

Master Plan for Aging Public Survey: Drawing the Blueprint



Master Plan
for Aging

New York State is developing a Master Plan for Aging (MPA) that will set forth a blueprint of strategies to ensure that all New Yorkers can live fulfilling lives, in good health, with freedom, dignity, and independence, regardless of age. This survey seeks to understand the living conditions, care and service needs, and the areas of focus New Yorkers would like to see addressed in the MPA.

The answers received from this survey will help to inform recommended strategies, policies, and new or improved programs for inclusion in the MPA. This survey provides the opportunity for you to tell us how the MPA can best serve you and your family.

Please complete the survey as soon as possible but no later than February 29, 2024. You may complete this survey on behalf of someone else with their participation. Answers submitted are anonymous.

For more information on the MPA, please visit www.ny.gov/mpa. Please email MPA@health.ny.gov with any questions about the survey.

1. Are you completing this survey on behalf of someone else?

- A. No, I am not completing this for someone else
- B. Yes, I am completing this for someone else (all subsequent answers will refer to the other person, not to myself)

2. Please select the county of New York State where you primarily reside. Please check one only.

- | | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Madison | <input type="checkbox"/> Putnam | <input type="checkbox"/> Sullivan |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Erie | <input type="checkbox"/> Monroe | <input type="checkbox"/> Queens | <input type="checkbox"/> Tioga |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Essex | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Tompkins |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nassau | <input type="checkbox"/> Richmond | <input type="checkbox"/> Ulster |
| <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Fulton | <input type="checkbox"/> New York | <input type="checkbox"/> Rockland | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Genesee | <input type="checkbox"/> Niagara | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Greene | <input type="checkbox"/> Oneida | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Chemung | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Westchester |
| <input type="checkbox"/> Chenango | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Ontario | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Orange | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Kings | <input type="checkbox"/> Orleans | <input type="checkbox"/> Seneca | |
| <input type="checkbox"/> Cortland | <input type="checkbox"/> Lewis | <input type="checkbox"/> Oswego | <input type="checkbox"/> Steuben | |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Livingston | <input type="checkbox"/> Otsego | <input type="checkbox"/> Suffolk | |

3. How would you describe the area of your primary residence (select one)?

- A. City/urban
- B. Suburban
- C. Rural

4. Do you have difficulty accessing transportation in your area?

- A. Yes
- B. No

5. If you answered yes to the above question, what is the top reason you are unable to access transportation?

- A. Lack of awareness of available transportation options
- B. Lack of technology necessary to access available transportation options
- C. Lack of transportation options
- D. Lack of ADA (Americans with Disability Act) compliant transportation
- E. Inability to navigate the transportation system, including the schedules, routes, and stops.
- F. Inability to afford transportation
- G. Do not drive
- H. Other (please specify) _____

6. Do you have a disability, limitation or mobility concern?

- A. Yes
- B. No

7. If you answered yes to the question above, would you say that your disability, limitation, or mobility concern makes it difficult to move and get around:

- A. Most of the time
- B. Some of the time
- C. Rarely

8. If you identified a disability, limitation or mobility concern in #6, How accessible do you think your community is? That is, how easily do you think persons with disabilities, limitations or mobility concerns can leave their homes and access services and engage in their community?

- A. Very accessible; I feel independent in my community
- B. Moderately accessible; I can do most things I need to on my own
- C. Not very accessible; I can do most things I need to with assistance, or I have difficulty doing them
- D. Not accessible at all

9. Do you experience discrimination (which may include discrimination based on your age or abilities) in your community?

- A. Yes
- B. No

10. If you answered Yes to #9, how often do you experience discrimination?

- A. Regularly (e.g., weekly)
- B. Moderately (e.g., several times per year)
- C. Infrequently (has occurred a handful of times but sporadically)

11. Do you feel that NYS protects against discrimination sufficiently or could the State do more?

- A. Yes, adequate protections exist
- B. The State has good protections but could do more
- C. The State inadequately protects people from discrimination

12. Please choose the option that best describes your living arrangement:

- A. Own a private residence
 - B. Rent a private residence
 - C. Live with a family member
 - D. Independent Senior Housing/Community
 - E. Supportive housing/Assisted Living
 - F. Nursing Home/Skilled Nursing Facility
 - G. Other Type of Residential Setting (please specify)
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13. Does the cost of your current residence create a burden for you?

