



*Area Agency on Aging and Independent Living  
Area Development District  
Metropolitan Planning Organization*

Dear Community Member,

KIPDA Area Agency on Aging and Independent Living provides for services that help older adults and person with disabilities stay healthy, independent and active.

We are conducting our triennial Community Needs Assessment and we would appreciate your help by completing the attached survey regardless of your age or ability.

Supporting our community members to thrive is KIPDA's passion. The information collected through this survey is a key opportunity for you to tell us directly what you and your community need in order to live better.

**Results and comments are compiled into one report and are anonymous.**

*Results are used for planning programs and allocating resources to provide home and community-based services, such as Senior Center activities, Nutrition Services, Family Caregiver Support and Homecare Services, to name a few.*

The survey can be taken in different forms:

- *online* - through the link in this letter  
[https://www.surveymonkey.com/r/FY21Needs\\_Assessment](https://www.surveymonkey.com/r/FY21Needs_Assessment)
- *accessing the link through the QR Code pictured below*
- *printed copy (attached)*

You may return a completed survey through:

- scanning and returning via email to [info@kipda.org](mailto:info@kipda.org)
- faxing it to 502-266-5047
- mailing it to KIPDA, 11520 Commonwealth Dr., Louisville, KY 40299

We value your ideas and appreciate your time in helping us plan for the future.

Sincerely,

A handwritten signature in black ink that reads 'Jessica M. Elkin'.

Jessica Elkin  
Director of Social Services



*11520 Commonwealth Drive  
Louisville, KY 40299  
Phone: 502.266.6084  
Fax: 502.266.5047  
TDD: 800.648.6056*

[www.kipda.org](http://www.kipda.org)



## KY Statewide community Needs Assessment FY2022

- Please complete the following survey to help the KIPDA Area Agency on Aging and Independent Living identify the needs for older adults, caregivers, and those with disabilities.
- This information will help plan future services and programs.
- Please return the survey as soon as possible.
- All demographic and health related information will be kept confidential and is only used for statistical purposes.

**Please circle OR fill in the blank for your answers.**

1. Your county of residence is?      \*Bullitt      \*Henry      \*Jefferson      \*Oldham  
   \*Shelby      \*Spencer      \*Trimble

2. What is your zip code? \_\_\_\_\_

3. What is your age? \_\_\_\_\_

4. What is the gender of the person completing this form?  
    \*Female      \*Male      \*Prefer not to say      \*Prefer to self-describe

5. What is your race or ethnic background?  
    \*African American/Black    \*Asian/Pacific Islander    \*White/Caucasian  
    \*Latino/Hispanic    \*American Indian/Native American    \*Multiracial/Biracial

6. What is your current living situation?  
A. I live in a House/Mobile Home..... \*by myself      \*with others  
B. I live in a Senior Housing Complex/High Rise ..... \*by myself      \*with others  
C. I live in an Apartment..... \*by myself      \*with others  
D. I live in an Assisted Living Facility/Personal ..... \*by myself      \*with others  
    Care Home

7. Please indicate your annual household level of income:  
    \*Less than \$10,800                      \*\$10,801 - \$16,425                      \*\$16,426 - \$25,000  
    \*\$25,001 - \$55,000                      \*\$55,001 - \$85,000                      \*More than \$85,001

8. What is your marital status?  
    \*Married    \*Widowed    \*Separated    \*Divorced    \*Never Married  
    \*Living with Significant Other

9. Level of school completed?

\*Elementary School \*High School Diploma \*GED \*Some College \*College Degree

10. Are you a U.S. Military Veteran or Spouse of a Military Veteran? \*Yes \*No

11. Are you registered to vote? \*Yes \*No \*Not interested in registering to vote

12. Do you have the following? (Circle all that apply)

\*Telephone land line \*Cellular Phone \*Internet/Computer/Tablet

13. What is your primary language? \*English \*Spanish Other (please specify): \_\_\_\_\_

14. Do you identify as having a disability or impairment? (Circle all that apply)

\*Cognitive (e.g. dementia, Alzheimer's) \*Physical (e.g. hearing, vision, mobility)

\*None \*Decline to state \*Other (please specify): \_\_\_\_\_

15. What type of transportation do you typically use? (Circle all that apply)

\*Drive my own car \*Use Taxi or Ride Share Service (Uber/Lyft)

