

A Report to the Nebraska State Unit on Aging

Perspectives of Nebraskans Age 50 and Older

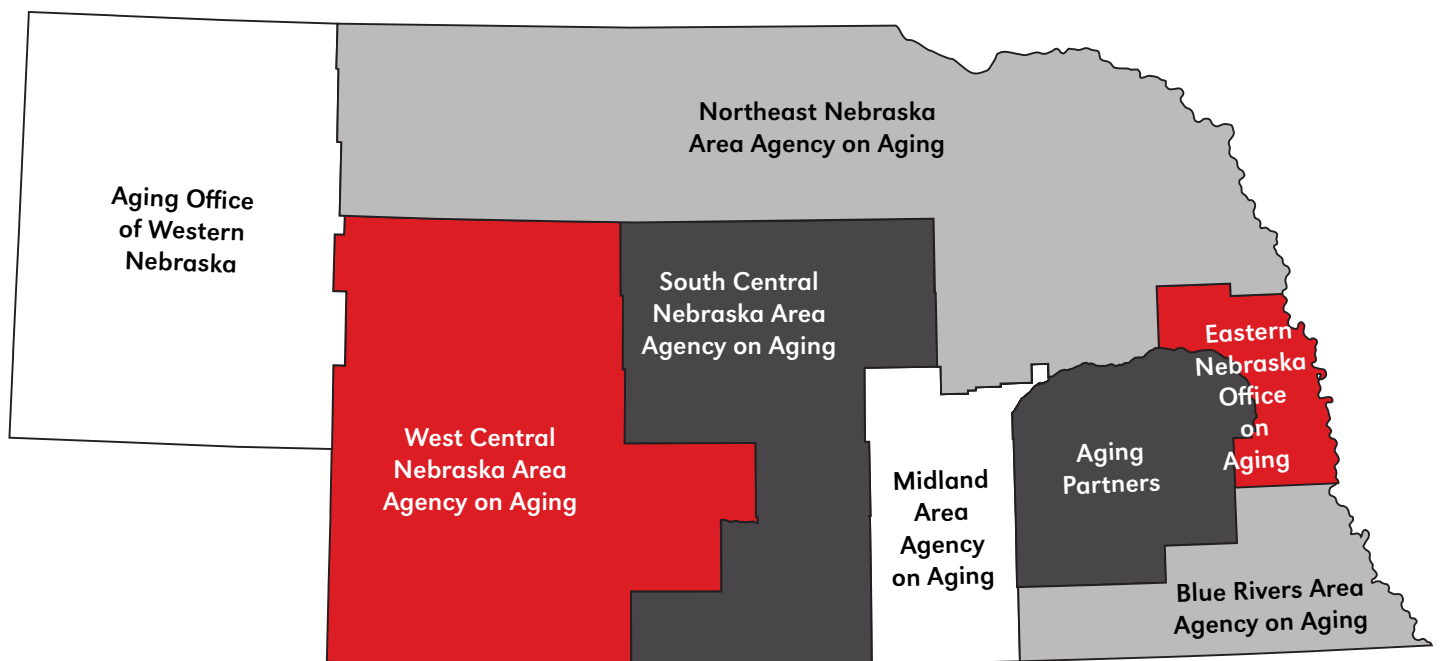


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RESEARCH TEAM AND REPORT AUTHORS

Christopher Kelly, Ph.D., professor and chair, UNO Department of Gerontology

Julie Masters, Ph.D., professor and Terry Haney Chair of Gerontology, UNO Department of Gerontology

Lindsay Wilkinson, Ph.D., associate professor, UNO Department of Gerontology

Josie Schafer, Ph.D., director, UNO Center for Public Affairs Research

Tara Grell, graphic designer, UNO Center for Public Affairs Research

RESEARCH SUPPORT TEAM

Monica Bolin, Champion of Aging (a program of Home Instead)

Lauren O'Leary, research assistant, UNL Gerontology

Mollie George, graduate assistant and doctoral student, UNO Department of Gerontology

Ken Hites, graduate assistant and doctoral student, UNO Department of Gerontology

ACKNOWLEDGMENTS

AREA AGENCY ON AGING DIRECTORS AND STAFF MEMBERS

AGING OFFICE OF WESTERN NEBRASKA

Cheryl Brunz, executive director; Debi Berndt, caregiver coordinator; Laura Block, administrative assistant; Samantha Clark, service coordinator; Tena Cline, service coordinator; Mandy Fertig, Aging and Disability Resource Center options counselor; Patrick Fleeman, service coordinator; Morgan Gardner, resource developer/care manager; Carol Hauck, bookkeeper; Mechelle Jones, resource developer/care manager; Anne Marie Lauderdale, waiver supervisor; Amy Longmore, service coordinator; Natalya Malakhova, service coordinator; Scott Stockwell, fiscal coordinator; Samantha Williams, nutrition coordinator

AGING PARTNERS

Randall Jones, executive director; Beth Schuster, community activities and services supervisor; Jenny Turechek, community activities and services ASIV; Diana Kozisek, assistant, Butler County Senior Services; Diana McDonald, director, Butler County Senior Services

BLUE RIVERS AREA AGENCY ON AGING

Carla Frase, director; Beth Williams, fiscal officer/HR manager; Donna Kruse, librarian, Nebraska City Public Library

EASTERN NEBRASKA OFFICE ON AGING

Trish Bergman, executive director; Mary Ann Eusebio, division director, information and assistance, Aging and Disability Resource Center; Carol Gleason, fiscal officer; Mary Parker, division director, volunteer services; Diane Stanton, deputy director; Leola Jones, senior center manager, Adams Park Community Center; Dawn Jaixen, assistant manager, Bellevue Senior Community Center; Kathy Van Den Top, manager, Bellevue Senior Community Center; Laurie Harms, manager, Fremont Senior Center

MIDLAND AREA AGENCY ON AGING

Casey Muzic, executive director; Tina Broekemeier, site supervisor, Merrick County Senior Services

Center; Dana Kirby, executive director, Grand Generation Senior Center; Sara Sherman, activity manager, Grand Generation Center

NORTHEAST NEBRASKA AREA AGENCY ON AGING

Connie Cooper, executive director; Cheryl Gesell, manager, Norfolk Senior Center; Michele Bentz, administrative assistant, Norfolk Senior Center; Ellen Froning, manager, Valentine Senior Center

SOUTH CENTRAL NEBRASKA AREA AGENCY ON AGING

Rod Horsley, executive director; Deb Eirich, senior service coordinator; Tammey Frick, resource developer; Carla Scott-Copple, caregiver coordinator; Denise Smith, director, Phelps County Senior Center

WEST CENTRAL NEBRASKA AREA AGENCY ON AGING

Erin Arensdorf, executive director; Beth Siegfried, director, City of McCook Senior Services; Becky Blume, director, North Platte Senior Center

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Source: U.S. Census Bureau. 2020

EXECUTIVE SUMMARY

At the request of the Nebraska State Unit on Aging, the research team compiled information to gain an understanding of the needs of Nebraskans age 50 and older now and in the future. We solicited information about important concerns they face and the programs and services designed to address them.

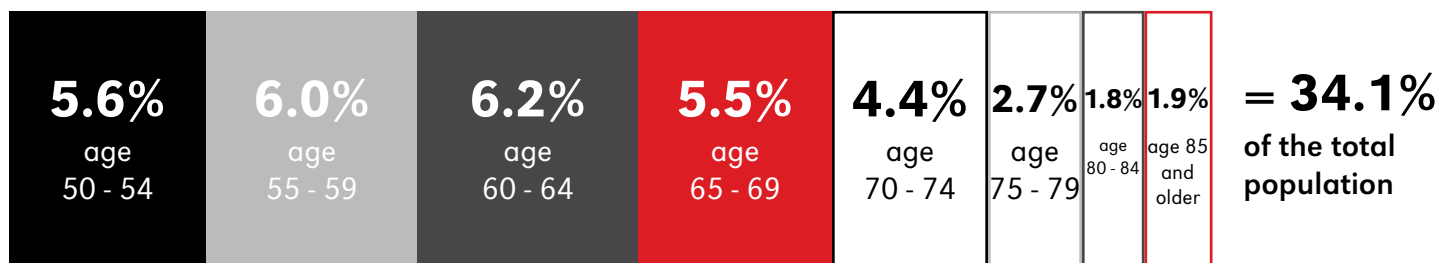
The research team also analyzed U.S. Census Bureau data for the State of Nebraska from the 2021 Population and Housing Units Estimate Program. Our analyses of the state's demographic profile indicated that more than one-third (34%) of Nebraska's population in 2021 was age 50 and older, with higher concentrations of individuals age 50 and older in rural counties and higher concentrations of individuals age 49 and younger in urban and suburban counties. The state's population age 50 and older is predominantly White, non-Latino (88%).



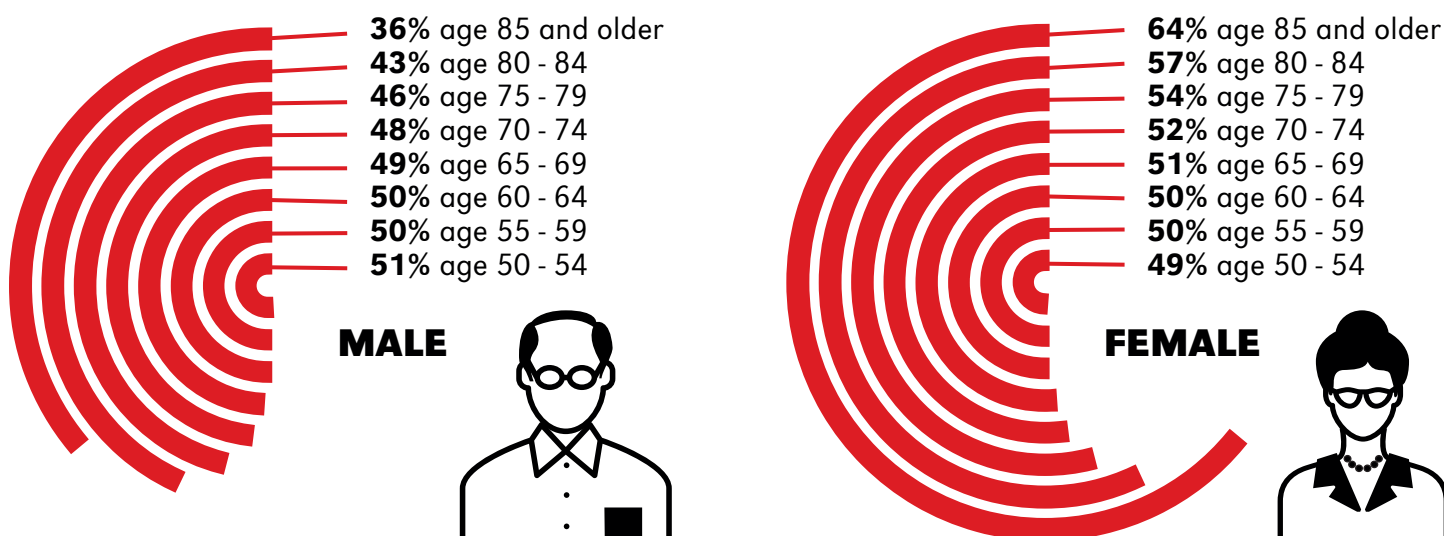
43% are age 50 and older in nonmetro counties

33% are age 50 and older in metro counties

Percent of Nebraska's total population age 50 and older



Percent of Nebraska's population in 2021 age 50 and older by gender



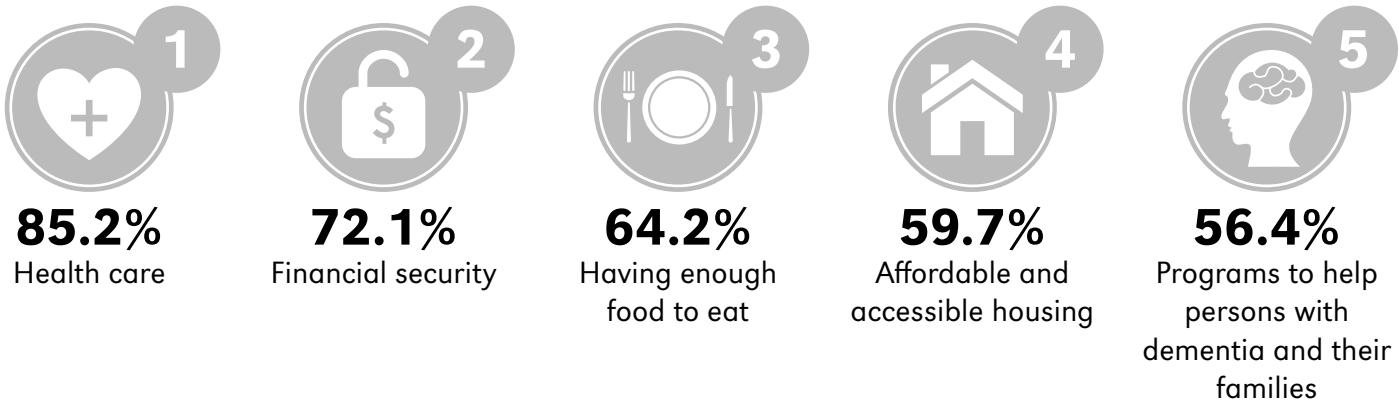
The research team then collected survey data in two stages. In the first stage, 2,200 randomly selected Nebraskans age 50 and older were asked to complete survey questions either on paper or online (via Qualtrics). We collected 569 completed surveys (a 26% return rate), with more than three-fourths completed on paper and mailed. In the second stage, the research team conducted listening sessions in 19 communities across Nebraska’s eight Area Agency on Aging (AAA) service areas. A total of 271 community members participated in these listening sessions, along with AAA staff.

Survey results are highlighted in the graphics below. Listening session participants cited both cost and access to physicians and other health care providers, the rising cost of gas and groceries, the high cost and/or low access to in-home supports such as home modifications and handyman services, and to caregiver supports such as home health, personal care, respite, and hospice as obstacles.

