

NEEDS ASSESSMENT SURVEY: AGING IN HAWAII

Version 1.0

The Department of Health, Executive Office on Aging is requesting your assistance and participation in completing this survey. This survey looks at issues faced by you, our Kupuna, and Hawaii's older adults of tomorrow. The results of this survey will help the development of programs, services, and the direction of the 2023-2027 Hawaii State Plan on Aging. Answers are strictly voluntary and anonymous.

DEMOGRAPHICS

1. Where do you live?

City and County of Honolulu

Maui County

Hawaii County

Kauai County

Other State or Country, please specify: _____

2. What City do you live in? _____

3. What is your 5-digit Residence Zip code? _____

(If you use a P.O. Box, please indicate the zip code of the P.O. box.)

4. What is your Age? _____

5. What is your Race/Ethnicity? (Check all that apply)

American Indian or Alaska Native

Hawaiian

Samoan

Black or African American

Hispanic or Latin

Tongan

Caucasian or White

Japanese

Vietnamese

Chinese

Korean

Prefer not to answer

Filipino

Marshallese

Other Race, please specify _____

6. Is English your primary language?

Yes

No, please specify your preferred language/dialect? For example: Filipino and Tagalog

7. What gender identity status do you identify with?

Male

Female

Transgender

Non-Binary/Gender Non-Conforming

Not listed above, please specify: _____

Prefer not to answer

8. How many people live in your household (include yourself)? _____

**9. Which of the following statements best describes your living situation?
(Check all that apply)**

I live alone

I live with my spouse

I live with other family members

I live with friends, roommates, etc.

I have pets in the home

I am currently homeless/houseless

Other, please specify: _____

Prefer not to answer

10. What is the highest level of formal education you have completed so far?

Elementary/Middle school

Some High School

High School graduate

Some College or Technical training

College Degree

Graduate school

Prefer not to answer

11. What is your current employment status?

- Retired
- Employed part time
- Employed full time
- Seasonal Employment
- Seeking Employment
- Unemployed
- No longer working because of caregiving responsibilities
- No longer working because of my health problems
- Other, please specify _____
- Prefer not to answer

TRANSPORTATION

12. How do you get around to the places you need to go? (Check all that apply)

- I drive myself
- I have a family member or friend drive me
- I have my transportation provided by an agency
- I use public transportation (i.e., bus, Handivan/paratransit)
- I use a volunteer driver service
- I use a Taxi, Uber, or Lyft
- I walk
- None of the above

Other, please specify _____

13. In the last 3 months, were you not able to do any of the following because you did not have transportation? (Check all that apply)

- Go to a health care appointment
- Shop for groceries
- Go to the pharmacy, the bank, and/or the post office
- Visit friends and family
- Volunteer activities
- Attend and/or participate in religious activities
- Participate in fitness, health, and wellness activities
- Other, please specify: _____
- None of the above. I had transportation

14. If you could not get help with your transportation needs, what are the main reasons? (Check all that apply)

- There are no transportation services available in my area
- I do not have family or friends who can drive me
- I do not know where to get information about transportation services in my area
- The transportation services are too expensive
- Language barriers
- Physical challenges such as needing assistance getting in and out of the car and/or bus, or using a wheelchair or walker
- Other reason(s), please specify: _____
- None of the above

HOUSING

15. What type of residence do you live in?

- | | |
|--|---|
| <input type="checkbox"/> Single family home | <input type="checkbox"/> Public housing |
| <input type="checkbox"/> Condo/Town house | <input type="checkbox"/> Assisted living facility |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Homeless shelter/houseless |
| <input type="checkbox"/> Senior Independent living apartment | <input type="checkbox"/> Prefer not to answer |

Other type of housing, please specify

16. Does your home meet your current needs? (Check all that apply)

- No, my home needs repairs that I cannot afford
- No, my home needs modifications to meet my physical needs (ramps, bathroom, modifications, etc.)
- No, my home requires too much upkeep and maintenance
- No, I cannot afford property taxes, rent/mortgage, and/or utilities
- Other needs, please specify: _____
- Yes, my home meets my current needs.

