



# 2024 NEEDS ASSESSMENT

## Community Survey for Older Adults (age 55 and older) and Adults Living with a Disability

### DEMOGRAPHIC INFORMATION

We respect human diversity and understand that sexual orientation and gender identity and expressions are sensitive and personal matters. It is important to us that we address the needs of our entire community, and ask you to respond to the following demographic information.

#### What is your county of residence:

- Allegan       Kent       Mason       Montcalm       Osceola
- Ionia       Lake       Mecosta       Newaygo       Other

#### Your Gender:

- Male       Non-Binary/Third Gender/Two Spirit       Prefer not to share
- Female       Other

#### Which of the following best describes you?

- Heterosexual or Straight       Bisexual       Asexual       Prefer not to share
- Gay or Lesbian       Pansexual       Queer       Prefer to describe

#### Your Age Group:

- Under 60       65-74       85+
- 60-64       75-84

#### Are you employed?

- Yes (21+ hours)       No
- Yes (0-20 hours a week)

#### Do you identify as a person with a disability or other chronic condition?

- Yes       No       Prefer not to share

#### Do you face barriers to accessing services? Please explain if so, \_\_\_\_\_

#### Household Income Per Year

- Prefer not to share       More than \$14,580 (1 person household)
- \$14,580 or less (one person household)       \$19,720 or less (2 person household)
- More than \$19,720 (2 person household)

#### What is Your Race/Ethnicity (select all that apply):

- American Indian or Alaska Native       White Hispanic       Middle Eastern
- Black or African American       White Non-Hispanic       Other Race/Ethnicity
- Native Hawaiian or other Pacific Islander       Asian
- Prefer not to share

#### Living Arrangement:

- Live Alone       Live with significant other       Live with friends or relatives       Other

Thank you for taking the time to complete our needs assessment survey. Your feedback will help us improve our programs and services



# 2024 NEEDS ASSESSMENT CONTINUED

For each statement below, fill in the circle for which response best represents your level of concern.

Please rate the following:

	Poor	Fair	Good	Excellent
Your overall physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to live life with quality and dignity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your community as a place to age well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Right now, how concerned are you about:

	Not Concerned	Somewhat Concerned	Very Concerned	Not Applicable
Being able to live in the setting of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being physically, emotionally, or financially abused, or neglected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being the victim of a financial scam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving safely or not being able to drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falling or the fear of falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough money in retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing your memory of having dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Right now, how concerned are you about (continued):**

	<b>Not Concerned</b>	<b>Somewhat Concerned</b>	<b>Very Concerned</b>	<b>Not Applicable</b>
Maintaining or repairing your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining or understanding benefits (social security, Medicare, Medicaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing care to a spouse, partner, or other loved one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raising a grandchild or grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of clutter or belongings in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How often do you:**

	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Not Applicable</b>
Attend community activities or events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on someone else to drive you somewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel lonely or isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively move about or exercise daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fruits and vegetables daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Do you:**

	<b>No</b>	<b>Yes</b>	<b>Not Applicable</b>
Go to the dentist at least once a year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to the doctor at least once a year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Do you have difficulty paying for:**

	<b>No</b>	<b>Yes</b>	<b>Not Applicable</b>
Assistive devices (hearing aids, eye glasses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care including cleanings, extractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough food to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh/healthy food to eat (fruits, vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare including doctor visits or hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent, mortgage, property taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (gas, insurance, repairs, public transit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities (heating, cooling, water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How difficult is it for you to:**

	<b>Not difficult</b>	<b>Somewhat difficult</b>	<b>Very difficult</b>	<b>Someone does this for me</b>	<b>Not Applicable</b>
Clean the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter/exit your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle paperwork/ pay bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shop for groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shovel snow or complete yard work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a shower or bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Where do you go for information about senior services and activities (check all that apply)?**

- My Doctor
- Newspaper/Newsletters
- Online/Email
- Faith Community
- Commission or Council on Aging
- Other
- Local Library
- Local Senior Center
- I haven't needed information

**How many times have you fallen in the last year?**

- No Falls
- 1-2 falls
- 3-4 falls
- 5+ falls

**How many times have you used the Urgent Care or Emergency Room in the last year?**

- 0
- 1
- 2
- 3
- 4
- 5+

Please only fill out the questions below if you are providing care for a loved one.

## How much time do you spend caregiving each week?

- Less than 8 hours   
  8-20 hours   
  21-40   
  41+ hours

## Do you provide care for (check all that apply)?

- Significant Other   
  Aging Parent(s) or in-law(s)   
  Adult child with health conditions  
 Friend   
  Neighbor   
  Other relative   
  Other

## What types of care do you provide (check all that apply):

- House cleaning                     
  Meal Preparation                     
  Handling bills  
 Bathing or dressing                     
  Transportation                     
  Lawn and snow care  
 Socialization                     
  Grocery shopping or errands                     
  Other  
 Home maintenance                     
  Handling medications  
 Accompaniment to Medical Appointments

## As a caregiver, what services are (or would be) most helpful (check all that apply):

- Adult Day Center                     
  Education about caregiving                     
  Financial planning for care needs  
 In-home respite (respite care provides temporary relief for a primary caregiver)                     
  Planning for end of life (medical decisions, funeral arrangements)                     
  Legal planning (wills, trusts, Power of Attorney, etc)  
 Help finding services                     
  Assistance with bathing and dressing                     
  Cleaning/meal preparation  
 Caregiver Support Groups                     
  Planning for assisted living or nursing home care                     
  Other

## About the Area Agency on Aging of Western Michigan

The Area Agency on Aging of Western Michigan (AAAWM)'s mission is to provide older adults and adults living with a disability an array of services designed to promote independence and dignity in their homes and communities. AAWM is **The Source for Seniors** in Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola counties. Together with our partners, through the Older Americans Act and Kent County Senior Millage, and through in-house programs, we help provide person-centered care that empowers individuals to age in place.

**(616) 456-5664 | [www.aaawm.org](http://www.aaawm.org) | 3215 Eaglecrest Drive NE, Grand Rapids, MI 49525**

Thank you for taking the time to complete our needs assessment survey. Your feedback will help us improve our programs and services. If you have completed this survey and find yourself in need of support and services please call (616) 456-5664 or 888-456-5664.