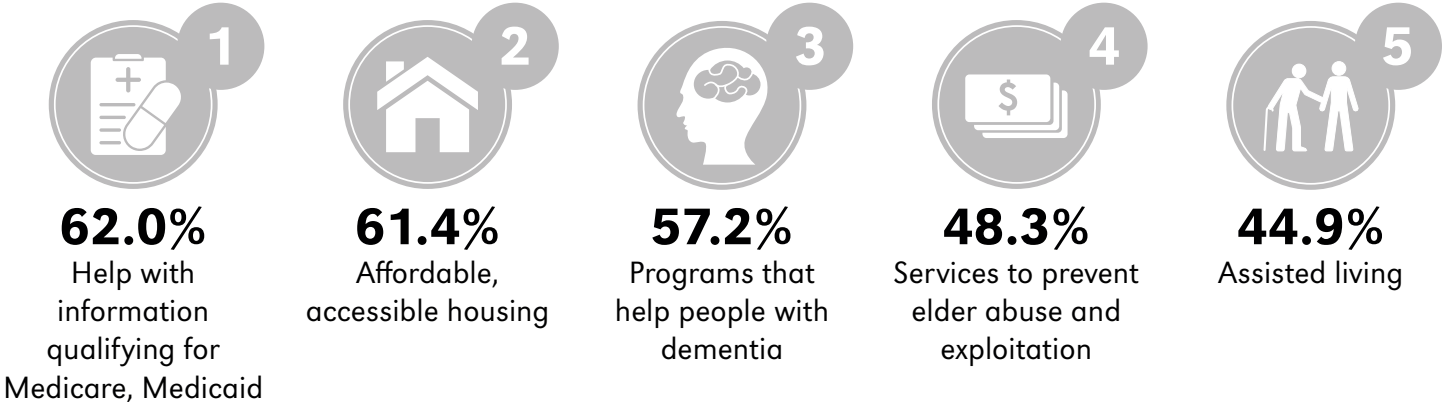
Survey respondents and listening session participants viewed existing aging programs and services as vital in the present and were concerned about the future of these services due to workforce shortages. Feedback from surveys and listening sessions highlight several potential next steps. These include how to encourage people to access resources and services from the AAAs, suggestions on future support, and finding ways to continue interacting with older adults in Nebraska in the future.



Top 5 concerns survey respondents rated as very important to Nebraska’s aging adults



Top 5 services survey respondents believe are very important to the quality of life for aging Nebraskans



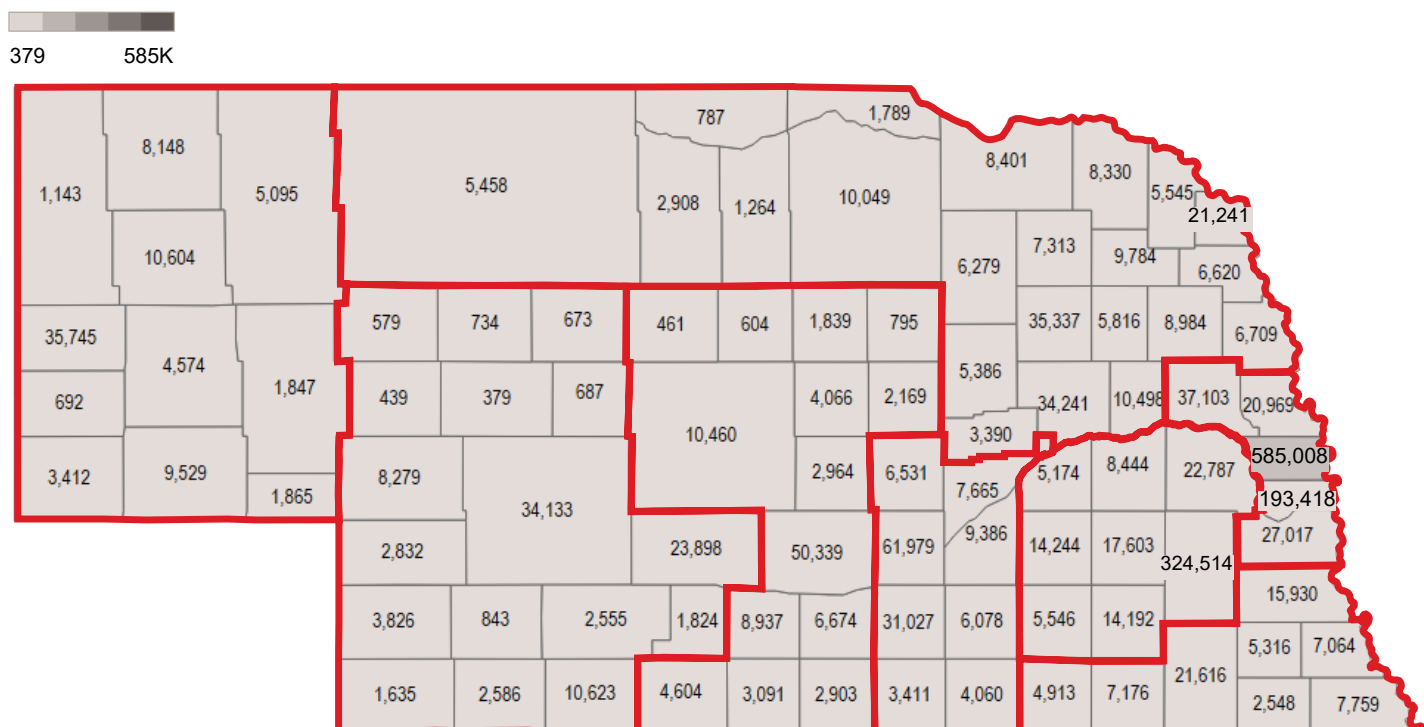
SECTION 1: NEBRASKA AGING POPULATION ESTIMATES

In Nebraska in 2021, 672,005 persons, or 34% of the total state population, are estimated to be age 50 and older. The number of Nebraskans age 50 and older has been on the rise as the baby boomer generation has entered the age bracket of interest. In fact, in 2010 those age 50 and older were only 32% of the state population. With aging on the rise nationally and in Nebraska, understanding the demographics of this cohort is critical. This section provides a brief review of those demographics to assist the State Unit on Aging and the Area Agencies on Aging when planning services for the present and future.

ESTIMATES OF THE POPULATION AGE 50 AND OLDER

This section provides data on the total population, total estimate of the population age 50 years and over, and the percent of the population, in five-year cohorts of persons from age 50 to age 85 and above by county in Nebraska. As noted, 34% of the state population is age 50 and over, but the variation from county to county is notable. Thurston County, Nebraska has a low of 27% of the population age 50 years and older and Keya Paha County, Nebraska has a high of 54%. Many of the counties that are population centers in the state, including Sarpy, Lancaster, and Douglas County are on the low end of the scale. On average in the state, the largest of the five-year age groups of those 50 and older are those age 60 to 64. The data provided is UNO Center for Public Affairs Research (CPAR) analysis of the U.S. Census Bureau's Population and Housing Units Estimates for the year 2021.

Figure 1. Total population by county



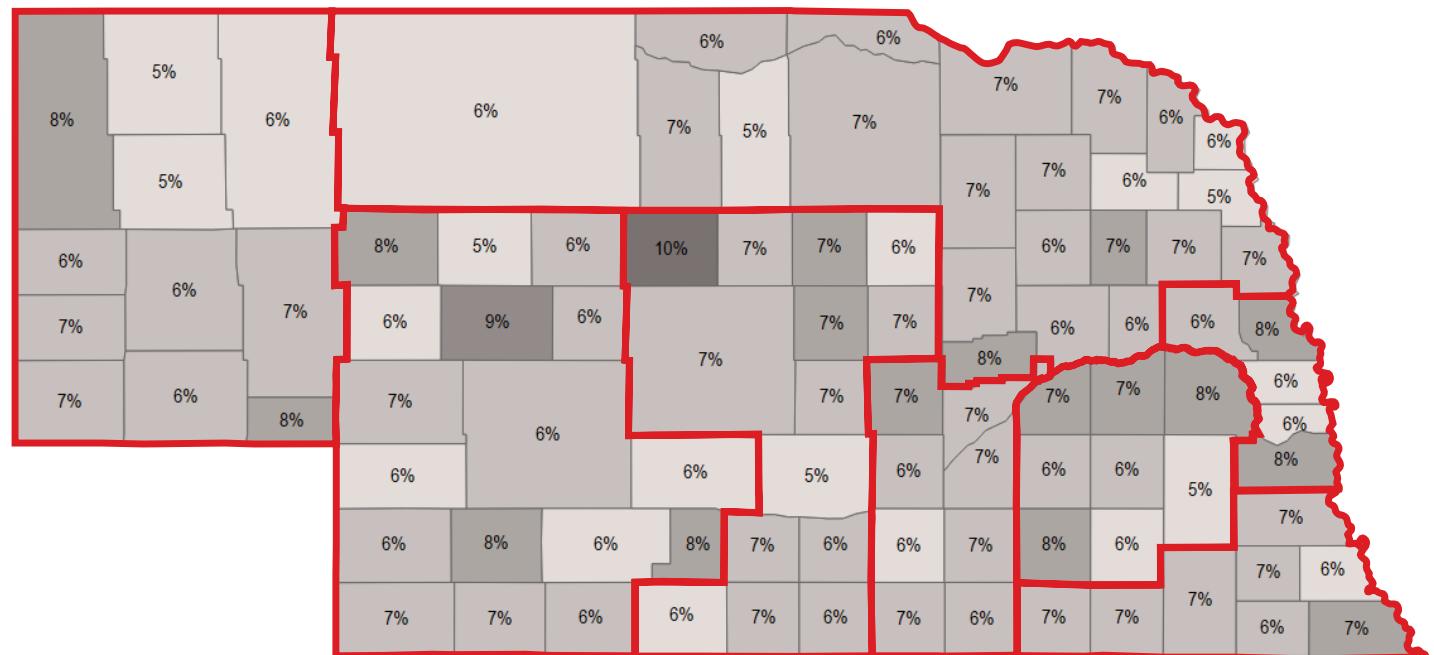
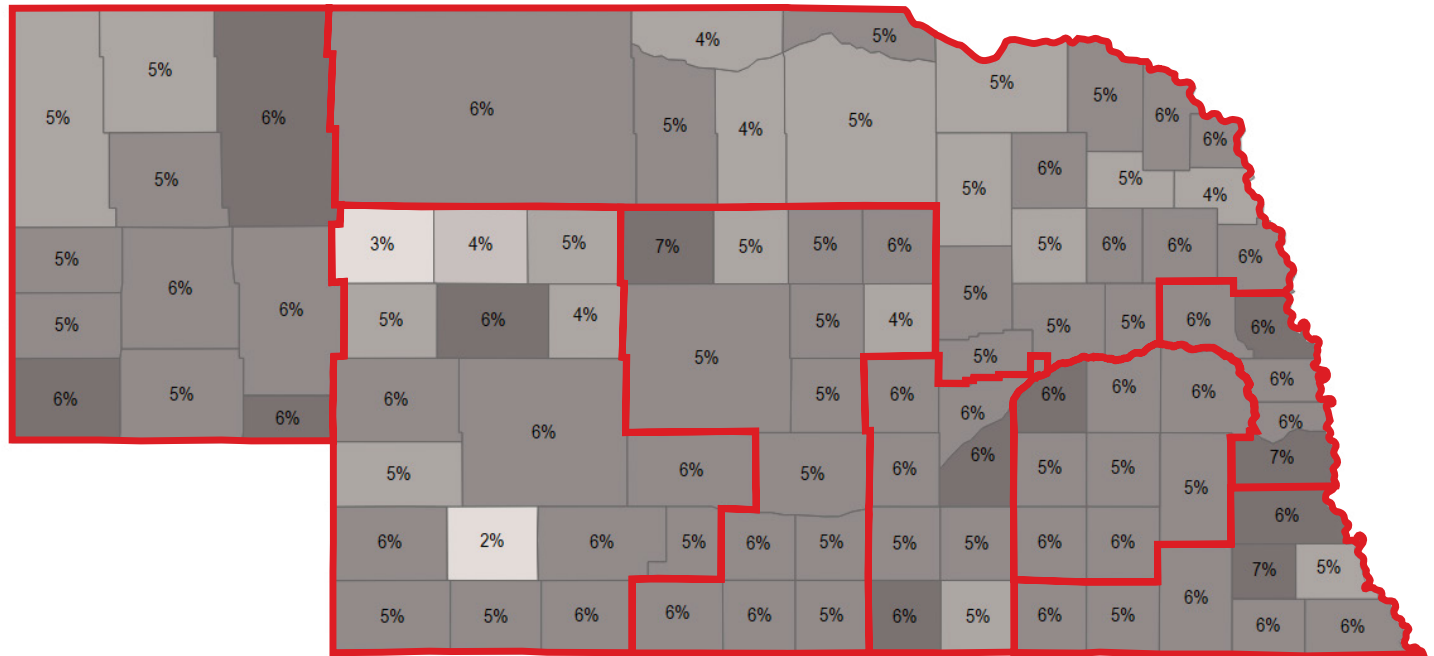
161 181K

589 2,957 2,340 2,266 422 923 3,716 3,563 2,276 6,635 2,767 2,892 3,229 1,788 13,595 1,897 956 256 338 302 219 304 925 405 12,434 2,336 3,746 2,988 309 1,632 3,940 934 161 191 288 4,400 1,792 972 2,360 12,345 3,310 14,034 8,323 4,015 13,617 8,236 16,047 20,668 1,427 2,697 1,454 2,290 3,487 8,927 181,209 57,592 1,189 1,575 401 1,141 851 3,552 2,617 11,515 2,496 2,497 4,725 100,369 10,790 6,474 766 1,173 4,320 2,084 1,519 1,396 1,491 1,966 2,233 3,190 9,177 2,093 2,651 1,230 3,568

