

Kentucky Elder Readiness Initiative

A SURVEY OF COMMONWEALTH RESIDENTS



UNIVERSITY
OF KENTUCKY

Graduate Center for Gerontology



Assistance. Advocacy. Answers on Aging.
Area Agencies on Aging and Independent Living



Department for Aging and Independent Living

INSTRUCTIONS

This survey seeks information about how communities are preparing for the aging of the Baby Boom population (persons born between 1946 and 1964) in Kentucky. Specifically, the survey asks questions about community services, health and safety, life quality, and community involvement of Commonwealth residents. **In order to increase the accuracy of our findings, we are asking that someone in your household who is 30 or older complete this survey. However, if there is no one in this age group available to complete the survey, we are also interested in the opinions of adults 18-29.** The survey should take about 30 minutes to complete.

About the Questions

- To respond to a question, **circle the number** next to the answer of your choice. If the answer of your choice is **not given**, please **write your answer** in the space provided for other responses.

Example **Q.1** In what state were you born? (*Please circle only one*)

1 Massachusetts

2 Kentucky

3 Other Ohio
(Please specify)

- You may be asked to **skip** certain questions in this survey, depending on your answer to a question. You will see an arrow and instructions printed next to the answer that tells you what question to go to next. If there is no arrow next to your answer, go to the next question.

Example **Q.10** Do you use a hearing aid?

1 No → **Please go to Q.15**

2 Yes

Q.11 How long have you been wearing a hearing aid?

1 Less than one year

2 More than one year

In this example, the person who answers “Yes” to Q.10 simply goes on to Q.11, the next question. The person who answers “No” because he or she does not wear a hearing aid is sent to Q.15 on page 7 skipping over questions about his or her use of a hearing aid.

The Kentucky Elder Readiness Survey

Q.1 How often do you think about what the affects of the aging of the Baby Boomers might be?

	Never			Often
For you?	1	2	3	4
For your community?	1	2	3	4

Q.2 In your opinion, how much impact will the **retirement** of the Baby Boomers have on your community?

None	Very little	A significant amount	Major impact
1	2	3	4

Q.3 In your opinion, how much impact will the **aging** of the Baby Boomers have on your community?

None	Very little	A significant amount	Major impact
1	2	3	4

Q.4 On a scale from 1 to 5 please indicate how much you think each of the following will be influenced by the aging of the Baby Boom population in your community.

	Very Negative Effect		No Effect	Very Positive Effect		Don't Know
Employment	1	2	3	4	5	8
Transportation	1	2	3	4	5	8
Housing	1	2	3	4	5	8
The Environmental Design of Communities (e.g. accessibility, sidewalks)	1	2	3	4	5	8
Funding for Services	1	2	3	4	5	8
Government Policies	1	2	3	4	5	8
Health Care Delivery	1	2	3	4	5	8
Aging Services	1	2	3	4	5	8
Caregiving for Elders	1	2	3	4	5	8
Tax Revenues	1	2	3	4	5	8

Q.5 Which of the following **best** describes your thinking about planning for your retirement
(Please circle only one)

- | | |
|---|---|
| 1 I am already retired and have planned well. | 6 I am still working but have not planned well. |
| 2 I am still working and think I have planned well. | 7 I will be cared for by my family. |
| 3 I'm too busy to think about that right now. | 8 I haven't thought about it. |
| 4 The government will take care of me. | 9 It's too far away to think about. |
| 5 I am already retired and have not planned well. | 10 Other _____
<i>(Please specify)</i> |

Q.6 I worry/worried a lot about being prepared for retirement.

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| Strongly
Disagree | Somewhat
Disagree | Somewhat
Agree | Strongly
Agree |
| 1 | 2 | 3 | 4 |

Q.7 I worry more about my kids and my parents than I do about my own future.

- | | | | | |
|----------------------|----------------------|-------------------|-------------------|-------------------|
| Strongly
Disagree | Somewhat
Disagree | Somewhat
Agree | Strongly
Agree | Not
Applicable |
| 1 | 2 | 3 | 4 | 8 |

Q.8 Which one of the following statements **best** describes your attitude toward retirement?
(Please circle only one)

- 1 Retirement is a well-deserved reward for years of hard work
- 2 I don't want to ever completely retire
- 3 I never think about retirement
- 4 Something you are forced to do (e.g. health, financial, or caregiving reasons)
- 5 Other _____
(Please Specify)

Q.9 How familiar are you with services for elders (persons over 60) in your community?

- | | | |
|---------------------|-------------------|---------------|
| Not at all familiar | Somewhat familiar | Very familiar |
| 1 | 2 | 3 |

Q.10 Do you currently have health insurance?

