****

 Center Harbor Plan on Aging Survey

 Age Friendly Community – 60 +

Dear Center Harbor Survey Participant,

We invite you to complete the Center Harbor Plan on Aging Survey.   This survey is part of a town wide outreach effort to improve our understanding of the needs of older people who are aging in Center Harbor.   Survey responses will be collected from participants and will help guide our efforts in the development of a future Center Harbor Plan for an “Age Friendly Community”.   In completing this survey, please note that no one is identified individually in the survey, and there are no right or wrong answers.

This survey was developed by the NH Department of Health and Human Services, Bureau of Elderly and Adult Services, the NH State Plan on Aging Planning Committee and the Town of Center Harbor Parks & Recreation Department.   The goal of this survey is to help in understanding, serving, supporting and celebrating older adults in Center Harbor.   It should take you about 10-15 minutes to complete the survey.   We invite you to get the word out in your community about the importance of this survey and ask other older adults to complete it.

Please return your completed survey to:

 **Town of Center Harbor**

 **Parks & Recreation Department**

 **36 Main Street, PO Box 140**

 **Center Harbor, NH 03226**

 Email: chparksandrec@metrocast.net

Thank you for your time and contribution.   We value your opinion and greatly appreciate your participation in the Center Harbor Plan on an Age Friendly Community!

Sincerely,

*Center Harbor Aging Planning Committee*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. What is your current employment status? Check off all that apply.

\_\_\_ Fully retired

\_\_\_ Working part-time

\_\_\_ Working full-time

\_\_\_ Volunteer

\_\_\_ Unemployed, looking for work

\_\_\_ Unemployed, not looking for work

\_\_\_ Underemployed, looking for work

\_\_\_ Homemaker

1. Besides yourself, who else lives in your household? Check off all that apply.

\_\_\_ Just me

\_\_\_ My spouse or partner

\_\_\_ Parent

\_\_\_ Sibling

\_\_\_ One or more adult grandchildren

\_\_\_ One or more grandchildren under 18

\_\_\_ One or more adult children

\_\_\_ Roommates or renters

\_\_\_ One or more friends

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Excellent

\_\_\_ Very Good

\_\_\_ Good

\_\_\_ Fair

\_\_\_ Poor

\_\_\_ Not sure

1. What would make healthy aging in Center Harbor better or easier for you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check off your needs or interests in Center Harbor

\_\_\_ Community Dining Program

\_\_\_ Nutrition Program

\_\_\_ Strength, Balance & Exercise Program

\_\_\_ Community Transportation

\_\_\_ Crafts Program

\_\_\_ Music / Singing

\_\_\_ Swim Program

\_\_\_ Pickleball

\_\_\_ Board Games or Cards

\_\_\_ Library Services

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you visit a local Senior Center?

\_\_\_ Yes, at least twice monthly

\_\_\_ Yes, at least monthly

If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ No, I would like to but I have difficulty getting to the Senior Center

\_\_\_ No, I am not interested

\_\_\_ No, there is no Senior Center in my community

1. What other community activities do you participate in? Check off all that apply.

\_\_\_ Library

\_\_\_ Parks and Recreation Department

\_\_\_ Church or Religious Affiliation

\_\_\_ Health Club or Gym

\_\_\_ Golf Club/Golfing

\_\_\_ Veteran Service Organizations (Veterans of Foreign Wars, American Legion, \_\_\_ Disabled American Veterans or Other)

\_\_\_ Lions Club, Mason’s, Knights of Columbus

\_\_\_ YMCA/YWCA

\_\_\_ Community Committee (Historic District, Performing Arts, other)

\_\_\_ Volunteering at an organization (such as hospital, nursing home, animal shelter or other)

\_\_\_ Community Center in a neighboring community

\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you provide unpaid caregiving support weekly for any of the below individuals? Check off all that apply.

