect and being included in the decision making process within the confines of my mental state at the time the decision making is being done.

Caregivers...someone to shop and go to appointments with.

Competent help and home care.

Helping with chores, laundry, cooking meals, pay bills on budget.

Having the government out of my personal life.

Care providers.

Help with meals.

A support system in place where I could remain home and not have everything pushed off onto one person.

Money.

In home care.

Perhaps, I may in time need access to a ride to the doctors office , grocery store, or some other appointment.

Caregiver.

More money.

Cost of shelter.

Ability and finances to take care of my needs and my home.

In home care, education, and support programs.

Physical and cognitive exercise.

A directory of resources that are trustworthy and affordable.

Assistance with home maintenance that becomes too difficult for an elder to maintain.

Caregiving options and assistance with ramps and adaptive equipment or refurbishing homes to make them more accessible.

Safety interventions, assistance with household chores.

Staying empowered to make my own choices.

Health and services advisors to help me design a plan for aging in place. Someone like a financial advisor but for aging, perhaps an Aging Wellness Advisor program.

Transportation and Meals on Wheels.

Q.5 As you age, what is your greatest worry/fear as you think about staying independent and in your own home?

Potential Clients and Family Caregivers

Hoping I don't get Alzheimer's.

Being alone by myself.

Not being able to take care of myself and my residence (i.e. summer mowing or winter snow removal).

1. The high cost of medical care. 2. Yard care and upkeep.

Fall.

Getting in and out of my home. The stairs.

Falling and not being able to take care of myself.

Falling.

Not being able to care for myself.

Good health.

I have seen some people get confused on medication. How to manage for home and outside help.

Able to drive and take care of myself. No worries my children watch me.

Alzheimer's.

Being able to walk. Being bed ridden.

Someone to help with the things I can no longer do.

Someone to take care of my yard work. Also, help with my house work and personal care.

Being able to take care of yard and house.

Not being able to.

Keeping mentally alert so you can make wise decisions.

Falling.

Falls.

Cost.

Dying alone.

Not having transportation to and from grocery store/medical appointments.

Falling down – to have a medical alert. Finances.

Falling.

Falling.

Not being healthy enough to care for self.

I'm 92 and I'm afraid I'll live until I am 98. Falling.

Ability to keep up house and property. Transportation services when I can no longer drive.

Being by myself, losing my home and health

Being unable to function normally!

Being physically unable to maintain home/yard.

Falling.

Not being able to take care of myself – falling and breaking something.

Being able to take care of myself.

Safety.

I don't worry about it.

Being alone without husband.

I'm not worrying about it.

Security

Falls.

Becoming unable to care for myself.

Falling.

Falling; housework; cooking.

Falling.

Not being able to drive. Losing my mind.

Having help so I can stay in my own home.

Will I need help?

Balance. Being able to drive.

A caregiver.

90 or how will they are 100.

Concern about not being physically able to do yard work. Concern about not being able to drive.

Care when needed.

Loss of mobility.

Suffering a stroke or some other disease that would take away my ability.

Fear of falling!

Financial independence.

Finances and getting around; equipment such as wheelchairs, walkers, or canes.

Being able to get around and do everything in home or have help come in.

Lack of strength and mobility.

My house falling apart, maintenance bills; don't want to think about it.

To be a burden to my children.

Fear [that I] would be forced to leave home and stay with one of my children.

Knowing my services will not change because a Union or outside organization could NOT affect policy in my home.

I guess I have decided to not respond with worry and fear to the facts of aging. I regard the most important critical success factor as being our ability and willingness to maintain our multi-generational alignment of goals and actions. Independence is a fallacious notion. We are all interdependent; the only question is who it is we are interdependent with. Let's stop denying the reality of lifelong interdependence.

Navigating stairs. Cooking, bathing, self care.

Transportation.

That I won't get understanding care that's necessary.

Becoming immobile.

Money.

Living alone. Growing old.

Ability.

Lack of money.

I am 93+. I have no fears. I have turned it all over to my heavenly father. I want to keep focused and busy. I am healthy and happy.

Having competent care (honestly).

Social isolation.

Loss of health and no budget for me to stay at home.

I worry about having to move to my children's area although they are very loving and caring. But I fear nothing.

Loss of physical ability.

I won't be able to keep up with the yard and the house and cooking on my own nor will I be able to afford to pay someone to do those things for me.

Being alone falling, too tired or sore to do anything, let alone things you have to like laundry etc.

Financial.

Being able to take care of my home and personal care.

Losing independence.

Financial; nutrition.

I will not be able to remain in my home and live well; dementia or some other debilitating illness.

Run out of money; available services in home.

Affordability.

That I won't be able to take care of myself.

Loss of memory.

Being alone and not being cared for.

Not having enough money to live, losing independence in choice and decision making, not having the personal good health and functional ability to maintain myself at home. Fear of dementia and Alzheimer's disease.

Consequences of broken bones.

That I will end up in a nursing home.

Being stuck/isolated not being able to get help.

Needing assistance at times.

See 14. Not being able to secure services because there won't be enough doctors for the aging population, there won't be enough trained and honest nurses aids, in home providers.

Becoming physically unable to keep up the farm.

Not being able to afford the care I might need; loss of independence.

Taking care of the yard and doing the housework that is needed. Not only that but the ability to decide what needs to be done.

Financial, health issues, lack of support.

Losing my memory.

Adequate legal counseling. What if I as caregiver can't continue, temporally or ongoing.

Not being able to care for myself.

Inability to drive to places to get food/supplies, and healthcare services.

Dementia, lack of financial resources, losing health insurance, family members who can't/won't listen because they are too busy and want a quick fix.

Loneliness. Ability to perform basic daily tasks.

That I would not be able to properly care for myself and make certain that I eat well. That I may forget to pay bills. That I would become too lonely or isolated. That I would not get to do the things I love most and that no one would care. That I would become a burden. I want to be able to enjoy all the days that I have before me.

Needing help and not being able to reach the phone to call or falling and not being able to get help. Being able to afford to live there.

My greatest concern is that, like my husband, I would develop dementia.

Won't be able to do what I need to do such as shoveling/plowing snow.

Living in an inaccessible home.

Broken bones, dementia.

See above. Dementia/Alzheimer's or just not being able to care for ourselves.

Taking care of personal needs and my disabled adult son.

1. Isolation/not having people I can call on to help/engage with.

Not knowing where I will move when I can not stay at home, how to pack up, sell house and then where to move that I can afford. How to die at home, a case manager to help with a plan for life as it changes.

Fear of falling when living alone and becoming frail.

Falling at home and not being able to get up, not being able to cook my own meals.

Living on a reduced income and maintaining a lifestyle that will enable me to meet my needs of daily living.

Loss of ability to get around both inside and outside.

Medical conditions and falls.

Due to increase in health care costs, the affordability to remain independent without government assistance which ultimately would truly define my independence and ability to make my own choices, not select from a series of choices offered to me.

Falling and getting hurt or getting dementia/Alzheimer's.

The onset of dementia.

Being a burden to my children. I'd want them to not carry it all by themselves.

Losing my ability to walk and think soundly.

Concern about falling and the injury that can come with it. Many who are seriously injured from a fall eventually never recover.

Qualifying for in-home care, transportation, meals.

Being able to care for the house and yard on my own. Staying healthy.

That I will end up in a nursing home without an advocate.

See # 14.

To lose my job and not able to pay bills or rent.

May not be able to manage the stairs, may not be able to manage the housekeeping and yard work, may lose ability to drive, may not be able to afford property taxes.

Being unable to care for oneself.

I'm planning on moving to an Assisted Living facility if I can no longer manage living by myself at home.

Fear of cognitive loss and by default being unable to make personal decisions.

Keeping me mobile and mentally alert.

No one to advocate for me if I need it with the medical/industrial complex. Dealing w/various doctors and medication management are increasingly complex – and certainly daunting for someone who is old and confused. I'm also worried about being isolated – that goes along with not having an advocate.

Not having enough caregivers and money to pay them.

Ill health, affordable in home care.

Being taken advantage of by someone trying to help.

What is my greatest fear in my home is no one with me.

Not knowing where to go for help as things come up. Retirement will diminish my network.

I don't want my children leave me alone in old age.

Safety.

Being alone.

Money, care and falling and becoming incapacitated.

Needing medical assistance and unable to call for help; having enough money and medical benefits; someone to care for my pets should I be hospitalized.

Healthy meals, opening cans, bottles of water.

Right now my situation is that pushing 60 and caring for parent and hoping I can continue to do so – if I lost my job which I will be at the end of the year after 18 years with co as owners are closing – I am hoping I can find employment to meet Mom's needs and stay where we live and working out of home – will need more help in home for Mom .

Ability to pay/ hire enough help to remain independent.

N/A for me.

Financial, health services, food and caregiving.

NO ONE WILL BE AROUND WHO REALLY KNOWS HOW TO FIGHT FOR MY RIGHT TO STAY IN MY HOME WITH ADEQUATE CARE AND RESPITE SUPPORT TO THOSE INDIVIDUALS ALONG WITH HIGHER PAY FOR THEM TO DO SO.

Cost.

Falling or other injury.

Finances.

People threatening to put older persons into nursing facilities if they don't comply with the families wishes.

FINANCES.

Not being able to drive. Needing help and not feeling able to find it or pay for it.

The financial burden, the loneliness and the lack of facilities for those of us whose income is just a little too high to qualify under the present programs.

Being alone.

Being able to maintain my homes and care for myself, help monitoring medications, etc.

Not being able to trust anyone who may come in to help me. Getting a dementia and not being able to control my life.

Ability to drive.

Being unable to take care of personal and home responsibilities.

Falls or other disabling accidents or diseases that limit mobility.

No one to care for me at home.

Having enough money to cover needs.

I have no kids to look after me. That's the most worry for my future.

Finding good quality caregivers or assisted living where I would be treated well and not abused.

Developing a terminal illness such as Alzheimer's.

Loss of sight, loss of friends.

Will I know when and where to find help.

Lack of family members in the area.

Not being able to drive. Not wanting to wear out my welcome by continually bothering my children.

Not wanting to overstress my wife.

I don't really have any worries or fears about living alone and independent in my own home – except that someone will deem me incapable of doing so and force me to leave. I have little interest in the sort of socializing and activities I see in most assisted living and/or senior communities. Don't want to spend my time playing cards, so to speak!

Having an agency come in and tell me how to live and going against my beliefs.

Maintaining mobility and cognition; cost of housing.

Not being able to afford it.

Concern about loss or limitation of vision.

Losing my home and therefore my independence. Too many forms to complete to receive assistance and then denials for illogical reasons.

A serious fall or dying and no one checking on you for a lengthy period of time.

Being alone and unable to do things for myself.

Falling.

Being unable to maintain my house and yard.

POOR TRAINING OF CAREGIVERS. CAREGIVERS NOT TRAINED BY THOSE WHO USE THE SERVICES. CAREGIVERS WHO ONLY WANT THE JOB AS A STEPPING STONE TO ANOTHER JOB. CAREGIVERS WHO ARE INDIFFERENT/APATHETIC, ABUSIVE TO US.

Being able to care for myself and manage my home as I want it.

The ability to care for my home properly as well as the affordability with the rising of costs.

Finding quality care.

Having all the needs of the elderly met.

Transportation to doctors and social events.

The fear I will end up in a home alone.

Lack of money to pay for assistance...quality, dependable aides, etc., if needed. What if they are abusive, steal, etc.?

Falling or other medical emergency, fire.

Falling, safety and security.

Loss of mental and physical abilities.

Sudden chest pains, being forgetful, falls.

Social Security dissolving and the present usage of Medicaid depleting the funds.

When I am no longer able to drive – how to get to grocery store, doctor and other medical appointments.

Being able to afford the mortgage when I can no longer work and how to pay for in home care.

Keeping my good health.

Falls.

If no companion.

The money to pay for it.

Losing my home due to taxes increases. Power and water bill increases.

That I will not be strong enough to do all the chores and may be snowed in and isolated. There is not adequate internet service where I live, and cell phone is sometimes sporadic, especially when there are too many people trying to use the cell towers or the weather is cloudy.

Loss of cognitive ability.

Dementia.

That I will have no reliable help when I need it if my family is not close enough.

Stairs.

Mobility. I have acute sciatica and damage to my lower back.

My home is too big and expensive to maintain. I will have to sell and move to a smaller house.

If I can afford it.

That I wont have anybody to care for me. I have 3 boys and no girls.

None.