- 1 NO
- 2 YES

Q.11 If you need nursing home care at some time in the future, how do you think this will be paid for?
(Please circle all that apply)

- 1 Private insurance, including long-term care insurance
- 2 Your own savings
- 3 A government program such as Medicare or Medicaid (medical card)
- 4 Your children or other family members
- 5 Don't know
- 6 Other _____
(Please Specify)

Q.12 For each of the following sources of income **in retirement**, please indicate whether each are or will be **a major source of income, minor source of income, or not a source of income** for you by circling the appropriate number. If you have a spouse or partner, please include their sources of retirement income too.

Type of Income	Not a Source of Income	Minor Source of Income	Major Source of Income
Money provided by an employer like a pension or retirement account (not one you paid into)	1	2	3
Money you put into a retirement plan at work, such as a 401(k) plan	1	2	3
Other personal savings not in a work-related retirement plan (e.g. IRA, Savings Account)	1	2	3
Social Security	1	2	3
Other government programs such as SSI or Veteran's benefits	1	2	3
Part time employment	1	2	3
Full time employment	1	2	3
Support from your children or other family members	1	2	3
Money from the sale of your home or business	1	2	3
Other _____ (Please Specify)	1	2	3

Q.13 Please circle the number that most closely reflects how confident you are about **each** statement.

	Not At All Confident			Very Confident
The Social Security system will continue to provide benefits of at least equal value to the benefits received by retirees today.	1	2	3	4
The Medicare system will continue to provide benefits of at least equal value to the benefits received by retirees today.	1	2	3	4
You invested or are investing your savings wisely.	1	2	3	4
You have or will have enough money to take care of your medical expenses in retirement.	1	2	3	4
You have or will have enough money to take care of your basic expenses during your retirement.	1	2	3	4
You have or will have enough money to support you in retirement, no matter how long you live.	1	2	3	4

Q.14 Please indicate which of the following **best** describes your current employment status.
(Please circle only one)

- | | |
|----------------------|----------------------------------|
| 1 Employed full time | 4 Not employed |
| 2 Employed part time | 5 Retired, but working full time |
| 3 Self employed | 6 Retired, but working part time |

Q.15 Do you plan to work during retirement?

- 1 NO →Please go to Q.17
 2 YES

Q.16 Please indicate which are or will be **major reasons**, **minor reasons**, or **not a reason** for you to **work after retirement**.

	Not a Reason	Minor Reason	Major Reason
To have money to make ends meet	1	2	3
To have money to buy extras	1	2	3
To try a different career	1	2	3
You want to keep working	1	2	3
You want to stay involved	1	2	3
To help support children and other household members	1	2	3
To keep health insurance or other benefits	1	2	3
Other _____ (Please Specify)	1	2	3

Q.17 Do you drive a car?

- 1 NO →Please go to Q.19
 2 YES

Q.18 If you found you could no longer drive what would you do?

- | | |
|------------------------------------|-----------------------------------|
| 1 Use public transportation | 4 Relocate |
| 2 Rely on friends for rides | 5 Other _____
(Please Specify) |
| 3 Rely on family members for rides | |

Q.19 Does your community have **public transportation** (for example, a taxi service or bus service other than for schools or Red Cross Wheels)?

- 1 NO
 2 YES →Please go to Q. 21
 3 DON'T KNOW

Q.20 Would you use public transportation if it was available?

- 1 NO →Please go to Q. 23
- 2 YES→Please go to Q. 23

Q.21 How long would it take you to walk to the closest bus stop or pick up point from your house?

- 1 Less than 15 minutes
- 2 15-29 minutes
- 3 30-45 minutes
- 4 More than 45 minutes
- 8 Don't know

Q.22 How often do you use public transportation?

- 1 Every day
- 2 Three to six times a week
- 3 Couple of times a week
- 4 Once a week
- 5 Once or twice a month
- 6 Once or twice a year

Q.23 How do you think your need for public transportation will change as you age?

- Decrease
1
- Remain about the same
2
- Increase
3

	NO	YES
Q.24 Do you expect to remain in your present home as you age?	1	2
Q.25 Do you experience any difficulty getting around in your residence?	1	2
Q.26 Do you anticipate making physical modifications to your home in the future <i>(for example adding ramps or handrails)</i> ?	1	2

Q.27 How would you rate the physical condition of your residence?

- 1 Newer, with little repair required
- 2 Newer, with a lot of repair required
- 3 Older, with little repair required
- 4 Older, with a lot of repair required

Q.28 Which of the following types of housing arrangement for elders is most attractive to you?