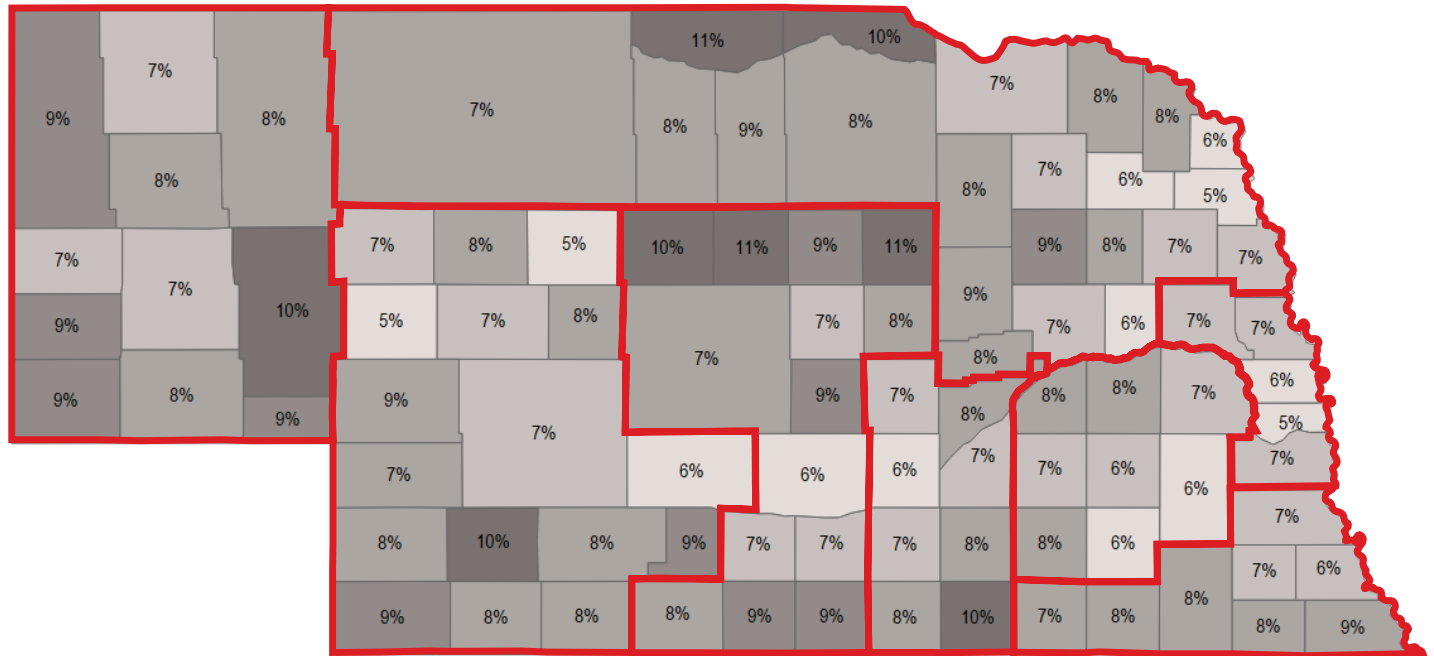
27% 54%

52% 36% 46% 42% 54% 52% 44% 43% 41% 31% 27% 44% 40% 33% 35% 40% 42% 45% 44% 36% 32% 38% 40% 48% 41% 50% 42% 44% 45% 43% 42% 41% 39% 36% 31% 40% 41% 38% 46% 47% 49% 48% 44% 45% 42% 48% 39% 38% 41% 45% 47% 41% 45% 44% 48% 42% 47% 45% 41% 45% 49% 48% 44% 48% 45% 44% 42% 48% 46%

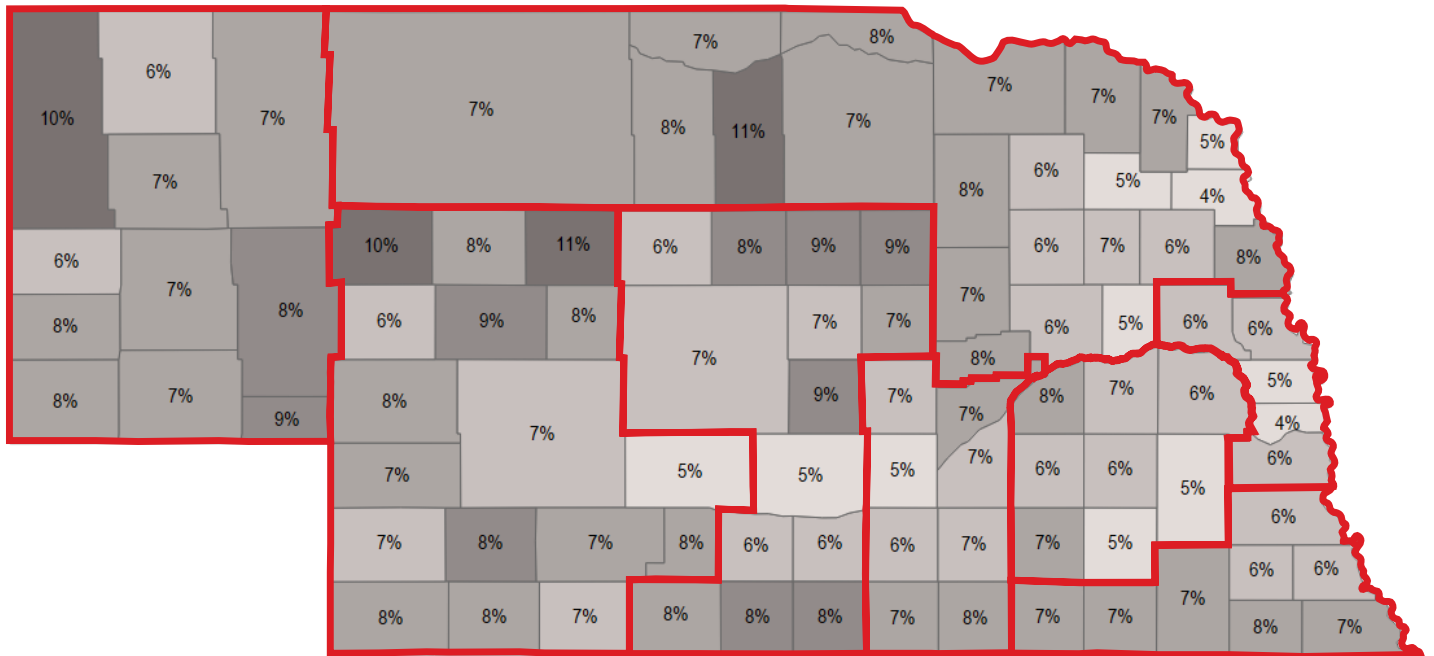
A horizontal bar chart with five segments of increasing darkness from left to right. The first segment is lightest, and the fifth is darkest. Below the first segment is the label '2%' and below the fifth segment is the label '7%'.



5% 11%



4% 11%



3% 9%

8% 5% 7% 5% 6% 8% 6% 9% 6% 6% 6% 5% 4% 3% 6% 5% 5% 4% 3% 5% 5% 4% 3% 5% 5% 4% 6% 7% 6% 5% 4% 5% 5% 4% 6% 7% 8% 5% 7% 7% 5% 7% 7% 5% 7% 6% 7% 6%

2% 6%

The map displays the percentage of the population aged 65 and over in 2011 for various administrative areas in the United Kingdom. The areas are shaded in grayscale, with darker shades representing higher percentages. The map is outlined with a thick red border.

Legend: 2% 6%

Percentage values shown on the map include: 2%, 3%, 4%, 5%, and 6%.

Figure 10. Percent of population age 80 - 84

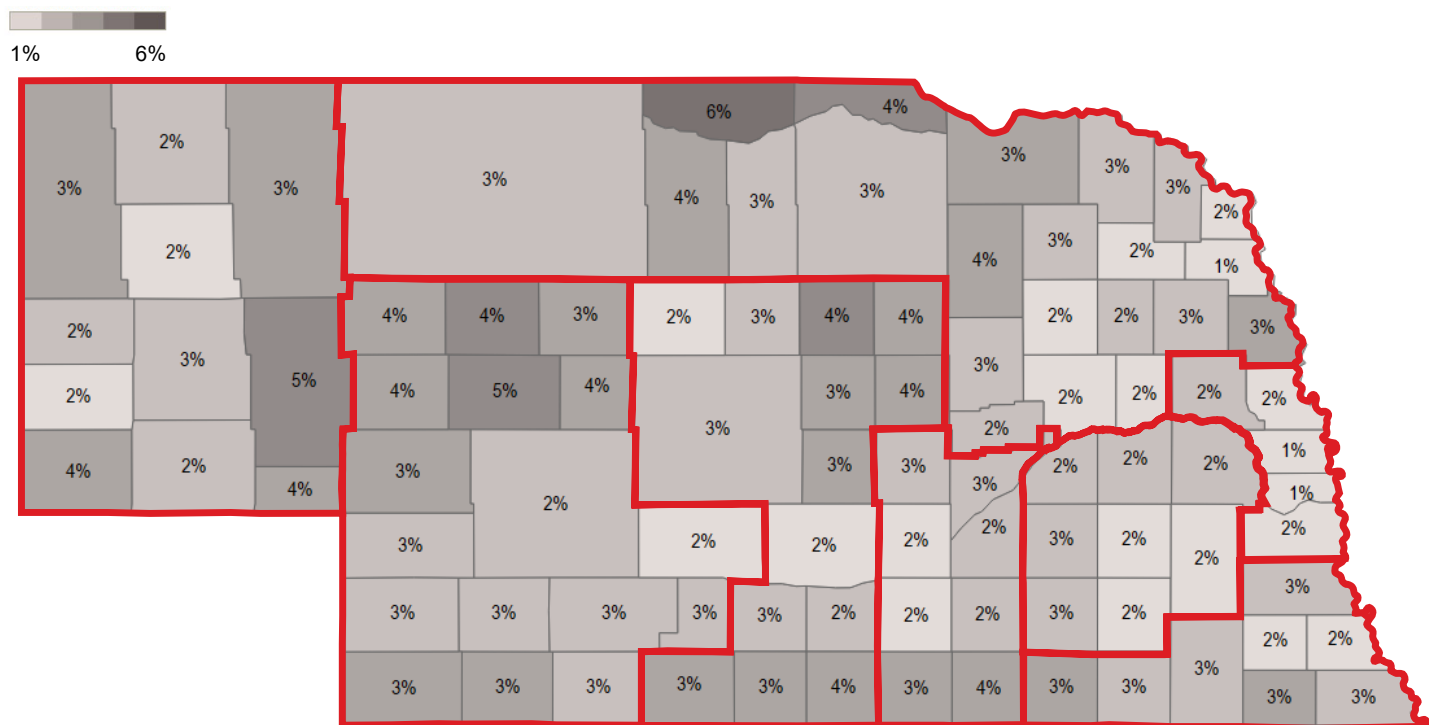
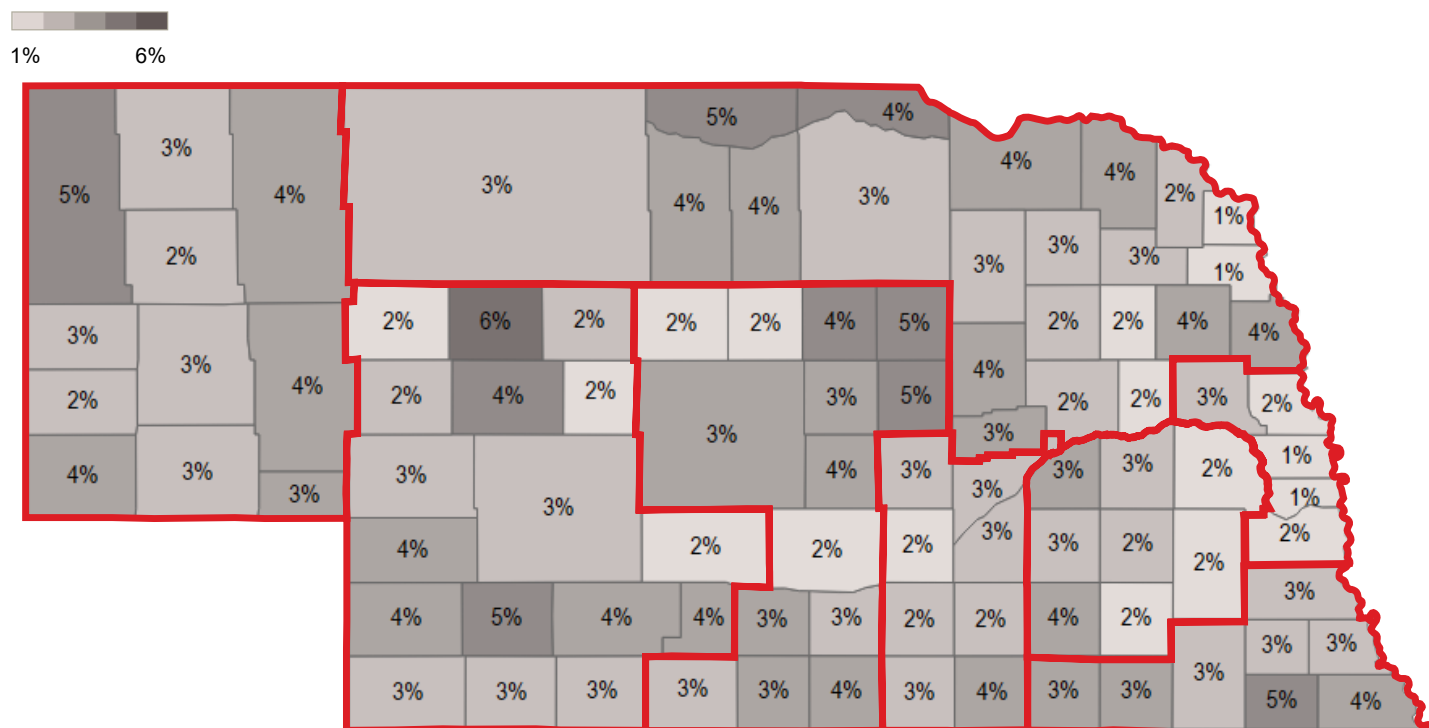


Figure 11. Percent of population age 85 and older



AGE 50 AND OLDER BY GENDER

The proportion of the population that is male compared to female is consistent from county to county and for those age 50 to 54, 55 to 59, and 60 to 64. Beginning in those age 65 to 69 a decrease in the male population becomes apparent and deepens over time. A table of the statewide percentages of the male and female population by five-year age cohorts is provided. The data provided is UNO CPAR analysis of the U.S. Census Bureau’s Population and Housing Units Estimates for the year 2021.

