

## 2021 Community Needs Assessment of Older Adults

### Demographic Information

1. In which Northwest Indiana County do you live?

- Lake County
- Porter County
- Newton County
- Jasper County
- Pulaski County
- Starke County
- Other (please specify)

2. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

3. Are you a person living with a disability?

- Yes
- No

4. Gender: How do you identify?

- Man
- Non-binary
- Woman
- Prefer to self-describe, below

Self-describe:

5. Do you identify as LBGTQ+?

- Yes
- No

6. What is your household monthly income?

- Less than \$1000 per month
- \$1001 - \$1500 per month
- \$1501 - \$2000 per month
- \$2001 - \$2500 per month
- \$2501 - \$3000 per month
- Greater than \$3000 per month

7. What is the highest level of education you have completed?

8. What is your race or ethnicity?

- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Multiracial or Multiethnic
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Another race or ethnicity, please describe below

Self-describe below:



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Northwest Indiana Community Action

9. Have you heard of Northwest Indiana Community Action?

- Yes
- No

10. Have you ever received services from Northwest Indiana Community Action?

- Yes
- No

11. Have you heard of the ADRC (Aging and Disability Resource Center)?

- Yes
- No

12. Have you ever contacted the ADRC (Aging and Disability Resource Center)?

- Yes
- No

13. Do you work in a job or field related to older adults or person with disabilities?

- Yes
- No



## 2021 Community Needs Assessment of Older Adults

### General

14. Do you own or rent your home?

- Own
- Rent
- Neither of the above

15. Are you experiencing homelessness?

- Yes
- No

If yes, for how long?

16. Do you live... (Select all that apply.)

- alone?
- with family or friends for financial reasons?
- with family or friends for your own health reasons?
- with family or friends for their health reasons?
- with family or friends for some other reason?
- with grandchildren that you are raising?
- in a home where you need easier access such as a ramp, grab bars, etc.?

17. Have you... (Select all that apply.)

- in the past 6 months, felt unsafe due to a family member or caregiver?
- in the past 90 days, needed to leave home because someone made you feel unsafe but did not have the necessary resources?
- had trouble getting medical help due to lack of physicians who accept your insurance?
- in the past 90 days, had to use the Emergency Room or Urgent Care?



## 2021 Community Needs Assessment of Older Adults

### In-Home Assistance

18. In-Home Assistance: Do you.... (Select all that apply.)

- Have someone you can call in an emergency?
- Need assistance evacuating your home in the event of an emergency or disaster?
- Have someone that checks in with you regularly, at least once a week?
- Need assistance to prepare meals?
- Need assistance to do household chores such as cleaning, laundry, etc.?
- Need assistance to maintain your yard or to do heavy/intense housework?
- Need assistance with personal care such as bathing, eating, mobility, etc.?
- Need assistance to manage your medications?
- Plan to move into an assisted living/nursing home within the next 6 months?
- In the last 90-days, have you fallen or injured yourself in your home?



## 2021 Community Needs Assessment of Older Adults

## Transportation

19. Transportation: Do you... *(Select all that apply.)*

- Currently drive?
- Have a dependable vehicle or other means of transportation?
- Need accessible/special transportation help?
- In the last 90-days, due to no transportation, have you missed appointments or not been able to shop?
- Not use public or private transportation due to cost?
- Go to places in the community you like to visit?



## 2021 Community Needs Assessment of Older Adults

### Health and Nutrition

20. Health/Nutrition: Do you usually... *(Select all that apply.)*

- Eat at least 3 servings of fruits and vegetables each day?
- Exercise for 30 minutes at least 2 times a week?
- Participate in hobbies and other activities you like to do?
- Have feelings of loneliness or isolation?
- Have 3 or more drinks of alcohol per day?



## 2021 Community Needs Assessment of Older Adults

### Financial

21. Financial: In the past 90 days, have you... *(Select all that apply.)*

- Not had enough money to pay for basic needs such as food, utilities, housing, and medicines?
- Wanted to retire, but cannot due to financial reasons?
- Wanted to work, but are not physically able to work?
- Wanted to work, but are not able to find a job?
- Had difficulty keeping track of bills and paying them on time?
- Needed help dealing with legal issues?

22. Financial: In the last 6 months, have you... *(Select all that apply.)*

- Been a victim of crime, fraud or a scam?
- Had someone including family/caregivers take advantage of you financially?
- Had someone including family/caregivers take your property inappropriately?



## 2021 Community Needs Assessment of Older Adults

### Caregiving

23. Do you provide care for someone over the age of 60?

- Yes
- No

24. In total, how many hours per week do you spend giving care?

25. Of the hours you spend giving care, how many are you paid for?

26. What is your relationship to the person for whom you provide care?

27. Do you... *(Select all that apply.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Need information on how to plan for Long-Term care needs?                      | <input type="checkbox"/> Need a day program to provide help with daily care giving?           |
| <input type="checkbox"/> Need caregiver education or training?  | <input type="checkbox"/> Need respite care to provide periodic relief from caregiving duties? |
| <input type="checkbox"/> Need to learn more about a specific medical condition to help your caregiving? | <input type="checkbox"/> Need personal counseling to deal with the stress of caregiving?      |
| <input type="checkbox"/> Desire to attend a caregiver support group?                                    | <input type="checkbox"/> Need time and resources to care for yourself?                        |



## 2021 Community Needs Assessment of Older Adults

## Follow Up

28. Are you experiencing any other needs that hinder your ability to be safe and independent in your home and community?

29. Would you like someone from Northwest Indiana Community Action to contact you about the needs you are experiencing? If so, please complete the following.

**Name**

**Address**

**Address 2**

**City/Town**

**ZIP/Postal Code**

**Email Address**

**Phone Number**