



Cornell University
Cooperative Extension
Sullivan County

♥ **Caregiver Resource Center**
Bonnie Lewis, RN/ Program Coordinator
64 Ferndale-Loomis Road
Liberty, NY 12754
(845) 292-5250 ext.122

Empowering Seniors to Age Safely and Independently in the Community We need your opinion!

New York State Office for the Aging awarded a grant to Cornell Cooperative Extension of Sullivan County, coordinated by the Caregiver Resource Center, to organize and undertake a planning process that leads **to the creation of communities in which older adults can successfully age in the settings of their choice safely and independently**. In order to start this process, we are asking for your help!

A survey, entitled “*Empowering Communities in Sullivan County for Successful Aging*,” has been created to elicit input from seniors, community groups and all parties interested in the future of senior needs. It helps in identifying services that would enhance Sullivan County seniors’ ability to age safely in the location of their choosing. Please print out the Community Empowerment for Aging in the Community survey, select your answers and return the completed survey to:

**Cornell Cooperative Extension Sullivan County, Caregiver Resource Center
64 Ferndale-Loomis Road, Liberty, N.Y. 12754**

You may remain anonymous ~ we just ask for your zip code (to be entered at the top of page one).

This project is under the collaboration of the Sullivan County TRIAD, whose mission is to prevent elder abuse/senior violence and promote an improved quality of life for older adults. The collaboration involves law enforcement, Aging Network organizations, governmental entities, health agencies and consumers.

The TRIAD Steering Committee gratefully thanks you for your assistance and we look forward to future efforts that work to improve our various Sullivan County communities to meet our senior’s needs.

Sincerely,

Bonnie Lewis, RN
Coordinator/Caregiver Resource Center

***PLEASE ENTER YOUR SULLIVAN COUNTY ZIP CODE:** _____

(Your information is kept confidential)

Empowering Communities in Sullivan County for Successful Aging ~2009-2010 Survey
Seniors Successfully Aging in their Community: Identifying Current & Needed Services

- Your Age Range: Under 50 50-60 60-74 75-84 85+
- Gender M FE **Do you live alone?** YES NO
- Marital Status MARRIED NOT MARRIED SEPARATED WIDOWED
- Education LESS THAN HIGH SCHOOL HIGH SCHOOL OR ABOVE

How would you describe your race or ethnicity?

- WHITE/NON-HISPANIC ASIAN/PACIFIC ISLANDER
 BLACK/NON-HISPANIC AMERICAN INDIAN/ALASKAN NATIVE
 HISPANIC MULTIRACIAL
 OTHER _____

Primary language spoken in your home? ENGLISH SPANISH OTHER

Household Type? LIVE ALONE LIVE WITH OTHERS

Home Status? OWN RENT OTHER

Number of years in the community? LESS THAN 20 20-39 40 OR MORE

Number of friends in the community?

- NONE SOME/QUITE A FEW MANY

Employment Status? FULL-TIME PART-TIME DISABLED – SSI/SSD
 RETIRED UNEMPLOYED

Health Status? EXCELLENT/VERY GOOD/GOOD FAIR/POOR/VERY POOR

In coping with your *Activities of Daily Living (ADL)* you need help with?

- TAKING A BATH/SHOWER USING OR GETTING ON/OFF A TOILET
 DRESSING MOVING AROUND IN YOUR HOME
 EATING NONE
 GETTING IN/OUT OF BED OR A CHAIR

In coping with Instrumental Activities of Daily Living (IADL) you need help with:

- KEEPING TRACK OF MONEY AND BILLS CORRECTLY TAKING PRESCRIBED MEDICATION
 GOING OUTSIDE THE HOUSE
 DOING LIGHT HOUSEWORK/LAUNDRY DRIVING A CAR/USING PUBLIC TRANSPORTATION
 PREPARING MEALS NONE

If you need help with the above (ADLs and IADLs) are you getting enough help?

- GETTING ENOUGH HELP NOT GETTING ANY HELP
 NOT GETTING ENOUGH HELP WITH ONE OR MORE ACTIVITY

Addressing basic needs:

AGREE DISAGREE

I have skipped meals (or cut the food portion size)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(because there wasn't enough money for food)</i>		
I plan to stay in my current residence for as long as possible.	<input type="checkbox"/>	<input type="checkbox"/>
I'm confident I can afford to live in my home as long as I'd like.	<input type="checkbox"/>	<input type="checkbox"/>
My home needs repairs/modifications to be able to remain there.	<input type="checkbox"/>	<input type="checkbox"/>
I can afford to make these changes to stay in my home.	<input type="checkbox"/>	<input type="checkbox"/>

