

Iowa Solutions for Aging with Independence and Longevity (IA SAIL) Community Survey

- Thank you for participating in the MPA community survey. Your feedback will help create a long-term plan for how the state and community partners will work together to ensure people of all ages and abilities have access to needed services through their lifespans.
- The survey asks questions about concerns and challenges to accessing services to age well and/or care for others within your community. To ensure a wide variety of people participate in the survey, demographic questions will also be asked. Any personal information you share will be kept confidential.
- For more information, visit <https://hhs.iowa.gov/programs/programs-and-services/aging-services/ia-sail>.

AGING ACROSS THE LIFESPAN CHALLENGES

1. Please review the following statements and number them in order of what you believe to be the most important (1/top) to least important (5/bottom).

	Aging with Economic Security: Being financially secure as I age throughout my lifespan
	Aging in Place: Choosing where I live and having the support I need as I age throughout my lifespan.
	Living Better, Longer: Having good health as I age throughout my lifespan.
	Social Engagement: Staying active and social within my community as I age throughout my lifespan.
	Supporting Caregivers: Being aware of community supports to assist others as they age throughout my lifespan.

2. Are there any other concerns you have about aging across the lifespan that are not included within the above statements?

3. What challenges do you have with financial security? Circle all that apply.
 - a. Finding and keeping a job.
 - b. Finding and paying for housing.
 - c. Having the education and training needed to achieve employment goals.
 - d. Paying for medications, medical care, long-term care, in-home services and/or insurance coverage.
 - e. Protection from financial scams.

- f. Paying for groceries.
 - g. Paying for childcare.
 - h. Paying for mental health services (therapy, PT, OT, psychiatry, etc.)
 - i. I face/foresee no challenges.
 - j. Other: _____
4. What challenges do you have with living where you want and receiving in-home support when you need it? Circle all that apply.
- a. Finding support with personal care including bathing, dressing, using the bathroom, etc.
 - b. Getting help with chores like laundry, housekeeping, cooking, grocery shopping, paying bills, etc.
 - c. Accessing assistive technology like wheelchairs, canes, hearing aids and/or helpful software.
 - d. Access to transportation.
 - e. Finding affordable vehicle modifications like wheelchair ramps, hand steering, etc.
 - f. Finding housing that meet my mobility needs.
 - g. I face/foresee no challenges.
 - h. Other: _____
5. What challenges do you have in staying healthy? Circle all that apply.
- a. Affordable health insurance.
 - b. Having access to healthy food.
 - c. Getting exercise and physical activity.
 - d. Being prepared for emergencies like natural disasters.
 - e. Receiving preventative healthcare like check-ups, cancer screenings, dental care and/or immunizations.
 - f. Having medical personnel like doctors, nurses, psychiatrists, specialists and hospitals near where I live. (Mental or physical health providers)
 - g. Securing transportation to medical appointments and pharmacies.
 - h. Access to childcare that meets medical and behavioral needs.
 - i. I face/foresee no challenges.
 - j. Other: _____
6. What challenges do you have in staying active and social within your community? Circle all that apply.
- a. Having transportation to social gatherings like religious gatherings, community events, volunteer work, etc.
 - b. Socializing with people of different ages.
 - c. Having opportunities to volunteer.
 - d. Having companionship.
 - e. Having access to the internet.
 - f. I face/foresee no challenges.
 - g. Other: _____

DEMOGRAPHIC QUESTIONS

Please share more about your living situation and personal characteristics. **All shared demographic information is optional and confidential.**

7. What option best describes your current living situation? Circle all that apply.

- a. Living alone
- b. Living with an adult(s) 60+
- c. Living with an adult(s) 18-59 years **without** a disability.
- d. Living with an adult(s) 18-59 years **with** a disability.
- e. Living with one or more children under 18.
- f. Living in a long-term care facility.
- g. Other: _____

8. Which of the following best describes you? Circle all that apply.

- a. A person 60+
- b. A person with one or more physical disabilities.
- c. A person with an intellectual disability.
- d. A person with a mental health disability (mental health, substance use disorder, alcohol use disorder, etc.)
- e. A person with a chronic health condition.
- f. A Veteran.
- g. Other: _____

9. What county do you currently live in?

10. Is your community considered rural?

- a. Yes
- b. No

11. What is your age range?

- a. Under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-64
- g. 65-74
- h. 75-84
- i. Over 85

12. What is your racial and/or ethnicity? Circle all that apply.

- a. African American or Black.
- b. Asian Descent
- c. American Indian/Native American or Alaskan Native
- d. Hispanic or Latinx
- e. Pacific Islander or Native Hawaiian
- f. European or White.

- g. Prefer not to answer.
- h. Other: _____

13. What is your gender?

- a. Male
- b. Female
- c. Prefer not to answer.

14. Do you identify as LGBTQ?

- a. Yes
- b. No
- c. Prefer not to answer.

15. What is the primary language you speak at home?

16. What is your household income before taxes?

- a. Less than \$25,000
- b. \$25,000 to \$49,000
- c. \$50,000 to \$74,000
- d. \$75,000 to \$99,000
- e. \$100,000 to \$149,000
- f. Over \$150,000

CAREGIVING CHALLENGES

Please answer the following questions if you are an unpaid caregiver. **If this does not apply you may skip to submitting the survey.**

17. I provide unpaid assistance for:

Circle all that apply.

- a. An adult 60+
- b. An adult 18+ with a disability.
- c. A child/youth with a disability.
- d. A person with a chronic health condition.
- e. A person in a long-term care facility.
- f. I do not provide unpaid care assistance to anyone.
- g. Other: _____

18. What challenges do you face in taking care of others as they age? Circle all that apply.

- a. Access to services that support caregivers.
- b. Finding the financial support for caregiving.
- c. Finding times for breaks from caregiving.
- d. Managing the emotional and mental toll of caregiving.
- e. Providing physical assistance such as lifting or carrying.
- f. Being aware of the caregiving resources available in my community/state.

- g. Finding assistance in caring for someone with dementia or Alzheimer's.
- h. Training for caregivers on my specific medical and/or behavioral needs.
- i. Access to appropriate support groups for individuals and their caregivers.
- j. I face/foresee no challenges.
- k. Other: _____

19. Have you ever had to leave a job, either temporarily or permanently, due to your caregiving responsibilities?

- a. Yes
- b. No

20. Please describe any recommendations you have that would help you care for your client/loved one.