Having to leave my home :(

Broken bones.

Having the resources available to help me stay in my own home such as in-home care, housework and errands, transportation, and quality health care.

Falls and break ins.

The financial realities, and the lack of well paid, well trained, motivated caregivers.

CARE OF THE HOME.

Finances.

I will not have someone to take care of me.

Becoming physically and cognitively disabled. Also, being able to afford to live in a elder friendly community.

Her family members take care of all her needs. No fears.

Falling.

Maintaining my health.

Falling and injuring self.

No ability to drive.

Running our of money to pay for services needed.

Being alone.

Someone will take me out of my home, possibility of falling...as some people do.

Not having someone to help provide proper care if I ever need it.

Being unable to pay for someone to assist me.

Living alone, no income for house payment. Nobody will buy and cook for you..

Ability to keep up with maintaining the home, falling going up and downstairs.

Medical emergencies.

Loss of mobility.

Using the stairs to my condo will become a problem forcing me to move. I'm concerned about what happens when I can no longer drive.

Falling.

Declining ability to care for myself and escalating cost of care at assisted living or similar facilities.

Either physically disabled or developing a significant cognitive disorder.

Declining health and mental abilities.

Falling, terminal long term disease.

Isolation.

Major event/illness that changes everything.

Isolation.

Institutional homophobia, racism and biases against poor people within the health care and social services systems.

Having to go in a nursing facility.

People in the rural areas are land rich and cash poor so being able to pay for daily essentials get tougher by the year as prices and taxes continue to rise.

In home family care is what is needed.

Keeping healthy.

I would say the biggest fear/worry would be thinking that maybe some day I wouldn't be able to stay home. That I would be shipped away to someplace else. E.g. nursing home. Nobody wants to live in a nursing home. People in nursing homes are not there by choice.

Having money to pay for assistance in my home for my healthcare requirements.

That I will get Alzheimer's/dementia of some degree and begin wandering as my mother did.

Losing my ability to care for myself. Financial difficulties and not understanding what is available to help me. Health issues that might make it unsafe to be alone. Isolation and depression.

Being left alone without help.

Nobody to help me that is qualified by years of experience.

No financial means.

Safety. Falls and illness.

Being isolated. Not able to get out to be in a social environment.

Have none.

That I will be alone and no one will check on me for days on end.

MOBILITY.

Dementia, Alzheimer's.

Falling, injury and not getting help. Being lonely, becoming depressed.
Nobody will visit me and take care of me.
Being alone.
Household needs and yard work.
The end of programs created to make it possible for independent living.
Being able to do my own ADL's. Meals, transportation.
Health care getting in the wrong hands of the government who are not for the people.
Being able to take care of the home and maintenance of the home.
Being able to pay all the bills and for meds I may someday need.
Lack of funds to implement preventative measures that prevent decreasing mental or physical health.
If we live alone we may become mad.
Money.
Being able to afford to stay in the home. Being able to afford a homecare worker for help with personal care needs
Most of my close relatives live at quite a distance from me, and I worry a bit about the distance reducing our closeness.
That I couldn't afford help when I needed something to be done or find someone willing to help.
My worry is that there will be no funding to assist me in staying in my own home. I will have no savings so will not be able to live anywhere.
Having nobody to help me, so I can live in my own home.
Boredom and inability to socialize.
The government, institutions, pharmaceuticals being prescribed for everything and causing a great deal of disability amongst the elderly.
Not being able to provide for myself.
Being put in a nursing home.
Not feeling like I have a say in how my life goes.
Falling and no one finding the patient.
Dementia...losing my mind and abilities is what causes the most fear.
Financial.
Memory loss and being alone with no one to keep an eye on me.
Daily living. Meals, cleaning ,bathes, staying active in the area ...money to exist to do so.
Loneliness and safety.
Loss of money.
Loneliness.
Dementia. Having no family to manage my care and look out for my needs...be my personal advocate.
Financial concerns.
That my loved ones do not know how to advocate for what I truly want done or need done. That I will not be able to live at home due to I need a certain device, ramp, threshold modified because I do not have the means or the foresight to have this remodeled years before the need arose.
That I will not be able to afford it.
Living too long; decreased health.

Not being able to do the work and up keep because of health issues.
Losing memory, losing mobility.
Being able to afford food, medical bills, and housing. Will I be able to stay close with my family.
You name it, it is all scary.
Safety, and being able to get out to do essential and recreational shopping.
My fear is that when I am elderly there will be no programs to help with in-home care and the STATE will somehow force me into a nursing home as I have seen done to my clients.
Finances.
\$, can I afford it? Upkeep.
Transportation.
Going to a nursing home, never want to be there.
Inability to do what needs to be done.
That no one will be available to help me at my own home.
Not having money.
Too high rent.
The risk of falling down the stairs backwards by losing my footing or my heart damage get worse. That my knees will lock up, I'll be in dire pain and unable to move. That I fall in the bedroom, bathroom or some other place and there is no one there to help me. Worst case possible, that my family rejects me or feel they can't be bothered and put me away in a nursing home!
Again, off the mark. IT'S NOT WHERE YOU LIVE, IT'S HOW YOU LIVE. Seniors want to be safe and comfortable and among friends.
Some soul being totally responsible for me. They gotta be separate so they are not overworked.
Someone would force me to leave before I was ready.
Not given a choice as age or condition worsens.
Run out of money for necessary services, food and meds.
Not being able to drive.
To be a burden on my family.
I would like staying independent and to sometimes have help.
Being able to care for self.
Not having people that are trained and trustworthy working with you and in your home!
Health and help taking care of myself.
Loss of freedom.
Taxes forcing me from my home.
I do not have to be at home.
I won't be able to meet financial needs. I am a single person.
Finances.
Having an accident or a medical emergency.
Money.
Lack of adequate amount of care hours to remain in my home!
If something happened, no one will know.
Being alone in case of accident.

Losing the ability to make sound decisions.

Health care!

That my body won't let me do what I want to do.

Isolation, becoming ill and having no one there to help.

Falling when nobody is around.

Not being able to stay at my home.

Not having the assistance that I need.

Falling.

Fall hazards.

I fear being able to get to doctor's appointments without the needed help.

That there are caregivers that are not checked on frequently so abuse/neglect would be easy.

Rescue services not available if someone is not living with me.

Lack of money to be able to afford to stay home.

Maintaining my home and my health. What's important is not being isolated from society. I would want someone to check up on me periodically.

Financial and upkeep of home.

Not enough money to survive.

Not being able to take care of the home.

Not being able to pay my rent and food bills much less other bills.

Social isolation.

Unable to get the help I need.

As a single lady without family support – my main issue would be my safety and having the help when I need it. To rely on others who are not family are very daunting concerns.

Not being able to take care of everything to maintain a great quality of life.

Individual, personally want to be free but because the lovely family member that is the jobs.

Have a good caregiver.

If I was to the point where I couldn't take care of myself I would want a family member to take care of me so I could stay in my home, but they would need to be compensated for the care provided, for them to be able to afford to do it for me.

Not removing me from my home because I have an accident that takes me months to recover and I lose everything because I can't pay for it because I have no one to handle my affairs, no living relatives.

Have some family member be able to take care of me.

I really don't think it will be an option, especially if transportation becomes an issue. There is not much that I am aware of in Eastern Lewis County that can accommodate an older adult that cannot drive.

My greatest worry is becoming a burden to family members. If I am seriously ill I want the option to end my life on my terms.

Losing eyesight.

FINDING AFFORDABLE LIVING.

Three times meal and some transportation such as: go to hospital or clinical to see the doctor and etc.

Basically the same as above.

Transportation, safety device implementation. Stairs.

SEE ABOVE.

Personal injury and the access to help.

AFRAID I WILL FALL and injure myself.

Not being heard and not being a part of the decision making – loss of independence.

MONEY. Will we be able to afford to or will we have to sell everything to live and then turn it all over to the state so as to get DSHS help and be put in a minimal service facility.

Primarily financial. The thought is always in the back of my mind 'will I end up living under a bridge some day?' Its really just the uncertainty of life in the USA when politicians show disregard for segments of the population.

Being a burden.

I hope my family would encourage me to downsize. Many of our parents have such a difficult time letting go because they think they will let the kids down. Educating families in all aspects of aging benefits everyone. Maybe our healthcare providers could offer a standard idea form/resource form to all 40-50 year old patients of things to consider for taking care of their aging parent or themselves.

Losing the ability to travel out into the community.

If you do not own your home the taxes and house payments or rent increases will boot you out in a heartbeat.

Being left alone after the death of parents.

Falling and losing one's independence.

Safety, financial ability to pay needed expenses.

Limited socialization and resources to keep me independent and healthy.

Alone.

Falling and not being able to get the help I need.

Isolation.

Will I be able to afford to stay home.

That someone will come in and say my house isn't clean enough, because I can't do heavy cleaning anymore.

Transportation for food and supplies.

Having enough things to do to keep busy. It's the outside work. A sheltered workshop is needed again in this community.

Being alone, forgotten, and unable to completely care for myself and my home.

Affordable help you need, when you need it.

Getting sick.

Not having someone to help me, if my husband can't help me or I can't help him.

To be alone.

Programs being canceled or no longer available!

Getting help from a family member.

Losing my home and being told to move because I cannot get help from being too rural (no bus service or dial a lift service). I live outside the city limits so have no bus service etc.

Mobility.

Inability to move in my home (locomotion/ambulation)

Not being able to take care of it, inside and out.

Falling.

Having access to a dependable, well trained caregiver.

Getting to and from the community when I can't drive anymore. Dr's appts, groceries, etc. then when getting home having someone help with chores, etc.

Being isolated.

Disability income is all I have now but I cannot afford to live on my own anymore. I am moving in with my brother.

Having enough money to pay increasing costs for utilities, food , and healthcare. And someone to take me to appointments, shopping, and other places I may need to go if I am unable to take myself. And money and someone for up keep and maintenance.

Money.

Not having good medical and finances.

Probably falling and seriously injuring myself and no one is around to help.

None.

Mobility, inability to see, hear or communicate.

Don't have enough money for my needs.

Stairs. Falling. Not being checked on.

Very minimal monitoring for abuse.

Getting the help I need to stay in my own home.

Transportation.

I'm actually facing this right now. It's driving me crazy. As a caregiver, my income is a roller-coaster ride. As a tenant with regular utility bills and a teenage son, I have no idea how long before we'll be homeless. It's terrifying. Every one of the people I've worked for deal with this same mental agony.

Fall.

Rides share and social aids – HYDINE especially as a FALL RISK.

That there will be no available benefits or capable caregivers to help me, and that Republicans in the WA state legislature and in Congress will further decrease and damage the safety net. I worry that the David Kelleys and other professional bureaucrats in DSHS and the AAAs are more concerned with their own salaries and benefit packages than the extreme problems of low income seniors and disabled people.

Not having control of your own life and being able to stay active.

Not being able to manage my health and managing money.

I don't worry about it but I'm sure someday I will.

Not enough money to pay for the items I need.

The cost of transportation, health care, taxes on homes for schools that are rapidly growing. Make tax on property reflect the number of children living in the home. People with the means are putting 2 to 3 children or other adults in subsidized homes. They are renting them out to others. Federal and state should track these loans in Battle Ground NW.

Being able to take care of household needs that require lifting more than 15 pounds.

Financial.

Being alone.

Not to walk or be dementia.

Putting burden on my two son's to the point that they would resent me. I'd like to live in my own home as long as possible.

Not being able to cook and drive.

So dangerous when some thing unusual happens.

Having my home taken away from me.

Falling.

Being alone.

Have an accident and not having my phone near.

Falling, unable to get dressed or cook, taking medications on time. Family member should be able to receive some compensation for helping.

Loneliness.

No worry or fear.

Not seeing anyone.

Being able to take of myself and my home, being able to stay independent not forced into anything or treated like a child, legal services that are reliable.

Getting hurt and no one knowing.

Not being able to pay for help I need and lose my home.

That public services will have funding cut.

Care of older people.

That I will not be provided with any assistance since I am home and people feel that the family should provide and take care of me.

Having enough funds to live on and pay the high rents in this area.

Not being able to cook and falling.

Being alone with no one to care.

Being in a nursing home.

Inadequate finances, physical disabilities, intolerant care providers.

When it is emergency, you need to call to hospital or your friends, or family members, but what if you can't call them?

Mobility and staying healthy.

Falling and not having anyone around.

Don't want to go to a nursing home.

Being able to navigate the stairs and home repairs.

