

Introduction

The Michigan Department of Health and Human Services (MDHHS) Bureau of Aging, Community Living, and Supports would like to hear from you! We would like to learn about your community and what you feel you need as you get older to help you maintain your independence. Your views are important, and we would really appreciate your participation in this survey. All your responses will be kept private and will be used to inform the State Plan on Aging developed by the Bureau. This plan will go into effect beginning in October of 2023. If you have questions about this survey, please contact Tammy Lemmer at 517- 230-9707 or LemmerT1@michigan.gov.

This survey will take about 20 minutes or less to complete.

Questions with an * are required

1. Do you live in Michigan?*

 - Yes
 - No (If no, END SURVEY. Thank you for your interest in our Older Adult Community Survey. Currently, we are only accepting responses from older adults and caregivers from Michigan. If you would like to provide feedback to the State Plan on Aging, please contact Tammy Lemmer at 517- 230-9707 or LemmerT1@michigan.gov.)

2. In what county do you currently reside?* _____
3. What is your 5-digit ZIP code?* _____

(Check Responses Below)

4. Are you 60 years or older?*

 - Yes (skip to question 6)
 - No (skip to question 5)

5. Are you the caregiver for someone 60 years or older?*

 - Yes (skip to question 39)
 - No

If you are neither over 60, nor a caregiver, we thank you for your interest in our Older Adult Community Survey. Currently, we are only accepting responses from older adults and caregivers from Michigan. If you would like to provide feedback to the State Plan on Aging, please contact Tammy Lemmer at 517- 230-9707 or LemmerT1@michigan.gov.

6. Some people are not comfortable giving their exact age. Which of the following age ranges describe you?

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

These next questions are about where you currently live.

7. How many years have you lived in your community?
- 0 – 3 years
 - 4 – 5 years
 - 6 – 10 years
 - 11 – 25 years
 - 26 – 40 years
 - More than 40 years
8. How many years have you lived in your current residence?
- 0 – 3 years
 - 4 – 5 years
 - 6 – 10 years
 - 11 – 25 years
 - 26 – 40 years
 - More than 40 years
9. Which of the following types of homes best describes where you currently live?
- Single family house
 - Two family house that has two separate living units
 - A townhouse
 - An apartment
 - A condominium or co-op
 - Co-housing
 - A mobile home
 - Independent senior/age restricted housing
 - Assisted living facility
 - Nursing home
 - Other (please specify): _____
10. Approximately how many units are in the building in which you currently live?
- One unit (single family)
 - Two units (two family)
 - 3-4 units
 - 5-9 units
 - 10-19 units
 - 20-49 units
 - 50-99 units
 - More than 100 units

11. Do you own or rent your residence?

- Own (*skip to question 11a*)
- Rent (*skip to question 11b*)
- Neither own nor rent but live with an adult child or others (*skip to question 12*)

a. If you own your own home, how much do you spend on your mortgage, taxes, and insurance per month?

- Less than \$500
- \$501 - \$999
- \$1,000 - \$1,499
- \$1,500 - \$1,999
- \$2,000 - \$2,499
- \$2,500 - \$2,999
- \$3,000 - \$3,499
- \$3,500 - \$3,999
- More than \$4,000

a. If you rent your home, how much do you spend on rent per month?

- Less than \$500
- \$501 - \$999
- \$1,000 - \$1,499
- \$1,500 - \$1,999
- \$2,000 - \$2,499
- \$2,500 - \$2,999
- More than \$3,000

12. How important is it for you to be able to live independently in your own home as you age?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not at all important

13. Some people find that they need to make changes to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs or changes to enable you to stay there for as long as possible?