- 1 Housing for older people only
- 2 Housing for adults of all ages but no children
- 3 Housing for people of all ages, including children

Q.29 Does your community offer the following types of senior housing?

	NO	YES	DON'T KNOW
Independent Senior Living Community	1	2	8
Assisted Living Facility (providing some personal assistance)	1	2	8
Nursing Home	1	2	8

Q.30 How far by car from your current residence is the nearest:

Independent Senior Living Community

- | | | |
|------------------------|------------------------|--------------|
| 1 Less than 15 minutes | 3 30-45 minutes | 8 Don't know |
| 2 15 -29 minutes | 4 More than 45 minutes | |

Assisted Living Facility

- | | | |
|------------------------|------------------------|--------------|
| 1 Less than 15 minutes | 3 30-45 minutes | 8 Don't know |
| 2 15 -29 minutes | 4 More than 45 minutes | |

Nursing Home

- | | | |
|------------------------|------------------------|--------------|
| 1 Less than 15 minutes | 3 30-45 minutes | 8 Don't know |
| 2 15 -29 minutes | 4 More than 45 minutes | |

Q.31 In what type of residence did you or do you see yourself living at the following ages
(For each age please select only one type of residence by circling your answer)

Age	Type of Residence					
	Personal Residence	Relative's Residence	Independent Senior Living Community	Assisted Living Facility	Nursing Home	Other (Please Specify)
When I was/am 45	1	2	3	4	5	_____
When I was/am 60	1	2	3	4	5	_____
When I was/am 75	1	2	3	4	5	_____
When I was/am 90+	1	2	3	4	5	_____

Q.32 Please indicate if your community has **any** of the following:
(Please circle all that apply)

- | | | | |
|-------------------|---------------------------|----------------------|----------------------|
| 1 Pharmacy | 4 Health care clinic | 7 Hospital | 10 Health department |
| 2 Police station | 5 Fire department | 8 Health Club/Gym | 11 Walking trails |
| 3 Doctor's Office | 6 Dentist/Dental Services | 9 Ambulance Services | |

Q.33 When you need health care services how do you get there most of the time?
(Please circle only one)

- 1 I drive
- 2 Your spouse or partner drives
- 3 Another family member drives
- 4 A neighbor or other community member drives
- 5 You use a transportation service provided in your community
- 6 Other _____
(Please Specify)

Q.34 Of the following statements, which **best** describes how safe you feel in your community
(Please circle only one)

- 1 I always feel safe
- 2 I usually feel safe
- 3 I seldom feel safe
- 4 I never feel safe

Q.35 Have you accidentally fallen in the last year? By accidentally fallen we mean not as a result of a loss of consciousness (passed out) or sudden onset of paralysis.

- 1 NO → **Please go to Q. 37**
- 2 YES



Q.36 About how many times in the last year? _____

Q.37 Do you consider the physical environment (sidewalks, steps, or lighting) in your neighborhood to be:

- | | | | |
|----------------------|--------------------------|------------------------|---------------------|
| Very
Inaccessible | Somewhat
Inaccessible | Somewhat
Accessible | Fully
Accessible |
| 1 | 2 | 3 | 4 |

Q.38 I think that my quality of life is **most** determined by
(Please circle only one)

- 1 My happiness
- 2 My ability to engage in my hobbies and leisure pursuits
- 3 Having an interesting job
- 4 Having enough income
- 5 Having good social supports and social networks
- 6 My ability to contribute to society
- 7 My faith
- 8 Other _____
(Please specify)

Q.39 Overall, how do you rate your current quality of life?

- | | | | | |
|----------|----------|----------|-----------|-----------|
| Poor | Fair | Good | Very Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |

Q.40 Over the next ten years, do you expect your quality of life to:

- | | | |
|-----------|-----------------------|----------|
| Get Worse | Remain about the same | Improve |
| 1 | 2 | 3 |

Q.41 Please complete the following table which is concerned with the availability and use of resources in your community to enhance your quality of life. **If any of the resources is not currently available in your community, please indicate if you would or would not use it if it was available.**
(Please circle your answer to each of the following)

