



Area Agencies on Aging Market Assessment Study

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

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

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

Please fill out this questionnaire and mail to 20 Western Boulevard, Glastonbury, CT 06033. If you are unable to mail it in, please feel free to scan this document and email to



veronica@greatblueresearch.com. Thank you for your participation.

Introduction

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

01 Yes

02 No

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

01 Yes

02 No

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

01 Older adult (60+ citizen)

02 Caregiver (looking or provides support/care for an older adult)

Perception

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

- 01 Strongly agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Strongly disagree

2. Do you believe providing/receiving care for yourself or a loved one will get easier or more difficult in the next 3 years?

- 01 Become easier
- 02 Remain easy
- 03 Remain difficult
- 04 Become more difficult
- 05 Don't know / Unsure

Current Use/Preference

3. Do you currently utilize services for yourself or your loved ones?

01 Yes

02 No

4. How do you meet the care needs of yourself or your loved ones?

01 Self-service/care (take care of yourself; mostly independent)

02 Hybrid (some services utilized; maintain some independence)

03 Full-Support Care (medical services, home cleaning, cooking, etc.)

04 Other (please specify): _____

05 Don't know / Unsure

5. Does your current care arrangement/level meet the needs for you and/or your loved ones?

01 Yes

02 No

6. Why or why not?

7. On a scale of one (1) to ten (10), where one (1) means “no cost to you” and ten (10) means “very expensive,” how would you rate the cost for the level of care you/the person you care for receives?

- 01 1 – No cost
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 – Very expensive

8. Currently, who pays/ who do you think would pay for these services?

- 01 Self
- 02 Medicare
- 03 State insurance
- 04 Self & Medicare
- 05 Medicare & state
- 06 Self & state
- 07 Other (please specify): _____
- 08 Don't know / Unsure

9. Do you anticipate needing additional services?

- 01 Yes
- 02 No
- 03 Don't know / Unsure

Communications

10. Have you sought care information or services for yourself or an older adult in your life?

- 01 Yes
- 02 No
- 03 Don't know / Unsure

11. How satisfied were you with the information/services you found regarding older adult care?

- 01 Very satisfied
- 02 Somewhat satisfied
- 03 Somewhat dissatisfied
- 04 Very dissatisfied
- 05 Don't know / Unsure

12. Where would/did you go to look for care information and services?

- 01 Internet/Google
- 02 211 (Infoline)
- 03 Friends/family/co-workers
- 04 Agency on Aging
- 05 Senior Center
- 06 AARP
- 07 MyPlace CT
- 08 Church/Place of Worship
- 09 Other (please specify): _____
- 10 Don't know / Unsure

13. How interested would you be in having a resource who can assist with these services, such as Area Agencies on Aging?

- 01 Very interested
- 02 Somewhat interested
- 03 Somewhat uninterested
- 04 Not at all interested
- 05 Don't know / Unsure

14. How interested would you be in a website and/or mobile app where these services would be compiled for convenience?

- 01 Very interested
- 02 Somewhat interested
- 03 Somewhat uninterested
- 04 Not at all interested
- 05 Don't know / Unsure

Awareness/Utilization

15. Overall, how aware are you of the Area Agencies on Aging and what they offer? Would you say you are...

- 01 Very aware
- 02 Somewhat aware
- 03 Somewhat unaware
- 04 Very unaware
- 05 Don't know / Unsure



Below is a list of products and services that are available for you/your loved ones as you/they age. On a scale of one (1) to ten (10) please **indicate how aware you are that these products and services exist**. For each of the services listed below, we have provided an overall name and then defined it, to ensure understanding of what the service entails.

