



2021

Central Ohio Regional Assessment on Aging Survey

Findings Report

Franklin County Survey Results

Presented to the
Central Ohio Area Agency on Aging,
Franklin County Office on Aging,
and the Age-Friendly
Innovation Center

January 2022



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Executive Summary

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Executive Summary



Purpose

ETC Institute administered a regional assessment, to residents who were 50 years or older, and on the behalf of the Central Ohio Area Agency on Aging, the Franklin County Office on Aging, and the Age-Friendly Innovation Center. This is the first assessment survey ETC Institute has conducted for these organizations. The purpose of this survey is to establish priorities for making the community a better place to live as residents age. Information compiled from this assessment will be used by decision-makers when it comes time to make important decisions that affect the community, especially residents who are 50 years or older. Priorities will be made that best reflect the needs of the community.

Methodology

The survey instrument, cover letter, and postage paid return envelope were mailed to a random sample of households in the Central Ohio region. The cover letter explained the purpose of the survey and encouraged residents to either return their survey by mail or complete the survey online.

Approximately, ten days after the surveys were mailed, ETC Institute sent e-mails/text messages to the households that received the survey to encourage participation. The e-mails/texts contained a link to the online version of the survey to make it easy for residents to complete. To prevent people who were not residents of the study area from participating, everyone who completed the survey online was required to enter their home address prior to submitting the survey. This was done to ensure that only responses from residents who were part of the random sample were included in the final survey database. ETC Institute then matched the addresses that were entered online with the addresses that were originally selected for the random sample. If the address from a survey completed online did not match one of the addresses selected for the sample, the online survey was not counted. These results are based on randomly selected residents ages 50 years or older throughout Franklin County.

This report contains:

- Executive summary of the survey methodology and major findings for Franklin County residents
- Charts showing the overall results for most questions on the survey
- Tabular data that shows the results for each question on the survey
- A copy of the cover letter and survey instrument

Major survey findings are on the following pages.

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Major Findings – Franklin County Residents 50+ Years

Transportation

- 83.4% of residents indicated that they usually get around by driving themselves, 28.8% are driven by friends or family, and 18.1% walk.
 - 0.5% use flexible public transit and 1.4% take paratransit
- Residents were asked if their usual way of getting around was no longer an option, how would they get to where they wanted or needed to go, and 62.6% responded that they would be driven by friends or family. Nearly one-third (30.0%) of residents indicated they would use rideshare services and 20.4% would use a transportation service that picks them up from their location and requires a reservation.

Communication & Technology

- The sources that the highest percentage of residents use to find information about community services are: the internet (77.1%), word of mouth (55.8%), and the mail (50.3%).
 - Other frequently used sources to find information about community services include: social media (37.6%), their mobile phone (35.3%), and TV ads (29.5%).
- 86.4% of residents use a smartphone, 83.1% use a computer, and 55.3% use a tablet (iPad, Kindle). Less than a quarter of residents use a smart speaker (21.5%), like Echo/Alexa or GoogleNest, and 9.7% use a cellphone with limited minutes.
- Most residents (94.9%) use the internet; 3.1% do not, and 2.0% indicated “don’t know”.
 - Of the 3.1% of residents that do not use the internet, 69.6% do not know how to access or use the internet, 22.3% cannot afford the internet or Wi-Fi device, 22.1% do not want to access or use the internet, and 5.6% indicated that their area does not offer any or sufficient Wi-Fi or internet access.
 - Of the 94.9% of residents that use the internet, the majority use the internet for;
 - searching for information (93.3%),
 - email (93.0%),
 - shopping (77.7%),
 - news (69.8%),
 - communication and socialization (66.7%), and
 - entertainment (i.e., relax, TV/movies, music, etc.) (53.0%)
- Residents were asked to rate how confident they feel using computers, smartphones, or other devices and 83.9% indicated they feel very/somewhat confident; 9.3% only a little confident, 2.6% not at all confident, 4.3% are not sure.

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Community Resources

- Less than half of residents strongly agree/agree with the following statements:
 - “My community offers a wide range of services available to adults as they get older” (49.6%)
 - “It is easy to find information about services for older adults” (47.6%)
- 80.7% of residents have heard or are aware of the Franklin County Office on Aging and 70.6% are aware or have heard of the Central Ohio Area Agency on Aging.
- Residents were asked how likely they would be to use various services in the future. The top five services that residents would either very likely, likely, or maybe use are listed below.
 - Transportation (40.8%)
 - Assistance with shopping for groceries, clothing, or necessities (36.3%)
 - Assistance with keeping the home clean and organized (35.7%)
 - Meal delivery (32.0%)
 - Durable Medical Equipment such as shower chair or walker (30.5%)
- In regard to the services residents indicated they would very likely, likely, or maybe use, they were asked what reason(s) would prevent them from seeking any of the services listed (of a list of ten). The top three highest responses were:
 - I do not believe that I would qualify (40.1%)
 - I believe those services are for people who have less money than me (33.2%)
 - I do not want to take services from someone else who may be more needy (32.6%)
- The bottom three responses were; I do not think I need them (7.3%), it would be too difficult/time consuming to apply (5.9%), and language barrier (1.0%).

Food Needs & Services

- 16.0% of residents use a personal or community garden for their own consumption and 13.0% have a neighbor or family member who provides food or meals at least a few times a year.
- 81.8% participate in food and nutrition programs to help make their food budget stretch further, 80.6% to supplement the food they purchase at grocery stores and restaurants, 76.6% use them to make sure they eat healthier foods.
- 76.6% of residents indicated they are never worried about not having enough food to eat, 12.3% are rarely worried, 6.1% are sometimes worried, 1.9% are frequently worried, 1.0% are always worried, and 2.1% did not provide a response.

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Housing and Associated Costs

- 71.9% of residents own their home; of those 50.7% have a mortgage, 46.8% do not have a mortgage, 0.1% are not sure, and 2.4% did not provide a response.
- 74.2% of residents do not have a concern about paying for their rent, mortgage, or utilities; 15.6% do have concerns and 10.2% do not know.
- 36.3% of residents indicated they spend less than 30% of their household income on housing expenses, including utilities. 39.6% of residents spend between 30% to 50% and 17.9% spend 50% or more of their household income on their housing expenses, including utilities; 6.1% did not provide a response.
- It is either very important or somewhat important to almost all (94.5%) residents to remain in their home as they age, and it is very somewhat important to 80.6% of residents to remain in their neighborhood as they age.
- 87.9% of residents indicated they are physically able to maintain the inside of their home, 84.5% are able to afford their indoor home maintenance, and 37.7% do have others help them maintain the inside of their home.
 - 76.7% of residents have a first-floor bathroom
 - 54.3% of residents have a first-floor bedroom
 - 43.7% of residents have a first-floor laundry
 - 26.0% of residents have an accessible entryway (zero step entry or ramp)
- 62.3% of residents are physically able to maintain the outside of their home, 78.1% are able to afford outdoor home maintenance, and 61.9% have others help them maintain the outside of their home.
- More than three of ten residents understand the benefits of the Homestead Exemption Program (36.8%) and know how to access the Homestead Exemption Program (34.1%).

Emergencies

- 74.3% of residents feel they are prepared for an emergency; 16.0% are not prepared, and 9.7% do not know.
 - 94.9% have working air-conditioning, 93.6% have working smoke detector(s), 64.4% have working carbon monoxide detector(s), and 23.4% have an alternative source of electric power (23.4%).
- Extreme weather events have prevented 9.3% of residents from getting to a community event or worship service, prevented 8.4% getting to a family member or friend, 7.4% remaining in their

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home, 6.2% getting to a health-related appointment, 4.4% getting to work or volunteer service, and 4.0% from getting medicine.

Health and Well-Being

- 78.6% of residents indicated they are in excellent, very good, or good health, 16.7% indicated they are in fair health, 3.3% poor health, and 1.4% did not provide a response.
- 96.1% of residents have a primary care provider; 2.6% do not, 0.3% are not sure, and 1.0% did not provide a response.
- 76.4% engage in some form of physical exercise at least once a week (or more), 5.7% once or twice a month, 4.3% less than once a month, 12% rarely or never, and 1.6% did not provide this information.
- 21.3% of residents indicated they have fallen in the last six months, 77.6% have not, and 1.1% did not provide a response.
 - 25.6% of residents indicated it is a high to medium probability that they will fall in the next few months, 71.3% indicated it is a low probability, and 3.1% did not provide a response.
- 2.3% of residents always or frequently skip necessary medications due to the high cost, 5.7% sometimes skip, and 12.7% rarely skips for this reason. 73.8% of residents never skip their necessary medications due to the high cost and 5.6% did not provide a response.
- Residents were asked if they need physical assistance with various tasks and the task that had the highest response of *always need help* and *sometimes need help* was completing housework (35.9%), followed by shopping for groceries, clothing, or other necessities (23.3%), preparing food for themselves (14.5%), scheduling and attending appointments (13.4%), and managing money and paying bills (12.9%).

Outdoor Spaces and Buildings

- Over half (60.7%) of residents rate their community as being an excellent or good place to live as they age, 26.9% rate it as moderate, 8.2% rate it as poor or very poor, and 4.2% are not sure.
 - 73.6% rate the public buildings and facilities, in their community, that are accessible to people of different physical abilities as excellent or good.
 - 65.6% rate the crosswalks with signals, in their community, as excellent or good.
 - 59.2% rate their crosswalks, in their community, with adequate count down timers.
 - 57.6% rate the sidewalks in their community as excellent or good.

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Respect, Inclusion, and Participation

- 71.7% of residents strongly agree/agree with the statement that “there are negative stereotypes about older adults”; 22.5% are not sure and 5.8% disagree/strongly disagree.
- Residents were given a list of eight (8) potential reasons that could prevent them from going to activities or events more often. The top four barriers to participating in activities or events more often were:
 - Not interested (30.8%)
 - Lack of awareness (29.5%)
 - Too expensive (25.2%)
 - Not enough time (23.5%)
- 57.3% of residents participate in activities outside of home, such as social events or religious services, at least once a week; 11.7% participate about once a month, 11.6% participate a few times a year, 17.5% participate rarely or never, and 2.0% did not provide a response.
- 43.4% often or some of the time feel a lack of companionship, 37.5% often or some of the time feel isolated from others, and 37.4% often or some of the time feel left out.
- When referring to themselves or someone over the age of 60, 22.7% of residents prefer the term “senior”, 21.2% prefer the term “senior citizen”, and 16% prefer the term “older adult”.

Relationships

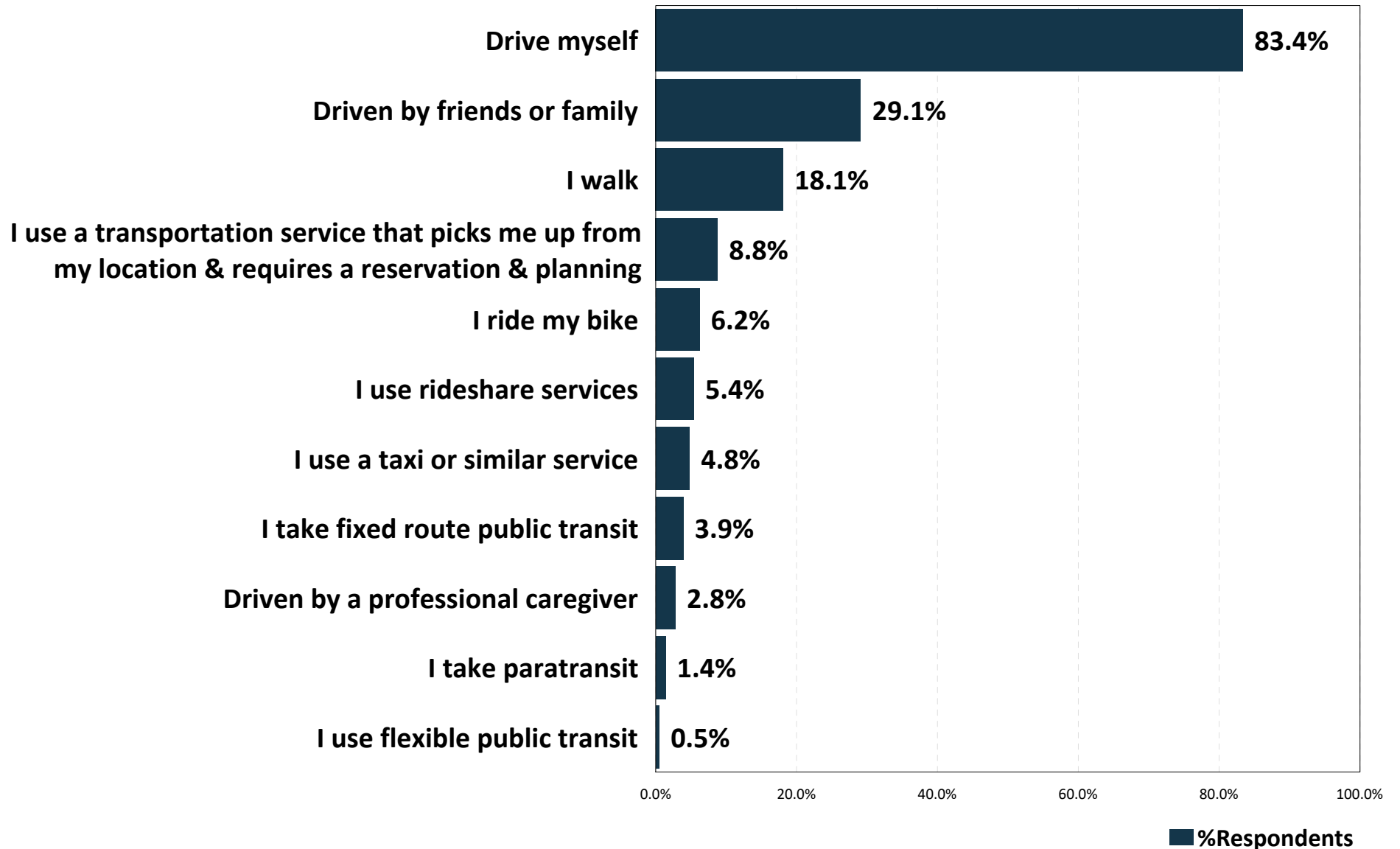
- 83.4% of residents see or hear from two or more relatives at least once a month; 79.5% of residents feel close enough to at least two relatives to call them for help, and 74.9% feel enough at ease with at least two relatives to talk about private matters.

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Overall Results

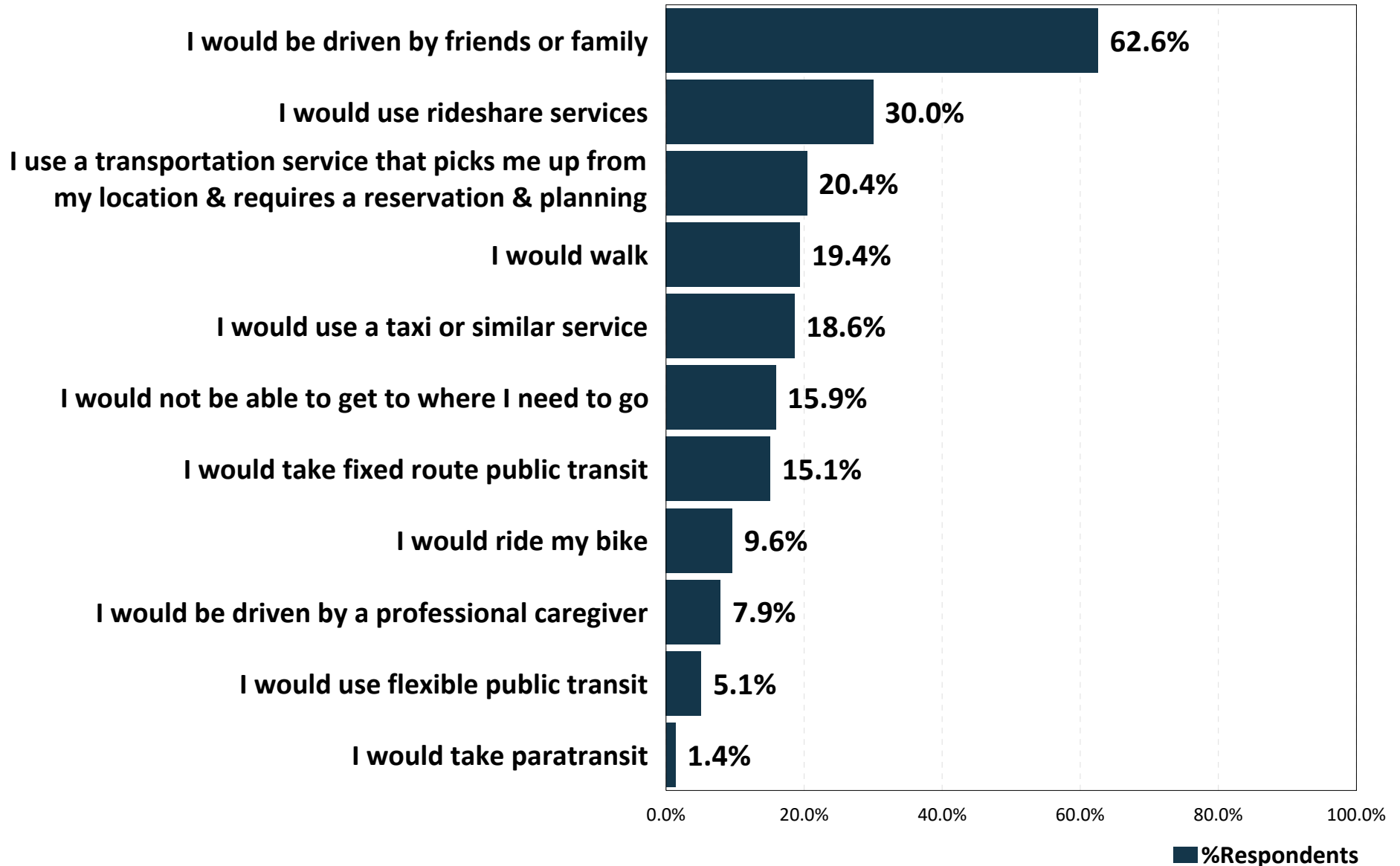
Q1. Transportation. What is your usual way of getting to where you want and need to go?

by percentage of Franklin County respondents (multiple choices could be selected)



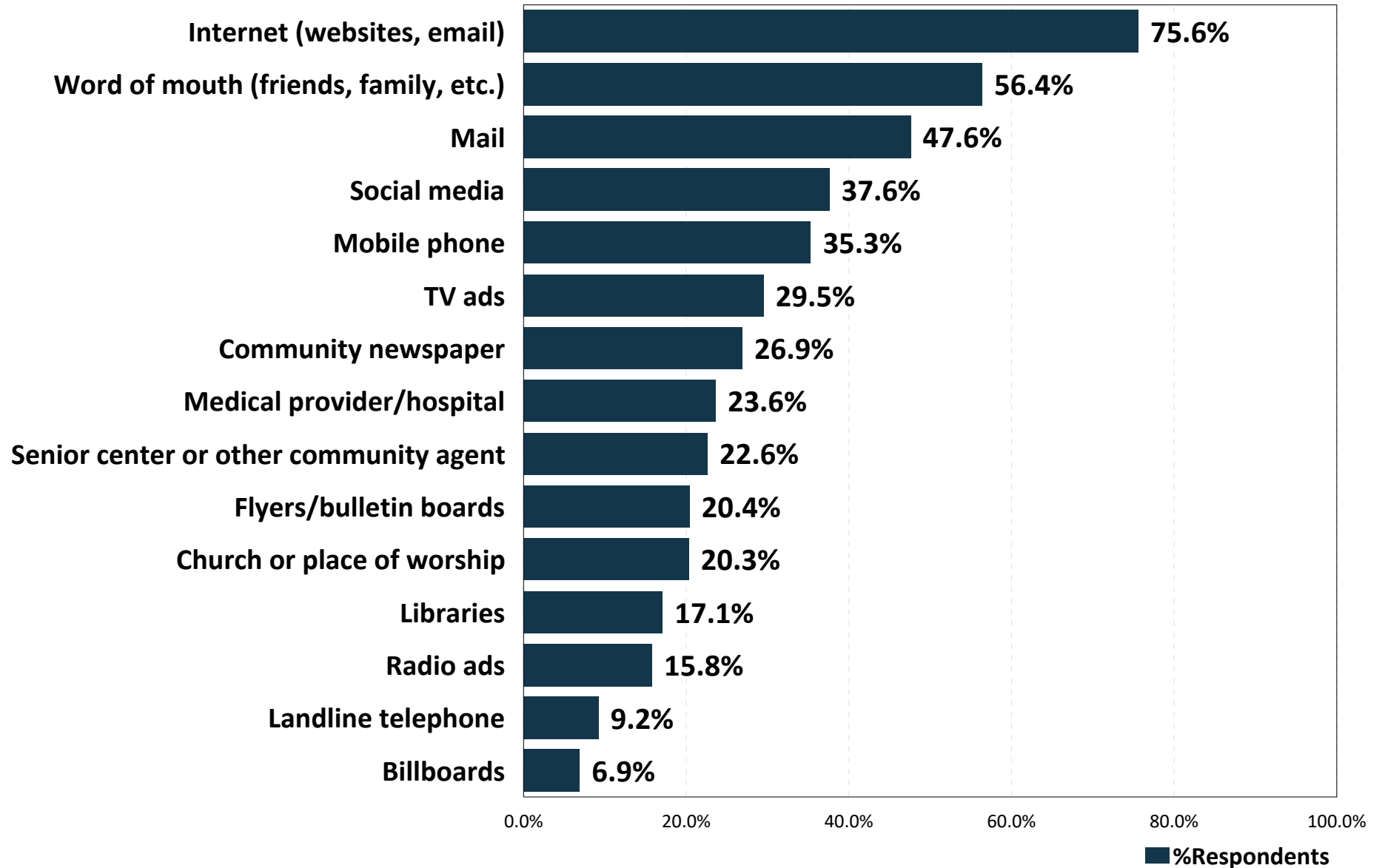
Q2. If your usual way of getting around was no longer an option, how would you get to where you want and need to go?

by percentage of Franklin County respondents (multiple choices could be selected)



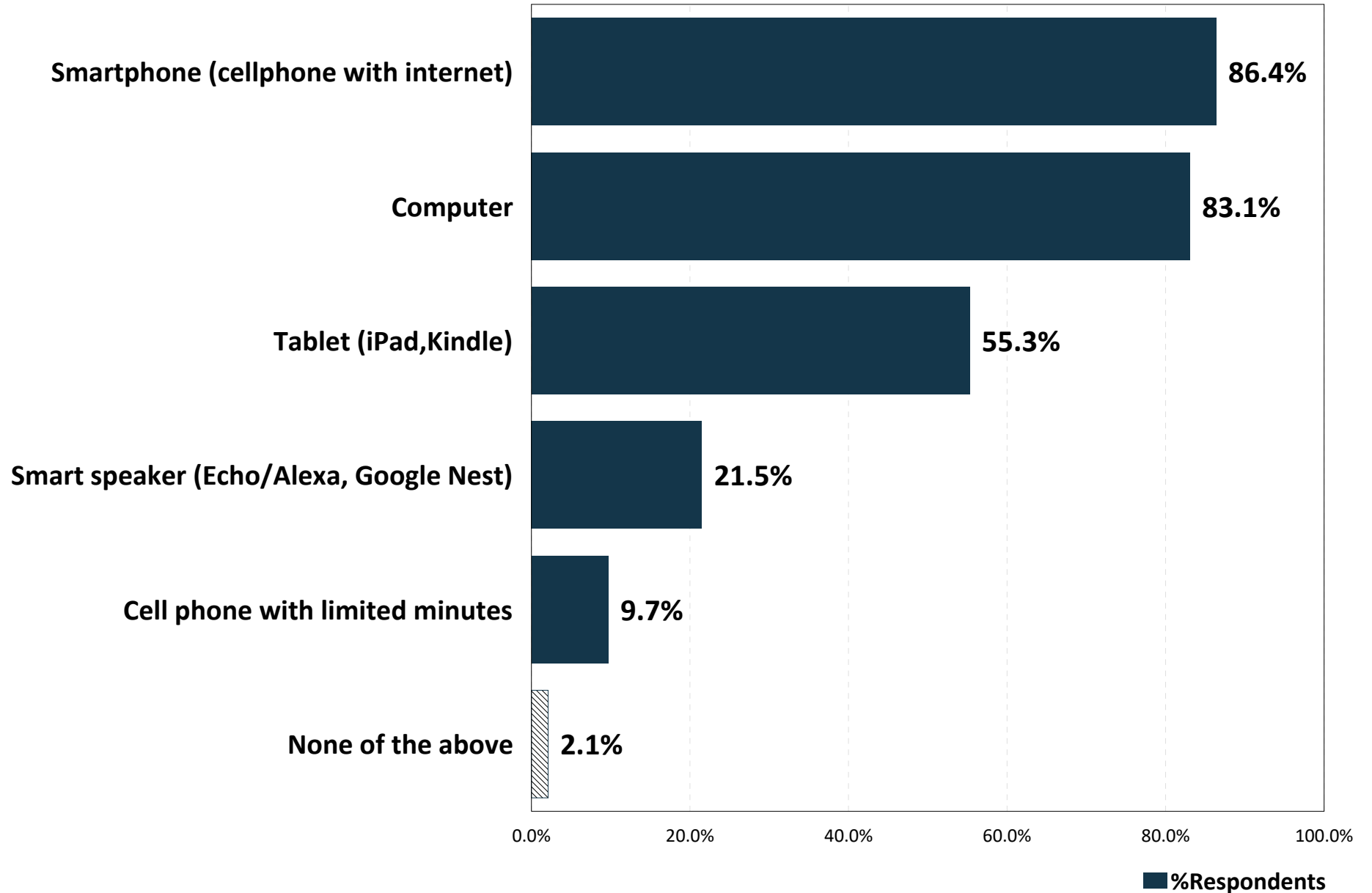
Q3. Communication and Technology. Which of the following sources do you use to find information about community services?

by percentage of Franklin County respondents (multiple choices could be selected)



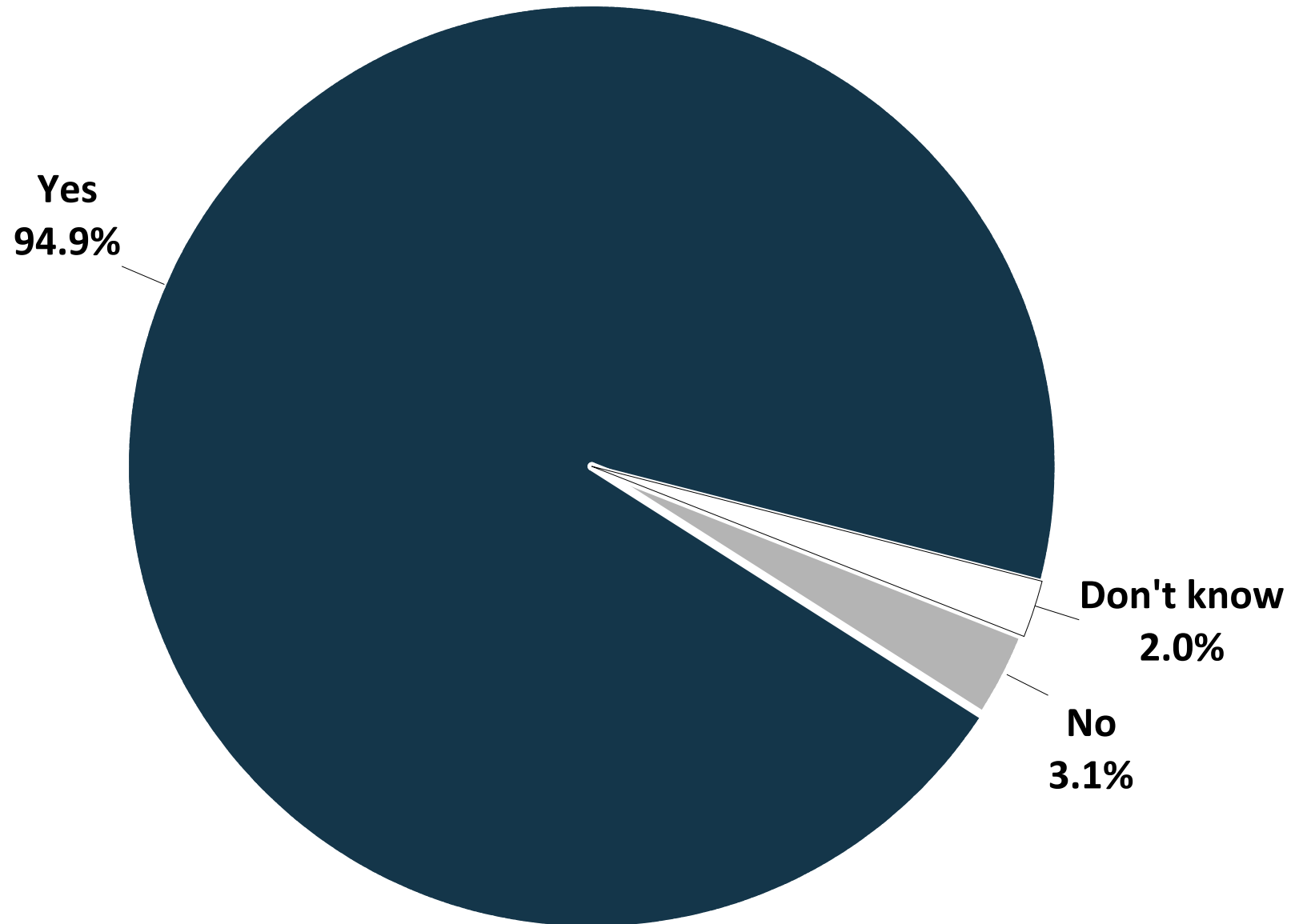
Q4. Do you use any of the following electronic devices?

by percentage of Franklin County respondents (multiple choices could be selected)



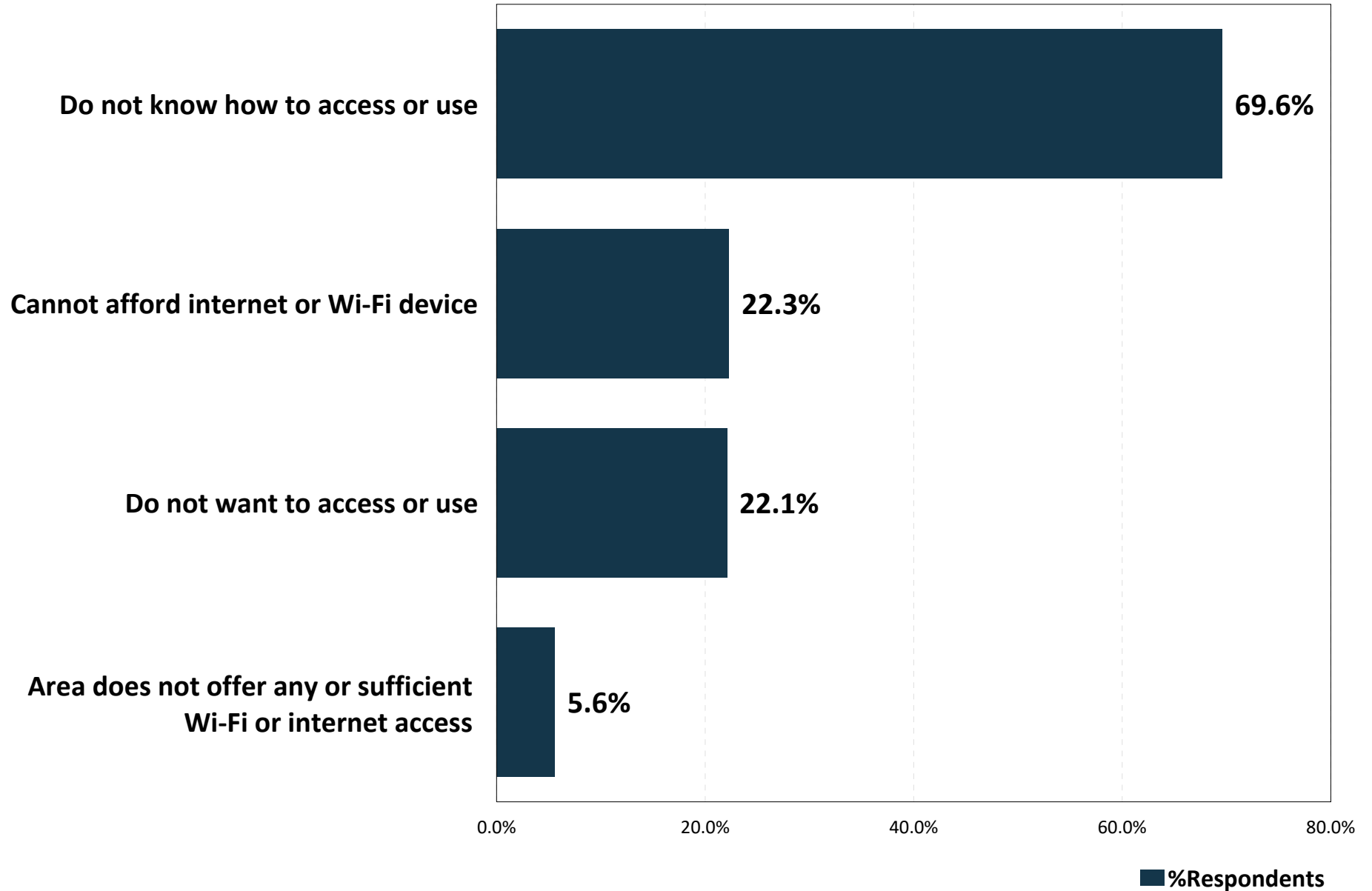
Q5. Do you use the Internet?

by percentage of Franklin County respondents



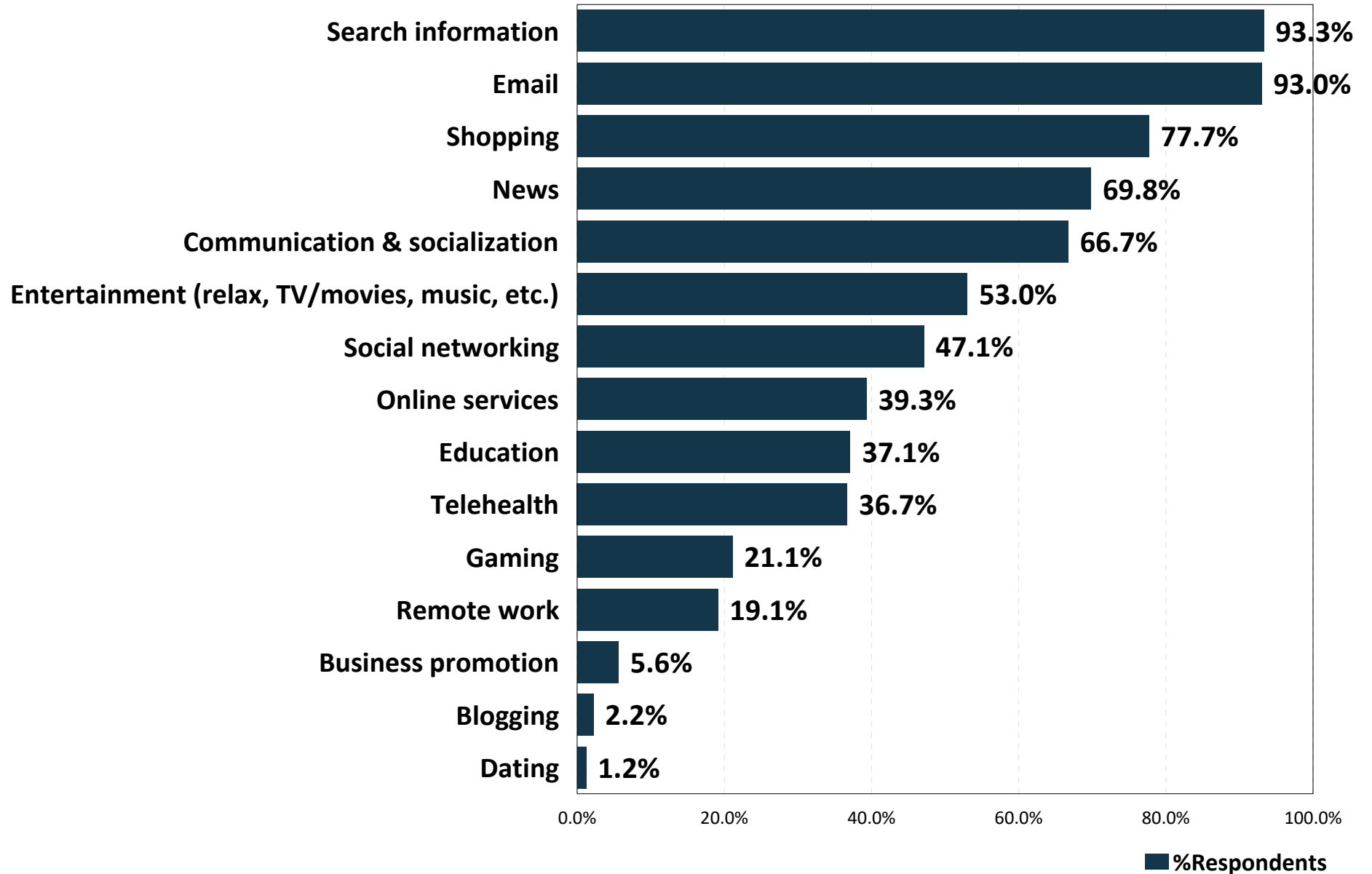
Q5a. Why do you not use the Internet?

by percentage of Franklin County respondents that do not use the internet (multiple choices could be selected)



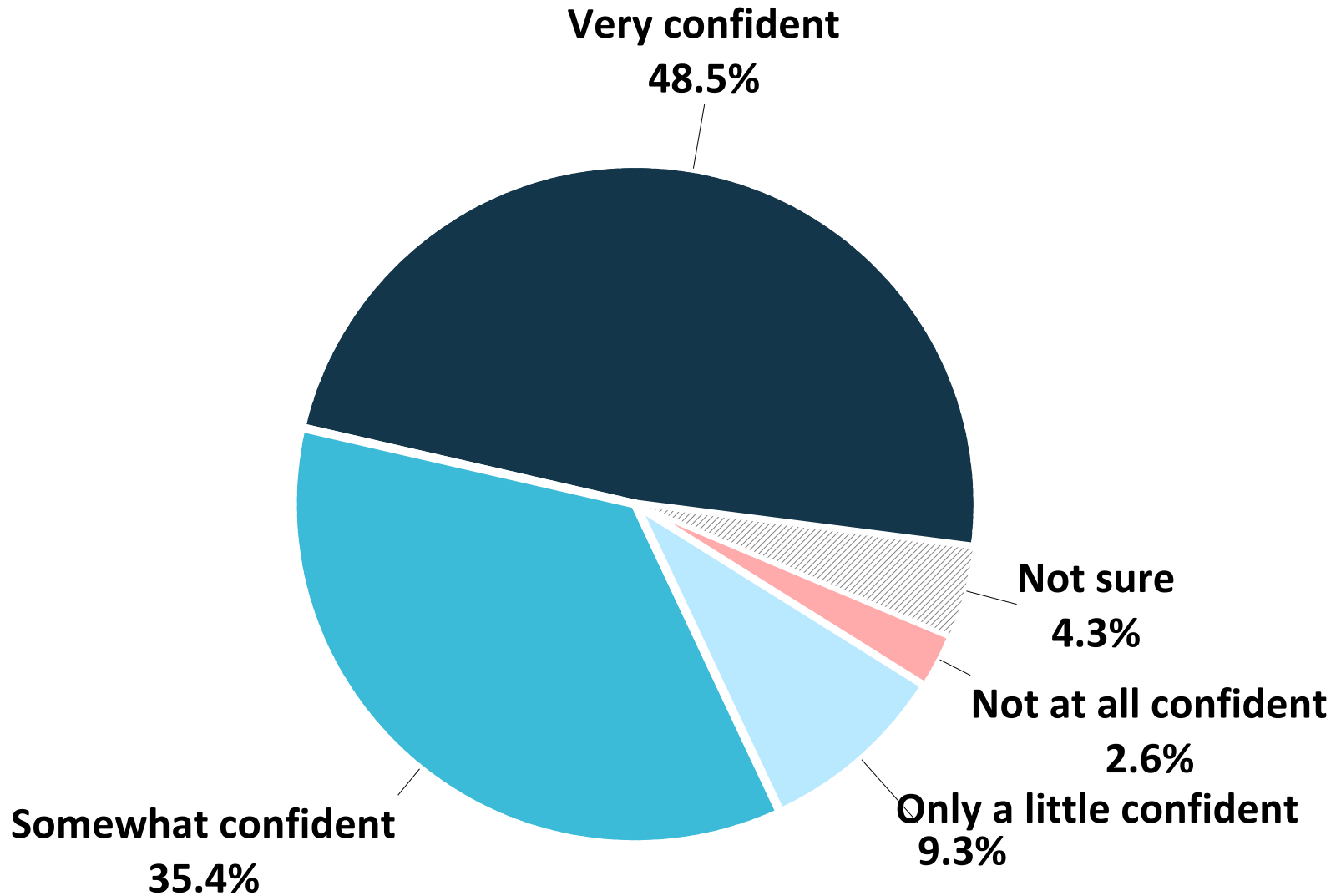
Q5b. What do you use the Internet for?