FOOD AND NUTRITION

17. In the last 3 months, did you have enough money to buy the food that you needed?

Yes

No

Other, please specify: _____

Prefer not to answer

18. In the last 3 months, did you have difficulty preparing or cooking your own meals?

Yes

No

Prefer not to answer

19. In the last 3 months, did you eat alone most of the time?

Yes

No

Other, please specify _____

Prefer not to answer

20. Have you attended a County congregate meal site for your meals currently OR in the past?

County congregate meal sites provide low-cost or free nutritionally balanced meals, health information, and offer activities for Hawaii residents aged 60 years and older. The County congregate meals sites are located at churches, community centers, senior centers, and public/senior housing.

Yes

No

Prefer not to answer

21. If you stopped attending a County congregate meal site OR have not attended a congregate meal site, what is the reason. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I do not need the meals | <input type="checkbox"/> I do not know how to find out about meal sites in my community |
| <input type="checkbox"/> I do not like the food served | <input type="checkbox"/> I do not have transportation to the meal site |
| <input type="checkbox"/> I do not like eating in a group setting | <input type="checkbox"/> Site closed due to COVID |
| <input type="checkbox"/> I do not like where the meal site is located | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> I do not like the activities provided at the meal site | |

Other reasons, please specify _____

22. Do you currently receive County home delivered meals?

The County home-delivered meal program provides Hawaii residents, aged 60 and older, low-cost, or free nutritious meals delivered to their house. Agencies that participate in the County home-delivered meal program may include providers such as Meals on Wheels and Mom's Meals.

- Yes
 No
 Prefer not to answer

23. If you do not receive low-cost or free home delivered meals, why not? (Check all that apply)

- I can prepare my own meals
 I have my family or friends help me with my meals.
 A paid home care provider prepares my main meals
 I do not know how to get County home-delivered meals
 I am on a waitlist for home delivered meals
 I do not like the taste of the home-delivered meals
 I am not eligible for the home-delivered meal program
 Other, please specify: _____
 Prefer not to answer

HEALTH STATUS

24. How would you rate your health?

- Excellent
- Good
- Fair
- Poor
- Prefer not to answer

25. Do you have concerns about your memory that impacts your ability to make decisions?

- No
- Yes, please explain your concerns about your memory
(i.e., forgetting names and words, difficulty remembering things, etc.)

- Prefer not to answer

**26. Do you have any of the following conditions health conditions?
(Check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hand problems (grabbing/lifting) |
| <input type="checkbox"/> Blindness or severe vision impairment | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Dental problems (eating/drinking) | <input type="checkbox"/> Intellectual or Developmental disability |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Foot problems (walking/balance) | <input type="checkbox"/> Significant hearing loss |
| | <input type="checkbox"/> None of the above |

Other, please specify _____

27. In the last 6 months, have you felt lonely and disconnected from other people?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

28. In the last 6 months, did you fall?

- No
- Yes, please describe how you fell

- Prefer not to answer

29. If you fell in the last 6 months, did you: (Check all that apply)

- Need someone to help you get up
- Get up on my own (did not need assistance)
- Go to your primary doctor
- Go to the emergency room (ER) or urgent care clinic and released to home
- Go to the emergency room and was hospitalized
- Other (please specify) _____

- None of the above, I did not fall in the last 6 months.

30. In the last 6 months, have you ever gone without medications because you could not afford them?

- Yes
- No
- Prefer not to answer

INFORMATION & SERVICES

31. How difficult is it to find information you need about available services and programs?

- Very difficult
- Somewhat difficult
- Not difficult at all
- Haven't tried
- Prefer not to answer

32. What are the best ways for you to get information about available services in your community? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> County Office on Aging/ADRC |
| <input type="checkbox"/> Radio | <input type="checkbox"/> State Executive Office on Aging |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Doctor/healthcare provider |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newsletters or flyers in the mail |
| <input type="checkbox"/> Friends/Family (word of mouth) | <input type="checkbox"/> Senior or community center |
| <input type="checkbox"/> Church/Social groups | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Communications with a State or local agency | |

Other, please specify _____

33. How do you access the internet for information? (Check all that apply)

- I do not access the internet
- I do not know how to access the internet
- I access the internet from my home computer, laptop, or tablet
- I access the internet from my cell phone
- I use a friend/family member's computer, laptop, tablet, and/or cell phone
- I have other ways I access the internet, please specify _____
- None of the above

**34. In the last 6 months, have you needed information with any of the following?
(Check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> In-home services |
| <input type="checkbox"/> Caregiving services | <input type="checkbox"/> Managing your finances |
| <input type="checkbox"/> Finding volunteer opportunities | <input type="checkbox"/> Medicare or other health insurance |
| <input type="checkbox"/> Food and/or meals | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Information about community resources | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home modifications | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Housing | |

