



Center Harbor Plan on Aging Survey Age Friendly Community – 60 +

Dear Center Harbor Survey Participant,

We invite you to complete the Center Harbor Plan on Aging Survey. This survey is part of a town wide outreach effort to improve our understanding of the needs of older people who are aging in Center Harbor. Survey responses will be collected from participants and will help guide our efforts in the development of a future Center Harbor Plan for an “Age Friendly Community”. In completing this survey, please note that no one is identified individually in the survey, and there are no right or wrong answers.

This survey was developed by the NH Department of Health and Human Services, Bureau of Elderly and Adult Services, the NH State Plan on Aging Planning Committee and the Town of Center Harbor Parks & Recreation Department. The goal of this survey is to help in understanding, serving, supporting and celebrating older adults in Center Harbor. It should take you about 10-15 minutes to complete the survey. We invite you to get the word out in your community about the importance of this survey and ask other older adults to complete it.

Please return your completed survey to:

**Town of Center Harbor
Parks & Recreation Department
36 Main Street, PO Box 140
Center Harbor, NH 03226
Email: chparksandrec@metrocast.net**

Thank you for your time and contribution. We value your opinion and greatly appreciate your participation in the Center Harbor Plan on an Age Friendly Community!

Sincerely,

Center Harbor Aging Planning Committee

1. What is your current employment status? Check off all that apply.

- Fully retired
- Working part-time
- Working full-time
- Volunteer
- Unemployed, looking for work
- Unemployed, not looking for work
- Underemployed, looking for work
- Homemaker

2. Besides yourself, who else lives in your household? Check off all that apply.

- Just me
- My spouse or partner
- Parent
- Sibling
- One or more adult grandchildren
- One or more grandchildren under 18
- One or more adult children
- Roommates or renters
- One or more friends

Other: _____

3. Thinking about your future needs, how would you rate your community as a place to live for people as they age?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Not sure

4. What would make healthy aging in Center Harbor better or easier for you?

5. Please check off your needs or interests in Center Harbor

- Community Dining Program
- Nutrition Program
- Strength, Balance & Exercise Program
- Community Transportation
- Crafts Program
- Music / Singing
- Swim Program
- Pickleball
- Board Games or Cards
- Library Services

Other _____

6. Do you visit a local Senior Center?

- Yes, at least twice monthly
- Yes, at least monthly

If yes, where? _____

- No, I would like to but I have difficulty getting to the Senior Center
- No, I am not interested
- No, there is no Senior Center in my community

7. What other community activities do you participate in? Check off all that apply.

- Library
- Parks and Recreation Department
- Church or Religious Affiliation
- Health Club or Gym
- Golf Club/Golfing
- Veteran Service Organizations (Veterans of Foreign Wars, American Legion, Disabled American Veterans or Other)
- Lions Club, Mason's, Knights of Columbus
- YMCA/YWCA
- Community Committee (Historic District, Performing Arts, other)

- Volunteering at an organization (such as hospital, nursing home, animal shelter or other)
- Community Center in a neighboring community
- Other (please specify): _____

8. Do you provide unpaid caregiving support weekly for any of the below individuals? Check off all that apply.

- No, I do not provide any caregiving supports to others
- Yes, I care for a grandchild, greatgrandchild or stepchild under the age of 18
- Yes, I care for an older adult
- Yes, I care for a person with a disability
- Are you a 60 + caregiver? _____

9. If you answered "yes" to the above caregiving question, what are your top needs as a caregiver? Check off all that apply

- Respite (rest, reprieve or break)
- Support Groups
- Information and Referral
- Funds for clothing, incontinence supplies, food, home modifications or other items
- Funds for prescription deductibles and co-pays
- Education about your loved one's diagnoses and care requirements
- Transportation assistance

Other: _____

10. Please rate the importance of the following concerns based on how much you think they affect you, as you age in the community.

	Very important	Somewhat Important	Not Important	Not Sure/ Doesn't Apply
a. Access to healthcare				

b. Financial security				
c. Maintaining physical health				
d. Fuel Costs				
e. Transportation				
f. Having enough food to eat				
g. Respite care (rest, reprieve or break)				
h. Support for caregivers				
i. Safety during emergencies such as power outages, snowstorms or floods				
j. Affordable and accessible housing				
k. Assisted living facilities				
l. Memory loss				
m. Depression				
n. Access to information about long term support services				
o. Availability of in-home, long-term support services				
p. Quality long term care options				

11. Please rate the need for the following services in your community.

	Very important	Somewhat Important	Not Important	Not Sure/ Doesn't Apply
a. In-home health services (personal care such as medication management or bathing)				
b. Help with household chores(grocery shopping, cooking, changing light bulbs, minor repairs or cleaning)				
c. Yard work, trash removal or snow shoveling				
d. Food Assistance (Senior Congregate Meals, Meals on Wheels, Commodity Supplemental Foods and/or Food Pantry)				
e. Senior Centers				
f. Information and referral services such as ServiceLink				
g. Home Modification Support				
h. Transportation (Transit Services)				
i. Adult Day Program				

j. Oral health services				
k. Breast & Cervical Cancer Screening Program				
l. Help in dealing with vision or hearing loss				
m. Financial Assistance				
n. Legal Assistance				
o. Affordable housing				
p. Shopping assistance				
q. Veterans Benefits				
r. Social Activities				