by percentage of Franklin County respondents that use the internet (multiple choices could be selected)



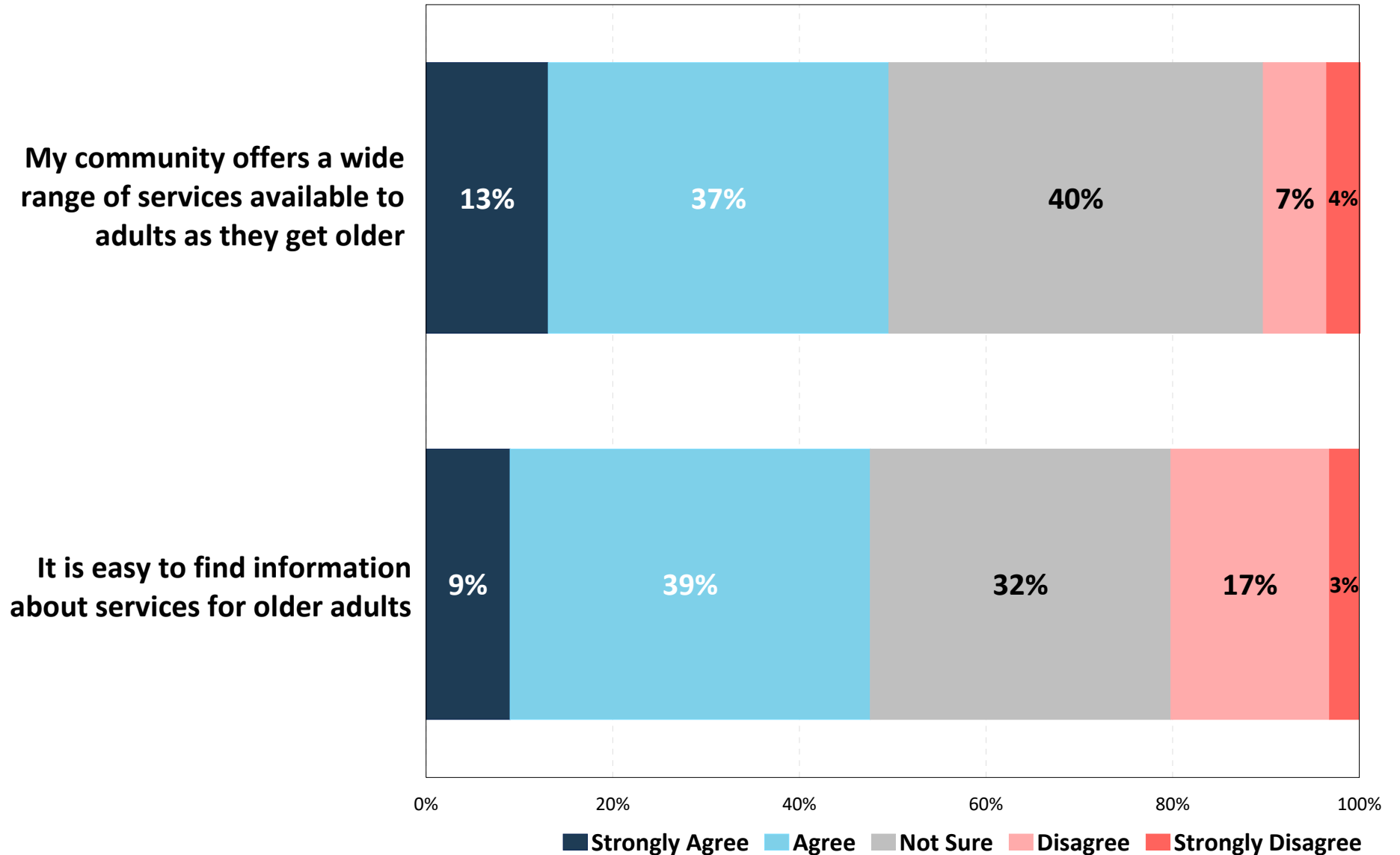
Q6. Overall, how confident do you feel using computers, smartphones, or other devices?

by percentage of Franklin County respondents



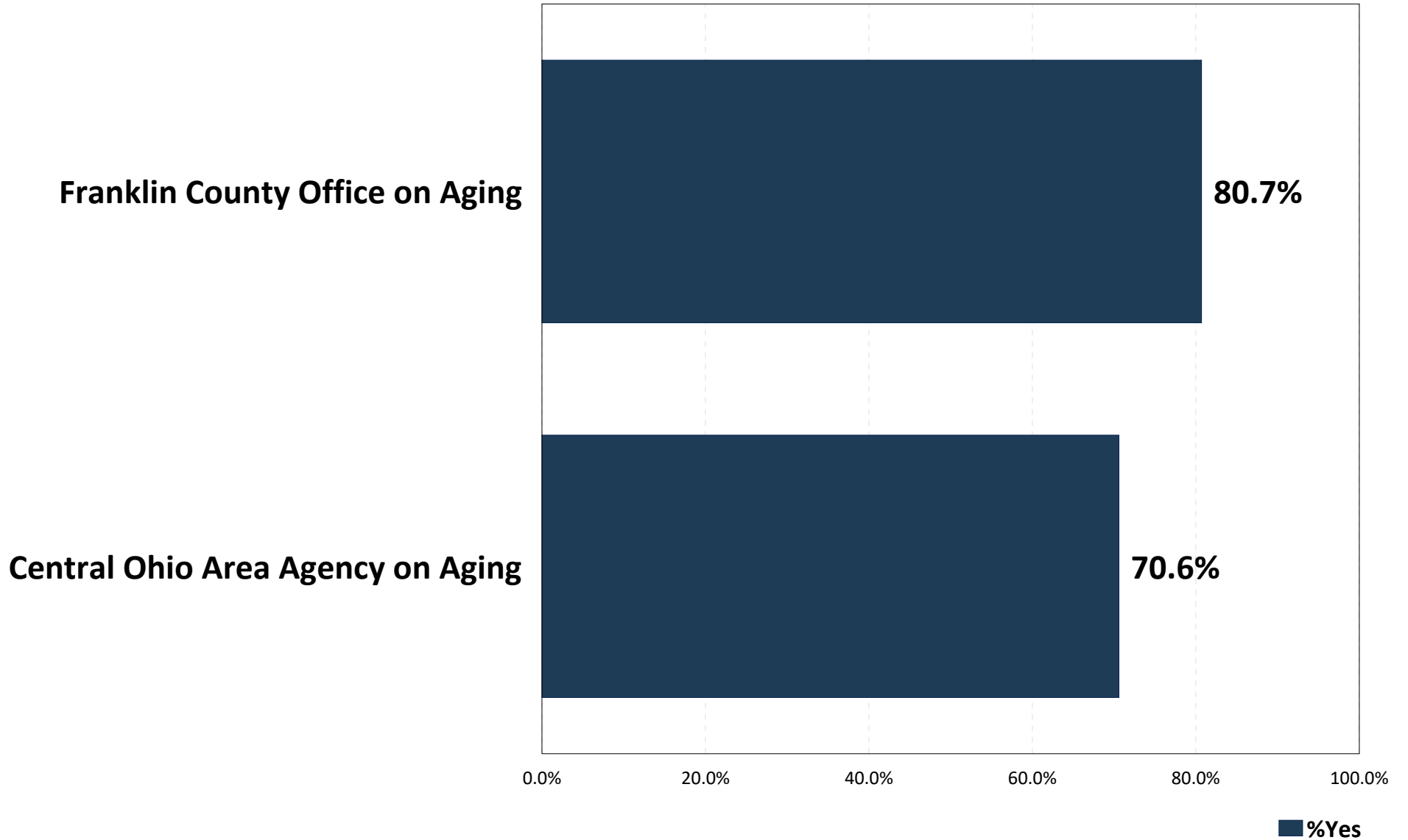
Q7. Community Resources. Please indicate your level of agreement with the following.

by percentage of Franklin County respondents using a 5-point scale, where 5 means *strongly agree* and 1 means *strongly disagree*



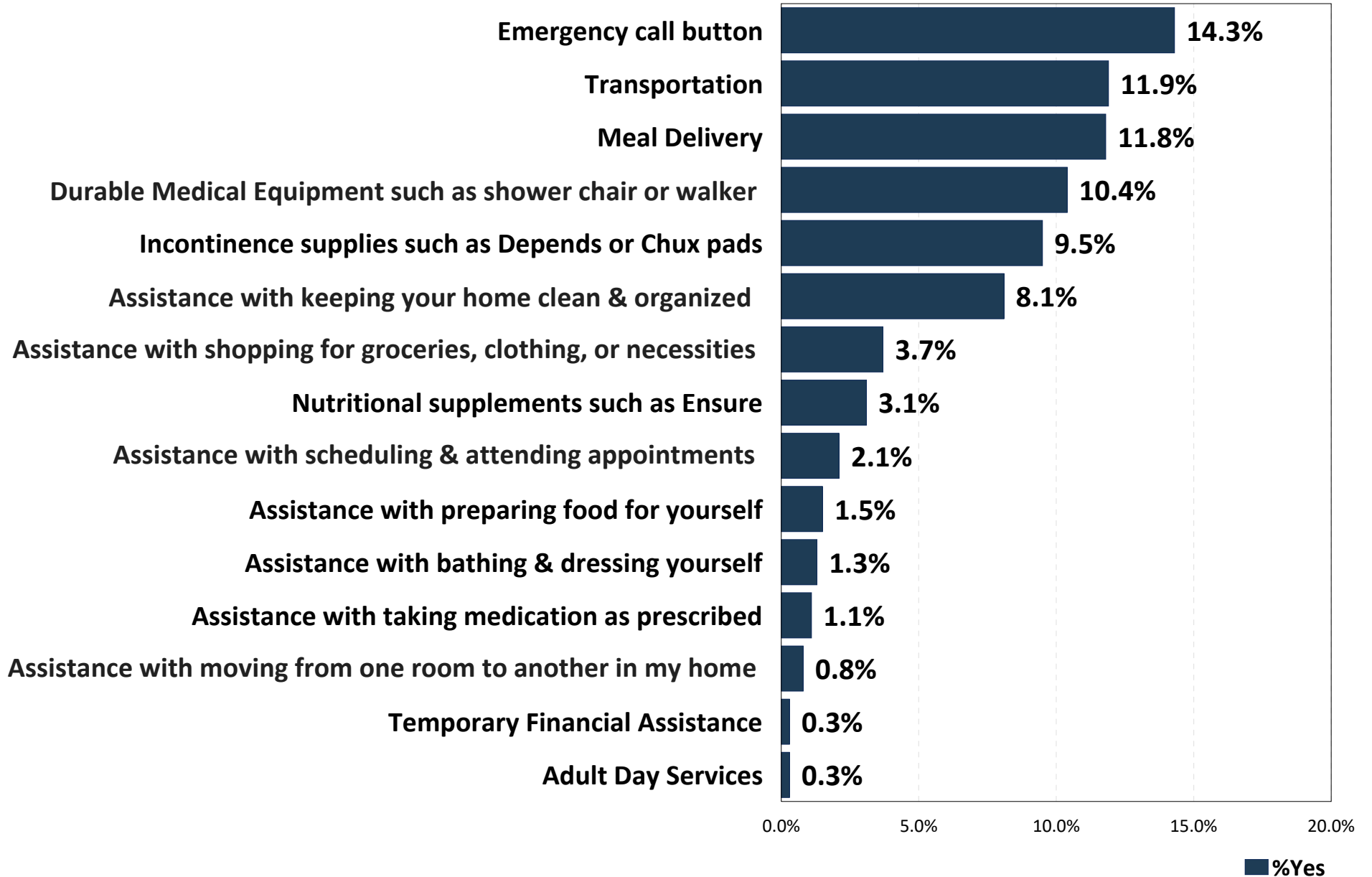
Q8. Are you aware of or have you heard of these agencies that serve older adults?

by percentage of Franklin County respondents that are aware or have heard of the agencies (excluding *not provided* responses)



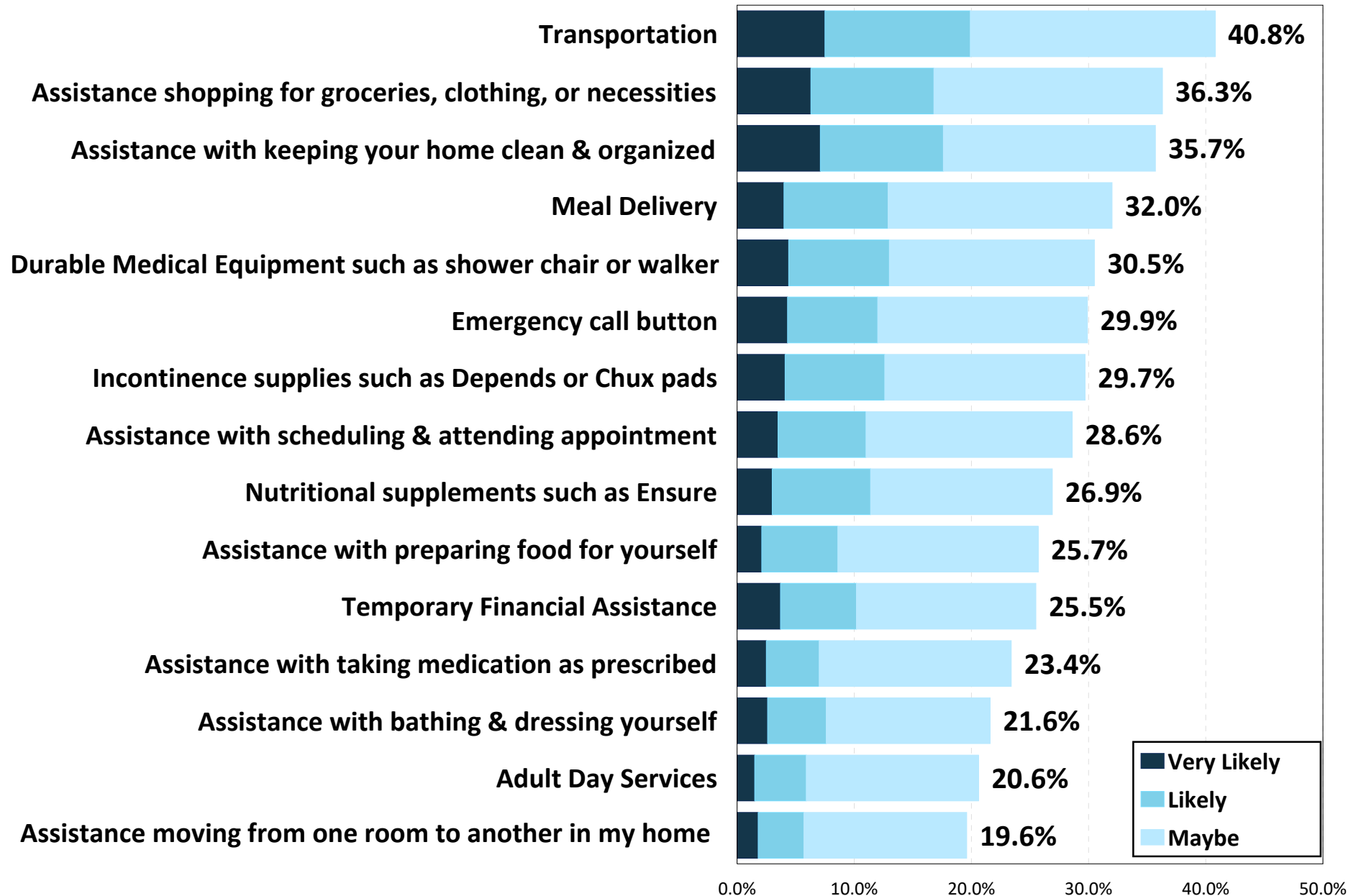
Q9. Are you currently receiving this service?

by percentage of Franklin County respondents that are receiving the service (excluding *not provided* responses)



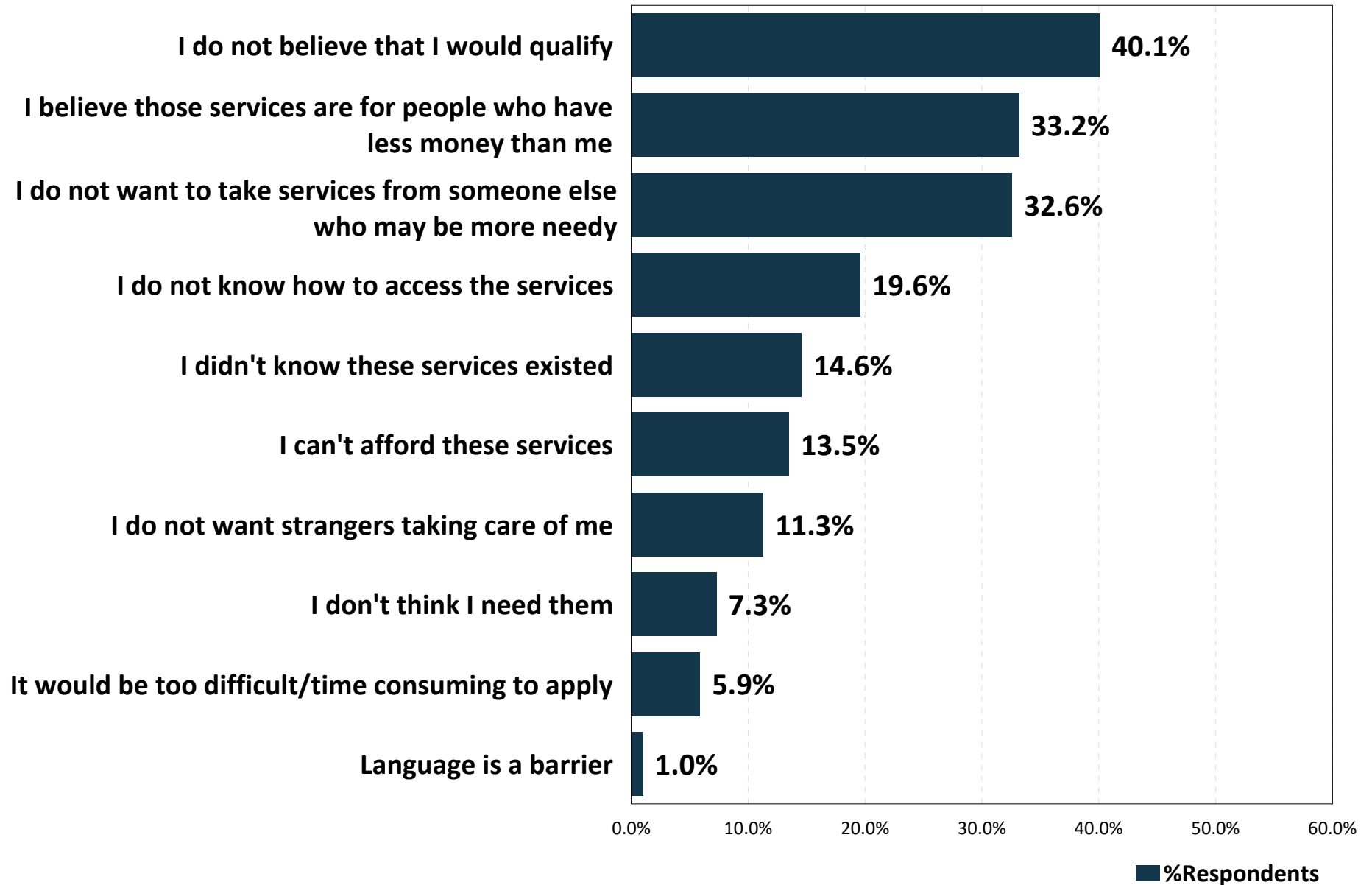
Q9. If "No," how likely are you to use this service in the future?

by sum percentage of Franklin County respondents, not currently receiving the service, that would *very likely*, *likely*, or *maybe* use the service



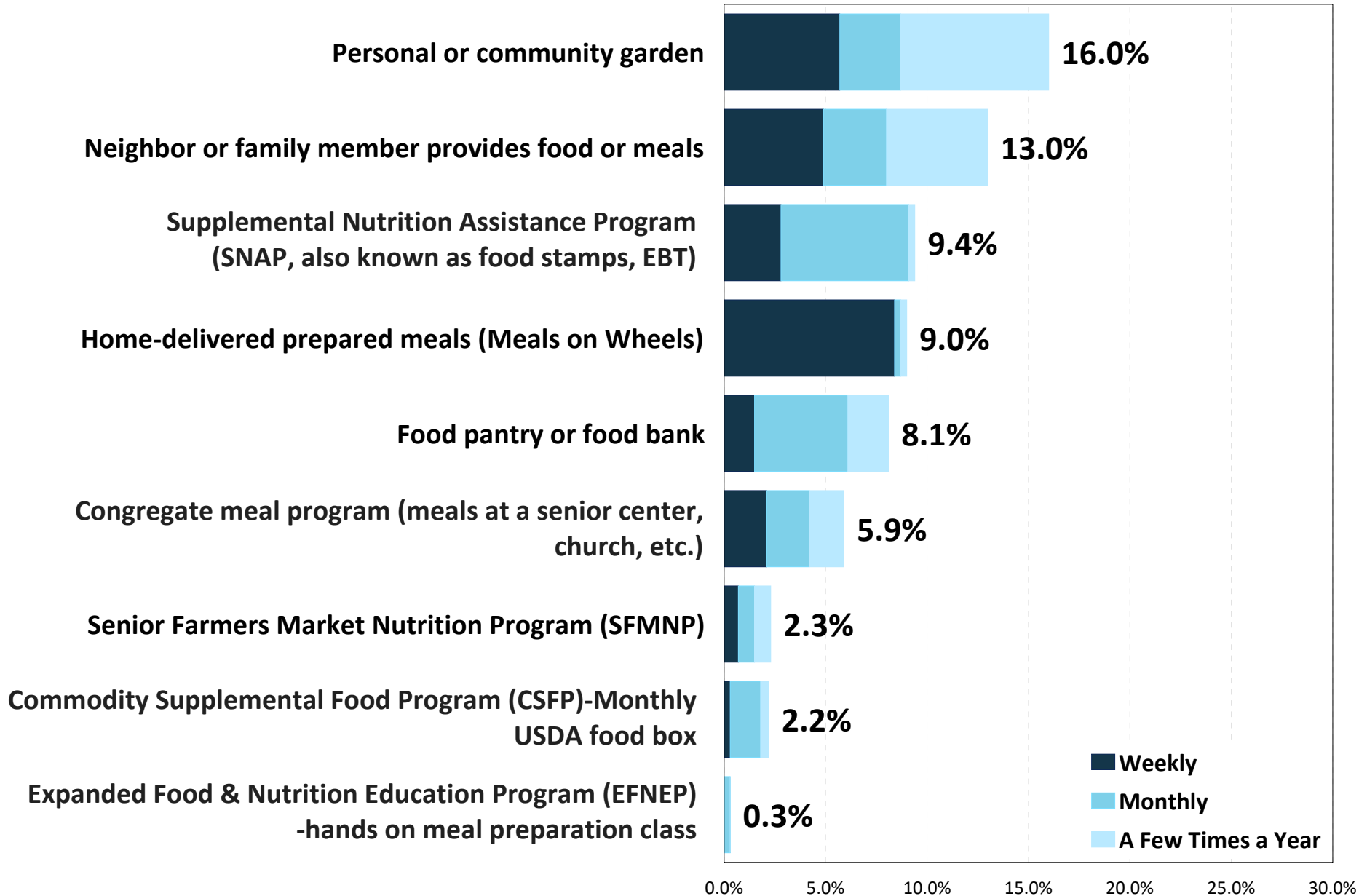
Q10. Would any of the following reasons prevent you from seeking any of the services listed in Question 9?

by percentage of Franklin County respondents (multiple choices could be selected)



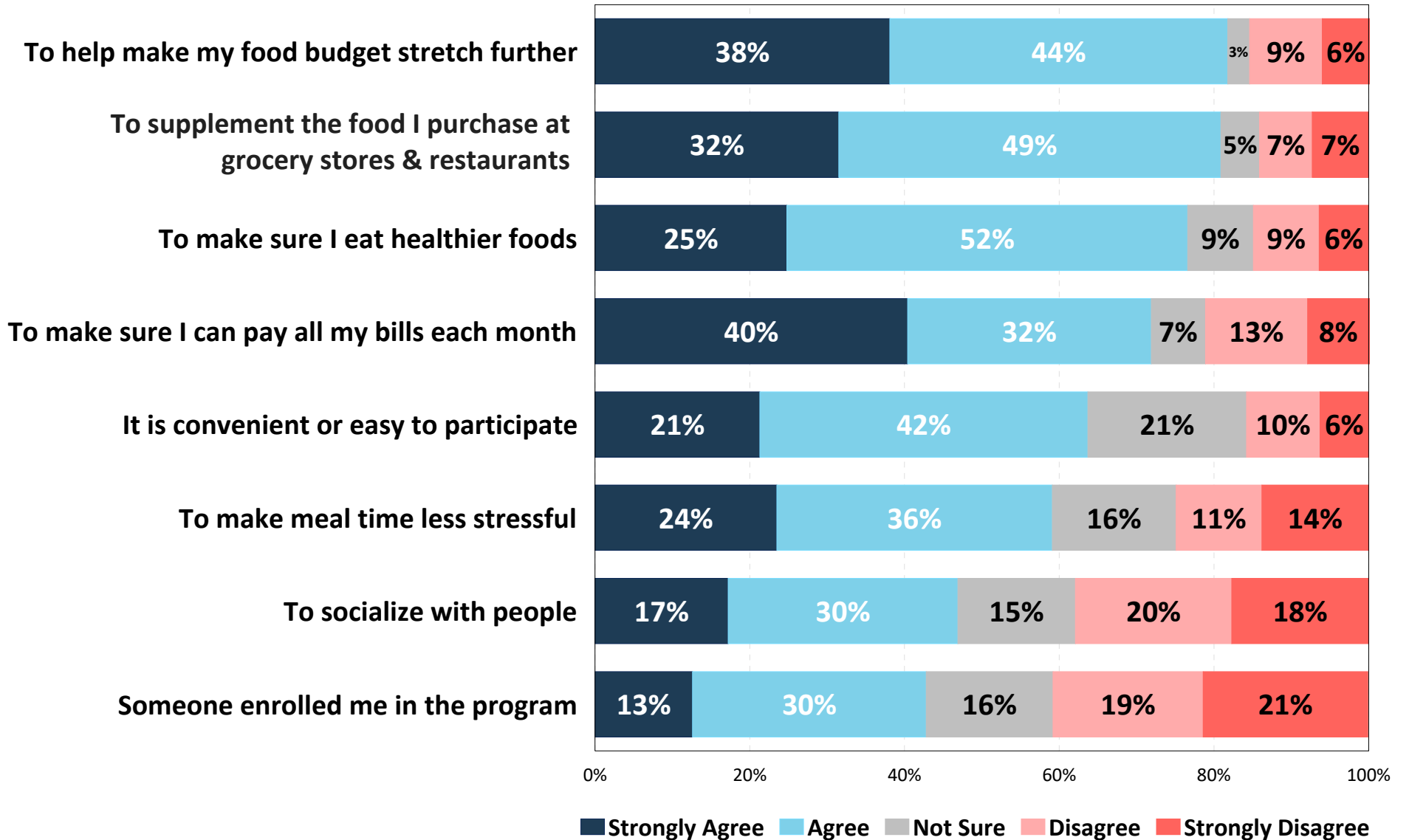
Q11. How often do you receive your food in these ways?

by sum percentage of Franklin County respondents that receive their food *weekly, monthly, or a few times a year* with the respective service



Q12. If you participate in any food or nutrition programs, why do you participate?

by percentage of Franklin County respondents using a 5-point scale, where 5 means *strongly agree* and 1 means *strongly disagree* (excluding N/A responses)



Q13. Over the last year, how often were you worried about not having enough food to eat?

Not provided

2.1%

Always

1.0%

Frequently

1.9%

Sometimes

6.1%

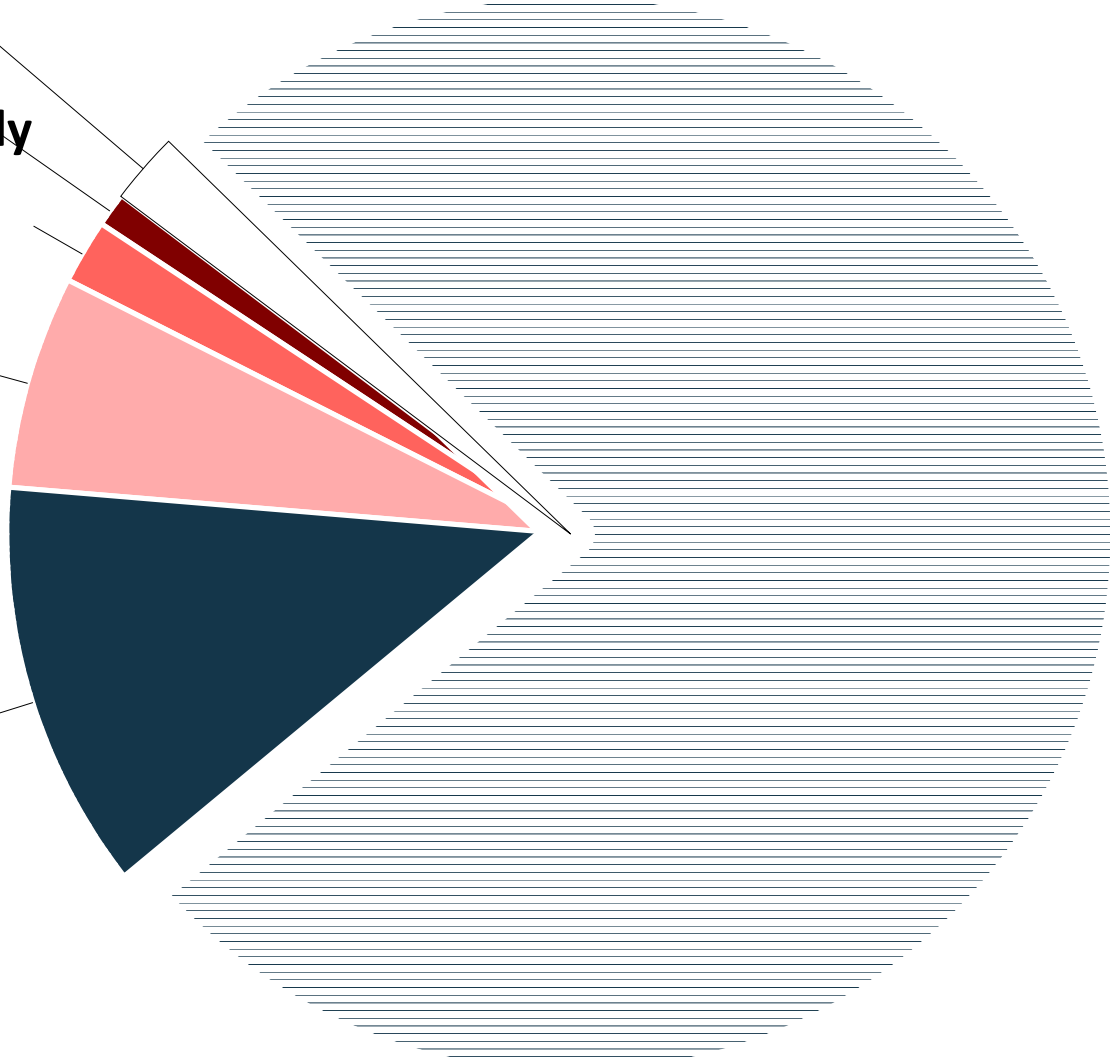
Rarely

12.3%

by percentage of Franklin County respondents

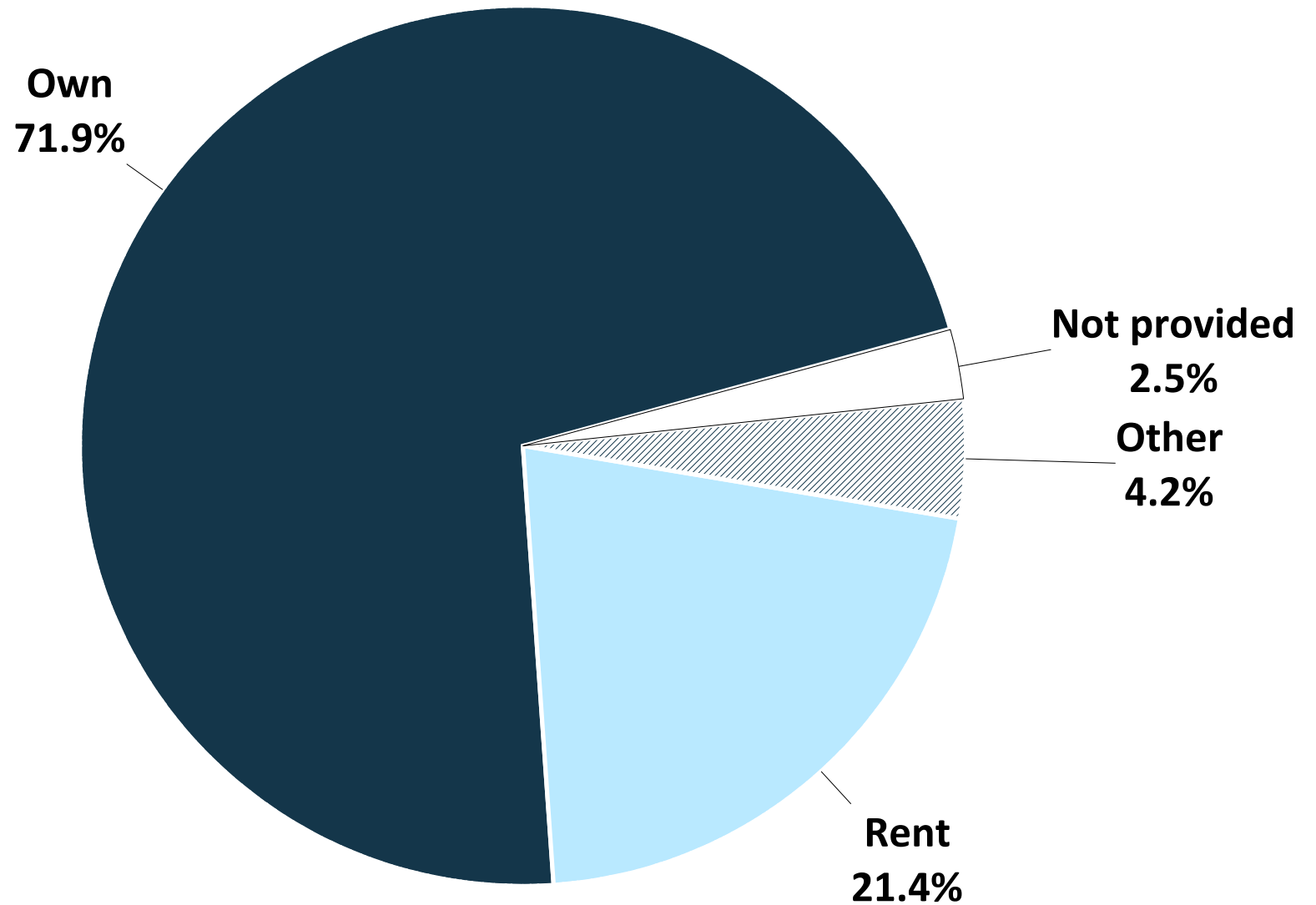
Never

76.6%



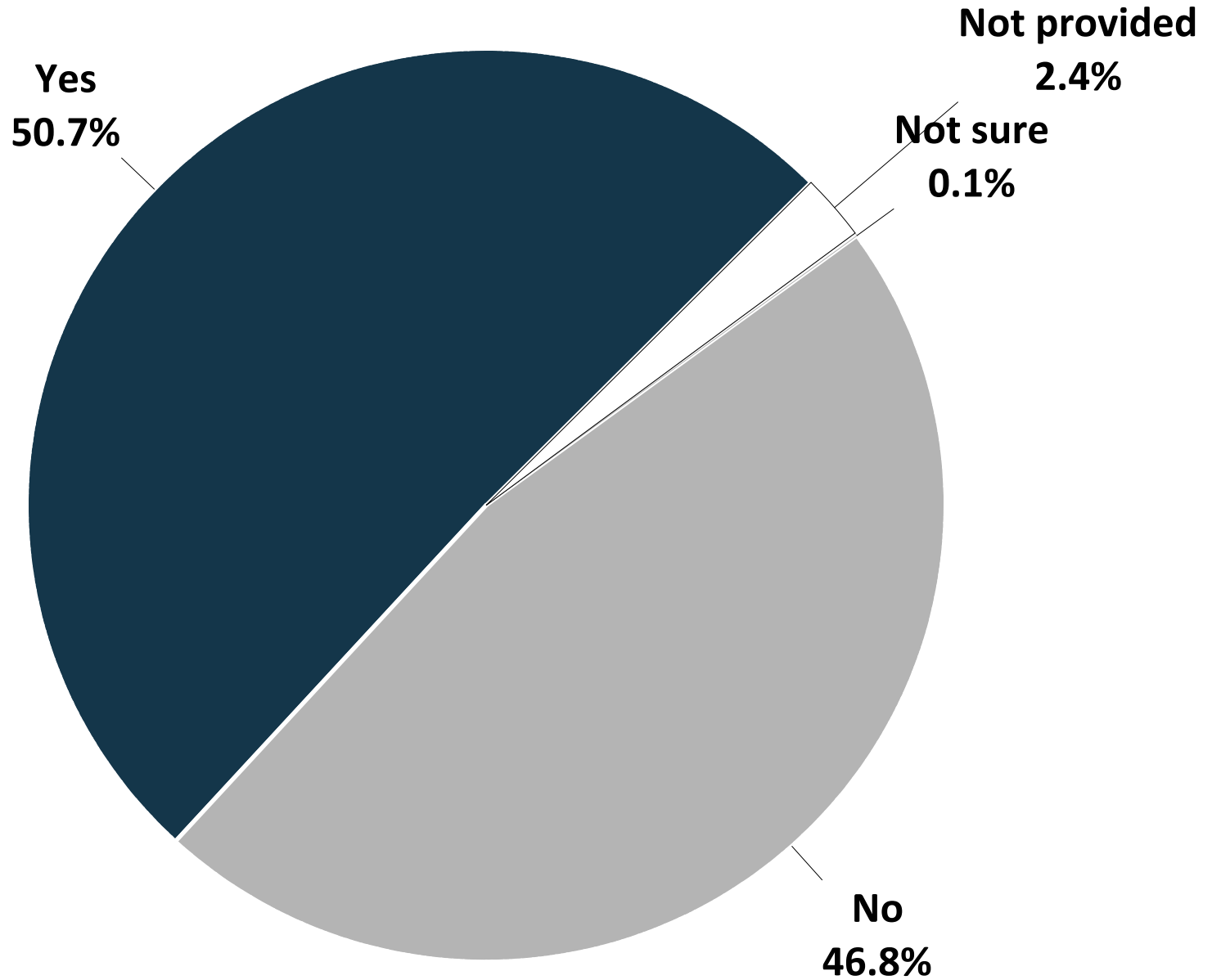
Q14. Housing. Do you own or rent your home?

