



**Department for
the Aging**

**NYC Department for the Aging
(NYC Aging)
Service Needs Assessment
April 2024 – September 2024**

You can return this survey by mailing it to:

Att: Research, room 729

NYC Department for the Aging

2 Lafayette Street, New York, NY 10007

Or

Returning it to an Older Adult Center (senior center) in your neighborhood. You can find an Older Adult Center, or complete additional surveys, by going to the NYC Aging website: <https://www.nyc.gov/aging>

This is an officially produced and sanctioned survey by the NYC Department for the Aging (NYC Aging).

NYC Department for the Aging (NYC Aging) 2024 Service Needs Assessment

You are being asked to complete this survey examining the needs of older adults living in New York City to assist us with program planning and to allow for a better understanding of potential unmet needs. We are asking for this information broadly from all older adults, or individuals who help an older adult, regardless of whether or not you currently use services.

This survey is completely voluntarily, meaning that you can choose to skip any questions that you do not wish to answer, and you can end the survey at any time without any consequences. All information collected is anonymous (unless you choose to give us your contact information). All analyses and reports will never be tied to an individual.

This survey will take about 20 minutes to complete. At the end of the survey, you will be invited to give us your contact information if you would like to enter into a drawing for a giveaway for 50 gift cards of \$50 each. Contact information will be kept in a secure file, only for the purpose of selecting winners.

Please fill out this survey if you are currently 60 years old or older or you are helping someone who is 60 years old or older.

If you need help filling out the survey yourself, feel free to ask a family member, friend, or professional for assistance.

Please complete this survey about yourself.

1. Please select the borough where you live.

- ☐ Bronx
- ☐ Brooklyn
- ☐ Manhattan
- ☐ Queens
- ☐ Staten Island
- ☐ I live outside of New York City

2. What is your zip code? _____

3. What is your age?

- ☐ Under 60 years old
- ☐ 60 - 64 years old
- ☐ 65 - 74 years old
- ☐ 75 - 84 years old
- ☐ 85 years old and older

Please note that this information is very important to help develop programs that meet the needs of all older New Yorkers.

4. What is your race/ethnicity? Check all that apply.

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White or Caucasian

☐ I identify my race in a different way

5. What is your employment status?

☐ Employed - full time

☐ Employed - part time

☐ Unemployed, seeking work

☐ Unable to work and receiving disability benefits

☐ Retired - by choice

☐ Retired - not by choice (e.g., laid off and no longer looking for work, medical issue, disability, accident, or family situation)

☐ Student

☐ Homemaker

6. What is your annual **individual** income?

☐ Less than \$15,000

☐ Greater than or equal to \$15,000 and less than \$30,000

☐ Greater than or equal to \$30,000 and less than \$60,000

☐ Greater than or equal to \$60,000 and less than \$100,000

☐ Greater than or equal to \$100,000

7. What is your sexual orientation?

☐ Straight or heterosexual

☐ Gay or lesbian

☐ Bisexual

☐ My sexual orientation is not listed: _____

☐ Not sure / questioning

☐ Prefer not to answer

8. What is your current gender identity?

☐ Female / Woman

☐ Male / Man

☐ Transgender

☐ Gender non-conforming / non-binary

☐ My gender identity is not listed: _____

☐ Not sure

☐ Prefer not to answer

In this set of questions, we ask you if you provide any type of care or help for a family member, friend, neighbor, grandchild, or disabled adult. If you do not, you will be able to skip many of these questions.

9. Are you currently a caregiver for a family member, friend, neighbor (providing financial, physical, emotional support)? (Check all that apply)

☐ Yes, I am the primary caregiver of a minor

☐ Yes, I help care for a minor but I am not the primary caregiver

☐ Yes, I care for an older family member, friend, or neighbor

☐ Yes, I care for an older adult with Alzheimer's Disease or related dementia

☐ Yes, I care for an adult with disabilities

☐ Yes, I care for someone else, not listed: _____

☐ No

☐ I don't know

10. Do you often spend time assisting others with any of the following activities? Check all that apply.

- ☐ Administering medication
- ☐ Childcare
- ☐ Helping to maintain their religious practices, hobbies, or other interests
- ☐ Home maintenance or repairs
- ☐ Household chores
- ☐ Language translation
- ☐ Lawn care/snow removal
- ☐ Managing personal care (for example, bathing, dressing, or feeding)
- ☐ Managing their finances
- ☐ Meal preparation/cooking
- ☐ Pet care
- ☐ Providing help in emergency situations
- ☐ Scheduling appointments
- ☐ Shopping (including groceries, toiletries, clothing, and other necessities)
- ☐ Transportation
- ☐ Utilizing technology, electronics, and/or other communication devices
- ☐ Other: _____
- ☐ I do not or cannot assist others with any of the above tasks

11. Who do you provide assistance to? Check all that apply.

- ☐ Doesn't apply
- ☐ Older family member
- ☐ Family member who is under the age of 18
- ☐ Friend
- ☐ Neighbor
- ☐ Community member
- ☐ Coworker
- ☐ Other: _____

12. On average, how often do you provide assistance?

- ☐ Doesn't apply
- ☐ More than 30 hours per week
- ☐ 15 - 30 hours per week
- ☐ 7 - 14 hours per week
- ☐ Less than 7 hours per week

13. How much do you estimate that it costs you per month to provide care, estimating both direct costs and costs as a result of loss in wages?

