

NC State Aging Plan 2023-2027 Community Survey

Every 4 years, the Division of Aging & Adult Services develops the State Plan on Aging which outlines the services and programs for older adults. With input from the community, we hope to undertake extensive efforts to examine how services and program delivery systems can be improved so we can better meet the needs of North Carolina's aging population. By completing this survey and providing valuable input on community needs, priorities, and challenges, you play a key role in our planning process and informing the State Plan on Aging.

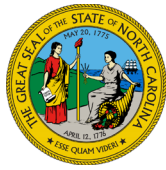
1. Thinking about your future needs, how would you rate your community as a place to live for people as they age?

[SELECT ONLY ONE OPTION]

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know/Not Sure

2. What community activities do you participate in? **[CHECK ALL THAT APPLY]**

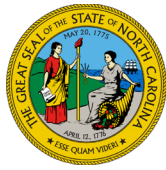
- Library
- Parks and Receptions Dept. or neighborhood community center
- Religious/Faith-based Affiliation (church/temple/mosque, etc.)
- Indoor/outdoor recreational activities or Health Club/Gym
- Golf Club/Golfing
- Local Senior Center
- Veterans Service Organization
- YMCA/YWCA
- Community committees/clubs/organizations, advocacy/political action group organizations or volunteering at an organization
- Community events/activities/gatherings
- Adult education classes and programs
- Work/employment
- Arts/Music
- Homebound due to caregiver/guardian responsibilities
- Would participate, but no transportation
- None
- Other: please specify _____



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3. Below is a list of services for older adults that are currently available. Please select an option for each service to show how much you know about each program: **[MARK AN "X" IN ONE BOX ON EACH ROW]**

SERVICES	Very Much	Quite a bit	Some	Very little	None
Adult Day Care (day services in a community group setting supporting personal independence)					
Adult Day Health Care (day services in a community group setting which includes health care services)					
Care Management (assistance with complex care needs)					
Congregation Nutrition (meals at Senior Centers)					
Consumer-Directed Support (assistance provided to keep older adults in their own home/community)					
Group Respite (provides caregivers a break from their caregiving responsibilities)					
Health Promotion & Disease Prevention (health and wellness programs)					
Health Screening (medical testing, screening & referral for early detection & prevention)					
Home Delivered Meals (Meals on Wheels)					
Skilled Home (Health) Care (physical, occupational, and/or speech therapy)					
Housing and Home Improvement (obtaining or retaining adequate housing and basic furnishings)					
Information and Case Assistance (assist with obtaining appropriate services to meet older adults needs)					
In-Home Aide (help with personal care at home)					
Institutional Respite Care (provide unpaid, primary caregiver relief)					
Mental Health Counseling (consultation, evaluation and outpatient treatment)					
Senior Companion (volunteer opportunity for community service)					
Senior Center Operations (recreation programs, health classes, and other activities)					
Transportation (to medical appointments, Senior Center activities, nutrition sites, other areas)					
Volunteer Program Development (volunteers of all ages to support community services for older adults)					



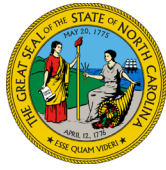
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4. Please rate the concerns listed below about your safety: **[MARK AN "X" IN ONE BOX ON EACH ROW]**

Concerns	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned
I fear my health is declining					
I fear of aging alone					
I am afraid of falling					
I am worried about the safety of my neighborhood					
I fear someone will take advantage of me					
I worry about the structure and safety of my home					
I fear for my physical safety					

5. What would make healthy aging in NC better or easier for you? **[Check all that apply]**

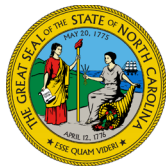
- Public transportation: free public transportation to older adults, access to transit options for medical appointments, grocery trips/errands etc.
- Affordable & available senior housing: retirement homes and senior living communities, need for more and better elderly housing options
- Medical care: struggles with medical coverage, medical insurance, need for financial assistance for medical care, specialized care difficult to come by, need for better medical providers within proximity
- In-home care and assisted living: need for available and affordable services for those who wish to stay in their home as they age
- Recreation & engagement: activities for seniors – exercise, classes, lectures, social functions, fathering etc.
- Senior services: access to resources, convenience stores, pharmacies without having to travel/drive)
- Access to information: Need a central 'hub' for information, lacking resources and information on what's available, such as programs, community events/news/activities, scheduling; better internet access needed in some areas.
- Walkability: side walking and biking lanes, plowed and well-maintained sidewalks, wheel accessible sidewalks etc.
- Senior centers: community center, gathering place with activities
- Other: please specify _____



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6. Please rate the importance of the following concerns based on how much you think they affect you, as you age in the community: **[MARK AN "X" IN ONE BOX ON EACH ROW]**

Concerns	Very Important	Somewhat Important	Not Important	Not Sure	Not Applicable
Access to healthcare					
Financial security					
Maintaining physical health					
Transportation: easy and affordable access to public transportation					
Having enough food to eat					
Respite care					
Support for caregivers					
Safety during emergencies					
Affordable and accessible housing					
Finding assisted living facilities or nursing home					
Having access to recreation and social engagement opportunities					
Access to information about long-term support services					
Availability of in-home, long-term support services					
Quality long-term care options					
Feeling safe in my own home and community					



