2025 Hebrew Senior Care's Community Health Benefit Survey

Hebrew Senior Care is collecting information through this short health needs questionnaire to better understand the communities that we serve. 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 our 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. Do you have an older adult (age 50 or older) who you are responsible for their health care decisions? Yes No
5. Do you receive help or respite relief from care giving? Yes No
6. Do you experience loneliness? Yes No
7. Do you have concerns about safety in the house? Yes No
8. If you are a caregiver do you feel overwhelmed? Yes No
9. Have you considered using an Adult Day Center in the past twelve months? Yes No

Medical Care and Services

10. Do you or a household member have a mental health care need? Yes No

11. Do you or household member have access to a mental health specialist? Yes No

12. Have you or anyone in your household had trouble securing an appointment for a cognitive assessment? Yes No

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 age-related illnesses
- ☐ Mental Health
- ☐ Lack of transportation to health care services
- ☐ Senior Day Center Services
- ☐ Adequate social interaction
- ☐ Wait time for a cognitive assessment
- ☐ Support Groups
- ☐ Other_____

We welcome any additional comments.

Your responses are extremely valuable, and we appreciate your feedback.

If you have any questions, please feel free to contact:

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