- ☐ Doesn't apply
- ☐ It doesn't cost me anything
- ☐ Under \$100 per month
- ☐ \$100 - \$499 per month
- ☐ \$500 to \$999 per month
- ☐ \$1000 and over per month
- ☐ I can't estimate

If you are under 60, thank you for taking the time to complete the survey.

The following set of questions are for individuals who are 60 years old and older.

In the next set of questions, we want to find out a bit about how you socialize.

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

- ☐ Yes
- ☐ No

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

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Every few months
- ☐ Once a year
- ☐ Never

16. Do you currently engage in volunteer work in your community?

- ☐ Yes, I am currently engaged in volunteer work
- ☐ No, but I would like to engage in volunteer work
- ☐ No, and I have no interest in engaging in volunteer work

In the next set of questions, we ask about a variety of needs you might experience.

17. Do you have internet access in your home?

- ☐ Yes
- ☐ No
- ☐ I don't know

18. Why do you not have internet access in your home? Select all that apply.

- ☐ Doesn't apply
- ☐ Cannot afford internet
- ☐ Internet connection is not available or reliable in my area
- ☐ I do not want internet
- ☐ I don't know how to obtain internet
- ☐ I am not sure what it is
- ☐ Other: _____

19. Do you own and use a computer or tablet?

- ☐ I have a computer/tablet, but I do not know how to use it or choose not to use it
- ☐ I have a computer/tablet and use it
- ☐ I don't have a computer/tablet

20. Why don't you own and/or use a tablet? Select all that apply.

- ☐ Doesn't apply
- ☐ Cannot afford a computer/tablet
- ☐ Internet service is not available or reliable in my area
- ☐ I can't travel to purchase a computer/tablet
- ☐ I need someone to set it up for me
- ☐ I need someone to teach me how to use it
- ☐ I don't see the need
- ☐ I do not want a computer/tablet
- ☐ Other: _____

21. Which of the following best describes your housing situation?
Please check all that apply.

- ☐ I am currently unhoused/homeless
- ☐ I currently am staying in a shelter or motel
- ☐ I do not have housing, but I stay with family, friends, neighbors, or others
- ☐ I currently have housing, but I am worried that might change in the future
- ☐ I have reliable housing

22. Which, if any, of the following reasons impact your ability to access and use as intended any of the rooms or spaces in your home environment? Please select all that apply.

- ☐ Counters/cabinets are too high or low for me to use safely
- ☐ Lack of clear pathways to navigate (inside and/or outside)
- ☐ Lack of heat
- ☐ Lack of a working air conditioner
- ☐ No safety/grab bars where I need them
- ☐ No working elevator in my building
- ☐ Poor lighting
- ☐ Spaces in my home environment are not wheelchair accessible
- ☐ Slippery or uneven floor surfaces
- ☐ Too much clutter
- ☐ Other
- ☐ Doesn't apply, I am able to access and use all spaces in my home environment

23. Do you have a plan in place in case of an emergency (for example, a blackout in your area or flooding)?

☐ Yes

☐ No

☐ I don't know

24. Do you have trouble paying for any of the following? Please select all that apply.

☐ Credit card bills

☐ Food

☐ Medication

☐ Medical appointments

☐ Rent, mortgage

☐ Utilities

☐ Other (please specify _____)

25. Are there stores in your community where you can purchase healthy food?

☐ Yes, I can purchase healthy food in my community

☐ Yes, but the stores have limited options

☐ Yes, but the options in the stores are too expensive for me to purchase healthy food

☐ No, there is not a store in my community that I can easily travel to for healthy food

The next set of questions have to do with the types of aging services you might receive in the community.

26. Which of the following services **have you heard of before?**

Check all that apply.

