



**PROVIDE VALUABLE FEEDBACK ON
HOME AND COMMUNITY-BASED
AGING SERVICES IN KANSAS**

**TAKE OUR
SURVEY!**

Open until March 31, 2021,
the results will help inform the
2022 Kansas State Plan on Aging

**Follow the link or scan the QR code to
take the survey and share with others!**

<https://www.surveymonkey.com/r/V7CQPVG>



General

Thank you for taking our survey! Your responses will help the Kansas Department for Aging and Disability Services (KDADS) develop our State Plan on Aging for years 2022-2025. The survey should take less than 15 minutes. Please answer as many questions as you can, to the best of your ability. The survey will be available through March 31, 2021, so please feel free to share it with your friends and family.

What is most important for you to see in a program serving community-residing seniors in Kansas?

What barriers to services for community-residing seniors can you identify?

Rank the following factors in order of importance for community support as we age, with 1 being the highest importance (you may drag each option to rank)



Access to in-home care (e.g. Homemaker, Personal Care)



Affordable and accessible transportation



Support for family or informal caregiving



Being able to find information about aging services



Technology and internet access (e.g. training, equipment)

Rank the following factors in order of importance for community support as we age, with 1 being the highest importance (you may drag each option to rank)



Access to mental health services



Health promotion and disease prevention programs (e.g. medication management, falls prevention)



Nutrition services (e.g. congregate and home-delivered meals)



Prevention of elder abuse, neglect and exploitation



Supports and services for Alzheimer's Disease

If my health care needs change, I prefer to live in one of the following places

☐

Adult child or other family member's home

☐

Own home with agency services

☐

Friend's home

☐

Nursing home

☐

Own home with family/friends providing services

☐

I don't know

☐

Assisted living apartment

☐

Somewhere else (please specify)

Do you need help with any of the following items in your home? (Select all that apply)

☐

Minor ongoing maintenance and repair (e.g. replace bulbs, cabinet pulls, mowing)

☐

Safer access for wheelchair or walking assistance

☐

Major repair (e.g. roof, enlarging doorways, repair porch)

☐

None

☐

Other (please specify)

Select the top five (5) Older Americans Act services according to importance

- ☐ In-Home Service (e.g. Homemaker, Personal Care)
- ☐ Community Services (e.g. Legal Assistance, Training)
- ☐ Case Management
- ☐ Home-Delivered Meals
- ☐ Congregate Meals
- ☐ Nutrition Education
- ☐ Health Promotion and Disease Prevention (e.g. Physical Fitness & Exercise, Medication Management)
- ☐ Information services provided about aging
- ☐ Older Adult Caregiver Services (e.g. Respite, Counseling)
- ☐ Grandparent/Relative Caregiver Services (e.g. Respite, Counseling)
- ☐ Caregiver Supplemental Services (e.g. Personal Care, Bathroom Items)
- ☐ Other (please specify)

Social isolation and loneliness are prevalent among older Kansans. How can the Aging Network help address social isolation and loneliness?

Do you feel comfortable using technology (e.g. computer, tablet, smart phone) to receive Aging Services?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you use social media (e.g. Facebook), do you engage with your local Area Agency on Aging?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not use social media

In a typical month, how often do you leave your home to run errands, doctor's appointment, grocery shopping, visit others etc.?

- | | |
|---------------------------------------|-----------------------------------|
| <input type="radio"/> Very frequently | <input type="radio"/> Rarely |
| <input type="radio"/> Frequently | <input type="radio"/> Very rarely |
| <input type="radio"/> Occasionally | <input type="radio"/> Never |

What is your primary mode of transportation?

- | | |
|---|--|
| <input type="radio"/> Driving | <input type="radio"/> Taxi or ride service (e.g. Uber, Lyft) |
| <input type="radio"/> Ride sharing (e.g. friendly, family, neighbors) | <input type="radio"/> Public transportation (e.g. bus) |
| <input type="radio"/> Walking | <input type="radio"/> Bicycle |
| <input type="radio"/> Senior or community van/vehicle | |
| <input type="radio"/> Other (please specify) | |

What are your barriers to reliable transportation? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I do not own a vehicle | <input type="checkbox"/> Senior community van does not work with my schedule |
| <input type="checkbox"/> I do not possess a driver's license | <input type="checkbox"/> I require an assistive device |
| <input type="checkbox"/> I do not have someone to give me a ride | <input type="checkbox"/> It hurts my body to travel |
| <input type="checkbox"/> No public transportation in my area | <input type="checkbox"/> I do not drive |
| <input type="checkbox"/> I do not have money for taxis or ride services | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

Select the extent to which you agree with the statement: I receive timely and helpful answers when I seek information about aging services or assistance.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

In regards to legal assistance and services for seniors, (select all that apply)

- ☐ I know where to go
- ☐ I don't know where to go
- ☐ I never needed it
- ☐ I don't know what kind of services are available
- ☐ I want to learn more

Did you know that fiduciary/financial abuse is a type of elder abuse and it is a serious crime in Kansas?
(Select all that apply)