by percentage of Franklin County respondents



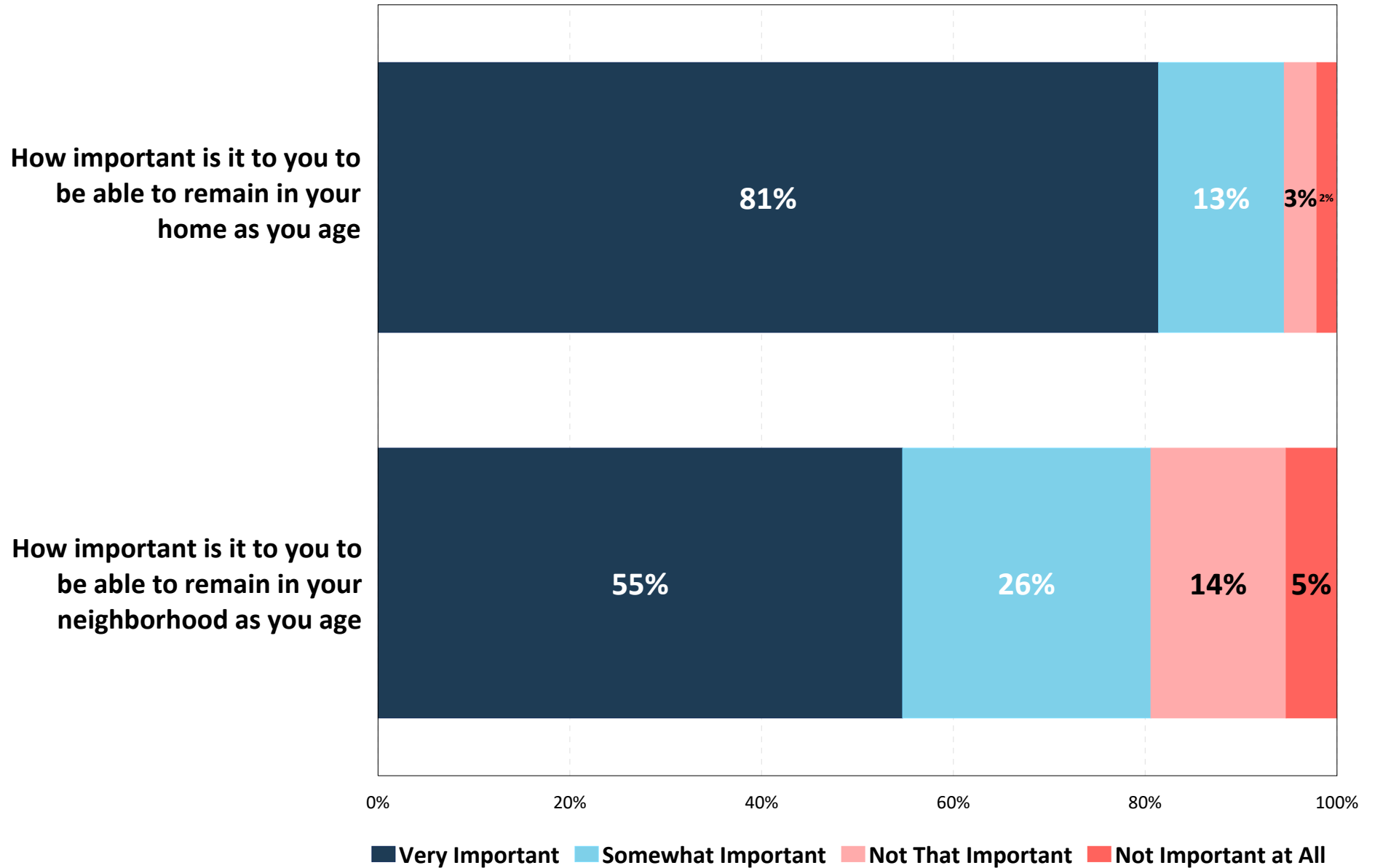
Q14a. Do you have a mortgage?

by percentage of Franklin County respondents



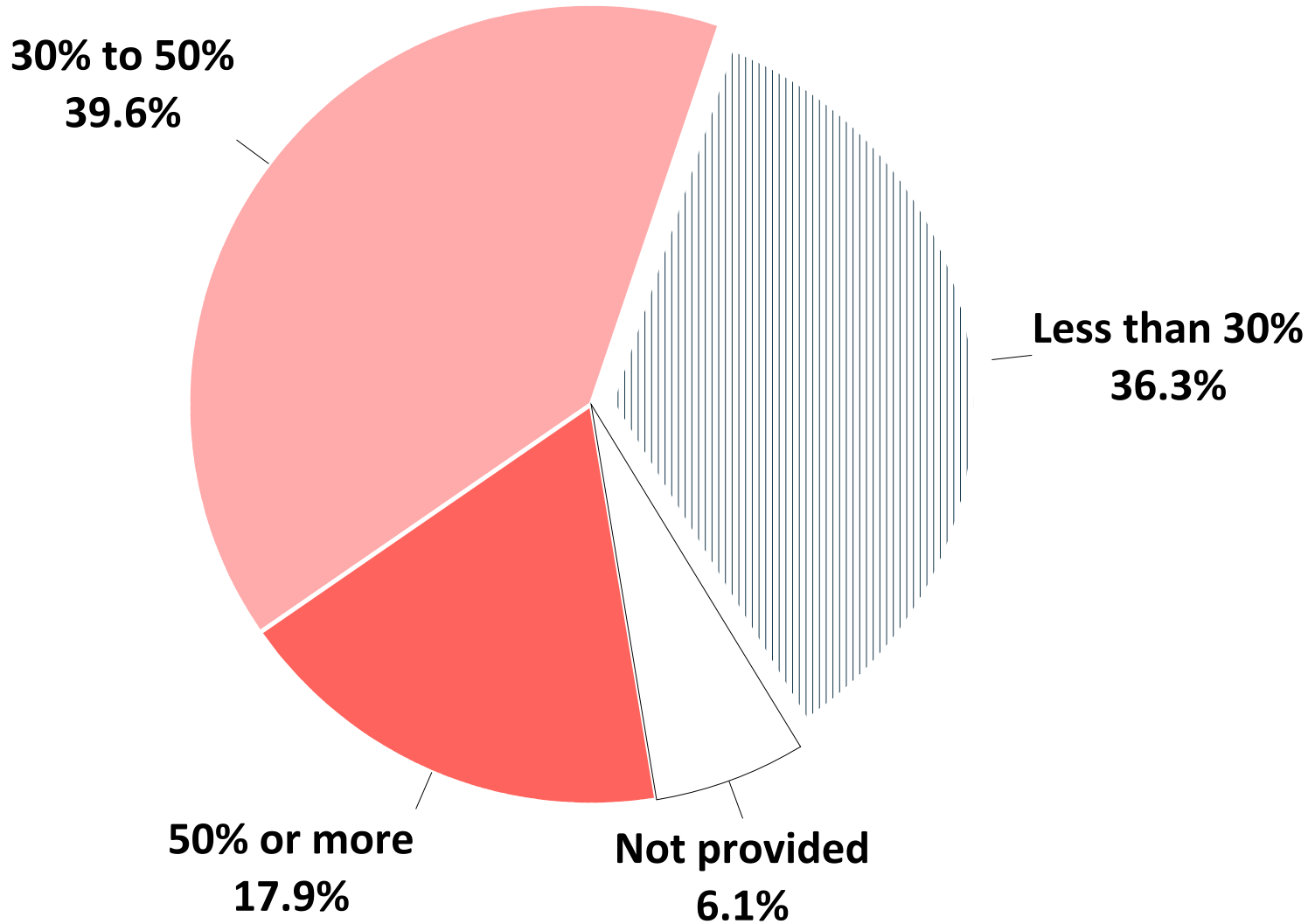
Q15. How important are the following...

by percentage of Franklin County respondents using a 4-point scale, where 4 means *very important* and 1 means *not important at all* (excluding *not provided* responses)



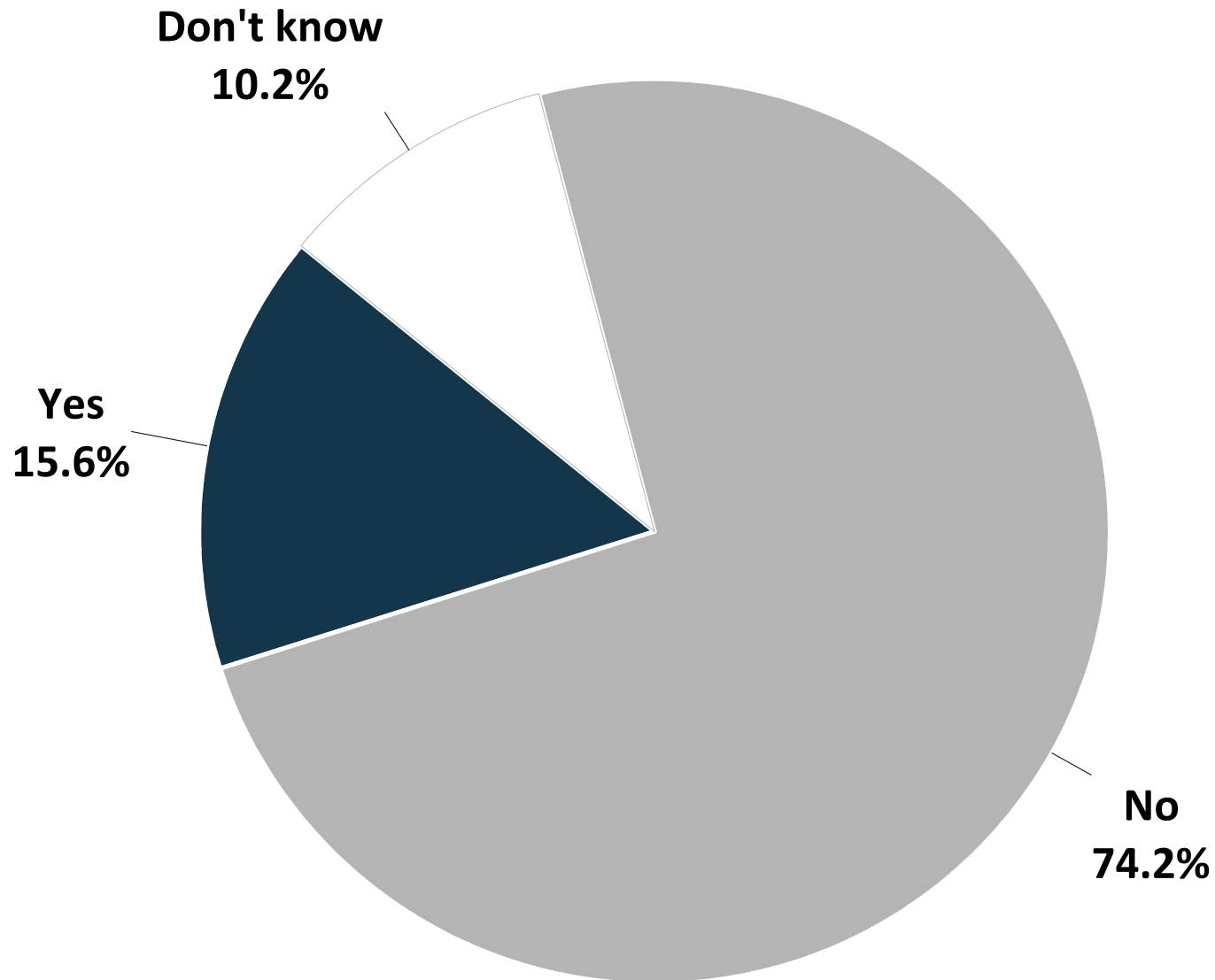
Q16. What percentage of your monthly household income do you spend on your housing expenses, including utilities?

by percentage of Franklin County respondents



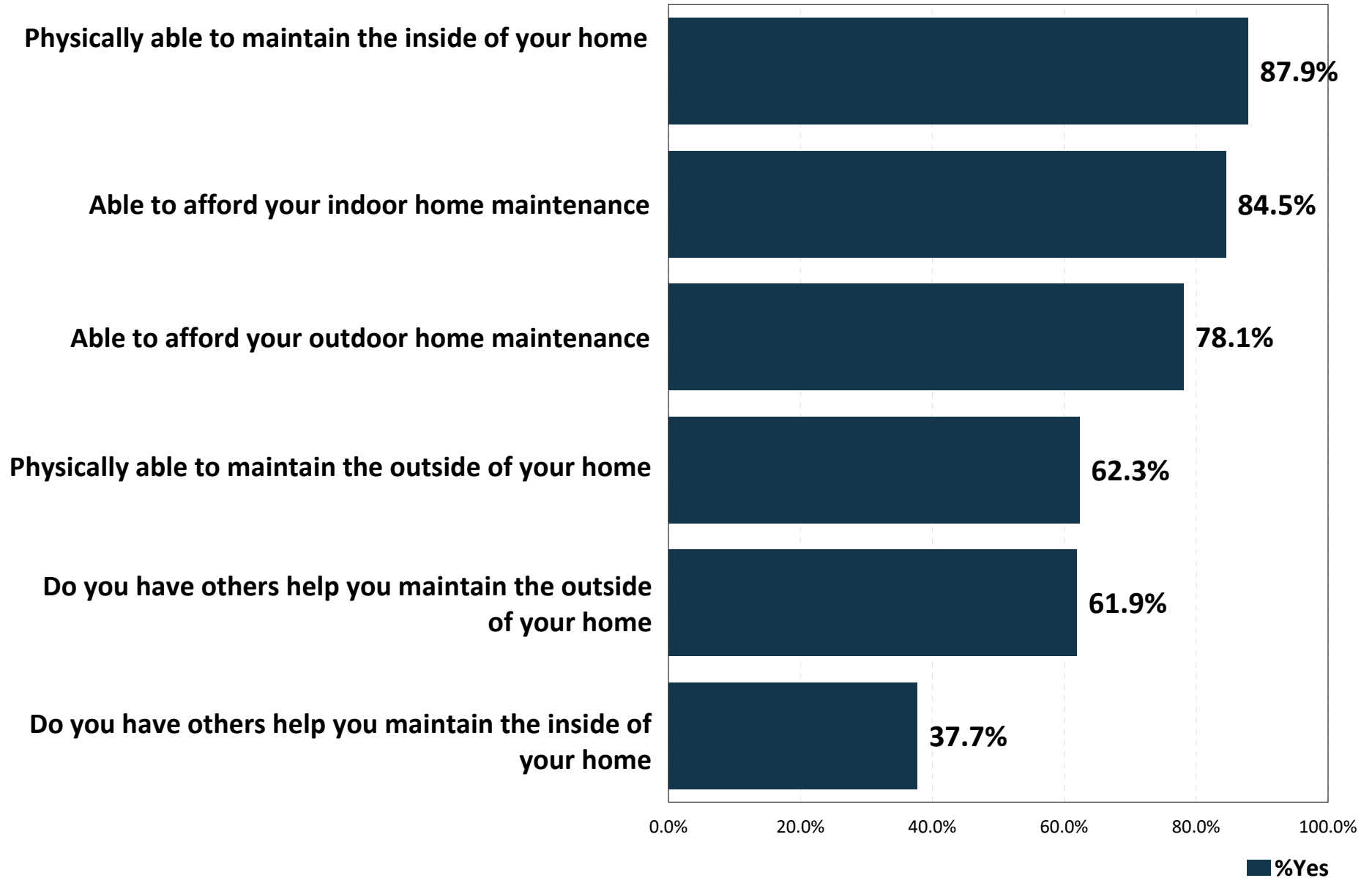
Q17. Do you have concerns about your ability to pay your rent, mortgage, or utilities?

by percentage of Franklin County respondents



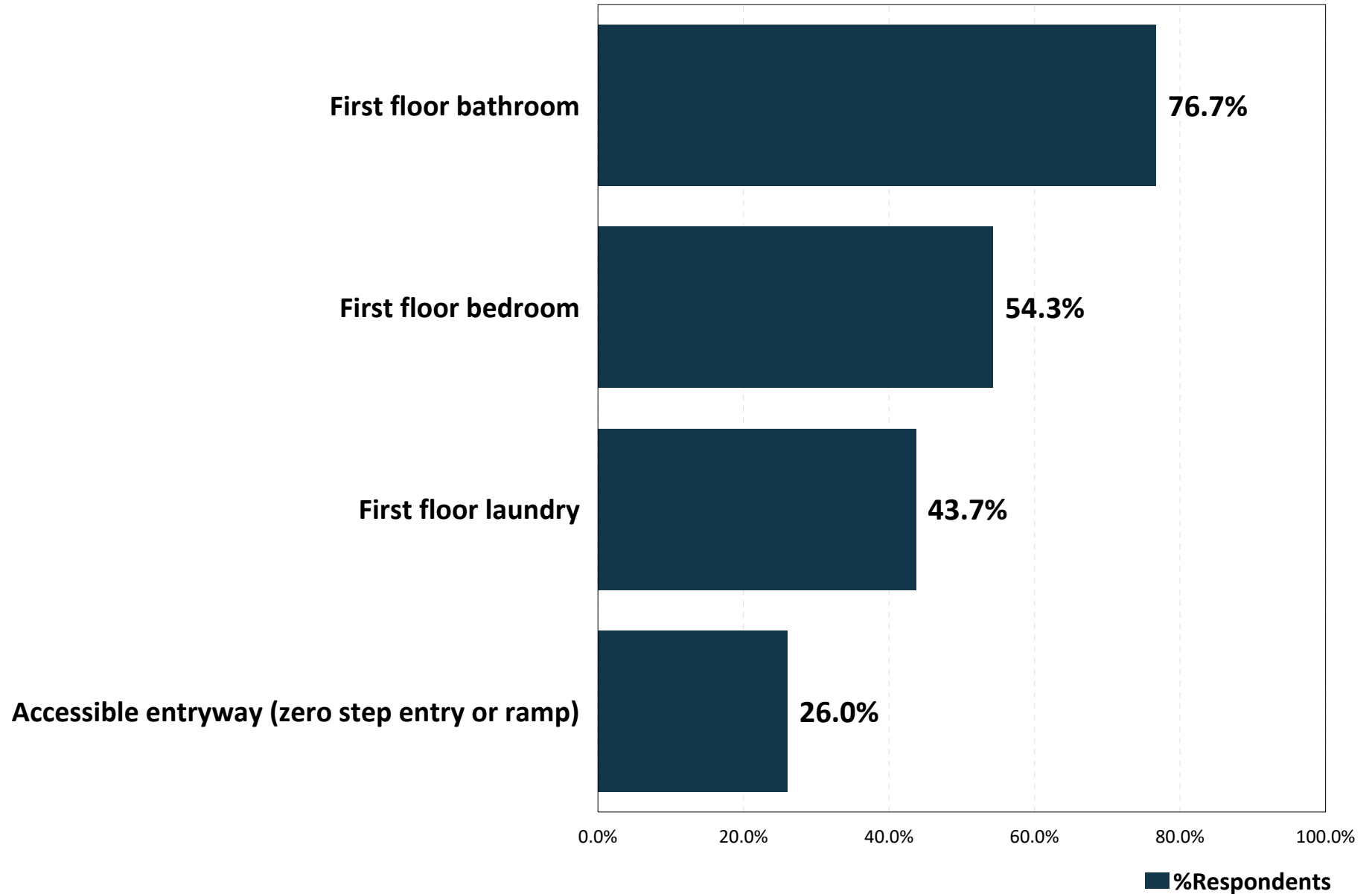
Q18. Are you...?

by percentage of **Franklin County** respondents that responded “yes” (excluding *not provided* responses)



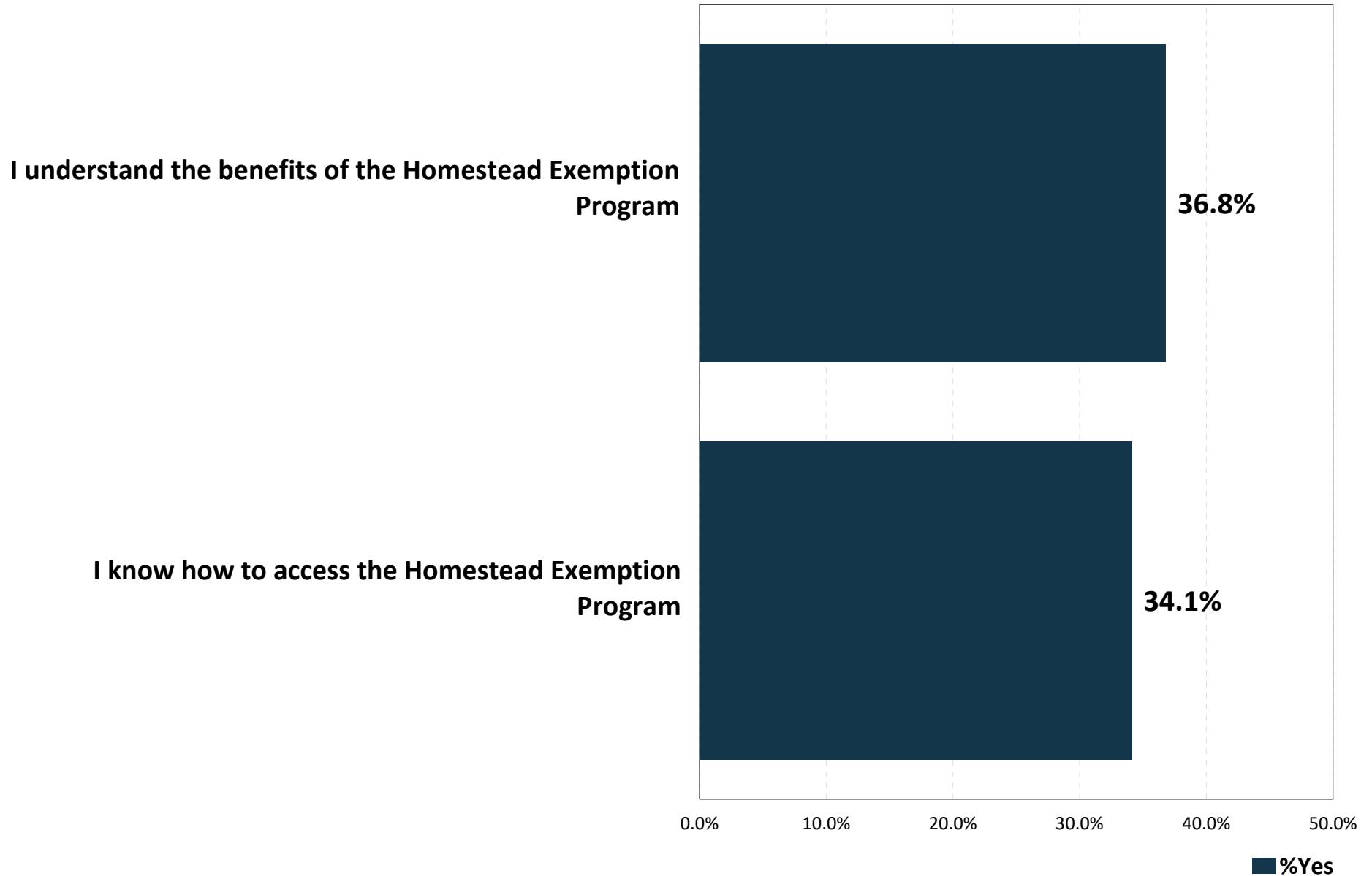
Q19. Does your home have any of the following?

by percentage of Franklin County respondents (multiple choices could be made)



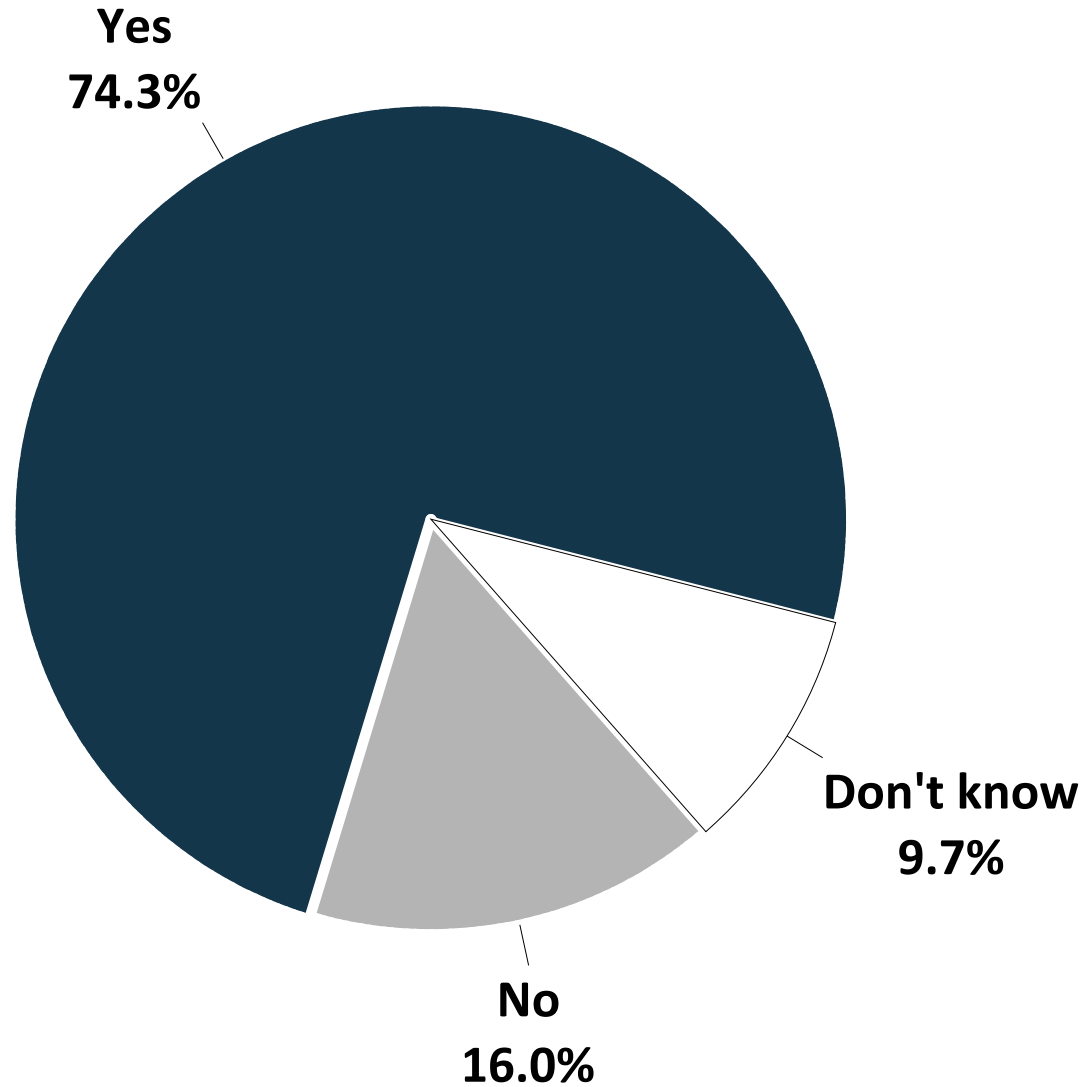
Q20. Please answer each of the following:

by percentage of Franklin County respondents that responded "yes"



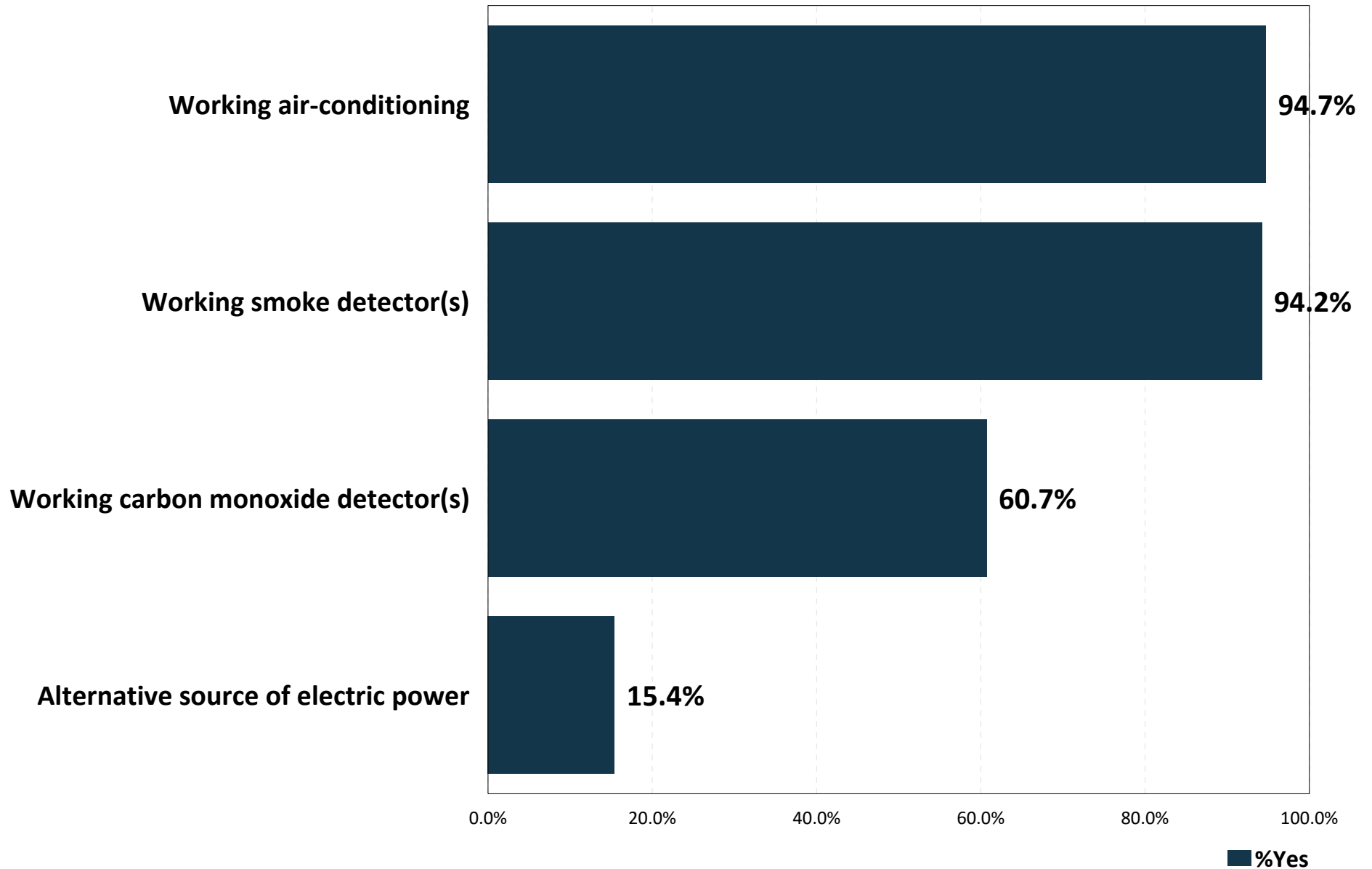
Q21. Based on these guidelines, are you prepared for an emergency?

by percentage of Franklin County respondents



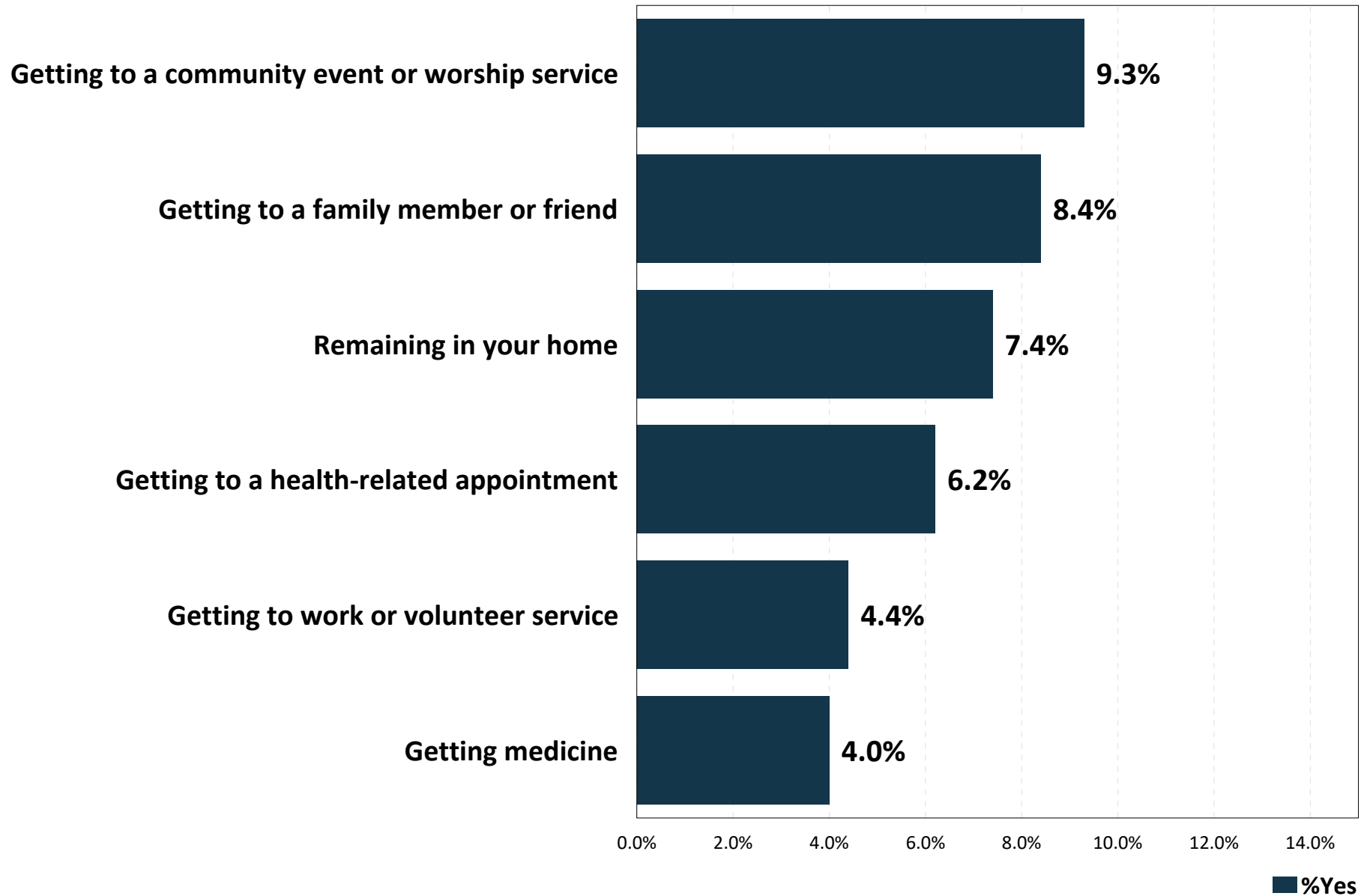
Q22. Do you have the following items in your home?

by percentage of Franklin County respondents that responded "yes"



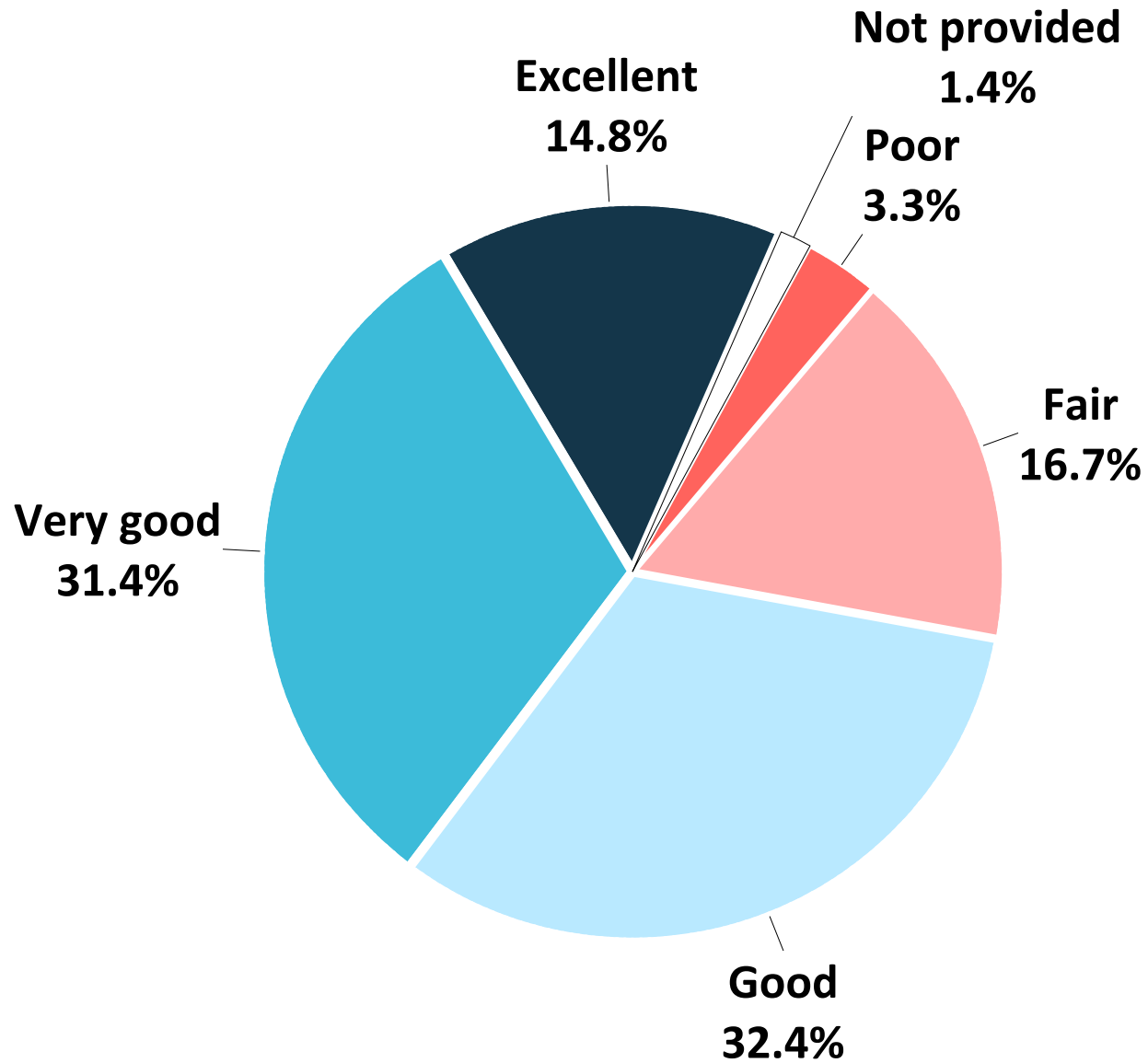
Q23. Have weather events like extreme heat, power outages, or flooding prevented you from any of the following?