- ☐ Adult Day Care (i.e., social programs for impaired older adults)
- ☐ Assistance with home maintenance and home repairs
- ☐ Bill payer assistance (i.e., help and organization of bill payment via personal account manager)
- ☐ Crime victim services
- ☐ Employment opportunities
- ☐ Health insurance assistance
- ☐ Help with obtaining benefits or entitlements, such as Medicaid or SNAP
- ☐ Homecare / Housekeeping
- ☐ Home-delivered meals / meals on wheels
- ☐ Information services through NY Connects or Aging Connect
- ☐ Legal assistance
- ☐ Mental health services (e.g., counseling)
- ☐ Rent control assistance
- ☐ Senior center (older adult center)
- ☐ Service for caregivers (e.g., support groups, counseling, respite care, financial assistance)
- ☐ Technology classes/individual support for technology
- ☐ Transportation services (not Access-A-Ride)
- ☐ Volunteer opportunities
- ☐ Other: _____
- ☐ I have not heard of any of them

27. Which of the following services **do you need, but don't currently receive**? Check all that apply.

- ☐ Adult Day Care (i.e., social programs for impaired older adults)
- ☐ Assistance with home maintenance and home repairs
- ☐ Bill payer assistance (i.e., help and organization of bill payment via personal account manager)
- ☐ Crime victim services
- ☐ Employment opportunities
- ☐ Health insurance assistance
- ☐ Help with obtaining benefits or entitlements, such as Medicaid or SNAP
- ☐ Homecare / Housekeeping
- ☐ Home-delivered meals / meals on wheels
- ☐ Information services through NY Connects or Aging Connect
- ☐ Legal assistance
- ☐ Mental health services (e.g., counseling)
- ☐ Rent control assistance
- ☐ Senior center (older adult center)
- ☐ Service for caregivers (e.g., support groups, counseling, respite care, financial assistance)
- ☐ Technology classes/individual support for technology
- ☐ Transportation services (not Access-A-Ride)
- ☐ Volunteer opportunities
- ☐ Other: _____
- ☐ None

28. **In the last year**, have you been to a senior center or older adult center?

- ☐ Yes, I regularly attend
- ☐ Yes, but I don't regularly attend
- ☐ No
- ☐ I don't know

29. Why don't you regularly attend a senior center or older adult center? Please select all that apply.

- ☐ Doesn't apply
- ☐ No one speaks my language at the center
- ☐ I don't like the food
- ☐ I feel too young to attend a center
- ☐ I don't like and/or am not interested in the activities
- ☐ The members at the center are not friendly/don't like them
- ☐ I have dietary needs where I can't eat at the center (e.g., diabetic diet)
- ☐ The center is not open when I can attend (evenings or weekends)
- ☐ I don't know where one is in my neighborhood
- ☐ I can't physically access the center
- ☐ I am afraid of getting sick/COVID concerns
- ☐ I am not familiar with what senior centers (OACs) offer
- ☐ I cannot travel to the center
- ☐ I do not travel to the center because of crime in my neighborhood
- ☐ Other: _____

The next set of questions ask you whether you have experienced any of the following:

30. Have you ever been impacted by discrimination because of your age in any of the following categories? Check all that apply.

☐ Workplace discrimination (e.g., passed over for promotions or jobs because of your age)

☐ Interpersonal discrimination (e.g., people using demeaning phrases or ageist stereotypes or jokes)

☐ Other: _____

☐ Doesn't apply

31. Are you currently worried that someone you live with or spend a lot of time with may hurt you, mistreat you, or may steal money or property from you?

☐ Yes

☐ No

☐ I don't know

32. Do you feel emotionally and/or physically unsafe at home?

☐ Yes

☐ No

☐ I don't know

33. Since you turned 60 years of age, have you been the victim of a crime committed by a stranger or somebody you do not know very well?

☐ Yes

☐ No

☐ Don't know

34. Did you report your experience of elder crime or abuse to the police?

☐ Doesn't Apply

☐ Yes

☐ No

☐ I don't know

35. Please tell us a little about your experience reporting elder crime or abuse to the police. Select all that apply.

☐ Doesn't apply

☐ I heard back from the police

☐ The police were helpful

☐ The incident was resolved to my satisfaction

☐ I was referred to another organization for help (please specify)

☐ Nothing happened

☐ I don't know

☐ Other _____

36. Why didn't you report your experience of elder crime or abuse to the police? Select all that apply.

- ☐ Doesn't apply
- ☐ I don't feel comfortable going to the police
- ☐ I didn't think they would help
- ☐ I didn't know that I could report it to them
- ☐ I tried to work it out with the individual first
- ☐ I didn't want to get my family member in trouble
- ☐ I was referred to another agency for help
- ☐ Other _____

Thank you so much for your time answering the questions so far. If you have a few more minutes, we just have a few more questions to ask of you. It should only take you 5 more minutes to complete.

37. Are you currently receiving help from a family member, friend, neighbor for any of the following? Please check all that apply.

