



Survey about Older Adult Services in Michigan

The Michigan Department of Health and Human Services (MDHHS) Bureau of Aging, Community Living, and Supports would like to hear from you!

What is this survey about?

- To understand your needs as an older adult in Michigan.
- To find out what is most important to you.
- To learn what services may be missing.

Your views are important, and we appreciate your participation in this survey. Your responses will help us make a better State Plan on Aging for Michigan, which will start in October 2027. Participating in this survey is completely voluntary. You may decide to stop at any time, even after starting the survey, and you are free to skip any question for any reason. All responses will be kept private and will only be shared as a summary, not as individual responses.

If you complete the entire survey, you have a chance to receive a \$50 gift card. If you would like to be considered for the gift card, please include your contact information in a separate link at the end of the survey.

This survey should take about 15 minutes to complete. Please complete it by no later than December 15th.

Options for submitting your completed survey include:

1. Completing the survey online via this link <https://bit.ly/olderadultssurvey2729>
2. Turning the survey in where you picked it up
3. Mailing it to:

MDHHS, ACLS Bureau attention Tammy Lemmer
PO Box 30676
Lansing, MI 48909



SCAN ME

This project has been approved by the Institutional Review Boards of the University of Michigan Medical School Office of Research Michigan (IRBMED) HUM00281004.

Section 1: Screening

1. Do you live in Michigan?*

**Indicates required questions*

- ☐ Yes
- ☐ No (If selected, please end the survey)

2. What county do you live in?* (If you live in Wayne County, please also provide your 5-digit zip code)

County: _____

Zip code: _____

3. What is your age?*

- ☐ Younger than 55
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85+

4. Do you currently provide unpaid care or assistance to a family member, friend, or other individual who needs help for a health condition or disability?*

- ☐ No, I do not provide unpaid care
- ☐ Yes, I provide care for an adult older than 60
- ☐ Yes, I provide full-time care for a minor under age 18

*If you are younger than 55 and you DO provide unpaid care to a loved one, please skip to **Section 9: Caregiving**, and answer only those questions.*

*If you are younger than 55 but you DO NOT provide unpaid care to a loved one, please **end the survey**. Currently we are only accepting responses from those younger than 55 who are caregivers to an older adult.*

Section 2: Housing

5. As you get older, do you plan to continue living in your current home or move somewhere else?

- ☐ Stay in my current home (If selected, answer questions 6 and 7 below. Do not answer question 8.)
- ☐ Move somewhere else (If selected, skip to question 8)
- ☐ Does not apply (please specify): (If selected, skip to question 9) _____

6. Do you have concerns with staying in your current home?

- ☐ Yes
- ☐ No

7. Which of the following services would most help you stay in your current home? (Select up to two responses)

- ☐ Will not need any services to help stay in home
- ☐ Help paying for rent or mortgage
- ☐ Help with bathing, dressing, or administering medications
- ☐ Housekeeping or chore assistance (e.g., cleaning, laundry, yard work)
- ☐ More social activities in my community
- ☐ Home repair programs
- ☐ Home modification (e.g., installation of grab bars, no step shower, wider doorways, ramp)
- ☐ Other (please specify): _____

8. What are the main reasons you plan to move somewhere else? (Select up to three responses)

- ☐ Home maintenance or upkeep is too difficult
 - ☐ Desire to move to smaller space
 - ☐ Want to live in a community with people my age
 - ☐ Need access to more support and care (e.g., in-home support, assisted living, or nursing care)
 - ☐ Current home is not accessible or suitable for my needs
 - ☐ Desire to be closer to family or friends
 - ☐ Financial reasons (e.g., cost of current home)
 - ☐ Safety or security concerns
 - ☐ Other (please specify): _____
-

