

Washington State Plan on Aging Survey

The Aging and Long-Term Support Administration (AL TSA) needs your help. Please take a few minutes to complete the 2022 Washington State Department of Social and Health Services AL TSA 2022 State Plan on Aging Survey. We want to hear from you!

- Your input will help AL TSA to plan its services and develop a State Plan on Aging for 2023-2027.
- This survey is anonymous and confidential. This survey does not collect identifiable information and there are several safeguards in place so no one knows how you answered.
- Please help be a part of this planning process by taking this short survey.
- Please complete by December 31st, 2022.

You can also save time and reduce paper usage by taking the survey online.

On any computer or mobile device, go to:

<https://www.research.net/r/2022StatePlanonAging>

Instructions:

1. For each question, fill the space on the answer sheet that best matches your opinion or knowledge.
2. Please provide only one response to each question, unless directed otherwise.
3. If a question does not apply to you, leave the answer blank.

Send this completed hard copy survey in the provided return envelope, OR to:

AL TSA State Plan on Aging Survey
PO Box 45600
Olympia, WA 98504

QUESTIONS FOR ALL STATE STAKEHOLDERS: For each question, choose the answer that best matches your opinion or knowledge. If a question does not apply to you, leave the answer blank.

1. Are you: (Select all that apply)

- An older adult with care needs (age 60 and older).
- An older adult without care needs (age 60 and older).
- A paid caregiver for an older adult.
- A relative of an older that needs care.
- A friend / neighbor of an older adult who need care.
- I work as a provider of services to older persons.
- Other (please specify)

If you selected "I work as a provider of services to older persons", please answer question 1.a.

1.a. Please describe the type of services provided:

2. What are the most important issues facing older adults today? (Choose up to three)

- Alzheimer's Disease or dementia / memory loss
- Affordable health care
- Aging in place
- Housing that is affordable
- Chronic diseases (such as diabetes, arthritis etc.)
- Crime / Fraud / Abuse
- Equitable access to services
- Falling
- Financial security/money to live on
- Not being able to drive
- Not knowing where to turn for help
- Nursing home placement
- Nutrition / Not being able to cook
- Other (please specify)

3. Below, find a list of government funded services currently being offered for older adults. Please indicate how important each service is:

	Very Important	Somewhat Important	Less Important
Support for people who provide unpaid care to family members (such as respite care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Services (Such as Adult Day Care and Adult Day Health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and assistance services to learn about options and help get services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (To medical appointments and other services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered meals (Meals on Wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals served at Senior Centers and other group settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help prevent elder abuse, neglect, and exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care services that help people stay in their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs that help people with dementia, including Alzheimer’s disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy living classes (such as exercise, disease prevention and self- management for health condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help to get information about health insurance options and how to sign up for plans (such as Medicare, Medicaid, Long Term Care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable, accessible housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other residential care (such as assisted living, adult family homes, memory care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help getting home and staying at home after a hospital or nursing home stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and alcohol services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Volunteer opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help finding older adult job training & placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to prevent falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for grandparents/other relatives who are raising children (Kinship Care Programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <i>(please describe below)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe “other”: <input style="width: 500px; height: 20px;" type="text"/>			

*** 4. In the past year have you or a family member received one or more of the services listed above (#3)?**

- Yes
- No

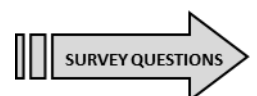
If you selected "Yes", please answer question 4.a. & 4.b.

4.a. Please indicate which of the following services for older adults you or a family member have received in the past year (Select all that apply):

- Support for people who provide unpaid care to family members (such as respite care)
- Adult Day Services (such as Adult Day Care and Adult Day Health)
- Information and assistance services to learn about options and help get services
- Transportation (to medical appointments and other services)
- Home delivered meals (Meals on Wheels)
- Meals served at Senior Centers and other group settings
- Programs to help prevent elder abuse, neglect and exploitation
- Personal care services that help people stay in their homes
- Programs that help people with dementia, including Alzheimer's disease
- Healthy living classes (such as exercise, disease prevention and self- management for health condition)
- Help to get information about health insurance options and how to sign up for plans (such as Medicare, Medicaid, Long Term Care)
- Affordable, accessible housing
- Legal Assistance Services
- Nursing homes
- Other residential care (such as assisted living, adult family homes, memory care)
- Help getting home and staying at home after a hospital or nursing home stay
- Drug and alcohol services
- Mental Health Services
- Social and Volunteer opportunities
- Help finding older adult job training & placement
- How to prevent falls
- Support for grandparents/other relatives who are raising children (Kinship Care Programs)
- Other (please describe below):

4.b. Overall, how satisfied are you with the service(s) you've received?