- A. Yes
- B. No
- C. Not applicable

14. Can you afford to meet your needs for food and nutrition?

- A. Yes, I can afford to meet my needs
- B. No, I cannot afford to meet my needs, but I receive assistance/benefits (e.g., community, church, government, family)
- C. No, I cannot afford to meet my needs and I do not receive any assistance/benefits

15. If you cannot afford to meet your food and nutrition needs and do not receive any assistance/benefits, what is the reason that you do not receive benefits?

- A. Unaware of what is available
- B. Do not meet eligibility criteria
- C. Do not want any assistance
- D. Not applicable

16. Can you afford to meet your medication needs?

- A. Yes, I can afford to meet my needs
- B. No, I cannot afford to meet my needs, but I receive assistance/benefits (e.g., community, church, government, family)
- C. No, I cannot afford to meet my needs and I do not receive any assistance/benefits
- D. Not applicable

17. If you cannot afford to meet your medication needs and do not receive any assistance/benefits, what is the reason that you do not receive benefits?

- A. Unaware of what benefits are available
- B. Unaware of how or where to apply for assistance
- C. Do not meet eligibility criteria
- D. Do not want any assistance
- E. Not applicable

18. What is your employment status?

- A. Employed – full time
- B. Employed – part time
- C. Unemployed/seeking work
- D. Unable to work and receiving disability benefits
- E. Retired – by choice
- F. Retired – not by choice (e.g., medical issue, disability, accident or family situation)
- G. Student
- H. Homemaker

19. Do you plan to leave your community when you retire?

- A. Yes
- B. No

20. If yes, what is your top reason for wanting to retire elsewhere?

- A. Finances
- B. Healthcare
- C. Weather
- D. Location of family
- E. Caregiver situation
- F. Other (please specify) _____

21. Do you speak with family members, friends or members of your community as often as you would like to?

- A. Yes
- B. No

22. How often do you speak with family members, friends or members of your community?

- A. Daily
- B. Weekly
- C. Monthly
- D. Every few months
- E. Once a year or beyond
- F. Never

23. Do you have internet access in your home?

- A. Yes
- B. No

24. If you do not have internet access in your home, why not?

- A. Cannot afford internet
- B. Internet connection is not available or reliable in my area
- C. Do not want internet

25. Do you often spend time assisting others with any of the following activities? Please check all that apply.

- A. Household chores
- B. Transportation
- C. Shopping including groceries, toiletries, clothing, and other necessities
- D. Meal preparation/cooking
- E. Managing their finances
- F. Scheduling appointments
- G. Administering medication
- H. Hygiene care
- I. Utilizing technology, electronic and/or communication devices
- J. Lawn care/snow removal, home maintenance or repairs
- K. Child or pet care
- L. Helping to maintain their religious practices, hobbies, or other interests
- M. Language translation
- N. Providing help in emergency situations
- O. I do not or cannot assist others with any of the above tasks
- P. Other (please specify) _____

26. If you assist others with any of the tasks identified in question #25, who do you provide this assistance to? Please check all that apply.

- A. Family member
- B. Friend
- C. Community member
- D. Coworker

27. If you assist others with any of the tasks identified in question #25, please indicate the main reason(s) why you provide this assistance? Please check all that apply.