Section 3: Health and Health Care

9. In general, would you say your health is...

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

10. In the past 12 months, circle “yes” or “no” for whether you experienced challenges accessing any of the following health care services? If yes, check the box for the main problems you experienced accessing the health care services? (Select up to three responses for each service)

| Health Care Service | Experienced challenges? | Main problems experienced (Select up to three for each service) |
|--------------------------|-------------------------|---|
| Medical Visits | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Clinic or healthcare provider is too far away <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely appointments <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Other (please specify): _____ |
| Prescription medications | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Pharmacy is too far away <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely filling of prescriptions <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Prescription isn't available at pharmacy <input type="checkbox"/> Other (please specify): _____ |
| Dental care | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Dentist is too far away <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely appointments <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Other (please specify): _____ |

| Health Care Service | Experienced challenges? | Main problems experienced (Select up to three for each service) |
|---|-------------------------|---|
| Vision care | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Eye care provider is too far away <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely appointments <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Other (please specify): _____ |
| Medical devices (e.g., glucose monitor, hearing aide) | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Provider or store is too far away or could not deliver <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely receipt <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Other (please specify): _____ |
| Assistive equipment (e.g., walker, tablet) | Yes / No | <input type="checkbox"/> Transportation <input type="checkbox"/> Provider or store is too far away or could not deliver <input type="checkbox"/> Cost/Insurance <input type="checkbox"/> Timely receipt <input type="checkbox"/> Difficulty leaving home <input type="checkbox"/> Communication/language <input type="checkbox"/> Other (please specify): _____ |

11. In the past 12 months, how often have you worried about having enough food to eat?

- ☐ Every day
 ☐ Some days
 ☐ Never

12. In the past 12 months, have you experienced any problems getting healthy food? (Select up to three responses)

- | | |
|--|--|
| <input type="checkbox"/> No problems experienced | <input type="checkbox"/> Foods related to my dietary needs are not available in my store |
| <input type="checkbox"/> I cannot afford healthy food | <input type="checkbox"/> Physical difficulty cooking/preparing meals |
| <input type="checkbox"/> Difficulty getting to the grocery store/market | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Lack of fresh fruits and vegetables in my store | _____ |

13. In the past 12 months, have you used any of the following food or nutrition programs? (Select all that apply)

- ☐ I do not use any of these programs
☐ Meals on Wheels/home delivered meals
☐ Congregate/community meals
☐ SNAP/EBT benefits
☐ Food pantries
☐ Senior Project Fresh
☐ Home-delivered groceries
☐ Other (please specify): _____

14. In the past 12 months, have you needed help because you were feeling sad, stressed, worried, or upset, but were not able to get it?

- ☐ Yes
- ☐ No (If selected, go to question 16)

15. If you could not get help, what was the main reason? (Select one response)

- ☐ I didn't know where to go for help
- ☐ I couldn't afford it
- ☐ I didn't have transportation or a way to get there
- ☐ I didn't have time
- ☐ I was embarrassed or worried about what others would think
- ☐ There was no help available nearby
- ☐ Other (please specify): _____

16. Do you feel that you have enough opportunities to spend time with or talk with family, friends, or neighbors who do not live with you?

- ☐ Yes
- ☐ No

Section 4: Transportation

17. Do you need transportation services?

- ☐ Yes
- ☐ No (If selected, go to Section 5)

18. Which transportation service do you need the most but do not have access to? (Select up to three responses)

- ☐ I can access the transportation services I need
- ☐ Public bus
- ☐ Door-to-door or paratransit service (a shared ride service for people with disabilities)
- ☐ Rides to medical appointments
- ☐ Rides to grocery stores or shopping
- ☐ Rides to social or community activities
- ☐ Accessible transportation (e.g., wheelchair-accessible vans)
- ☐ Affordable taxi or ride-sharing options (e.g. Uber, Lyft)
- ☐ Help arranging rides
- ☐ Other (please specify): _____

Section 5: Employment and Volunteering

19. Are you employed?

- ☐ Yes (If selected, go to question 21)
- ☐ No

20. Would you like to be employed?

- ☐ Yes
- ☐ No

21. Do you volunteer your time to an organization or individual?

- ☐ Yes *(If selected, go to question 23)*
- ☐ No

22. Would you like to volunteer?

- ☐ Yes
- ☐ No

Section 6: Service Use

23. Have you used any services or supports for older adults?

- ☐ Yes
- ☐ No *(If selected, go to question 28)*

24. What services and supports for older adults have you ever used? (Select all that apply)

- ☐ Adult day programs
- ☐ Caregiver education or resources
- ☐ Care management
- ☐ Chore Services
- ☐ Dementia resources
- ☐ Financial assistance (e.g. utilities, prescription costs)
- ☐ Health and wellness education programs
- ☐ Home modifications and assistive devices
- ☐ Information and assistance
- ☐ In-home services (e.g., help bathing, grooming, feeding)
- ☐ Legal assistance
- ☐ Medicaid programs
- ☐ Medicare enrollment assistance
- ☐ Nutrition services
- ☐ Senior community service employment
- ☐ Senior companion program
- ☐ Telephone reassurance/friendly caller support
- ☐ Transportation
- ☐ Volunteer programs
- ☐ Other (please specify):