Money.

Not being able to do the things that need done by myself. Fear of a nursing home and lack of independence most of all.

Home maintenance and repairs; yard care, transportation to appointments.

I believe it is a toss up between being alone and falling.

Lonely, not able to care for self, need help but can't get to phone.

Lack of money.

Being alone.

That I won't be able to care for myself.

The cost of living.

Will I have someone like me to help me with the things I am helping others with right now? (no children) Will they steal from me like so many hired caregivers do? Will my LTC insurance allow it or will I be forced to live in a nursing home?

Remaining physically healthy, not burdening children.

That there is no one in a state funded position who has my best interest, safety and well being as a priority.

Falling.

Loss of memory, loneliness, no family nearby, inability to pay for medical care and medication.

Being a burden for my children.

Keeping up with upkeep/chores in home.

Not being able to care for myself and not being able to get caregivers because of out of pocket costs.

Falling.

I worry about my disabled daughter and what will be available for her.

A medical situation that would not let me stay in my own house.

Falling and not being able to get up.

Money and help to keep up repairs.

Annual funding cuts.

Running out of money if there is a major health problem.

That I will stay healthy enough to stay at home.

Safety and security.

Not enough support and boredom.

Falling and can't get up.

Finances.

Inability to care for chores and pay for needed repairs to home.

The need for assistance in keeping my home maintained.

I worry that family won't take care of me.

Not having enough help.

The loss of independence.

Mobility.

There is none at this moment because my sister is with me.

See above.

Being alone.

To stay alone.

MONEY.

Becoming an unwitting victim of a scam, or of unethical/unenlightened "helping" persons.

Worry that health or other circumstances will prevent me/us from caring for our son with Down Syndrome.

There are no places to live that I can afford.

Losing my independence and being unable to do things for myself.

Falling.

Being able to keep the house that I live in without the worry of the bank taken it back.

Being able to survive on my own income.

That I will not have the money to pay for what I need.

That is lonely if they don't want live alone in the house.

Health issues.

SUPPOSE THAT I WILL HAVE ENOUGH MONEY TO PAY THE SERVICES I MIGHT NEED.

Paying rent.

Ability to manage finances.

Falling while alone.

Dying alone.

Worry that my pension will be cut off due to no more money in the coffers for my living expenses. I believe that Social Security has been skimmed off too many times and that is why it is going broke.

Finances. It's hard to live off \$500 every month. This is my greatest fear for my disabled parents who have no other sources of income and are currently being supported by their children.

That I won't have any money to care for myself and my 3 kids and also to help my mother when needed.

The fear of being placed in a nursing home or assisted living facility.

Lack of money and services, as I have a very limited Social Security income and will most likely be forced into a Medicaid program.

Dementia.

State Funding! Respite services and personal care, also Transportation to medical. In Home Care Plan FALL OR EMERGENCY.

Transportation due to failing eye sight.

Financial – can I afford someone to come into my home to care for me?

Being all alone.

That I will be dead in my house for how long before someone finds me. Well checks.

Being alone.

Safety.

Needing help that is unavailable. Needing clarification about new "rules" and having no access to a person who has the answers. Having to suddenly move to another place.

None, because I had a great job with great benefits and a union since I was 19 for 16 years.

Mental and physical health. Being able to afford housing.

Not being able to.

That I will not be able to complete all necessary tasks to remain healthy.

Physical incapacity/dementia or related cognitive problems.

Staying independent.

That I may fall and have no one to help.

That I can get help and not have to worry.

Finances.

That I won't have enough financial resources.

Losing my independence.

Not having at least one very trustworthy and smart person that cares about my well-being to visit frequently and talk to me.

Nutrition and safety.

I wouldn't be able to take care of my cognitively disabled daughter.

Money...it costs a lot of money to keep someone in your home with special needs, let alone two individuals with special needs, especially if their care keeps you from holding a job. I really don't want to be a financial burden to anyone.

Being unable to pay for housing, becoming too disabled to live independently.

If I suffered a significant decline in mental/physical competency.

Hurt myself.

I like being able to pay my own way and my biggest fear is being unable to work and becoming homeless.

Having the financial means to do so.

Not having enough help/support to stay in my home.

If I run out of money to support myself.

Eating healthy.

Falling and no one there to help me.

Taking care of myself and cleaning.

Falling or becoming sick during the night if alone.

Transportation, personal care needs.

Immobility.

No paid caregivers.

No one would be there to help because hours keep getting cut.

Unable to do things.

How can I afford to stay home with my Social security pension.

Being alone.

Greatest fear would probably be worrying about being alone when something happens.

My fear is not being able to stay in my home due to not being able to care of my own needs.

Cost and declining health.

Ability to be independent and make meals and take a shower.

Ability to do the work.

Losing my ability to drive would completely end my ability to remain in my current home.

The greatest worry is when I get very sick.

Continuity of education.

Being isolated without access to in home assistance.

Nursing home!!!!!!!!!!

That I won't have affordable housing or consistent, reliable caregivers to stay in it.

Falling and breaking a hip.
Potential for dementia.
My health or MEMORY not allowing me to live independently.
Accommodations and funding.
Not being able to go up and down the steps.
Financial constraints.
I will run out of money.
Ability to care for self, home, and others in home. Contact with the real world.
Inability to meet my basic care needs.
Dementia.
That I would run out of money and have to live in a facility.
Not being informed about the specialized service.
The cost of services. Professional in-home services are extremely expensive. Having a sufficient circle of friends to watch after each other.
Security of self and property.
See #12 and 14. Biggest fear/worry is not to be able to care for myself and have to go to a nursing home.
Having to depend on relatives for my care. Being taken advantaged of by relatives.
Maintaining the mental capacity to do so.
Alzheimer's is the worst next a physical disability from a fall of accident.
I am most concerned that whether I stay at home or go to a facility – I will become marginalized and not allowed a purpose in my life. That I will be 'cared for' to the point that there will be little meaning in my day to day activities. That if I act out or appear distressed, I will be medicated instead of engaged.
Living with Hydrocephalus I have no way to detect if my condition is beginning to show an acceleration of problems like a shunt that is no longer functioning correctly.
Running out of money to pay for independent living.
Personal safety and being able to afford supportive care at home.
Being home alone, no one to check in.
Being unable to continue, and being relegated to a nursing facility if I get sick.
When I get sick.
Not being able to afford housing expenses.
Running out of money – retirement fund and budget not permitting to continue payments on long term care.
Finances.
Transportation. Taking care of my home and self.
Transportation.
Inability to care for myself and maintain my home.
Not being able to get out of my home to meet my needs.
Basic home maintenance ... inside and out.
Upkeep of my home.

Lack of funds, or confusion about how the money will be spent.

Safety concerns, especially overnight hours.

I hope that my wife and I can care for each other while each "having a life" through supplementation by our paid-in-full long-term care insurance (which of course includes a home care benefit) and other benefits, but I know from my mother's ongoing experience that caregiving can be very expensive. I value the ability to go on with my life that has resulted from my mother having resources of her own to pay for a great deal of her care as she lives with us. Money aside, my children may not be at all good as caregivers. One is too rigid – I would not want him to hold the reins of my care. The other is loving but has mental disabilities. May be a wonderful caregiver to the extent makes sense but would not be able to manage anything financial.

Becoming demented.

Cooking and transportation.

Home repair and transportation to store and medical appointments.

Falling and not being able to maintain my home.

Mobility.

Care is too expensive and worried ending up in nursing home on MCD. Families should be supported, educated and encouraged to help care. It is also cheaper than nursing homes and assisted living.

Being alone.

See responses to #14.

Not having sufficient funds.

Being frail and unable to perform daily tasks.

Not having someone to contact when something goes wrong.

Ability to pay for supplemental/respite caregiver services, as needed, on a very limited budget.

If no one else is there and you have a medical emergency, who will know.

Fear that I do something like falling and then the hospital might force me to go live in a nursing home and all that stress and the haste of making a decision should not happen. If an older adult says he wants to go home, so be it. The insurance should provide all the in-home health care services until he's better.

Being alone – falling and not being able to access help.

That I would be lonely and trapped.

Who helps if there is no family to help?

That I will not be able to walk one day.

Being able to manage daily chores, especially grocery shopping.

Not having the above or the \$ I need to obtain the quality help I need.

When you get sick and staying alone at home.

Money.

Physical environment and transportation.

Being able to care for myself.

Finances.

I probably would be over resourced for Medicaid, but not have enough money for good care.

My health and to continue to be mobile.

That I will not be able to manage it independently, that I will not be able to afford to stay in my home

and pay for personal care at the same time.

Being able to care for myself.

Being able to pay bills, personal safety, cleaning my home and taking care of myself physically when faced with chronic health care needs.

What kind of health factor will I face... If I develop Alzheimer's diseases... Will my family/relative put in me in good comfort zone, hands, etc. without being placed into wrong senior citizen assistance center.

Not having help, being alone/companionship.

Mobility.

Having enough money to live.

Worrying not to have a home or employment to support myself after age of 50.

Falling.

Dementing illnesses.

Cognitive decline that might result in accidents, safety hazards.

To be forgotten and left alone.

Might lose my home and not having enough money to take care of myself.

No fear.

I can't care for myself.

That I will be forced to manage my own care – please keep case management, I&A, and home care agency systems strong.

I worry about my two children with autism, as they age and the complete lack of services specific to them and any help.

Running out of money and having to have untrained caregivers in my home doing care.

There may be modifications to my home that may need to be made and the expense behind those modifications.

Isolation and difficulty accessing needed services.

I think falling is right on top.

I worry about having the ability to provide my own transportation and also to keep up with the daily chores.

Falling while alone.

Affordability.

Who will cut the lawn.

Change; keeping my home; loss of estate. But one thing that really concerns me is prematurely being placed in a residential care system.

As I age and begin to have dementia/memory loss I fear my family and/or people responsible for my needs will financially exploit me leaving me with no money to pay for my home, food, or services to allow me to stay in my home which could also lead to the cycle of abuse and neglect.

Not being able to age in place. Living alone and have something like a stroke or fall and not being able to contact anyone.

Fear of falling, not being able to cook/clean.

Falling.

Ability to take care of myself, all family is transient and live out of State. Affordable healthcare and

mental health services especially for depression and aging issues.

Mobility with stairs, running out of money.

Not enough money due to rising medical costs.

Depression, isolation.

Not having enough money to afford living by myself.

Memory loss.

Being isolated.

Running out of money, fear of Obama Care reducing funds available for Medicare, Nursing Homes and Assisted Living Facilities.

Mobility.

Finances. I will downsize before I'm 80. And I will keep working into my 70's.

Having adequate retirement income to cover all of my needs.

My greatest fear is losing the ability to drive. Without that ability, becoming isolated and a "shut in" is a real possibility.

That I won't be able to do it in my own and that there won't be enough and quality in home supports and services available.

Physical inability forced to pay for in home care.

Some staff in family homes and nursing homes can be very, very mean.

Not having anyone to take care of me. Not being able to drive my car to get around.

The stairs between my home and driveway.

Illness.

No children of my own to help when I need it.

Health, mental capacity and physical strength.

Not being able to care for myself.

Dementia.

Finances.

Aging and Disability Service Providers Only

Transportation.

Falling and being by myself.

Being able to afford the care/support I need.

Socializing with my age group.

Being able to manage my appointments and how to remain living at home as long as possible, before moving to a home.

Fall risk – safety; ability to modify house so I can still safely live there; staying socially connected.

Being alone.

Not being able to take care of myself, or losing mental capacity.

Not being able to live in home.

Not trusting the assistance I might get.

Help to work housekeeping.

Transportation, health.

Program won't be there when needed.

Eating and social.

Lack of transportation to medical appointment and attend activities. Unable to get help from trusted professionals.

Not physically being able to take care of myself.

Financial security.

Not having enough assistance.

Mental and physical disability.

Getting around at home and in town.

I really don't worry about it right now.

That I won't be able to afford to stay in my home.

Being alone.

Being alone

Being unable to physically care for myself.

I'm 25. I'm not too worried yet. Stay well in body and mind.

Falling and not being able to stay there. Two story house.

Finances.

That someone could make my mom go into a home or discontinue her care provider because she won't go into a home.

No money.

Falls and being alone.

The housing bills.

Falling , someone there to take good care of me.

Being able to get around.

I will not be able the afford the help, dealing with whatever physical ailment that I develop. Having honest people to assist.

Am I going to get the care I need?

Not enough caregiving support and finances.