Services Available	1-Not aware at all	2	3	4	5	6	7	8	9	10 – Very Aware
16. Assistance with Insurance (Medicare, Medicare advantage, prescription drug coverage, private coverage or Medicaid)	01	02	03	04	05	06	07	08	09	10



17. Assistance with State or Federal Benefits (Social Security, food stamps, Medicare Savings Program, CT Home Care Program, energy assistance, etc.)	01	02	03	04	05	06	07	08	09	10
18. Assistance with Financial & Income Support Programs (Social Security, SSI,	01	02	03	04	05	06	07	08	09	10



security deposits, local support programs)										
19. Planning & Referral (Asset protection, advanced directives, Power of Attorney for healthcare and finance, revocable trusts, wills)	01	02	03	04	05	06	07	08	09	10
20. Legal (referrals to Elder Law attorneys)	01	02	03	04	05	06	07	08	09	10
21. Personal Care (Assistance	01	02	03	04	05	06	07	08	09	10

with dressing, eating, ambulating, toileting and/or bathing)										
22. In-home Supports (housekeeping, companionship, yard work)	01	02	03	04	05	06	07	08	09	10
23. Electronic Systems (Emergency Response System, electronic medication reminders, fall response systems)	01	02	03	04	05	06	07	08	09	10

24. Home modifications (changes to your home that allow for greater access and ease-widening doorways, installing a ramp, etc.)	01	02	03	04	05	06	07	08	09	10
25. Food Security (Meals on Wheels, free lunch programs, food pantries, shopping services)	01	02	03	04	05	06	07	08	09	10
26. Transportation (transportatio	01	02	03	04	05	06	07	08	09	10

n for doctor's appointment, leisure and shopping)										
27. Reporting elder abuse, neglect and fraud	01	02	03	04	05	06	07	08	09	10
28. Local Services (town/city supports for older adults, reducing property tax, volunteer services, etc.)	01	02	03	04	05	06	07	08	09	10
29. Housing Information (different types of options, wait	01	02	03	04	05	06	07	08	09	10



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

Services Available	1-Not at all important	2	3	4	5	6	7	8	9	10 – Very Important
30. Assistance with Insurance	01	02	03	04	05	06	07	08	09	10
31. Assistance with State or Federal Benefits	01	02	03	04	05	06	07	08	09	10

32. Assistance with Financial & Income Support Programs	01	02	03	04	05	06	07	08	09	10
33. Planning & Referral	01	02	03	04	05	06	07	08	09	10
34. Legal assistance	01	02	03	04	05	06	07	08	09	10
35. Personal Care	01	02	03	04	05	06	07	08	09	10
36. In- home Supports	01	02	03	04	05	06	07	08	09	10
37. Electronic Systems	01	02	03	04	05	06	07	08	09	10

38. Home modifications	01	02	03	04	05	06	07	08	09	10
39. Food Security	01	02	03	04	05	06	07	08	09	10
40. Transportation	01	02	03	04	05	06	07	08	09	10
41. Reporting elder abuse, neglect, and fraud	01	02	03	04	05	06	07	08	09	10
42. Local Services	01	02	03	04	05	06	07	08	09	10
43. Housing Information	01	02	03	04	05	06	07	08	09	10

Demographics

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

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

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

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

46. Which of the following categories best describes your total family income before taxes?

- 01 Less than \$25,000
- 02 \$25,000 to less than \$40,000
- 03 \$40,000 to less than \$50,000
- 04 \$50,000 to less than \$60,000
- 05 \$60,000 to less than \$75,000
- 06 \$75,000 to less than \$100,000
- 07 \$100,000 or more
- 08 Prefer not to say

47. Are you of Hispanic/ Latino heritage?

- 01 Yes
- 02 No
- 03 Prefer not to say

48. Do you identify as:

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

49. What is the highest grade of school you have completed?

- 01 Some high school
- 02 Graduated high school
- 03 Some college
- 04 Graduated college
- 05 Post-graduate work
- 06 Don't know / Unsure
- 07 Prefer not to say

50. Which of the categories below best describes your/your senior's living situation?

- 01 Living alone
- 02 Living with a spouse
- 03 Living with adult children / other family member
- 04 Paid caregiver
- 05 Living with a non-family member
- 06 Prefer not to say / Don't know

51. What county do you currently live in?

- 01 Fairfield
- 02 Hartford
- 03 Litchfield
- 04 Middlesex
- 05 New Haven
- 06 New London
- 07 Tolland
- 08 Windham
- 09 Prefer not to say

52. Would you be interested in being part of a focus group that discusses the topics of this survey?

- 01 Yes
- 02 No