- Yes
- No
- Not sure
- If yes, please specify type of repairs/changes needed:

14. If you moved in the past five years, what type of housing unit did you previously live in?

- Not Applicable
- Single family house
- Two family house that has two separate living units
- A townhouse
- An apartment
- A condominium or co-op
- Co-housing
- A mobile home
- Independent senior/age restricted housing
- Assisted living facility
- Nursing home
- Other (please specify): _____

15. If you moved in the past five years, what was your reason(s) for doing so? (circle all that apply.)

- Not Applicable
- My housing costs were too expensive.
- I could no longer live independently in my home due to my health.
- I moved to be closer to family or friends.
- I no longer felt safe in my community.
- I needed to be closer to medical facilities.
- I needed access to public transportation.
- Other (please specify): _____

16. How would you rate your current community as a place for people to live as they age?

- Excellent
- Very Good
- Good
- Fair
- Poor

17. Thinking about your future years, are you more likely to move to a different community, move to a different residence within your current community, or stay in your current residence and not move?

- Move to a different community
- Move into a different residence within your current community
- Stay in your current residence and not move

18. Some people find they need or want to move out of their **community** as they get older. If you were considering moving from your current community, which of the following the reasons that would factor into your decision? (circle all that apply.)

- Personal safety or security concerns
- Quality of health care facilities

- Health care facilities located closer to my home
- Grocery stores located closer to my home
- Living closer to family
- Availability of public transportation
- Wanting to live in a different climate
- Lower cost of living
- More opportunities for social interaction
- Other (please specify): _____

19. Some people find they need or want to move out of their **home** as they get older. If you were considering moving from your current home, which of the following reasons would factor into your decision? (Check all that apply.)

- Wanting a smaller home
- Wanting a larger home
- The cost of maintaining your current home
- Wanting a home that has what you need to help you live independently as you age, for example a home without stairs
- Expensive home costs or rent
- Could no longer live independently, need assistance
- Other (please specify): _____

20. How important is it for you to remain in your current community for as long as possible?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not at all important

The next few questions are about homes, public buildings, and spaces in your community.

21. Does your community have the following services to help you remain in your home for as long as possible?

	Yes	No	I don't know
Home modification and repair contractors who are trustworthy, do quality work, and are affordable			
A home repair service for low-income and older adults that helps with things like roof or window repairs			
Seasonal services such as lawn work for low-income and older adults			
Not applicable. I currently rent my home/have a landlord.			

22. Do you have access to the following in your community?

	Yes	No	I don't know
Affordable housing options for adults of varying income levels such as older active adult communities, assisted living, and communities with shared facilities and outdoor spaces			
Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms			
Well-maintained, safe, and low-income housing			
Well-maintained parks			
Well-maintained sidewalks or paths for walkability			
Public buildings and spaces including restrooms and parking that are accessible to people of different physical abilities			
Enough benches for resting in public areas like parks, along sidewalks, and around public buildings			
Conveniently located emergency care centers			
Well-maintained hospitals and health care facilities			
Neighborhood watch programs			
Grocery stores or markets that offer fresh vegetables and produce			
Broadband internet access			

The next few questions are about transportation in your community.

23. How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things? (Check all that apply.)

- Walk
- Drive yourself
- Bus
- Scooter, wheelchair, or other motorized assistive technologies
- Have others drive you
- Take a taxi
- Use a ride source company such as Uber or Lyft
- Use a special transportation service, such as one for seniors or persons with disabilities
- Ride a bike
- Some other way
- I do not get out of the house

24. Does your community have the following transportation resources?

	Yes	No	I don't know
Accessible and convenient public transportation			
Affordable public transportation			
Well-maintained public transportation vehicles			

Timely public transportation			
Safe public transportation stops or areas that are accessible to people of varying physical abilities			
Special transportation services for people with disabilities and older adults			

The next question asks about resources available in your community to support your health and wellness that can help people remain in their own homes for as long as possible.

25. Do you have access to the following services to help support your health and wellness in your community?

	Yes	No	I don't know
Well-trained certified home health care providers			
Affordable home health care providers			
A variety of health care professionals including specialists			
Health care professionals who are accepting new patients			
Health care professionals who speak different languages			
Respectful and helpful hospital and clinic staff			
Home delivered meals			
Affordable health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control			
Affordable fitness activities specifically geared towards older adults			
Assistive Technology/Adaptive equipment			
Conveniently located health and social services			
A service that has people to help seniors easily find and access health and other needed services.			
Affordable home care services including personal care and housekeeping/chores			
Emergency needs (help to pay for goods or services in a personal emergency)			
Legal Assistance			