by percentage of Franklin County respondents that responded “yes”



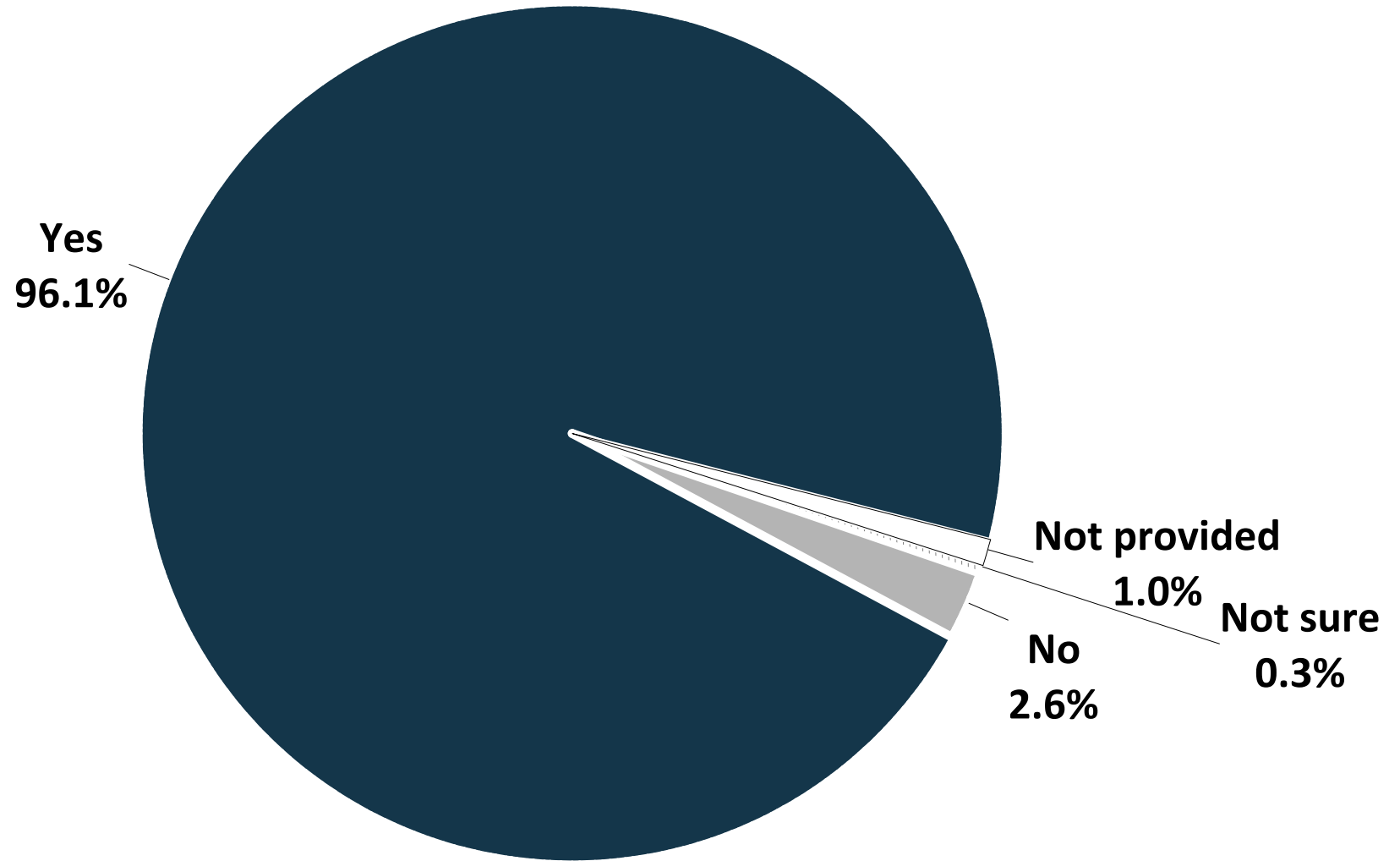
Q24. Health and Well-Being. How would you rate your overall health?

by percentage of Franklin County respondents



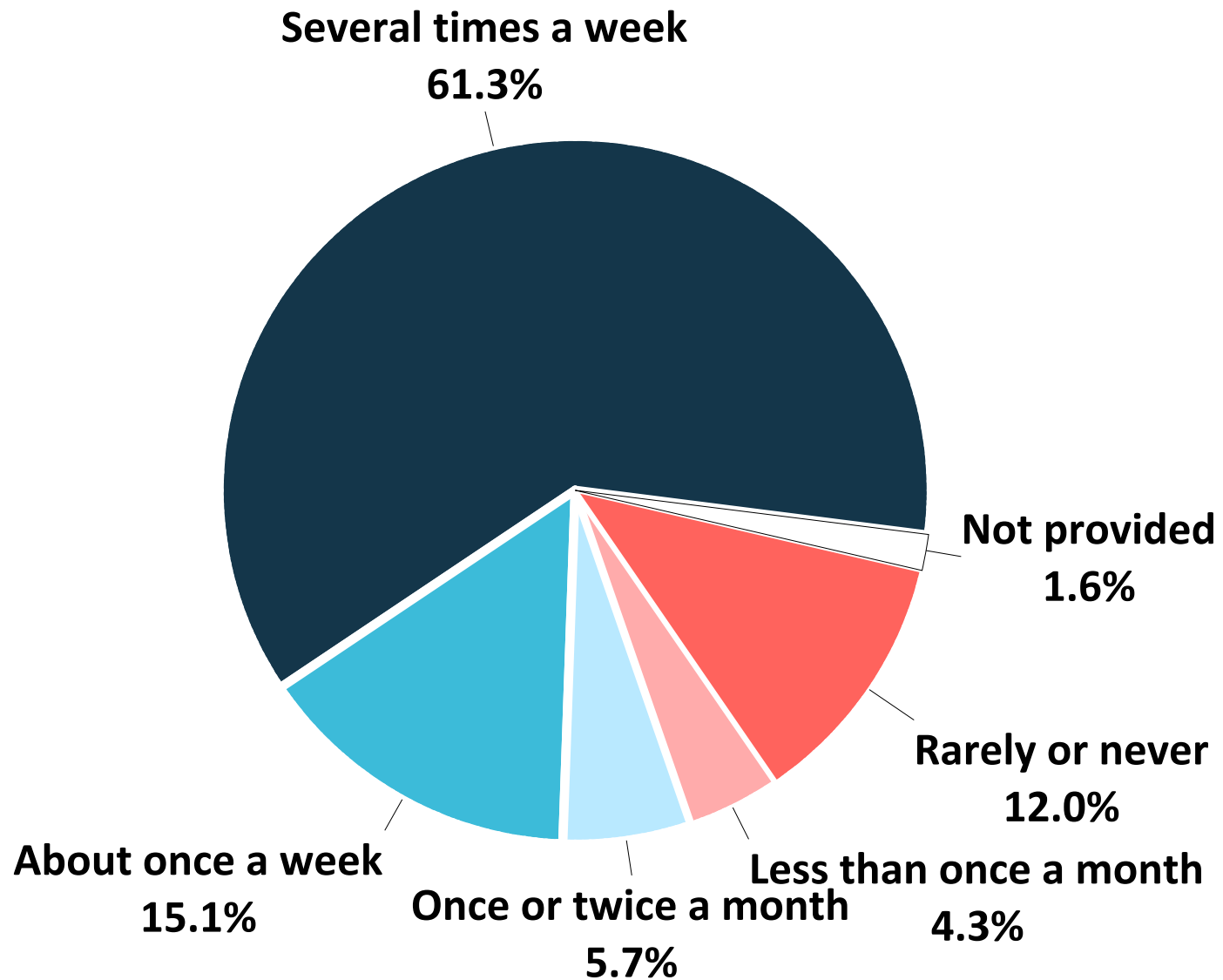
Q25. Do you have a primary care provider (general doctor or family doctor)?

by percentage of Franklin County respondents



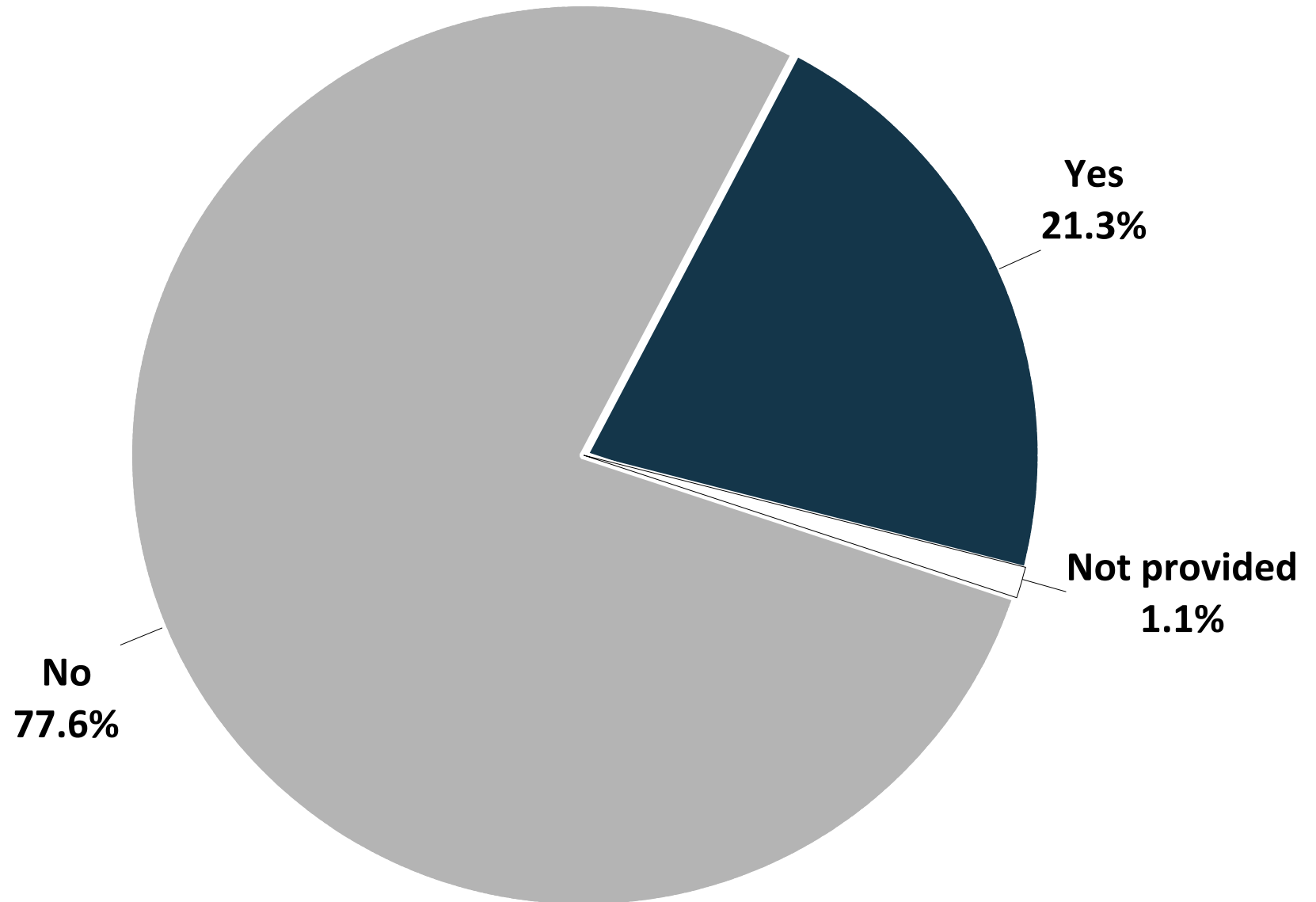
Q26. How often do you engage in some form of physical exercise (like walking, biking, sports, stretching)?

by percentage of Franklin County respondents



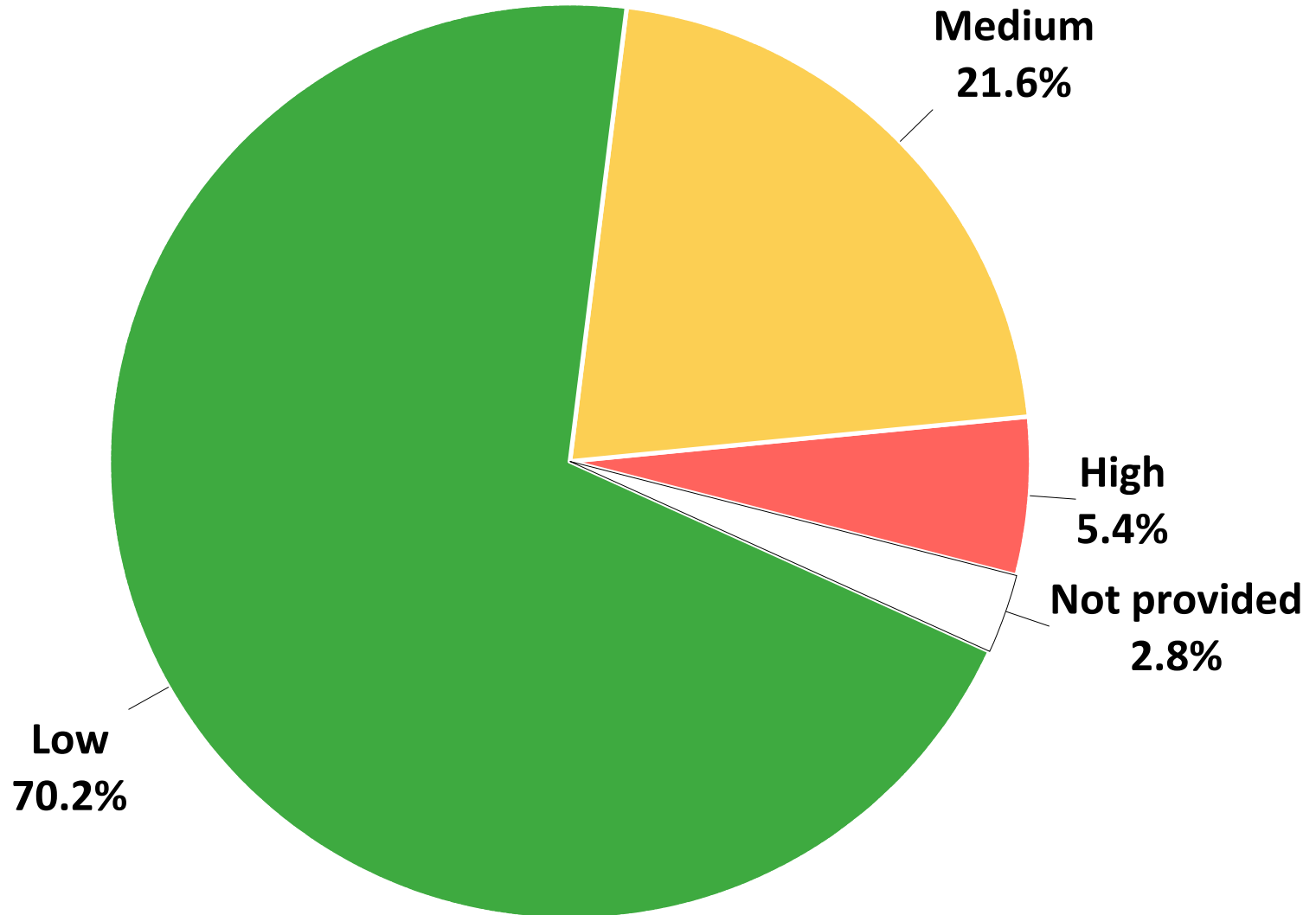
Q27. Have you fallen in the last 6 months?

by percentage of Franklin County respondents



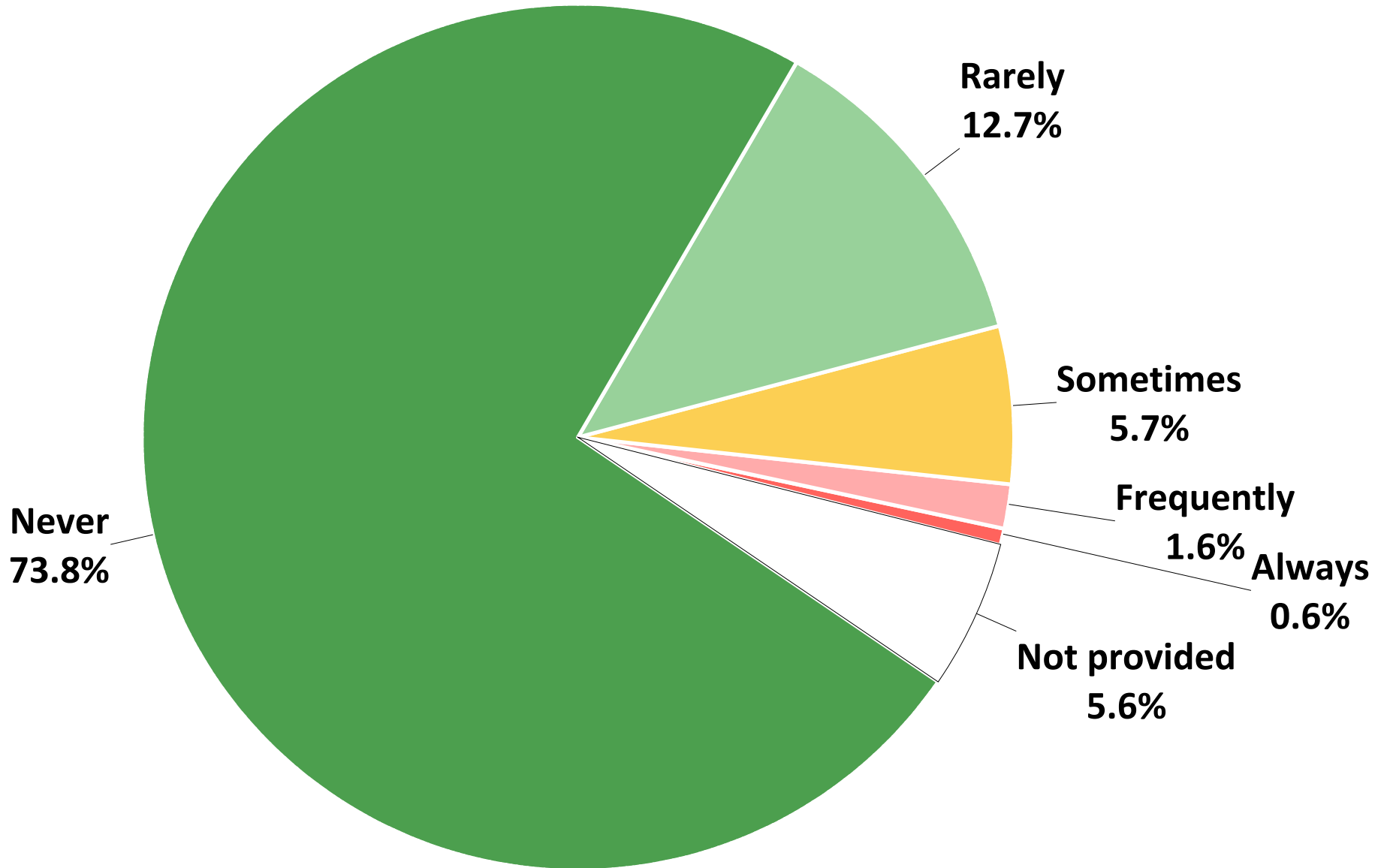
Q28. What is the probability that you will fall in the next few months?

by percentage of Franklin County respondents



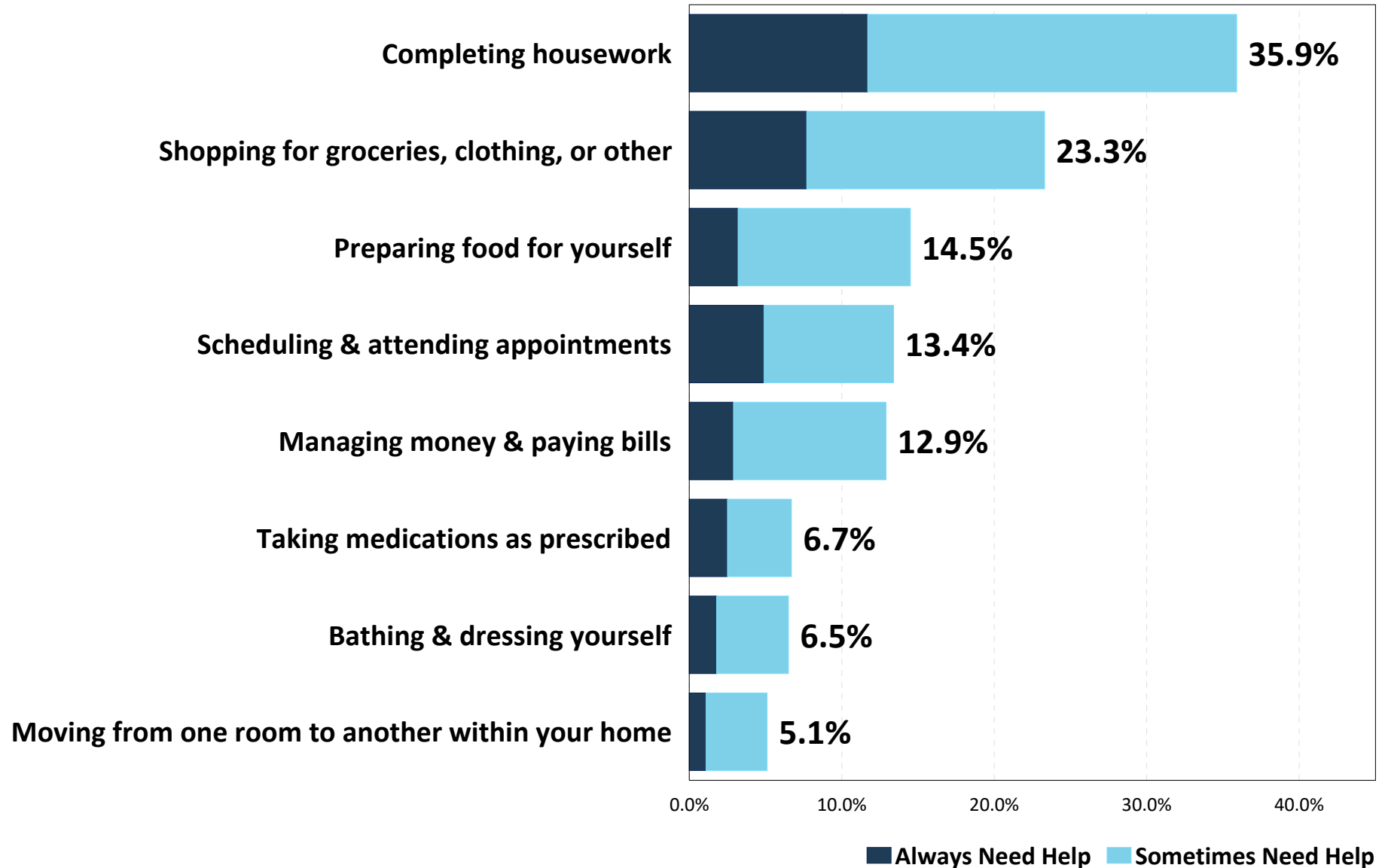
Q29. Do you skip necessary medications due to high cost?

by percentage of Franklin County respondents



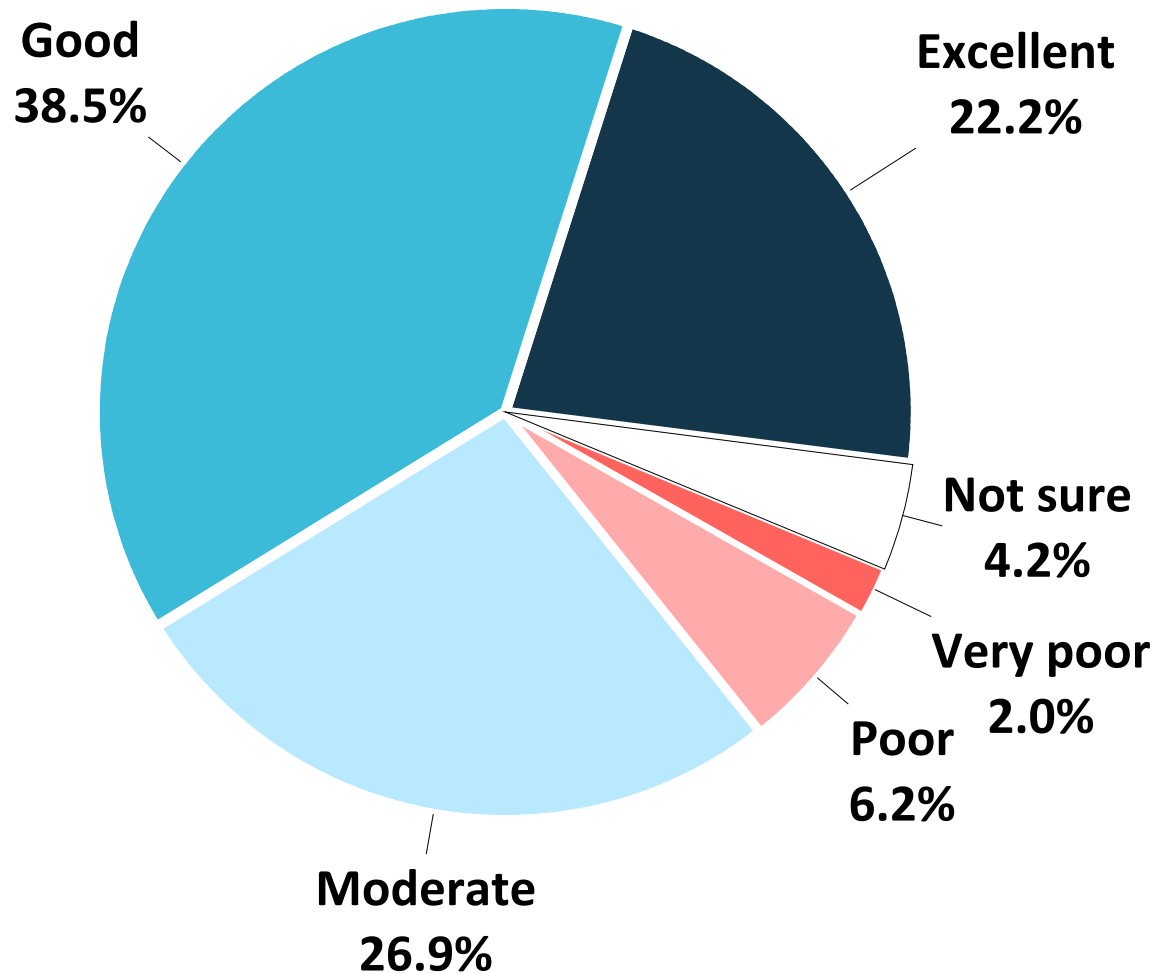
Q30. How often do you need physical assistance with the following?

by percentage of Franklin County respondents that *always* or *sometimes* need help
(excluding *not provided* responses)



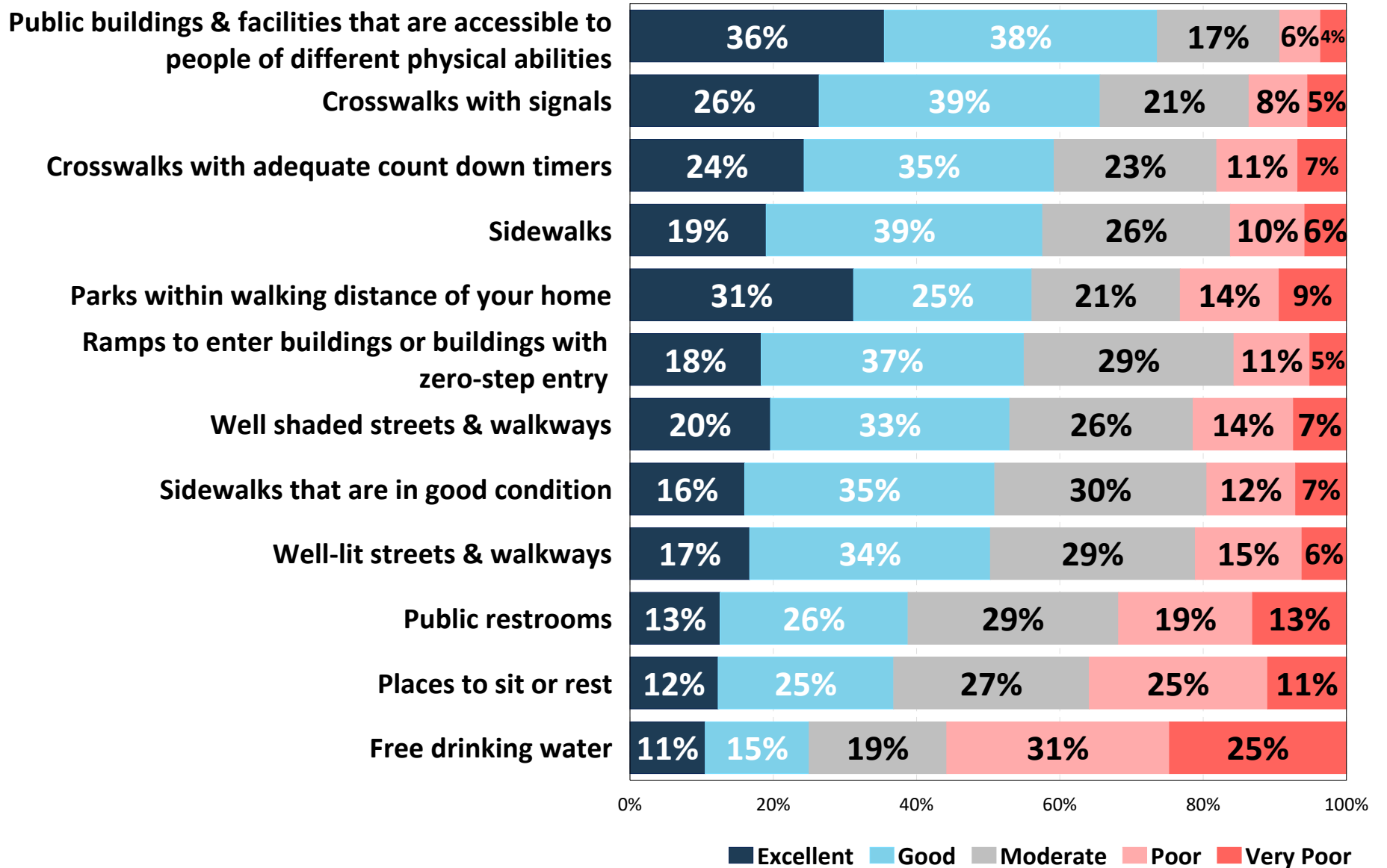
Q31. Outdoor Spaces and Buildings. How would you rate your community as a place for people to live as they age?

by percentage of Franklin County respondents



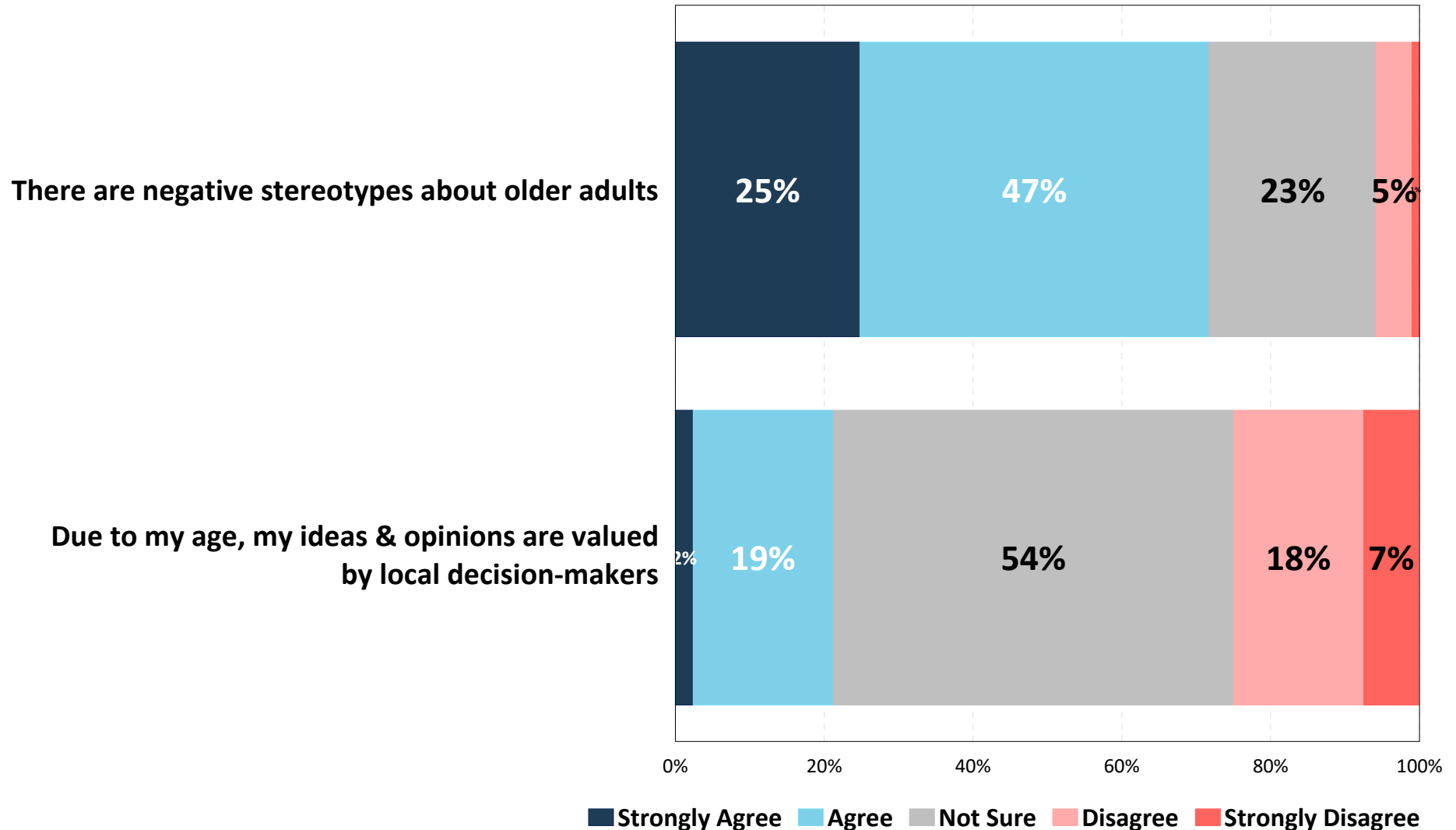
Q32. How would you rate your community on the following?

by percentage of Franklin County respondents using a 5-point scale, where 5 means *excellent* and 1 means *very poor*
(excluding *not provided* responses)



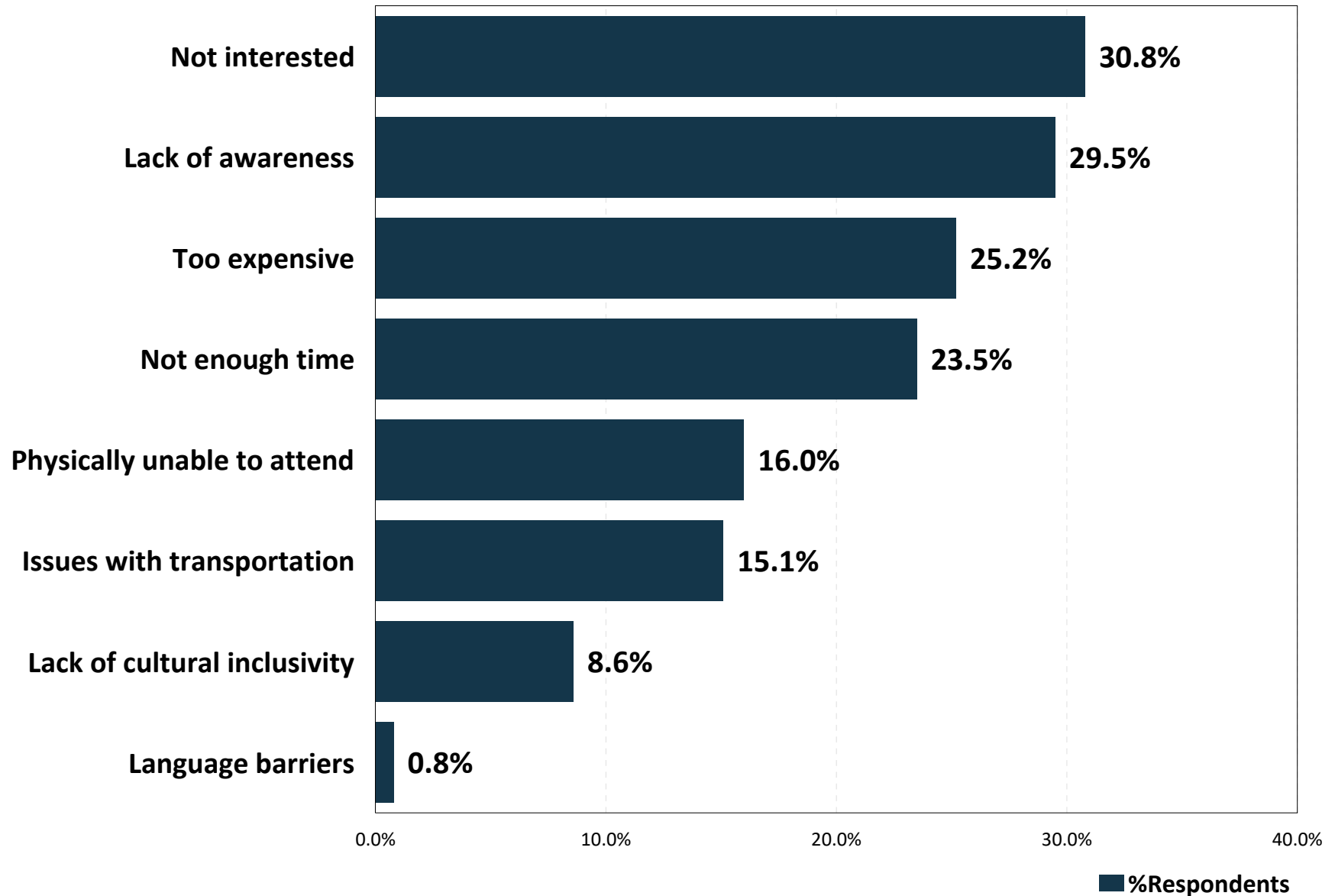
Q33. Respect, Inclusion, and Participation. Please indicate your level of agreement with the following statements.

by percentage of Franklin County respondents using a 5-point scale, where 5 means *strongly agree* and 1 means *strongly disagree* (excluding *not provided* responses)