Being a burden to my spouse/caregiver and not allowing them to have a full life.

FALLING, GOOD HEALTH CARE THAT INCLUDES EXERCISE FOR ELDERS IS IMPERATIVE.

Ability to get to places of need. i.e.: grocery store, doctor appointments.

Not being able to drive and get around. Loss of independence.

No fears at this time.

I have no worries about that right now.

How much it cost.

There will be no state funding programs to help the elderly that are less fortunate, able to depend on family.

Financial and medical.

Not having HCA fully trained.

Not having someone there to care for them.

Leaving alone.

The inability to take care of myself.

Falling. My mother-in-law fell in her home and instead of placing her in skilled nursing to get therapy so she could go back to her home my sister-in-law placed her in Assisted living where she waited for over a month for physical therapy. By then it was too late and she couldn't walk on her own. She can only walk inside of her small apartment, otherwise she uses a wheel chair.

Not being able to care for myself.

The services and money will not be there.

Family and caregiver.

Being independent with all cares and needs.

Not being able to choose for myself.

Not having any financial means to do so.

Falls.

That I won't have help.

Being able to care for my home, going up and down stairs to the basement where laundry facilities are located.

Finances. Not enough money.

Paying the bills.

That I wouldn't have enough help to stay in my own home. Loneliness.

That the state won't fund the care I'll need.

Not able to get medical attention when be needed.

Falling and unable to get help, then not being able to stay in my home.

Will I find someone who will care for me in the manner that I care for myself and other seniors.

Not being able to pay my bills so I actually have a home to stay in.

Being alone.

Not having someone to care for me when I can't for myself.

Too young to think about that right now. But as a caregiver I am constantly learning new ideas of how to stay self sufficient as I age.

Money.

Being alone.

Taxes and heating bills.

A heart attack.

Health care.

Fear not.

I'm afraid to have a someone who will make choices for me, I want to use my own brain and my own life experience to make a decisions, so... in other words I would be happy to decide for myself... whatever decision I make it should be mine, not someone else's.... :))))))

Being alone.

Isolation.

If I don't get help.

Not being able to provide with maintenance of the home.

That these people will rip me off of my money and/or items in my home.

TV.

Finding someone trustworthy to help. Not having enough money and having to depend on state services.

Losing services such as caregivers.

My kids.

Not being able to care for myself.

Not being able to do.

The fact that if I require care, the worker/family member will not be paid fully and completely for the services/hours provided. There could be resentment issues to lack of pay and it could lead to abuse or neglect.

Money.

Being able to function somewhat independent.

My personal fear is I won't be able to pay the taxes on the property that my family leaves to me, that thought terrifies me.

Not enough money and limited mobility.

Isolation from others due to not being able to get around on my own, communication struggles in regards to my hearing loss which can increase isolation, health issues and being treated poorly by people responsible to ensure my health and independence.

Lose my home.

\$\$.

Loss of independence due to falling, memory loss, or illness and the cost for services for in home help.

Cognitive and physical decline.

I may not be able to afford services I may need to maintain my home or person.

Being able to keep up on the household maintenance.

Forgetting to do the things to keep safe, like turning off a stove.

Adequate resources for long term care.

Money. I don't have savings or retirement other than Social Security and I know there are many more like me.

Being alone and not being able to take care of myself, or afford to have someone else take care of me.

Q.6 Please provide any other comments you may have regarding the needs and priorities of older persons in Washington State.

Potential Clients and Family Caregivers

They should have the right to choose who they want to take care of them in their own home.

Living on social security, how can I afford "gap insurance" much less a \$25,000 ambulance ride to Spokane.

Being recognized with dignity.

Provide a service for someone who is homebound. Check on them and see how they are doing – food, medications, cleanliness, etc.

If people are living with the folks they are taking care of, for 24/7 care, they should be paid. They don't have time for anything else and there is usually nobody to give them a day off.

Older people taken advantage of by friends and family.

Home delivered meals. In-home personal care.

Adult family homes.

Many needs.

We have to consider of the cost to benefits ratio whenever adding any "free" services.

Family care services.

Older persons in Washington are neglected by discontinuance of needed programs.

It's all about how the big budget pie is divided in Olympia! More taxes to help the aged who cannot help themselves. And/or tax the wealthy more!

More money allotted to aid seniors needs.

If you have income – probably no problems.

As people need state help they should not have to give their property to the state to pay back for services.

Just help them out.

Sometimes I feel their personal hygiene could use some help.

I love government programs that make us feel special and needed in the world.

We must stop throwing new regulation and red tape at Consumers for sake of the HCA/IP benefits. The caregivers(HCA) Union CAN NOT affect MY plan to survive in my home. I am not a recruiter for the Union...don't treat us this way. Very demeaning to my fight to live independently.

Honestly? The regulatory oversight of a SNF where a loved one resides as a privately paying individual looks like organized crime. I have three years of personal experience with the SNF oversight system, informing this opinion. State and federal regulations prohibit SNFs from charging a resident for anything NOT REQUESTED BY THE RESIDENT. Medicare program eligibility rules prohibit an enrolled provider from billing a Medicare provider privately for Medicare covered items. For now three annual Medicare certification surveys, and more complaints than I can count, the "oversight" agency has refused to use their enforcement tools to motivate a SNF to comply with clearly stated Federal and State regulations. The total amount that the SNF is attempting to obtain without lawful authority (accumulated over three years only with the help of the oversight agency) now exceeds \$4000 – an amount that represents 2nd degree theft, a Class B felony – and is closing in on \$5000 – an amount that will represent 1st degree theft. Why is the regulatory agency engaged in what appears to be the organized crime of assisting one or more SNFs in financially exploiting its privately paying residents? Our family is well-enough informed to withhold the amounts each month that we know the SNF has no lawful authority to bill. But how many hundreds of individuals have been victimized by the SNF "oversight" that has the appearance of an organized crime ring set up to assist SNFs in financially exploiting their privately paying residents?

Older persons need socializing and other activities to help them stay vital. They need to be treated as valuable members of society.

The only thing that could cause a problem – money – lack of it.

More work if I can.

I am a board member on Area Agency for Aging (O3A) and think that, from what I know, WA is doing a pretty good job.

More services are needed in the rural areas. The cities are full of choices but many of us do not live there and do not wish to move there to get help.

Dental is a huge issue. So many dentists do not accept Medicaid.

We need better rent control, more funding for rental discount programs and legal assistance.

Financial help – Medicaid increase reimbursement rates.

Health insurance.

More staff for adult family homes.

Disabled adults and adults with memory loss/Alzheimer's depend on help they need us so don't take away hours.

I'm concerned that Washington has reached their maximum capacity in their mental health and LTSS systems. We do not have an adequate capacity to meet the current needs of the elders and aging disabled and future needs of age wavers. Concerned about DSHS not having enough resources to fund staff, investigators and licensors to enforce licensing standards, protect vulnerable adults, investigate corporate neglect (licensed long-term care) or financial fraud. There's not enough trained and adequately paid home care and facility based LTC workers, including professionals. A lack of transportation will become more of a problem as people decline in their ability to drive due to dementia and other impairments. Bold approaches are needed to catch up with the current needs, and to build capacity for the NEAR future. Innovate ideas involving community volunteers (timebanking, ombudsman, non-monetary exchanges of services/goods, etc.) technology, economic development in LTSS and long-term care financing should be demonstrated in small ways, sooner than later.

Elderly with hearing/vision problems really don't have a lot of options. TV/reading nearly out of the question, and a lot of elderly do not have computers and wouldn't be able to use them due to the vision problems.

I would love to see a sensitive, gentle and "unlabeled" mental health service for the elderly who have been invited into the home of a caregiving relative to help the elderly person deal with anger, bitterness, codependent and passive aggressive behavior, and grief. Without this service, the elderly person is abusive and unappreciative to the caregivers.

The people providing the care need to be appropriately trained, and there needs to be enough providers in the work force.

It is difficult to keep informed about possibilities. It is important to have someone to consult.

Perhaps a way to record memories of elderly, preferably before they lose their abilities to share their past.

The population is aging and the supports need to grow in order to properly care for this aging population. Our society needs to value the wisdom held by our seniors and give the proper respect due any living being. Financial resources need to be available to care for all of our elders, as all of these people have given to their communities during their earlier active years. It is important for society to give back at a time when the help is most needed!

People with early onset dementia have little resources available to them if they are under 62. We need more options and help!

I think there need to be more social workers dedicated to checking on clients on a regular basis to make sure they are safe, have food, and are cared for properly.

Need more money for respite, at least 10 hours a week.

Concerns regarding healthy choices: A lot of older adults have already made bad choices which in most cases are not reversible. And most likely you can invest the time and give them the information but it is too hard for them to change a routine they have been accustomed to for decades, and also a

lot of aging adults do not do internet/computers so to try and teach them about the Health Exchange or other new programs can be stressful and even overwhelming. Even written notifications in the mail can be daunting. This information needs to be disseminated on a one on one or group basis (maybe senior center) so specific questions and hesitations can be addressed.

Keeping caregivers supported so they can provide proper care willingly and knowledgeably.

This State has done a wonderful job in working to keep older and disabled adults (and children) in their own homes. But, home care cannot meet all needs. There needs to be investment in mental health facilities for seniors who have serious mental illness. There are almost no beds available for geriatric mental illness patients – and while home care is desirable, it often is not appropriate for the most ill.

Allow people to get in-home services that are more chore-like than personal care (e.g.. bathing) because many are frail/forgetful and can't do chores but can physically take care of themselves.

Doctor's offices and other medical providers need to know all these services are available in the community so they can tell the patient and the caregiver where to find them. I struggled taking care of my husband for seven months on my own before I took time to look on the web for help and found my local agency.

We need protection from caregivers in nursing homes, advocates to help us while there.

Please abolish Adult Protective Services as they are a great expense with very little return, they have been downright rude to people with disabilities and their caregivers to the point where they create an adversarial relationship which prevents people from wanting to have any contact with them at all. Stop making it difficult for the disabled and their caregivers to do the best possible job. Education for care giving should be offered for free as a service of the state to anyone who is looking to provide care. Make the "consumer" the actual employer of their caregivers. The current situation where the state dictates who can work and what they are paid only creates the illusion that the consumer is in control for the purposes of not issuing state employment benefits to the caregivers. More affordable housing for the disabled! Housing should be set up to provide for the needs of the disabled including exercise/rehab facilities and space in the appropriate homes for live in caregiving. Stop employing case managers who have no real world experience in care giving. All case managers should be required to intern for a minimum of six months in a complex care giving environment so they can develop compassionate knowledge in the hopes that they realize the "consumer" is not just another number. Stop sending out rude mailings regarding caregivers losing their ability to work for the "consumer" especially when the letter indicates that the caregiver has not completed required continuing education hours when they have. I have come to understand there is a woman employed full time just to respond to the emotional emergency this causes every time it happens for both the "consumer" and caregiver. How can DSHS send out a letter like this which makes false claims about care givers lacking CE hours causing great distress for all parties as they become concerned that cannot provide/receive vital services. Overhaul this system and put the disabled and experienced caregivers in management not recently graduated college goons who show up to the consumer's home looking and smelling like they just got out of a rave! No more keeping old case managers who do not have a proven performance record for improving the lives of their consumer. Make all assistive aids available to the "consumer" at low or no cost. Regulate the medical supply companies who are used to being able to charge ridiculous prices for poorly made/inherently defective equipment that could be inexpensively purchased if not for the insane markup and lack of quality.

I do not need any prescription drugs, but for those who don't have enough money for what they need is a travesty no one in America should go without what drug they need.

Caregivers are an important part of the older person/disabled and more hours are greatly needed for their care!!

I am an Ombudsman and concerned about how little residents have a choice in their health. They are given high doses of medication, and I cannot do anything to help them because many doctors

prescribe too many medications just to keep residents quiet. Many times I go into a facility and see many residents asleep in a chair or non-responsive when in the past these same residents were talkative and vibrant. Trying to support residents against the doctor, family members and Guardians is an uphill battle.

AARP helps write government for senior needs. I am involved.

For patients with dementia, if they don't have a fulltime caregiver or spouse they are very much in danger of setting fires, wandering, getting lost, being taken advantage of.

Caregiver.

For many of us, a little help in planning could go a long way to ensure safety and quality of life as we age. It would also be more cost effective. Most critical, though, are the supports which are life-and-death.

For older adults, family member is the best caregiver, outsider cannot take their place

We need better access to home care, better understanding of senior services and affordable options.