\_\_\_ No, I do not provide any caregiving supports to others

\_\_\_ Yes, I care for a grandchild, greatgrandchild or stepchild under the age of 18

\_\_\_ Yes, I care for an older adult

\_\_\_ Yes, I care for a person with a disability

\_\_\_ Are you a 60 + caregiver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you answered “yes” to the above caregiving question, what are your top needs as a caregiver? Check off all that apply

\_\_\_ Respite (rest, reprieve or break)

\_\_\_ Support Groups

\_\_\_ Information and Referral

\_\_\_ Funds for clothing, incontinence supplies, food, home modifications or other items

\_\_\_ Funds for prescription deductibles and co-pays

\_\_\_ Education about your loved one’s diagnoses and care requirements

\_\_\_ Transportation assistance

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate the importance of the following concerns based on how much you think they affect you, as you age in the community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very important | Somewhat Important | Not Important | Not Sure/ Doesn’t Apply |
| 1. Access to healthcare
 |  |  |  |  |
| 1. Financial security
 |  |  |  |  |
| 1. Maintaining physical health
 |  |  |  |  |
| 1. Fuel Costs
 |  |  |  |  |
| 1. Transportation
 |  |  |  |  |
| 1. Having enough food to eat
 |  |  |  |  |
| 1. Respite care (rest, reprieve or break)
 |  |  |  |  |
| 1. Support for caregivers
 |  |  |  |  |
| 1. Safety during emergencies such as power outages, snowstorms or floods
 |  |  |  |  |
| 1. Affordable and accessible housing
 |  |  |  |  |
| 1. Assisted living facilities
 |  |  |  |  |
| 1. Memory loss
 |  |  |  |  |
| 1. Depression
 |  |  |  |  |
| 1. Access to information about long term support services
 |  |  |  |  |
| 1. Availability of in-home, long-term support services
 |  |  |  |  |
| 1. Quality long term care options
 |  |  |  |  |

1. Please rate the need for the following services in your community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very important | Somewhat Important | Not Important | Not Sure/ Doesn’t Apply |
| 1. In-home health services

(personal care such as medication management or bathing) |  |  |  |  |
| 1. Help with household chores(grocery shopping, cooking, changing light bulbs, minor repairs or cleaning)
 |  |  |  |  |
| 1. Yard work, trash removal or snow shoveling
 |  |  |  |  |
| 1. Food Assistance (Senior Congregate Meals, Meals on Wheels, Commodity Supplemental Foods and/or Food Pantry)
 |  |  |  |  |
| 1. Senior Centers
 |  |  |  |  |
| 1. Information and referral services such as ServiceLink
 |  |  |  |  |
| 1. Home Modification Support
 |  |  |  |  |
| 1. Transportation (Transit Services)
 |  |  |  |  |
| 1. Adult Day Program
 |  |  |  |  |
| 1. Oral health services
 |  |  |  |  |
| 1. Breast & Cervical Cancer Screening Program
 |  |  |  |  |
| 1. Help in dealing with vision or hearing loss
 |  |  |  |  |
| 1. Financial Assistance
 |  |  |  |  |
| 1. Legal Assistance
 |  |  |  |  |
| 1. Affordable housing
 |  |  |  |  |
| 1. Shopping assistance
 |  |  |  |  |
| 1. Veterans Benefits
 |  |  |  |  |
| 1. Social Activities
 |  |  |  |  |

1. If you were not able to access one or more of the needed services listed above, why not? Check off all that apply

\_\_\_ Transportation

\_\_\_ Finances

\_\_\_ No phone

\_\_\_ No internet

\_\_\_ Not aware of service availability

\_\_\_ No service in my area

\_\_\_ On a waiting list

\_\_\_ No one to help me

\_\_\_ I do not know where to go

\_\_\_ I am too embarrassed to ask for help

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you get information about community services? Check off all that apply.

\_\_\_ Community Clerks Office/Town Offices

\_\_\_ Library

\_\_\_ Parks & Recreation Departments

\_\_\_ Family or Friends

\_\_\_ Television

\_\_\_ Radio

\_\_\_ Senior Center

\_\_\_ Email

\_\_\_ 2-1-1

\_\_\_ Newspaper/newsletter

\_\_\_ ServiceLink

\_\_\_ Senior Meals

\_\_\_ Care Coordinator, Case Manager or Caregiver

\_\_\_ EngAGING NH

\_\_\_ Internet/Websites

\_\_\_ AARP

\_\_\_ Aging Issues

\_\_\_ Social Media such as Facebook or Twitter

\_\_\_ Churches or religious organizations

\_\_\_ I am not sure

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you aware of ServiceLink?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Not Sure

1. How has ServiceLink assisted you in the last year? Check off all that apply.

\_\_\_ N/A, I have not heard of ServiceLink

\_\_\_ There is no ServiceLink in my community

\_\_\_ Medicare Benefits

\_\_\_ Assistance with housing

\_\_\_ Fraud or Scams awareness and support

\_\_\_ Food Assistance

\_\_\_ Substance Misuse

\_\_\_ Disability Related Resources

\_\_\_ Mental Health

\_\_\_ Financial or Legal Support

\_\_\_ Service Coordination

\_\_\_ Veteran Benefits

\_\_\_ Medicaid Information or Support

\_\_\_ Caregiving Help

\_\_\_ Help with raising grandchildren

\_\_\_ Tax preparation

\_\_\_ State Health Insurance Program (SHIP)