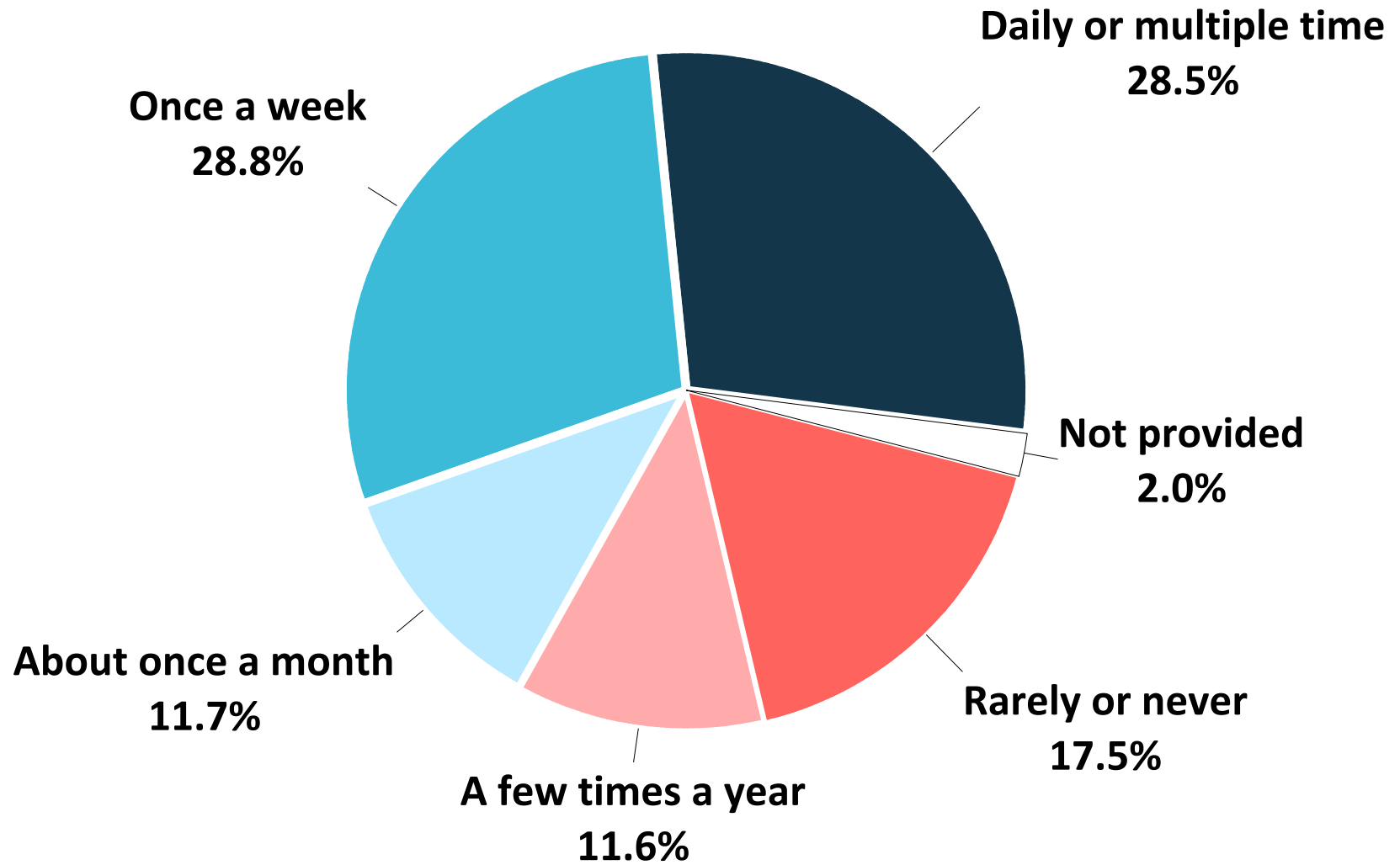
Q34. Do any of the following reasons prevent you from going to activities or events more often?

by percentage of Franklin County respondents (multiple choices could be selected)



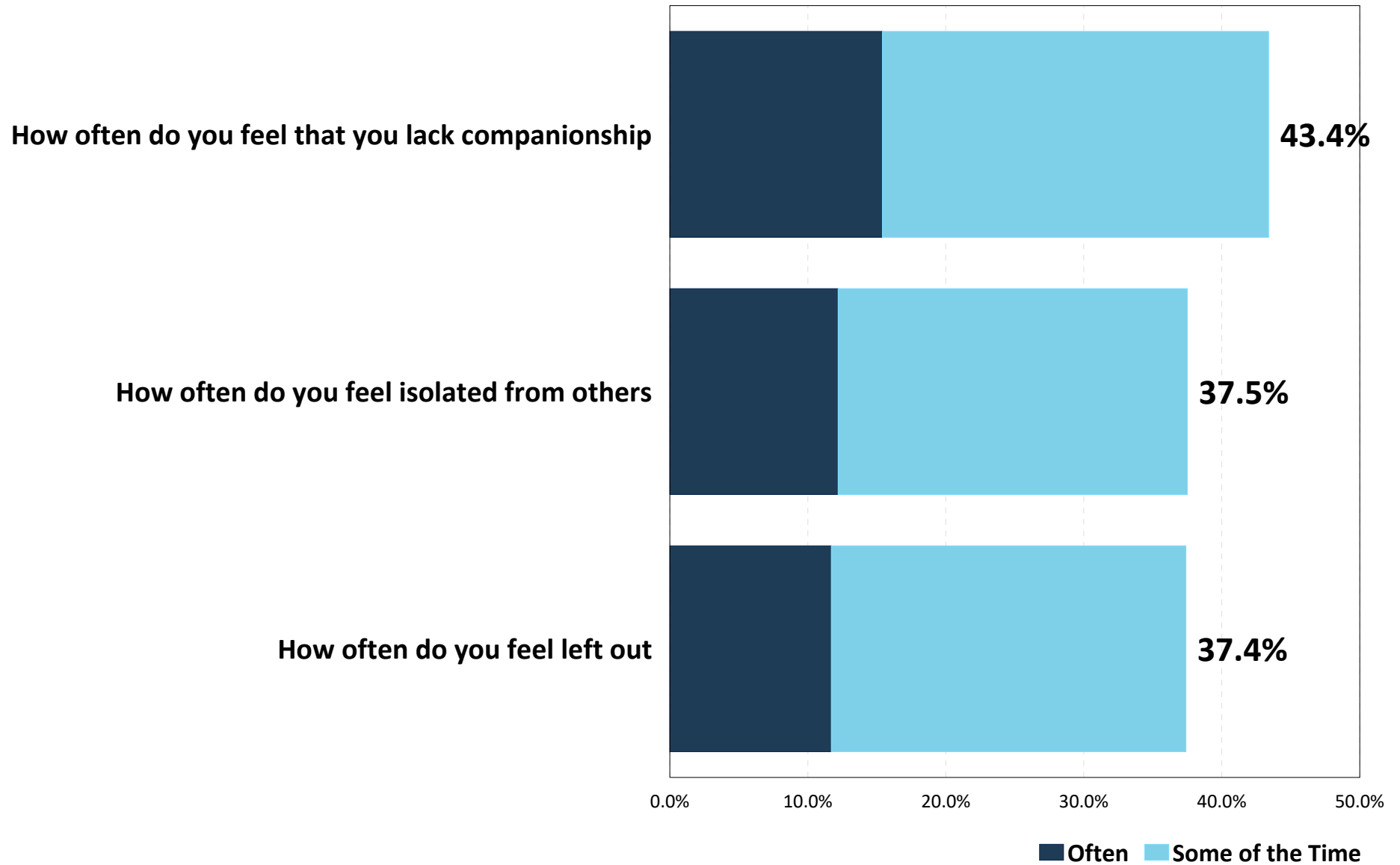
Q35. How often do you participate in activities outside of your home, such as social events or religious services?

by percentage of Franklin County respondents



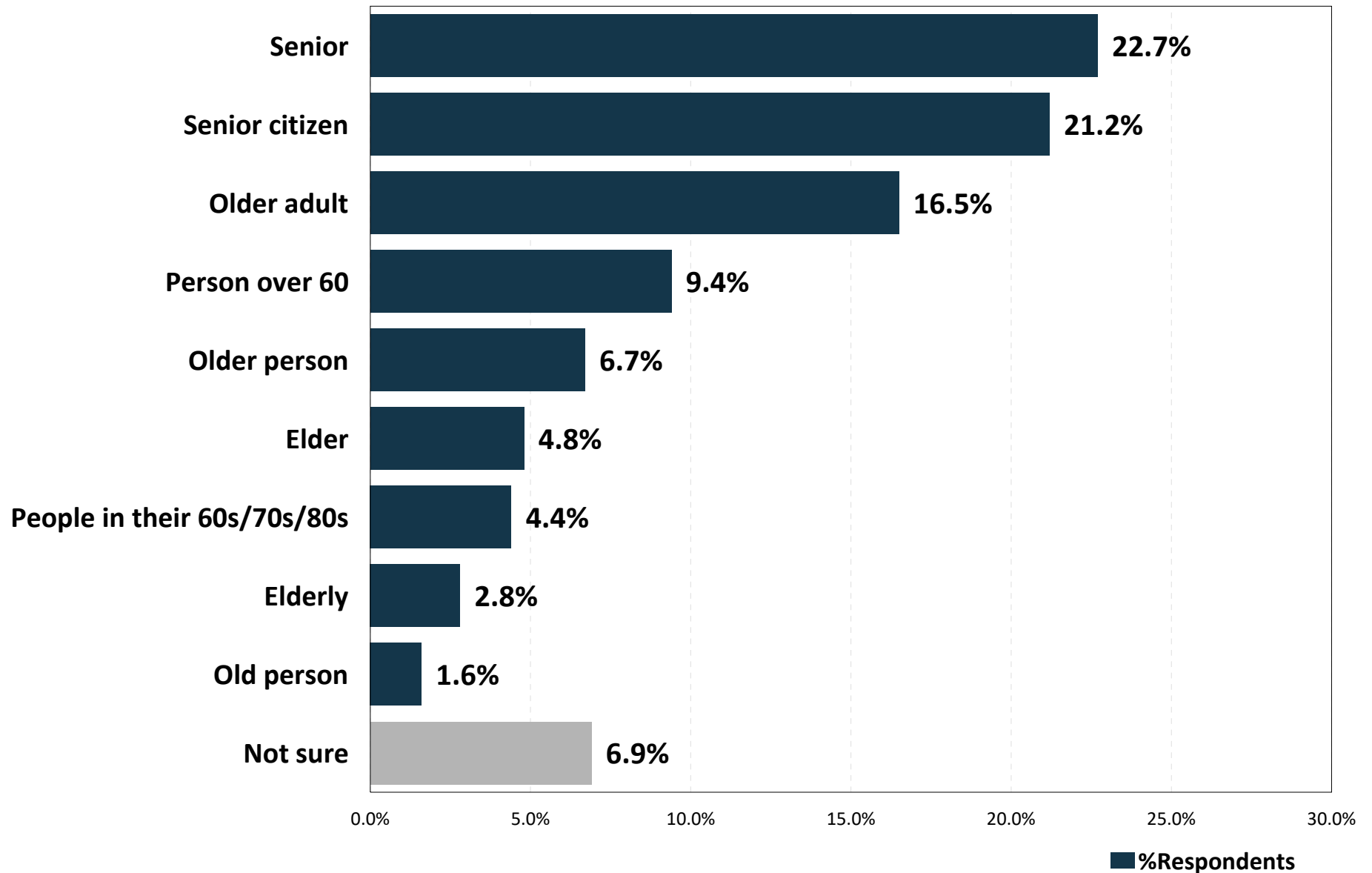
Q36. How often do you feel the following?

by sum percentage of Franklin County respondents that feel the following *often* or *some of the time*
(excluding *not provided* responses)



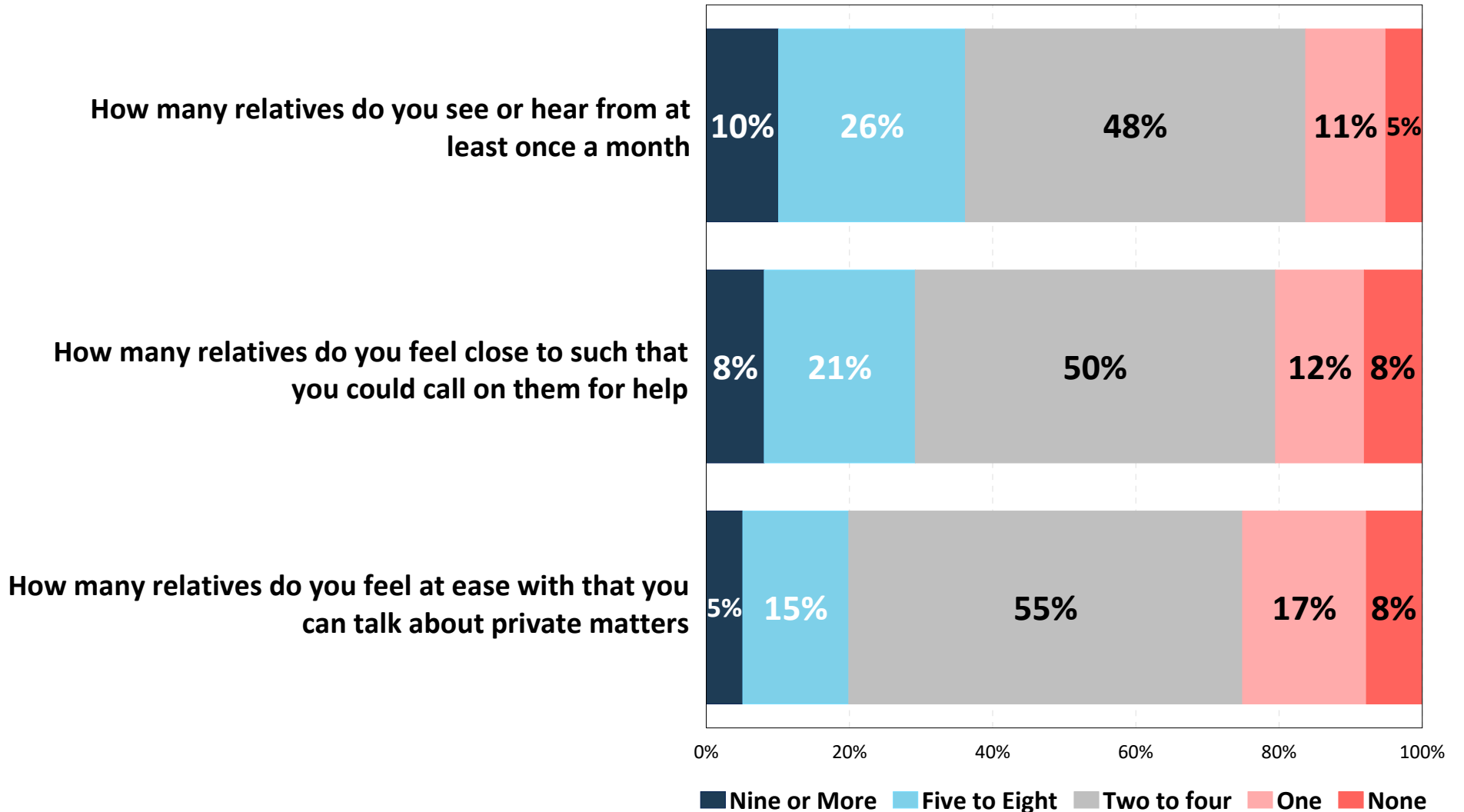
Q37. What is your preferred language when referring to yourself or someone else over the age of 60?

by percentage of Franklin County respondents



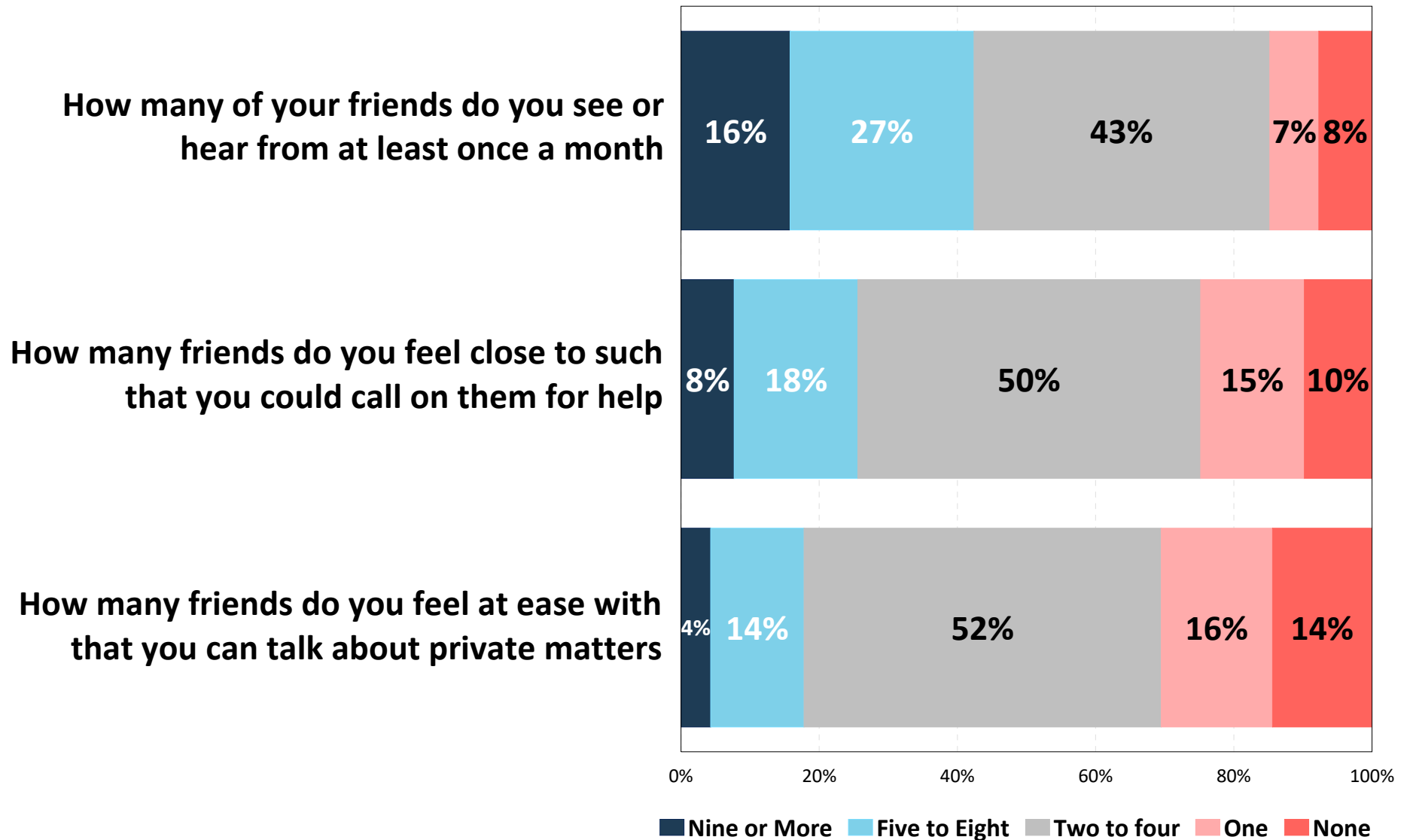
Q38. Family. Considering the people to whom you are related by birth, marriage, adoption, etc., please answer the following questions.

by percentage of Franklin County respondents using a 5-point scale, where 5 means *nine or more* and 1 means *none* (excluding *not provided* responses)



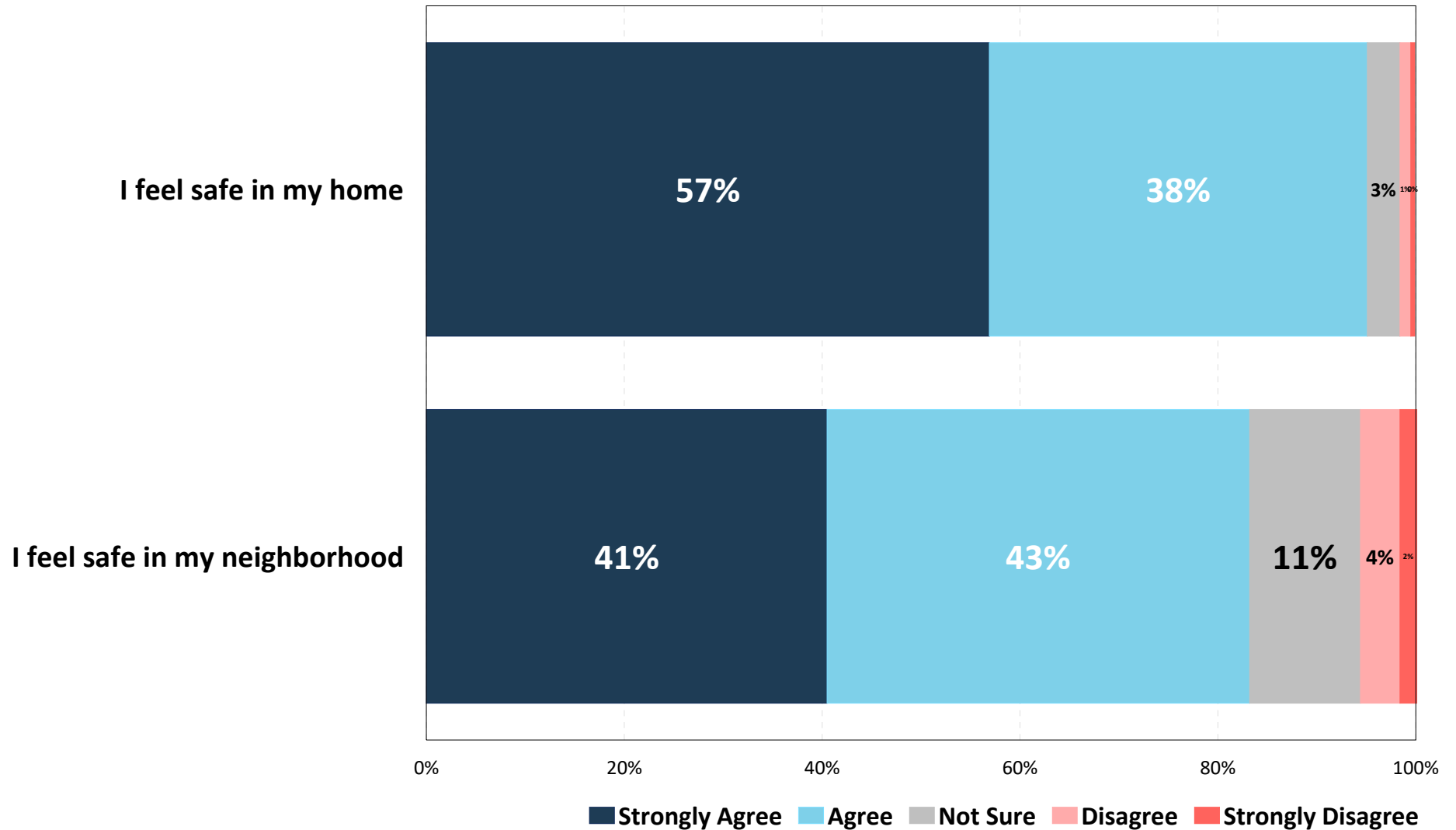
Q39. Friendships. Considering all your friends, including those who live in your neighborhood, please answer the following questions.

by percentage of Franklin County respondents using a 5-point scale, where 5 means *nine or more* and 1 means *none*
(excluding *not provided* responses)



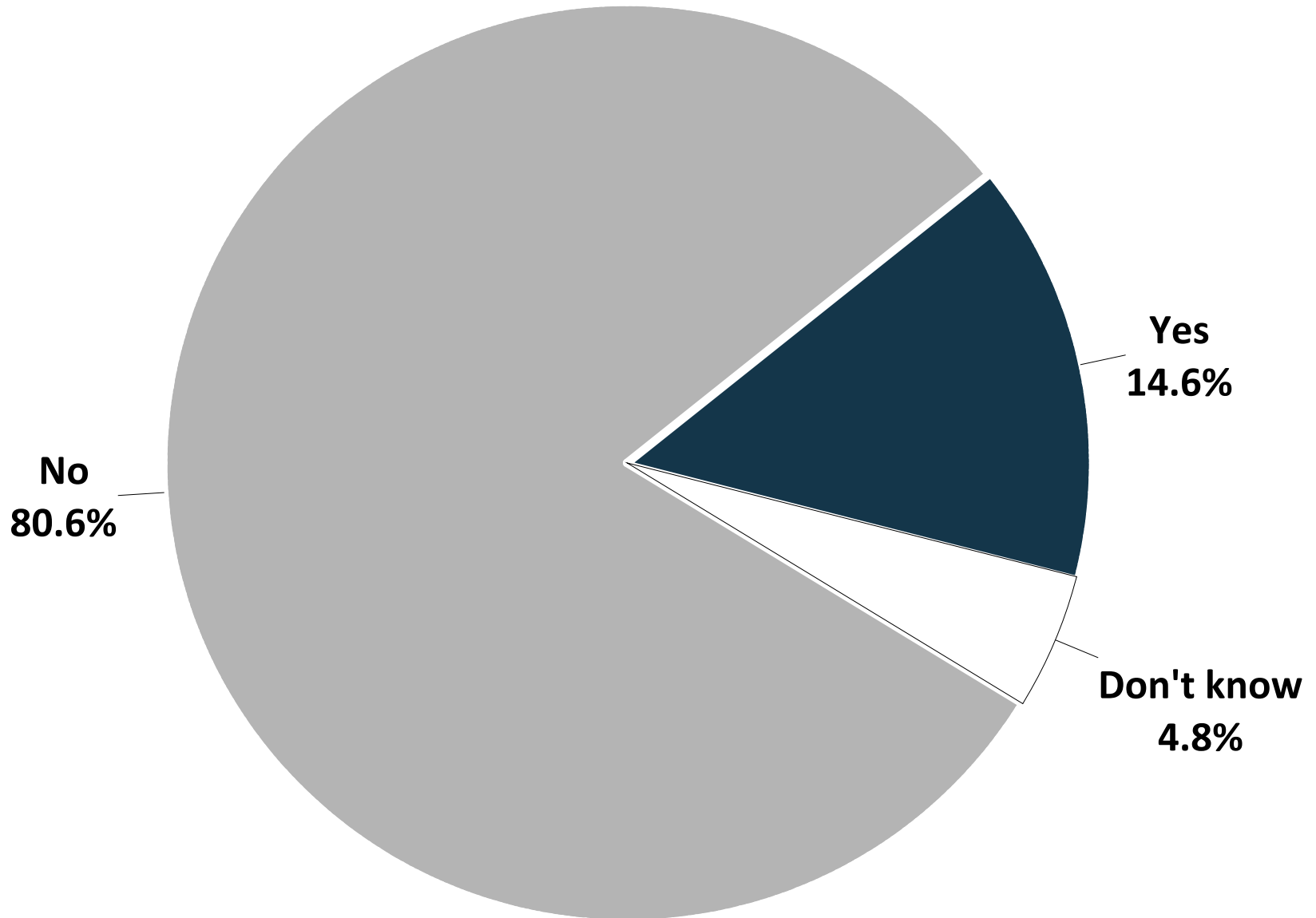
Q40. Please indicate your level of agreement with the following statements.

by percentage of Franklin County respondents using a 5-point scale, where 5 means *strongly agree* and 1 means *strongly disagree* (excluding *not provided* responses)



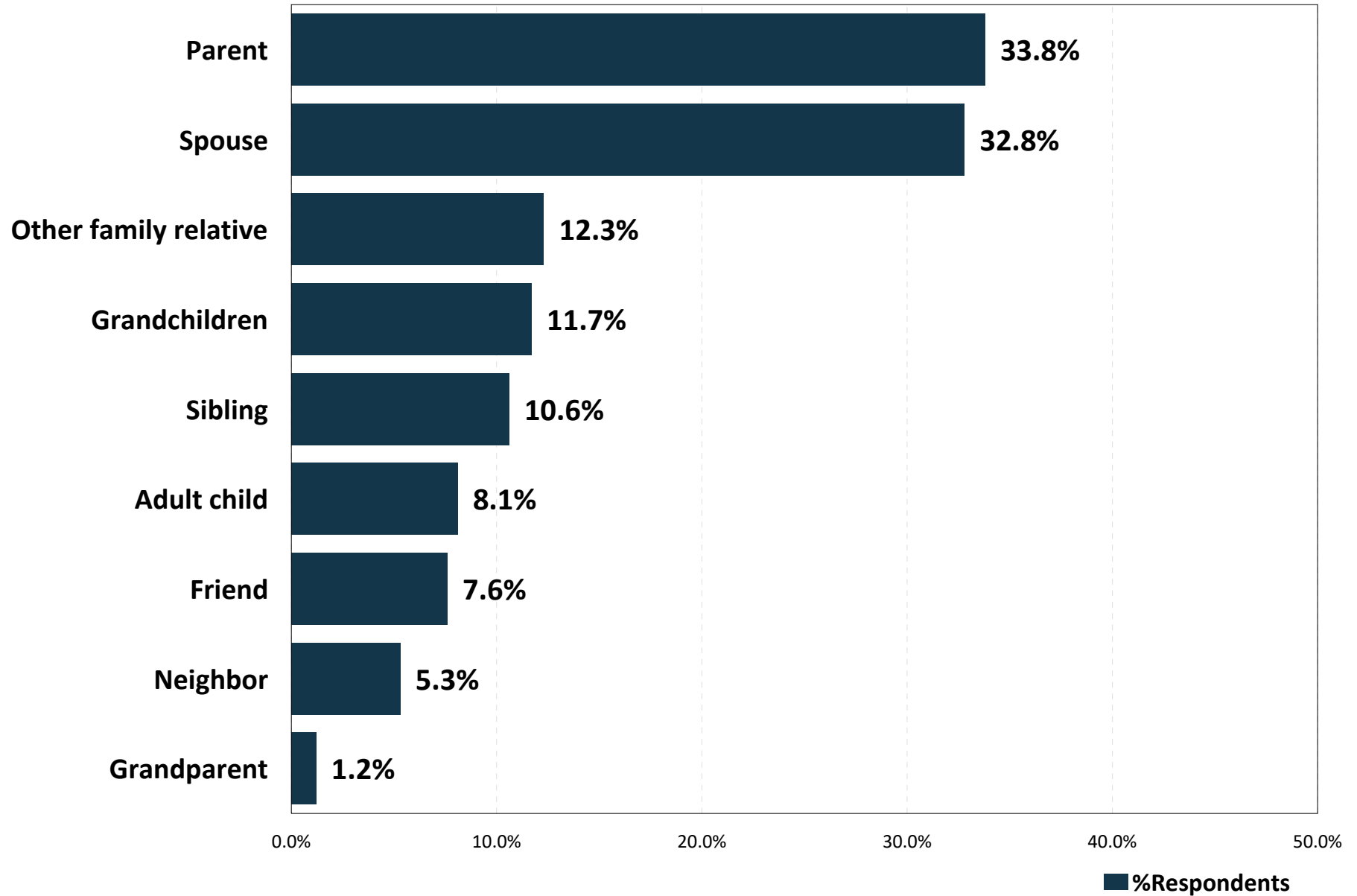
Q41. Are you currently a caregiver?

by percentage of Franklin County respondents



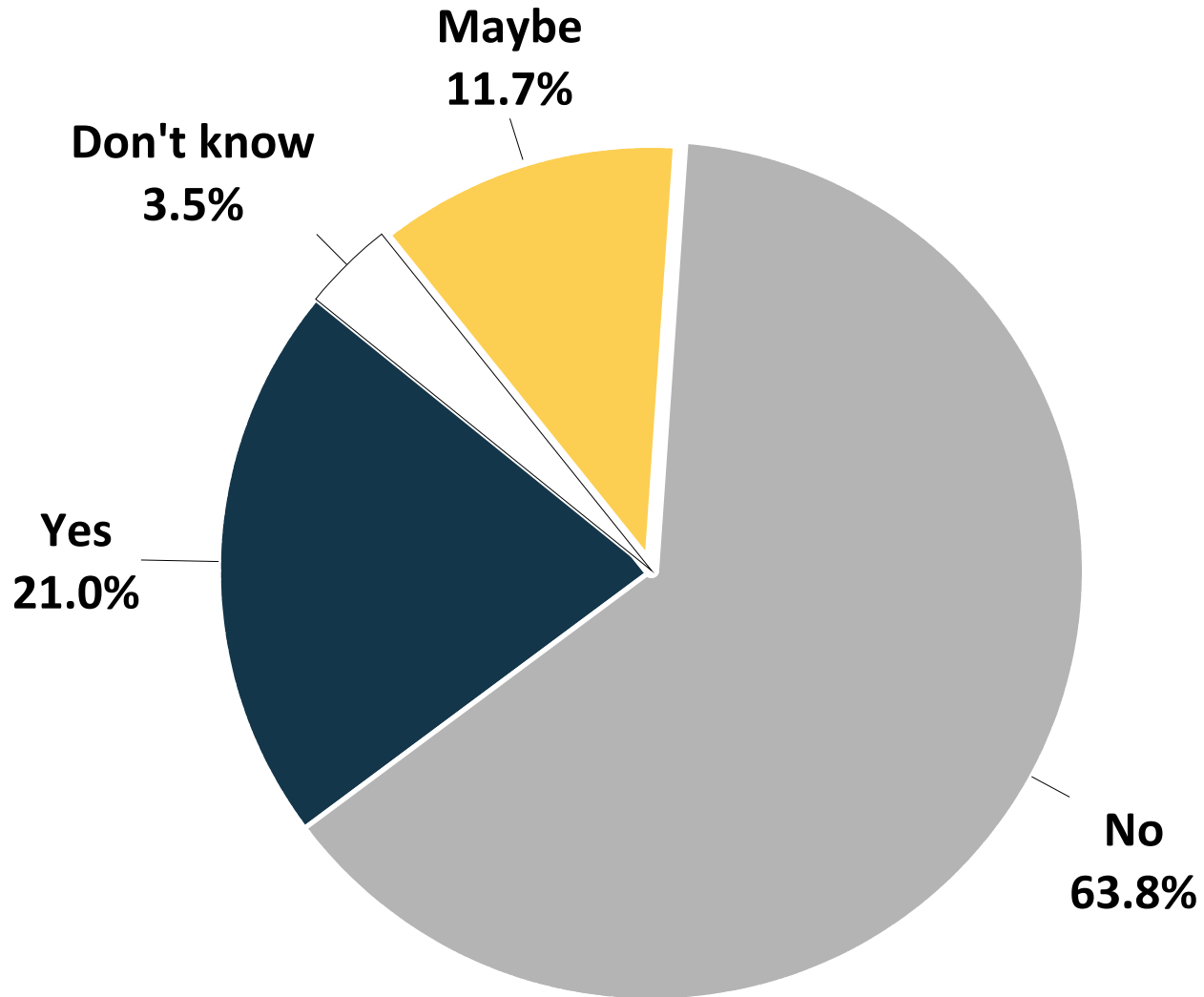
Q41a. Who do you care for?

by percentage of Franklin County respondents who are caregivers (multiple choices could be selected)



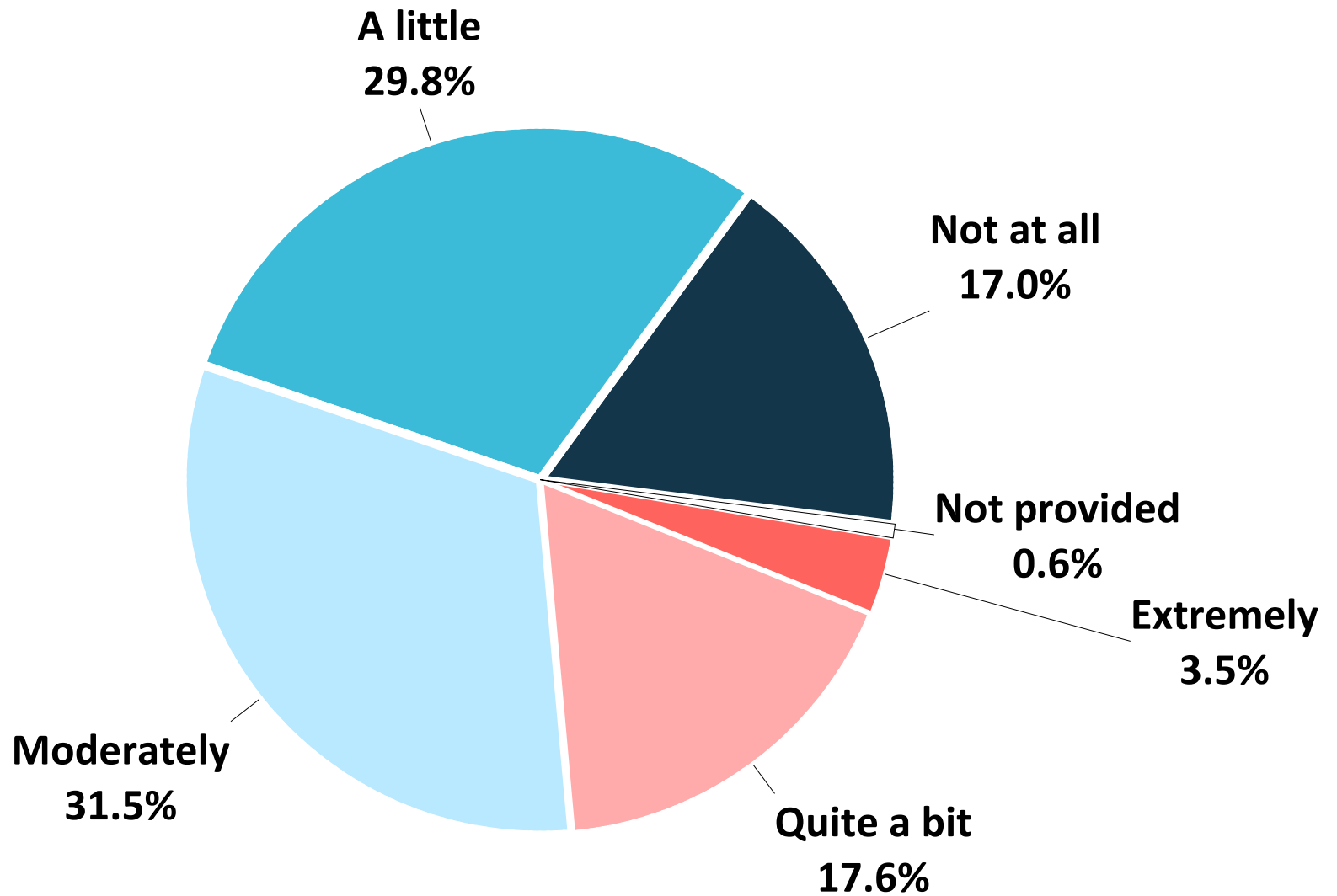
Q41b. Does the person you are caring for have dementia?

