

Introduction

Your feedback helps shape services for you and others in your community!

Every four years, Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) releases a community survey. Answers help us set 2027-2030 priorities for programs that support people age 65 and older, adults living with disabilities, and family or friends who help.

Your voice matters! Information you provide is anonymous; we do not ask your name.

The Area Plan focuses on key issues, like transportation, housing, social connection, and caregiving. Sharing your experience helps us understand community needs.

This survey will take about 15 minutes and will close on Tuesday, April 14th

A draft Area Plan will be available for public comment in June.

Questions? Contact Kyle Sanchez, Planning Director, at kyle.sanchez@dshs.wa.gov

Visit LMTAAA.org/Area-Plan for an electronic version of this survey and forum dates.

You and Services in Your Community

These questions help us understand who is taking the survey and what you see as your community's service priorities. **You do not have to answer every question, but your answers help us plan better services.** Help with daily tasks may include rides to appointments, meals, chores like yardwork, etc.

1. Please select where you live:

- Lewis County
 Mason County
 Thurston County

2. Which best describes you [select all that apply]:

- | | | |
|---|---|---|
| <input type="radio"/> I'm 60 or older and get help with daily tasks | <input type="radio"/> I'm a relative of an older adult and help with their daily tasks | <input type="radio"/> I'm a business providing services to older adults
<i>(Provider Specific Survey is available on our website)</i> |
| <input type="radio"/> I'm 60 or older and <i>do not</i> get help with daily tasks | <input type="radio"/> I'm a friend / neighbor of an older adult who gets help with daily tasks | <input type="radio"/> I'm age 18-59 and get help with daily tasks |
| <input type="radio"/> I'm a paid caregiver for an older adult | <input type="radio"/> Other (write in): | |

3. Check the top three (3) most important issues facing older adults today:

[please choose no more than three]

- | | | |
|--|---|---|
| <input type="radio"/> Alzheimer's / dementia / memory loss | <input type="radio"/> Crime / Fraud / Abuse | <input type="radio"/> Nursing home or other residential care placements |
| <input type="radio"/> Access to health care | <input type="radio"/> Access to services for everyone | <input type="radio"/> Access to food |
| <input type="radio"/> Living in your own home or community | <input type="radio"/> Falls prevention | <input type="radio"/> Loneliness |
| <input type="radio"/> Housing | <input type="radio"/> Financial security / money to live on | <input type="radio"/> Internet or technology access |
| <input type="radio"/> Chronic diseases (such as diabetes, arthritis, etc.) | <input type="radio"/> Access to transportation | <input type="radio"/> Other (write in): |
| | <input type="radio"/> Knowing where to turn for help | _____ |

4. What is your racial or ethnic identity [select all that apply]:

- | | | |
|---|---|---|
| <input type="radio"/> African American/ Black | <input type="radio"/> Middle Eastern or North African | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Caucasian / White | <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Prefer not to Say |
| <input type="radio"/> Hispanic / Latinx | <input type="radio"/> Asian | <input type="radio"/> Self-Describe: |
| | | _____ |

5. Are you a Veteran:

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

6. Are you living with a disability:

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

7. What is your sex:

- | | | |
|------------------------------|---|--------------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Intersex | <input type="radio"/> Self-Describe: |
| <input type="radio"/> Female | <input type="radio"/> Prefer not to say | _____ |

8. What is your gender:

- | | | |
|-----------------------------|---|--------------------------------------|
| <input type="radio"/> Man | <input type="radio"/> Non-binary | <input type="radio"/> Self-Describe: |
| <input type="radio"/> Woman | <input type="radio"/> Prefer not to say | _____ |

9. What is your sexual orientation:

- | | | |
|--|--------------------------------------|---|
| <input type="radio"/> Straight or Heterosexual | <input type="radio"/> Gay or Lesbian | <input type="radio"/> Prefer not to say |
| | <input type="radio"/> Bisexual | <input type="radio"/> Self-Describe |
| | | _____ |

10. Overall, how satisfied are you with the service(s) you, or a family member, received in the past year? For each listed service, please select the one (1) option that best fits your experience.

Service	Service Not Used	Service Not Used, but my family or I may use in the future	Happy with service received	No Opinion on service received	Unhappy with service received
Support (like respite) for family or friends who provide unpaid help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Services (like Adult Day Care or Adult Day Health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and assistance on services, resources, and how to access them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (to medical appointments or other services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-Delivered Meals (like Meals on Wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals served at Senior Centers and other group settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help prevent elder abuse, neglect and exploitation (being taken advantage of)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care services that help people stay in their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs that help people with dementia, including Alzheimer’s disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy living classes (like exercise, disease prevention and self-management for health condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Service	Service Not Used	Service Not Used, but my family or I may use in the future	Happy with service received	No Opinion on service received	Unhappy with service received
Help understanding health insurance options and signing up for plans (like Medicare, Medicaid, Long Term Care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable, accessible housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Assistance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other residential care (like assisted living, adult family homes, memory care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help getting home and staying at home after a hospital or nursing home stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and Alcohol Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Volunteer opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help finding older adult job training & placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to prevent falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for grandparents / other relatives who are raising children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finding and Using Services

Getting information and using services can be hard for many reasons. These questions help us understand how you find services and what makes services hard to use.