Addressing loneliness and depression in geriatric adults who are otherwise healthy/stable.

Making sure the elder has his or her furniture and the house is in order to prevent falls. Installed lights, in the proper areas. Night lights

We do not live in a perfect world. Elder abuse seems to be in the news. Prevention of this would be more staff - however State is broke. I was brought up in a drug free home – parents worked and we all cared for my oldest sister who had a brain tumor – she passed in the 70's at 18 years. I was taught unity and what was good for one was good for all. Now days drugs are everyplace and people are not brought up with values as in my day. Or just that now population is greater people fall in those cracks. Which they should not. Anyone can care for a family member knowing that they themselves would want what was best for themselves also – do unto others...people need to keep eyes open – if they see a need contact someone as we are all Mandatory Reporters. We have RN come in for Mom 2x's a month and regular Dr check-ups all because of Medicare and Mom has added insurance. I see to it that she pays me nothing , If people do not have family to trust then appoint a trustee or eval with a GAL. Prior to discharge from hospital if a person is brought in and a need is not being kept. This sticks out like a sore thumb. Having worked as CNA from 1984 and until recently I gave up my CNA as could not do home health out of home plus my other job and keep care of Mom. With that being said – Give a tax break to people who care for family members 100%. We cannot expect State to provide. My family worked hard and my Father said never rely on anyone to care for you. Values need to be high and self taught. I myself would love to attend work shops however would have to pay out of pocket to attend and pay someone to come in and be with parent and this is not an option. More avenues?

Need for monitoring persons with disabilities so as to know their needs.

As above, continue the education in the caregiver meetings and advertise the opportunities at the Marshall and Luepke Centers.

QUIT PROVIDING ALL THE AGENCIES WHO PUSH PENCILS FOR A LIVING WITH ALL THE MONEY AND PAY THE PEOPLE DOING ALL THE HARD WORK. I.E ADMINISTRATION VS ON THE FLOOR CNA'S AND NURSES AND HOME CARE PROVIDERS.

Keep the person in their own home as long as possible; nursing homes are too expensive and a person will get better care at home.

Carol Lee's was a good senior facility in Ridgefield. The state should have stepped in to help that facility be able to thrive. They provided a much needed local care. Seems like the cities have services but not the smaller communities.

Transportation especially in rural areas. Affordable in home care. Taking care of one's finances and making the right decisions.

I long for the community structure that is showing up in Europe. A city or town that is safe and secure, where people can shop, go to movies etc...and all employees are caregivers. This would allow a spouse to live with their loved one, the loved one can freely move about the "town" and the caregiver can breathe because they are NOT alone!!

For the elder deaf people who needs the most are communication, transportation such as doctors & social, on-call ASL interpreters at any where and places, Deaf Living Assisted community (no elder hearing involve due to they do not understand the DEAF culture – federal are the most conflict about the grant program!!!).

The most important need is training for older people who are losing vision due to age-related eye disorders, such as macular degeneration, so that they can remain at home. This is the most cost effective way for the state to save money by allowing people to remain at home and not be institutionalized. That costs much more money than people remaining at home.

Better preparation for the ultimate decline of one's physical, emotional and intellectual abilities.

I am filling this out as a family provided of an adult with a physical disability and advocate for those who are active youth – adult physically disabled.

I live in rural Washington, however I was employed by an area agency on aging in another state. I have been an ad hoc provider of info and referral here due to the lack of good case management and the public display of fiscal irresponsibility of our local agency that operates on contract. They have closed senior centers, ceased meal programs and have shut off meals on wheels. Seems that they just pay themselves to keep their jobs (administrative fees). It is a tragedy, yet they paid their director a \$250,000 a year salary!

None. Right now my wife and I are in good health. You never know when that ends. My 94 year old mother-in-law needs help with almost every life aspect. The family will not be able to handle very much more deterioration – esp. toileting.

I attended a wonderful series on Death and Dying at a synagogue in Olympia – I think coming to terms with death is one of the biggest problems we face. Staying alive at any (usually horrendous) costs, going through surgeries, extreme care, etc ... end of life should be a process. To this end, I think we need much increased access to residential hospice care. Moving someone in the last few days or hours of life is NOT ideal. Houghton Michigan has a wonderful program that should be a model for every community: <http://www.omega-house.org/>

Independent Living Centers need to have an equal role with disabled adults. We are people with disabilities and can provide service through peer mentoring. A much different model than other agencies are able to provide.

Although ageism shouldn't happen, older workers are discriminated against daily in the work place. An incentive to hire and maintain older workers, (if able & desiring), expansion of senior worker programs, or training. Legal assistance, and most especially social worker individual assistance/counseling and guidance. Many families of early onset dementia are critically impacted, but left without education or access to services which other clients may have at age 60. This leaves a residual impact that can affect generations, as poverty culture is known to do, as well as the trauma the family sustains alone.

Washington State is doing a good job at present, but continued advocacy with state legislators is essential.

Stop obsessing over stairs. Look at Italy: stairs everywhere help people climb into old age and remain independent. Please involve teens in interaction with the elderly (see the new documentary 'Cyber Seniors'). Keep seniors active and challenged, therefore valued.

More in home health checkup visits (maybe they'll find me lying on the floor – like previous question. I have relatives locally but don't want to bother them.

The state must fund transit and para transit.

I personally resource with about 500 people who use services in Vancouver. Please contact me by phone so I can read you a copy of survey questions I developed for the union to include in their survey. They didn't do it. Please call me so I can share with you all the things others have told me about their services and I can describe my services to you – it will blow your mind considering what and how much DSHS pays for services to have these things happen/not happen Debb Snyder 360-693-2224.

Is this survey getting to the target audience and what is the target audience?

Information is needed on what programs are available to help elderly besides caregiving.

Dental care; eye glasses; hearing aids. Transportation. Continue with LTC ombudsman program. I am a LTC ombudsman in Spokane, WA. Our "office" does a lot to assist families and residents when they have concerns re resident rights! These residents deserve dignity and respect no matter what their health and ability to pay.

Again more services and easier access to them quit cutting necessary programs.

A much clearer explanation of benefits, less paperwork and an easier process of getting services. It's about time that the Washington State government put a lot of attention to the growing elderly population.

If there was help available to age in place, it would make it much less traumatic for people plus the costs should not be as much as being in long-term care – particularly nursing homes or assisted living facilities where the "rule" seems to be to charge whatever the traffic will bear once someone is in such a facility.

Monitoring of caregivers. I am a King County long term care ombudsman.

Provide a caregiver/companion in every older person with or without health problems.

There need to be more facilities for low income, Medicaid patients.

My experience in King County is that large private for-profit corporations are acquiring, closing and then reopening as "private pay" communities that were accepting Medicaid. This results in few Medicaid beds for our seniors. Adult family homes often do not provide the mental and social stimulation seniors need to thrive. Yet these are becoming the only options for Medicaid recipients. The state of Washington needs to address this growing problem.

Need more community education on the effects of stroke, aging, memory loss, diabetes, and how family members can better take care of their elders who need help, and information for those family members about supports for home care.

They need to feel like they will be ok. Instead of worrying constantly about whether they will have caregivers or some of the different programs that help them make it from day to day. Also, I have seen some older adults that get food stamps that do not get enough to do anything with. I think there should be a mandatory of like 100.00 for them. We are supporting young adults that are capable of working that are just too lazy but do not take care of our older adults who worked their whole lives and should be taken care of.

The nursing home where I am an Ombudsman needs to hire more CNA's and Therapists. Almost all of the problems stem from the fact that there is not enough staff to do the duties properly. Also we need more Community Homes and places for people that have Medicare and Medicaid only.

In some cases their homes need more rehab than the folks do.

To feel independent as possible

High senior discounts on home appliances, home maintenance needs (siding, yard work, house painting, gutters, windows etc.).

Always need help.

Outliving your resources is another major concern – especially as a surviving spouse. I am a volunteer for King County Long Term Care Ombudsman Program and I see these people after they have given up their homes. These comments are some of the concerns that the residents have.

Affordability of services.

We have a good thing here in Washington.

As a provider of services, we are constantly under funded. The Baby Boomer age wave is stressing the limits of what we can do.

I feel that public funds should more and more support people as they age in a manner that respects ability and individual choices. Those funds should not support and fund programs and processes that reinforce institutionalization and negate abilities. The trauma informed and universal design concepts should be required and infused throughout the process to make changes and improvements.

Just for them to be able to stay at home. Support for family members doing their care. Having affordable but good health. Not having affordable services taken away.

If you really want to keep people out of nursing homes, make it easier to stay in the home – give them assistance, make it easy to qualify and very affordable.

Need a strong understanding of how cost effective service can be versus nursing homes.

I believe more hours need to be available to the home caregiver program for there client's sake.

They need financial assistance from the state to stay in their home instead of the state paying for them to stay in a nursing home.

The elderly are not taken serious nor listened to since they take longer to make their concerns known...this is very demeaning to them and decrease their self esteem and increase unneeded fears in their own little worlds that seem to be getting smaller and smaller. We need to provide and increase compassion for our elderly.

In home care providers are not supervised and their performance declines. I see the person in need not comfortable instructing the provider to do tasks.

I was a caregiver to my father and I found a lot of things that could be done by less employees and fill more of the needs of elderly individuals.

Questions 9 10 and 11...I would answer differently if had dementia...need balance in our healthcare system...there are some people out there living on their own who are a danger to themselves and others but you're not allowed to do anything to help because they have the right to say no to help.

I am a caregiving family member and I am concerned that when it is my time to need help as a older person, nothing will be in place for people. I really think as our elderly population is ever growing we should really keep our eye planted forward and set our ground work here and now so that in our future we still have programs to help our aging people.

They just need a friend to come by who isn't there just to care for their needs.

Education.

In home care programs and medical transportation for seniors/disabled to be able to stay in their home allowing them their dignity and as much independence as possible without being admitted into a professional institution for those that don't need daily professional medical care.

If the people who are making all these life changing decisions for others would remember that the people they're making choices for are people not cases or inventory, but the people who paved the way for them and all future generations, they will treat them as they want to be treated when it's their turn to walk in their shoes. We all will get older and have to face major changes in our lives as we mature. Our Elders are not an inconvenience or burden, they're our pride and the link to all things great from our past and roadmap to our future. As they are exiting our world, we must remember they are just as important as new life entering it, it's the circle of life.

That there be more quality educated caregivers available and that their tax dollars they have been paying into all of their lives, help pay for that service.

People who have medically retired need to have medical and dental services provided to them. All meds should be covered. Those people living on \$700.00 do not have any extra income to cover any medical or dental costs.

Inability to stave off dementia is probably the largest fear. Staying in the home is very important for many, although not myself necessarily. There is a huge fear of nursing homes for most people with whom I have had conversations. Fear of abuse and/or lack of ability to pay for food and utilities as well as rent or house payments or rent in a suitable environment is another prevalent fear.

For the caregiver increase the rate.

Because of the aging population, we need to make sure that we are creating more programs for seniors and not cutting programs. We need to have sustainable money. Discussion around a social insurance to fund services or expand Medicare to include long term care!!

A social worker on call to cope with paperwork would be a wonderful boon. The burden of untended paperwork weighs to heavily on the mind and is depressing. Sometimes it even makes me quite frantic with anxiety, even though I am usually a calm and even-tempered person.

Family members that work as full time care givers should earn the same pay as non-family members. We work more hours then we actually get paid for and where a non-family member would be earning close to \$20 hour for what I do I earn less then \$14 and hour. Having a 401K or other savings plan would be great for caregivers.

As a nurse in the long term care business I am so weighed down with paperwork to prove this or that I have little time to spend actually caring for my residents. It is a documentation nightmare to move a resident to a higher level of care when needed. That alone takes many office hours. Of course, again, time away from one on one contact with people that need my attention. It is very sad that the health care team spend most of their time proving, on paper, that we followed the state requirements.

Listen to them. They have a right as does everyone else how they want to live out their senior years. Try not to institutionalize growing old.

They should be able to stay at home, it is much cheaper to have help at home then go to a nursing home.

Allow them to have more say in the services they receive. They have been tax payers all their lives and deserve more respect when it comes to even making decisions for hospice. I have seen hospice nurses refuse the wishes of patients and I completely disagree with that. Whatever the wishes of a dying person may be, they should be allowed. That goes for every other sub-agency that provides any kind of care. Everyone should have their own rules and not be FORCED to follow stupid rules of an agency. Give patients more rights. This isn't communist Russia.