\*Ride with a family/friend \*Use public transportation \*Walk

\*Pay someone to drive me \*Utilize Senior Center bus \*No Transportation

16. If you were asked to contribute to the cost of transportation to get around, how much can you afford per round trip? \*up to \$5.00 \*up to \$9.00 \*\$10.00 or more

### Health Related Information

1. Do you have any of the following chronic health issues? (Circle any or all that apply)

\*Diabetes \*Osteoporosis \*Lung Condition \*Arthritis \*High Blood Pressure

\*Prostate Condition \*Urinary Infections \*Heart Condition \*Cancer \*Other

2. How often do you experience difficulties in paying for your medications?

\*Never \*2-3 times per year \*Every month

3. How much of your out-of-pocket medical costs are you able to pay?

\*None \*Most \*All of them \*About half

4. Do you utilize assistance to select a plan during Medicare Open Enrollment? \*Yes \*No \*N/A

5. Do you participate in community health screenings? \*Yes \*No

6. How many times have you been hospitalized in the past 6 months?

\*None \*1 – 2 \*3 – 4 \*5 or more

7. If you were being released from the hospital back to your home, which of the following services would be helpful to you? (Circle all that apply)

- A. Help in understanding the hospital discharge information..... \*Yes \*No \*Maybe
- B. Help in understanding the type and use of medications..... \*Yes \*No \*Maybe
- C. Help getting durable medical equipment..... \*Yes \*No \*Maybe
- D. Help with personal care, homemaking..... \*Yes \*No \*Maybe
- E. Help in understanding the medical bills..... \*Yes \*No \*Maybe
- F. Help with transportation to follow up medical appointments ..... \*Yes \*No \*Maybe
- G. Help with food assistance..... \*Yes \*No \*Maybe

### Caregiving

1. Are you a caregiver for someone in your household or someone living nearby?  
\*Yes \*No (if no you can skip the rest of this section)
2. Who is the person you care for? \*My spouse \*A grandchild \*A non-relative  
\*Disabled Adult Child \*Another relative
3. How old is the person you care for?  
\*Under 18 years old \*Between 18- 59 years old \*60 years old and older
4. Does the person you are caring for have a diagnosis of dementia or Alzheimer's? \*Yes \*No
5. Do you use technology devices while caring for your loved one? If so which ones?  
\*No \*Yes (if yes which ones?) \_\_\_\_\_

### Nutrition

1. Do you eat most meals alone?..... \*Yes \*No
2. Do you have difficulty preparing and cooking meals?..... \*Yes \*No
3. Do you ever eat meals at your local Senior Center?..... \*Yes \*No
4. Do you have enough money to pay for food?..... \*Yes \*No
5. Do you receive home delivered meals?..... \*Yes \*No
6. Do you utilize a local food pantry to supplement your food supply?..... \*Yes \*No
7. Do you have regular access to fresh fruits and vegetables?..... \*Yes \*No
8. Have you ever used on-line grocery shopping/delivery?..... \*Yes \*No
9. In the last 6 months, were you ever hungry but didn't eat..... \*Yes \*No  
because there wasn't enough money for food? .
10. In the last 6 months, did you ever cut the size of your meals..... \*Yes \*No  
or skip meals because there wasn't enough money for food?

## Long-Term Living and Planning

Below is a list of services that people sometimes use when they are unable to care for themselves or their loved ones. For each one, please circle the answer that represents your current situation.

- |  |                |              |                     |
|--|----------------|--------------|---------------------|
| 1. In-home assistance services (meals, cleaning, bathing)? | *Currently use | *Plan to use | *do NOT plan to use |
| 2. Adult Day Care services?                                | *Currently use | *Plan to use | *do NOT plan to use |
| 3. Assisted Living Services?                               | *Currently use | *Plan to use | *do NOT plan to use |
| 4. Retirement Community Services                           | *Currently use | *Plan to use | *do NOT plan to use |
| 5. Subsidized housing?                                     | *Currently use | *Plan to use | *do NOT plan to use |
| 6. Nursing or other Long Term Care Facility?               | *Currently use | *Plan to use | *do NOT plan to use |

## Your Quality of Life

Below is a list of concerns that could affect your quality of life. For each one, please circle the answer that represents your current situation.