- Very Satisfied
- Satisfied
- No Opinion
- Dissatisfied
- Very Dissatisfied



5. Please answer the following yes or no question:

Have you had at least one telehealth appointment with your health care provider in the past 12 months?

- Yes
- No

6. When there are options available, how do you prefer signing up for new programs and services?

Please rank your preferred method with 1 as your first choice and 6 as your last choice.

	First Choice					Last Choice
	1	2	3	4	5	6
Online - Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online - Smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone Call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else signs up for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please choose how you prefer to receive updates on information about services and supports available?

(Choose up to three.)

- Printed brochures / booklets
- Support Groups
- Conferences
- Newsletter
- Website
- Social Media (*Facebook, Twitter*)
- Emails
- Apps on mobile devices
- Other (please specify)

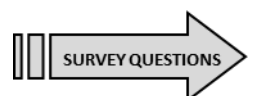
*** 8. Is your primary language English?**

- Yes
- No

If you selected "No", please answer question 8.a.

8.a. Were you able to find information on a program or service in your primary language?

- Yes
- No (please share which language you were not able to find information in):



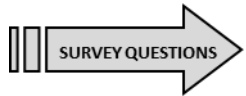
9. What new services did you receive during the COVID-19 pandemic? (Select all that apply)

- Services, support, or education related to social isolation
- Assistive technology (any item, device or equipment used to maintain or improve independence, such as help getting and using electronics to support virtual interaction)
- Screening for social isolation or depression
- Information on vaccine access / Information on immunization status
- Services that support emergency preparedness
- No new services
- Other (please specify)

10. Please rate your agreement with the following statements:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I needed help setting up a COVID-19 vaccine appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had the help I needed to set up a COVID-19 vaccine appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please provide any other comments you may have about your experience during the COVID-19 pandemic.



12. Do you provide care to anyone other than yourself?

- Yes
- No

If you selected "Yes", please answer question 12.a. & 12.b.

12.a. Who is the person or people you most often care for?

- Child(ren)
- Grandchild(ren)
- Spouse/Partner
- Elderly parent(s) or parent-in-law
- Extended family
- Patient/Client/Non-family member
- Other (please specify)

12.b. How long have you been providing care?

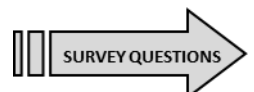
- 0 to 1 year
- 2 to 4 years
- 5 to 9 years
- 10 or more years

13. What is your current housing situation?

- Own home without mortgage
- Own home with mortgage
- Rent (apartment/home)
- Independent living senior housing
- Assisted living senior housing
- Affordable / subsidized housing (such as Section 8, or government supported housing)
- Staying with family or friends
- Experiencing homelessness
- Other (please specify)

14. Who else lives in your home? (Select all that apply)

- I live alone
- Spouse/Partner only
- Adult children
- Grandchildren
- Paid caregiver
- Roommate
- Other (please specify)



15. Please tell us if you have the following:

	Yes	No
I have a computer	<input type="radio"/>	<input type="radio"/>
I have a smartphone	<input type="radio"/>	<input type="radio"/>
I have reliable internet at home or on a smartphone	<input type="radio"/>	<input type="radio"/>

16. Have you had enough money to pay for all your basic needs in the past 12 months?

- Yes
 No

If you selected "No", please answer question 16.a.

16.a. Which of the following did you not have enough money to pay for? (Select all that apply)

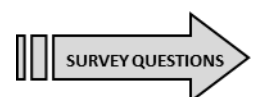
- Housing
 Utilities
 Food
 Health care or health services
 Transportation
 Clothing
 Other (please specify)

17. Please rate your agreement with the following statements:

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
I am confident about making health decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to talk to about my successes and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted and included in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How often do you feel lonely or isolated from those around you?

