



2024 NEEDS ASSESSMENT

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

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):

	Not Concerned	Somewhat Concerned	Very Concerned	Not Applicable
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:

	Never	Sometimes	Often	Not Applicable
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:

	No	Yes	Not Applicable
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:

	No	Yes	Not Applicable
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:

	Not difficult	Somewhat difficult	Very difficult	Someone does this for me	Not Applicable
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 | 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.