



2025 Council on Aging Community Needs Assessment Survey for Older Adults

Introduction

Council on Aging is the Area Agency on Aging for Southwestern Ohio, including Butler, Clermont, Clinton, Hamilton and Warren counties. In this role, we frequently collect input from individuals enrolled in our programs, community members and other stakeholders to understand and be better prepared to meet the needs of our aging community.

Please take a few minutes to complete this survey to help us better understand your needs and concerns as you age. Information collected through this survey will be used to make recommendations at the state and local levels about how to address the needs of our community. All responses will remain anonymous. **Questions marked with an asterisk (*) are required.**

This survey should be completed by older adults. Caregivers and professionals who wish to provide input can do so at www.help4seniors.org.

1. What county do you live in? *

- Butler
- Clermont
- Clinton
- Hamilton
- Warren
- Prefer not to say
- Other: _____

2. Have you ever heard of Council on Aging (COA) and/or the Elderly Services Program (ESP)?*

- Yes
- No
- Prefer not to say

Housing

3. How important is it for you to remain in your current residence as you age ? *

- Not at All Important
- Of Little Importance
- Of Average Importance
- Very Important
- Absolutely Essential
- Prefer not to say

4. How would you describe your current housing situation? *

- My residence meets my needs as I am aging.
- I've made minor adjustments to make my residence more suitable as I age.
- I may need to make changes or explore other housing options to accommodate my needs as I age.
- My residence cannot meet my needs and I am actively looking for alternate housing options.
- Prefer not to say
- Other: _____

5. How would you describe the affordability of housing in your community for older adults? *

- Completely Unaffordable
- Slightly Unaffordable
- Neither Affordable nor Unaffordable
- Slightly Affordable
- Very Affordable
- Prefer not to say

6. If you needed to move, do you feel there are enough affordable and appropriate housing options? *

- Yes
- No
- Not Sure
- Prefer not to say

Your Pocketbook

7. In the past year, have you been concerned about paying any of the following (check all that apply)? *

- Utilities (gas, electric, water, or sewer)
- Rent or Mortgage
- Property taxes
- None of the above
- Prefer not to say

8. How have rising costs for daily needs (Example: groceries, utilities, medical care, etc.) impacted your quality of life? *

- No Impact
- Small Impact
- Moderate Impact
- Significant Impact
- Prefer not to say

Help with Daily Activities

9. Which of the following tasks do you find challenging to manage on your own (check all that apply)? *

- General cleaning and daily household management
- Personal care (bathing, grooming)
- Managing household paperwork (paying bills, telephone communication)
- Yard work and/or tree care
- Home repairs
- None of the above
- Prefer not to say

10. If you needed help with daily tasks to stay in your residence, would you know of an organization in your community that you could call for assistance? *

- Yes
- No
- Prefer not to say

11. Please name the organization(s) you might reach out to for assistance:

12. How confident are you in using technology (Example: smartphones, computers, or tablets) for daily activities such as communication, accessing services or entertainment? *

- Not Confident At All
- Not Very Confident
- Somewhat Confident
- Very Confident
- Prefer not to say

13. What is the likelihood that you might need assistance with any of the following activities in the next year? * (place an **X** in the appropriate column for each activity listed in the table)

	Unlikely	Neither Likely nor Unlikely	Likely	Does not apply
Finding a new place to live				
Paying household bills (gas, electric, water, sewer)				
Paying rent or mortgage				
Paying property taxes				
Making repairs to current residence				
Making modifications to current residence				
Cooking meals or obtaining groceries				
Transportation				
Legal matters				
In-home care (help with housekeeping or personal care tasks)				
Caregiving				
Leaving the hospital or nursing home (transitioning back home)				
Finding and participating in social activities				
Mental health				
Alzheimer's disease or other dementia				
Staying physically fit				
Yard/Lawn Care				
Snow Removal				
Pet Care				
Technology				

14. If there are other activities not previously listed that you may need assistance with, please list them below:

Transportation

15. How do you typically get around for daily needs such as grocery shopping, medical appointments, or social activities (check all that apply)? *

- I can drive myself.
- My family and/or friends provide transportation.
- I use public transportation or a community shuttle.
- I use private transportation, such as Uber or Lyft.
- I walk everywhere I need to.
- I have difficulty finding transportation that can meet my needs.
- Prefer not to say

16. How frequently are your transportation needs met? *

- Never
- Rarely
- Sometimes
- Always
- Prefer not to say

17. If access to transportation is a challenge for you, which of the following statements are true (check all that apply)? *

- I cannot get to medical appointments.
- I cannot get my prescriptions.
- I cannot go grocery shopping or complete other errands.
- I cannot participate in health and wellness or other community activities.
- I cannot connect with my friends, family, or participate in activities I once enjoyed.
- None of the above
- Prefer not to say

18. How would you rate the quality of public transportation options available to you in your community? *

- Poor
- Fair
- Good
- Excellent
- Prefer not to say

19. What challenges, if any, do you face with public transportation (check all that apply)? *

- Cost
- Accessibility - I cannot get to available public transportation services and/or the service cannot meet my physical needs
- There are no public transportations options near me
- Inconsistent schedule and/or delays
- None of the above
- Prefer not to say
- Other: _____

Social Activities and Mental Health Well-Being

20. How satisfied are you with your ability to participate in social activities? *

- Dissatisfied
- Somewhat dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very satisfied
- Prefer not to say

21. Have you ever considered speaking with a counselor or joining a support group? *

- Yes
- No
- Prefer not to say

22. What is your preferred setting for social activities or to meet with your social circle (check all that apply)? *

- Community Center
- Senior Center
- Gym
- YMCA
- Library
- A Restaurant
- A Private Residence
- Virtually/Online
- Prefer not to say
- Other: _____

23. Have you ever been to a local senior center? *

- Yes
- No
- Prefer not to say

24. How often do you go to a local senior center?

- Rarely (A few times a year)
- Periodically (1 or more times per month)
- Frequently (1 or more times per week)
- Prefer not to say

Conclusion and Demographics

25. What are the three biggest unmet needs for older adults in your community? * (use the back if needed)

26. What is your gender? *

- Male
- Female
- Prefer not to say

27. What is your age? *

- 39 or younger
- 40-49
- 50-59
- 60-64
- 65-74
- 75-84
- 85 and older
- Prefer not to say

28. Who do you live with? *

- Myself (alone)
- My spouse/significant other
- A multi-generational household
- My adult child
- Another family member
- Prefer not to say
- Other: _____

29. Are you currently working? *

- Yes
- No
- Prefer not to say

30. Are you working part-time or full-time?

- Part-time
- Full-time
- N/A
- Prefer not to say

31. Are you currently volunteering? *

- Yes
- No
- Prefer not to say

32. Please rate your health on a scale of 1 to 10. 1 being the worst and 10 being the best. *
(circle your response)

1	2	3	4	5	6	7	8	9	10
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33. Are you currently enrolled in or have you ever been enrolled in one of the following programs administered by Council on Aging (check all that apply)? *

- Elderly Services Program
- PASSPORT
- Assisted Living Waiver
- MyCare Ohio (Aetna or Molina)
- Caregiver Support Program
- FastTrack Home
- Specialized Recovery Services Program
- I am not and have never been enrolled in a program administered by Council on Aging.
- Prefer not to say
- Other: _____

34. How would you best describe the area you live in? *

- Urban
- Suburban
- Rural
- Prefer not to say

END OF NEEDS ASSESSMENT

Please return your completed needs assessment to:

Council on Aging, ATTN: Needs Assessment
4601 Malsbary Road, Blue Ash, OH 45242