11. Select the top 4 ways you like to learn about the services listed in question 10:

Select up to four (4) please

- | | |
|---|--|
| <input type="radio"/> Looking at LMTAAA’s online Resource Directory | <input type="radio"/> Flyers or posters in the community |
| <input type="radio"/> Looking at LMTAAA’s printed Resource Directory | <input type="radio"/> Television or radio |
| <input type="radio"/> Calling LMTAAA | <input type="radio"/> Printed newspapers |
| <input type="radio"/> Word of mouth from family or friends | <input type="radio"/> Internet searches |
| <input type="radio"/> Community organizations or nonprofits | <input type="radio"/> Social media (Facebook, Instagram) |
| <input type="radio"/> Faith or cultural organizations | <input type="radio"/> Library |
| <input type="radio"/> Doctors, clinics, nurses, or other health professionals | <input type="radio"/> Senior or community centers |
| | <input type="radio"/> Email |
| | <input type="radio"/> Text |
| | <input type="radio"/> Prefer not to say |
| | <input type="radio"/> Other (write in): _____ |

12. What language(s) do you speak at home [select all that apply]:

- | | | |
|----------------------------------|-------------------------------|---|
| <input type="radio"/> English | <input type="radio"/> Korean | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> Other (write in): _____ |
| <input type="radio"/> Vietnamese | <input type="radio"/> Tagalog | |

13. Have you had any issues using or accessing services in your community:

- | | | |
|---------------------------|--|---|
| <input type="radio"/> Yes | <input type="radio"/> No (Go to 15) | <input type="radio"/> Prefer not to say |
|---------------------------|--|---|

14.a What has made it hard to use or access services [select all that apply]:

- | | | |
|--|---|---|
| <input type="radio"/> Lack of transportation | <input type="radio"/> Language or communication barriers | How people treat me because of my... |
| <input type="radio"/> Service cost | <input type="radio"/> Service does not meet my health or disability-related needs | <input type="radio"/> ...Age |
| <input type="radio"/> Service times do not work for me | <input type="radio"/> Lack of caregiver support | <input type="radio"/> ...Veteran status |
| <input type="radio"/> Distance (<i>too far away</i>) | <input type="radio"/> HIV/AIDS stigma | <input type="radio"/> ...Religion |
| <input type="radio"/> Limited internet, phone, or technology access | <input type="radio"/> Feeling judged because of my living situation | <input type="radio"/> ...Sex characteristics |
| <input type="radio"/> Building hard to access (<i>e.g. no ramp, narrow doorways, etc.</i>) | <input type="radio"/> Not enough food | <input type="radio"/> ...Gender identity |
| <input type="radio"/> Safety concerns | <input type="radio"/> Prefer not to say | <input type="radio"/> ...Sexual orientation |
| | | <input type="radio"/> ...Race or ethnicity |
| | | <input type="radio"/> ...Native American or Tribal identity |

Housing

Affordable and accessible housing can be hard to find. These questions help us understand you and your families’ housing experience.

14. **I live:** (select one)

- By myself, without pet(s)
- With a partner or spouse
- In a group home or shared care setting
- By myself, with pet(s)
- With family members
- With friends or roommates
- Prefer not to say

15. **What best describes your current housing:** (select one)

- A rented home or apartment
- An assisted living, nursing home, or other care facility
- A rented room in a shared space
- Temporary or transitional housing (*friends/family short term, motel, shelter*)
- An owned home
- A home I do not own or rent
- A vehicle or an RV without a site
- Prefer not to say

16. **How long have you been in your current housing:**

- Less than 6 months
- 1 – 3 years
- Prefer not to say
- 6 - 12 months
- More than 3 years

17. **Do you help pay rent or a mortgage where you live:**

- Yes
- No
- Prefer not to say

18. **Please select all worries you have about staying in your current housing:**

- Paying for housing
- Moving safely inside
- Other worries
- Landlord’s health
- Moving safely outside
- No worries
- Caregiver’s health
- Making repairs
- Prefer not to say

Health & Wellness

Health and wellness affect how people feel and live each day. These questions help us understand health needs and wellness supports in your community.

