

1. Piedmont Triad Regional Council Area Agency on Aging Area Plan Survey

With your help the Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) is developing a four-year work plan to guide us in the support of local service and program development. It is the Area Plan on Aging that provides a roadmap for adults 60+, individuals with disabilities, and their caregivers within our 12-county region. To help steer us we need your thoughtful and honest responses to the following survey questions.

Individual responses will be confidential and only aggregate responses will be used for analysis.

1. Are you familiar with the work of the Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA)?

- Yes
- No

2. Do you volunteer with the PTRC AAA? (check all that apply)

- Regional Advisory Council on Aging (RACA)
- County Planning Committee
- Community Advisory Committee (CAC)
- Senior Tar Heel Legislator (STHL)
- Retired Senior Volunteer Program (RSVP)
- Elder Abuse Walk
- Aging and Disability Resource Connection / Community Resource Connection (ADRC / CRC)
- Veterans Homeless Stand Down
- Health and Wellness Lay Leader
- Falls Prevention Coalition
- Alzheimer's Walk
- Caregiver Powerfull Tools Training
- None at all
- Other (please specify)

2. Demographics

*3. What is your age?

- Under 50 51 - 60 61-75 76-85 86+

*4. How many people live in your home?

- 1 2 3 4 or more

*5. What is the annual income of your household?

- Less than \$15,000
 \$15,001 - \$25,000
 \$25,001 - \$50,000
 Over \$50,000

*6. Of the following, which best describes your role: (check all that apply)

- Older Adult (60 and over)
 Adult (under 60)
 Family member (60 and over) of an Older Adult
 Family member (under 60) of an Older Adult
 Professional in the Aging field (60 and over)
 Professional in the Aging field (under 60)
 Veteran (60 and over)
 Veteran (under 60)
 Caregiver (60 and over) for an Older Adult
 Caregiver (under 60) for an Older Adult
 Disabled Adult (60 and over)
 Disabled Adult (under 60)

Other (please specify)

***7. Race**

- Black/African-American
- Asian
- American Indian or Alaska Native
- White
- Native Hawaiian/Pacific Islander
- Unknown

***8. Please share with us the county in which you live or the county in which your family member receiving services resides. Answer the remaining survey questions in relation to the county you choose.**

- | | | |
|--------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Alamance | <input type="radio"/> Forsyth | <input type="radio"/> Rockingham |
| <input type="radio"/> Caswell | <input type="radio"/> Guilford | <input type="radio"/> Stokes |
| <input type="radio"/> Davidson | <input type="radio"/> Montgomery | <input type="radio"/> Surry |
| <input type="radio"/> Davie | <input type="radio"/> Randolph | <input type="radio"/> Yadkin |

***9. What is your Zip Code?**

3. Supportive Services

***10. Using the following list of programs and services, please indicate which best describe your thoughts and experience of the service or program. (please base responses on county given in #8)**

1 = This is a STRONG service in our county

2 = This service EXISTS in our county

3 = This service is in our county but we NEED MORE

4 = This service DOES NOT EXIST in our county

5 = I don't know

	1	2	3	4	5
Adult Day Care (community day care and supervision of adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Day Health Care (community-based day health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Placement Services (living arrangement help for aging or disabled adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs for Alzheimer's or Dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on Medicare/Medicaid Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Training/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinship Care (Grandparents Raising Grandchildren and Foster Grandparents volunteer programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Home Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training & Placement for Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal & Family Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite (providing a break for caregivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Centers (multipurpose community centers providing services and programs for older adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequent visit by family or
paid caregiver

Transportation

***11. What form of transportation do you use most often? (check all that apply)**

- I drive myself
- My family/friends run errands for me
- My family/friends take me places
- Public transportation
- Taxi cab
- Pay someone to drive me
- Volunteer driver
- Bicycle
- Walk

Other (please specify)

***12. Using the following list of programs and services, please indicate which best describe your thoughts and experience of the service or program. (please base responses on county given in #8)**

1 = This is a STRONG service in our county

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Primary Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Wellness Classes or Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice (End-of-Life Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management (help with prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals (meals delivered to homebound adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education (Nutrition Counseling and Nutrition Classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Nutrition (program providing a meal in a group setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Assistance (help from food pantry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information & Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***13. Using the following list of programs and services, please indicate which best describe your thoughts and experience of the service or program. (please base responses on county given in #8)**

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Housing Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks that are clear and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three-Day Plan to "Shelter in Place" in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A phone to call 911 in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with legal issues such as Wills and Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***14. Using the following list of programs and services, please indicate which best describe your thoughts and experience of the service or program. (please base responses on county given in #8)**

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	1	2	3	4	5
Independent Apartments for Seniors or those with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Homes for those with Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Day Care Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living (Adult Care or Family Care Homes which are non-medical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locked building or unit for persons with Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Care designed for seniors or those with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with planning and paying for my Long-Term Care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with comparing and understanding my housing options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care (teeth, mouth, and other oral health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (emotional well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion (improving health, preventing disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care (health screenings and wellness exams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare & Medicaid Acceptance (Federal and State funded health care programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Assistance (resources to access lower costs on medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Alternatives
Program for Disabled Adults
(DSS Medicaid waiver
program - CAP/DA)

Nursing Facility Care
(housing and 24-hour
healthcare)

4. Information & Technology

***15. Do you use any of the following methods of technology or social media? (check all that apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Tablet (ex. Ipad) | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> MP3 player (ex. Ipod) | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Text messaging | <input type="checkbox"/> Digital Camera | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Facebook | <input type="checkbox"/> Blog |
| <input type="checkbox"/> eReader (ex. Nook, Kindle) | <input type="checkbox"/> Skype | <input type="checkbox"/> I do not use any of these |

Other (please specify)

***16. Where do you get most of your information about services available for older adults, individuals with disabilities, and caregivers? (check all that apply)**

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Friends | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Local Community Agencies |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Internet | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Family | <input type="checkbox"/> TV | |

Other (please specify)

17. What needs do you have that are not met by your community? Be specific.

18. Please use the following space to add anything you feel is important. Thank you.