25. How satisfied are you with the overall services and supports for older adults in your community?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Neutral | <input type="checkbox"/> Very dissatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied | |

Section 7: Information and Resources

26. Select your top two needs from the list below:

- ☐ Barrier-free spaces
- ☐ Caregiver support
- ☐ Food
- ☐ Healthcare
- ☐ Housing
- ☐ Information about older adult resources
- ☐ In-home services (e.g., help bathing, grooming, feeding)
- ☐ Legal and elder rights
- ☐ Social connectedness
- ☐ Transportation

27. When you have a health problem that requires services, which of these sources help you get information about services and supports? (Select all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 211 <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Community Newsletter <input type="checkbox"/> Doctor <input type="checkbox"/> Faith Community <input type="checkbox"/> Family member <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Library <input type="checkbox"/> Other (please specify): _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Local Health Department <input type="checkbox"/> Local Senior Center <input type="checkbox"/> Newspaper <input type="checkbox"/> Organization website <input type="checkbox"/> Social Media <input type="checkbox"/> Television/Radio <input type="checkbox"/> I don't need information on services |
|---|--|

28. In the past 12 months, circle “yes” or “no” if it was hard to find information about any of the following services. If yes, check the box for the main problems you experienced accessing the health care services. (Select up to three responses for each service)

| Service | Hard to find information | Main problems experienced (Select up to three for each service) |
|-----------------------------|--------------------------|---|
| Food and nutrition services | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |

| Service | Hard to find information | Main problems experienced (Select up to three for each service) |
|--|--------------------------|---|
| Health and wellness education | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| In-home services (e.g., help bathing, grooming, feeding) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| Home modifications (e.g., installation of grab bars, no step shower, wider doorways, ramp) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| Mental health services (e.g., counseling, 988) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |

| Service | Hard to find information | Main problems experienced (Select up to three for each service) |
|--|--------------------------|---|
| Assistive technology/Adaptive equipment (e.g., walker, tablet) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| Technology support (e.g., computers, laptops, internet) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| Legal services (e.g., wills, power of attorney) | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |
| Elder abuse services and prevention | Yes / No | <input type="checkbox"/> Not knowing where to look <input type="checkbox"/> Limited internet access <input type="checkbox"/> Identifying organizations and resources <input type="checkbox"/> Information is too difficult to understand <input type="checkbox"/> Information is not available in my primary language <input type="checkbox"/> Information is not formatted in an accessible way (e.g., font is too small, layout is confusing) <input type="checkbox"/> Looking for information in my community but cannot find it (e.g., bulletins, flyers) <input type="checkbox"/> Not able to talk to a real person <input type="checkbox"/> Other (please specify): _____ |

Section 8: Service Needs

29. Which needs do you think the Bureau of Aging, Community Living, and Supports should address to improve the lives of older adults in your community? (Select top three responses)

- ☐ Access to clear and understandable information about my options as I age
- ☐ Access to interpreters or translated materials for non-English speakers
- ☐ Assistance for veterans or military families
- ☐ Assistance with managing medications
- ☐ Congregate/community meal programs
- ☐ Dental care services
- ☐ Financial counseling or help with budgeting
- ☐ Fitness, exercise, or wellness classes
- ☐ Grocery shopping or meal delivery programs (e.g., Meals on Wheels)
- ☐ Programs addressing food insecurity or SNAP enrollment
- ☐ Hearing care services (e.g., exams, hearing aids, etc.)
- ☐ Help navigating or applying for benefits (e.g., Medicare, Medicaid) and programs
- ☐ Home modification for accessibility or safety (e.g., ramps, grab bars, etc.)
- ☐ Home repair and maintenance programs
- ☐ Housekeeping or chore assistance
- ☐ In-home personal care (e.g., help with bathing, dressing, mobility, etc.)
- ☐ Legal assistance (e.g., wills, power of attorney, tenant rights, etc.)
- ☐ Medical and primary health care services
- ☐ Mental health care or counseling
- ☐ Services for protection from elder abuse, neglect, or exploitation
- ☐ Social activities, clubs, or support for staying connected with others
- ☐ Support for family caregivers (including respite care)
- ☐ Technology training or support (using computers, phones, internet)
- ☐ Transportation services
- ☐ Vision care services
- ☐ Other (please specify): _____