	I have used in past 12 months		I plan to use in the future		It is currently available		I would use if they were available	
	YES	NO	YES	NO	YES	NO →	YES	NO
(a) Theaters, museums or other venues for the arts	1	2	1	2	1	2 →	1	2
(b) Lifelong learning opportunities (e.g. computer, art, accounting classes, etc.)	1	2	1	2	1	2 →	1	2
(c) Recreational facilities (e.g. gyms, walking paths, etc.)	1	2	1	2	1	2 →	1	2
(d) Social organizations (e.g. Rotary, Masons, Kiwanis League of Women Voters, etc.)	1	2	1	2	1	2 →	1	2
(e) Volunteer opportunities (e.g. hospitals, food pantries, etc.)	1	2	1	2	1	2 →	1	2
(f) Support groups (e.g. caregiver, AA)	1	2	1	2	1	2 →	1	2
(g) Community activities	1	2	1	2	1	2 →	1	2
(h) Public parks (accessible and with walking paths)	1	2	1	2	1	2 →	1	2
(i) Libraries	1	2	1	2	1	2 →	1	2
(j) Restaurants	1	2	1	2	1	2 →	1	2
(k) Churches, spiritual groups, other religious organizations	1	2	1	2	1	2 →	1	2
(l) Senior Centers	1	2	1	2	1	2 →	1	2
(m) Shopping Centers	1	2	1	2	1	2 →	1	2
(n) Large Grocery Stores	1	2	1	2	1	2 →	1	2

Q.42 Which **one** of the resources **(a-n)** listed above is **most** important for your quality of life? _____
(Please write the letter in the space provided)

Q.43 In the past 12 months, have you volunteered or helped out at civic, community, charitable or nonprofit activities or church related activities?

1 No → **Please go to Q.45**

2 Yes

Q.44 How often did you volunteer?

- | | |
|-----------------------------|-------------------------|
| 1 Every day | 4 Once a week |
| 2 Three to six times a week | 5 Once or twice a month |
| 3 Couple of times a week | 6 Once or twice a year |

Q.45 Did you spend less time, the same amount of time, or more time volunteering **10 years ago**?

- | | | |
|-----------|---------------------|-----------|
| Less time | Same amount of time | More time |
| 1 | 2 | 3 |

Q.46 **Ten years from now**, do you plan to spend less time, the same amount of time, or more time volunteering than you do now?

- | | | |
|-----------|---------------------|-----------|
| Less time | Same amount of time | More time |
| 1 | 2 | 3 |

Q.47 How often do you use each of the following sources of information to find out about services, activities, or events available in your community?

	Never	Rarely	Sometimes	Often	Very Often
Newspaper	1	2	3	4	5
Radio	1	2	3	4	5
Television	1	2	3	4	5
Internet	1	2	3	4	5
E-mail	1	2	3	4	5
Library	1	2	3	4	5
Family Members	1	2	3	4	5
Friends or Neighbors	1	2	3	4	5
Books or Magazines	1	2	3	4	5
Churches	1	2	3	4	5
Workplace	1	2	3	4	5
People in the Community	1	2	3	4	5
Other _____ (Please Specify)	1	2	3	4	5

Q.48 As you grow older do you think that your level of involvement in community activities will:

- | | | |
|----------|-----------------------|----------|
| Decrease | Remain about the same | Increase |
| 1 | 2 | 3 |

Q.49 Which, if any, of the following, limits your ability to participate in community activities?
(Please circle all that apply)

- | | | |
|------------------------------|-------------------------------|-----------------------------------|
| 1 Lack of transportation | 4 Lack of awareness of events | 7 Time |
| 2 Work commitments | 5 Lack of interest | 8 Cost/Money |
| 3 No one to participate with | 6 Health | 9 Other _____
(Please specify) |

Q.50 My community is **actively preparing** for the retirement and aging of the Baby Boomers.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1	2	3	4

Q.51 A series of meetings held throughout the state have indicated a number of key areas the Commonwealth should focus on as we prepare for aging of the Baby Boom population. Please tell us how important you think **each of the following** is for Kentucky. There is a need to:

	Not Important	Somewhat Important	Very Important
(a) Increase employment options for elders	1	2	3
(b) Develop Adult Day Care programs at places of work	1	2	3
(c) Place emphasis on developing residential options for elders	1	2	3
(d) Increase educational opportunities for elders	1	2	3
(e) Provide training and support options for new caregivers	1	2	3
(f) Redefine the role of Senior Centers in order to address the different needs of Baby Boomers as they age	1	2	3
(g) Place major emphasis on developing business and second career options for elders	1	2	3
(h) Emphasize single point of entry (one place to call) for services or information	1	2	3
(i) Introduce local or state taxes to support programs for elders	1	2	3
(j) Develop programs for elders to provide mentorship or guidance to youth	1	2	3
(k) Rediscover the sense of community and community support that was a traditional component of Kentucky life in the past	1	2	3
(l) Develop more volunteer opportunities for elders	1	2	3
(m) Place increased reliance on churches and religious institutions for the support of frail elders	1	2	3
(n) Develop programs to provide support for grandparents raising grandchildren	1	2	3
(o) Provide programs for long term support for persons with disabilities being cared for by an aging parent	1	2	3

Q.52 Which **one** of the above **(a-o)** do you feel is the **most important** in preparing for the aging of the Baby Boom population? _____
(Please write the letter in the space provided)

BACKGROUND INFORMATION

By providing this information you will enable us to conduct analyses that will help us to report the opinions of people living in different life circumstances. Please be assured that your personal responses will always be combined with others and reported only in summary form.