Table 1. Comparison of the percent of population by gender and age cohorts of Nebraskans age 50 and older

Age	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 and older
Percent Male	51%	50%	50%	49%	48%	46%	43%	36%
Percent Female	49%	50%	50%	51%	52%	54%	57%	64%

AGE 50 AND OLDER BY RACE AND ETHNICITY

The population age 50 and older statewide, like all age groups in Nebraska, is still predominantly White, non-Latino, 88%. However, variation in racial and ethnic identity of the population age 50 years and older exists. For example, Douglas County has the highest percentage of the population age 50 and over that identifies as Black (9%), Thurston County has the highest percentage of persons age 50 and older that are Native American (37%) and Colfax County has the highest percentage of persons age 50 and older that are ethnically Latino (23%). As a result, data on the percent of the population that is age 50 and older by racial groups, including Black, Native American or Alaska Native, and Asian, are provided by county. The percent of the population age 50 and older and ethnically Latino is also provided by county. Data on these racial and ethnic groups will not add up to 100% as there are additional categories that this population identifies as, but the numbers are small and thus not included. The data provided is UNO CPAR analysis of the U.S. Census Bureau’s Population and Housing Units Estimates for the year 2021.

Note: Race and Latino ethnicity are distinct demographic concepts collected and reported distinctly by the U.S. Census Bureau. Data on five racial groups and a sixth “other” category are collected. Respondents can also choose to identify as two or more races. For ethnicity, the U.S. Census Bureau asks respondents if they are ethnically “Hispanic or Latino,” or not. People that identity as Latino can be of any race. In Nebraska, the Latino population largely identifies as racially White (over 86%). As a result, in the following figures we provide data on all racial groups collective of ethnicity except for White. We distinguish White not Latino and Latino of any race. This is consistent with how the U.S. Census Bureau generally reports race and ethnicity data in popular reporting such as the Quick Facts program.

60% 99%

97% 90% 89% 93% 99% 98% 92% 98% 91% 69% 60%

82% 91% 97% 97% 97% 95% 95% 98% 98% 98% 89% 96% 95% 96%

94% 89% 95% 98% 98% 97% 97% 98% 99% 89% 74% 92% 98%

91% 94% 94% 94% 93% 97% 98% 97% 97% 96% 97% 98% 81% 88%

97% 93% 75% 93% 81% 98% 96% 97% 98% 90% 96%

91% 96% 98% 96% 96% 96% 92% 95% 97% 84% 97% 89% 97%

95% 97% 96% 96% 97% 98% 96% 97% 98% 96% 97% 97% 95%

The map displays the distribution of the elderly population across the United States at the county level. The legend indicates a range from 0% to 9%. California, outlined in red, shows significant regional variation, with some counties in the central and eastern parts reaching up to 9%.

[illegible][illegible]

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Table 2 - Comparison of the percent of population that is White, non-Latino by age cohorts of Nebraskans age 50 and older

Age	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 and older
Percent that identify as White, non-Latino	81%	85%	88%	90%	92%	92%	93%	94%



Sidney



McCook



Beatrice



Nebraska City



North Omaha



Holdrege



North Platte



Bellevue

SECTION 2: SURVEY RESULTS AND LISTENING SESSIONS

INTRODUCTION

The purposes of this section are: 1) to understand and describe the perspectives of Nebraskans age 50 and older including the needs facing older adults in the state and on the programs and services intended to address those needs, and 2) to support planning efforts by the State Unit on Aging (SUA) and the Area Agencies on Aging (AAAs). To address these aims, we gathered information in two stages: 1) surveys, completed online using Qualtrics Survey Software or on paper and mailed and 2) listening sessions held in 19 locations across the eight AAA regions in Nebraska.

The first stage of our data collection consisted of internet and mail surveys, developed by the UNO Gerontology research team, and completed by Nebraska households with at least one person age 50 and older. Monica Bolin reviewed the most recent reports by 47 SUAs, which she obtained from state government websites, focusing on those reports that included surveys of state residents. The research team, assisted by Monica Bolin, adopted selected questions from these state surveys, most notably from Alaska's survey, which we felt best matched the items that were most important in Nebraska.

The research team then developed the 2022 Nebraska Survey, a 43-question and 245-item questionnaire. The survey was designed to assess the current and future needs of older Nebraskans and understand the level of awareness among this target population of the support services that are designed to address those needs. We sent 2,200 randomly selected Nebraskans 50 and older an initial postcard inviting them to complete a survey online. We later followed up with a second postcard inviting those who had not yet completed the online (Qualtrics) survey to do so. The research team then sent out paper copies of the survey to persons who had not yet responded. Paper surveys were then returned to the university and data were entered by the research support team on the Lincoln campus. Sample postcards and the survey are in the report appendices.

In the second stage, the research team, assisted by Lauren O'Leary, Mollie George, and Ken Hites, conducted listening sessions in 19 locations, primarily in senior centers. At least two sessions were held in each of Nebraska's eight AAA regions: 1) Aging Office of Western Nebraska (AOWN): Chadron, Gering, and Sidney; 2) Aging Partners: David City and Lincoln; 3) Blue Rivers Area Agency on Aging (BRAAA): Beatrice and Nebraska City; 4) Eastern Nebraska Office on Aging (ENOA): Bellevue, Fremont, North Omaha, and Omaha; 5) Midland Area Agency on Aging (MAAA): Central City and Grand Island; 6) Northeast Nebraska Area Agency on Aging (NENAAA): Norfolk and Valentine; 7) South Central Nebraska Area Agency on Aging (SCNAAA): Holdrege and Kearney; and 8) West Central Nebraska Area Agency on Aging (WCNAAA): McCook and North Platte.

ONLINE AND MAIL SURVEY RESULTS

DEMOGRAPHICS

In terms of county of residence, the highest proportion of survey respondents reported that they lived in Douglas County (25.0%), followed by Lancaster County (13.3%) and Sarpy County (8.8%). However, when describing their area of residence, more than one-third (35.7%) said they lived in a small city or town, followed by 33.2% who reported they lived in a large city, 18.4% who reported living in a rural area, and 12.4% who reported living in a suburb near a large city.

The reported age of survey respondents ranged from 50 to 96 years. The mean age was 69 years. Four-fifths (80.1%) of the sample said they were age 60 or older; 7.1% reported that they were age 85 or older. More than three-fifths of this sample (61.0%) reported their gender as female; 39.0% said they were male.

More than 90% of respondents (96.9%) identified their race as White; 2.2% reported they were Black or African American, 0.2% American Indian or Native American, and 0.7% identified as two or more races. Less than three percent (2.4%) of survey respondents said they were of Hispanic, Latino, or Spanish ethnicity.

More than two-thirds of survey respondents (68.8%) reported being married, with 13.0% widowed, and 9.1% separated/divorced, representing the second and third highest proportions, in terms of marital status. More than two-thirds of this sample (71.0%) lived with their spouse, 9.8% of this sample lived with one or more adult children, and nearly one-quarter (23.1%) of survey respondents reported living alone.

Nearly nine in 10 survey respondents (88.0%) reported that they live in a house or condominium that they or a family member own. More than four-fifths (80.9%) of survey respondents expect to be living in the same home five years from now.

Finally, we asked survey respondents if they have relatives or friends (besides their husband, wife, or partner) who would be willing and able to help them over a long period of time. Less than half (49.1%) said they did, while 29.9% said they did not, and 21.0% said they did not know.

Figure 1. Suppose in the future you needed help with basic personal activities like eating or dressing. Do you have relatives or friends (besides your husband/wife/partner) who would be willing and able to help you over a long period of time?

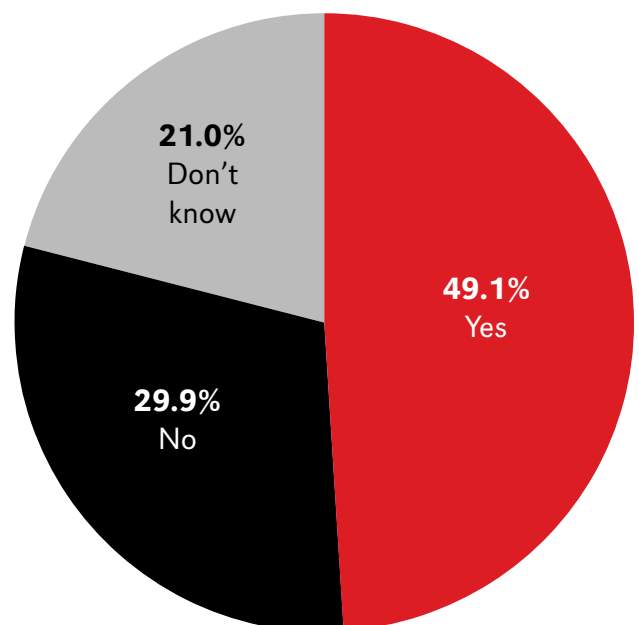
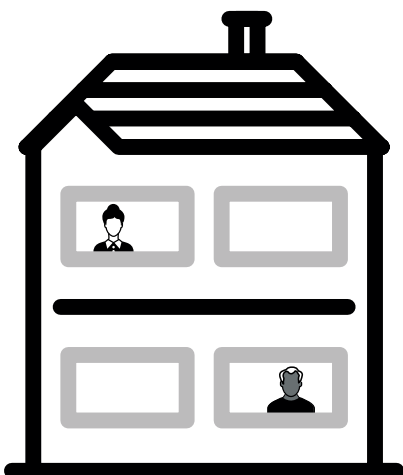


Table 1. Demographics of survey respondents

QUESTION	PERCENT OR MEAN
What is your age?	
Range: 50-96	68.6
What is your gender?	
Female	61.0%
Male	39.0%
What is your race?	
White	96.9%
Black or African American	2.2%
American Indian or Native American	0.2%
Asian	0.0%
Native Hawaiian or Pacific Islander	0.0%
Two or more races	0.7%
Are you of Hispanic, Latino, or Spanish origin such as Mexican, Puerto Rican, Cuban, or others?	
Yes	2.4%
No	97.6%
What is your marital status?	
Single/never married	7.3%
Married	68.8%
Domestic partnership/living with partner (not legally married)	1.8%
Separated/divorced	9.1%
Widowed	13.0%
Besides yourself, who lives in your household?	
Live alone	23.1%
Other (e.g., spouse, adult child)	77.0%
How many living children do you have?	
Range: 0-10	2.4
Are you currently employed?	
Yes, full-time	30.0%
Yes, part-time	8.0%
No, but I am seeking work	0.7%
No, I am retired	50.0%
Retired, but work occasionally	7.5%
Other	3.8%

QUESTION	PERCENT OR MEAN
Are you self-employed?	
Yes	14.1%
No	85.9%
Are you a farmer or rancher?	
Yes	7.3%
No	92.7%
What are the sources of your household's income? Social Security	
Yes	65.8%
No	34.2%
Is your monthly income enough to meet all your monthly expenses?	
Yes, I have more than enough money to cover my expenses and afford extras like vacations	54.6%
Yes, I have enough to cover living expenses, but very little for anything extra	35.2%
No, some months I don't have enough to cover basic living expenses	8.2%
No, I do not have enough to cover living expenses	2.0%
Do you rely on food pantries or other sources for food?	
Yes	7.1%
No	92.9%
Which of the following BEST describes the place where you now live?	
A large city	33.2%
A suburb near a large city	12.4%
A small city or town	35.7%
A rural area	18.4%
Don't know	0.4%



Where do you expect to be living five years from now?

80.9% – Same home as I live in now

What type of housing do you live in?

88.0% – House/condo that I or a family member own

IMPORTANT CONCERNS AND SERVICES

We asked survey respondents to rate several concerns based on how important they think these are to Nebraska's aging adults. Response options were: very important, important, somewhat important, not important, and don't know. In the first category, health and well-being, 85.2% of survey respondents rated health care as very important, the highest proportion among all the concerns listed. In the second category, economic issues, nearly three-fourths (72.1%) of respondents rated financial security as very important, followed by having enough food to eat (64.2%), and affordable and accessible housing (59.7%). Among concerns in the third category, supportive services, 42.5% of respondents rated the availability of in-home services as very important, followed by transportation, which was rated as very important by 41.8% of the sample. Finally, among concerns in the fourth category, caregiving, 56.4% of respondents rated programs to help persons with dementia and their families as very important.

Next, survey respondents rated different services according to how important they believe these are to the quality of life for aging Nebraskans. In the first service category, housing, 61.4% of survey respondents rated affordable, accessible housing as very important, followed by assisted living (44.9%), and personal care services that help people in their homes (44.9%). In the category of health and well-being, 62.0% of survey respondents described help with information qualifying for Medicare and Medicaid as a very important service. In the supportive services category, nearly half (48.3%) of survey respondents rated services to prevent elder abuse and exploitation as very important. Finally, among caregiving services, 57.2% of survey respondents rated programs that help people with dementia as very important.



