



New Hampshire State Plan on Aging Survey

Dear New Hampshire Survey Participant,

We invite you to complete the New Hampshire State Plan on Aging Survey. This survey is part of a statewide outreach effort to improve our understanding of the needs of older people who are aging in New Hampshire. Survey responses will be collected from participants across the State and will help guide our efforts in the development of the 2019 – 2023 NH State Plan on Aging. 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 and the NH State Plan on Aging Planning Committee. The goal of the Planning Committee is to develop NH's State Plan on Aging – a four year plan that will help guide our state's efforts in understanding, serving, supporting and celebrating older adults across our State. 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. The survey will close on January 15, 2019.

Please mail your completed survey to:

**NH State Plan on Aging Survey
Bureau of Elderly and Adult Services
105 Pleasant Street
Concord, NH 03301**

Thank you for your time and contribution. We value your opinion and greatly appreciate your participation in the NH State Plan on Aging!

Sincerely,

NH State Plan on 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

2. 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: _____

3. 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

4. What would make healthy aging in NH better or easier for you?

5. Do you visit your local Senior Center?

- Yes, at least twice monthly
- Yes, at least monthly
- 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

6. 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): _____

7. 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

8. 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:

9. 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
a. Access to healthcare				
b. Financial security				
c. Maintaining physical health				
d. Fuel Costs				
e. Transportation				
f. Having enough food to eat				
g. Respite care (rest, reprieve or break)				
h. Support for caregivers				
i. Safety during emergencies such as power outages, snowstorms or floods				
j. Affordable and accessible housing				
k. Assisted living facilities				
l. Memory loss				
m. Depression				
n. Access to information about long term support services				

o. Availability of in-home, long-term support services				
p. Quality long term care options				

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

	Very important	Somewhat Important	Not Important	Not Sure/ Doesn't Apply
a. In-home health services (personal care such as medication management or bathing)				
b. Help with household chores(grocery shopping, cooking, changing light bulbs, minor repairs or cleaning)				
c. Yard work, trash removal or snow shoveling				
d. Food Assistance (Senior Congregate Meals, Meals on Wheels, Commodity Supplemental Foods and/or Food Pantry)				
e. Senior Centers				
f. Information and referral services such as ServiceLink				
g. Home Modification Support				
h. Transportation (Transit Services)				
i. Adult Day Program				
j. Oral health services				
k. Breast & Cervical Cancer Screening Program				
l. Help in dealing with vision or hearing loss				
m. Financial Assistance				
n. Legal Assistance				
o. Affordable housing				
p. Shopping assistance				
q. Veterans Benefits				
r. Social Activities				

11. 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): _____

12. 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): _____

13. Are you aware of ServiceLink?

- Yes
- No
- Not Sure

14. 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): _____

15. 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: _____

16. 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

17. 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): _____

18. 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				

19. 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				

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

21. What is your age?

- 54 years or less
- 55-64
- 65-74
- 75-84
- 85-94
- 95 or more

22. What is your zip code? _____

23. Are you Hispanic, Latino/a or Spanish Origin? Check off all that apply.

- No, not of Hispanic, Latino/a or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Another Hispanic, Latino/a or Spanish origin

24. What is your race? Check all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

25. How well do you speak English?

- a. _____ Very Well b. _____ Well c. _____ Not Well d. _____ Not At All

26. Do you think of yourself as:

- Bisexual
- Lesbian or Gay
- Straight/Heterosexual
- Something else
- Don't know

27. What is your current gender identity?

- Female
- Male

28. 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

29. What is your annual household income? Check off one.

- \$0 - \$12,499
- \$12,500 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - 199,999
- \$200,00 or more

Thank you for completing the NH State 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 below link:

<https://www.surveymonkey.com/r/NHSPOASurvey>

Please mail your completed survey to:

**NH State Plan on Aging Survey
Bureau of Elderly and Adult Services
105 Pleasant Street
Concord, NH 03301**

Thank you again!

Sincerely,

NH State Plan on Aging Planning Committee

In New Hampshire, there are many paths available to help people of all ages live better in their communities. NHCarePath connects you to a range of information, assistance, and care throughout New Hampshire, from caregiver resources and services for aging, disability and independent living to counseling and financial planning tools. NHCarePath also connects you to statewide partners that provide services and supports, including:

- Area Agencies offering developmental services
- Community Mental Health Centers
- Department of Health and Human Services (DHHS)
- ServiceLink

If you're a caregiver, family member, older adult, a person living with a disability, or anyone wanting to access services and supports in New Hampshire, you are invited to explore the website at www.NHCarePath.org or call 1 (866) 634-9412 to find assistance with your individualized needs.