12. If you were not able to access one or more of the needed services listed above, why not? Check off all that apply

- Transportation
- Finances
- No phone
- No internet
- Not aware of service availability
- No service in my area
- On a waiting list
- No one to help me
- I do not know where to go
- I am too embarrassed to ask for help

Other (please specify): _____

13. How do you get information about community services? Check off all that apply.

- Community Clerks Office/Town Offices
- Library
- Parks & Recreation Departments
- Family or Friends
- Television
- Radio
- Senior Center
- Email
- 2-1-1
- Newspaper/newsletter
- ServiceLink
- Senior Meals
- Care Coordinator, Case Manager or Caregiver
- EngAGING NH
- Internet/Websites
- AARP
- Aging Issues
- Social Media such as Facebook or Twitter
- Churches or religious organizations

I am not sure

Other (please specify): _____

14. Are you aware of ServiceLink?

Yes

No

Not Sure

15. How has ServiceLink assisted you in the last year? Check off all that apply.

N/A, I have not heard of ServiceLink

There is no ServiceLink in my community

Medicare Benefits

Assistance with housing

Fraud or Scams awareness and support

Food Assistance

Substance Misuse

Disability Related Resources

Mental Health

Financial or Legal Support

Service Coordination

Veteran Benefits

Medicaid Information or Support

Caregiving Help

Help with raising grandchildren

Tax preparation

State Health Insurance Program (SHIP)

In-Home Supports and Services

Finding an Assisted Living Facility or Nursing Home

Other (please specify): _____

16. Do you participate in a food assistance program or get food assistance from family or friends?

No

Yes, I receive congregate meals

Yes, I receive food from a community food pantry

Yes, I receive Meals on Wheels

Yes, I receive food from my church or religious organization

Yes, I receive food from a government sponsored supplemental food source

Yes, I receive food from family and/or neighbors

Unsure

Other: _____

17. If you do not receive food assistance, what are the reasons why? Check off all that apply.

I do not need it

I am unaware of food assistance programs

I do not think I am eligible for food assistance programs

I do not want to provide my personal information

It is embarrassing to ask for government assistance

I do not think I would get enough assistance

I don't think the food would be any good

- I am on a restrictive diet
- I do not like asking for help
- It takes too long to fill out the application
- I do not know how or where to apply for assistance
- I need help filling out the application

18. In the past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns? Check off all that apply.

- No
- Yes, I was unable to pay for medication
- Yes, I was unable to pay for food
- Yes, I was unable to pay for heat
- Yes, I was unable to pay for housing
- Yes, I was unable to pay for other (please specify): _____

19. Please rate the below concerns for your safety.

	Very Concerned	Somewhat Concerned	Not Concerned	Not Sure/ Doesn't Apply
I worry about the safety of my neighborhood				
I fear some members of my family or other people I know				
I fear my health is failing/declining				
I worry about the structure and safety of my home				
I fear that someone will take advantage of me (i.e. phone scam, take my money or possessions)				
I fear for my physical safety				
I am afraid of falling				

20. As you look to the future, please rate the importance of the below concerns:

	Very Important	Somewhat Important	Not Important	Not Sure/ Doesn't Apply
Feeling safe in my own home				
Feeling safe in my community				
Having safe walkways and roads				
Having Senior Centers within my community				
Retrofitting my home so essential rooms are accessible				
Having medical services nearby				
Having family nearby				
Affordable Health Insurance				
Public Transportation				

Easy and affordable access to public transportation (buses, cabs, Uber, Lyft)				
Having recreation and social engagement opportunities				
Affordable housing				
Finding an assisted living facility or nursing home				
Finding someone to help me in my home				
Financial security				

21. What abilities, skills, talents, gifts or contributions could you bring forward to help other people in your community?

22. What is your age?

- 54 years or less
- 55-64
- 65-74
- 75-84
- 85-94
- 95 or more

23. Please check all that apply to you.

- I am deaf or I have serious difficulty hearing
- I am blind or I have difficulty seeing, even when wearing glasses
- Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions
- I have serious difficulty walking or climbing stairs
- I have difficulty dressing or bathing
- Because of a physical, mental, or emotional condition, I have difficulty doing errands alone such as visiting a doctor's office or going shopping

Thank you for completing the Center Harbor Plan on Aging Survey! We value your opinion and appreciate your participation in this planning process. If you know other older adults, please encourage them to take this survey. The survey can also be found on the Town of Center Harbor website at: centerharbornh.org