



# Needs Assessment of Older and Disabled Adults

This survey will be used to help Napa and Solano Counties and the Area Agency on Aging to understand the needs and concerns of older and disabled adults. This will guide us in determining your goals, activities, and funding priorities for the next 4-year planning cycle. This survey should take about 20 minutes to complete. Please complete a separate survey for each individual who wishes to participate.

**All responses are anonymous. We do not ask your name or other identifying information.** All County publications are available in alternative formats. Requests for accommodations may be made by calling (707) 784-8595.

This survey is also available electronically and in Spanish and Tagalog at <http://bit.ly/NapaSolanoSeniorSurvey> or by scanning this QR code with your mobile device:



**You can return this survey through one of the following:**

1. By mail or in person to Comprehensive Services for Older Adults, 650 Imperial Way, Suite 101, Napa, CA, 94559,
2. By mail or in person to Solano Public Health, Epidemiology Team, 275 Beck Avenue, MS 5-240, Fairfield CA 94533,
3. By email to SolanoEpi@SolanoCounty.com.

***Please complete and return by June 30, 2019.***

1. What city do you live in?

Napa County:

- American Canyon
- Angwin
- Calistoga
- Deer Park
- Napa
- Oakville
- Rutherford
- St. Helena
- Yountville
- Unincorporated/Outside city limits

Solano County:

- Benicia
- Dixon
- Fairfield
- Rio Vista
- Suisun City
- Vacaville
- Vallejo
- Unincorporated/Outside city limits

2. How would you describe your overall health?
- Excellent
  - Good
  - Fair
  - Poor
  - Decline to answer
3. How would you describe your quality of life?
- Excellent
  - Good
  - Fair
  - Poor
  - Decline to answer
4. What year were you born? (ex. 1930): \_\_\_\_\_
5. How often do you exercise, including walking, for 20 minutes or more?
- Never
  - A few times a month
  - 1-2 times per week
  - 3-5 times per week
  - Daily
  - Decline to answer
6. Do you have any of the following challenges with eating or your diet? Check all that apply.
- I do not eat enough protein
  - I eat too much salt
  - I eat less than 3 servings a day of calcium-rich foods (milk, cheese, soy, etc.)
  - I eat less than 5 servings a day of fruits and vegetables
  - I eat alone most of the time
  - I have difficulty chewing or swallowing
  - I do not have access to clean water
  - Other (please specify): \_\_\_\_\_
  - None of the above
  - Decline to answer

7. What type of housing do you currently live in? Check all that apply.
- House, townhouse, or condo
  - Mobile home
  - Apartment
  - Senior independent living community
  - Assisted living community
  - Long-term care facility, skilled nursing facility, or memory care facility
  - Boarding house/board and room
  - Affordable/HUD/section 8 housing
  - Board and care/residential home
  - Hotel or motel
  - Staying with family or friends
  - Shelter or no residence
  - Decline to answer or Other
8. Do you own or rent your primary place of residence?
- Own with mortgage
  - Own without mortgage
  - Rent
  - Own my mobile home but rent space in a mobile home park
  - Other
  - Decline to answer
9. Who else is living with you in your home? Check all that apply.
- I live alone
  - My spouse or partner
  - My adult children (age 18 and over)
  - My children (under age 18)
  - Friends/Acquaintances
  - Paid caregiver
  - My parents
  - Roommate(s)
  - My adult grandchildren (age 18 and over)
  - My grandchildren (under age 18)
  - Other (please specify): \_\_\_\_\_
  - Decline to answer

10. What are your monthly housing costs including mortgage or rent for your residence? Please include any HOA, monthly fees, insurance, site rent, taxes, utilities, etc.

- \$0-\$500
- \$501-\$1,000
- \$1,001-\$2,000
- \$2,001-\$3,000
- \$3,001-\$4,000
- \$4,001-\$5,000
- \$5,001-\$6,000
- \$6,001 and over
- Decline to answer

11. Would you be willing to share your living space to help pay for the rent or mortgage?

- Yes, but I am not currently renting living space
- Yes, and I currently rent part of my living space
- No
- Not sure
- Decline to answer

12. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1-2 times a week
- 3-5 times a week
- 5 or more times a week
- Decline to answer

13. How concerned are you about being isolated from others?

- Not concerned
- Slightly concerned
- Very concerned
- Decline to answer

14. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Decline to answer

15. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Decline to answer

16. How do you like to learn about upcoming events and access your news? Check all that apply.

- Websites or social media
- Newspaper
- Mailings
- Posters in local gathering spots like coffee shops or senior centers
- Text messages
- Phone call
- Emails
- Word of mouth
- Faith community
- Other (please specify): \_\_\_\_\_
- Decline to state

17. What form(s) of transportation do you currently use? Check all that apply.

- I drive myself
- Friends or relatives drive me
- Public transportation (bus, train, ferry)
- Taxi
- Paratransit
- Volunteer driver programs (Molly's Angels)
- Van or shuttle not provided by Paratransit (van provided by assisted living, faith community, senior centers, etc)
- Walking
- On-demand transportation (Uber, Lyft, GoGoGrandparent)
- Hired driver (town car or other private transportation)
- I do not have transportation
- Other (please specify): \_\_\_\_\_
- Decline to answer

18. Are there certain activities that you are not able to attend due to the lack of affordable and accessible transportation options? Check all that apply.