- ☐ Administering medication
- ☐ Childcare
- ☐ Help to maintain your religious practices, hobbies, or other interests
- ☐ Home maintenance or repairs
- ☐ Household chores
- ☐ Language translation
- ☐ Lawn care/snow removal
- ☐ Managing personal care (for example, bathing, dressing, or feeding)
- ☐ Managing your finances
- ☐ Meal preparation/cooking
- ☐ Pet care
- ☐ Receiving help in emergency situations
- ☐ Scheduling appointments
- ☐ Shopping (including groceries, toiletries, clothing, and other necessities)
- ☐ Transportation
- ☐ Utilizing technology, electronics, and/or other communication devices
- ☐ Other _____
- ☐ I do not receive assistance from others with any of the above tasks

The following questions ask about your experiences with health care.

38. **In the last year**, have you seen a health care provider?

- ☐ Yes
- ☐ No
- ☐ I don't know

39. Why have you not seen a health care provider in the last year?
Select all that apply.

- ☐ Doesn't apply
- ☐ No Need
- ☐ Too expensive
- ☐ Hard to travel for appointments
- ☐ I can't find a medical provider that I like
- ☐ I can't find one that speaks my language
- ☐ Other

40. Which of the following screenings or vaccines have you had in the past year? Select all that apply.

- ☐ None
- ☐ Cancer screenings (e.g. colonoscopy, mammogram)
- ☐ Flu vaccine
- ☐ Shingles vaccine
- ☐ RSV vaccine
- ☐ Pneumonia vaccine
- ☐ Other _____

41. Why have you not received any of the above screenings or vaccines in the past year? Select all that apply.

- ☐ Doesn't apply

- ☐ I cannot afford the necessary screenings or vaccines
- ☐ I don't have insurance that covers the screenings or vaccines
- ☐ I don't trust that the doctors or that the vaccines are safe
- ☐ I haven't been to a health care professional in a long time
- ☐ I don't think they will be helpful
- ☐ I can't travel to get the screenings or vaccines
- ☐ Other _____

42. Do any of the following apply to you? Check all that apply.

- ☐ I am deaf or have serious difficulty hearing
- ☐ I am blind or have serious difficulty seeing, even when wearing glasses

43. Do you wear hearing aids?

- ☐ Doesn't apply, I don't need them
- ☐ Yes
- ☐ No

44. Has any of the following limited your ability to go to places out of your home? (please check all that apply)

- ☐ Doesn't apply
- ☐ Lack of transportation in my neighborhood
- ☐ Physical limitations making it difficult to get around
- ☐ Fear of crime
- ☐ Concerns of falling
- ☐ Other _____

45. If you are sexually active, do you use safe practices to prevent sexually transmitted diseases (for example, use of a condom)?

- ☐ I am not sexually active
- ☐ Yes
- ☐ No
- ☐ Unsure

46. In a typical week, how often do you feel lonely?

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or little of the time (1 - 2 days)
- ☐ Occasionally or a moderate amount of the time (3 - 4 days)
- ☐ All of the time (5 - 7 days)

47. Over the last **2 weeks**, how often have you been bothered by the following problems? Please check the option that best corresponds to your answers below.

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	_____	_____	_____	_____
Not being able to stop or control worrying	_____	_____	_____	_____
Little interest or pleasure in doing things	_____	_____	_____	_____
Feeling down, depressed, or hopeless	_____	_____	_____	_____

48. Have you ever been formally incarcerated?

____ Yes, in the last year

____ Yes, but not in the last year

____ No

Thank you so much for completing the entire survey. Your responses will be extremely helpful for us in program planning and advocacy.

For information on age inclusive programs, resources, and opportunities contact Aging Connect, at 212-AGING-NYC (212-244-6469). For additional information about City programs, call 311.

If you would like to be entered into a drawing to receive a giveaway for a \$50 gift card, please give us your contact information on the back of this page.

Name:

First name _____

Last name _____

Contact Information:

Street Address _____

City _____

State _____

Zip code _____

Email Address: _____

All respondents who supply their contact information and complete the Service Needs Assessment survey will be entered into a drawing to receive a \$50 VISA gift card, only one per household.

- There is no entry fee for the giveaway.
- All eligible respondents to the survey (older New Yorkers 60+ or caregivers of adults 60+) may enter the giveaway.
- A person may enter the giveaway after completing the survey through various methods (i.e., online or hard copy).
- All entrants have the same odds of winning as other entrants.

NYC Aging staff will extract contact information from the surveys from those respondents who voluntarily choose to provide their contact information; all data will be placed into a secure file. At the end of the survey, 50 households will be randomly selected. Those selected will be mailed one VISA gift card (using the address provided by the respondent). The giveaway will only be available to respondents who complete the survey between April, 2024 until September 30, 2024. Gift cards will be distributed through the mail no later than October 30, 2024.