Chadron



Kearney



Lincoln

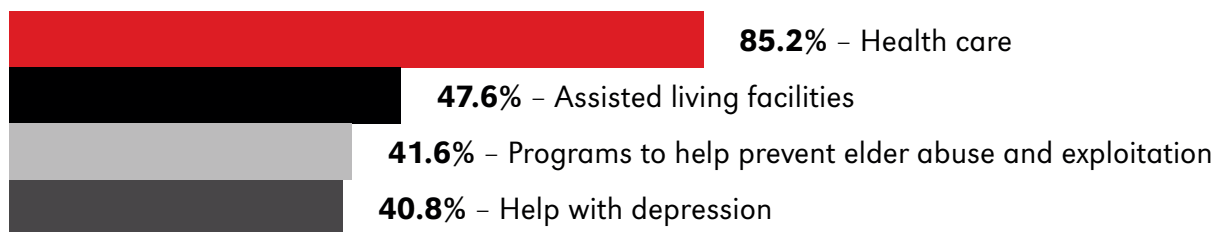


David City

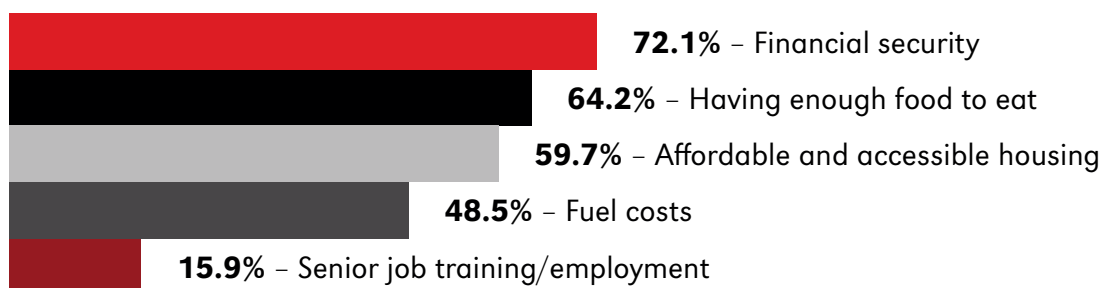
Figure 2. Please rate the following concerns based on how important you think they are to Nebraska's aging adults.

(percentages reflect responding "very important")

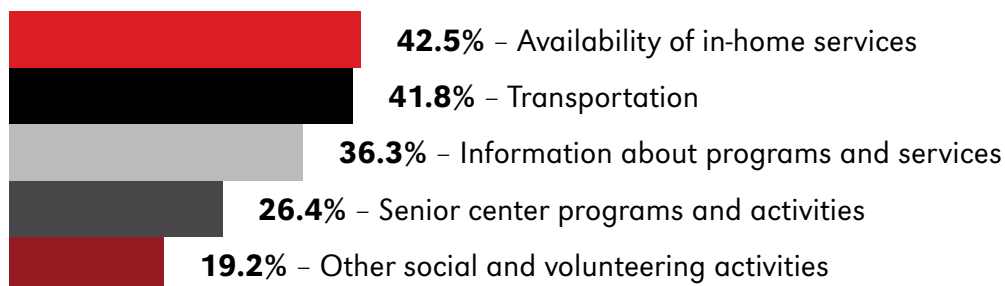
HEALTH AND WELL-BEING



ECONOMIC ISSUES



SUPPORTIVE SERVICES



CAREGIVING

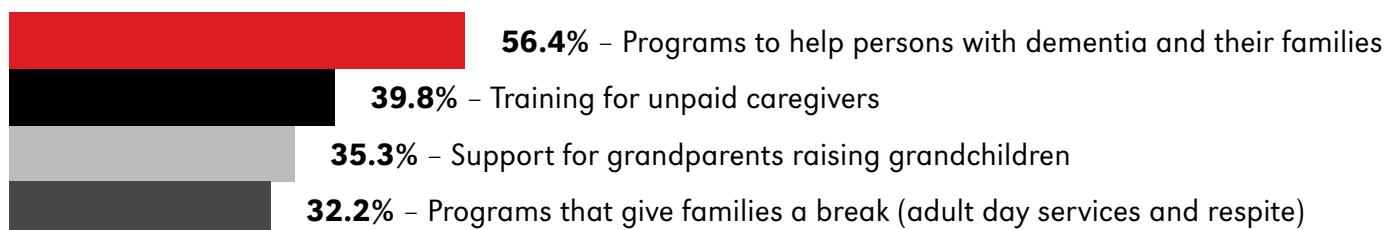
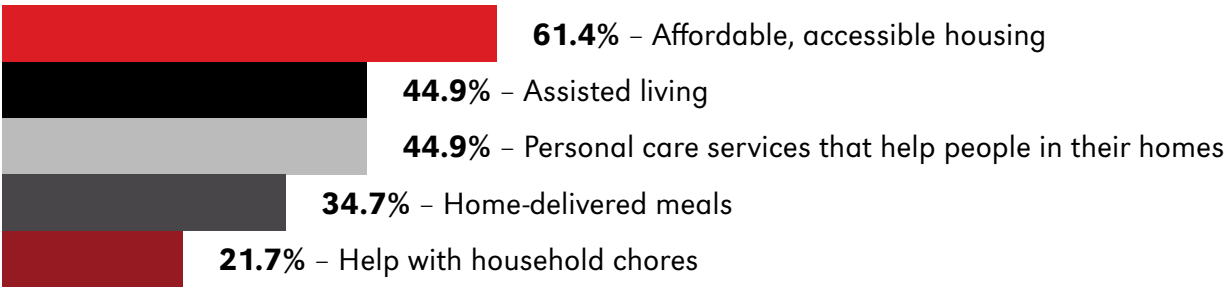
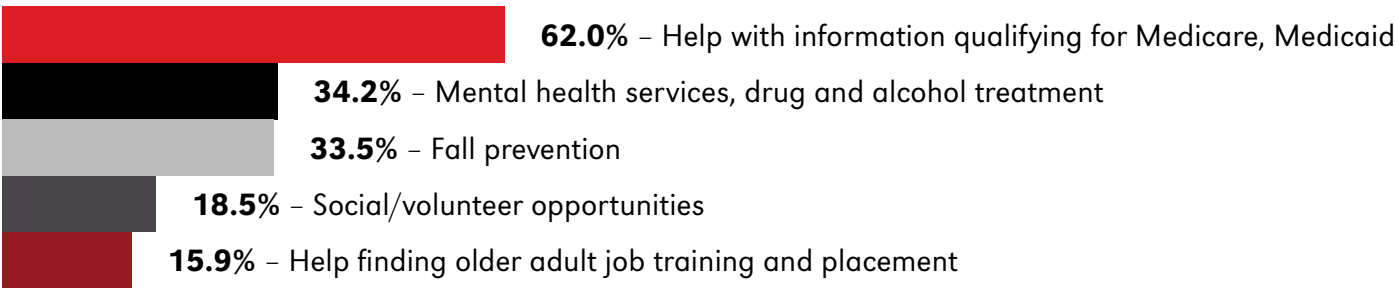


Figure 3. How important do you believe each of the following services is to the quality of life for aging Nebraskans?
(percentages reflect responding “very important”)

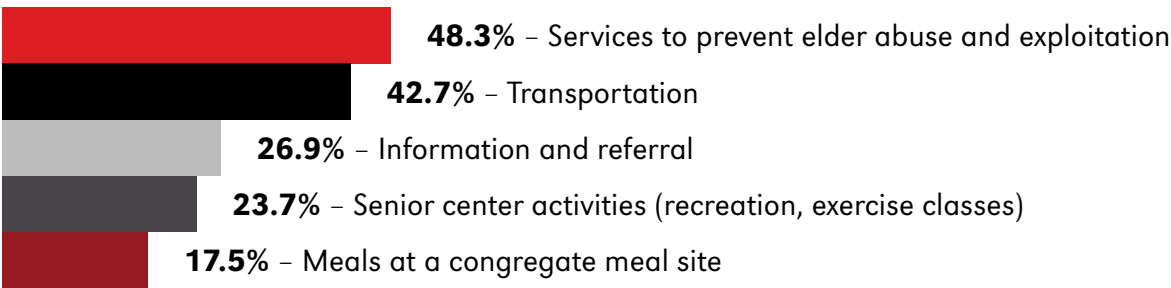
HOUSING



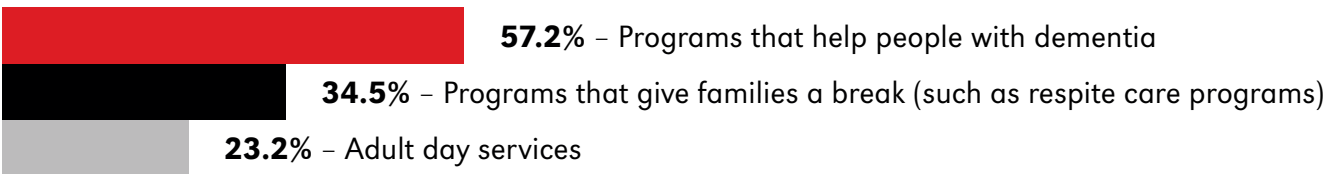
HEALTH AND WELL-BEING



SUPPORTIVE SERVICES



CAREGIVING



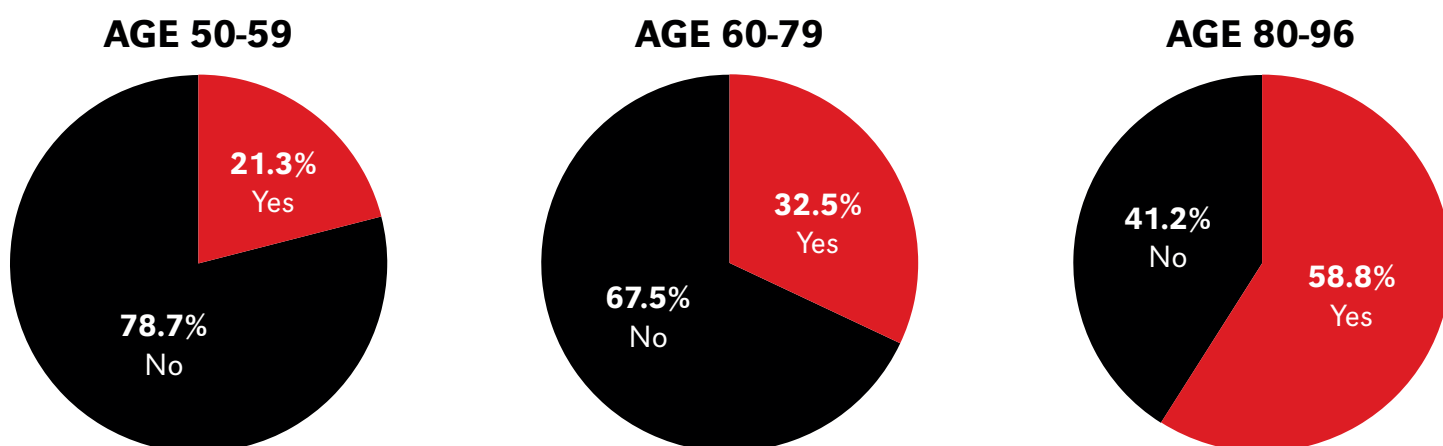
HEALTH AND WELL-BEING

Survey respondents were asked if they have an illness or condition that limits the activities in which they can participate. More than two-thirds (68.3%) responded that they did not. However, this sample of older Nebraskans was a young one (average age 69) and with each increasing age group, the proportion of respondents whose activities are limited by an illness or condition increased. Among respondents age 50-59, 21.3% reported health limitations, while higher proportions were reported by respondents age 60-79 (32.5%) and age 80-96 (58.8%). A small percentage (3.1%) of respondents indicated that the long-term effects of COVID-19 impacted their activities. This was a surprising finding given the proximity of the survey to the pandemic.

Providing home care for a family member or a friend was not a prevalent experience across this sample, in which the mean age was 69. Less than one-fifth of survey respondents (15.7%) provide home care for a family member or a friend. The most common recipient of home care is a spouse or partner age 60 and older (6.0% of all survey respondents), followed by a parent age 60 and older (4.9% of all survey respondents). Among respondents who provide home care, 86.2% reported that they alone provide the care, 12.9% said that another person comes into their home and assists them, and 0.9% said that another person comes into their home and provides all the care.

Persons who have memory loss or dementia were a small minority (5.8%) among this sample, in which the mean age was 69. A little more than one-third of survey respondents (37.5%) are friends or family members of someone with dementia, but only 5.1% are the primary caregiver for someone with dementia, and only 7.5% assist the primary caregiver of someone with dementia. Less than one-fifth of the total sample (18.5%) reported that they know where to go to for help in caring for someone with dementia.

Figure 4. Do you experience an illness/condition that limits activities you can participate in?



Conditions noted in the “yes” category may include a chronic disease such as heart disease; long-term effects of COVID-19; a physical disability; vision difficulty; hearing difficulty; fear of falling; depression; anxiety; and memory or cognitive-related issues among others.

Figure 5. Who provides this care to a family member or friend?*

**only asked of those providing home care for a family member or friend*

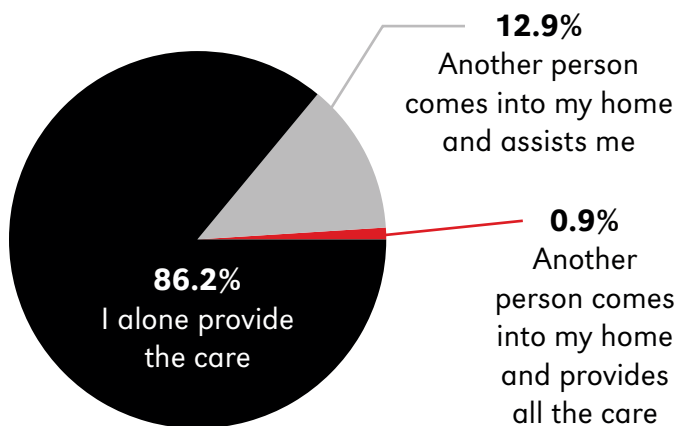
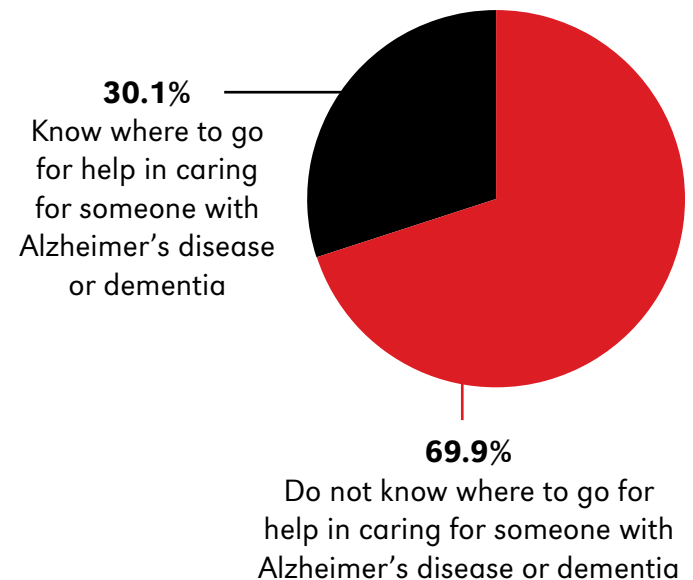


Figure 6. Do any of the following situations apply to you?