The program in place is a good one. We have had good service and understanding the whole time my grandmother has been in the program. We have often felt that a monthly visit from a home health nurse would be helpful...like for blood draws or advice for minor issues that crop up. My grandmother, my client, has had more peace of mind when we have had that opportunity a few times in the past.

Companionship, family involvement in an older person life, health, and well being.

Most group homes and assisted living places don't provide the support for activity they have. And most don't have valuable food choices. (I have first hand knowledge of this. My mother and mother in law live in pretty nice places but they lack these things)

How do they make sense of everything. If old it's ok, if young you have to jump through hoops. Even if you have CANCER.

Because of the aging population, we need to make sure that we are creating more programs for

seniors and not cutting programs. We need to have sustainable money. Discussion around a social insurance to fund services or expand Medicare to include long term care!!

I would like to see more publicized outreach to educate the people in general of what this industry is really about and how it effects them and the community.

We have good support programs in place, but we need to bring their budgets back up to the level they were before the state budget crunch took place – we have a rising elderly population. We also need to start planning to raise budgets for those who are handicapped, before autism gets completely out of hand.

Educate new care givers about dementia and Alzheimer's.

Simplify. Having so many choices is not empowering, it's overwhelming.

Must have a better needs assessment. One based on real need and hours applied that are not political or funds based

Thank you for considering my input.

I think that's about it but want to emphasize that consumers with mental health, traumatic disabilities, should be treated with dignity, patience and respect and if unhappy with care received from case manager, be able to change case managers at will without having to explain to supervisor and case manager, further traumatizing the consumer. Consumers with mental health disabilities need to be treated differently than some other types of consumers.

Heaven help us if we focus too much on "staying in one's current home." I'll repeat the answer I gave above. Seniors and disabled persons want to be safe and comfortable and among friends. They want to be treated with dignity and respect. Seniors are far wiser than this survey suggests, as they know, "It's not where you live, it's how you live."

Just make sure no senior left behind!

Social contact from caregivers (who may know recipient best) is prohibited outside of work time for fear recipient may be taken advantage of... what a waste of free & easy social contact for shut-in.

They need more choices. Programs which allow them to choose what services they need. They need educated, well informed case workers who REALLY can help them understand what is available and understand the rules regarding the services and can give them correct information. Case managers give such different information and tell people things which are not true.

I like your programs.

See above all statements.

The poorest need help. The well off not as much.

A program to avoid job discrimination.

Just need easier access to places where we can get help for these persons, especially legal, most of them can't afford attorneys. We need more places in Federal Way, they usually don't want to travel far from home.

Availability of food and transportation.

Being safe, income, food, health care.

The lack of funding and appropriate allotted hours to remain safe in home now has to change. Seeing and caring for individuals who are completely bed bound and unable to even move limbs to help themselves being given a sickening low amount of hours who are having no choice but to be left alone and pray nothing goes wrong while they are alone. This is heartbreaking to me.

State should stop having Individual provider (family members or friends) to serve the elderly who has in home care services. Those IP might not provide the cares that the elderly needs. Some family who become IP, they would consider that is another income source for the family. They would just received the IP wages and without providing the cares. Some elderly might not needs all her home

care hours and they would split the wages that IP got.

There is a large gap between the state and private care. Families aren't aware of what they are doing that could be harmful. Lack of supervision and early intervention.

Should be more of an awareness to family members that, placing loved ones in nursing home is ONLY an option!

Older people are isolated at times and need contact with other people.

Thank you for providing help for persons like myself.

Transportation that will drive up the driveway to the door.

Older people need to be treated with respect and not as invisible people of society.

Glad to see this survey, this is a great beginning to approaching ways to provide better care/services.

Affordability of help; the hours allowed are so little versus what is really used. I take care of my father now and the amount of time I am paid is half of the time I have to invest; it should be equal to what would be allowed if he was in a nursing home or at least comparable.

Too many fall through the cracks. Older people do not want to give up their independence so those in need often refuse. Caregivers need to be more aware of these issues and approach them with understanding, encouragement and compassion.

I feel there are not enough services for older adults. The CARE assessment that is currently used in assessing hours of care is weighted heavily toward the physical health of a person, with mental (dementia, etc) taking a back seat.

I am not familiar with all of the services available now and think there should be one place that lists all services with instructions on how to obtain said services.

Keep up to date of support and continue priority of older person for Washington state.

Better wages, hours, health insurance for the in home care people. Keep in caregivers healthy and being able to afford to stay home with family to care for them.

The elderly need someone that they can trust building trust is very important you can't have caregivers getting moved in and out of these peoples home you end up losing trust.

As I said above giving an elderly more hours from DSHS would help a lot.

Medical care is already being affected by Obamacare. A lot of people with disabilities have numerous diagnoses/medical issues and as they age more can surface and with medical care going in the direction it is going is of great concern that there will be very poor patient care.

There is such a great need for professional caregivers that are paid enough to choose this as a calling. Not leave it in the hands of young people who do not really have the compassion and understanding that only life brings. Seniors need so little but they need it so much.

COMMUNITY INVOLVEMENT.

Better mileage return rates and for the transportation system to be better.

I thinking Washington is trying we just need to stay on track and help seniors and the disabled to independent as possible-with good programs. I think it help everyone in the end – person --caregiver and State.

THANK YOU for actually focusing on this UNDERSERVED group!

The current climate of responding to the needs of seniors and the disabled is better than it has been for the last several years. People receiving assistance are somewhat more secure, but its too early to celebrate.

The need to feel wanted and cared for and that all of their individual needs are taken care of with dignity and respect.

Don't take out a reverse mortgage as advertised...had a friend that did and she outlived the mortgage...is now 96 and was booted from her home in 30 days...she had lived there 60 years.

Affordable housing and part-time jobs leading to independence as individually determined.

Support of DSHS case managers to refer seniors to the various ADH programs within the State of WA to slow down the transitions from home to nursing homes.

Good care such health maturation and following what knew her or him every day.

There needs to be some type of program that reach the many older folks that have no one knowledge of what services are available in their area.

Just because we are getting older doesn't mean we do not have a brain. I don't want to go to a nursing home until I am ready, not when someone say I have to because I can't do everything I use to be able to do.

Protection Supervision is needed with all agencies providing supported living. I don't see how you can help a vulnerable population with out that. Not just from themselves, but from others.

Education/training for caregivers in the area of protective supervision, behavior issues and how to deal not just with the client, but with the public in general and how to respond to them.

These people have worked hard all their life and need a little help now, as they age and not to put too much work on their family.

They do not receive enough hours to get the help they need. Also most caregivers do this for a pay check and not because they care. I feel that there needs to be more screening of caregivers to find out if they are in the business for a paycheck or because they really care. I feel that fingerprinting isn't really needed, I feel that an extensive background check world wide is all that is needed. Sometimes people are not able to do the fingerprints and have them be readable because our hand are calloused from working and washing our hands so often. Possibly going back to manual fingerprinting if the electronic ones do not work!

Having someone listen.

DSHS tries very hard to deny services. They should not be rewarded for reducing services to clients. It is less expensive to provide services in the home instead of nursing home services, so hire qualified caregivers, and pay them a decent wage to avoid a high turnover rate.

Just need more activities/adult day care for things for people with developmental disabilities to DO in the area.

Do more to eliminate waste and fraud. It is shameful!

Make sure their family member that is taking care of them has plenty of support and finances to take care of them.

It is very important that paid caregiver's hours are increased so that elderly people who are at high risk of falling, have someone there who can help them get around, offer security and stability so that more seniors can stay in their own homes rather than be forced into going to a nursing or assisted living facility.

Many are the needs but most are not met.

Hearing loss affects 1 in 3 at 65. By 75, more than half have hearing loss. Hearing loss is devastating with serious health consequences to individuals and high cost to society.

Entertainment

I should not have started this survey so late, I am to tired to finish, sorry, resend me a new survey request, so I can complete.

Persons with disabilities who are not under the age of 60 would benefit from delivered meals. If not at no cost then a much smaller amount than what is offered. My clients live on a very strict budget and also on strict diets. I think persons with disabilities no matter what age should have the option to

delivered meals.

I see that many older people do not feel needed. I want to see programs that allow others to benefit from the experience/wisdom from our elders. What about "adopt a grandparent" program? For youth that need advice/love/ patience?

Easier way to get at help and info.

It seems most of the funding is on the west side.

One of my consumers begged me to protect her from her children who wanted her life to end so they could go on with theirs. I tried and tried, but they won. I reported the specifics to APS and they began an inquiry, but dropped it as soon as she died. Once hospice made the morphine liquid and time released tabs available, they kept pumping her with the liquid telling her she needed it and even tried to convince her she didn't know what she was saying. They ultimately starved her to death in what they seemed to think was a mercy killing. I was mortified and helpless as a caregiver. The case should not have been closed because she died. Those people should have been prosecuted.

Respite care and support for caregivers is extremely important in preventing abuse of vulnerable people. Caregivers are a high risk population for depression. High stress levels in caregivers contributes significantly to elder abuse.

Assistance.

The need for information is hampered by having to wait for 40 to 60 minutes for a DSHS worker on the phone and then being given incorrect information forcing another call and another long wait. Many elders are not capable of doing these long waits. Our local CSO office workers seem to lack basic knowledge of DSHS code and often seem incompetent...they tell you to call DSHS for help because they can't seem to help with even the simplest tasks.

I would like to see more programs to help families understand what is going on with their loved ones. And more agencies holding themselves accountable and working together so that the elderly are not just slipping through the cracks until their needs are too overwhelming.

Sliding scale for vision hearing and dental needs.

There is a great need for care of disabled and elderly. The amount of wages paid to caregivers is low to the hours put in. I'm only allowed a few hours each day but I work 24 hours for my disabled daughter. She needs care 24/7 and I get respite 30 days a year now that she is an adult. I had to wait 8 years with no respite until she became 14. It's very hard work caregiving. I'm in my 18th year.

Companion, people is too lonely.

The country is about freedom. We really think about the free of choice to stay in our home and medical insurance should have to pay for it. It should be our right to choose not forced because of lack of money.

Mentally.

Making sure their affairs are in order while they are thinking clearly.

Place high value one nutrition education and implementation and wellness/fitness programs. Provide incentives for the elderly to stay healthy. Rather than paying billions for hospitalizations, drugs, etc.

Cannot speak English, no family.

To have people that are paid enough to want to help people in need.

Better legal aid for low-income, the elderly and disabled.

As we age, sooner or later, we lose the ability to provide our own transportation, that is, drive our own car. Bus service is usually to distant to get to, taxis too expensive. If there could be a service that could coordinate seniors in a community so that on a regular schedule they could be picked up from their homes and taken to groceries, shopping centers, medical facilities, and even entertainment events, I believe their health would improve both mentally as well as physically.

Please increase caregiver hours and pay so that it is a family wage job.

Preventive education.

Health care clarity. The mish-mash of state/federal/private coverage options, costs, overlap, underlap, no-lap boggles the imagination.

Not being forced into a home.

Those that need assistant programs deal with a lot of fear they will lose the programs. The need socialization.

They need more daytime activities if they want to.

Job services need to be redone.

They need mobility aids to be able to get out of the home in case of fire.

They need something to do that helps them with their boredom, they need activities or people to drive them to church, they need more than what is out there right now, and not just for those that live in town, there are needy ones that live in the country too.

As I watched a friend navigate through the maze of assistance and getting his needs met I was amazed by the lack of listening skills that agency people have. For example they offered equipment, but did not fill the actual need. Nice and appreciative of the offer, but very expensive to buy on your own when needs are not fulfilled, and un-necessary equipment that cannot be returned.

Older people and the disabled want choices, know that they are safe and not alone. Taking away their independence to most means death, no rights.

Not much more to say just give the clients all the hours they need so they get the care they need a 100% not part of the help.

Caregivers need more money, hours and respite.

There is a great need for AFH or alternative living services for people with some independence – a supervised living situation, but without the high cost of total care. Some of the people I assist can't thrive without being checked on frequently (not necessarily daily), but can manage to heat their own food in a microwave, toilet themselves, and change their clothes. The lack of physical care needs limit the support they get, but they would be in a more expensive environment if they didn't have me checking in on them, making sure they have and take their meds, help clean up their messes and take them on outings from time to time.

Huge need for affordable housing.