- No, I am not limited by my transportation options
- Medical appointments
- Grocery shopping
- Errands or other shopping
- Visiting friends or family
- Entertainment, exercise, or social gatherings
- Work
- Worship services
- School/educational activities
- Other (please specify): \_\_\_\_\_
- Decline to answer

19. What assistive devices do you need to navigate or travel with? Check all that apply.

- Cane
- Walker
- Wheelchair
- Guide dog or service animal
- Other (please specify) \_\_\_\_\_
- I do not need assistive devices
- Decline to answer

20. What additional types of transportation would be helpful for you? Check all that apply.

- I have adequate transportation options
- Transportation between counties
- More public transportation options
- Wheelchair accessible transportation
- Same-day/on-demand transportation
- Transportation from my door to the door of my destination
- Transportation from inside my house to inside my destination
- Transportation with someone who accompanies me throughout my trip
- Decline to answer

21. What services to you currently receive? Check all that apply.

- Case management (assistance in arranging medical services)
- Transportation
- Adult day care services
- Chore services (yard work, maintenance)
- Information and assistance
- Homemaking/housekeeping
- Personal care services (help with eating, dressing, bathing, etc.)
- Legal assistance
- Home delivered meals
- Medication management
- Community meals
- Other (please specify): \_\_\_\_\_
- None of the above
- Decline to answer

22. What additional services do you currently need to help you to remain independent in the community, but you cannot afford or find them?

- Case management (assistance in arranging medical services)
- Transportation
- Adult day services
- Chore services (yard work, maintenance)
- Information and assistance
- Homemaking/housekeeping
- Personal care services (help with eating, dressing, bathing, etc.)
- Legal assistance
- Home delivered meals
- Medication management
- Community meals
- Other (please specify): \_\_\_\_\_
- None of the above
- Decline to answer

23. Do any of the following limit your daily activities? Check all that apply.

- Hearing loss
- Vision loss
- Shortness of breath
- Mobility limitations
- Memory loss
- Other (please specify): \_\_\_\_\_
- None of the above
- Decline to answer

24. Do you have difficulty doing the following daily activities because of health or physical problems? Check all that apply.

- Housework or laundry
- Grocery shopping
- Preparing meals or cooking
- Eating
- Handling my finances
- Bathing, dressing, grooming, or using the toilet
- Getting out of a bed or chair
- Walking
- Using the telephone
- None of the above (***Please skip to question 25***)
- Decline to answer

24a. Who routinely helps you with **housework or laundry**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24b. Who routinely helps you with **grocery shopping**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer



24c. Who routinely helps you with **preparing meals or cooking**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24d. Who routinely helps you with **eating**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24e. Who routinely helps you with **handling your finances**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24f. Who routinely helps you with **bathing, dressing, grooming, or using the toilet**?

Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24g. Who routinely helps you with **getting out of a bed or chair**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24h. Who routinely helps you with **walking**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

24i. Who routinely helps you with **using the telephone**? Check all that apply.

- I do not need any help
- Spouse/partner
- Family members or friends
- IHSS paid caregiver
- Private paid caregiver
- I need help but have no one helping me
- I need more help than what I currently have
- Other (please specify): \_\_\_\_\_
- Decline to answer

25. Do you need help adding any of the following features to your home? Check all that apply.

- Easier access into or within your home, such as a ramp, chairlift, elevator, or wider doorways
- Bathroom modifications such as grab bars, handrails, a higher toilet, or non-slip tiles
- Improved lighting
- Installing a medical emergency response system that notifies others in case of emergency
- Other (please specify): \_\_\_\_\_
- None of the above
- Decline to answer

26. Do you have someone to call if you need help with medical care, food, a ride somewhere, or other things you may need?
- Yes
  - No
  - Not sure
  - Decline to answer
27. How concerned are you about being able to find a caregiver if you needed to?
- Not concerned
  - Slightly concerned
  - Very concerned
  - Decline to answer
28. Are you concerned about falling? Check all that apply.
- No, I am not concerned
  - Yes, I am concerned about falling inside my home
  - Yes, I am concerned about falling outside my home
  - Decline to answer
29. Which of the following describes your fall history within the last year? Check all that apply.
- I did not fall
  - I had a fall that did not require medical treatment
  - I had a fall that required a trip to the emergency room and/or a hospital stay
  - Other (please specify): \_\_\_\_\_
  - Decline to answer
30. Which of the following best describes how well you are managing financially these days?
- Living comfortably
  - Doing okay
  - Just getting by
  - Finding it difficult to get by
  - Decline to answer
31. Over the next 5 years, how do you expect your financial situation to change?
- I expect it to improve
  - I expect it to stay the same
  - I expect it to decline
  - I do not know
  - Decline to answer

