



Resident Opportunities and Needs Assessment

Foxwood Manor
Levittown, Pennsylvania

Demographic information and data were collected from residents at Foxwood Manor via surveys over the course of 2017. The results of these surveys were entered into Family Metrics, and the attached report was produced. (see Appendix A)

In addition to collecting demographic information through surveys, Foxwood Manor has a Pathways Council, which allows an opportunity for residents to express direct feedback, ideas, and insights to the resident services coordinator. The Pathways Council is made up of 5 members (who are residents of Foxwood), plus the resident services coordinator. The Council meets at least twice yearly, and all residents are invited to attend the meetings. Each meeting includes dinner for those in attendance. The Council discusses the programs and services that the community needs. At the end of the meeting, the residents have an opportunity to provide feedback and input regarding any property-related concerns, complaints, or issues. In 2017, the Pathways Council met and the following are a few examples of items that were discussed:

- What programs and services do we need at Foxwood Manor?
- What programs do we want to do in 2018? How much will they cost? Do we have the budget for those?
- Coffee Hour for seniors
- Teen programming
- Holiday parties

Through survey collection, direct feedback, and communication with the Pathways Council, Operation Pathways was able to best determine how to serve this property in 2018. The information helped to inform the Property Services Plan and the goals for resident services at the property. Additionally, the RSC has built a strong relationship with many residents and so has been able to address their needs on an individual and ongoing basis.

Based on the information gathered in 2017, as well as the successes and challenges of the programs and services offered at Foxwood Manor, the following were components that were modified for 2018:

- **New programs added for 2018:**
 - Healthy Cooking Classes (once or twice monthly)
 - Goal: Demonstrate healthy and inexpensive recipes and healthy alternatives in a community setting to increase healthy eating and provide a social activity
 - Fitness Program



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- Goal: Increase physical fitness levels in residents through yoga/exercise/Zumba classes
- Coffee Hour for Seniors
 - Goal: Decrease social isolation; opportunity for residents to meet neighbors, learn about programs, interact socially
- Programs **removed** for 2018:
 - Community Garden
 - Reason: Residents' lack of interest in maintaining the garden



Appendix A

**Demographic Reports
Resident Demographic Reports**

Criteria

Properties:	Operation Pathways Foxwood Manor
Location:	On-Site
Date Range:	From 4/1/2018 to 4/30/2018
Date Range:	From 1/1/2017 to 4/30/2018

Age Demographics

Age	# of Residents
Residents with Age Data	407
Average Age of Residents	40
0 to 5	17
6 to 12	52
13 to 18	32
19 to 35	85
36 to 54	86
55 to 64	69
65 +	66
Total Age Selections	407

Gender Demographics

Gender	# of Residents
Residents with Gender Data	153
Male	32
Female	95
Unspecified	0
Unknown	26
Total Gender Selections	153

Citizenship Demographics

Citizenship	# of Residents
Residents with Citizenship Data	153
US Citizen	47
Non US Citizen	1
Unknown	105
Total Citizenship Selections	153

Refugee Demographics

Refugee	# of Residents
Residents with Refugee Data	153
Refugee	0
Non Refugee	0

Unknown	153
Total Refugee Selections	153

Immigrant Demographics

Immigrant	# of Residents
Residents with Immigrant Data	153
Immigrant	0
Non Immigrant	0
Unknown	153
Total Immigrant Selections	153

Living Status Demographics

Living Status	# of Residents
Residents with Living Status Data	30
Both Parents	1
Dependant	9
Former Foster Youth	0
Foster Youth	0
Guardian	0
Head of Household	16
Relative	0
Single Parent	10
Spouse / Significant Other	2
Widow	2
Other Living Status	0
Total Living Status Selections (duplicated)	40

Referred By Demographics

Referred By	# of Residents
Residents with Referral Data	20
N/A	133
Community Agency	7
Incoming Call	0
Mailing/Promotion	0
Management	0
Neighbor	0
Outgoing Call	0
School	0
Self/Walk-in	10
Other	3
Total Referral Selections	20

Rent Payment Method Demographics

Rent Payment Method	# of Residents
Residents with Rent Payment Method Data	3

Direct Deposit	0
Payee	0
Resident Check/Money Order	3
Zero Income/No Rent	0
Total Rent Payment Method Selections	3

Ethnicity Demographics	
Ethnicity	# of Residents
Residents with Ethnicity Data	153
Hispanic or Latino	17
Not Hispanic or Latino	85
N/A	51
Residents with Race Data	132
Black or African American	57
Asian	1
Hispanic/Latino	8
Native American/Alaskan Native	2
Native Hawaiian or Other Pacific Islander	0
White	72
Other	2
Multiple Race	8