- A. The person I assist has a medical condition
- B. The person I assist has a physical limitation
- C. The person I assist has a mental, behavioral or substance use disorder
- D. The person I assist does not have one of the above limitations but is overwhelmed with the task(s) at hand (e.g., needs childcare, unable to understand technology or electronic device)

28. If you assist others with any of the tasks indicated in #25, how often do you provide assistance?

- A. More than 30 hours per week, on average
- B. 15-30 hours per week, on average
- C. 7-14 hours per week, on average
- D. Less than 7 hours per week, on average

29. If you assist others with any of the tasks identified in question #25, do you need help doing so? This may be financial assistance, programs or other supports.

- A. Yes
- B. No
- C. Not applicable

**30. Do you receive assistance from others with any of the following activities?
Please check all that apply.**

- A. Household chores
- B. Transportation
- C. Shopping including groceries, toiletries, clothing, and other necessities
- D. Meal preparation/cooking
- E. Managing my finances
- F. Scheduling appointments
- G. Administering medication
- H. Hygiene care
- I. Utilizing technology, electronic and/or communication devices
- J. Lawn care/snow removal, home maintenance or repairs
- K. Child or pet care
- L. Maintaining religious practices, hobbies, or other interests
- M. Language translation
- N. Needs during emergency situations
- O. Other (please specify) _____
- P. Not applicable

31. If you receive assistance from others with any of the above tasks identified in question #30, who provides this regular assistance to you (check all that apply)?

- A. Family member
- B. Friend
- C. Community member
- D. Coworker
- E. Paid staff person

32. If you receive assistance from others, how regularly do you receive this assistance?

- A. More than 30 hours per week, on average
- B. 15-30 hours per week, on average
- C. 7-14 hours per week, on average
- D. Less than 7 hours per week, on average

33. What do you consider to be the greatest challenges to remaining independent, healthy, and connected in your community? Please select up to 5 reasons.

- A. I am not sure what services are available in my community
- B. I do not know what public benefits I am eligible for and/or I do not know how to get the public benefits I am eligible for (e.g., Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP), etc.)
- C. I do not meet eligibility criteria for services or benefits
- D. I cannot find/hire staff for services that I need
- E. Community services available to me do not meet my needs
- F. I cannot afford housing
- G. I have limited or no access to internet or broadband
- H. I do not have a cell phone, tablet or computer
- I. I do not know how to use technology well
- J. Providers and professionals in the community do not speak my preferred language and/or do not understand my culture
- K. I do not trust providers and professionals in my community
- L. My home or community is not physically accessible to me (e.g., lack of grab bars, ramps, enhanced lighting, no sidewalks, no parking, lack of handicap accessible facilities/spaces etc.)
- M. I need but do not have adaptive or medical equipment/devices such as a hospital bed, wheelchair, walker, cane, commode, hearing aids, glasses, etc.
- N. I need but do not have help doing chores such as home repairs, yard work, and snow removal
- O. I cannot get to where I need to go (e.g., I have difficulty leaving the house because finding transportation is hard)
- P. I have physical limitations or mobility issues that make leaving my home difficult
- Q. My prescriptions and/or healthcare services are too expensive
- R. I am dependent on others to make decisions for me
- S. Lack of coordination/communication among health care and human service providers
- T. People treat me differently because of my age
- U. Other (please specify) _____
- V. I do not think there are any challenges to remaining independent, healthy, and connected in my community.

34. To your knowledge, which of the following benefits and services are least accessible in your community for all community members, but especially for older adults or individuals with intellectual or developmental disabilities (Please select all that apply)?