They need a voice for quality care not quantity. It's not about the services available, rather it's about someone caring enough to follow through in spite of the hurdles and hoops they may have to navigate, ensuring consumers get the needed equipment, services and care. The best caregivers in the world can't compensate for state workers who don't follow through. Essentially, consumers have a door to services with no handle.

I am a CNA that works in nursing home we desperately need a set CNA to residents ratio. CNA not counting nurses and other staff.

It's not a privilege to stay in are homes until the day we die.. it's are right to do so...! by spending the rest of are days with are family and the one's we love. I stand up for all of elderly and the disabled who wants to stay in their homes.

I believe as a care provider that if they allowed my client more hours to put her up to the amount she ACTUALLY NEEDS in comparison to what she gets het overall health would improve.

The infrastructure is there, it's the funding that is inadequate. People need to be educated that nobody can take care of his or her disabled body on \$800 a month and minimal help with DME.

When your making these decisions stop and think if this was your mother or father and are you doing

your best for all the clients under your program.

More info on help available.

I feel like the elder people need to be cared for.

To be allowed to feel like an adult, not treated like a child. To know that who cares for you is trustworthy and competent in their job.

Community involvement, provide needs to individuals, not masses. Eliminate fraud and abuse.

I volunteer with SWEAP (Southwest Washington Elder Abuse Prevention Coalition), and financial abuse is huge, the stories about physical, emotional abuse as well as families stealing from each other makes me wonder where our moral code has gone. They need to educate the caregivers who will be providing the care for our seniors and then pay them a standard salary is huge.

All of us are surely most vulnerable in the first 5-10 years of our lives, then the last 5-10 years. A society which does not broadly recognize this may not be unusual, but it will be very unfair to its elderly until thinking and systems are in place, hopefully as "backup" to ordinary family resources, to deal with end-of-life complexities.

First off, I think that the alliance combining the elderly and people with disabilities is misguided. They really are quite different populations. Our son with Down Syndrome is now 19. He is quite different from someone who is 85 or whatever. And so on... It is confusing as to how I should be responding...for him or for us, his parents who will only get older!!! For example, under 18. Age: below, do I say our age or his age????? I will say his age – 19.

Seniors cannot find a place to live that they can afford as hardly any regulations on rent in this State.

I believe companionship is truly the greatest need for most elderly people. To focus on the individuals health and mental needs and to match a certified candidate with the right personality to accommodate them is imperative.

They want the people worry them.

I HAVE A 92 YEAR OLD FATHER IN LAW AND A 87 YR MIL, AS WELL AS A SON WITH DOWNS AND ANOTHER 57 YR LADY WITH DOWNS, I APPRECIATE ALL THE HELP I GET, WISH THE SERVICES FOR THE DOWNS COMMUNITY INCLUDED DAY CARE AS THEY AGE OUT OF THEIR JOBS. THINK DAY CARE FOR THE PARENTS WOULD ALSO HELP.

They need the ability to go have their personal care taken care of out in the public and not depend on never having the ability to have personal care included in their plan of care.

I believe that older persons have expenses and needs that are hard to meet with \$500. I think they should at least be getting \$1000. Especially in Washington State, where rental prices and other living expenses are higher in compared to other states in the U.S.

Making sure they have the funds needed for food and other personal care needs. To have a choice of who they want as a caregiver.

Make sure that the people that are applying to be caregivers have a full background check. Undercover people come. And, have surprise visits or have somebody going under cover. There is abuse in these homes, but nobody speaks out.

MORE IN HOME ASSISTANCE.

A medical liaison to handle the red tape with doctors and pharmacies and insurance companies. It is very confusing when the elderly have confusion.

They need to know their lives are important.

They need not to be shut in.. be able to go out still enjoy life.

Washington is more responsive than many states to the needs of our developmentally disabled citizens. Gratitude to those who participate in getting us out of the Dark Ages! Many friends in my generation have no idea of the rules/regulations/requirements of our helping agencies that they will

encounter when their decline of aging sets in. A few don't want to know more. Others would access the info and recommendations if "the word got out." Recently I was ticketed in disabled parking although my placard was in place, valid and visible. BUT the ID numbers had disappeared during the 2 years it had been in use. I did not know those numbers could "disappear" and went to court to receive that information. It was a hassle. Warning placard users to monitor the numbers on their placard is a tiny example of an inexpensive way to help our citizens.

Need more cameras in assisted living.

In home care providers should be required to pass a drug screening.

Greater advocacy and support of elderly clients. Case workers have such huge workloads now, it renders them unable to spend the time needed to resolve complicated issues. For example, a COPES caseworker might have about 100 clients. How is it possible for anyone – even a caseworker with significant ability and training – to manage the needs of 100 individuals?

Have the state listen to them.

Again, audit the case managers!

They don't get info and again the nursing homes in this area are full and a lot of them are awful, and this should be giving to people looking so they know what care they would be getting in them and what care they would be getting if at home with someone helping.

I am one of many people over 55 who has lost a good paying job, had to live off my small retirement fund after unemployment ended, and could not get re-employed into the mainstream workforce. Now I am working part-time for a lower hourly wage.

I have had clients who were financially barely making it. Yes, they had subsidized housing, but once they also received subsidized caregiving, they were so broke that the quality of life became challenging. I feel that any program that is supposed to help someone should not be punitive. A person should be able to have enough money to buy a simple piece of clothing, get his or her hair cut and buy an ice cream and not worry that they don't have enough money for a gallon of milk or a prescription...or aspirin. I realize that budgets are tight, but not enough money for a senior or disabled person equals, quite often, shut-in status, which can be very depressing.

Instead of the legislature making all of the decisions about the program needs, include people who actually live with these types of needs. I think I have some information that could be helpful to the legislature about making these decisions, and I'm sure that many others do too.

Helping/educating the community support the idea of in home care options for seniors and adults with disabilities. The idea of not putting people in institutional/nursing home care and providing in-home care is met with skepticism, like its not a real job, a sketchy occupation. And since most people make an effort not to think about or consider their own eventual decline, thinking about the idea of keeping people with significant health/impairments issues at home/ in neighborhood community settings, is avoidance ridden.

We need financial advice and help that is not frightening and understandable!

Better food allowance by DSHS. A person cannot live on \$40.00 a month in food benefits while only getting social security.

We only need more caregivers and if you spend money on programs spend it on marketing campaigns to shift the image if what a good job is in this country – caregiving needs to be a coveted highly sought after job.

We need to expand and monitor all Programs so we can save and spend whatever appropriation properly. Not wastefully.

More trainings for caregivers.

A good selection of caring, honest people to choose from when hiring a caregiver.

I have no idea.

Prevention is a lot cheaper than treatment.

Timely assessment, within the six months.

Help us stay in our homes for as long as possible!

Something needs to be done about the housing/rental crisis in Seattle/King County. Rents are absolutely too high for seniors and they can be raised any amount anytime, although in Seattle, it takes two months for them to raise rents \$60 or more. But, seniors have to move and that is very difficult for older people.

Thank you for this opportunity.

There will be MORE NEED because there are MORE SENIORS – please don't slash funding!!

Local Mental Health for individuals with dementia.

I am a strong believer that aging in place involves the community. The area where you live must be walkable, safe, have access to grocery stores, and housing must be affordable. People keep moving farther out of Seattle in order to afford housing, however some of the best physicians are in downtown Seattle so they end up coming downtown anyway. Look at providing services either in neighborhoods, geographic areas, etc. and then provide the trained professionals in that area. What Lake City needs might not be what Yakima needs.

Most elders worked and paid taxes in their young years, but do not necessarily meet Copes or Medicaid Personal Care programs. These folks have low incomes according to the cost of living, where they have \$2500 to \$3000, a month in SS& retirement, but are ineligible. They get nothing from the system that they paid into. This is unfair to those, but they need case management, and are African American.

Our Area Agency on Aging does a wonderful job of coordinating services!

Staying in home should be #1 priority.

Senior Advocate at Senior centers.

It is my impression that in-home care can be less expensive than a nursing home except in the most severe of cases, yet the system doesn't seem to adequately support that impression.

It's OK to have an HMO pay your doctor, but not OK for an HMO to decide how much help or what kind of help you need at home.

Older people need social stimulation either visits or time together in recreation.

I see a trend in larger facilities to market for clients with higher acuity to fill beds. Frequently they do not have the staff or training to handle an increase in residents with memory issues. I see a need for better oversight for Adult Family Homes and Assisted Living Facilities on the use of anti-psychotics to control and sedate challenging behaviors. Skilled Nursing has more oversight to prevent the use of these drugs and to encourage behavioral interventions.

I believe that the lack of easy, affordable and dependable transportation is a key issue which the state is not really addressing for most Washingtonians. We will not be able to drive our own vehicles into the future and this is an area no one wants to really address.

One on one counseling for people losing their hearing as 90 % of those reaching the age of 80 (quoting CDC figures), will experience.

Home health, hospice and private duty agencies have a lot to offer that is already in place.

Feels as though people do much better staying in own homes, in familiar settings, with support, i.e., bathing, shopping, getting out, doctors appointments, etc.

Need to learn about long term care at good price or free to protect my funds.

Need more affordable housing for low income people.

Appropriate separation of critical mental illness from general population. The security of individuals with severe mental illness is paramount and they are at risk from others in the population. Let us be absolutely clear: MAINSTREAMING IS A FAILURE, in some cases. Recognize this and make the corrections required.

Big issue for Deaf-Blind seniors is getting enough exercise to maintain health. Support Service Provider hours just cover such necessities as food shopping. Having extra hours, just so they can get out of home, take a walk, companionship also.

Even the most basic assistance in home to the elderly ... at a minimal cost ... can literally save millions in assisted living and nursing home costs.

We are aging rapidly and we don't have the resources to help all those in need.

There is an enormous, continued need to normalize conversation about end of life care. I am a strong believer in helping individuals and families recognize and accept the point at which aggressive treatment of major health conditions does not really match their needs and hopes for self and family. This point is different for everyone but often is misjudged, in retrospect. Hospice is not a complete answer by any means because hospice is intended for people with "dread diseases" leading fairly rapidly to likely death – eligibility was broadened to more gradual processes of decline but criteria now are tightening again.

It appears that co-pays are way too harsh, many cannot afford them and would rather try and do without help than to pay a portion they are unable.

Bring services to rural communities.

We provide such an important service. Most people do want to remain in their home more money should be put into the COPES program.

Provide more assistance to low income older persons to make sure they are not sitting alone at home.

Care providers and case managers thru hospitals and communities, educators as well continue to screen the needs of patient and include in their assessments. older people do not have those many needs, some support (more emotionally than physically) help them keep active and going.

Aging in place (at home or near).

People want to enjoy their lives regardless of age. The notion that an individual "has had a long life, and that should be good enough to expect" should evolve to one that reflects a person-centered philosophy (when I am 80 or 90 years old doesn't mean I'll be ready for the old folks home). Washington state's system of long-term care and support is one of the best in the nation, and the willingness of ALTA to improve on the "best" is commendable.

Many clients on our services do not understand the changes in healthcare programs and need more personalized assistance in sorting through those changes. Many have lost the PCP they have had for many years with passive enrollment into managed care plans and passive choosing of their PCP. I believe this was part of the services meant to be provided by the Health Homes case managers – but not all clients have a HH CM assigned. Assistance needs to be provided to both clients and their families to help them make good choices for managed care programs and prescription drug coverage.

Deaf older persons need sign language interpreters. The deaf person struggles with communication in the nursing homes, adult family homes and rehab centers. Those places keeps using the excuse that they don't have the budget for interpreters. There has to be a budget item in all services for interpreters. This is against the law to not provide interpreters on a consistent basis. A special home where all caregivers know sign language is the best solution so there is no communication barrier. This will attract the deaf adults to live together in harmony. Don't make it like an institution but a retirement or adult family home where everyone regardless of disability is important.

Exercise program for elderly.

Funding for nursing homes has been so diminished that the quality of life for long term care residents to access activity programs that are staffed appropriately, social service workers, and mental health professionals have been severely impacted.

A safe place and resources for older persons to attend and gather information, after all, if you're lucky enough to get to older person status you've probably earned it.

The elderly and their caregivers need help in figuring out how to pay medical bills...billing is complex, insurance is complex and Medicare and Medicaid are complex.

Set up meeting announcement on Facebook, Inviting us all to the meeting to see what could be done, etc.

More education on what elder abuse is and resources available.