Other, please specify: _____

**35. In the last 6 months, have you needed legal information on any of the following?
(Check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Preparing a Will | <input type="checkbox"/> Filing for bankruptcy | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Preparing a Trust | <input type="checkbox"/> Financial debt | <input type="checkbox"/> Property crime |
| <input type="checkbox"/> Preparing a Living Will | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Abuse (physical or financial) | <input type="checkbox"/> Landlord/tenant issues | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Advance Healthcare Directives | <input type="checkbox"/> Medicare/Medicaid benefits | _____ |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Physical crime | _____ |

None of the above, I did not need any legal information

**36. What were the barriers to getting the information/services needed?
(Check all that apply)**

- | | | |
|---|--|---|
| <input type="checkbox"/> I do not know who to ask | <input type="checkbox"/> Services are not available due to worker shortage | <input type="checkbox"/> There are waitlists for services |
| <input type="checkbox"/> Language difficulties | <input type="checkbox"/> I prefer not to ask for help | <input type="checkbox"/> I cannot afford the services that I need |
| <input type="checkbox"/> Services were not culturally appropriate | <input type="checkbox"/> I do not qualify for services I need | <input type="checkbox"/> Other, please specify |
| | | _____ |

None of the above, I was able to get the information/services I needed.

YOUR COMMUNITY

37. How would you rate your community as a place to live for people as they age?

- Excellent
- Good
- Fair
- Poor
- Not sure
- Prefer not to answer

38. Do you have ideas on how to make aging in your home or community better or easier?

- No
- Yes. Please share your ideas.

39. Do you volunteer in your community?

- No
- Yes, please describe the volunteer work that you do

COVID-19 PANDEMIC & EMERGENCY PREPAREDNESS

40. What kinds of information do you need relating to COVID-19?

Prevention measures to avoid being infected with COVID-19

The signs and symptoms of COVID-19

What to do if I get infected

Where to test for COVID-19

Where to go for vaccinations and boosters

Coping with long-term COVID-19 symptoms

Coping and living with COVID-19 within your community

Other COVID-19 information needed, please specify.

None of the above

41. Do you know where to go for COVID-19 information?

Yes

No

Unsure

Prefer not to answer

42. Over the last two years, COVID-19 has impacted my life and my daily activities.

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

Prefer not to answer

43. During the COVID-19 pandemic (last two years), I felt isolated from family and friends.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

44. In case of an emergency (earthquakes, flooding, no electricity, etc), do you have a disaster plan in place?

- No
- Yes, please describe your plan: _____

YOUR QUALITY OF LIFE

45. How do you rate your quality of life right now?

- Excellent
- Good
- Fair
- Poor
- Other, please specify _____
- Prefer not to answer

46. What are your Top 3 life challenges? (Select a maximum of 3 challenges)

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Poor hearing | <input type="checkbox"/> Commuting to work |
| <input type="checkbox"/> Keeping a positive attitude | <input type="checkbox"/> My health conditions | <input type="checkbox"/> Helping my adult children |
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Paying my bills | <input type="checkbox"/> Helping my grandchildren |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Job security | <input type="checkbox"/> Caregiving responsibilities |
| <input type="checkbox"/> Lack of time for myself | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Planning ahead for aging in place |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Reliable transportation | |

Other life challenges (please specify) _____

**47. What are the Top 3 things that make you happy in life?
(Select a maximum of 3 things)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Socializing with friends/family | <input type="checkbox"/> Surfing/Beach activities | <input type="checkbox"/> Praying/Religious activities |
| <input type="checkbox"/> Playing with my grandchildren | <input type="checkbox"/> Golfing | <input type="checkbox"/> Cooking and/or baking |
| <input type="checkbox"/> Playing with my pet(s) | <input type="checkbox"/> Shopping | <input type="checkbox"/> Sleeping as long as I want |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Having stable finances |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Taking a vacation | <input type="checkbox"/> Living in Hawaii |

Other things that make you happy (please specify)

**48. Do you have any thoughts on aging and caregiving programs in the State of Hawaii
(current programs or suggestions for development of new programs?)**

- No
 Yes, please share your thoughts

Thank you for taking the time to complete this survey.