Language Demographics	
Language	# of Residents
American Sign Language (ASL)	0
Amharic	0
Arabic	0
Armenian	0
Belorussian	0
Bulgarian	0
Cambodian	0
Catalan	0
Chinese	0
Croatian	0
Czech	0
Danish	0
Dutch	0
Farsi/Persian	0
Filipino	0
Finish	0
French	0
German	0
Greek	0
Haitian Creole	0
Hebrew	0
Hindi	0

Hmong	0
Hungarian	0
Icelandic	0
Indonesian	0
Italian	0
Japanese	0
Korean	0
Lao	0
Mongolian	0
Norwegian	0
Oromo	0
Other	1
Polish	0
Portuguese	0
Romanian	0
Russian	0
Serbian	0
Sicilian	0
Slovak	0
Somali	0
Spanish	1
Swahili	0
Swedish	0
Tagalog	0
Thai	0
Tigrinya	0
Turkish	0
Vietnamese	0
Total Residents Reported:	2
Total Language Selections (duplicated)	2

Disabilities Demographics			
Disabilities	Youth (0-18)	Adult (19-59)	Senior (60+)
With	2	2	8
Without	41	58	36
Physical	0	0	8
Mental	0	1	0
Learning	2	0	0

Technologies Demographics	
Technologies	# of Residents
Residents with AT Data	9
Adaptive Computer Equipment	0
Cane	4
Companion Dog	3
Hearing Aid	0

Oxygen Tank	2
Prosthetic	0
Scooter/Electric Wheelchair	2
Screen Reader	0
TTD/TTY	0
Walker	1
Wheel Chair	4
Other	0
Bath Step/Tub Conversion	0
CPAP Breathing Machine	1
Crutches	0
Dentures	0
Glasses	1
Grab Bar	4
Hospital Bed	0
Leg Brace	0
Lift Chair	0
Nebulizer	0
Raised Toilet Seat	0
Rollator	0
Shower Bath	0
Total Assistive Technology Selections (duplicated)	22

Lunch Demographics	
Lunch	# of Residents
Residents with Free or Reduced Lunch Data:	43
Does not qualify for Free or Reduced Lunch	29
Qualifies for Free or Reduced Lunch	14
Total Free or Reduced Lunch Selections	43



Addendum

Survey Instrument Sample



In-Take and Annual Survey

Thank you for completing this VOLUNTARY intake form. We ask that you complete one form for EACH resident living in your apartment unit. Operation Pathways uses this information to provide better programming and resources to the community. Your information will be kept confidential and your answers will NOT impact your status as a resident.

PLEASE ANSWER ALL QUESTIONS FOR THE TIME PERIOD OF THE LAST 12 MONTHS.

Today's Date: _____

Personal Data	
Resident Name: _____	DOB: _____
Contact Information	
Primary Telephone: _____	Email: _____
Resident Demographics and Living Status:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, skip to Financial Information)	
Relationship to Head of Household	
<input type="checkbox"/> Spouse/Significant Other	<input type="checkbox"/> Foster
<input type="checkbox"/> Dependent	<input type="checkbox"/> Other
Resident Demographics:	
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race:	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
Financial Information:	
Gross income: _____ (All income of individual in the previous 12 months)	
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment income: _____ (All income from employment in previous 12 months)	
Does this individual have a checking or savings account <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Information:	
Individual is currently in preschool <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the individual's current grade level in school (if applicable, enter K-12): _____	
Individual is currently enrolled in a GED program <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is currently enrolled in higher education <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, skip to Education Level Attained)	
Individual is currently enrolled in a:	
<input type="checkbox"/> Certificate Program	<input type="checkbox"/> Associates Program
<input type="checkbox"/> Bachelors Program	<input type="checkbox"/> Advanced Degree Program (Masters, PhD, etc.)
Education Level Attained:	
<input type="checkbox"/> Individual did not complete high school	<input type="checkbox"/> Individual has an associates degree
<input type="checkbox"/> Individual has a high school diploma or GED	<input type="checkbox"/> Individual has a bachelors degree
<input type="checkbox"/> Individual has a post-secondary certificate	<input type="checkbox"/> Individual has an advanced degree (Masters, PhD, etc.)
Community and Civic Engagement Information:	
Individual feels safe in the building: <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Individual feels safe in the neighborhood: <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Individual know neighbors: <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Few <input type="checkbox"/> None	
Individual can rely on neighbors: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> None	
Individual is registered to vote: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health Indicators:	
How many emergency room visits has this individual had in the previous 12 months? _____	
How many times has this individual been admitted to the hospital in the previous 12 months? _____	
Does this individual have a regular healthcare provider? (Primary physician): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this individual had a routine check-up in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this individual suffered from depression in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual consumes more than 10 alcoholic beverages per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual smokes regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Information:	
Does this individual have any health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, skip the following questions)	
Individual is covered by Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is covered by Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is covered by CHIP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is covered by Veterans Affairs healthcare <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is covered by private health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual is covered by other health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	