- ☐ I know about it
- ☐ I did not know about it
- ☐ I want to learn more about it

Do you know how to report elder abuse? (Select all that apply)

- ☐ Yes
- ☐ No
- ☐ I would like to know how

Overall, how would you rate your mental health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Select the extent to which you agree with the statement: My mental health needs are being met.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Nutrition and Health Promotion

If you participate in or are familiar with the home-delivered meal program, what would you like to see improve?
Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Volunteers and delivery drivers | <input type="checkbox"/> Food choice offered |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Food appearance |
| <input type="checkbox"/> Food quality | <input type="checkbox"/> Special diet accomodation |
| <input type="checkbox"/> Food temperature | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Time of meal delivery | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Food variety | |
| <input type="checkbox"/> Something else (please specify) | |

If you participate in or are familiar with the congregate meal site program, what would you like to see improve?
Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Socialization | <input type="checkbox"/> Food appearance |
| <input type="checkbox"/> Food quality | <input type="checkbox"/> Enhanced environment of mealsite |
| <input type="checkbox"/> Food temperature | <input type="checkbox"/> Mealtime activities |
| <input type="checkbox"/> Location of the mealsite | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Staff and volunteers | <input type="checkbox"/> Special diet accomodation |
| <input type="checkbox"/> Food variety | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Food choice offered | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Something else (please specify) | |

I would like to receive nutrition education in the following manner (select all that apply)

- ☐ Handouts/materials
- ☐ Online classes
- ☐ In-person classes
- ☐ Individual counseling

Select Nutrition Education topics that interest you

- | | |
|--|--|
| <input type="checkbox"/> Nutrients (e.g. protein, fiber) | <input type="checkbox"/> Cooking healthy meals |
| <input type="checkbox"/> Vitamins and Minerals (e.g. Vitamin D, Calcium) | <input type="checkbox"/> Food groups |
| <input type="checkbox"/> Food safety | <input type="checkbox"/> Portion sizes |
| <input type="checkbox"/> Eating healthy on a budget | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

Please select the top five (5) health-related topics that interest you most

- | | |
|--|--|
| <input type="checkbox"/> Arthritis Management Exercise Program | <input type="checkbox"/> Support for Caregiver(s) of Individuals with Alzheimer's |
| <input type="checkbox"/> Chronic Disease Self-Management Program (e.g. Cancer, Diabetes, Chronic Pain) | <input type="checkbox"/> Self-care for caregivers |
| <input type="checkbox"/> Nutrition and Physical Activity for Weight Management | <input type="checkbox"/> Prevention and Management Programs (Alcohol, Diabetes, Drugs, Stress) |
| <input type="checkbox"/> Physical Fitness and Exercise (e.g. Balance, Endurance, Mobility, Strength) | <input type="checkbox"/> Healthcare Decisions (e.g. Power of Attorney, Living Will) |
| <input type="checkbox"/> Blood Pressure Control | <input type="checkbox"/> Early-stage Dementia Programs |
| <input type="checkbox"/> Mental Health (e.g. Depression, Anxiety) | <input type="checkbox"/> Caregiver Stress Management |
| <input type="checkbox"/> Falls Prevention | <input type="checkbox"/> None |
| <input type="checkbox"/> Medication Management | |
| <input type="checkbox"/> Other (please specify) | |

Caregiving

If you provide care to a family member or loved one , do you feel you have the resources in your community you need to provide adequate care?

- ☐ I do have resources in my community
- ☐ I need assistance with resources in my community
- ☐ I do not have any resources in my community
- ☐ I am not a caregiver
- ☐ I need help with providing care (please describe)

If you are a caregiver, do you think it is important to having trainings that help with making decisions and solving problems relating to your caregiving role?

- ☐ Very important
- ☐ Somewhat important
- ☐ Somewhat unimportant
- ☐ Not important at all
- ☐ I never heard of training for caregivers and I am interested
- ☐ I am not a caregiver

If you are a grandparent raising grandchildren, are you aware of services available to you in Kansas through the Older Americans Act?

- ☐ Yes
- ☐ Somewhat aware
- ☐ No
- ☐ I would like to know more
- ☐ I am not a caregiver

Demographics

Kansas County or Tribe of residence (fill in)

Please select your age range:

I am a (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Older adult (60 and older) | <input type="checkbox"/> Case manager/care coordinator |
| <input type="checkbox"/> Tribal elder | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Family caregiver | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Residential service provider | <input type="checkbox"/> County employee |
| <input type="checkbox"/> Day service provider | <input type="checkbox"/> Aging administrator/agency staff |
| <input type="checkbox"/> Direct care/support worker | <input type="checkbox"/> Community organization |
| <input type="checkbox"/> Other (please specify) | |

Race

- | | |
|--|---|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Some other race (please specify) | |

Ethnicity

- ☐ Hispanic, Latino or Spanish origin
- ☐ Not Hispanic, Latino or Spanish origin
- ☐ Prefer not to say