- A. Medical treatment
- B. Assistance with ordinary household chores, shopping, laundry, meal preparation, money management, etc.
- C. Assistance with bathing, dressing, grooming, toileting, transferring, supervision of medications, etc.
- D. Minor home modifications/repairs
- E. Assistance with obtaining public assistance and benefits
- F. Meal delivery and/or assistance with meal planning and preparation
- G. Abuse prevention and intervention (e.g., mechanisms to identify, report and respond to abuse)
- H. Services and treatment for people with mental/behavior health disorders
- I. Services and treatment for people with substance use disorders
- J. Services and treatment for people with intellectual and developmental disabilities
- K. Services and treatment for people with Alzheimer's disease and other dementias
- L. Chronic disease self-management
- M. Therapy services (occupational, physical, speech, etc.)
- N. Dialysis services
- O. Transportation
- P. Socialization opportunities
- Q. Care coordination/case management services
- R. Facility-based long-term care (e.g., nursing homes, adult care facilities, assisted living, family-type homes)
- S. Community based services that promote integration and independence
- T. Other (please specify) _____

35. What are the most important areas that you would like to see prioritized in the Master Plan for Aging? Please select up to 5 reasons.

- A. Housing
- B. Opportunities to engage with others in the community (e.g., to socialize and enjoy hobbies/interests, volunteer, advocacy efforts, vote, etc.)
- C. Mental/behavioral health disorders
- D. Substance use disorders
- E. Intellectual and developmental disabilities
- F. Alzheimer's disease and other dementias
- G. Abuse prevention and intervention (including financial exploitation, physical, sexual, emotional, verbal abuse, and neglect)

(Continued on next page)

- H. Technology and technological security
- I. Transportation
- J. Facility-based long-term services and supports
- K. Expanding community service options
- L. Care coordination/case management services
- M. Recruitment and retention of the workforce, including paid caregivers and professionals who provide assistance to people in their home (e.g., home health aides, personal care aides, staff in facilities and programs etc., and/or family or friends paid through self-directed services)
- N. Support and benefits for family members, friends, neighbors, and other unpaid caregivers who assist people with their activities of daily living
- O. Meal delivery and/or assistance with meal planning and preparation
- P. Expanding eligibility criteria for financial assistance and subsidized services through public benefit programs (e.g., Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP), etc.).
- Q. Climate change (e.g., extreme heat, flooding, etc.)
- R. Preventing ageism and ableism
- S. Other (please specify) _____
- T. I do not think there are any priority areas for the Master Plan for Aging.

DEMOGRAPHICS (OPTIONAL)

1. What is your age range?

- A. Under 18
- B. 18-24
- C. 25-35
- D. 36-49
- E. 50-64
- F. 65-74
- G. 75-84
- H. 85 years or older

2. What is your race?

- A. White (including Middle Eastern and North African)
 - B. Black or African American
 - C. Hispanic
 - D. Asian
 - E. American Indian or Alaska Native
 - F. Native Hawaiian or other Pacific Islander
 - G. Two or more races or I identify my race in a different way (please specify)
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3. What is your sexual orientation?

- A. Straight or Heterosexual
- B. Gay
- C. Lesbian
- D. Bisexual
- E. Queer
- F. Pansexual
- G. Asexual
- H. Prefer not to answer
- I. Not sure/Questioning/I don't know
- J. Not listed (please specify) _____

4. Current Gender Identity

- A. Woman
- B. Man
- C. Transgender woman
- D. Transgender man
- E. Gender Non-conforming
- F. Non binary
- G. Gender X
- H. Prefer not to answer
- I. Not sure/Questioning/I don't know
- J. Not listed (please specify) _____

5. Sex assigned at birth

- A. Female
- B. Male
- C. Intersex
- D. Choose not to respond

Thank you for taking our survey; your responses will help determine how the Master Plan for Aging can best serve you and your family. For information on aging and long term services and supports in your area, please contact NY Connects at www.nyconnects.ny.gov or **800-342-9871**.

Additionally, we acknowledge that the questions related to elder abuse and discrimination may have been emotionally challenging. If you, or someone you love, has experienced or witnessed elder abuse, you can file a complaint (anonymously if so desired) by contacting the New York State Adult Protective Services (APS) Helpline at **1-844-697-3505**. You can also find your local APS office using the contact information provided at this link: <https://ocfs.ny.gov/programs/adult-svcs/contact.php#local-aps>.

To request paper copies of this survey, contact:

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Office of Aging and Long Term Care
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