### Safety

- |   |                  |                  |                |
|---|------------------|------------------|----------------|
| 1. Feeling unsafe at home or in your neighborhood | *Current concern | *Future concern" | *NOT a concern |
| 2. Avoiding accidents, falling, or losing balance | *Current concern | *Future concern" | *NOT a concern |
| 3. Being a victim of a crime                      | *Current concern | *Future concern" | *NOT a concern |

### Income

- |   |                  |                  |                |
|---|------------------|------------------|----------------|
| 1. Having enough money for food, shelter, or clothing | *Current concern | *Future concern" | *NOT a concern |
| 2. Being able to pay for heat and other utilities     | *Current concern | *Future concern" | *NOT a concern |

### In Home Assistance

- |  |                  |                  |                |
|--|------------------|------------------|----------------|
| 1. Taking a bath (washing hair, shaving, etc.) | *Current concern | *Future concern" | *NOT a concern |
| 2. Cleaning your home                          | *Current concern | *Future concern" | *NOT a concern |
| 3. Shopping and preparing meals                | *Current concern | *Future concern" | *NOT a concern |

## Transportation

1. Having a way to get to your ..... \*Current concern \*Future concern" \*NOT a concern  
doctor, pharmacy, etc. .
2. Using public transit/lyft/uber ..... \*Current concern \*Future concern" \*NOT a concern  
(bus, taxi, etc.)
3. Being able to drive your own car ..... \*Current concern \*Future concern" \*NOT a concern

## Housing

1. Having/obtaining affordable ..... \*Current concern \*Future concern" \*NOT a concern  
housing .
2. Finding help for home repairs ..... \*Current concern \*Future concern" \*NOT a concern
3. Being able to remain in your ..... \*Current concern \*Future concern" \*NOT a concern  
own home .

## Social/Emotional Support

1. A place to go eat and socialize ..... \*Current concern \*Future concern" \*NOT a concern
2. Attending a religious gathering ..... \*Current concern \*Future concern" \*NOT a concern
3. Attending a Senior Center ..... \*Current concern \*Future concern" \*NOT a concern
4. Visiting with family, friends, ..... \*Current concern \*Future concern" \*NOT a concern  
and neighbors
5. Attending counseling services ..... \*Current concern \*Future concern" \*NOT a concern  
or support groups .
6. Feeling lonely and sad ..... \*Current concern \*Future concern" \*NOT a concern

## Emergency Plan

1. Developing an emergency plan ..... \*Current concern \*Future concern" \*NOT a concern  
(natural disasters, pandemic, etc.) .
2. Having family or others you can ..... \*Current concern \*Future concern" \*NOT a concern  
call on to help in an emergency

## Caregiving

1. Having someone to talk to ..... \*Current concern \*Future concern" \*NOT a concern
2. Taking a break to meet your ..... \*Current concern \*Future concern" \*NOT a concern  
own needs
3. Dealing with agencies to ..... \*Current concern \*Future concern" \*NOT a concern  
get services .
4. Getting information ..... \*Current concern \*Future concern" \*NOT a concern
5. Financial constraints ..... \*Current concern \*Future concern" \*NOT a concern
6. Caring for my grandchildren ..... \*Current concern \*Future concern" \*NOT a concern

**Other**

Community Resources

- 1. Do you know how to access community resources ..... \*Yes \*No \*Don't know  
for support? .
- 2. Do you know who to call to help an elderly/disabled ..... \*Yes \*No \*Don't know  
person receive services?
- 3. Have you ever called your local Aging and Disability ..... \*Yes \*No \*Don't know  
Resource Center? .
- 4. Have you visited a Senior Center in the past 12 months? ..... \*Yes \*No \*Don't know

Media

- 1. What methods listed do you feel are most effective to make information available to  
people in the community? (Circle all that apply)  
\*Newspaper \*Television \*Radio \*Internet/website \*Email  
\*Social Media (Facebook/Twitter) \*Newsletter \*Telephone \*Text
- 3. What newsletters / magazines / newspapers do you read to stay informed about community  
resources? \_\_\_\_\_  
\_\_\_\_\_

4. Did the effects of COVID-19 impact any of your answers? \*Yes \*No

5. Are there **any other needs** you are aware of that are **not currently being met** for older  
adults or individuals with disabilities within your community

Please add other pages as needed.

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