26. How would you rate the **quality** of the services you have used?

	Excellent	Very Good	Satisfactory	Fair	Poor	I do not use this service
Home delivered meals						
Health education services						
Home care services						
Information & Assistance/Referrals						

Transportation services						
Legal services						
Congregate meals						

27. How would you rate the services you have used regarding how **adequate** they are in meeting your needs?

	Excellent	Very Good	Satisfactory	Fair	Poor	I do not use this service
Home delivered meals						
Health education services						
Home care services						
Information about services/referrals						
Transportation services						
Legal services						
Congregate meals						

28. Are the services and supports available for older adults in your community provided in a way that meets your cultural, language and/or religious needs?

- Yes
- No
- Don't Know

If no, please explain: _____

The next few questions are about social and educational activities in your community.

29. How often do you have contact with family, friends, or neighbors who do not live with you?

- Everyday
- Several times a week
- Once a week
- Once every 2 or 3 weeks
- Once a month
- Less than monthly
- Never

30. How often do you feel the following?

	Often	Sometimes	Rarely	Never
I lack companionship				
I feel left out				
I feel isolated from others				

31. If you were in trouble, do you have friends or family who can help you at any time of the day or night?

- Yes
- No
- Unsure

32. Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

	Yes	No	I don't know
Local Area Agency on Aging			
Department of Parks and Recreation			
Faith community			
Local organizations or businesses			
Community center			
Senior center			
Offerings through my work			
Online programs (i.e., GetSetUp, YouTube)			
I do NOT participate in any continuing education/self-improvement classes			
Some other source			
If you selected "some other source," please name the source:			

33. Do you have access to any of the following recreation opportunities for older adults in your community?

	Yes	No	I don't know
Conveniently located entertainment venues			
Activities geared specifically towards older adults			
Activities that offer senior discounts			
Activities that are affordable to all residents			
Activities that involve both younger and older people			
A variety of cultural activities for diverse populations			
Local schools that involve older adults in events and activities			
Continuing education classes or social clubs to pursue new interests, hobbies, or passions			
Driver education or refresher courses			
Technology classes			

34. Do you have access to the following volunteer opportunities in your community?

	Yes	No	I don't know
A range of volunteer activities to choose from			
Volunteer training opportunities to help people perform better in their volunteer roles			
Opportunities for older adults to participate in decision making bodies such as community councils or committees			
Easy to find information on available local volunteer opportunities			
Transportation to and from volunteer activities for those who need it			

The next questions ask about your current employment and employment opportunities for older adults in your community.

35. Which of the following best describes your current employment status?

- Self-employed full time
- Self-employed part-time
- Employed full-time
- Employed part-time
- Retired and not working at all
- Unemployed and looking for work
- Other (please specify): _____

36. Does your community have the following employment options available for older adults?

	Yes	No	I don't know
A range of flexible job opportunities for older adults			
Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work			
Jobs that are adapted to meet the needs of people with disabilities			
Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need regardless of their age			

The next few questions are about community resources and information.

37. Do you have access to information or resources for the following services for older adults?

	Yes	No	I don't know
Nutrition education			
Nutrition or food support			
Health and wellness			
In-home Services			
Fall prevention			
Suicide prevention or risk screening			
Assistive technology/Adaptive equipment			
Technology Support (computers, laptops, internet)			
Legal services			
Elder abuse services and prevention			
Caregiver supports and resources			

38. Where would you turn if you, a family member, or friend needed information about services for older adults such as caregiving services, nutrition support, home-delivered meals, home repair, medical transportation, or social activities? (Check all that apply.)

- Local Senior Center
- Local Area Agency on Aging (AAA)
- Family or friends
- Local non-profit organizations
- AARP
- 211 or other referral resource
- Faith-based organizations like churches or synagogues
- Internet
- Phone book
- Your doctor or other health care professional
- Local government offices like the Health Department
- Library
- Some other source (please specify):

39. Does your community offer the following methods of communication or information to help you find needed services?

	Yes	No	I don't know
Access to community information in one central source			
Clearly displayed printed community information with large lettering			

Free access to computers and the Internet in public places such as library, senior centers, or government buildings			
Community information that is delivered to people who may have difficulty or may not be able to leave their home			
Community information that is available in several different languages			

The following questions are about caregiving needs.

