Questionnaire:
Home Care Agency

Home care agencies play a critical role in a dementia-friendly community, from identification of cognitive impairment to offering wellness programs and services that support independence at home.

The information gathered in this questionnaire is part of the full Community Needs Assessment. Each question is cross-referenced to a corresponding question in the full assessment. This interview can be completed by anyone on the action team, particularly someone with contacts in the health care sector.

Interviewing Home Care Agencies

1. Develop a list of all of the home care agencies in your community.
2. Prioritize and determine which agencies to contact.
3. Identify the appropriate contact(s) in each agency.
4. Keep track of your data sources, including who you interview and their responses to the questions in your interview.
5. Create a code for each questionnaire, using the sector abbreviation and a number. For example, home care questionnaires would be HC1 for first interviewee, HC2 for second, etc.
6. Use the Pre-Interview Email Template or Call Script to introduce yourself, the project and to schedule an interview
7. Gather and familiarize yourself with the materials you will share at the interview: questionnaire, dementia-friendly community infographic, and Know the 10 Signs.
8. Conduct the interviews.
9. After your interview, submit the completed questionnaire to the action team member coordinating the synthesis.
10. Send a thank you to the interviewee.

**Interviewer/Your Name Date of Interview**

**Community Member/Interviewee Interviewee Code: HC**

**Name**

**Title**

**Address**

**Phone**

**Email**

Awareness

Question 1

Have you had personal experience with someone with dementia? \_\_\_ Yes \_\_\_ No

(Q1a in full assessment)

*Interviewer Tip: Share the dementia-friendly community infographic and describe the dementia- friendly efforts occurring in your community.*

Question 2

What do you see as our community’s main strengths for addressing the needs of people living with dementia and their families? (Q2 in full assessment)

Question 3

What do you see as our community’s main gaps for addressing the needs of people living with dementia and their families? (Q3 in full assessment)

Question 4

What resources and organizations would you suggest to individuals who may show signs of dementia? (Q4 in full assessment)

Question 5

This question asks about awareness of the resources and organizations that can help support people with dementia and their families. (Q5 in full assessment)

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently has adequate awareness of the resources and organizations available to support people with dementia and their families. | Indicate your level of agreement with this statement: Raising community awareness of the resources and organizations that can help support people with dementia and their families should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

*Interviewer Tip: Distribute education on Alzheimer’s disease and dementia; e.g., Know the 10 Signs. Share listing of the resources and organizations that can help support people with dementia and their families in your community.*

Question 6

Our community may have diverse and underserved populations that would benefit from having resources tailored for people with dementia and their families (meaning programs or services that meet the needs of diverse populations). (Question 8 in full assessment)

*Interviewer Tip: Share relevant community demographic information.*

|  |  |
| --- | --- |
|  **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently has adequate dementia-related resources tailored to our diverse and underserved populations. | Indicate your level of agreement with this statement: Increasing dementia-related resources tailored to our diverse and underserved populations should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Health Care: Cognitive Impairment and Assessment

Question 7

Does your agency use an objective tool to assess cognition with older patients? For example, Mini-cog, Montreal Cognitive Assessment (MoCA), St. Louis University Mental Status (SLUMS)

(Q21 in full assessment)

 \_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Home care agencies in our community adequately use objective tools to assess cognition with older patients.  | Indicate your level of agreement with this statement: Increased use of objective tools to assess cognition with older patients should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 8

When cognitive impairment is identified, does your agency have a standard practice for further assessment (communicate or refer to primary care or another provider)? (Q22 in full assessment)

\_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
|  **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Home care agencies in our community have adequate standard practices for follow-up care when cognitive impairment is identified.  | Indicate your level of agreement with this statement: Increased use of standard follow- up care when cognitive impairment is identified should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Health Care: Staff Training

Question 9

Does your agency train its direct care staff (e.g., nurses, nurse aides, home health aides, and personal- and home-care aides) on dementia? Indicate frequency for each training topic.
(Q24 in full assessment)

| **Training topic** | **Indicate whether training is provided** |
| --- | --- |
|  | Never | At hire | Periodically  | Not applicable |
| Identification of Dementia |  |  |  |  |
| Behavior as Communication |  |  |  |  |
| End of Life Care |  |  |  |  |
| Individual Patient/Resident Needs |  |  |  |  |
| Medications |  |  |  |  |
| Supporting Family Caregivers |  |  |  |  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Home care agency staff currently receive adequate training on dementia.  | Indicate your level of agreement with this statement: Increased training for home care agency staff on dementia should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Wellness Programs

Question 10

Which of the following wellness programs, tailored to people with dementia who live outside a formal care setting, does your agency currently provide in our community? (Q15 in full assessment)

|  |  |  |
| --- | --- | --- |
| **Programs tailored to people with dementia**  | **Currently available**  | **Which organization(s) provide these programs?** |
| Social engagement through telephone or visiting volunteers/companions | \_\_\_ Yes \_\_\_ No |  |
| Physical activity programs | \_\_\_ Yes \_\_\_ No |  |
| Tai Chi, Yoga | \_\_\_ Yes \_\_\_ No |  |
| Other (please specify) | \_\_\_ Yes \_\_\_ No |  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community has an adequate level of wellness programs tailored to people with dementia who live outside a formal care setting. | Indicate your level of agreement with this statement: Increasing the level of wellness programs tailored to people with dementia who live outside a formal care setting should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Independence at Home Services

Question 11

The following services assist people with dementia to remain independent in their homes. Which ones does your organization currently provide? (Q17 in full assessment)

|  |  |
| --- | --- |
| **Services that help people with dementia remain independent at home**  | **Currently provide** |
| Care managers/care coordinators | \_\_\_ Yes \_\_\_ No |
| Chore services (e.g., laundry, lawn mowing) | \_\_\_ Yes \_\_\_ No |
| Home safety assessment/fall prevention | \_\_\_ Yes \_\_\_ No |
| Grocery/pharmacy delivery | \_\_\_ Yes \_\_\_ No |
| Meal delivery (e.g., Meals on Wheels) | \_\_\_ Yes \_\_\_ No |
| Medication Management | \_\_\_ Yes \_\_\_ No |
| Occupational, physical or speech therapy | \_\_\_ Yes \_\_\_ No |
| Personal care assistant/home health aide | \_\_\_ Yes \_\_\_ No |
| Safety programs/devices for remote location monitoring (e.g., Comfort Zone, Lifeline, MedicAlert + Safe Return, Project Lifesaver) | \_\_\_ Yes \_\_\_ No |
| Transportation | \_\_\_ Yes \_\_\_ No |
| Other (please specify) | \_\_\_ Yes \_\_\_ No |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently provides an adequate level of services to help people with dementia remain independent in their homes. | Indicate your level of agreement with this statement: Increasing the level of services to help people with dementia remain independent in their homes should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 12

Would you be interested in helping us to create a dementia-friendly community? (Q26 in full assessment, track in Master Contact List)

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Suggestions:

* Serve on the action team
* Public endorsement/testimonial
* Donate resources, i.e., meeting space, advertising, personnel, funds, etc.
* Other:

Question 13

What other organizations/groups in our community should take part in creating a dementia-friendly community? (Q27 in full assessment, track in Master Contact List)

Question 14

Should I get in touch with you again to let you know how the project is progressing and how you can best help to ensure our community is becoming dementia friendly? (Q28 in full assessment, track in Master Contact List)

\_\_\_ Yes \_\_\_ No

Thank you for your time and support.