32. Over the past year, have you been unable to afford the following items? Check all that apply.

- Healthy food
- Utilities
- Phone service
- Clothing
- Rent/mortgage
- Property and income taxes
- Caregiver and/or child care
- Health insurance
- Medications
- Medical bills
- Transportation
- Recreation or entertainment
- I have been able to afford all of these items
- Decline to answer

33. Have you ever been diagnosed by a physician with any of the following medical conditions?

Check all that apply.

- Cancer
- Diabetes
- Heart disease
- Stroke
- Arthritis
- Obesity
- Asthma
- COPD/emphysema
- High blood pressure
- Alzheimer's or Dementia
- Other
- None of the above
- Decline to answer

34. Do you need assistance managing your medications? Check all that apply.

- I do not need assistance
- I have a hard time reading or seeing the information on the bottles
- I have a hard time keeping track of my medications
- I have a hard time understanding the information and managing the side effects
- I need help taking or administering my medications
- Decline to answer

35. What forms of health insurance do you have? Check all that apply.

- None/I do not have insurance
- MediCal
- MediCare
- Tricare
- MediCare Advantage
- Part D/prescription coverage
- Supplemental insurance
- Private insurance
- Decline to answer

36. Are you able to find a primary care or family doctor that takes your insurance close to where you live?

- Yes
- No
- I do not know
- Decline to answer

37. Are there barriers that cause you to miss medical appointments? Check all that apply.

- No, I have no barriers
- I am not able to find or afford transportation to my medical appointments
- My transportation often makes me late to my medical appointments
- I often cannot make the trip to my medical appointments because of my physical or mental health
- It takes too long to get to my medical appointments
- Other (please specify): \_\_\_\_\_
- Decline to answer

38. Do you have access to dental care?

- Yes
- No, I cannot afford it
- No, there are no providers available close to where I live
- Other (please specify): \_\_\_\_\_
- Decline to answer

39. Does your primary care/family doctor speak to you in a way that you understand?

- Yes
- No
- I do not have a primary care/family doctor
- Decline to answer

If No, what are the reasons your primary care/family doctor does not speak in a way you understand? Check all that apply.

- They do not understand my cultural background or speak my language
- They do not clearly explain care instructions
- They are not trained in treating older adults
- Other (please specify): \_\_\_\_\_
- Decline to answer

40. Are you a caregiver for someone else? Check all that apply.

- No (***Please skip to question 41***)
- Yes, for someone under the age of 18 years
- Yes, for someone age 19-54 years
- Yes, for someone age 55 years or older

40a. If you are a caregiver for someone else, how many **paid** hours do you provide caregiving in a typical week?

- None
- Less than 20 hours per week
- 20-40 hours per week
- More than 40 hours per week
- Not sure
- Decline to answer

40b. If you are a caregiver for someone else, how many **unpaid** hours do you provide caregiving in a typical week?

- None
- Less than 20 hours per week
- 20-40 hours per week
- More than 40 hours per week
- Not sure
- Decline to answer

40c. If you are a caregiver for someone else, are you paid for caregiving through IHSS?

- Yes
- No
- Not sure
- Decline to answer

40d. If you are a caregiver for someone else, what type(s) of support would be useful for your caregiver situation? Check all that apply.

- In-home respite care
- Residential respite care (skilled nursing, assisted living)
- Day activity programs
- Caregiver support groups
- Caregiver education
- Not sure
- Decline to answer

41. How would you describe your current **paid** employment situation? Check all that apply.

- Retired
- Employed - full time or more
- Employed - part-time and looking for more work
- Employed - part-time and not looking for more work
- Employed - self-employed
- Employed - seasonal work
- Unemployed - not looking for work
- Unemployed - looking for work
- Other (please specify): \_\_\_\_\_
- Decline to answer

42. Are there adequate employment opportunities available to you?

- Yes
- No
- I do not know
- Not applicable
- Decline to answer

43. Do you currently volunteer?

- Yes
- No, and I do not want to volunteer
- No, but I would like to volunteer
- Decline to answer

44. Do you feel physically and emotionally safe in your home?

- Yes
- No
- Not sure
- Decline to answer

45. Do you feel physically and emotionally safe in your community?

- Yes
- No
- Not sure
- Decline to answer

46. Has anyone ever tried to financially scam or take advantage of you? Check all that apply.

- No
- Yes - someone that I knew
- Yes - a stranger
- Decline to answer

If yes, who did you tell? Check all that apply.