**among those who met at least one of the following criteria: (1) have memory loss, Alzheimer's disease or other types of dementia, (2) are the primary caregiver for someone with Alzheimer's disease or dementia, and (3) assist the primary caregiver of someone with Alzheimer's disease or dementia*



SUPPORT SERVICES

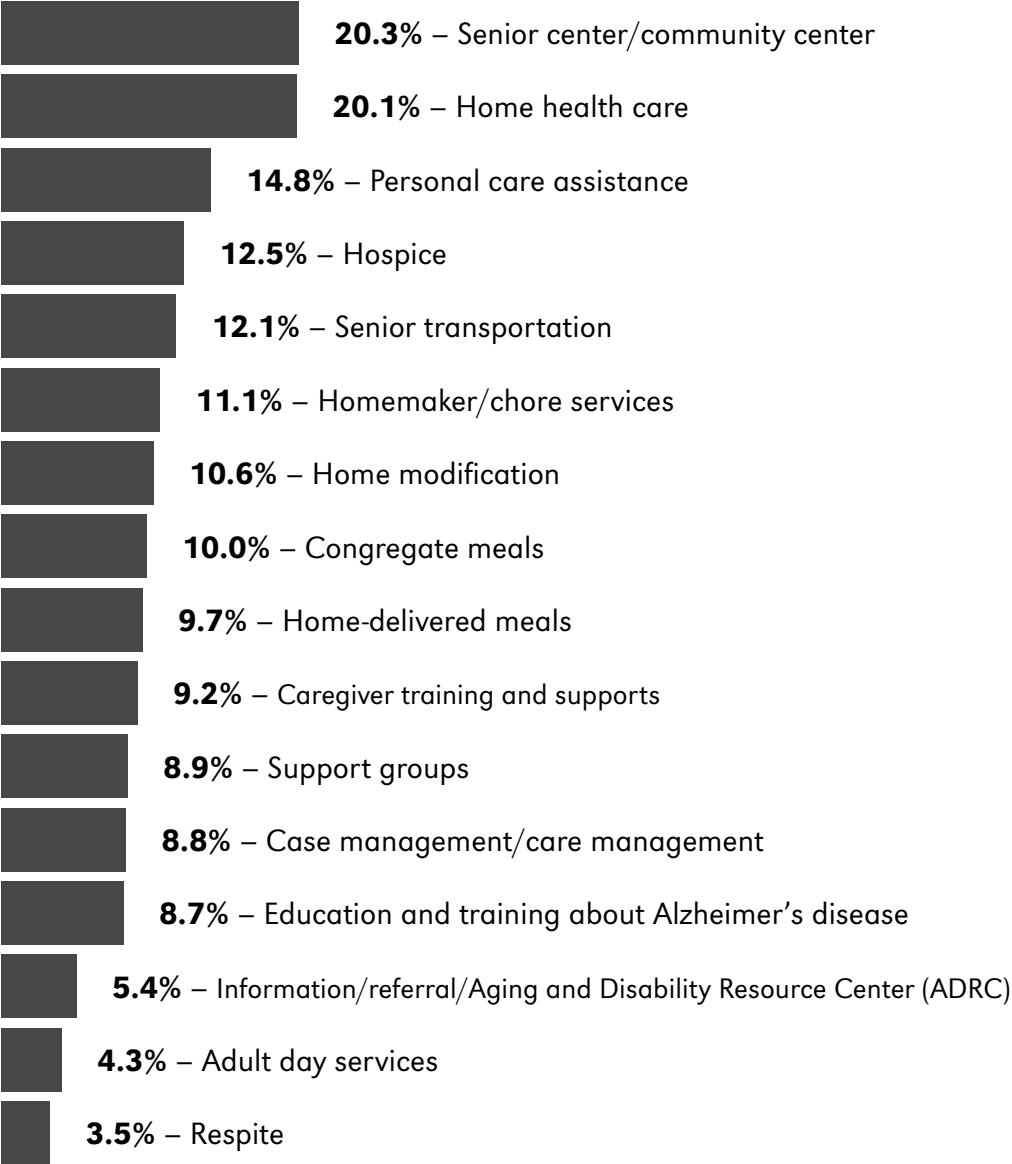
Survey respondents were asked if they or a family member or friend they care for used support services. Of the 16 services listed, senior centers and community centers (20.3%) was the service most commonly reported, followed by home health care (20.1%), and personal care assistance (14.8%). The low usage of support services indicated by survey respondents reflects the average age (69) of the sample.

One in four respondents (24.3%) do not have access to a senior center or community center. This can mean that either there is no local senior center or community center (19.2%) or respondents have difficulty getting to their local senior center or community center (5.1%). When asked to identify their local AAA, more than half (53.5%) of the total sample did not know the name of their AAA.

We then asked where survey respondents go when they have questions about the services available for older adults. Respondents could select more than one response option. Across the whole sample, the method most commonly identified was an internet search (64.0%), followed by asking a friend or relative (44.6%). The leading method varied by age, with respondents age 50-59 (74.5%) and age 60-79 (70.4%) most likely to identify an internet search, while respondents age 80-96 (53.3%) were most likely to identify a friend or relative.

Finally, survey respondents informed us what forms of elder abuse they had heard about. The forms of elder abuse most commonly identified were financial exploitation (88.1%), neglect (75.8%), and emotional abuse (66.8%).

Figure 7. Have you or the person you care for used any of the following support services? (percentages reflect yes responses for self and/or others)



Omaha



Gering

Figure 8. Do you visit your senior center or community center?

(percentages are shown in aggregate and by age group)

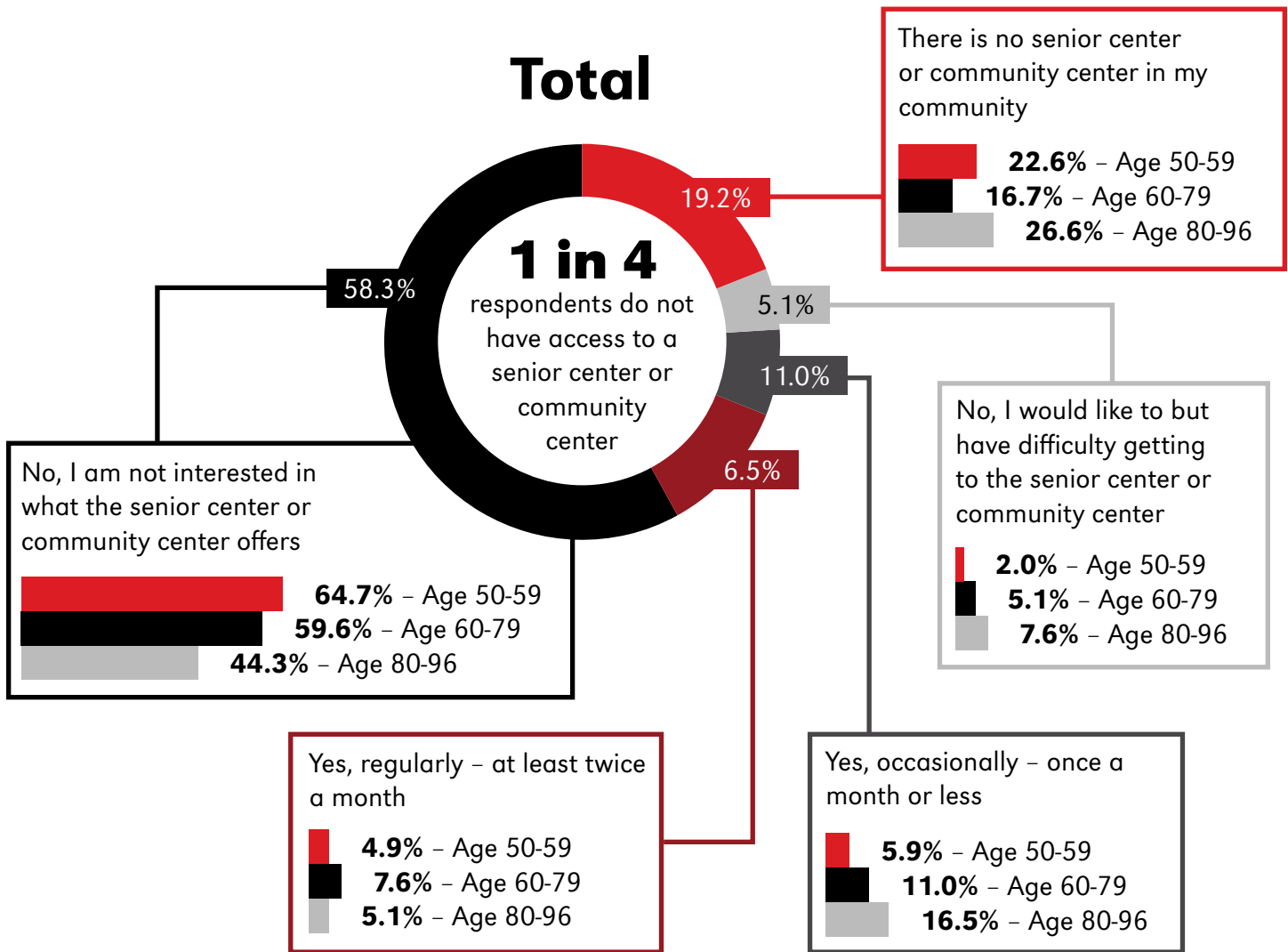


Figure 9. What forms of elder abuse have you heard about?

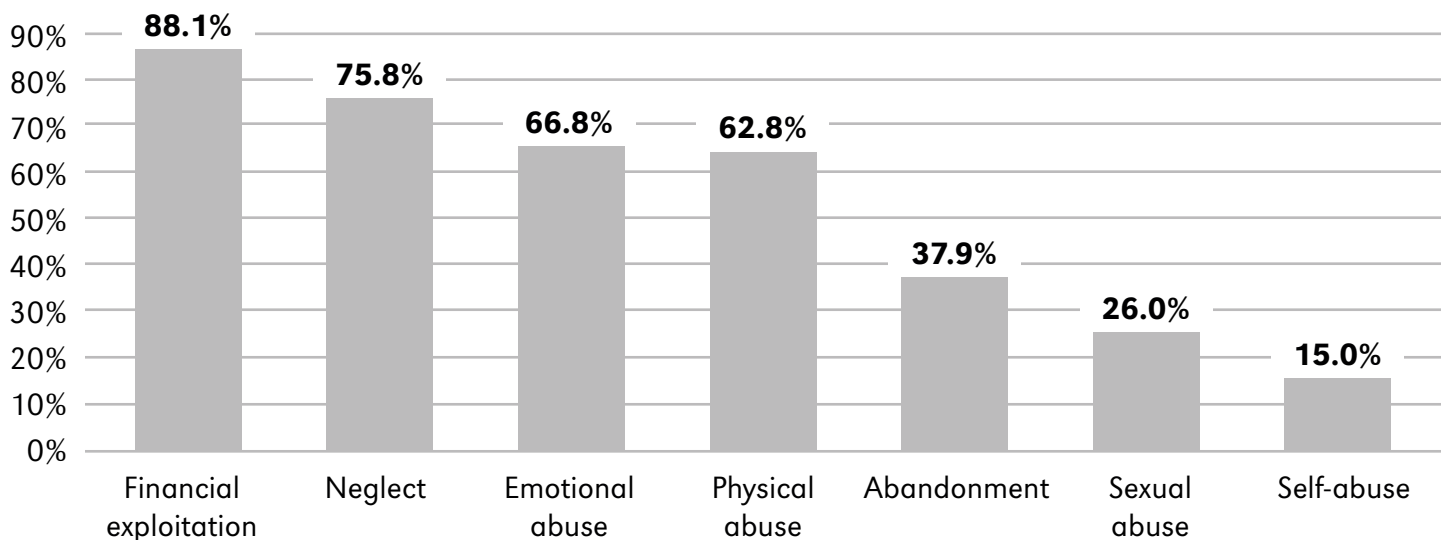
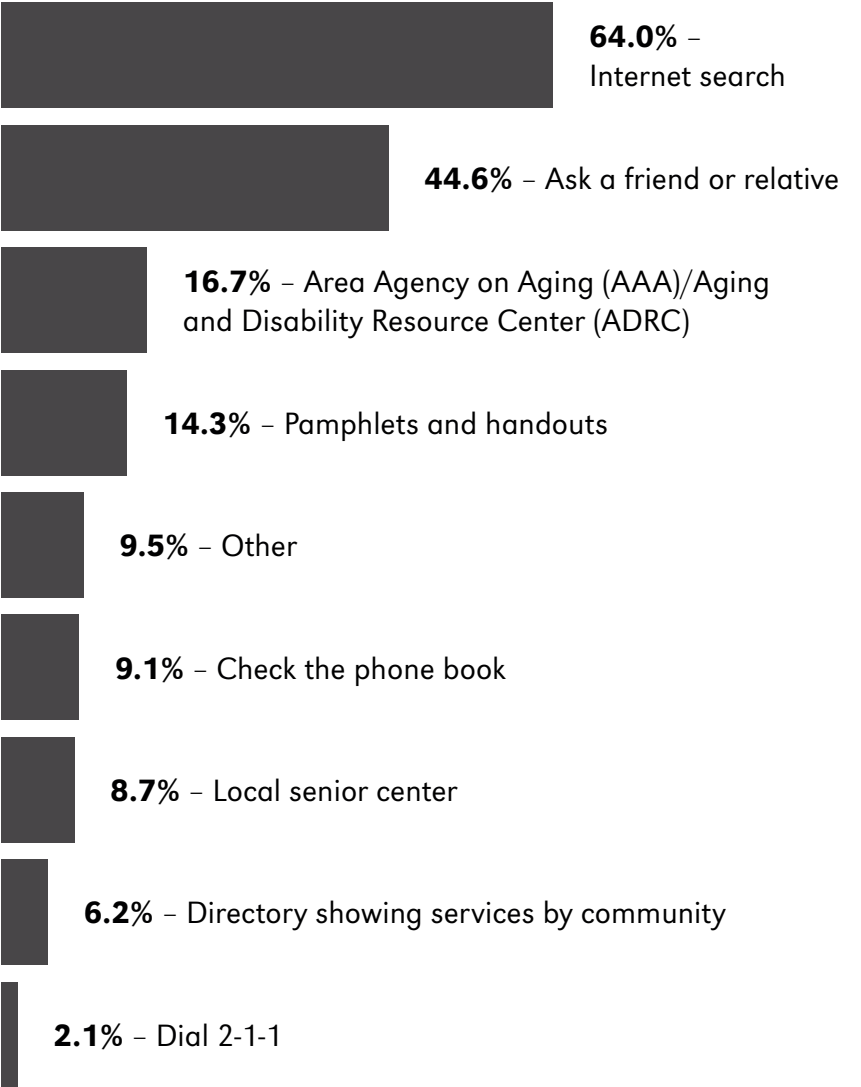
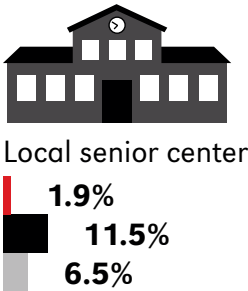
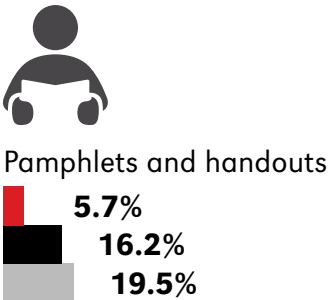
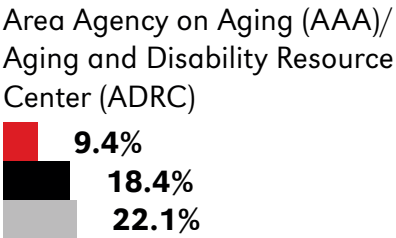
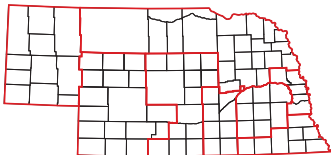
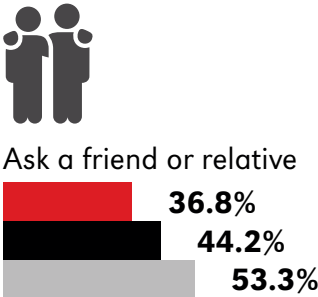
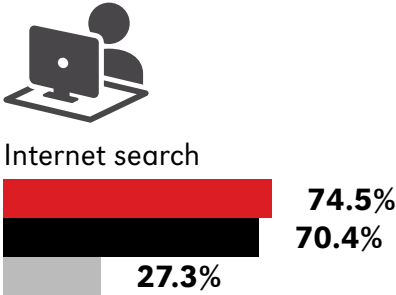


