Area Agencies on Aging Market Assessment Study
Connecticut's population is aging. The Agencies on Aging - CT are seeking your valuable input to help the State and local communities plan for the services and supports that help older adults thrive in the community. Your opinions are greatly appreciated! Today we’d like to learn more about your experiences and opinions regarding the personal, financial, and emotional significance (or implication) that comes with future planning for yourself or the older adult you are a caregiver for.

Please be assured that your responses will remain confidential and be treated in accordance with data protection laws. All analyses will be conducted anonymously on an aggregated level. Your responses will never be associated with any personally identifiable information, nor will they ever be used for sales purposes or sold to a third-party firm.

If you would like to learn more about the Area Agencies on Aging please visit your region’s Agency; Senior Resources, North-Central, South-Central, Southwestern, or Western.

To return your completed survey: Please mail to 20 Western Boulevard Glastonbury, CT 06033 or email the scanned completed survey to veronica@greatblueresearch.com
Introduction

A. Do you reside in or have concerns about an older adult in CT? (An "older adult" can broadly be defined as anyone age 55 or older)

01 Yes
02 No

B. Are you an older adult residing in CT? (An "older adult" can broadly be defined as anyone age 55 or older)

01 Yes
02 No

C. How would you define your current relationship with the care system of Connecticut?

01 Older adult (60+ citizen)
02 Caregiver (looking or provides support/care for an older adult)

Perception

1. Please indicate your level of agreement with the following statement: “I know where to go for all my caregiving needs.”

01 Strongly agree
2. Do you believe providing/receiving care for yourself or a loved one will get easier or more difficult in the next 3 years?
   01 Become easier
   02 Remain easy
   03 Remain difficult
   04 Become more difficult
   05 Don’t know / Unsure

Current Use/Preference

3. Do you currently utilize services for yourself or your loved ones?
   01 Yes
   02 No

4. How do you meet the care needs of yourself or your loved ones?
   01 Self-service/care (take care of yourself; mostly independent)
   02 Hybrid (some services utilized; maintain some independence)
03 Full-Support Care (medical services, home cleaning, cooking, etc.)
04 Other (please specify): ____________
05 Don’t know / Unsure

5. Does your current care arrangement/level meet the needs for you and/or your loved ones?
   01 Yes
   02 No

6. Why or why not?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

7. On a scale of one (1) to ten (10), where one (1) means “no cost to you” and ten (10) means “very expensive,” how would you rate the cost for the level of care you/the person you care for receives?
   01 1 – No cost
   02 2
   03 3
   04 4
   05 5
   06 6
   07 7
8. Currently, who pays/who do you think would pay for these services?
   01 Self
   02 Medicare
   03 State insurance
   04 Self & Medicare
   05 Medicare & state
   06 Self & state
   07 Other (please specify):__________
   08 Don’t know / Unsure

9. Do you anticipate needing additional services?
   01 Yes
   02 No
   03 Don’t know / Unsure

**Communications**

10. Have you sought care information or services for yourself or an older adult in your life?
   01 Yes (Continue)
   02 No (Skip to Q12)
   03 Don’t know / Unsure (Skip to Q12)
11. How satisfied were you with the information/services you found regarding older adult care?
   01 Very satisfied
   02 Somewhat satisfied
   03 Somewhat dissatisfied
   04 Very dissatisfied
   05 Don’t know / Unsure

12. Where would/did you go to look for care information and services?
   01 Internet/Google
   02 211
   03 Friends/family/co-workers
   04 Agency on Aging
   05 Senior Center
   06 AARP
   07 MyPlace CT
   08 Church/Place of Worship
   09 Other (please specify): ___________
   10 Don’t know / Unsure
13. How interested would you be in having a resource who can assist with these services, such as Area Agencies on Aging?
   01  Very interested
   02  Somewhat interested
   03  Somewhat uninterested
   04  Not at all interested
   05  Don’t know / Unsure

14. How interested would you be in a website and/or mobile app where these services would be compiled for convenience?
   01  Very interested
   02  Somewhat interested
   03  Somewhat uninterested
   04  Not at all interested
   05  Don’t know / Unsure

**Awareness/Utilization**

15. Overall, how aware are you of the Area Agencies on Aging and what they offer? Would you say you are…
   01  Very aware
   02  Somewhat aware
   03  Somewhat unaware
   04  Very unaware
   05  Don’t know / Unsure
Below is a list of products and services that are available for you/your loved ones as you/they age. On a scale of one (1) to ten (10) please **indicate how aware you are that these products and services exist**. For each of the services listed below, we have provided an overall name and then defined it, to ensure understanding of what the service entails.