Q.53 How old are you now? _____ years

Q.54 What is your gender?

- 1 Male
- 2 Female

Q.55 How would you rate **your health**?

- | | | | | |
|------|------|------|-----------|-----------|
| Poor | Fair | Good | Very Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |

Q.56 What is your current marital status?

- 1 Single, never married →**Please go to Q.58**
- 2 Widowed→**Please go to Q.58**
- 3 Separated →**Please go to Q.58**
- 4 Divorced→**Please go to Q.58**
- 5 Married
- 6 Single, not married but live with partner/companion

Q.57 If you are married or living with someone you consider your partner, how would you rate the **health of your partner**?

- | | | | | |
|------|------|------|-----------|-----------|
| Poor | Fair | Good | Very Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |

Q.58 Do you own or rent your residence?

- 1 Own
- 2 Rent

Q.59 How would you describe your residence?

- | | |
|-----------------------------|--|
| 1 Single family home | 4 Apartment |
| 2 Mobile/Manufactured home | 5 Duplex |
| 3 Town house or condominium | 6 Other _____
<i>(Please specify)</i> |

Q.60 How would you describe the community in which you live?

- | | |
|-----------------------|----------|
| 1 Rural area—farm | 4 Suburb |
| 2 Rural area—non-farm | 5 City |
| 3 Small town | |

Q.61 How would you describe your racial or ethnic background? *(Please circle all that apply)*

- | | |
|--------------------------|---------------------------------|
| 1 White/Caucasian | 5 American Indian |
| 2 Hispanic/Latino | 6 Hawaiian/Pacific Islander |
| 3 African American/Black | 7 Other race or ethnicity _____ |
| 4 Asian | <i>(Please specify)</i> |

Q.62 In what **county** (e.g. Jefferson, Pike, Warren) do you currently live? _____

Q.63 Where did you live 5 years ago? _____ county _____ state

Q.64 In what state were you born? _____

Q.65 Do you plan to move out of state in the future?

- | | | |
|----|-----|------------|
| NO | YES | DON'T KNOW |
| 1 | 2 | 8 |

Q.66 Please circle the last grade of school you completed.

- | | |
|--------------------------------------|---|
| 1 Grade school | 6 Graduated junior or community college |
| 2 Some high school | 7 Vocational/technical degree |
| 3 Graduated high school | 8 Bachelor's degree |
| 4 GED | 9 Some graduate school work |
| 5 1 or 2 years of college, no degree | 10 Graduate Degree (ex: MA, MS, PhD, JD). |

Q.67 How many other people depend on you, at least in part for their financial support? _____

Q.68 How many people (including yourself) reside in your household? _____

Q.69 How many of these people are under 18? _____

Q.70 How many of these people are 65 and over? _____

Q.71 How many of these people are your grandchildren? _____

Q.72 In 2006, what was your total household income from all sources before taxes?

- | | |
|---------------------|-----------------------|
| 1 None | 9 \$25,000-\$29,999 |
| 2 Less than \$5,000 | 10 \$30,000-\$39,999 |
| 3 \$5,000-\$7,499 | 11 \$40,000-\$49,999 |
| 4 \$7,500-\$9,999 | 12 \$50,000-\$69,999 |
| 5 \$10,000-\$12,499 | 13 \$70,000-\$89,999 |
| 6 \$12,500-\$14,999 | 14 \$90,000-\$120,000 |
| 7 \$15,000-\$19,999 | 15 Over \$120,000 |
| 8 \$20,000-\$24,999 | 16 Don't know |

FINAL INSTRUCTIONS

Please place your completed survey in the stamped "Business Reply" envelope enclosed for your convenience, seal the envelope and mail it.

If you would like to comment on any issues or concerns regarding the aging of the Baby Boomers and the challenges and opportunities that this will present to the Commonwealth that are not addressed in this survey, please share these concerns with us in the space provided below:

Thank you very much for responding to this survey. Your time and effort will help Kentucky to address the challenges and opportunities provided by the aging of Baby Boomers and allow our local communities to develop new programs and resources to improve the lives of all Kentuckians.