Figure 10. Where do you go when you have questions about the services available for older adults?

(percentages reflect yes responses)



Age 50-59 Age 60-79 Age 80-96



Fremont

LISTENING SESSIONS

DEMOGRAPHICS

We held 19 listening sessions across the eight AAA regions in Nebraska. A total of 271 individuals across the state participated in these sessions, along with AAA staff. The participants ranged in age from 55 to 95 years; the mean age was about 77 (76.8) years. The majority of participants (66.9%) were female. Most were of non-Latino ethnicity (96.5%) and most identified as White (93.8%); 4.3% identified as Black or African American, 1.2% as American Indian or Native American, and fewer than 1% as Asian or two or more races. More than one-third of participants were married (40.1%), followed by widowed (36.7%), single/never married (12.4%), separated/divorced (9.7%), and partnered but not legally married (1.1%). In addition, 14.0% of participants indicated that they provided home care to a family member or friend.

Table 2. Nebraska 2022 Listening Sessions

COMMUNITY/CITY	AAA	DATE	LOCATION
Chadron	AOWN	May 17, 2022	Chadron Senior Center
Gering	AOWN	May 17, 2022	Gering Senior Center
Sidney	AOWN	May 18, 2022	Cheyenne County Community Center
David City	Aging Partners	May 26, 2022	David City Senior Center
Lincoln	Aging Partners	May 23, 2022	Northeast Senior Center
Nebraska City	Blue Rivers	May 23, 2022	Nebraska City Library
Beatrice	Blue Rivers	May 23, 2022	Beatrice Senior Center
North Omaha	ENOA	May 16, 2022	Adams Park Community Center
Bellevue	ENOA	May 19, 2022	Bellevue Senior Center
Omaha	ENOA	May 23, 2022	ENOA
Fremont	ENOA	May 24, 2022	Fremont Senior Center
Central City	Midland	May 17, 2022	Central City Senior Center
Grand Island	Midland	May 17, 2022	Grand Island Senior Center
Valentine	Northeast Nebraska	May 25, 2022	Valentine Senior Center
Norfolk	Northeast Nebraska	May 26, 2022	Norfolk Senior Center
Kearney	South Central Nebraska	May 18, 2022	Petersen Senior Activity Center
Holdrege	South Central Nebraska	May 18, 2022	Phelps County Senior Center
North Platte	West Central Nebraska	May 25, 2022	North Platte Senior Center
McCook	West Central Nebraska	May 18, 2022	McCook Heritage Senior Center

IMPORTANT CONCERNS

A consistent theme that emerged across the listening sessions was the importance of assistance for persons who are aging in place. This may reflect the older average age among listening session participants (77) as compared to survey respondents (69). The volume of this assistance ranged from high to low, with the high end including long-term supportive services (LTSS) such as home health care, which includes assistance with personal care. Related concerns are the cost and the availability of LTSS providers and workers (i.e., nursing assistants, home health aides, and personal and home care aides). This is especially true in rural areas where the availability of LTSS providers and workers is more limited.

In-home support also includes assistance with chores, including regular errands such as house cleaning, laundry, meal preparation, and shopping. It also means seasonal errands, such as mowing lawns, raking leaves, cleaning gutters, and shoveling snow. Finally, chore assistance includes occasional fix-it services. LTSS workers may provide these services along with their other duties (see above). However, small (but important) fix-it needs such as changing light bulbs and smoke detector batteries may go unaddressed for individuals who do not receive LTSS. For example, it is difficult to find contractors or handymen who are available for these small jobs.

Another set of concerns inherently connected with aging in place has to do with the house itself. This means the routine upkeep (e.g., repairs to electricity, plumbing, and roofing) as well as home modifications that are related to increasing age and disability. The latter may include the installation of ramps and lifts; modifications to kitchens and bathrooms; (e.g., adjustable-height sinks and toilets; grab bars; walk-in tubs); and other structural changes to the house (e.g., widening doorways); many of these modifications can be expensive, which is also a concern.

Cost-of-living concerns, in addition to in-home supports and housing, also include the rising costs of groceries and of transportation. The latter includes higher gas prices for those who drive as well as the higher costs of public and private transportation alternatives for those who do not. Again, these concerns are especially acute in rural areas, where there are fewer alternatives for transportation.

Health care and LTSS are concerns across the state. This includes the cost and availability of health care and LTSS facilities, such as hospitals, skilled nursing facilities (SNFs), and assisted living communities (ALCs). It also includes in-home services such as home health care, personal care, in-home respite, and hospice for individuals who are aging in place. This is particularly the case in rural areas, which in recent years have experienced increased closures of SNFs and ALCs, as well as increased difficulties in recruiting and retaining physicians and other health care professionals.

For these health care and LTSS concerns, information about (and access to) public health insurance programs (e.g., Medicare and Medicaid) and private insurance plans (e.g., Medicare advantage plans, Medigap plans) are also vital to Nebraskans. Other important legal and financial concerns include: transfer of home ownership; estate planning issues; and other end-of-life decisions and documents (e.g., wills, advance directives).

Finally, listening session participants are concerned about the future of existing AAA programs and services. They are particularly interested in senior centers remaining open and meal services (i.e., congregate meal sites and home-delivered meals) continuing.

INTERNET ACCESS AND TELEHEALTH

Several concerns were raised by listening session participants about internet access and telehealth. The first is access, which is considered generally adequate within cities, but limited or non-existent in rural areas. In terms of the latter, some rural areas have dial-up internet, but not high-speed internet. Access may also be impacted by weather. In spite of these obstacles, those participants with internet access tend to report being online frequently. New federal funding for broadband infrastructure projects will begin to address this issue.

A second issue is cost, which is almost universally described as too high. This was true throughout metropolitan and micropolitan communities, among participants who live in urban, suburban, and rural areas, and across the many different internet providers in the state. The use of sliding fees, to make internet access more affordable for households on fixed incomes, is not widespread and many participants express frustration at having to choose between internet access and other expenses.

A third concern is digital literacy. Even participants who describe themselves as being online regularly find it hard to keep up with technology and express a need for training. Ideally, this education would take place face-to-face, either in the home or at a senior center, as many participants find the online support from internet providers to be inadequate and difficult to navigate.

A fourth issue is security. Many participants are concerned about their increased vulnerability to identity theft, particularly when they use their credit card and bank account information online. This contributes to a lack of trust they feel when entering their personal information online for any reason. Many participants believe it is important to offer older adults more than one method to access information and complete forms, especially for those who are unfamiliar with, or unable to, access online information.

Finally, the use of telehealth was an issue. Telehealth options are accessible via computer or telephone (e.g., a landline or a smartphone). A small minority of participants said they used telehealth services. Among those that use telehealth, they valued the privacy, particularly when using telehealth for mental health and psychological issues. However, the vast majority of participants indicate that they have not used telehealth, and many do not plan to, with these participants expressing a clear preference for continuing to see their providers in person. It is important to note that many participants are concerned by the trend of access to all services moving online; as one participant described, people that don't use the internet are overlooked.

FOOD INSECURITY AND NUTRITION

Among listening session participants, food insecurity is a concern statewide, including in urban, suburban, and rural areas. One barrier to accessing healthy food is cost. Consumer prices in 2022 have increased due to inflation and this is seen both in rising grocery prices and rising gasoline prices. This food insecurity most severely impacts individuals who live on low and/or fixed incomes, including older adults.

In addition to higher grocery and gasoline prices, many older adults lack access to grocery stores with fresh produce. The need is most acute in small towns and rural areas that are without grocery stores (i.e., "food deserts"), as well as for residents in any community who have limited access to transportation to get to the closest grocery store with fresh produce. Older adults may also be at a disadvantage if they lack access to foods that are culturally appropriate.

There are existing resources to help address issues related to the cost and access to food. Senior centers, in addition to serving as congregate meal sites, also provide vouchers to farmers markets. Food pantries and community gardens are also sources of low-cost and no-cost foods. Additionally, some grocery stores provide discounted senior meals.

However, there are limitations to these resources. While some grocery stores can be considered “age-friendly”, in terms of offering discounts, special hours for older shoppers, and home delivery, many others are not. Farmers markets are seasonal and while some vendors accept vouchers, many others do not. Food pantries may run out of food or may not have food that meets dietary needs or is culturally appropriate.

For these reasons, the meal programs provided by the AAAs, specifically congregate meal sites and home-delivered meals are important to their clients. There is concern among this population that these programs can continue, especially if these programs have increased demand and decreased resources.

CAREGIVING

Caregiving concerns were evident in all listening sessions, including those living in urban, suburban, and rural areas. The first need is information; many individuals do not know where to go to find resources to assist them. Related to this issue is the expressed need among listening session participants for educational materials that can help them to be more effective caregivers.

Respite services are a second concern. In-home respite, which is unavailable in many parts of the state, is costly even where it is available, especially when it is needed on a daily basis (e.g., for working caregivers). Community-based respite tends to be more affordable. However, there are many communities throughout the state where community-based respite is not currently included in places where programs have closed or never existed.

A third issue related to the availability of home and community-based services is the available workforce to support caregiving. Many listening session participants are concerned about the shortage of these workers and identify the recruitment, training, and retention of direct care workers as a major need. These workers provide not only assistance with activities of daily living (ADLs), such as personal care, but also help with instrumental activities of daily living (IADLs), such as help around the house and yard, including handyman services, as described above.

Finally, the cost of caregiving is a concern. Cost concerns include not only the direct costs of some of the paid supports described above, but also the indirect costs, such as the lost wages for caregivers who have to take unpaid leave from their employment in order to support a family member or friend. Several listening session participants believe family caregivers should receive compensation, such as wages or tax credits, as well as access to health insurance, especially with the rising cost of living.

AGING IN PLACE

We asked listening session participants if they had a “magic wand,” what would make it easier for people to live comfortably at home. Several themes emerged, many of which echoed the needs and concerns described in this section of the report. One theme that participants raised is the need for information. Besides internet resources, a physical location is desirable, as is the availability of services such as care management.

Accessible and affordable housing is a second theme. Home modifications play an important role, as listening session participants prefer to stay in their existing homes, but recognized these homes may need changes such as ramps and lifts, adjustable-height appliances and bathroom fixtures, grab bars, and even structural changes to the home such as adding an entry-level bathroom or widening doorways. The high cost of many of these modifications is a concern.

As described previously, chore assistance, particularly with home and yard work, becomes increasingly important with age, and the availability and affordability of paid workers are obstacles for many older adults. There is also a need for transportation assistance, especially for older adults who do not drive and who do not have access to public or private transportation. Recruiting volunteers is one way to help fill some of these gaps. Listening session participants identified potential sources for volunteers, which include newly-retired individuals and students (particularly those who are studying gerontology).

Access to affordable health care and long-term supportive services is another major theme. There is an increased need for providers who accept Medicare and Medicaid. There is also support among listening session participants to expand Medicare and Medicaid to cover more people and to pay for more services. Increasing Social Security benefits to help meet the rising cost of health care, as well as the rising cost of living was another idea raised at the listening sessions. However, dealing with the bureaucracy that administers government programs is viewed by many as an obstacle.