<table>
<thead>
<tr>
<th>Services Available</th>
<th>1-Not aware at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 – Very Aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Assistance with Insurance (Medicare, Medicare advantage, prescription drug</td>
<td>01</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>10</td>
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<tr>
<td>coverage, private coverage or Medicaid)</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>17. Assistance with State or Federal Benefits</td>
<td>01</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>(Social Security, food stamps, Medicare Savings Program, CT Home Care Program,</td>
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<td>energy assistance, etc.)</td>
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</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Assistance with Financial &amp; Income Support Programs (Social Security, SSI, security deposits, local support programs)</th>
<th>01</th>
<th>0 0 0 0 0 0 0 0 0 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Planning &amp; Referral (Asset protection, advanced directives, Power of Attorney for healthcare and finance, revocable trusts, wills)</td>
<td>01</td>
<td>0 0 0 0 0 0 0 0 0 10</td>
</tr>
<tr>
<td>19</td>
<td>Legal (referrals to Elder Law attorneys)</td>
<td>01</td>
<td>0 0 0 0 0 0 0 0 0 10</td>
</tr>
<tr>
<td>20</td>
<td>Personal Care (Assistance with dressing, eating, ambulating, toileting and/or bathing)</td>
<td>01</td>
<td>0 0 0 0 0 0 0 0 0 10</td>
</tr>
<tr>
<td>21</td>
<td>In-home Supports (housekeeping, companionship, yard work)</td>
<td>01</td>
<td>0 0 0 0 0 0 0 0 0 10</td>
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<tr>
<td>23. Electronic Systems</td>
<td>01</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(Emergency Response System, electronic medication reminders, fall response systems)</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. Home modifications</td>
<td>01</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(changes to your home that allow for greater access and ease- widening doorways, installing a ramp, etc.)</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>25. Food Security</td>
<td>01</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(Meals on Wheels, free lunch programs, food pantries, shopping services)</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>26. Transportation</td>
<td>01</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(transportation for doctor’s appointment, leisure and shopping)</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>27. Reporting elder abuse, neglect and fraud</td>
<td>01</td>
<td>0</td>
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<tr>
<td>28. Local Services</td>
<td>01</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(town/city supports for</td>
<td>2</td>
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</tbody>
</table>
older adults, reducing property tax, volunteer services, etc.)

| 29. Housing Information (different types of options, wait lists, costs, services available) | 01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |

Below is the same list of products and services. This time, on a scale of one (1) to ten (10), please indicate how important you believe it will be for you to learn about these products and services for yourself or the loved one you care for.

<table>
<thead>
<tr>
<th>Services Available</th>
<th>1-Not at all important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 – Very Important</th>
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<tr>
<td>30. Assistance with Insurance</td>
<td>01</td>
<td>0</td>
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<td>31. Assistance with State or Federal Benefits</td>
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<tr>
<td>32. Assistance with Financial &amp; Income Support Programs</td>
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<td>0</td>
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<tr>
<td>33. Planning &amp; Referral</td>
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<tr>
<td>34. Legal assistance</td>
<td>01</td>
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<td>35. Personal Care</td>
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<td>36. In-home Supports</td>
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<td>37. Electronic Systems</td>
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<td>38. Home modifications</td>
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<td>39. Food Security</td>
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<td>40. Transportation</td>
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<thead>
<tr>
<th>42. Local Services</th>
<th>01</th>
<th>0</th>
<th>0</th>
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<thead>
<tr>
<th>43. Housing Information</th>
<th>01</th>
<th>0</th>
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**Demographics**

44. Which of the following categories best describes your age?

- 01 18 to 24
- 02 25 to 34
- 03 35 to 44
- 04 45 to 54
- 05 55 to 64
- 06 65 to 74
- 07 75 to 84
- 08 85 or older
- 09 Prefer not to say

45. Which of the following categories best describes the age of the older adult you care for?

- 01 60 to 64
02 65 to 74
03 75 to 84
04 85 or older
05 I am an older adult caring/planning for myself
06 Prefer not to say

46. Which of the following categories best describes your total family income before taxes?
   01 Less than $25,000
   02 $25,000 to less than $40,000
   03 $40,000 to less than $50,000
   04 $50,000 to less than $60,000
   05 $60,000 to less than $75,000
   06 $75,000 to less than $100,000
   07 $100,000 or more
   08 Prefer not to say

47. Are you of Hispanic/ Latino heritage?
   01 Yes
   02 No
   03 Prefer not to say

48. Do you identify as:
   01 Black
   02 Asian
   03 White
   04 Indigenous American
05 LatinX or Hispanic
06 Biracial or Multiracial
07 Pacific Islander
08 Middle Eastern or North African
09 Prefer to not self-disclose
10 Prefer to self-describe

49. What is the highest grade of school you have completed?
   01 Some high school
   02 Graduated high school
   03 Some college
   04 Graduated college
   05 Post-graduate work
   06 Don’t know / Unsure
   07 Prefer not to say

50. Which of the categories below best describes your/your senior’s living situation?
   01 Living alone
   02 Living with a spouse
   03 Living with adult children / other family member
   04 Paid caregiver
   05 Living with a non-family member
   06 Prefer not to say / Don’t know

51. What County do you currently live in?
52. Would you be interested in being part of a focus group that discusses the topics of this survey?
   01 Yes
   02 No

53. Have you utilized or contacted any of the Area Agencies on Aging in the past or received information from them at all?
   01 Yes
   02 No
   03 Don’t know / Unsure