

2019 Hebrew Senior Care's Community Health Benefit Survey

Hebrew Senior Care is collecting information through this short health needs questionnaire in order to better understand the communities that we serve. Please read each question carefully and respond honestly. At the end of the survey you have a chance to provide us any additional feedback. We thank you for taking the time to share your thoughts about Hebrew Senior Care and the needs of your community. Please be aware that all surveys are considered anonymous.

Demographic Information

1. Check the category that best describes you:
 Caregiver for person age 60 & older Family
 member of person age 60 & older
 Community member age 60 & older
 Community member below age 60
 Employee of agency that serves individuals age 60 & older
 Physician who serves individuals age 60 & older
 Other (please specify)

2. Please tell us what city, state and zip code you live in _____.
3. Gender : Male Female
4. What is your race?
 White Black/African American American Indian Asian Hispanic or Latino Other _____

Health Behaviors – Please circle the correct answer

1. During the past 12 months have you or anyone in your family received counseling? Yes No

2. During the past 12 months has your family participated in any type of group counseling or individual therapy? Yes No

3. Are you currently concerned about the mental or emotional health of someone in your household? Yes No

4. Have you ever been told by your doctor that you have one of the following conditions:
(Circle all that apply)

Depression	Lewy Body Dementia
Bi-polar	ALS
Dementia	Substance Abuse Issues
Alzheimer's disease	Schizophrenia

5. Do you have an older adult (age 50 or older) who you are responsible for their health care decisions? Yes No

6. Do you receive help or respite relief from care giving? Yes No

7. Do you experience loneliness? Yes No

8. Do you have concerns about safety in the house? Yes No

9. If you are a caregiver do you feel overwhelmed? Yes No

Medical Care and Services

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| 10. Do you or a household member have a mental health care need? | Yes | No |
| 10a. Do you or household member have access to a mental health specialist? | Yes | No |
| 10b. Do you or household member have access to a substance abuse counselor? | Yes | No |
| 11. Have you or anyone in your household had trouble securing an appointment for a cognitive assessment? | Yes | No |
| 12. Have you or anyone in your household had any difficulty finding a geriatrician? | | |
| 13. Are you aware of basic services available to help caregivers? | Yes | No |
| 14. Do you need assistance with meeting your basic food needs? | Yes | No |
| 15. Do you visit a local food pantry? | Yes | No |
| 16. What health or community services should Hebrew Senior Care be providing that currently are not provided: | | |
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17. In your opinion, what do you think are the most pressing health problems in your community (check all that apply)

- Access to wellness, disease prevention, and on-going health services.
- Difficulty understanding Medicare/Medicare Part D
- Difficulty understanding age-related illnesses
- Mental Health
- Lack of transportation to health care services
- Homecare for those with limitation in their daily activities of living.
- Homecare for those with mental illness
- Senior Day Center Services
- Adequate social interaction
- Access to a Geriatrician
- Wait time for a cognitive assessment
- Affordable Assisted Living
- Support Groups
- Other _____