by percentage of Franklin County respondents who are caregivers



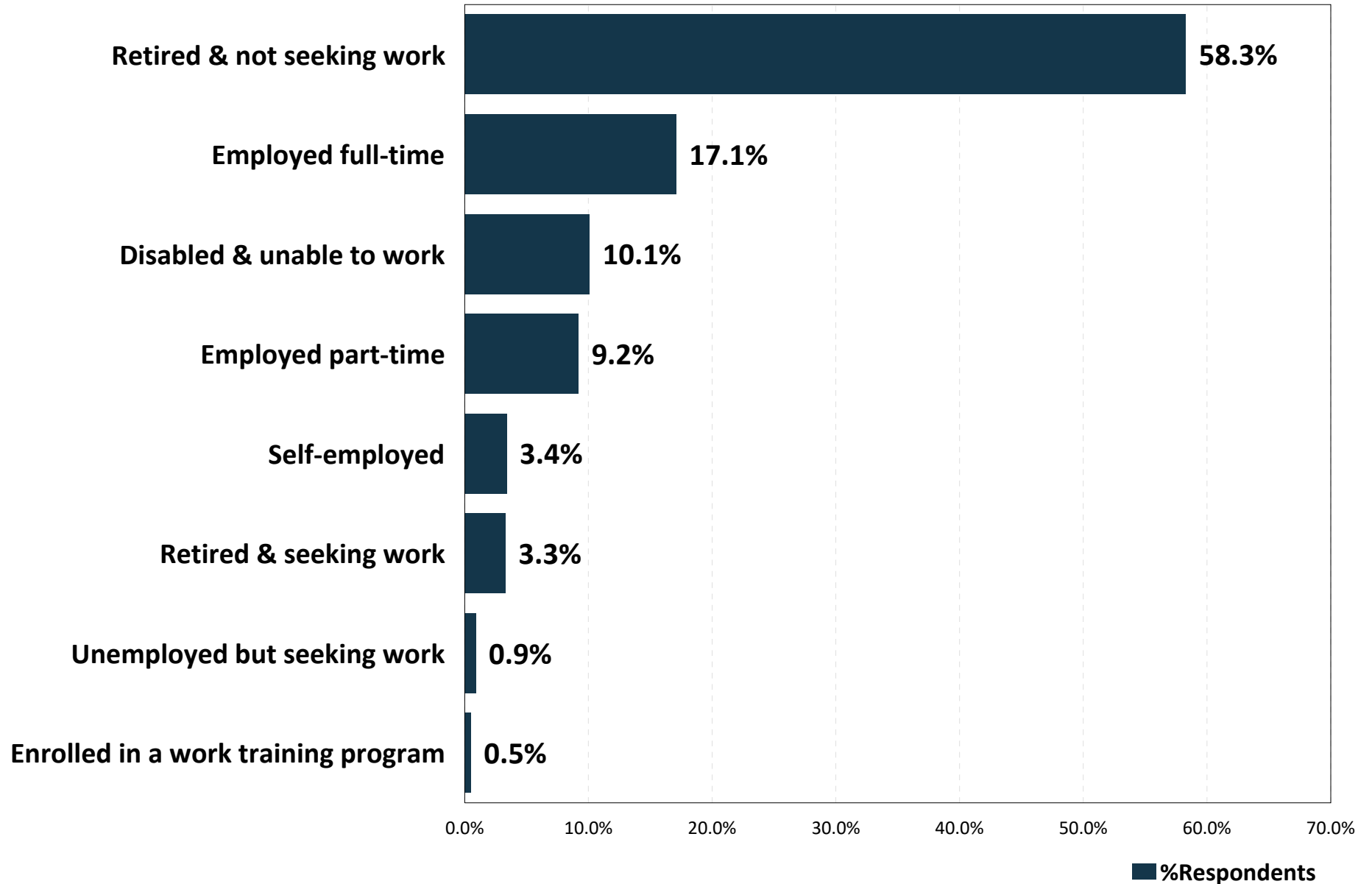
Q41c. Overall, how burdened (stressed) do you feel in caring for your family member or friend?

by percentage of Franklin County respondents who are caregivers



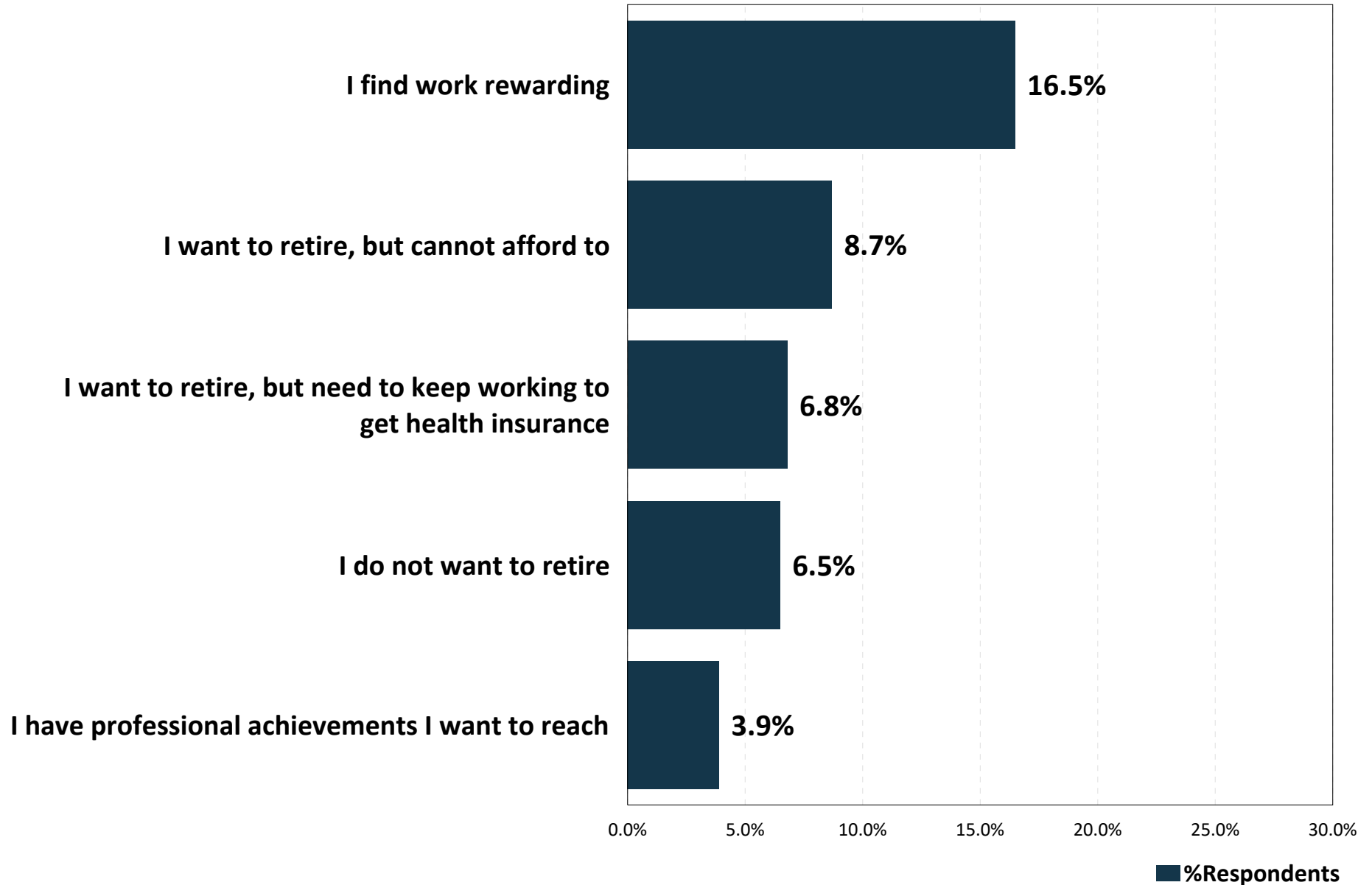
Q42. Employment and Volunteerism. What is your employment status?

by percentage of Franklin County respondents (multiple choices could be selected)



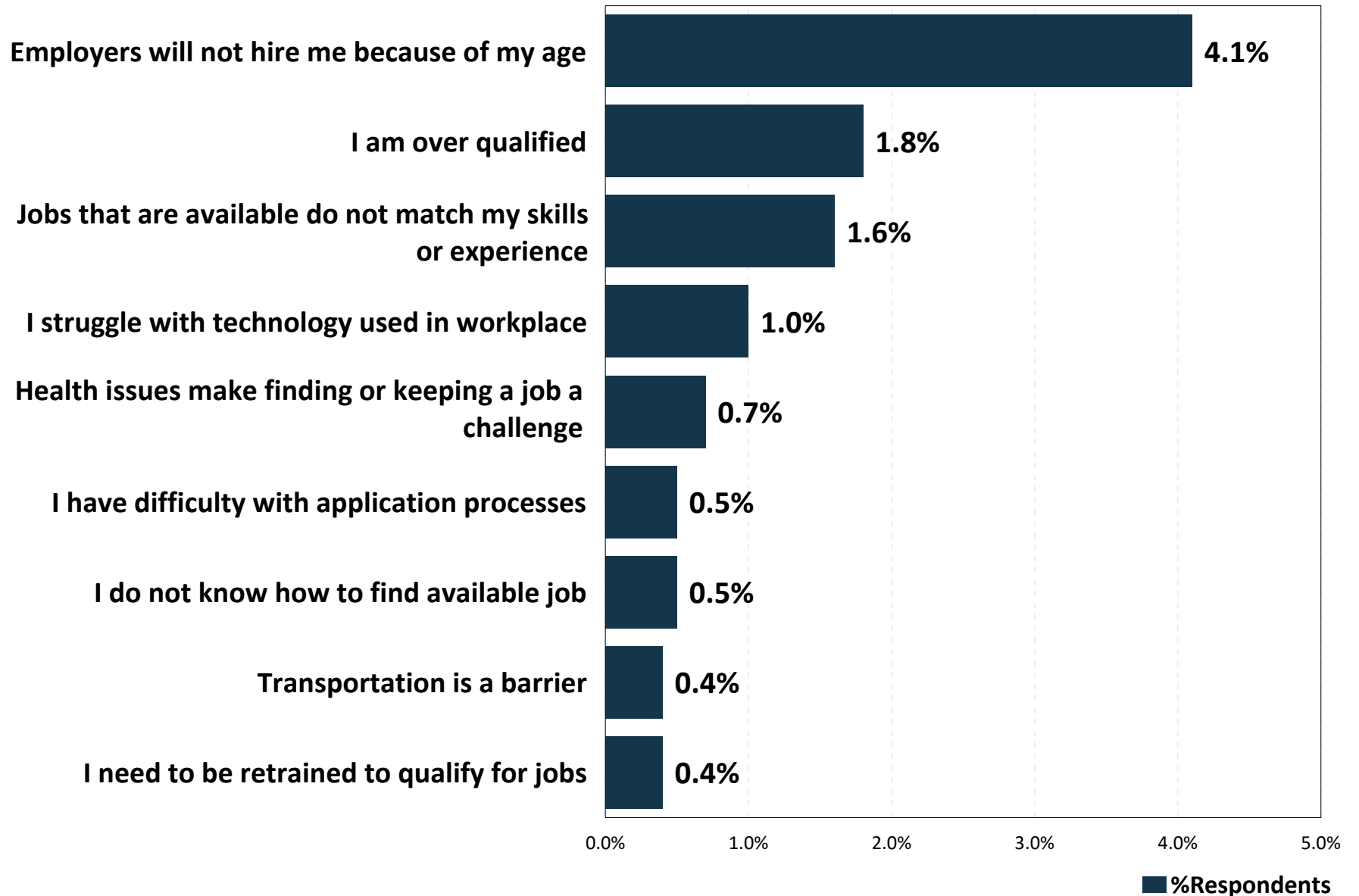
Q43. If you are employed or seeking employment, what are the main reasons for your continuing to work?

by percentage of Franklin County respondents (multiple choices could be selected)



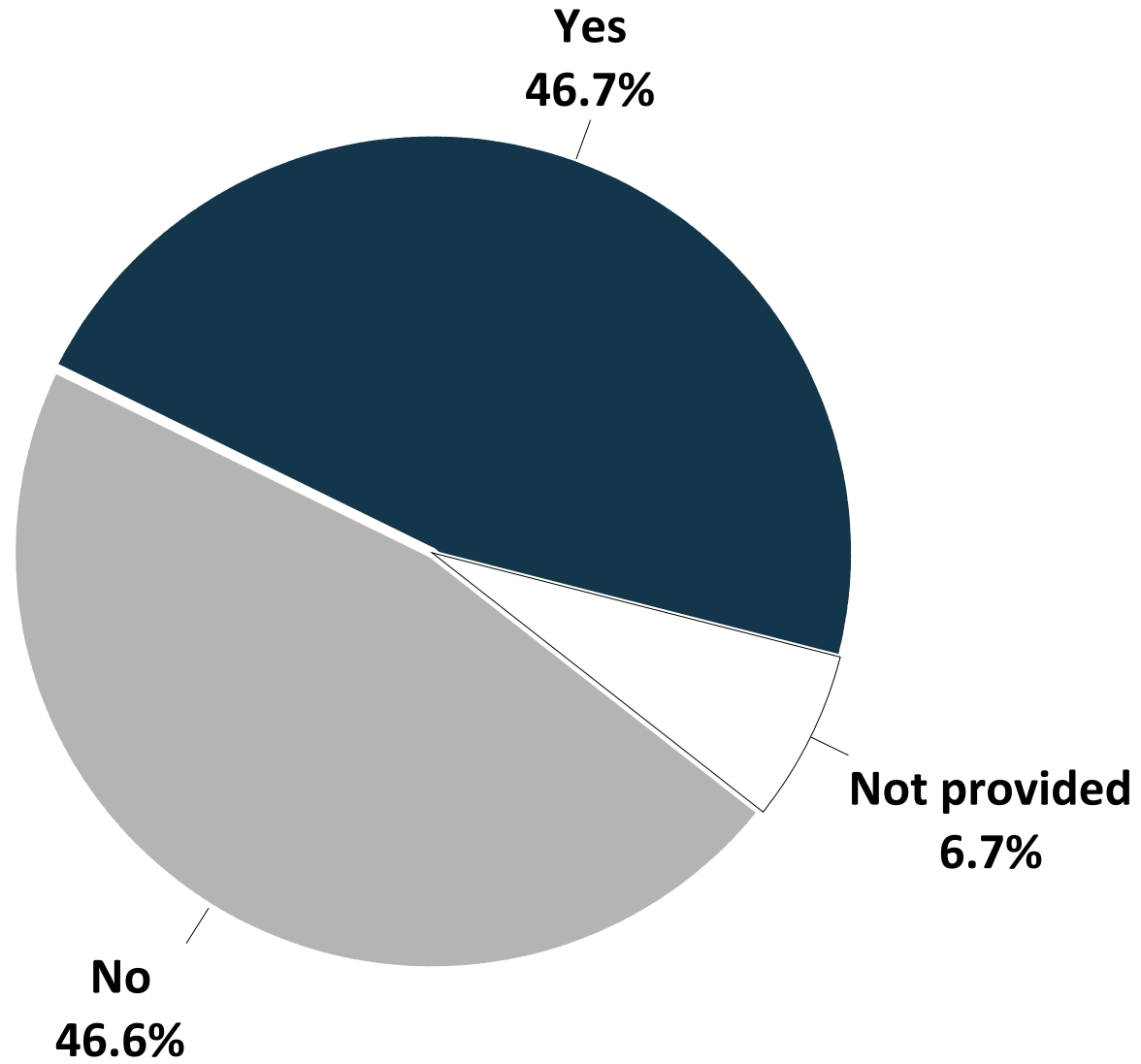
Q44. If currently seeking employment, have you experienced any of the following?

by percentage of Franklin County respondents (multiple choices could be selected)



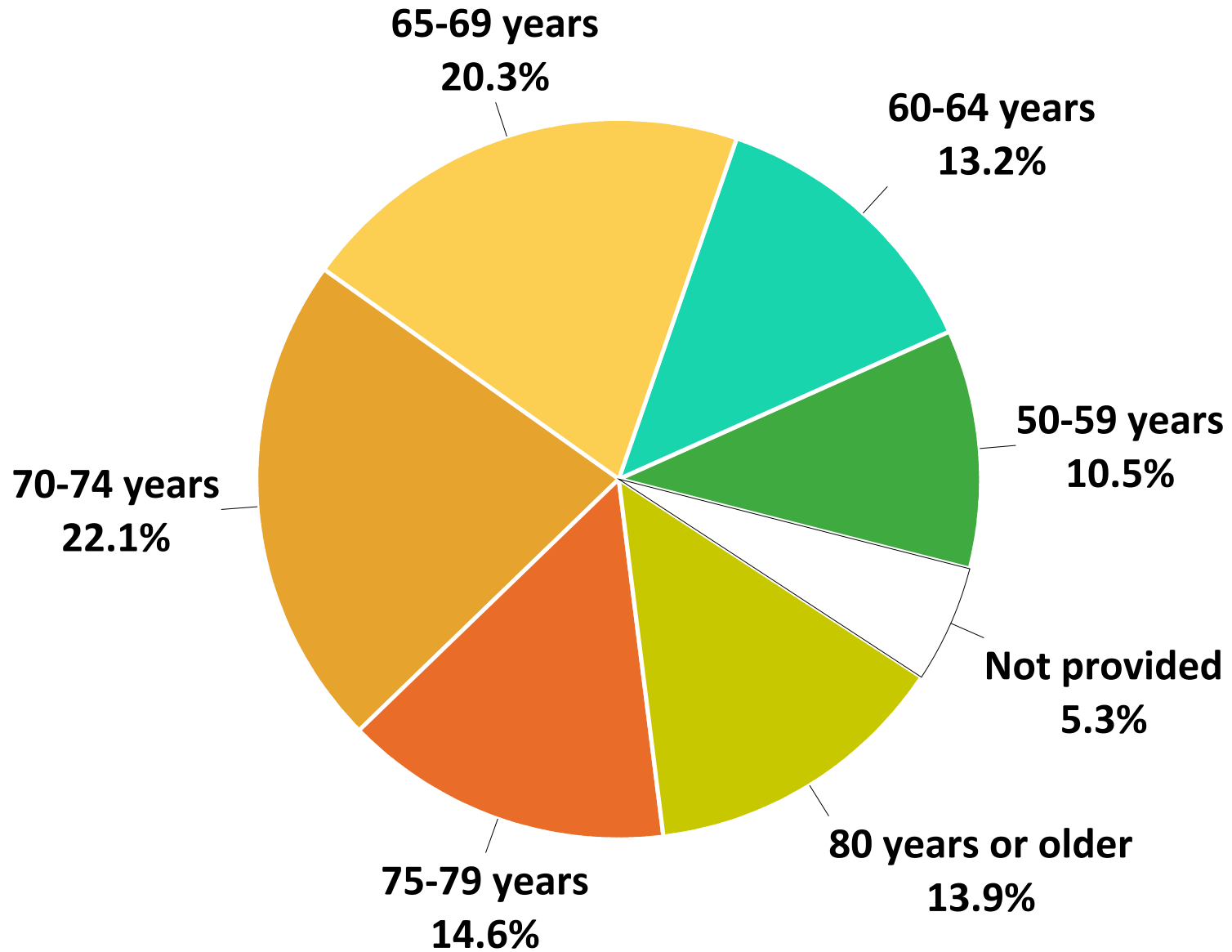
Q45. Do you volunteer?

by percentage of Franklin County respondents



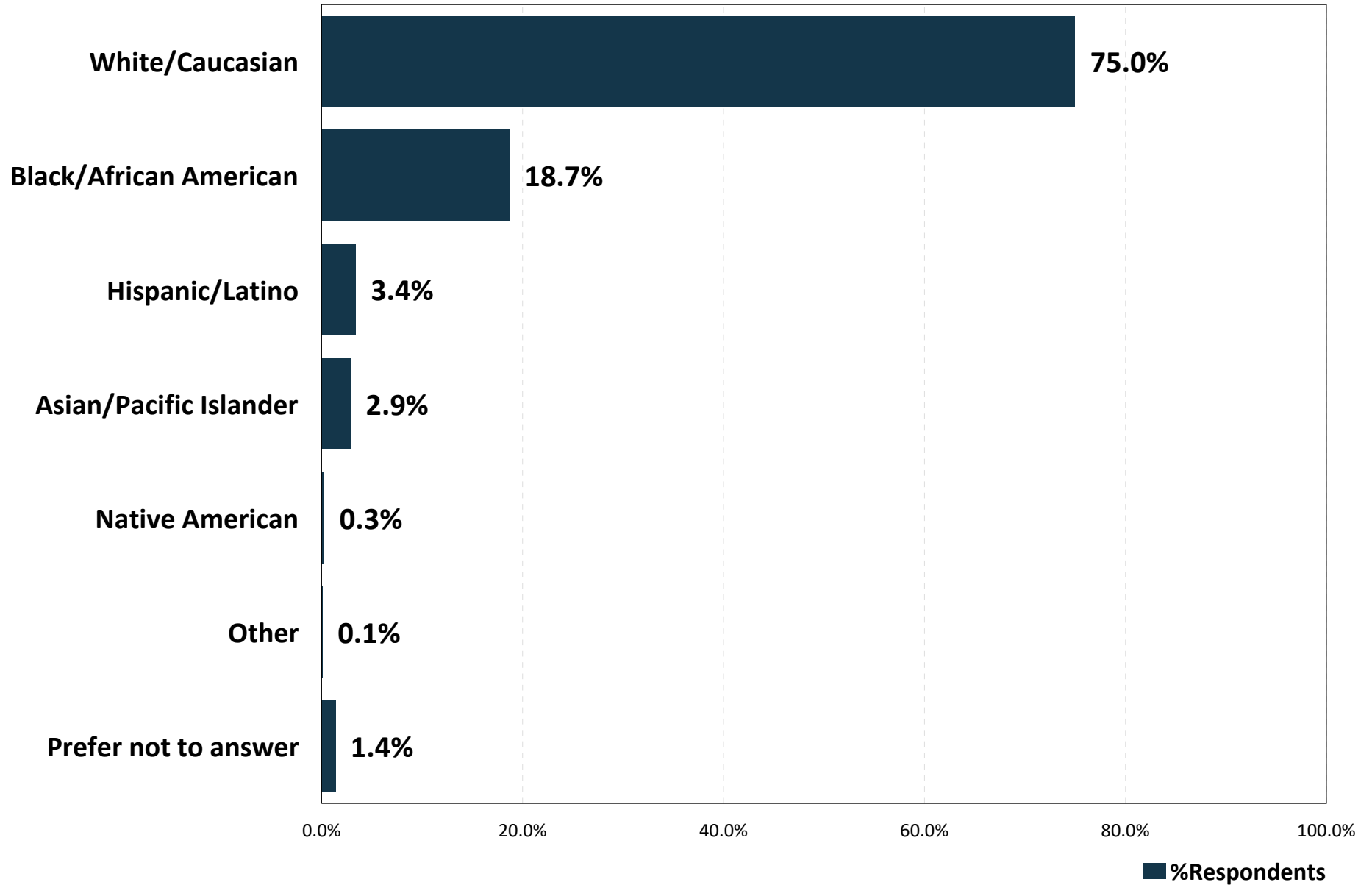
Demographics: Q46a. What is your age?

by percentage of Franklin County respondents



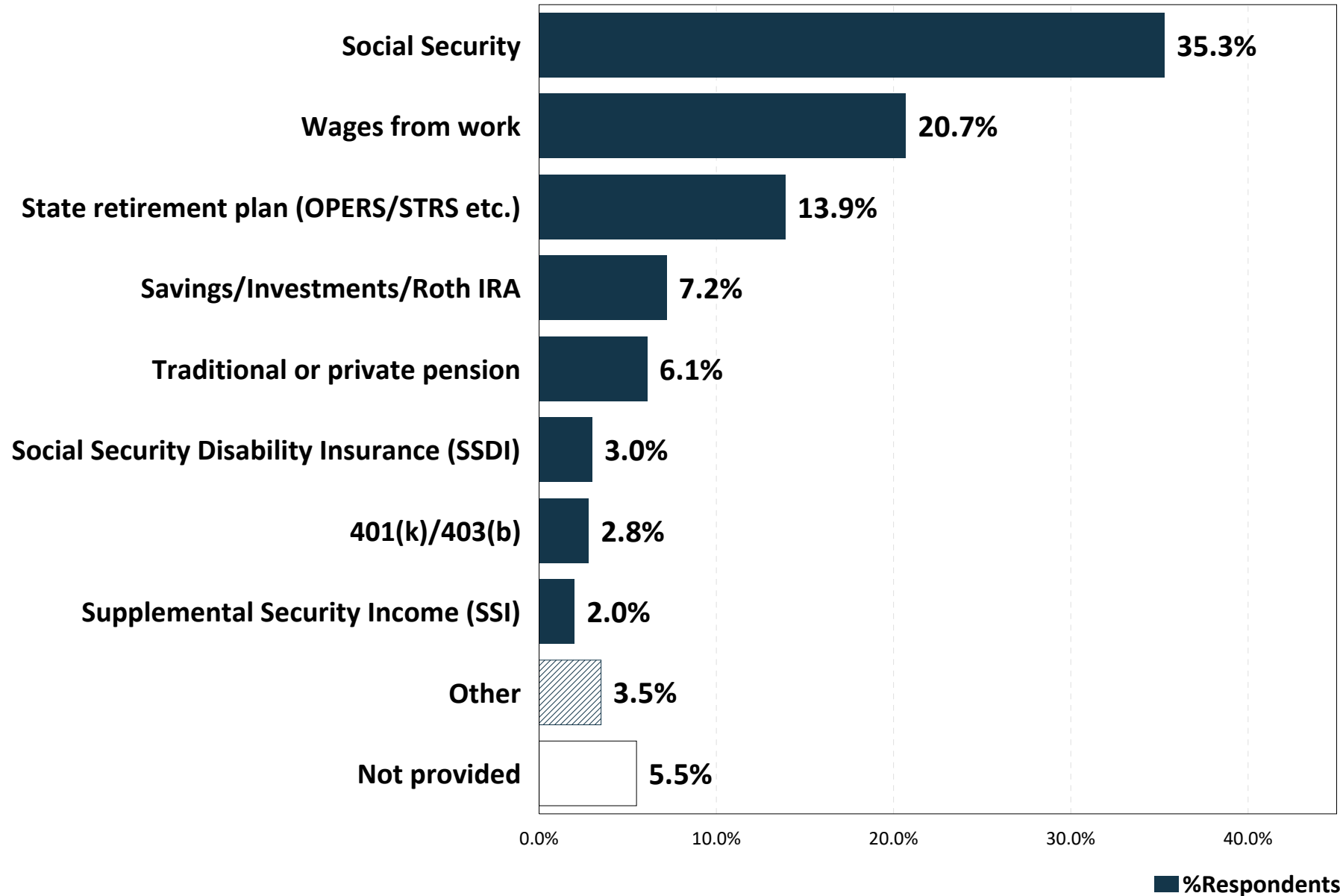
Demographics: Q49. What is your race?

by percentage of Franklin County respondents (multiple choices could be selected)



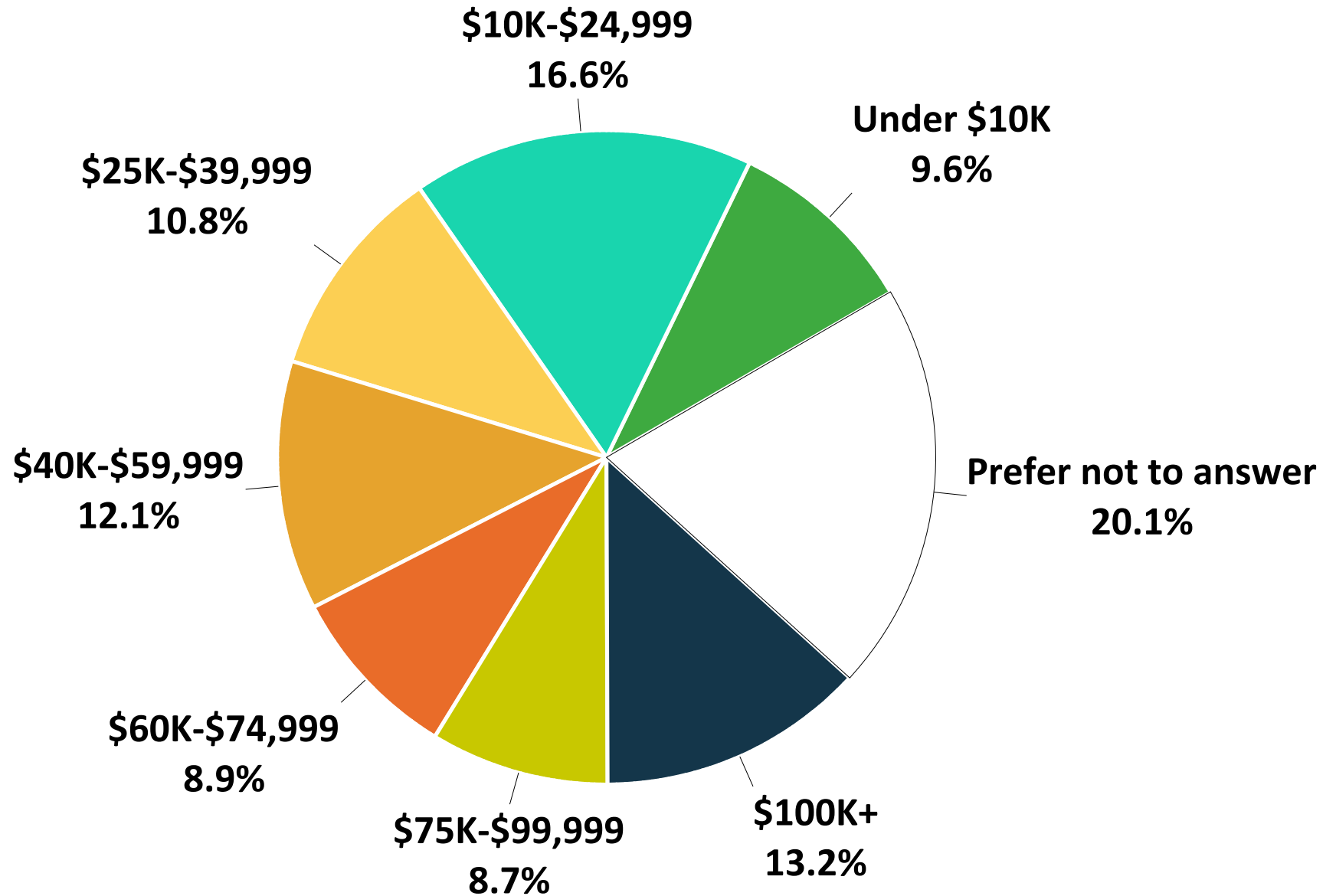
Demographics: Q50. What is your main source of income?

by percentage of Franklin County respondents



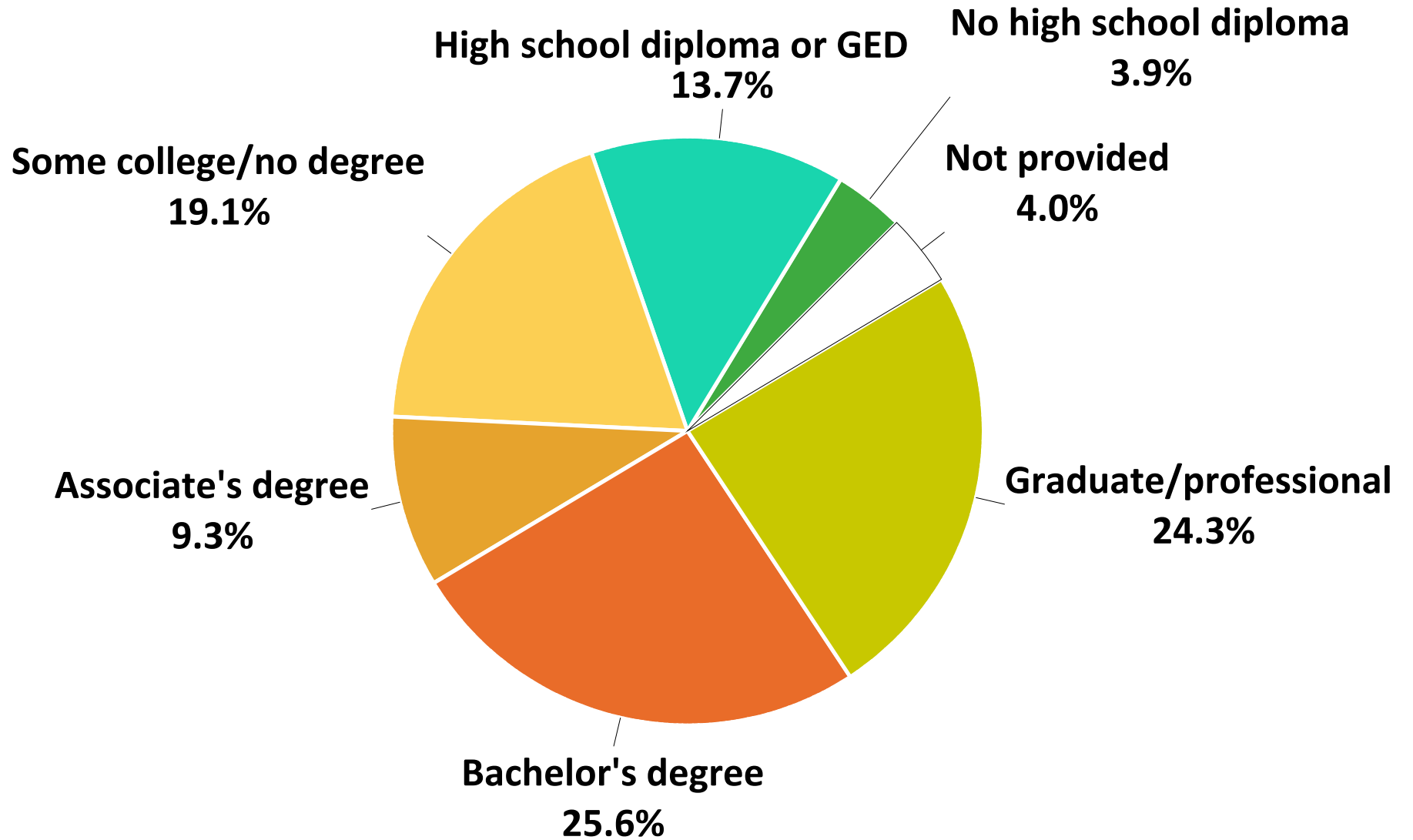
Demographics: Q51. What was your household income last year?

by percentage of Franklin County respondents



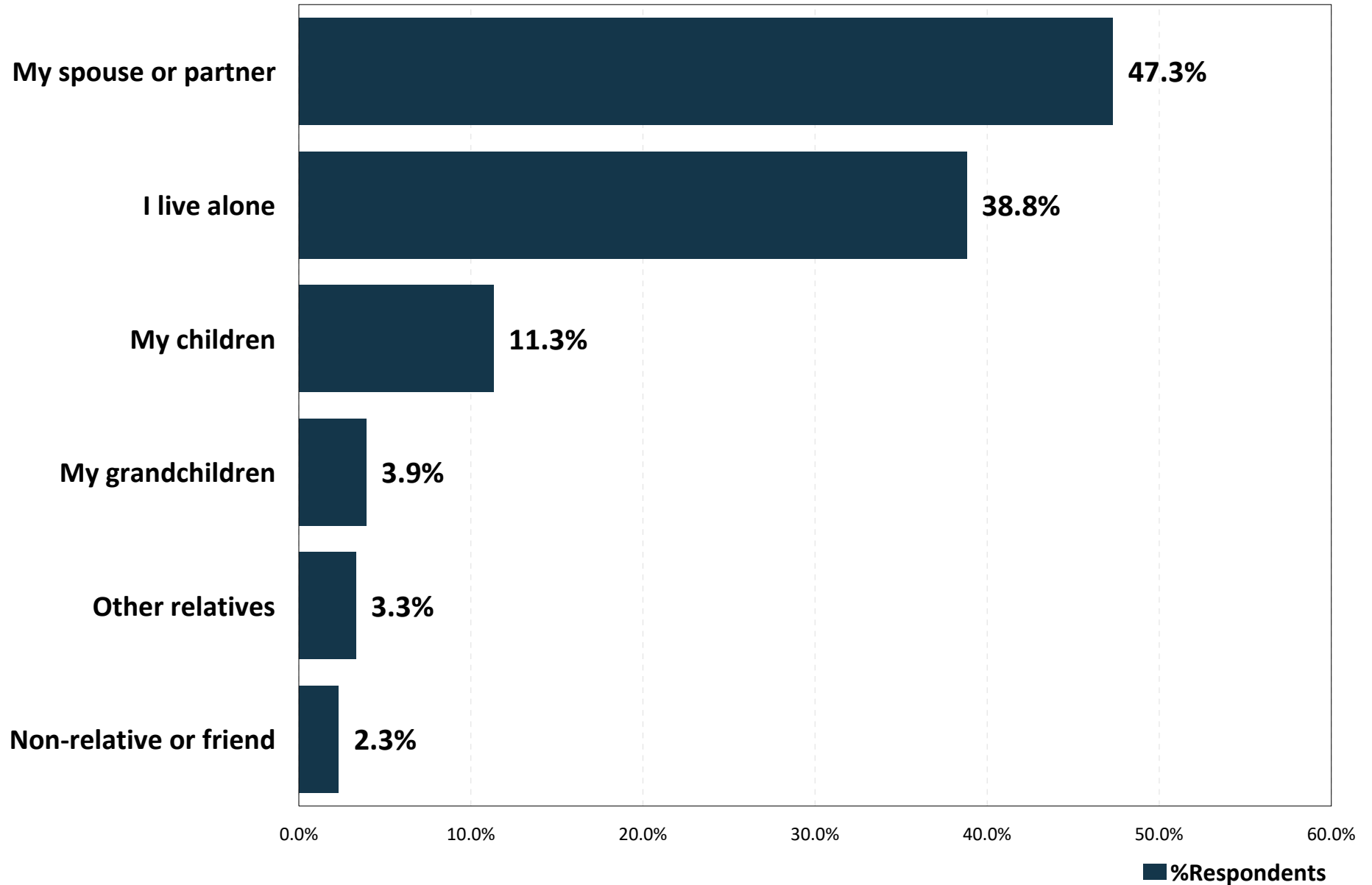
Demographics: Q52. What is the highest level of education you completed?

by percentage of Franklin County respondents



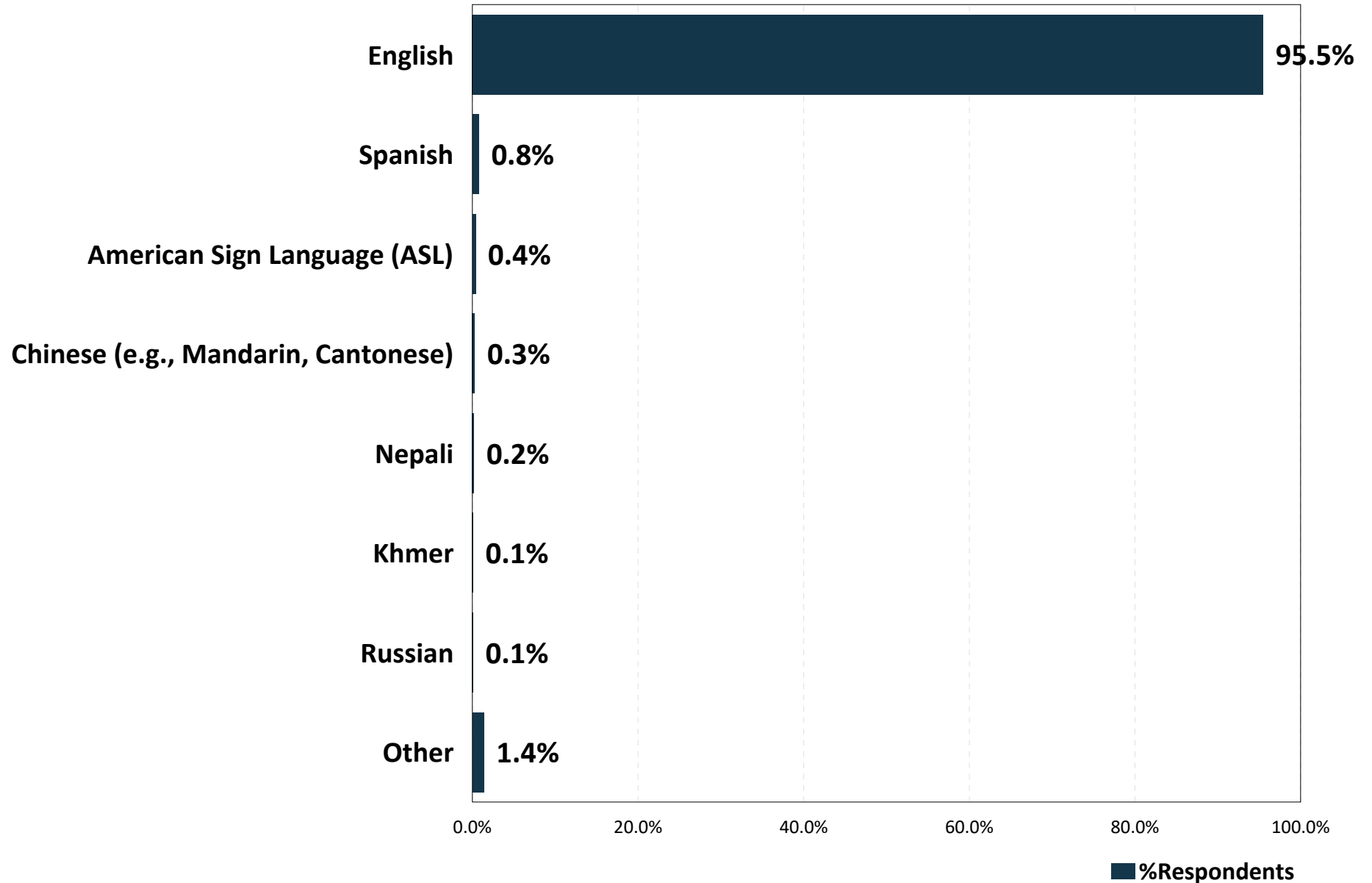
Demographics: Q53. Who lives in your household?