- **Modifications that are needed to stay in my home:**
 - structural change/major repair
 - accommodations for disabilities
 - better cooling in the summer
 - bathroom modification
 - better heating in the winter
 - fix insect &/or rodent problems

- **My neighborhood safety is** excellent/very good good fair/poor

These safety issues are a -	BIG PROBLEM	SMALL PROBLEM	NO PROBLEM
Heavy Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streets too dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People do not get involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streets need repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rundown buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic lights too few or fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Indicate who you call as the best resource to get information on senior services**
 - Office for the Aging
 - Agencies within the county, such as social services or public health
 - Phone book or other media
 - An area medical center or health professional
 - Church/Synagogue
 - Other
 - Local senior center/dub/congregate meal site
 - Do not know whom to call

Services that encourage independence (especially for the frail/disabled)

- **What means of transportation do you use most frequently?**
 - Drive a car
 - Special -OFA bus
 - Ride in a car
 - Other
 - R.S.V.P. Driver
 - Public
- **Do you help (or make arrangements) for a relative who cannot care for themselves due to illness?**
 - YES
 - NO
- **If you do provide help, what is this person's relationship to you?**
 - Parent/In-law
 - Child
 - Spouse/partner
 - Non-relative/friend
 - Another relative
 - Other
- **If you provide help, how long have you been caring for them?**
 - Less than 1yr
 - 1-3 years
 - More than 3yrs
- **If you provide help, do you get relief from your responsibilities?** Get help/relief No help/relief

What is **important to you** in YOUR living setting

	<u>VERY IMPORTANT</u>	<u>SOMEWHAT</u>	<u>NOT IMPORTANT</u>
Staying in my present home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in the town or village I now live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living among people of different ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living near relatives & friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living near a church or synagogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing that health care is easily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having housekeeping services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having home maintenance services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping maintenance chores to a minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to available and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having my own private living quarters (with bath/kitchen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having live-in companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe and secure in my home /neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a variety of activities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing meals & leisure time with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having space for visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a garden/outdoor space/hobby area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a safe/adapted/efficient kitchen & bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to have a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living in a non-institutional/home-like environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USING TECHNOLOGY, SUPPORT SERVICES & EDUCATIONAL PROGRAMS to help you	-----	-----	-----
Safety alarm switches, signalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical emergency response system (PERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerized medication monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home or workplace modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs, walkers, scooter, ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids, TTY interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving computer services (to help stay in touch with family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS monitoring (to monitor individuals with confusion and wandering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall and safety prevention with programs that focus on increased exercise & improved balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication - safety and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial safety and scam/fraud prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder violence & abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Promotion of social and civic engagement:

Did you get together with friends/ neighbors this past week?	<input type="checkbox"/> Yes/socialized	<input type="checkbox"/> No/Did not
Did you go to church/ temple/other place of worship this past week?	<input type="checkbox"/> Yes/Attended	<input type="checkbox"/> No/Did not
Did you go to a movie/meeting/game/social event this past week?	<input type="checkbox"/> Yes/Attended	<input type="checkbox"/> No/Did not
Did you access an arts or cultural event in the past week?	<input type="checkbox"/> Yes/Attended	<input type="checkbox"/> No/Did not
Did you provide volunteer work in the past week?	<input type="checkbox"/> Yes/volunteered	<input type="checkbox"/> No/Did not

Do you live in a 'helping community'? *(amended 12/10/09)*

Strongly Agree
 Agree
 Disagree
 Don't Know

This helps us to identify the current use & awareness of our Sullivan County aging services.

<i>Do the sections that apply to you</i>	I use now	Don't know about it	Used in past	Might use	Do not want to use
Congregate Meal Site/Senior Lunches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals-on-Wheels (Homebound Meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management from Office for the Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Energy Assistance Program/HEAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weatherization Program/WRAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System/PERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home services helping with daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home modifications (by Office for the Aging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Services by OFA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sull. NYCONNECTS, Choices for Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Info, Counseling & Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Resource Center Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired Senior Volunteer Program (R.S.V.P.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free legal services (via OFA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Home Health Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Home Health Agency - S.C.P.H.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Protective Services – D.F.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Adult Day Program in Sullivan County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Nursing Home in Sullivan County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Association, Mid-Hudson Chapter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediation Services/DRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice of Orange & Sullivan Counties, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catskill Regional Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-1-1 Call Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Services of Sullivan County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service(s) not listed above you consider helpful:

1. _____
2. _____

NAME (*may be omitted*) _____
 ADDRESS _____
 TELEPHONE # _____

**RETURN TO: CAREGIVER RESOURCE CENTER 64 Ferndale-Loomis Road, Liberty NY 12754
 or drop off in the marked box in the OFFICE FOR THE AGING Sull. Co. Government Center.**