- Never Rarely Sometimes Often Always



19. Please provide any other comments you may have about the needs, priorities, and access to services of older persons in Washington State.

You're almost done! Please answer a few more important questions about yourself to help us provide high quality services.

20. What is your age?

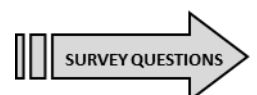
- Under 50
- 50 - 55
- 56 - 59
- 60 - 64
- 65 - 74
- 75 - 84
- Over 85

21. What is your gender?

- Male
- Female
- Genderqueer/Gender Non-binary
- Prefer not to say
- Not Listed

22. Do you identify as transgender?

- Yes
- No
- Prefer not to say



23. Please indicate which race(s) and/or ethnicity you identify as: (select all that apply)

- | | | | |
|---------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian | <input type="radio"/> Other Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Vietnamese | <input type="radio"/> Samoan | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> Chinese | <input type="radio"/> Korean | <input type="radio"/> Chamorro | <input type="radio"/> White |
| <input type="radio"/> Filipino | <input type="radio"/> Japanese | <input type="radio"/> Other Pacific Islander | <input type="radio"/> Decline to State |
| <input type="radio"/> Some other race or ethnicity (please specify) | | | |

24. There are 13 planning and service areas that plan and deliver services to older adults throughout Washington State. Please choose the agency that provides these services where you reside:

- | | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="radio"/> Olympic Area Agency on Aging | <input type="radio"/> Pierce County Aging and Disability Resources | <input type="radio"/> Southeast Washington Aging and Long-Term Care | <input type="radio"/> Kitsap County Division of Aging & Long-Term Care |
| <input type="radio"/> Northwest Regional Council | <input type="radio"/> Lewis-Mason-Thurston Area Agency on Aging | <input type="radio"/> Yakama Nation Area Agency on Aging | <input type="radio"/> I don't know |
| <input type="radio"/> Snohomish County Aging & Disability Services | <input type="radio"/> Area Agency on Aging & Disabilities of Southwest Washington | <input type="radio"/> Aging & Long-Term Care of Eastern Washington | |
| <input type="radio"/> King County Aging & Disability Services | <input type="radio"/> Aging & Adult Care of Central Washington | <input type="radio"/> Confederated Tribes of the Colville Reservation Area Agency on Aging | |

25. Please choose the county where you reside:

- | | | | |
|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Adams | <input type="radio"/> Franklin | <input type="radio"/> Lewis | <input type="radio"/> Snohomish |
| <input type="radio"/> Asotin | <input type="radio"/> Garfield | <input type="radio"/> Lincoln | <input type="radio"/> Spokane |
| <input type="radio"/> Benton | <input type="radio"/> Grant | <input type="radio"/> Mason | <input type="radio"/> Stevens |
| <input type="radio"/> Chelan | <input type="radio"/> Grays Harbor | <input type="radio"/> Okanogan | <input type="radio"/> Thurston |
| <input type="radio"/> Clallam | <input type="radio"/> Island | <input type="radio"/> Pacific | <input type="radio"/> Wahkiakum |
| <input type="radio"/> Clark | <input type="radio"/> Jefferson | <input type="radio"/> Pend Oreille | <input type="radio"/> Walla Walla |
| <input type="radio"/> Columbia | <input type="radio"/> King | <input type="radio"/> Pierce | <input type="radio"/> Whatcom |
| <input type="radio"/> Cowlitz | <input type="radio"/> Kitsap | <input type="radio"/> San Juan | <input type="radio"/> Whitman |
| <input type="radio"/> Douglas | <input type="radio"/> Kittitas | <input type="radio"/> Skagit | <input type="radio"/> Yakima |
| <input type="radio"/> Ferry | <input type="radio"/> Klickitat | <input type="radio"/> Skamania | |

**This is the end of the survey.
Thank you for taking the time to fill out the Washington State Plan on Aging Survey!
Your input is very important to us.**