by percentage of Franklin County respondents (multiple choices could be selected)



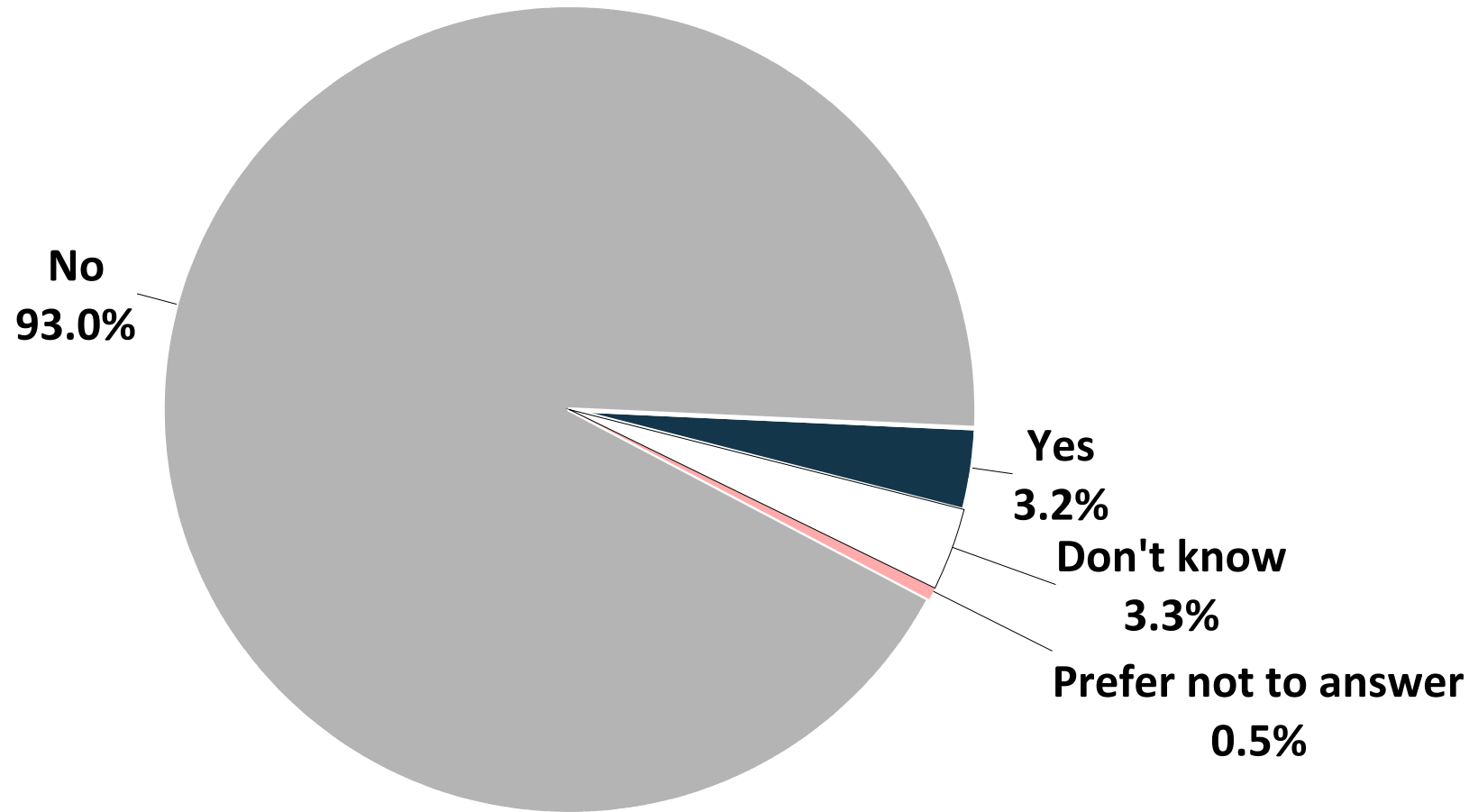
Demographics: Q54. What language(s) are primarily spoken in your home?

by percentage of Franklin County respondents (multiple choices could be selected)



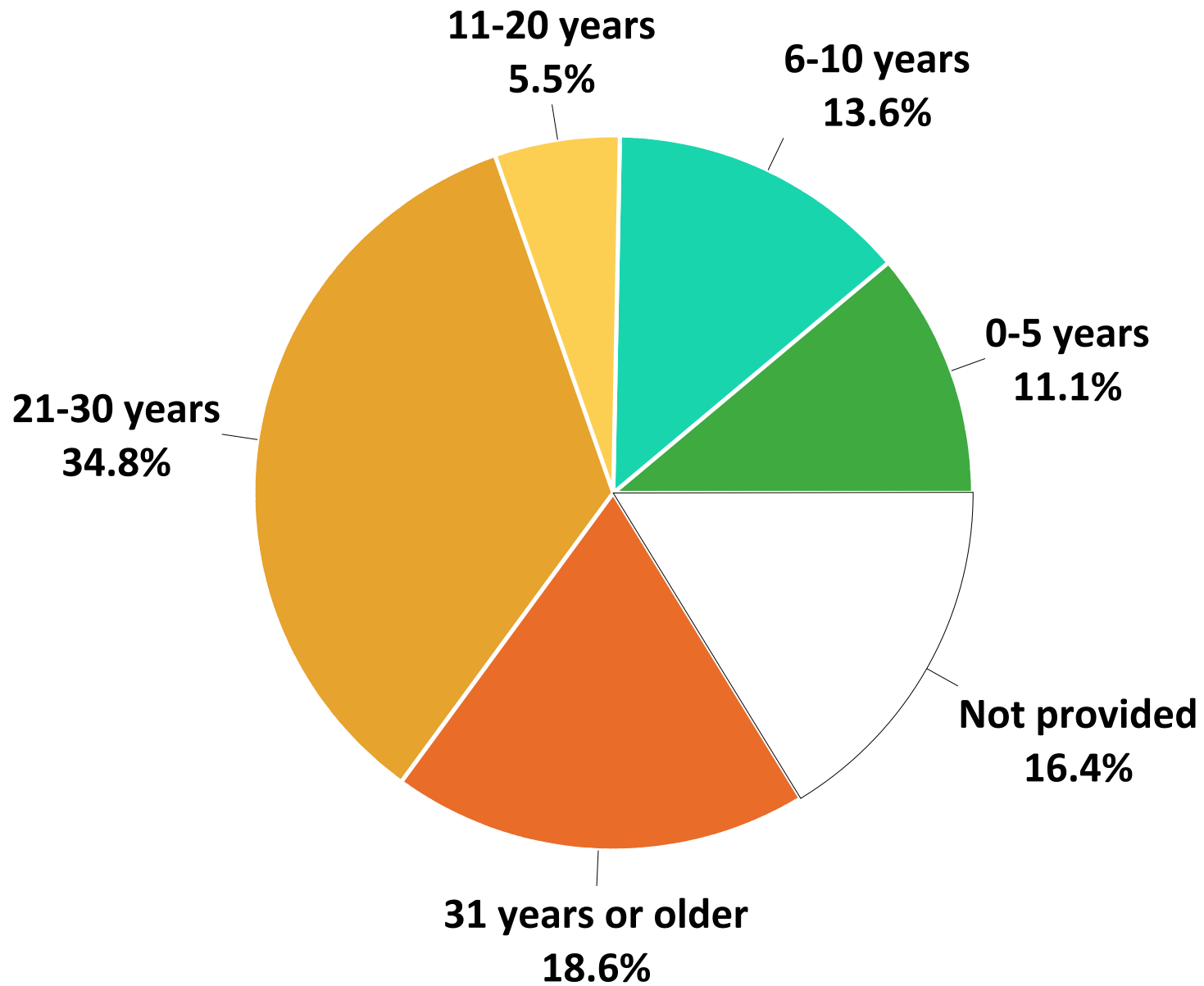
Demographics: Q55. Did you immigrate to this country?

by percentage of Franklin County respondents



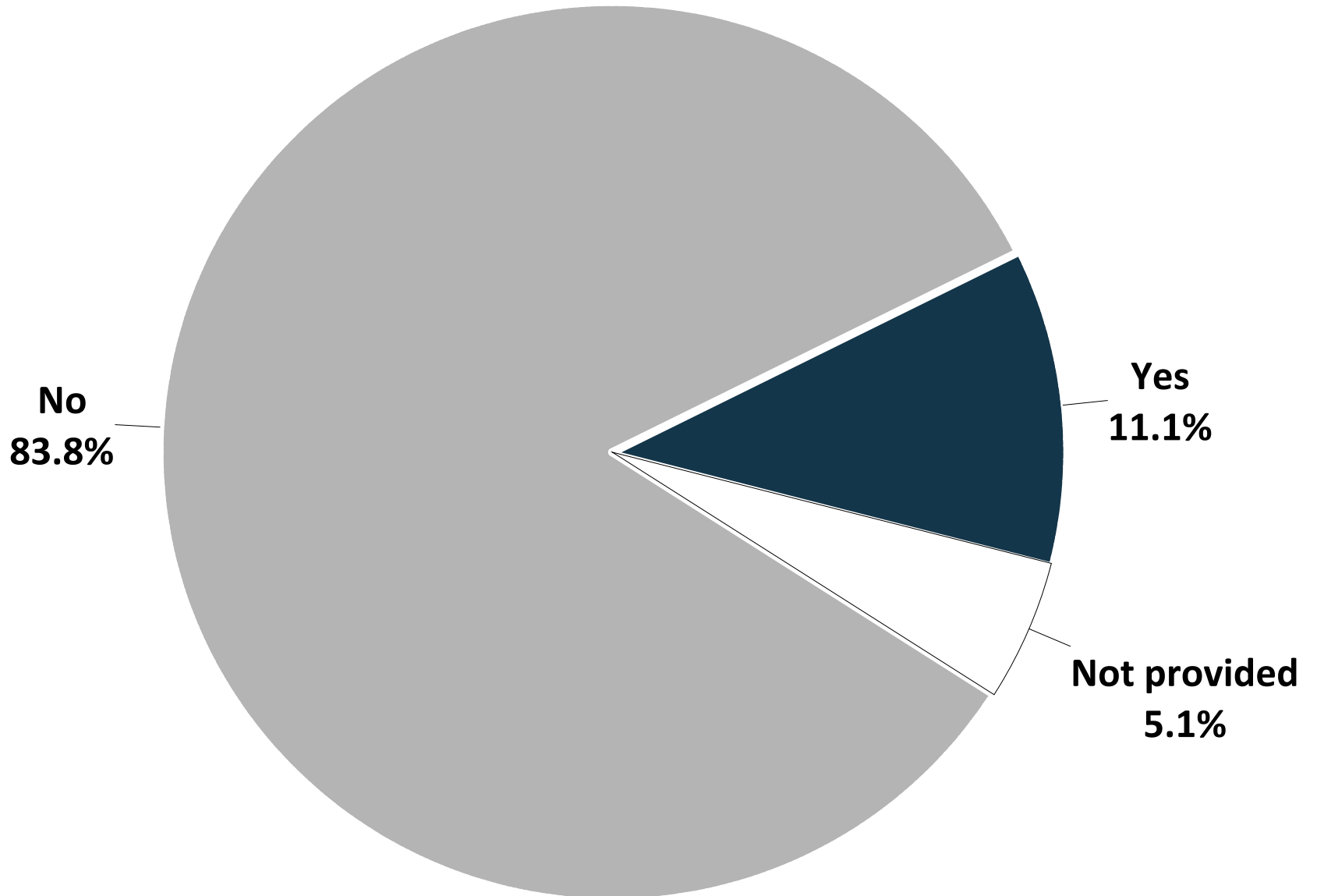
Demographics: Q55a. How old were you when you immigrated?

by percentage of Franklin County respondents that immigrated to the U.S.



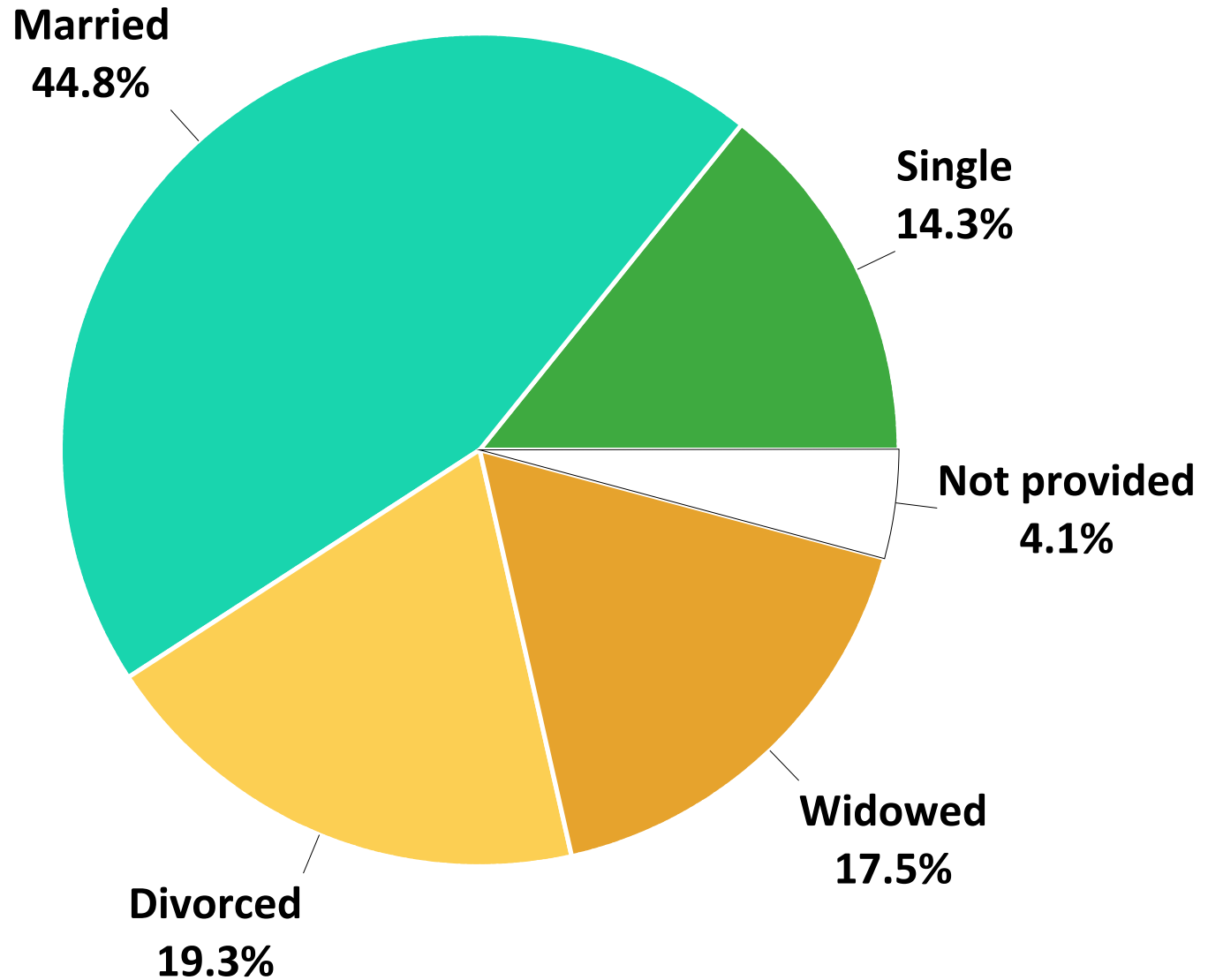
Q56. Are you a veteran?

by percentage of Franklin County respondents



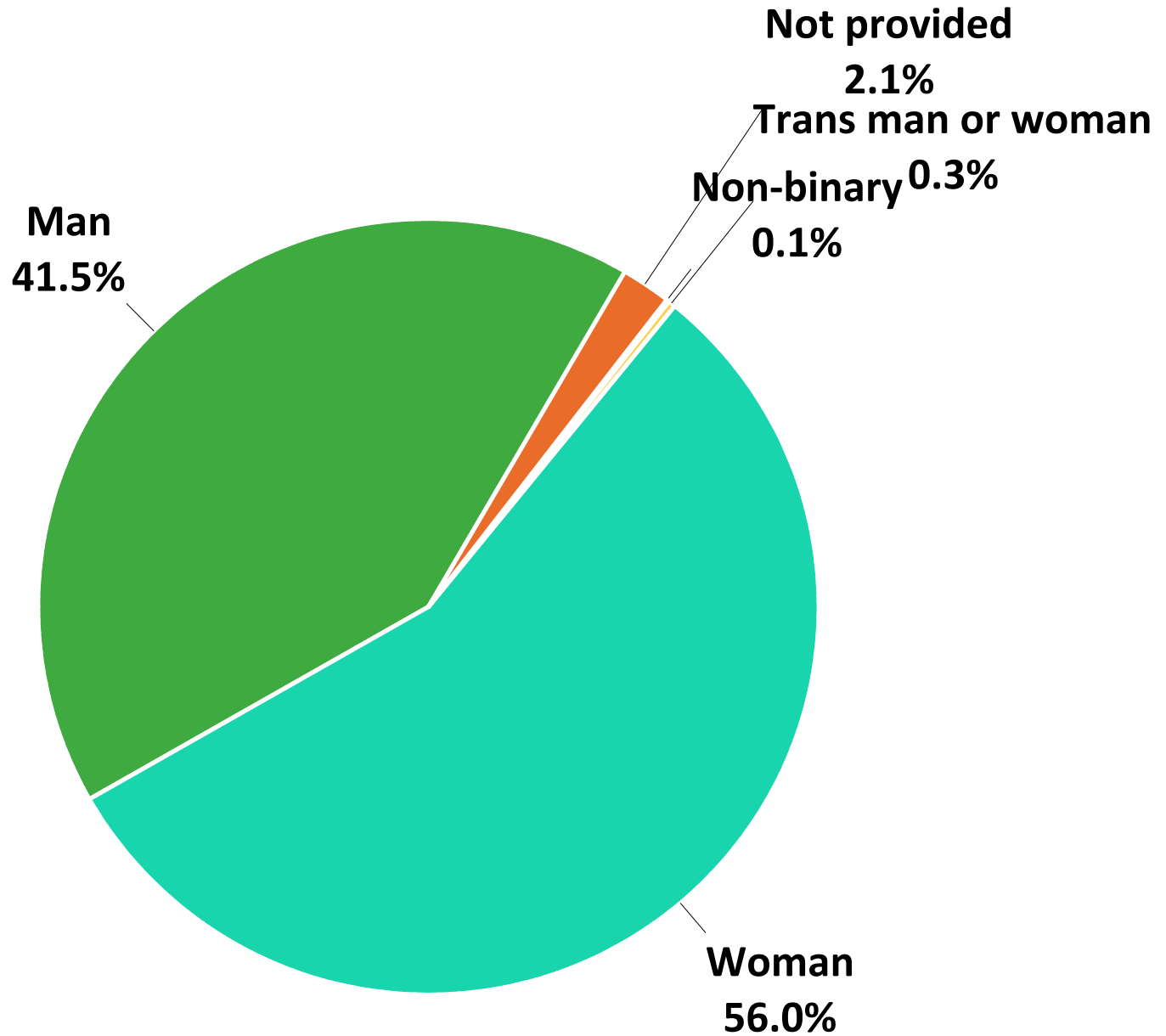
Demographics: Q57. What is your marital status?

by percentage of Franklin County respondents



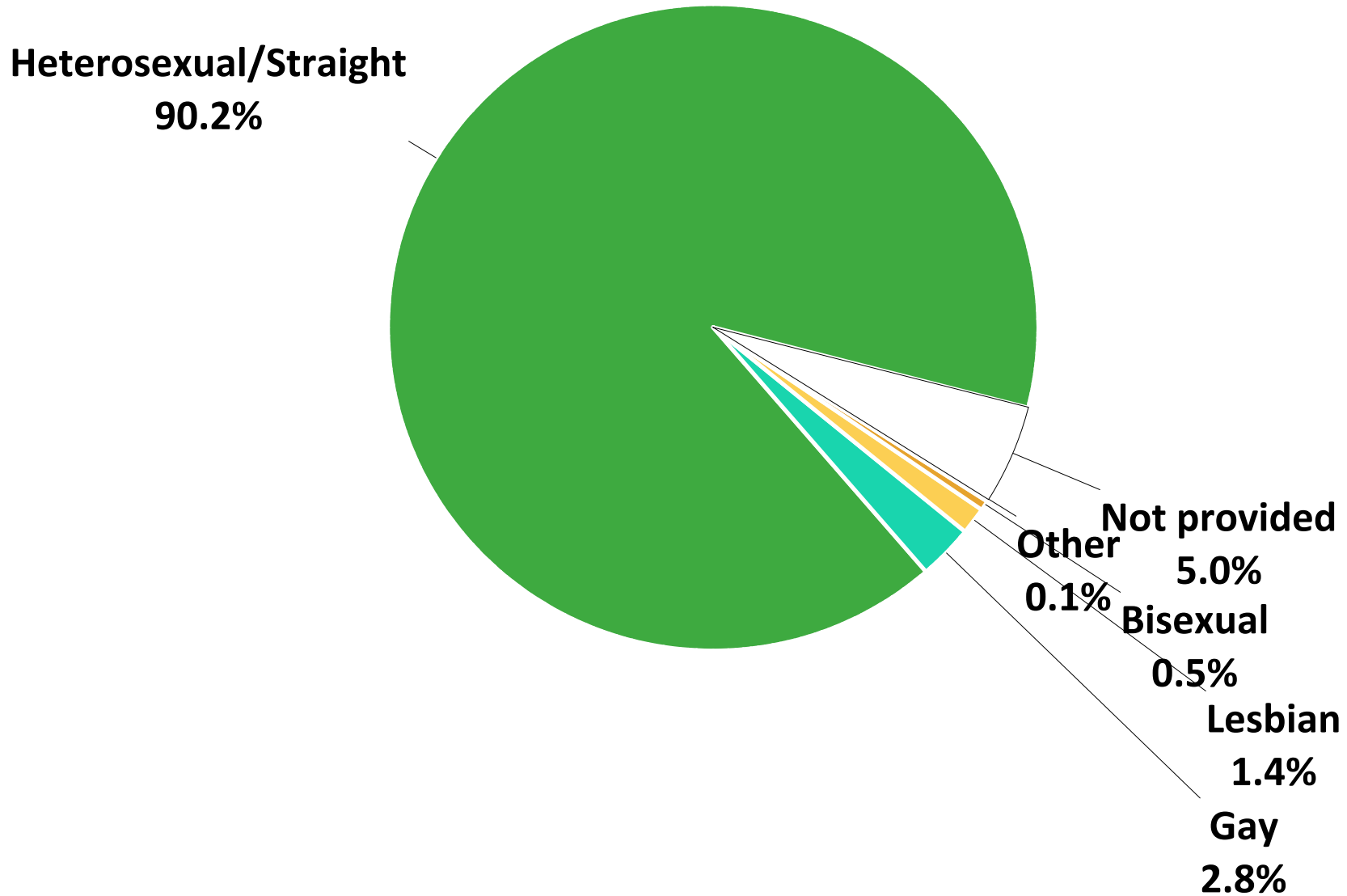
Demographics: Q58. What is your gender identity?

by percentage of Franklin County respondents



Demographics: Q59. What is your sexual orientation?

by percentage of Franklin County respondents



3

Tabular Data

Q1. Transportation. What is your usual way of getting to where you want and need to go?
(Multiple responses allowed)

Q1. What is your usual way of getting to where you want & need to go	Percent
Drive myself	83.4 %
Driven by friends or family	29.1 %
Driven by a professional (paid) caregiver	2.8 %
I take fixed route public transit (with bus stops & a time schedule)	3.9 %
I take paratransit (door to door public transit for people with disabilities)	1.4 %
I use flexible public transit (vehicles operate on a fixed route & have a time, but can deviate from the route)	0.5 %
I use a transportation service that picks me up from my location & requires a reservation & planning (includes services provided by public entities, nonprofits, & private providers)	8.8 %
I use rideshare services (Uber, Lyft)	5.4 %
I use a taxi or similar service	4.8 %
I walk	18.1 %
I ride my bike	6.2 %
Other	0.2 %

Q2. If your usual way of getting around was no longer an option, how would you get to where you want and need to go?
(Multiple responses allowed)

<u>Q2. How would you get to where you want & need to go</u>	<u>Percent</u>
I would not be able to get to where I need to go	15.9 %
I would be driven by friends or family	62.6 %
I would be driven by a professional (paid) caregiver	7.9 %
I would take fixed route public transit (with bus stops & a time schedule)	15.1 %
I would take paratransit	1.4 %
I would use flexible public transit (vehicles operate on a fixed route & have a time, but can deviate from the route)	5.1 %
I would use a transportation service that picks me up from my location & requires a reservation & planning (includes services provided by public entities, nonprofits, & private providers)	20.4 %
I would use rideshare services (Uber, Lyft)	30.0 %
I would use a taxi or similar service	18.6 %
I would walk	19.4 %
I would ride my bike	9.6 %
Other	2.3 %

Q3. Communication and Technology. Which of the following sources do you use to find information about community services? (Multiple responses allowed)

Q3. Which following sources do you use to find information about community services	Percent
Mail	47.6 %
Radio ads	15.8 %
Church or place of worship	20.3 %
Senior center or other community agent	22.6 %
Word of mouth (friends, family, etc.)	56.4 %
Flyers/bulletin boards	20.4 %
Community newspaper	26.9 %
Landline telephone	9.2 %
Mobile phone	35.3 %
Internet (websites, email)	75.6 %
Social media	37.6 %
Libraries	17.1 %
TV ads	29.5 %
Billboards	6.9 %
Medical provider/hospital	23.6 %
Other	2.0 %

Q4. Do you use any of the following electronic devices? (Multiple responses allowed)

Q4. What following electronic devices do you use	Percent
Smartphone (cellphone with internet)	86.4 %
Computer	83.1 %
Tablet (iPad,Kindle)	55.3 %
Smart speaker (Echo/Alexa, Google Nest)	21.5 %
Cell phone with limited minutes	9.7 %
None of the above	2.1 %

Q5. Do you use the Internet?

<u>Q5. Do you use internet</u>	<u>Percent</u>
Yes	94.9 %
No	3.1 %
Don't know	2.0 %
Total	100.0 %

Q5a. Why do you not use the Internet? (Multiple responses allowed)

<u>Q5a. Why do you not use internet</u>	<u>Percent</u>
Cannot afford internet or Wi-Fi device	22.3 %
Do not know how to access or use	69.6 %
Do not want to access or use	22.1 %
Area does not offer any or sufficient Wi-Fi or internet access	5.6 %

Q5b. What do you use the Internet for? (Multiple responses allowed)

<u>Q5b. What do you use internet for</u>	<u>Percent</u>
Search information	93.3 %
News	69.8 %
Communication & socialization	66.7 %
Email	93.0 %
Social networking	47.1 %
Entertainment (relax, TV/movies, music, etc.)	53.0 %
Gaming	21.1 %
Business promotion	5.6 %
Shopping	77.7 %
Education	37.1 %
Online services	39.3 %
Blogging	2.2 %
Dating	1.2 %
Remote work	19.1 %
Telehealth	36.7 %

Q6. Overall, how confident do you feel using computers, smartphones, or other devices?

Q6. How confident do you feel using computers, smartphones, or other devices	Percent
Very confident	48.5 %
Somewhat confident	35.4 %
Only a little confident	9.3 %
Not at all confident	2.6 %
Not sure	4.3 %
Total	100.0 %

Q7. Community Resources. Please indicate your level of agreement with the following.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Q7-1. It is easy to find information about services for older adults	9.0%	38.6%	32.2%	17.0%	3.2%
Q7-2. My community offers a wide range of services available to adults as they get older	13.1%	36.5%	40.1%	6.8%	3.6%

Q8. Are you aware of or have you heard of these agencies that serve older adults? (without "not provided")

	Yes	No
Q8-1. Franklin County Office on Aging	80.7%	19.3%
Q8-2. Central Ohio Area Agency on Aging	70.6%	29.4%

Q9. Are you currently receiving this service?

	Yes	No
Q9-1. Transportation	11.9%	88.1%
Q9-2. Meal Delivery	11.8%	88.2%
Q9-3. Temporary financial assistance	0.3%	99.7%
Q9-4. Assistance with shopping for groceries, clothing, or necessities	3.7%	96.3%
Q9-5. Assistance with keeping your home clean & organized	8.1%	91.9%
Q9-6. Assistance with taking medication as prescribed	1.1%	98.9%
Q9-7. Assistance with scheduling & attending appointments	2.1%	97.9%
Q9-8. Assistance with bathing & dressing yourself	1.3%	98.7%
Q9-9. Assistance with moving from one room to another within your home	0.8%	99.2%
Q9-10. Assistance with preparing food for yourself	1.5%	98.5%
Q9-11. Emergency call button	14.3%	85.7%
Q9-12. Adult day services	0.3%	99.7%
Q9-13. Nutritional supplements such as Ensure	3.1%	96.9%
Q9-14. Durable Medical Equipment (DME) such as shower chair or walker	10.4%	89.6%
Q9-15. Incontinence supplies such as Depends or Chux pads	9.5%	90.5%

Q9. If "No," how likely are you to use this service in the future?

	Very likely	Likely	Maybe	Unlikely	Very unlikely	Not sure
Q9-1. Transportation	7.5%	12.4%	20.9%	7.2%	4.7%	47.2%
Q9-2. Meal Delivery	4.0%	8.9%	19.1%	11.0%	8.6%	48.4%
Q9-3. Temporary financial assistance	3.7%	6.5%	15.3%	14.8%	13.3%	46.4%
Q9-4. Assistance with shopping for groceries, clothing, or necessities	6.3%	10.5%	19.5%	11.2%	7.5%	45.0%
Q9-5. Assistance with keeping your home clean & organized	7.1%	10.5%	18.1%	10.3%	7.6%	46.5%
Q9-6. Assistance with taking medication as prescribed	2.5%	4.5%	16.4%	16.3%	13.6%	46.8%
Q9-7. Assistance with scheduling & attending appointments	3.5%	7.5%	17.6%	14.7%	10.3%	46.4%
Q9-8. Assistance with bathing & dressing yourself	2.6%	5.0%	14.0%	17.5%	13.8%	47.0%
Q9-9. Assistance with moving from one room to another within your home	1.8%	3.9%	13.9%	17.2%	15.6%	47.7%
Q9-10. Assistance with preparing food for yourself	2.1%	6.5%	17.1%	16.1%	12.1%	46.2%
Q9-11. Emergency call button	4.3%	7.7%	17.9%	10.1%	9.6%	50.4%
Q9-12. Adult day services	1.5%	4.4%	14.7%	17.3%	14.3%	47.9%
Q9-13. Nutritional supplements such as Ensure	3.0%	8.4%	15.5%	13.4%	12.4%	47.3%
Q9-14. Durable Medical Equipment (DME) such as shower chair or walker	4.4%	8.6%	17.5%	10.4%	10.0%	49.1%
Q9-15. Incontinence supplies such as Depends or Chux pads	4.1%	8.5%	17.1%	10.4%	10.5%	49.4%

Q10. Would any of the following reasons prevent you from seeking any of the services listed in Question 9? (Multiple responses allowed)

Q10. What following reasons would prevent you from seeking any services listed in Question 9	Percent
I do not believe that I would qualify	40.1 %
I believe those services are for people who have less money than me	33.2 %
I do not want strangers taking care of me	11.3 %
I do not want to take services from someone else who may be more needy	32.6 %
It would be too difficult/time consuming to apply	5.9 %
I do not know how to access the services	19.6 %
I didn't know these services existed	14.6 %
Language is a barrier	1.0 %
I can't afford these services	13.5 %
I don't think I need them	7.3 %
Other	3.2 %

Q11. How often do you receive your food in these ways?

	Weekly (once a week)	Monthly (once a month)	A few times a year (4 to 6 times a year)	Seldom (1 to 3 times a year)	Never	Don't know
Q11-1. Food pantry or food bank	1.5%	4.6%	2.0%	6.0%	77.4%	8.4%
Q11-2. Neighbor or family member provides food or meals	4.9%	3.1%	5.0%	11.5%	66.8%	8.7%
Q11-3. Personal or community garden	5.7%	3.0%	7.3%	5.0%	68.9%	10.1%
Q11-4. Home-delivered prepared meals (Meals on Wheels)	8.4%	0.3%	0.3%	0.5%	80.8%	9.6%
Q11-5. Congregate meal program (meals at a senior center, church, etc.)	2.1%	2.1%	1.7%	4.0%	79.7%	10.5%
Q11-6. Supplemental Nutrition Assistance Program (SNAP, also known as food stamps, EBT)	2.8%	6.3%	0.3%	0.1%	80.2%	10.2%
Q11-7. Senior Farmers Market Nutrition Program (SFMNP)	0.7%	0.8%	0.8%	3.4%	83.1%	11.2%
Q11-8. Commodity Supplemental Food Program (CSFP) -Monthly USDA food box	0.3%	1.5%	0.4%	0.9%	83.9%	13.1%
Q11-9. Expanded Food & Nutrition Education Program (EFNEP)-hands on meal preparation class	0.0%	0.3%	0.0%	0.8%	86.6%	12.4%

Q12. If you participate in any food or nutrition programs, why do you participate?

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	N/A
Q12-1. To help make my food budget stretch further	6.9%	8.0%	0.5%	1.7%	1.1%	81.8%
Q12-2. To make sure I can pay all my bills each month	7.4%	5.7%	1.3%	2.4%	1.4%	81.8%
Q12-3. To supplement the food I purchase at grocery stores & restaurants	5.9%	9.3%	0.9%	1.3%	1.4%	81.3%
Q12-4. To socialize with people	2.9%	5.0%	2.6%	3.4%	3.0%	83.1%
Q12-5. To make sure I eat healthier foods	5.0%	10.4%	1.7%	1.7%	1.3%	80.0%
Q12-6. Someone enrolled me in the program (friend, family member, social worker, home health aide)	1.7%	4.1%	2.2%	2.6%	2.9%	86.4%
Q12-7. To make meal time less stressful	3.8%	5.7%	2.6%	1.8%	2.2%	83.9%
Q12-8. It is convenient or easy to participate	4.0%	8.0%	3.9%	1.8%	1.2%	81.2%

WITHOUT N/A

Q12. If you participate in any food or nutrition programs, why do you participate? (without "N/A")

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Q12-1. To help make my food budget stretch further	38.1%	43.7%	2.8%	9.4%	6.1%
Q12-2. To make sure I can pay all my bills each month	40.4%	31.5%	7.0%	13.2%	8.0%
Q12-3. To supplement the food I purchase at grocery stores & restaurants	31.5%	49.4%	5.0%	6.8%	7.3%
Q12-4. To socialize with people	17.2%	29.7%	15.2%	20.2%	17.7%
Q12-5. To make sure I eat healthier foods	24.8%	51.8%	8.5%	8.5%	6.4%
Q12-6. Someone enrolled me in the program (friend, family member, social worker, home health aide)	12.6%	30.2%	16.4%	19.4%	21.3%
Q12-7. To make meal time less stressful	23.5%	35.6%	16.0%	11.1%	13.8%
Q12-8. It is convenient or easy to participate	21.3%	42.4%	20.5%	9.5%	6.3%

Q13. Over the last year, how often were you worried about not having enough food to eat?

Q13. How often were you worried about not having enough food to eat over last year	Percent
Always	1.0 %
Frequently	1.9 %
Sometimes	6.1 %
Rarely	12.3 %
Never	76.6 %
Not provided	2.1 %
Total	100.0 %

Q14. Housing. Do you own or rent your home?

Q14. Do you own or rent your home	Percent
Own	71.9 %
Rent	21.4 %
Other	4.2 %
Not provided	2.5 %
Total	100.0 %

Q14a. Do you have a mortgage?

Q14a. Do you have a mortgage	Percent
Yes	50.7 %
No	46.8 %
Not sure	0.1 %
Not provided	2.4 %
Total	100.0 %

Q15. How important are the following...

	Very important	Somewhat important	Not that important	Not important at all
Q15-1. How important is it to you to be able to remain in your home as you age	81.4%	13.1%	3.4%	2.0%
Q15-2. How important is it to you to be able to remain in your neighborhood as you age	54.7%	25.9%	14.1%	5.3%

Q16. What percentage of your monthly household income do you spend on your housing expenses, including utilities?

Q16. What percentage of your monthly household income do you spend on your housing expenses, including utilities	Percent
Less than 30%	36.3 %
30% to 50%	39.6 %
50% or more	17.9 %
Not provided	6.1 %
Total	100.0 %

Q17. Do you have concerns about your ability to pay your rent, mortgage, or utilities?

Q17. Do you have concerns about your ability to pay your rent, mortgage, or utilities	Percent
Yes	15.6 %
No	74.2 %
Don't know	10.2 %
Total	100.0 %

Q18. Please answer the following questions by circling either "Yes" or "No."

	Yes	No
Q18-1. Are you physically able to maintain inside of your home	87.9%	12.1%
Q18-2. Do you have others help you maintain inside of your home	37.7%	62.3%
Q18-3. Are you able to afford your indoor home maintenance	84.5%	15.5%
Q18-4. Are you physically able to maintain outside of your home	62.3%	37.7%
Q18-5. Do you have others help you maintain outside of your home	61.9%	38.1%
Q18-6. Are you able to afford your outdoor home maintenance	78.1%	21.9%

Q19. Does your home have any of the following? (Multiple responses allowed)

Q19. What following does your home have	Percent
Accessible entryway (zero step entry or ramp)	26.0 %
First floor bathroom	76.7 %
First floor bedroom	54.3 %
First floor laundry	43.7 %

Q20. Please answer each of the following:

	Yes	No	Don't know
Q20-1. I understand benefits of Homestead Exemption Program	36.8%	35.3%	27.9%
Q20-2. I know how to access Homestead Exemption Program	34.1%	38.9%	26.9%

Q21. Based on these guidelines, are you prepared for an emergency?

Q21. Are you prepared for an emergency	Percent
Yes	74.4 %
No	16.0 %
Don't know	9.7 %
Total	100.0 %

Q22. Do you have the following items in your home?