- No one
- Law enforcement
- Adult Protective Services (APS)
- Family or friend
- Other (please specify): \_\_\_\_\_
- Decline to answer

47. Do you have access to legal services?

- Yes
- No
- I do not need legal services
- Decline to answer

48. Do you have any of these future planning documents? Check all that apply.

- Will
- Revocable Living Trust
- Advanced Health Care Directive
- Power of Attorney
- Long Term Care Insurance
- Burial Plan
- POLST (Physician Order for Life-Sustaining Treatment)
- None of the above
- Decline to answer



49. How do you access the internet? Check all that apply.

- I do not have access to the internet
- I have internet in my home
- I can access internet outside my home at coffee shops, libraries, senior centers, etc.
- I access the internet with my computer, laptop, or tablet
- I access the internet with my mobile or smartphone
- Decline to answer

If you do not have internet at home, what are the reasons you do not have internet at home?

Check all that apply.

- I do not want internet in my home
- Internet service is not available to my residence
- Internet service is too expensive at my residence
- I do not have a computer or device to connect to the internet
- I am not able to use the internet because of a physical or mental condition such as poor eyesight, cognitive issues, or another condition
- Other (please specify): \_\_\_\_\_
- Decline to answer

50. How can individuals in your household receive information during an emergency such as a fire or earthquake? Check all that apply.

- TV
- AM/FM radio
- Cell phone call
- Land line telephone call
- NextDoor post
- Social media
- Word of mouth
- Organizations' websites (such as Red Cross)
- Text message
- Email
- Other (please specify): \_\_\_\_\_
- Not sure
- Decline to answer

51. If authorities announced a mandatory evacuation from your community due to an emergency or disaster (such as a wildfire), would anything prevent you from evacuating? Check all that apply.

- No, I will evacuate no matter what
- Lack of trust in public officials
- Concern about personal safety
- Lack of transportation
- Concern about leaving property
- Concern about leaving pets or livestock
- I have nowhere to go
- It is too expensive to evacuate
- Health problems or medically unable to evacuate
- Other (please specify): \_\_\_\_\_
- Decline to answer

52. Do you have an emergency kit that you can take with you in the event of an evacuation?

- Yes
- No
- Decline to answer

53. Does anyone in your household have any of the following conditions that could be barriers to effective communication during an emergency or disaster? Check all that apply.

- Impaired hearing
- Impaired vision
- Cognitive impairment or disability
- Physical disability
- Difficulty understanding written material
- Difficulty understanding the English language
- Other (please specify): \_\_\_\_\_
- None of the above
- Decline to answer

54. Thinking about what you have in your pantry and any medications you have on hand, for how many days would you be able to stay in your home without having to leave for additional supplies?

- 1 to 3 days
- 4 to 6 days
- 7 days or more
- Not sure
- Decline to answer

55. If your home lost power/electricity, would you need help maintaining medications or medical equipment?

- Yes
- No
- Decline to answer

56. Which of the following categories best describes the total annual income that your household received in the last 12 months? Include all sources of funds.

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$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
- \$200,000 or more
- Not sure
- Decline to answer

57. What is your assigned sex at birth (on your original birth certificate)?

- Male
- Female
- Decline to answer

58. Do you identify as a member of any of the following groups? Check all that apply.

- Heterosexual or straight
- Lesbian, gay, bisexual or other non-heterosexual orientation
- Transgender
- Genderqueer, gender non-conforming, or agender
- Other (please specify): \_\_\_\_\_
- Decline to answer

59. What is your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- Never married
- Not married but living with my partner
- I have a partner but I am not living with them
- Decline to answer

60. What is the highest level of education you have completed?
- Some high school or less
  - High school graduate or GED
  - Some college, Associate degree (AA), or technical school
  - Bachelor's degree
  - Graduate or professional degree (Master's, PhD, MD, etc.)
  - Decline to answer

61. Are you a Veteran of the US Armed Forces?
- Yes
  - No
  - Not sure
  - Decline to answer

62. What is your race? Check all that apply

- White
- Black/African American
- Hispanic/Latino
- American Indian/Alaskan Native
- Chinese
- Filipino
- Other Asian
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander (Tongan, Fijian, Marshallese, etc.)
- North African
- Middle Eastern
- Other (please specify): \_\_\_\_\_
- Decline to answer

**Thank you for taking this survey.**

Your answers will be used to inform the new Napa/Solano Area Agency on Aging for Napa and Solano counties as well as the activities provided through senior service providers and Public Health.

To learn more about the new Napa/Solano Area Agency on Aging, please visit

<http://aaans.org>