State of Washington needs to study how the services for Deaf & Hard of Hearing work in California, Utah, Colorado, Michigan and North Carolina. Deaf and Hard of hearing have more unique services and unique life and have great jobs. Office of Deaf & Hard of Hearing does not provide those services that are very needy and very important for our people. We are being suffering because of insufficient services, because of insufficient funds? There are many unqualified case workers in our services that hurt our communities. Too many of us with college degrees are unemployed because of our disabilities and age. And, we are getting garnishments from colleges student loans and we have no jobs.

Unrecognized and untreated depression is a serious and common problem for older adults due to the mental health stigma involved. This causes enormous suffering on the part of individuals and family members, and increases other medical problems and the overall burden on the healthcare system.

Current services seem to be all or nothing and require a severe crisis to get the attention of those contracting out the necessary support.

Free vision care program.

They have their needs as well.

I am DEAF. I don't want to go to the nurse home because I know I will be alone all times. I'd rather go to the nursing home where many DEAF people are.

End bias against agency home care in favor of IP system.

Older adults with autism often appear less disabled than they are i.e. they cannot hold down employment, do self care or have many social interactions. This is not a disability that can be measured by IQ as stated in the DSM.

We need oversight of care – not just responding to problems. Oversight can help prevent problems.

Throughout the state, there are many options for older adults for settings of choice they would like to live in. Unfortunately there isn't always the appropriate choice of setting in all areas for the client.

Like everything we don't think about it until WE NEED IT.

Really tired of the attitude among state workers – they really are not the saviors they see themselves as.

Our senior centers have a great opportunity to serve the senior population if an opportunity to be funded and staffed to insure community/regional support for those in-home care program.

Much of the elder abuse begins with financial exploitation. Bill paying services and guardianship are important services which will save the state money. Once elders are exploited and are no longer able to pay for services, the state now has the responsibility to house them and pay for the services they need. Secondly, for elders to remain independent when they can no longer drive they need transportation options. Volunteer transportation is an effective program, but only provides for medical appointments and is limited to once a week. Low income housing options are very important. As inflation eats up their fixed incomes.

Elder abuse needs a more robust investigation and care coordination structure.

WA is definitely a top notch state to live in as there are many wonderful services that are already provided! One issue that begs to be confronted is elder abuse! Much of this goes unpunished as older persons tend not to want to make waves. There needs to be more teeth in the laws protect our most vulnerable adults just like the laws that protects our children from abuse!

Taking better care of our seniors is extremely important as the aging population grows exponentially. More affordable services of every kind is imperative.

Caregivers need more respite!

I think we need to change our thinking. With boomers representing 25% of the population, and aging quickly...we need to think more about what do people need to have a good quality of life... not just what older people need to have a good quality of life. Connections, health, pets, exercise, time with nature. My 96 year old father just died in a nursing home, after being there a year. He was bedridden or he would have still been living with my husband and me. I saw many people in the nursing home and wondered why are they there? Probably, their families don't know of other options. How about matching college students with seniors? One other thought, more funding for the LTC Ombuds Office. I had to be an advocate for my father...many times...and I wondered about the other nursing home residents, who didn't have one. We should all have advocates, if we need them.

In home supports and services need to be prioritized and need to receive higher wages and benefits in order to retain workers and professionalize the field.

We need to support adult family homes so this stays a valuable choice for me.

Housing cost is a huge concern. People are retiring with less money saved - -a trend that's likely to continue. Retirement communities are great, but people can't afford them. More subsidized housing is desperately needed now, and even more in the near future.

We must make caring for our seniors a priority....anyone who is lucky will live to be a senior and will have given much to society during their working years. It is the least we can do to be sure seniors are cared for and not put out to pasture!

Improved defenses against financial exploitation.

1. We need a state-wide informational campaign about how we can all live healthier, longer lives e.g. 10 tips to live long and healthy. 2. We need to start taking advantage of the tremendous wisdom that is coming down the pike with the Boomers.

If you want to make sure people with Alzheimer's disease are taken care of and you want to spend as little as possible, look into better funding Adult Daycare. It is much cheaper to provide families with a few hours of respite then to pay for their loved one to move into a facility full time. There are people who are too far in their disease for ADC, but there are plenty of people who it would be a better choice for, but can't afford even reduced rates and absolutely need help from the government to pay for it. The non-profit programs try to shoulder the burden, but they are already operating on a shoe string budget.

Aging and Disability Service Providers Only

I am sure there is a diverse demand for services depending on the older person's needs.

Customer service hours in the evening to reserve shuttle transportation , seven days a week.

I do not live in Washington State but have been asked about accessible services and housing for people who are aging with vision and hearing loss.

Addressing the needs of older persons in Washington State requires addressing the needs of the older adult's identified family system including maintaining housing, transportation, access to medical care, access to support services for careers and older adults, and emphasis on personhood rather

than diagnosis.

Medicaid and Medicare.

WA spends a lot of time and money ensuring personal choice and personal liberties. I think that needs to be balanced. Fewer choices might be better choices – and more regulation might ensure more efficient services. For instance having housing with services – independent housing with in home services – but more flexible hours – so if one caregiver has 10 people in same apartment complex, efficiency is built in. Pay caregivers better – but hold them to a higher standard. Support case managers.

The hospitals need to improve their electronic medical records program, these doctors are ridiculous how they do not communicate to one another.

Safety: physical abuse, financial exploitation or losing money as a result of a scam.

I've noticed in my city that a lot of family members don't seem to want to help an elderly member. They seem to want to just forget them. I know there is nothing we can do to change that, it just bothers me.

I think that older persons being taken care of by family members should be looked on by Aging and Long Term Care for their own protection. To make sure that they are not being taken advantage of by family members or even caregivers.

Support groups to visit them especially those in nursing homes, respite, and hospitals.

Having reasonable services.

Many of my elderly and/or disabled clients have depression and are being medicated for it, but few seek counseling or activities to help treat it.

I have been employed for the last four years, to provide education to long term care workers, who still need to make the shift to health care workers. The state needs to take education of LTC staff more seriously and help fund it, besides requiring it.

Not the right hours for asst.

I think there must be more than 60 miles per month provided with caregiver for a person with disability.

The need for honest and good help, to give a high quality of service for individuals that are dealing with a lot. provide services to their needs and they can tell you and to pay those who take care of these individual and decent pay.

People are living longer and most caregivers are family members or friends who want the best for the care recipient. However, it is difficult to convince them to obtain support so that they don't become burnt out and resentful. Finding a way to be proactive in order to educate future caregivers so they are prepared and can better plan. The question is how to engage them since many people don't want to think about that situation occurring even if they know it will happen.

THIS COUNTRY DOES NOT SHOW THE RESPECT TO ELDERS THAT OTHER COUNTRIES DO. THEY ARE JUST THROWN OUT THE WINDOW WHEN THEY GET OLD. NURSING HOMES ARE STILL HORRIBLE AND ELDERS WILL DO ANYTHING NOT TO HAVE TO GO TO THEM. THEY KNOW THEY WILL SOON DIE THERE OF A HORRIBLE DEATH. THE CARE THERE IS NOT ACCEPTABLE!

Many adults don't qualify for State services but can not afford private services yet need help in their home or everyday living situation.

We need more programs supporting senior immigrants, especially within their communities.

Health-care coverage...In home caregivers...any state funds4the increasing populations.

Myself and my client need more of a list to figure out what resources we actually have and not wish were out there !!!!!!!!!!!

I feel we need to make are older people with disabilities and any other aging person feel that there

will be services for them to rely on for help.

Older people should get help when is available for them.

Advocacy that helps the person obtain resources and who advocates to keep people in their homes.

Sufficient and suitable places for older persons to stay. The costs are astronomical at AFH's and Assisted living facilities.

More dental, eye, and ear programs to help pay for the costs of the products that are needed.

Just having a safe and secure surrounding for the elderly in their own home and getting the care they need and deserve would make it so much better and happier for the elderly.

More activity directors for the Senior housing people. The residents of Pinewood Manor are bored out of their minds. Oh and free cable TV since most cannot afford to pay for it and watching TV is all they have to do most of the time.

I have been extremely disappointed and frustrated with the HCA certification system. I care for a 16 year old boy and have had a very difficult run with DSHS and SEIU training. I think it is ridiculous that I am a nursing major, yet none of my nursing courses will count towards my continuing education hours (even though I learn all of the same topics in far more detail). I was also frustrated that as a nurse tech I can not receive a pay raise though I do not care for an older adults, I believe if the HCA system was refined, we could more effectively provide care to our older adult population. Many people I know don't want to bother becoming an HCA because they don't want to deal with the state (DSHS, SEIU and DDD).

Washington need to take care of there older persons with home care help with med cost, heating cost and food.

There needs to be more Adult day care centers. Especially out on the Key Peninsula. Transportation to medical and shopping and help with housework (even once a week), a daily phone check-in to check on the welfare of the client.

Medical insurance for seniors.

They need more access to programs like meals on wheels without having benefits cut and more shuttle services for non-medical transportation provided.

Don't group them as all the same, they have different needs.

They need us...we give them hope, personal care, friendship, routine, dependability ,and professional love. Can't continue to make sure someone's hearts monitor is working and not eventually have professional love for that client. Our job is more than a job....as we are really personal care providers, who need to have a starting wage of 15-19/hr and insurance for all.... Ok that was more than one thing. Tameka Maxwell

They provided for us, now we should provide for them.

Making sure the elderly receive the hours they need. I am a caregiver and some of my clients could use round the clock care.

Help with personal care services and supervised from social workers to care givers to prevent neglect.

For older persons to whom English is not even a second language shall be provided in-home care at all times.

Would be great to have a waiting period at the doctor's office less timing, and elderly people get so very much tired and exhausted to sit and wait, and wait, and wait until finally they have been called to see a doctor, then they wait for a doctor at the room... ohhh, they do get tired and this is the reason they don't feel like going to see a doctor.... so overcrowded at the clinics – do we have a shortage of doctors??????

Some laws/regulations may not too realistic to care older persons in certain level of facility.

Hopefully they get to be at their own home.

If older people go to an adult family home or other facility they only receive \$62.79 per month for personal needs allowance. Just to take a DART bus or other paratransit bus to or from a doctor is \$2.00 one way and to purchase a monthly pass is \$36.00 a month, that leaves this person a little over a dollar a day to purchase toothpaste, CLOTHES, or any other item they may want. Increasing this amount to \$100.00 per month or allowing a transportation expense out of the amount that they would need to pay for room & board would be a better, less depressing, plan for these poor folks who are on a fixed income. Also, with the new Obama care there are more co-pays that these people may be responsible for along with a new premium to pay each month. Also, more checks on Adult Family Homes and/or nursing facilities to see if there is proper nutrition happening and that there are no signs of abuse whether it is physical or mental.

Isolation of older adults is as detrimental as any physical illness.

The elderly have lost a lot, now the services have been cut! We need to up the home services so they may have quality of life in their own homes! Care Plans, respite services need to increase personal care services need to increase, transportation is very poor for the command senior at home not enough wheelchair transportation to medical, what services there is are very poor services, most wait hours to and from medical pick ups and drop offs! This affects the quality of health for the seniors that have no other options. Funding for services is the most important of all !!!!!

No nursing homes.

Make sure they have what they need to live at home.

I think most people have it pretty good...BUT.. I wonder bout those people who fell through the cracks. Those people who found themselves homeless in the last 10 years due to manipulation of the markets or the victims of the economic recession (feels more like a depression) and used up all their savings, CD's, Bonds, Stock Options, and are living on the streets or in shelters. These people are Americans too and some served in the Armed Forces. Some lived with friends or relatives but others simply had too much pride to admit how they fell on hard times. How are they supposed to fit in? Most people do not count them or rather discount them as being hopelessly lost to drugs and alcohol but I know that not all of them are substance abusers.

I have a client who does not have money for a vacuum cleaner, another client at the end of the month it is not food. I think it would be good brings food to home for the disabled or open a center for free second-hand goods for the disabled.

People are aging in place. They want to remain independent. However, families are not necessarily around the block. People are reluctant to ask for help. Far too often situations are beyond the point of being reasonable for a person to be living independently. More resources and support are needed.

The older people in our state need good transportation service, affordable in home care and affordable out of home care.

An increase in food stamps for seniors to provide decent meals each month.

The State of Washington DSHS generally does a good job of watching over the well being of senior citizens and those who need special care (younger people). Continue to expand those programs.

More and better coordination of services especially making use of Adult Day as an integral part of a persons overall care plan.



What Do Older Adults and People with Disabilities Need?

NARRATIVE RESPONSES

SEPTEMBER 2014



RDA Research & Data
Analysis Division