19. **Are you, or anyone in your household, living with the following health conditions:**

[select all that apply]

- HIV/AIDS
- Substance use disorders
- Brain change (Dementia, Alzheimer's, etc.)
- Other chronic health condition
- Parkinson’s
- Mental health challenges
- Diabetes
- None of the above
- Prefer not to say

20. What Health & Wellness Programs have you used in the last 12 months

[select all that apply]:

- Exercise or Support groups
- Managing chronic conditions programs
- Fall prevention programs
- Memory improvement programs
- None – I did not know these programs were available
- None – I don't use these programs
- Private gym, YMCA, Personal Trainer
- Prefer not to say

21. Do you have barriers to accessing or eating nutritional foods:

- Yes
- No (**Go to 23**)
- Prefer not to say

22.a What are your barriers to accessing nutritional food [select all that apply]:

- Chewing/swallowing concerns
- Transportation to groceries
- Transportation to meal programs such as at senior centers
- Cost of food
- Stores that sell nutritional food are too far away from where I live
- Lack of food appliances / cost of maintaining food appliances
- Other (write in):
- Physical limitations on being able to cook healthy meals
- Knowing how to make healthy meals
- Medical conditions / specific diet
- I have to choose between food for myself or food for my pet(s)
- My SNAP benefits have been reduced or terminated
- Prefer not to say

Brain Change

Brain change, like dementia, Alzheimer's, and Mild Cognitive Impairment, affect many people and families. These questions help us understand experiences and support needs in your community.

22. Are you living with, or do you know someone living with, brain change:

- Yes
- No
- Prefer not to say

23. Do you provide care to someone with brain change:

- Yes
- No
- Prefer not to say

24. Would you, or someone you know, benefit from learning tips for supporting someone with brain change:

- Yes
- No
- Prefer not to say

Transportation

Transportation is how people get to appointments, stores, and activities. These questions help us understand how transportation affects you and your daily life.

25. How do you get to where you need to go [select all that apply]:

- Driving myself
- Getting a ride from a friend or family member
- Paying for rideshare services (e.g., taxi, Uber, Lyft)
- Non-profit or church transportation
- Public transportation
- Specialized transportation services (e.g. Dial-a-Lift, Paratransit)
- Bicycling
- Walking, using a wheelchair, or other wheeled mobility device (scooter, one wheel)
- I can't get where I need to go
- Prefer not to say

26. In the last 12 months have you experienced transportation barriers?

- Yes
- No (**go to 28**)
- Prefer not to say

27.a What transportation barriers have you experienced [select all that apply]:

- Few options in my community
- Few options meet my mobility needs
- I do not know what transportation services are available
- Cost to own, operate, maintain own vehicle
- Cost to use transportation services
- Prefer not to say
- Other (write in): _____

27. How often is it difficult to meet your households' needs because of your transportation options:

- Always difficult
- Often difficult
- Sometimes difficult
- Rarely difficult
- Never difficult
- Prefer not to answer

28. What types of trips are difficult because of your current transportation options

[select all that apply]:

- Getting to and from healthcare appointments
- Getting to and from groceries/shopping
- Getting to and from work
- Getting to and from social activities
- Getting to and from support services
- Running several errands in one trip
- Other (write in): _____

Specialized Transportation Services

These questions are about your experiences with **specialized transportation services**. These services are for people who have difficulty transporting themselves because of their age, income, or disability.

29. Have you used specialized transportation services in the last 12 months:

(like Paratransit, Dial-a-Lift, etc.)

- Yes
- No – It is **not offered** where I live
- No – It is **not available at the days/times** I need it
- No – I am **not eligible**
- No – I **do not need** this type of transportation *(Go to question 31)*
- No – I **did not know** about this service, but **would use** it
- No – I **did not know** about this service and **would not use** it *(Go to question 31)*

30.a What places can you not get to now, but would go to if specialized transportation was available?

Social Connection

Feeling connected to others matters. These questions help us understand how you prefer to socialize and how connected you feel in your community.

30. How do you prefer to socialize [select all that apply]:

- In Person
- Phone – Video Chat
- Prefer not to say
- Phone – Talking
- Internet
- Other (write in):
- Phone – Texting
- Social Media

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel a sense of belonging?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Helping a Family Member or Friend

Many people help care for a family member, friend, or neighbor. These questions help us understand your caregiving experience and what support you may need.

31. Do you provide unpaid help, or care, for a family member, friend, or neighbor?

- Yes
 No **(Go to 33)**
 Prefer not to say

32.a About how many hours of unpaid help do you provide per week:

- 0 – 10 hours
 21 - 40 hours
 Prefer not to say
 11 – 20 hours
 40+ hours

32.b What is the age range of the main person you help:

- Under 18
 46 – 59
 Prefer not to say
 18 – 45
 60+

32.c What would be helpful to you [select all that apply]:

- Training on caregiving topics **(go to 32.d)**
 Support with housework and errands
 Prefer not to say
 Finding reliable help
 Information and assistance on available resources
 Other (write in): _____
 Finding or participating in a support group

32.d. What caregiver training topics would you find helpful [select all that apply]:

- How to safely provide hands-on care
 Disease-specific information
 Managing caregiving costs and finances
 Stress management
 Tips for communicating with family, friends, and care providers
 Prefer not to say
 Other (write in): _____

Final Thoughts

32. Anything else you would like to share about services in your community?

This survey will be used to develop the 2027-2030 Area Plan. The Area Plan draft will be open for public comment and hearings in July. **If you would like to be notified when the public comment period opens, please provide your email address.**