40. Are you currently providing Kinship Care (full-time care for a minor child, such as a grandchild, other close relation) living with you in your home?

- Yes
- No

41. A family caregiver is defined as “an adult family member or other individual that has significant relationship with and who provides a wide range of assistance to an individual with a chronic or other health condition, disability or functional limitation.” This care may include helping with personal needs like bathing or dressing, meals, household chores, shopping, transportation, managing medical care or finances. The adult receiving care doesn’t have to live with you.

Are you currently a family caregiver providing unpaid care to an adult loved one to help them take care of themselves?

- Yes
- No (*Skip to question 43*)

42. Which of these resources or supports would you find helpful in your role of caregiver, and which ones have you been able to access in your community?

	Would find helpful	Have been able to access	I don't know
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) or having someone care for the person needing assistance so you can take a break			
Individual counseling, peer support or support groups			

The next questions ask about the impact of the COVID-19 pandemic on services and connection to your community.

43. The COVID-19 pandemic made it difficult to access some services or activities in your community. Please let us know if you are **currently** having more, less, or the same ability to use the following services.

	Easier to access now than before COVID-19	The same as before COVID-19	More difficult to access now than before COVID-19	Not Applicable
In-home meal services				
Congregate meal services				
In-home help for household chores				
In-home help for healthcare				
Transportation services				
Counseling services				
Home repair services				
Legal services				

44. The COVID-19 pandemic increased social isolation for many. Are you **currently** experiencing more, less, or the same level of isolation from others than you were prior to the COVID-19 pandemic?

- I am more socially isolated currently than before the COVID-19 pandemic.
- I am experiencing the same level of social isolation as I did before the COVID-19 pandemic.
- I am less socially isolated than I was before the COVID-19 pandemic.

The following questions are to help us understand who is answering the survey. No individual information will be shared with anyone.

45. Besides you, do you have any of the following people living in your household? Check all that apply

- Child/Children under 18 (includes grandchild/children)
- Child/Children 18 or older (includes grandchild/children)
- Child/Children away at college
- Spouse, Partner, or Significant Other
- Parents
- Other adult relative or friend 18 or other

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

- Excellent
- Very Good
- Good
- Fair
- Poor

47. Does any disability or chronic disease keep you or your spouse/partner from participating fully in work, school, housework, or other activities?

- Yes, myself
- Yes, my partner
- Yes, both myself and my partner
- No

48. I identify as:

- Female
- Male
- Non-binary
- I prefer to self-describe: _____
- I prefer not to disclose

49. 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

50. What is your sexual orientation?

- Asexual
- Bisexual
- Gay or Lesbian
- Queer
- Questioning
- Straight/Heterosexual
- Prefer not to say
- Not listed here (please specify): _____

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

- Preschool to 12th grade, but with no diploma
- High school graduate or equivalent
- Post high school education but with no degree
- 2-year degree like an associate's degree
- Completed Vocational, Trade School, or Apprenticeship
- 4-year degree like a bachelor's degree
- Post graduate study, but with no degree
- Graduate or professional degree

52. Which language do you prefer to speak?

- English
- Spanish
- Arabic
- Other, please specify: _____

53. Are you of Hispanic, Latino, or Spanish descent?

- Yes
- No
- Prefer not to say

54. Are you of Middle Eastern or North African descent?

- Yes
- No
- Prefer not to say

55. What is your race? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Multi-racial or not listed here (please specify):

56. In which category was your annual household income before taxes in 2022?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000
- Decline to answer

Thank you very much for taking the time to respond. If you have questions about this survey, please contact Tammy Lemmer at 517- 230-9707 or LemmerT1@michigan.gov.

***Completed surveys should be emailed to LemmerT1@michigan.gov, or mailed by 2/24/23 to:
Michigan Department of Health & Human Services
BPHASA, Bureau of Aging, Community Living, and Supports
Capitol Commons Center, 400 S. Pine St., Lansing, MI 48933
Attention: Tammy Lemmer, 6th floor***