	Yes	No	Don't know
Q22-1. Working smoke detector(s)	94.2%	3.8%	2.1%
Q22-2. Working carbon monoxide detector(s)	60.7%	29.6%	9.6%
Q22-3. Working air-conditioning	94.7%	3.8%	1.5%
Q22-4. Alternative source of electric power (generator, solar, etc.)	15.4%	79.5%	5.1%

Q23. Have weather events like extreme heat, power outages, or flooding prevented you from any of the following?

	Yes	No	Don't know
Q23-1. Getting to a health-related appointment	6.2%	90.0%	3.8%
Q23-2. Getting medicine	4.0%	92.0%	3.9%
Q23-3. Getting to work or volunteer service	4.4%	83.6%	12.0%
Q23-4. Getting to a community event or worship service	9.3%	83.8%	6.9%
Q23-5. Getting to a family member or friend	8.4%	85.7%	5.9%
Q23-6. Remaining in your home	7.4%	87.1%	5.5%

Q24. Health and Well-Being. How would you rate your overall health?

<u>Q24. How would you rate your overall health</u>	<u>Percent</u>
Excellent	14.8 %
Very good	31.4 %
Good	32.4 %
Fair	16.7 %
Poor	3.3 %
Not provided	1.4 %
Total	100.0 %

Q25. Do you have a primary care provider (general doctor or family doctor)?

<u>Q25. Do you have a primary care provider</u>	<u>Percent</u>
Yes	96.1 %
No	2.6 %
Not sure	0.3 %
Not provided	1.0 %
Total	100.0 %

Q26. How often do you engage in some form of physical exercise (like walking, biking, sports, stretching)?

Q26. How often do you engage in some form of physical exercise	Percent
Several times a week	61.3 %
About once a week	15.1 %
Once or twice a month	5.7 %
Less than once a month	4.3 %
Rarely or never	12.0 %
Not provided	1.6 %
Total	100.0 %

Q27. Have you fallen in the last 6 months?

Q27. Have you fallen in last 6 months	Percent
Yes	21.3 %
No	77.6 %
Not provided	1.1 %
Total	100.0 %

Q28. What is the probability that you will fall in the next few months?

Q28. What is the probability that you will fall in next few months	Percent
High	5.4 %
Medium	21.6 %
Low	70.2 %
Not provided	2.8 %
Total	100.0 %

Q29. Do you skip necessary medications due to high cost?

Q29. Do you skip necessary medications due to high cost	Percent
Always	0.6 %
Frequently	1.6 %
Sometimes	5.7 %
Rarely	12.7 %
Never	73.8 %
Not provided	5.6 %
Total	100.0 %

Q30. How often do you need physical assistance with the following?

	Always need help	Sometimes need help	Never need help
Q30-1. Shopping for groceries, clothing, or other necessities	7.7%	15.6%	76.7%
Q30-2. Completing housework, e.g., keeping your home clean & organized	11.7%	24.2%	64.1%
Q30-3. Managing money & paying bills	2.9%	10.0%	87.1%
Q30-4. Taking medications as prescribed	2.5%	4.2%	93.4%
Q30-5. Scheduling & attending appointments	4.9%	8.5%	86.5%
Q30-6. Bathing & dressing yourself	1.8%	4.7%	93.6%
Q30-7. Moving from one room to another within your home	1.1%	4.0%	94.9%
Q30-8. Preparing food for yourself	3.2%	11.3%	85.5%

Q31. Outdoor Spaces and Buildings. How would you rate your community as a place for people to live as they age?

Q31. How would you rate your community as a place for people to live as they age	Percent
Excellent	22.2 %
Good	38.5 %
Moderate	26.9 %
Poor	6.2 %
Very poor	2.0 %
Not Sure	4.2 %
Total	100.0 %

Q32. How would you rate your community on the following?

	Excellent	Good	Moderate	Poor	Very poor
Q32-1. Parks within walking distance of your home	31.2%	24.9%	20.7%	13.8%	9.4%
Q32-2. Public buildings & facilities (e.g., library, community center) that are accessible to people of different physical abilities	35.5%	38.1%	17.1%	5.7%	3.5%
Q32-3. Public restrooms	12.6%	26.2%	29.4%	18.7%	13.1%
Q32-4. Crosswalks with signals	26.4%	39.2%	20.8%	8.2%	5.4%
Q32-5. Crosswalks with adequate count down timers	24.3%	34.9%	22.7%	11.3%	6.8%
Q32-6. Places to sit or rest	12.3%	24.5%	27.3%	24.9%	11.0%
Q32-7. Well shaded streets & walkways	19.6%	33.4%	25.6%	14.0%	7.4%
Q32-8. Well-lit streets & walkways	16.7%	33.6%	28.6%	14.9%	6.2%
Q32-9. Ramps to enter buildings or buildings with zero-step entry	18.3%	36.7%	29.3%	10.6%	5.1%
Q32-10. Sidewalks	19.0%	38.6%	26.2%	10.4%	5.8%
Q32-11. Sidewalks that are in good condition	16.0%	34.9%	29.6%	12.4%	7.2%
Q32-12. Free drinking water	10.5%	14.5%	19.2%	31.1%	24.7%

Q33. Respect, Inclusion, and Participation. Please indicate your level of agreement with the following statements.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Q33-1. There are negative stereotypes about older adults	24.8%	46.9%	22.5%	4.8%	1.0%
Q33-2. Due to my age, my ideas & opinions are valued by local decision-makers	2.4%	18.8%	53.8%	17.5%	7.4%

Q34. Do any of the following reasons prevent you from going to activities or events more often? (Multiple responses allowed)

Q34. What following reasons prevent you from going to activities or events more often	Percent
Not enough time	23.5 %
Issues with transportation	15.1 %
Lack of awareness	29.5 %
Language barriers	0.8 %
Physically unable to attend	16.0 %
Not interested	30.8 %
Too expensive	25.2 %
Lack of cultural inclusivity (a sense of feeling welcomed)	8.6 %
Other	7.4 %

Q35. How often do you participate in activities outside of your home, such as social events or religious services?

Q35. How often do you participate in activities outside of your home	Percent
Daily or multiple times per week	28.5 %
Once a week	28.8 %
About once a month	11.7 %
A few times a year	11.6 %
Rarely or never	17.5 %
Not provided	2.0 %
Total	100.0 %

Q36. How often do you feel the following?

	Often	Some of the time	Hardly ever
Q36-1. How often do you feel that you lack companionship	15.4%	28.0%	56.6%
Q36-2. How often do you feel isolated from others	12.2%	25.3%	62.4%
Q36-3. How often do you feel left out	11.7%	25.7%	62.6%

Q37. What is your preferred language when referring to yourself or someone else over the age of 60?

Q37. What is your preferred language when referring to yourself or someone else over 60	Percent
Elder	4.8 %
Elderly	2.8 %
Old person	1.6 %
Older adult	16.5 %
Older person	6.7 %
Person over 60	9.4 %
People in their 60s/70s/80s	4.4 %
Senior	22.7 %
Senior citizen	21.2 %
Other	3.0 %
Not sure	6.9 %
Total	100.0 %

Q38. Family. Considering the people to whom you are related by birth, marriage, adoption, etc., please answer the following questions. (without "not provided")

	9+	5-8	2-4	1	None
Q38-1. How many relatives do you see or hear from at least once a month	10.1%	26.1%	47.5%	11.2%	5.1%
Q38-2. How many relatives do you feel at ease with that you can talk about private matters	5.1%	14.8%	55.0%	17.3%	7.7%
Q38-3. How many relatives do you feel close to such that you could call on them for help	8.1%	21.1%	50.3%	12.4%	8.0%

Q39. Friendships. Considering all your friends, including those who live in your neighborhood, please answer the following questions. (without "not provided")

	9+	5-8	2-4	1	None
Q39-1. How many of your friends do you see or hear from at least once a month	15.8%	26.6%	42.8%	7.1%	7.7%
Q39-2. How many friends do you feel at ease with that you can talk about private matters	4.3%	13.5%	51.7%	16.1%	14.4%
Q39-3. How many friends do you feel close to such that you could call on them for help	7.7%	17.9%	49.6%	15.0%	9.8%

Q40. Please indicate your level of agreement with the following statements.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Q40-1. I feel safe in my home	56.9%	38.2%	3.3%	1.1%	0.4%
Q40-2. I feel safe in my neighborhood	40.5%	42.7%	11.2%	4.0%	1.7%

Q41. Are you currently a caregiver?

Q41. Are you currently a caregiver	Percent
Yes	14.6 %
No	80.6 %
Don't know	4.8 %
Total	100.0 %

Q41a. Who do you care for? (Multiple responses allowed)

<u>Q41a. Who do you care for</u>	<u>Percent</u>
Spouse	32.8 %
Adult child	8.1 %
Parent	33.8 %
Grandparent	1.2 %
Sibling	10.6 %
Other family relative	12.3 %
Neighbor	5.3 %
Friend	7.6 %
Grandchildren	11.7 %
Total	

Q41b. Does the person you are caring for have dementia?

<u>Q41b. Does the person you are caring for have dementia</u>	<u>Percent</u>
Yes	21.0 %
No	63.8 %
Maybe	11.7 %
Don't know	3.5 %
Total	100.0 %

Q41c. Overall, how burdened (stressed) do you feel in caring for your family member or friend?

<u>Q41c. How burdened (stressed) do you feel in caring for your family member or friend</u>	<u>Percent</u>
Not at all	17.0 %
A little	29.8 %
Moderately	31.5 %
Quite a bit	17.6 %
Extremely	3.5 %
Not provided	0.6 %
Total	100.0 %

Q42. Employment and Volunteerism. What is your employment status? (Multiple responses allowed)

<u>Q42. What is your employment status</u>	<u>Percent</u>
Employed full-time	17.1 %
Employed part-time	9.2 %
Self-employed	3.4 %
Unemployed but seeking work	0.9 %
Enrolled in a work training program	0.5 %
Retired & seeking work	3.3 %
Retired & not seeking work	58.3 %
Disabled & unable to work	10.1 %

Q43. If you are employed or seeking employment, what are the main reasons for your continuing to work? (Multiple responses allowed)

<u>Q43. What are the main reasons for you continuing to work</u>	<u>Percent</u>
I want to retire, but need to keep working to get health insurance	6.8 %
I want to retire, but cannot afford to	8.7 %
I find work rewarding	16.5 %
I have professional achievements I want to reach	3.9 %
I do not want to retire	6.5 %
Other	3.4 %
I'm not employed or seeking employment	64.9 %

Q44. If currently seeking employment, have you experienced any of the following?
(Multiple responses allowed)

Q44. What following have you experienced when seeking employment	Percent
Jobs that are available do not match my skills or experience	1.6 %
I am over qualified	1.8 %
I struggle with technology used in workplace	1.0 %
Employers will not hire me because of my age	4.1 %
Transportation is a barrier	0.4 %
I have difficulty with application processes	0.5 %
Health issues make finding or keeping a job a challenge	0.7 %
I need to be retrained to qualify for jobs	0.4 %
I do not know how to find available job	0.5 %
I am not seeking employment	91.0 %

Q45. Do you volunteer?

Q45. Do you volunteer	Percent
Yes	46.7 %
No	46.6 %
Not provided	6.7 %
Total	100.0 %

Q46a. What is your age?

Q46. Your age	Percent
50-59	10.5 %
60-64	13.2 %
65-69	20.3 %
70-74	22.1 %
75-79	14.6 %
80+	13.9 %
Not provided	5.3 %
Total	100.0 %

Q49. What is your race?

Q49. Your race	Percent
Asian/Pacific Islander	2.9 %
Black/African American	18.7 %
Native American	0.3 %
White/Caucasian	75.0 %
Hispanic/Latino	3.4 %
Other	0.1 %
Prefer not to answer	1.4 %

Q50. What is your main source of income?

Q50. What is your main source of income	Percent
Social Security	35.3 %
Wages from work	20.7 %
Supplemental Security Income (SSI)	2.0 %
Social Security Disability Insurance (SSDI)	3.0 %
Traditional or private pension	6.1 %
401(k)/403(b)	2.8 %
Savings/Investments/Roth IRA	7.2 %
State retirement plan (OPERS/STRS etc.)	13.9 %
Other	3.5 %
Not provided	5.5 %
Total	100.0 %

Q51. What was your household income last year?

Q51. What was your household income last year	Percent
Under \$10K	9.6 %
\$10K-\$24,999	16.6 %
\$25K-\$39,999	10.8 %
\$40K-\$59,999	12.1 %
\$60K-\$74,999	8.9 %
\$75K-\$99,999	8.7 %
\$100K+	13.2 %
Prefer not to answer	20.1 %
Total	100.0 %

Q52. What is the highest level of education you completed?

Q52. What is the highest level of education you completed	Percent
No high school diploma	3.9 %
High school diploma or GED	13.7 %
Some college, no degree	19.1 %
Associate's degree	9.3 %
Bachelor's degree	25.6 %
Graduate or professional degree	24.3 %
Not provided	4.0 %
Total	100.0 %

Q53. Who lives in your household?

Q53. Who lives in your household	Percent
My spouse or partner	47.3 %
My children	11.3 %
My grandchildren	3.9 %
Other relatives	3.3 %
Non-relative or friend	2.3 %
I live alone	38.8 %

Q54. What language(s) are primarily spoken in your home? (Multiple responses allowed)

Q54. What language(s) are primarily spoken in your home	Percent
English	95.5 %
Spanish	0.8 %
Chinese (e.g., Mandarin, Cantonese)	0.3 %
Nepali	0.2 %
Khmer	0.1 %
Russian	0.1 %
American Sign Language (ASL)	0.4 %
Other	1.4 %
Not provided	1.2 %
Total	100.0 %

Q55. Did you immigrate to this country?

Q55. Did you immigrate to this country	Percent
Yes	3.2 %
No	93.0 %
Prefer not to answer	0.5 %
Don't know	3.3 %
Total	100.0 %

Q55a. How old were you when you immigrated?

Q55a. How old were you when you immigrated	Percent
0-5	11.1 %
6-10	13.6 %
11-20	5.5 %
21-30	34.8 %
31+	18.6 %
Not provided	16.4 %
Total	100.0 %

Q56. Are you a veteran?

Q56. Are you a veteran	Percent
Yes	11.1 %
No	83.8 %
Not provided	5.1 %
Total	100.0 %

Q57. What is your marital status?

Q57. What is your marital status	Percent
Single	14.3 %
Married	44.8 %
Divorced	19.3 %
Widowed	17.5 %
Not provided	4.1 %
Total	100.0 %

Q58. What is your gender identity?

Q58. What is your gender identity	Percent
Man	41.5 %
Woman	56.0 %
Trans man or Trans woman	0.3 %
Non-binary	0.1 %
Not provided	2.1 %
Total	100.0 %

Q59. What is your sexual orientation?

Q59. What is your sexual orientation	Percent
Heterosexual/Straight	90.3 %
Gay	2.8 %
Lesbian	1.4 %
Bisexual	0.5 %
Other	0.1 %
Not provided	5.0 %
Total	100.0 %

4

Survey Instrument

Dear Neighbor,

As an adult aged 50 years or older, you have been selected to participate in the **2021 Regional Assessment on Aging**. The Central Ohio Area Agency on Aging, the Franklin County Office on Aging, and the Age-Friendly Innovation Center will use the survey results to establish priorities for making our community a better place to live as we age.

Your voice is important to us!

Your response is very important to us, and we thank you in advance for taking 20-30 minutes to complete this survey. Upon completion, please return the survey in the prepaid addressed envelope.

If you are interested in learning more about services for older adults in your area, please reach out to the Central Ohio Area Agency on Aging (COAAA) at (800) 589-7277 or www.coaaa.org or the Franklin County Office on Aging at (614) 525-5230 or www.officeonaging.org if you are a Franklin County resident.

If you would like to request a survey in another language or have questions, please contact 1-888-801-5368. You can also complete this survey online at regionagingsurvey.org.

Thank you for your participation in helping Central Ohio to be an even better place to grow older.

Sincerely,



Central Ohio Regional Assessment on Aging Questionnaire

1. Transportation. What is your usual way of getting to where you want and need to go? [Check all that apply.]

- | | |
|---|--|
| <p><input type="checkbox"/> (01) Drive myself</p> <p><input type="checkbox"/> (02) Driven by friends or family</p> <p><input type="checkbox"/> (03) Driven by a professional (paid) caregiver</p> <p><input type="checkbox"/> (04) I take fixed route public transit (with bus stops and a time schedule)</p> <p><input type="checkbox"/> (05) I take paratransit (door to door public transit for people with disabilities)</p> <p><input type="checkbox"/> (06) I use flexible public transit (vehicles operate on a fixed route and have a time, but can deviate from the route)</p> | <p><input type="checkbox"/> (07) I use a transportation service that picks me up from my location and requires a reservation and planning (includes services provided by public entities, nonprofits, and private providers)</p> <p><input type="checkbox"/> (08) I use rideshare services (Uber, Lyft)</p> <p><input type="checkbox"/> (09) I use a taxi or similar service</p> <p><input type="checkbox"/> (10) I walk</p> <p><input type="checkbox"/> (11) I ride my bike</p> <p><input type="checkbox"/> (12) Other: _____</p> |
|---|--|

2. If your usual way of getting around was no longer an option, how would you get to where you want and need to go? [Check all that apply.]

- | | |
|--|--|
| <p><input type="checkbox"/> (01) I would not be able to get to where I need to go</p> <p><input type="checkbox"/> (02) I would be driven by friends or family</p> <p><input type="checkbox"/> (03) I would be driven by a professional (paid) caregiver</p> <p><input type="checkbox"/> (04) I would take fixed route public transit (with bus stops and a time schedule)</p> <p><input type="checkbox"/> (05) I would take paratransit</p> <p><input type="checkbox"/> (06) I would use flexible public transit (vehicles operate on a fixed route and have a time, but can deviate from the route)</p> | <p><input type="checkbox"/> (07) I would use a transportation service that picks me up from my location and requires a reservation and planning (includes services provided by public entities, nonprofits, and private providers)</p> <p><input type="checkbox"/> (08) I would use rideshare services (Uber, Lyft)</p> <p><input type="checkbox"/> (09) I would use a taxi or similar service</p> <p><input type="checkbox"/> (10) I would walk</p> <p><input type="checkbox"/> (11) I would ride my bike</p> <p><input type="checkbox"/> (12) Other: _____</p> |
|--|--|

3. Communication and Technology. Which of the following sources do you use to find information about community services? [Check all that apply.]

- | | |
|---|--|
| <p><input type="checkbox"/> (01) Mail</p> <p><input type="checkbox"/> (02) Radio ads</p> <p><input type="checkbox"/> (03) Church or place of worship</p> <p><input type="checkbox"/> (04) Senior Center or other community agency</p> <p><input type="checkbox"/> (05) Word of mouth (friends, family, etc.)</p> <p><input type="checkbox"/> (06) Flyers/Bulletin boards</p> <p><input type="checkbox"/> (07) Community newspaper</p> <p><input type="checkbox"/> (08) Landline telephone</p> | <p><input type="checkbox"/> (09) Mobile phone</p> <p><input type="checkbox"/> (10) Internet (websites, e-mail)</p> <p><input type="checkbox"/> (11) Social media</p> <p><input type="checkbox"/> (12) Libraries</p> <p><input type="checkbox"/> (13) TV ads</p> <p><input type="checkbox"/> (14) Billboards</p> <p><input type="checkbox"/> (15) Medical provider/hospital</p> <p><input type="checkbox"/> (16) Other: _____</p> |
|---|--|

4. Do you use any of the following electronic devices? [Check all that apply.]

- | | |
|---|---|
| <p><input type="checkbox"/> (1) Smartphone (cellphone with internet)</p> <p><input type="checkbox"/> (2) Computer</p> <p><input type="checkbox"/> (3) Tablet (iPad, Kindle)</p> | <p><input type="checkbox"/> (4) Smart speaker (Echo/Alexa, Google Nest)</p> <p><input type="checkbox"/> (5) Cell phone with limited minutes</p> <p><input type="checkbox"/> (6) None of the above</p> |
|---|---|

5. Do you use the Internet? (1) Yes [Answer Q5b.] (2) No [Answer Q5a.] (9) Don't know

5a. Why do you not use the Internet? [Check all that apply.]

- | | |
|--|--|
| <p><input type="checkbox"/> (1) Cannot afford internet or Wi-Fi device</p> <p><input type="checkbox"/> (2) Do not know how to access or use</p> <p><input type="checkbox"/> (3) Do not want to access or use</p> | <p><input type="checkbox"/> (4) Area does not offer any or sufficient Wi-Fi or internet access</p> |
|--|--|

5b. What do you use the Internet for? [Check all that apply.]

- | | | |
|---|---|---|
| <input type="checkbox"/> (01) Search information | <input type="checkbox"/> (06) Entertainment (relax, tv/movies, music, etc.) | <input type="checkbox"/> (11) Online services |
| <input type="checkbox"/> (02) News | <input type="checkbox"/> (07) Gaming | <input type="checkbox"/> (12) Blogging |
| <input type="checkbox"/> (03) Communication and socialization | <input type="checkbox"/> (08) Business promotion | <input type="checkbox"/> (13) Dating |
| <input type="checkbox"/> (04) Email | <input type="checkbox"/> (09) Shopping | <input type="checkbox"/> (14) Remote work |
| <input type="checkbox"/> (05) Social networking | <input type="checkbox"/> (10) Education | <input type="checkbox"/> (15) Telehealth |

6. Overall, how confident do you feel using computers, smartphones, or other devices?

- (1) Very confident (2) Somewhat confident (3) Only a little confident (4) Not at all confident

7. Community Resources. Please indicate your level of agreement with the following.		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1.	It is easy to find information about services for older adults	5	4	3	2	1
2.	My community offers a wide range of services available to adults as they get older	5	4	3	2	1

8. Are you aware of or have you heard of these agencies that serve older adults?		
1.	Franklin County Office on Aging	Yes No
2.	Central Ohio Area Agency on Aging	Yes No

9. Type of Service	Are you currently receiving this service?		If "No," how likely are you to use this service in the future?					
	Yes	No	Very Likely	Likely	Maybe	Unlikely	Very Unlikely	
01.	Transportation	Yes	No	5	4	3	2	1
02.	Meal Delivery	Yes	No	5	4	3	2	1
03.	Temporary Financial Assistance	Yes	No	5	4	3	2	1
04.	Assistance with shopping for groceries, clothing, or necessities	Yes	No	5	4	3	2	1
05.	Assistance with keeping your home clean and organized	Yes	No	5	4	3	2	1
06.	Assistance with taking medication as prescribed	Yes	No	5	4	3	2	1
07.	Assistance with scheduling and attending appointments	Yes	No	5	4	3	2	1
08.	Assistance with bathing and dressing yourself	Yes	No	5	4	3	2	1
09.	Assistance with moving from one room to another within your home	Yes	No	5	4	3	2	1
10.	Assistance with preparing food for yourself	Yes	No	5	4	3	2	1
11.	Emergency call button	Yes	No	5	4	3	2	1
12.	Adult Day Services	Yes	No	5	4	3	2	1
13.	Nutritional supplements such as Ensure	Yes	No	5	4	3	2	1
14.	Durable Medical Equipment (DME) such as shower chair or walker	Yes	No	5	4	3	2	1
15.	Incontinence supplies such as Depends or Chux pads	Yes	No	5	4	3	2	1

10. Would any of the following reasons prevent you from seeking any of the services listed in Question 9? [Check all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> (01) I do not believe that I would qualify | <input type="checkbox"/> (05) It would be too difficult/time consuming to apply |
| <input type="checkbox"/> (02) I believe those services are for people who have less money than me | <input type="checkbox"/> (06) I do not know how to access the services |
| <input type="checkbox"/> (03) I do not want strangers taking care of me | <input type="checkbox"/> (07) I didn't know these services existed |
| <input type="checkbox"/> (04) I do not want to take services from someone else who may be more needy | <input type="checkbox"/> (08) Language is a barrier |
| | <input type="checkbox"/> (09) I can't afford these services |
| | <input type="checkbox"/> (10) Other: _____ |

11. How often do you receive your food in these ways?	Weekly (once a week)	Monthly (once a month)	A Few Times a Year (4 to 6 times a year)	Seldom (1 to 3 times a year)	Never	Don't Know
1. Food pantry or food bank	5	4	3	2	1	9
2. Neighbor or family member provides food or meals	5	4	3	2	1	9
3. Personal or community garden	5	4	3	2	1	9
4. Home-delivered prepared meals (Meals on Wheels)	5	4	3	2	1	9
5. Congregate meal program (meals at a senior center, church, etc.)	5	4	3	2	1	9
6. Supplemental Nutrition Assistance Program (SNAP, also known as food stamps, EBT)	5	4	3	2	1	9
7. Senior Farmers Market Nutrition Program (SFMNP)	5	4	3	2	1	9
8. Commodity Supplemental Food Program (CSFP) -- Monthly USDA food box	5	4	3	2	1	9
9. Expanded Food and Nutrition Education Program (EFNEP) -- hands on meal preparation class	5	4	3	2	1	9

12. If you participate in any food or nutrition programs, why do you participate?	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	N/A
1. To help make my food budget stretch further	5	4	3	2	1	9
2. To make sure I can pay all my bills each month	5	4	3	2	1	9
3. To supplement the food I purchase at grocery stores and restaurants	5	4	3	2	1	9
4. To socialize with people	5	4	3	2	1	9
5. To make sure I eat healthier foods	5	4	3	2	1	9
6. Someone enrolled me in the program (friend, family member, social worker, home health aide)	5	4	3	2	1	9
7. To make meal time less stressful	5	4	3	2	1	9
8. It is convenient or easy to participate	5	4	3	2	1	9

13. Over the last year, how often were you worried about not having enough food to eat?

___(1) Always ___(2) Frequently ___(3) Sometimes ___(4) Rarely ___(5) Never

14. Housing. Do you own or rent your home?

___(1) Own [Answer Q14a.] ___(2) Rent ___(3) Other: _____

14a. Do you have a mortgage? ___(1) Yes ___(2) No ___(3) Not Sure

15. How important are the following...	Very Important	Somewhat Important	Not That Important	Not Important at All
1. How important is it to you to be able to remain in your home as you age?	4	3	2	1
2. How important is it to you to be able to remain in your neighborhood as you age?	4	3	2	1

16. What percentage of your monthly household income do you spend on your housing expenses, including utilities?

___(1) Less than 30% ___(2) 30% to 50% ___(3) 50% or more

17. Do you have concerns about your ability to pay your rent, mortgage, or utilities?

___(1) Yes ___(2) No ___(9) Don't know

18. Please answer the following questions by circling either "Yes" or "No."			
1.	Are you physically able to maintain the inside of your home?	Yes	No
2.	Do you have others help you maintain the inside of your home?	Yes	No
3.	Are you able to afford your indoor home maintenance?	Yes	No
4.	Are you physically able to maintain the outside of your home?	Yes	No
5.	Do you have others help you maintain the outside of your home?	Yes	No
6.	Are you able to afford your outdoor home maintenance?	Yes	No

19. Does your home have any of the following? [Check all that apply.]

- (1) Accessible entryway (zero step entry or ramp) (3) First floor bedroom
 (2) First floor bathroom (4) First floor laundry

20. Please answer each of the following.				
1.	I understand the benefits of the Homestead Exemption Program.	Yes	No	Don't Know
2.	I know how to access the Homestead Exemption Program.	Yes	No	Don't Know

Emergency Preparedness. *The Federal Emergency Management Agency (FEMA) recommends that all residents have on hand at least a 3-day supply of items necessary to sustain life during an emergency, including food, water, clothing, flashlights, medicine, etc.*

21. Based on these guidelines, are you prepared for an emergency? (1) Yes (2) No (9) Don't know

22. Do you have the following items in your home?				
1.	Working smoke detector(s)	Yes	No	Don't Know
2.	Working carbon monoxide detector(s)	Yes	No	Don't Know
3.	Working air-conditioning	Yes	No	Don't Know
4.	Alternative source of electric power (generator, solar, etc.)	Yes	No	Don't Know

23. Have weather events like extreme heat, power outages, or flooding prevented you from any of the following?				
1.	Getting to a health-related appointment	Yes	No	Don't Know
2.	Getting medicine	Yes	No	Don't Know
3.	Getting to work or volunteer service	Yes	No	Don't Know
4.	Getting to a community event or worship service	Yes	No	Don't Know
5.	Getting to a family member or friend	Yes	No	Don't Know
6.	Remaining in your home	Yes	No	Don't Know

24. **Health and Well-Being.** How would you rate your overall health?

- (1) Excellent (2) Very good (3) Good (4) Fair (5) Poor

25. Do you have a primary care provider (general doctor or family doctor)?

- (1) Yes (2) No (3) Not Sure

26. How often do you engage in some form of physical exercise (like walking, biking, sports, stretching)?

- (1) Several times a week (3) Once or twice a month (5) Rarely or never
 (2) About once a week (4) Less than once a month

27. Have you fallen in the last 6 months? (1) Yes (2) No

28. What is the probability that you will fall in the next few months? (1) High (2) Medium (3) Low

29. Do you skip necessary medications due to high cost?

___(1) Always ___(2) Frequently ___(3) Sometimes ___(4) Rarely ___(5) Never

30. How often do you need physical assistance with the following?		Always Need Help	Sometimes Need Help	Never Need Help
1.	Shopping for groceries, clothing, or other necessities	3	2	1
2.	Completing housework, e.g., keeping your home clean and organized	3	2	1
3.	Managing money and paying the bills	3	2	1
4.	Taking medications as prescribed	3	2	1
5.	Scheduling and attending appointments	3	2	1
6.	Bathing and dressing yourself	3	2	1
7.	Moving from one room to another within your home	3	2	1
8.	Preparing food for yourself	3	2	1

31. Outdoor Spaces and Buildings. How would you rate your community as a place for people to live as they age?

___(1) Excellent ___(2) Good ___(3) Moderate ___(4) Poor ___(5) Very poor

32. How would you rate your community on the following?		Excellent	Good	Moderate	Poor	Very Poor
01.	Parks within walking distance of your home	5	4	3	2	1
02.	Public buildings and facilities (e.g., library, community center) that are accessible to people of different physical abilities	5	4	3	2	1
03.	Public restrooms	5	4	3	2	1
04.	Crosswalks with signals	5	4	3	2	1
05.	Crosswalks with adequate count down timers	5	4	3	2	1
06.	Places to sit or rest	5	4	3	2	1
07.	Well shaded streets and walkways	5	4	3	2	1
08.	Well-lit streets and walkways	5	4	3	2	1
09.	Ramps to enter buildings or buildings with zero-step entry	5	4	3	2	1
10.	Sidewalks	5	4	3	2	1
11.	Sidewalks that are in good condition	5	4	3	2	1
12.	Free drinking water	5	4	3	2	1

33. Respect, Inclusion, and Participation. Please indicate your level of agreement with the following statements.		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1.	There are negative stereotypes about older adults	5	4	3	2	1
2.	Due to my age, my ideas and opinions are valued by local decision-makers	5	4	3	2	1

34. Do any of the following reasons prevent you from going to activities or events more often? [Check all that apply.]

- ___(1) Not enough time
- ___(2) Issues with transportation
- ___(3) Lack of awareness
- ___(4) Language barriers
- ___(5) Physically unable to attend
- ___(6) Not interested
- ___(7) Too expensive
- ___(8) Lack of cultural inclusivity (a sense of feeling welcomed)
- ___(9) Other: _____

35. How often do you participate in activities outside of your home, such as social events or religious services?

___(1) Daily or multiple times per week ___(2) Once a week ___(3) About once a month ___(4) A few times a year ___(5) Rarely or never

36. How often do you feel the following?		Often	Some of the Time	Hardly Ever
1.	How often do you feel that you lack companionship?	3	2	1
2.	How often do you feel isolated from others?	3	2	1
3.	How often do you feel left out?	3	2	1

37. What is your preferred language when referring to yourself or someone else over the age of 60?

- (01) Elder (05) Older Person (09) Senior Citizen
 (02) Elderly (06) Person Over 60 (10) Other: _____
 (03) Old Person (07) People in their 60s/70s/80s
 (04) Older Adult (08) Senior

38. Family. Considering the people to whom you are related by birth, marriage, adoption, etc., please answer the following questions.	Nine or More	Five to Eight	Two to Four	One	None
1. How many relatives do you see or hear from at least once a month?	9+	5-8	2-4	1	0
2. How many relatives do you feel at ease with that you can talk about private matters?	9+	5-8	2-4	1	0
3. How many relatives do you feel close to such that you could call on them for help?	9+	5-8	2-4	1	0

39. Friendships. Considering all your friends, including those who live in your neighborhood, please answer the following questions.	Nine or More	Five to Eight	Two to Four	One	None
1. How many of your friends do you see or hear from at least once a month?	9+	5-8	2-4	1	0
2. How many friends do you feel at ease with that you can talk about private matters?	9+	5-8	2-4	1	0
3. How many friends do you feel close to such that you could call on them for help?	9+	5-8	2-4	1	0

40. Please indicate your level of agreement with the following statements.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I feel safe in my home	5	4	3	2	1
2. I feel safe in my neighborhood	5	4	3	2	1

Caregiving. A caregiver is someone who is not paid to provide care for someone else, such as a family member or friend.

41. Are you currently a caregiver? (1) Yes [Answer Q41a-c.] (2) No (9) Don't know

41a. Who do you care for? [Check all that apply.]

- (1) Spouse (4) Grandparent (7) Neighbor
 (2) Adult child (5) Sibling (8) Friend
 (3) Parent (6) Other family relative (9) Grandchildren

41b. Does the person you are caring for have dementia?

- (1) Yes (2) No (3) Maybe (9) Don't know

41c. Overall, how burdened (stressed) do you feel in caring for your family member or friend?

- (1) Not at all (2) A little (3) Moderately (4) Quite a bit (5) Extremely

42. Employment and Volunteerism. What is your employment status? [Check all that apply.]

- (1) Employed full-time (4) Unemployed but seeking work (7) Retired and not seeking work
 (2) Employed part-time (5) Enrolled in a work training program (8) Disabled and unable to work
 (3) Self-employed (6) Retired and seeking work

43. If you are employed or seeking employment, what are the main reasons for you continuing to work? [Check all that apply.]

- (1) I want to retire, but need to keep working to get health insurance (5) I do not want to retire
 (2) I want to retire, but cannot afford to (6) Other: _____
 (3) I find work rewarding (7) I'm not employed or seeking employment
 (4) I have professional achievements I want to reach

- 44. If currently seeking employment, have you experienced any of the following? [Check all that apply.]**
- | | |
|--|---|
| <input type="checkbox"/> (01) The jobs that are available do not match my skills or experience | <input type="checkbox"/> (06) I have difficulty with application processes |
| <input type="checkbox"/> (02) I am overqualified | <input type="checkbox"/> (07) Health issues make finding or keeping a job a challenge |
| <input type="checkbox"/> (03) I struggle with technology used in the workplace | <input type="checkbox"/> (08) I need to be retrained to qualify for jobs |
| <input type="checkbox"/> (04) Employers will not hire me because of my age | <input type="checkbox"/> (09) I do not know how to find available job |
| <input type="checkbox"/> (05) Transportation is a barrier | <input type="checkbox"/> (10) I am not seeking employment |

45. Do you volunteer? (1) Yes (2) No

Demographics

46. What year were you born? _____

47. What is your zip code? _____

48. What county do you live in?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> (1) Franklin | <input type="checkbox"/> (4) Fayette | <input type="checkbox"/> (7) Pickaway |
| <input type="checkbox"/> (2) Delaware | <input type="checkbox"/> (5) Licking | <input type="checkbox"/> (8) Union |
| <input type="checkbox"/> (3) Fairfield | <input type="checkbox"/> (6) Madison | <input type="checkbox"/> (9) Other: _____ |

49. What is your race?

- | | | |
|--|--|--|
| <input type="checkbox"/> (01) Asian/Pacific Islander | <input type="checkbox"/> (04) White/Caucasian | <input type="checkbox"/> (99) Other: _____ |
| <input type="checkbox"/> (02) Black/African American | <input type="checkbox"/> (05) Hispanic/Latino | |
| <input type="checkbox"/> (03) Native American | <input type="checkbox"/> (88) Prefer not to answer | |

50. What is your main source of income?

- | | |
|--|--|
| <input type="checkbox"/> (1) Social Security | <input type="checkbox"/> (6) 401(k)/403(b) |
| <input type="checkbox"/> (2) Wages from work | <input type="checkbox"/> (7) Savings/Investments/Roth IRA |
| <input type="checkbox"/> (3) Supplemental Security Income (SSI) | <input type="checkbox"/> (8) State retirement plan (OPERS/STRS etc.) |
| <input type="checkbox"/> (4) Social Security Disability Insurance (SSDI) | <input type="checkbox"/> (9) Other: _____ |
| <input type="checkbox"/> (5) Traditional or private pension | |

51. What was your household income last year?

- | | | |
|--|--|---|
| <input type="checkbox"/> (1) Under \$10,000 | <input type="checkbox"/> (4) \$40,000 - \$59,999 | <input type="checkbox"/> (7) \$100,000+ |
| <input type="checkbox"/> (2) \$10,000 - \$24,999 | <input type="checkbox"/> (5) \$60,000 - \$74,999 | <input type="checkbox"/> (8) Prefer not to answer |
| <input type="checkbox"/> (3) \$25,000 - \$39,999 | <input type="checkbox"/> (6) \$75,000 - \$99,999 | |

52. What is the highest level of education you completed?

- | | | |
|---|--|--|
| <input type="checkbox"/> (1) No high school diploma | <input type="checkbox"/> (3) Some college, no degree | <input type="checkbox"/> (5) Bachelor's degree |
| <input type="checkbox"/> (2) High school diploma or GED | <input type="checkbox"/> (4) Associate's degree | <input type="checkbox"/> (6) Graduate or professional degree |

53. Who lives in your household? [Check all that apply.]

- | | | |
|---|---|---|
| <input type="checkbox"/> (1) My spouse or partner | <input type="checkbox"/> (3) My grandchildren | <input type="checkbox"/> (5) Non-relative or friend |
| <input type="checkbox"/> (2) My children | <input type="checkbox"/> (4) Other relatives | <input type="checkbox"/> (6) I live alone |

54. What language(s) are primarily spoken in your home? [Check all that apply.]

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> (1) English | <input type="checkbox"/> (4) Nepali | <input type="checkbox"/> (7) Russian |
| <input type="checkbox"/> (2) Spanish | <input type="checkbox"/> (5) Khmer | <input type="checkbox"/> (8) American Sign Language (ASL) |
| <input type="checkbox"/> (3) Chinese (e.g., Mandarin, Cantonese) | <input type="checkbox"/> (6) Somali | <input type="checkbox"/> (9) Other: _____ |

55. **Did you immigrate to this country?**

___(1) Yes [Answer Q55a.] ___(2) No ___(3) Prefer not to answer ___(9) Don't know

55a. **How old were you when you immigrated?** _____ years

56. **Are you a veteran?** ___(1) Yes ___(2) No

57. **What is your marital status?** ___(1) Single ___(2) Married ___(3) Divorced ___(4) Widowed

58. **What is your gender identity?**

___(1) Man ___(3) Trans man or Trans woman ___(5) Other: _____
___(2) Woman ___(4) Non-binary

59. **What is your sexual orientation?**

___(1) Heterosexual/Straight ___(3) Lesbian ___(5) Other: _____
___(2) Gay ___(4) Bisexual ___(6) Prefer not to answer

60. **Comment. What else would you like to share?**

This concludes the survey. Thank you for your time!

Please return your completed survey in the enclosed return-reply envelope addressed to:
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Your responses will remain completely confidential. The information to the right will ONLY be used to help identify the level of need in your area. Thank you!