\_\_\_ In-Home Supports and Services

\_\_\_ Finding an Assisted Living Facility or Nursing Home

Other (please specify):

1. Do you participate in a food assistance program or get food assistance from family or friends?

\_\_\_ No

\_\_\_ Yes, I receive congregate meals

\_\_\_ Yes, I receive food from a community food pantry

\_\_\_ Yes, I receive Meals on Wheels

\_\_\_ Yes, I receive food from my church or religious organization

\_\_\_ Yes, I receive food from a government sponsored supplemental food source

\_\_\_ Yes, I receive food from family and/or neighbors

\_\_\_ Unsure

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you do not receive food assistance, what are the reasons why? Check off all that apply.

\_\_\_ I do not need it

\_\_\_ I am unaware of food assistance programs

\_\_\_ I do not think I am eligible for food assistance programs

\_\_\_ I do not want to provide my personal information

\_\_\_ It is embarrassing to ask for government assistance

\_\_\_ I do not think I would get enough assistance

\_\_\_ I don’t think the food would be any good

\_\_\_ I am on a restrictive diet

\_\_\_ I do not like asking for help

\_\_\_ It takes too long to fill out the application

\_\_\_ I do not know how or where to apply for assistance

\_\_\_ I need help filling out the application

1. In the past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns? Check off all that apply.

\_\_\_ No

\_\_\_ Yes, I was unable to pay for medication

\_\_\_ Yes, I was unable to pay for food

\_\_\_ Yes, I was unable to pay for heat

\_\_\_ Yes, I was unable to pay for housing

\_\_\_ Yes, I was unable to pay for other (please specify):

1. Please rate the below concerns for your safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Concerned | Somewhat Concerned | Not Concerned | Not Sure/ Doesn’t Apply |
| I worry about the safety of my neighborhood |  |  |  |  |
| I fear some members of my family or other people I know |  |  |  |  |
| I fear my health is failing/declining |  |  |  |  |
| I worry about the structure and safety of my home |  |  |  |  |
| I fear that someone will take advantage of me (i.e. phone scam, take my money or possessions) |  |  |  |  |
| I fear for my physical safety |  |  |  |  |
| I am afraid of falling |  |  |  |  |

1. As you look to the future, please rate the importance of the below concerns:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Important | Somewhat Important | Not Important | Not Sure/ Doesn’t Apply |
| Feeling safe in my own home |  |  |  |  |
| Feeling safe in my community |  |  |  |  |
| Having safe walkways and roads |  |  |  |  |
| Having Senior Centers within my community |  |  |  |  |
| Retrofitting my home so essential rooms are accessible |  |  |  |  |
| Having medical services nearby |  |  |  |  |
| Having family nearby |  |  |  |  |
| Affordable Health Insurance |  |  |  |  |
| Public Transportation |  |  |  |  |
| Easy and affordable access to public transportation (buses, cabs, Uber, Lyft) |  |  |  |  |
| Having recreation and social engagement opportunities |  |  |  |  |
| Affordable housing |  |  |  |  |
| Finding an assisted living facility or nursing home |  |  |  |  |
| Finding someone to help me in my home |  |  |  |  |
| Financial security |  |  |  |  |

1. What abilities, skills, talents, gifts or contributions could you bring forward to help other people in your community?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your age?

\_\_\_ 54 years or less

\_\_\_ 55-64

\_\_\_ 65-74

\_\_\_ 75-84

\_\_\_ 85-94

\_\_\_ 95 or more

1. Please check all that apply to you.

\_\_\_ I am deaf or I have serious difficulty hearing

\_\_\_ I am blind or I have difficulty seeing, even when wearing glasses

\_\_\_ Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions

\_\_\_ I have serious difficulty walking or climbing stairs

\_\_\_ I have difficulty dressing or bathing

\_\_\_ Because of a physical, mental, or emotional condition, I have difficulty doing errands alone such as visiting a doctor’s office or going shopping

**Thank you for completing the Center Harbor Plan on Aging Survey!  We value your opinion and appreciate your participation in this planning process.  If you know other older adults, please encourage them to take this survey.   The survey can also be found on the Town of Center Harbor website at: centerharbornh.org**