Section 9: Caregiving

This section has questions about your role as a caregiver. Please answer these questions from your perspective as someone who provides care for another person. Skip to Section 10: Demographics, if you are not a caregiver.

30. What is your relationship to the care recipient?

- ☐ Parent
- ☐ Spouse/Partner
- ☐ Child
- ☐ Other relative
- ☐ Friend/Neighbor
- ☐ Other (please specify): _____

31. What kind of care do you provide? (Select all that apply)

- ☐ Cooking, cleaning, or other household chores
 - ☐ Dressing, bathing, toileting, or other personal care
 - ☐ Managing financial or legal matters
 - ☐ Managing medications or medical care
 - ☐ Running errands, shopping, or transportation
 - ☐ Socialization
 - ☐ Other (please specify): _____
-

32. What is the biggest problem you face in your caregiving role?

- ☐ Time management
- ☐ Emotional stress
- ☐ Physical demands
- ☐ Financial strain

33. Are you satisfied with the support you receive in your caregiving role?

- ☐ Yes
- ☐ No

34. In the past 12 months, have you used any of the following caregiver resources or supports? (Select all that apply)

- ☐ Information or educational resources for yourself as a caregiver
- ☐ Information, advice, or support to meet your loved one's needs
- ☐ Respite services (paid or unpaid), so someone can care for your loved one while you take a break
- ☐ Individual counseling, peer support, or support groups
- ☐ I have not used any caregiver resources or supports (*If selected, go to Section 10*)

35. What are the main reasons you have not used caregiver resources or supports? (Select up to three responses)

- ☐ Do not have the time to search for resources or supports
 - ☐ Was not aware of available services
 - ☐ Services are not available in my area
 - ☐ Do not know how to access these services
 - ☐ Cost
 - ☐ Services do not fit my caregiving needs or schedule
 - ☐ Waiting lists are too long
 - ☐ Do not feel comfortable using these services
 - ☐ Do not need caregiver support at this time
 - ☐ Other (please specify): _____
-

Section 10: Demographics

We ask questions about things like your age, gender, and background to better understand the group of people taking this survey. This helps us make sure our information includes a wide range of experiences and needs among older adults. Answering these questions is optional. No individual information will be shared.

36. Do you have any disabilities or chronic diseases that keep you from fully participating in work, school, housework, or other activities?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

37. I am:

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ I prefer to self-describe: _____
- ☐ Prefer not to answer

38. What is your current marital status?

- ☐ Single, never married
- ☐ Married
- ☐ Civil Union
- ☐ Not married, living with your partner or significant other
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to answer

39. What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ Queer
- ☐ Questioning
- ☐ Straight/Heterosexual
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

40. What is the highest level of education you completed?

- ☐ Less than high school
- ☐ High School
- ☐ Some College
- ☐ College Degree
- ☐ Graduate degree
- ☐ Prefer not to answer

41. What is your primary language spoken at home?

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

42. What is your race/ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

43. Which health insurance do you have? (Select all that apply)

- ☐ Medicaid
- ☐ Medicare
- ☐ Private/commercial insurance
- ☐ I do not have health insurance (Uninsured)
- ☐ Prefer not to answer

Thank you very much for taking the time to answer these questions.

To show our appreciation, a limited number of randomly chosen participants will receive a \$50 gift card. If you would like to be eligible for a gift card, please provide your contact information at this link:

<https://bit.ly/entry2729>

If you have any questions about this survey or need assistance accessing the online link, please contact Tammy Lemmer. You may also call to provide your contact information by phone.

Tammy Lemmer, State Assistant Administrator, MDHHS
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