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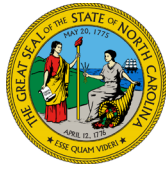
7. Please rate the need for the following services in your community: **[MARK AN "X" IN ONE BOX ON EACH ROW]**

Concerns	Very Important	Somewhat Important	Not Important	Not Sure	Not Applicable
In-home health services (personal care, such as medication management and/or bathing etc.)					
Home Modification Support					
Transportation					
Help with household chores (grocery shopping, cooking, changing lightbulbs, minor repairs or cleaning)					
Food assistance (Senior Congregate Meals, Meals on Wheels, Food Pantry, etc.)					
Evidence-based programs (disease prevention and health promotion services)					
Senior Centers					
Adult Day Program					
Health Screenings					
Legal assistance					
Financial assistance					
Social activities					

8. If you were not able to access one or more of the needed services listed above, why not? **[CHECK ALL THAT APPLY]**

APPLY]

- Mobility/Transportation
- Finances
- Difficulty with technology
- Not aware of service availability
- On a waiting list
- Difficulty accessing information: No one to help me/I do not know where to go
- I am embarrassed to ask for help
- Other: please specify _____



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9. How do you get information about community services/where do you go for help? **[CHECK ALL THAT APPLY]**

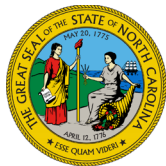
- Area Agencies on Aging (AAA)
- Family/friends/word of mouth
- Newspaper/newsletter/listservs
- Library
- Internet/Websites
- AARP
- Senior Center
- Town Offices
- Religious Organizations
- Parks and Recreation
- Senior Meals
- Care Coordinator, Case Manager, or Caregiver
- Doctors Office/medical facilities
- Social Media
- TV/Radio
- Other: please specify _____

10. Are you aware of food assistance program? **[CHECK ALL THAT APPLY]**

- Yes, I receive congregate meals
- Yes, I receive Meals on Wheels
- Yes, I receive food from a community food pantry
- Yes, I receive food from my church or religious organization
- Yes, I receive food from a governmental sponsored supplemental food source
- No, I receive food from family, friends and/or neighbors
- No, I do not need it
- No, I am unaware of food assistance programs
- No, I do not know how or where to apply for assistance
- No, I do not think I am eligible
- Other: please specify _____

11. In the past 12 months, have you had to skip paying for a basic need because of financial concerns? **[CHECK ALL THAT APPLY]**

- No
- Yes – unable to pay for medication and medical bills
- Yes – unable to pay for food
- Yes – unable to pay for utility bills and housing
- Other: please specify _____



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12. Are you currently receiving any Medicaid Health Plan services? **[SELECT ONLY ONE OPTION]**

Yes

No

13. Do you know how to find out if you are eligible for Medicaid services? **[SELECT ONLY ONE OPTION]**

Yes

No

14. Do you know what type of services are offered by Medicaid health plan? **[SELECT ONLY ONE OPTION]**

Yes

No

15. If eligible would you ENROLL/apply for the services? **[SELECT ONLY ONE OPTION]**

Yes

No

16. Do you provide caregiving support weekly for any of the following individuals? **[CHECK ALL THAT APPLY]**

No

Yes: grandchildren under the age of 18

Yes: an older adult

Yes: person with disability

Other: please specify _____

17. What are your top needs as a caregiver? **[CHECK ALL THAT APPLY]**

Respite

Transportation assistance

Information and referrals

Coordinated services

Support groups

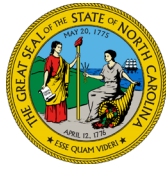
Funding

Education about diagnosis and care requirements

Socializing opportunities

Not Applicable

Other: please specify _____



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18. What abilities, skills, talents, or gifts or contributions could you bring forward to help other people in your community? **[CHECK ALL THAT APPLY]**

- Professional skills
- Social engagement
- Volunteering
- Providing transportation
- Experience with health care/medical knowledge
- Donations
- Experience with arts
- Educational assistance
- Advocacy
- Home maintenance
- Physical fitness and outdoor recreation
- Serving on board/committees
- Working with children
- Other: please specify _____

19. Do you... **[SELECT ONLY ONE OPTION]**

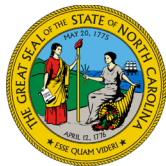
- Live Alone
- Live with Others
- Other, please specify _____

20. What type of residence do you live in? **[SELECT ONLY ONE OPTION]**

- Rental Apartment
- Rental House or Condominium
- Own House or Condominium
- Residential Facility w/care
- Shelter
- Other, please specify _____

21. Are you now or have you ever been homeless? **[SELECT ONLY ONE OPTION]**

- Yes
- No



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22. Would you say that in general your health is... **[SELECT ONLY ONE OPTION]**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know/Not Sure

23. What is your Age? **[SELECT ONLY ONE OPTION]**

- Under 50
- 50-59
- 60-64
- 65-74
- 75-84
- 85 or older
- Prefer not to answer

24. What is your Sex? **[SELECT ONLY ONE OPTION]**

- Female
- Male
- Other, please specify _____
- Prefer not to answer

25. Which one best represents your Race/Ethnicity? **[SELECT ONLY ONE OPTION]**

- Asian/Asian American
- Black/African American
- Hispanic/Latino
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other, please specify _____
- Prefer not to answer

26. What county do you live in? _____