Most Nebraskans age 65 and older live in the same home as they did the year prior (93%), suggesting many in Nebraska choose to age in place.

Source: U.S. Census Bureau, American Community Survey 2020

INFORMATION AND ASSISTANCE

Finally, senior centers and AAAs were identified by listening session participants as resources for information. Other participants said they use the internet as a resource. However, many identified in-person resources such as family and friends, health care providers, and faith communities. “Word of mouth” was commonly cited as the best way to get needed information.

DISCUSSION

We collected information in two stages on the needs facing Nebraskans age 50 and older and on the programs and services that address those needs. In the first stage, we collected data from online (Qualtrics) and paper surveys. It is noteworthy that, with both options presented to respondents, over 75% of the 569 completed surveys we received were paper and less than 25% were completed online. In the second stage, we conducted listening sessions in 19 communities across Nebraska's eight AAA service areas, with a total of 271 community members participating, along with AAA staff.

The demographic characteristics of the survey respondents and the listening session participants were similar in terms of race and ethnicity and to the larger population of interest. Both groups were predominantly White, with 96.9% of survey respondents and 93.8% of listening session participants identifying as White. In addition, 4.3% of listening session participants described their race as Black or African American, as compared to 2.2% of survey respondents. Less than 1% and 2% of both survey respondents and listening session participants, respectively, identified their race as Native American, Asian, or identified as two or more races. Few survey respondents and listening session participants (2.4% and 3.5%, respectively) described their ethnicity as Hispanic, Latino, or Spanish.

However, the two groups differed in a number of demographic characteristics. Listening session participants were older (average age 77) than survey respondents (average age 69). A slightly higher proportion of listening session participants were female (66.9%) as compared to survey respondents (61.0%). Only 40.1% of listening session participants were married and 36.7% were widowed; in contrast, 68.8% of survey respondents were married and 13.0% were widowed. The higher proportions of women and widowed persons, among listening session participants, were expected, given the older demographic of this group.

In comparing the needs identified by survey respondents and by listening session participants, and their experience with services designed to address these needs, it is important to first note that the two groups responded to different prompts and in different formats, which limits our ability to make a direct comparison. We can, however, identify some trends common to both groups and others that were more prominent in one group than in the other.

First, a major concern shared by both survey respondents and listening session participants was health care. Related to this is the issue of cost, and access to Medicare and Medicaid, which were identified as concerns by both survey respondents and listening session participants. Access to providers was also a concern. The latter is a particularly acute need in small towns and rural areas which have fewer physicians and other health professionals, and are more likely to have experienced the closure of hospitals and long-term care facilities. Health conditions identified by both groups included heart disease, cancer, lung disease, and stroke. Dementia, and the need for information and resources for care receivers and for caregivers, while identified as a concern by both groups, was particularly important among listening session participants. Finally, the long-term effects of COVID-19 were rarely identified by either the survey respondents or the listening session participants. This was surprising as both stages of data collection occurred during, or shortly after, a spike in active COVID-19 cases due to the omicron variant.

A second area of concern identified in both stages of original data collection centered around economic issues. Financial security was rated as very important by nearly three-fourths of survey respondents and both groups mentioned rising costs of health care and long-term care, as well as the rising costs of groceries and gasoline, and of housing, as growing economic burdens. The latter was especially a concern among listening session participants, who described not only the costs of new housing and routine maintenance to existing housing (e.g., plumbing electricity, roofing), but also the expense needed for existing housing to remain accessible. Listening session participants frequently identified home modifications (e.g., grab bars, adjustable-height appliances, ramps and lifts, and structural changes such as widened doorways) as current or future needs; many of these home modifications are quite costly. Additionally, listening session participants identified internet access and cost as growing concerns, especially where high speed internet is unavailable and/or unaffordable.

Supportive services represented a third area of concern. Services that were most likely to be described as very important included in-home services, transportation, information and assistance, and senior center programs and activities. In listening sessions, these supportive services, and others, such as nutrition programs and handyman services, were in frequent use and in high demand. Listening session participants expressed concern about the future of supportive services, describing current shortages in in-home workers (such as home health aides and personal and home care aides) and entire programs (such as hospice and in-home respite) that are not available, particularly in small towns and rural areas. These unmet community needs mean that existing services, such as senior center programs and activities, are vital for social engagement and for service delivery.

Finally, caregiving was identified as a concern among both survey respondents and listening session participants. More than half of survey respondents (average age 69) viewed programs to help persons with dementia and their families as very important. Between 30% and 40% of survey respondents also viewed training for caregivers and respite programs as very important. This indicates that even though a small percentage of survey respondents provide care to a spouse or partner (6.0%) or to a parent (4.9%), the value of programs that support caregivers is evident. Among listening session participants (average age 77), the need for all of these caregiver supports was consistently described as a high priority. Among both groups, it can be said that caregiving is both a current and a future concern.

In 2020, 22% of those age 65 and older were employed, up from 20% in 2010.

Source: U.S. Census Bureau, American Community Survey 2020

NEXT STEPS

Findings from the survey and listening sessions suggest potential next steps to consider for AAAs and the Nebraska SUA.

SENIOR CENTER ATTENDANCE

The level of interest in senior center participation was noticeable among the younger respondents completing the survey compared to those participating in listening sessions held across the state. For those under 80, attending a senior center is not a priority. Yet, this does not mean senior centers are not of value, as evidenced by the number of older adults attending meals and programming. As a result, we think it is important to consider a redesign of the senior center model that includes meals along with serving as an information/education hub in the community. Topics important to attendees such as resources for caregivers and protection from identity theft could be discussed. This is especially important for those 80 and older who rely on friends and family for information. Finding ways to encourage people to come to the senior center is a critical first step for locations that have such a service available. For those in areas without a physical senior center present, finding other ways to connect with older adults is important, especially those with little or no internet access.

MARKETING AND REBRANDING OF PROGRAMMING

As noted, many people completing the survey were unfamiliar with their local AAA. It is possible that they have not sought out this information because they or their loved ones may not have a need to access the aging network. And those who could benefit most from the services of their local AAA. Age range also mattered in how people learned about their AAA. Younger respondents are more likely to use internet searches, while older respondents find information from family, friends, and printed materials to be useful sources. A coordinated and multi-modal approach to marketing at the SUA and AAA level would be of value now and in the future. Marketing that includes both print and online information will ensure all ages have access to available resources. The ultimate purpose and message is to direct people to services and resources.

FUTURE SUPPORT NEEDS

Beyond the support of a spouse or partner, 50.9% of survey respondents indicated they either did not have someone they could contact for support or were not sure who they could contact for support over a long period of time. For those needing assistance, having knowledge of the programs and services available through the AAA becomes critical. Targeted outreach to those living alone may be one way to accomplish this. Additionally, any promotion should include both print and internet resources.

AFFORDABLE HOUSING

Close to 60% of respondents noted the importance of affordable and accessible housing. The importance of housing and the notable findings that most respondents own their home (88.0%) and want to stay in their homes long-term (80.9%) suggest that programs to age in place are critical. Programs to ensure repair costs and modifications are affordable are a grave issue for this group. Revisiting programs that offer services such as handyman or chore support would be useful to this group.

PROVIDER AVAILABILITY AND REIMBURSEMENT

Anecdotal comments from people attending the listening sessions highlight the urgent need for available providers. One obstacle is the time it takes to get providers certified at a state level. For example, attendees noted it took three months for a person to qualify to serve as a provider. There is also an immediate need for funding to reimburse providers for mileage in such service areas as the AOWN and NENAAA that cover a wider area. Given the limited pool of available workers, encouraging people to continue in their roles supporting older adults aging in place is a current and future need.

LISTENING SESSIONS

Listening sessions across the state produced important feedback on significant topics. Participants ranged in age from 55 to 95 years, with a mean age of 77 years, a group less likely to complete surveys via the internet. Continuing to provide opportunities for others like the Department of Gerontology to solicit input will be useful going forward.

Figure 11. What is the name of your Area Agency on Aging?

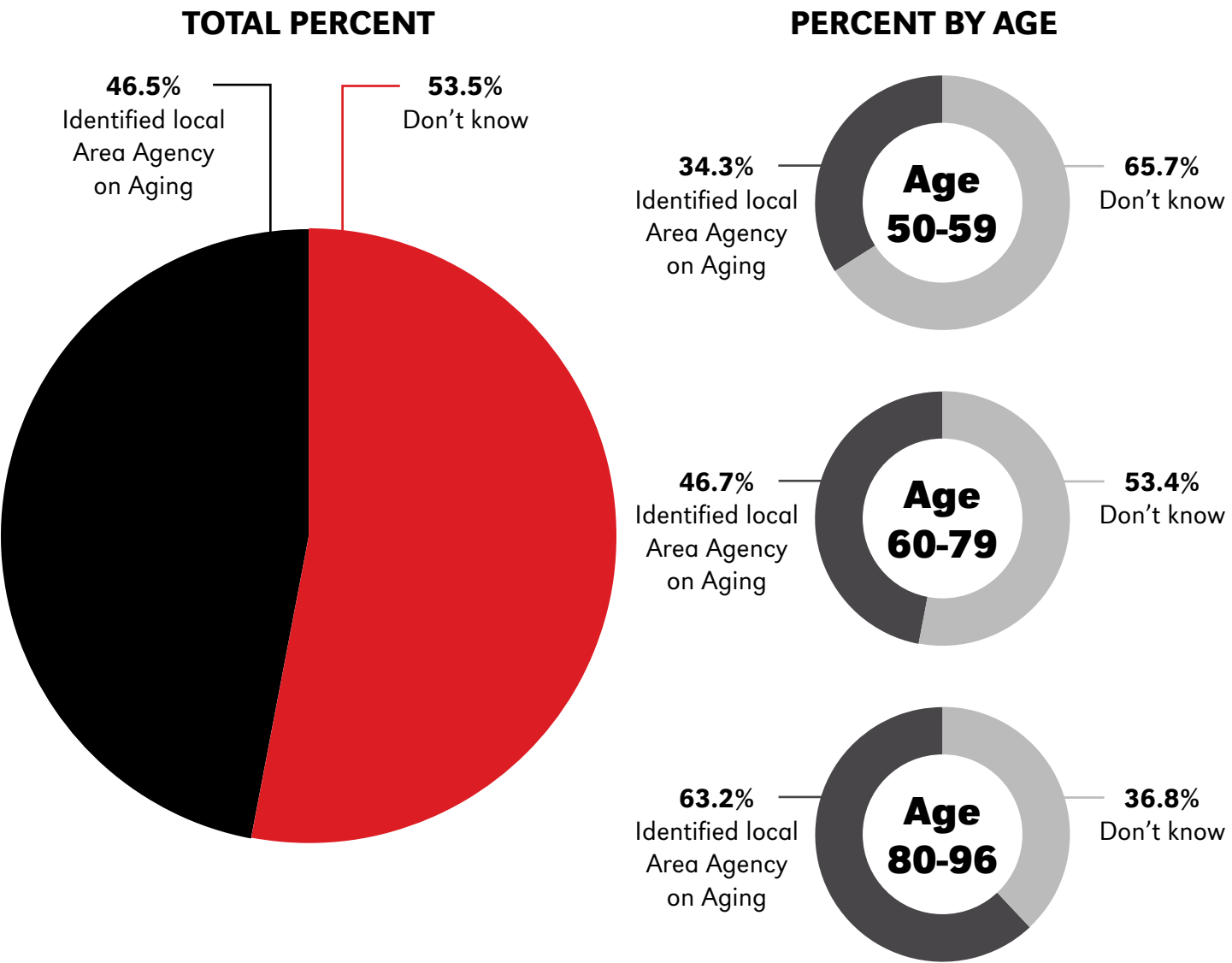


Table 3. Total survey respondents by Area Agency on Aging office

AREA AGING ON AGENCY OFFICE NAME	COUNTIES COVERED	TOTAL SURVEY RESPONDENTS
Aging Office of Western Nebraska	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux	22 (3.9%)
Aging Partners	Butler, Fillmore, Lancaster, Polk, Saline, Saunders, Seward, York	112 (19.7%)
Blue Rivers Area Agency on Aging	Gage, Jefferson, Johnson, Nemaha, Otoe, Pawnee, Richardson, Thayer	32 (5.6%)
Eastern Nebraska Office on Aging	Cass, Dodge, Douglas, Sarpy, Washington	230 (40.4%)
Midland Area Agency on Aging	Adams, Clay, Hall, Hamilton, Howard, Merrick, Nuckolls, Webster	40 (7.0%)
Northeast Nebraska Area Agency on Aging	Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Hall, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Wayne	73 (12.8%)
South Central Nebraska Area Agency on Aging	Blaine, Buffalo, Custer, Franklin, Furnas, Garfield, Greeley, Harlan, Kearney, Loup, Phelps, Sherman, Valley, Wheeler	34 (6.0%)
West Central Nebraska Area Agency on Aging	Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas	26 (4.6%)
		TOTAL = 569

Note: 2,200 individuals statewide were randomly selected to participate in the survey. A total of 569 surveys were returned with an overall response rate of 26%.

Number of respondents that completed surveys:

136 (24%) ONLINE SURVEY

433 (76%) PAPER SURVEY

APPENDIX 1

Front of Postcard



UNIVERSITY OF NEBRASKA AT OMAHA
GERONTOLOGY

211 CPACS
6001 Dodge Street
Omaha, NE 68182

**TAKE THE
2022
NEBRASKA
SURVEY**

Woody Grant
1111 1st Street
Norfolk, NE 68701

ID: [1]

Back of Postcard

Dear Nebraskan –

You have been selected to complete a statewide survey about the needs of Nebraskans age 50 and older. Your participation is voluntary.

The survey may be completed online or paper. If you prefer online, you may complete it at this web address: gerontology.unomaha.edu/2022survey
Please input this unique ID: 1 when completing the survey online.

We would appreciate it if you completed the survey in two weeks. If we don't hear back from you, we will mail you a paper survey.

Thank you for offering your opinions about the needs of Nebraskans now and in the future.



UNIVERSITY OF NEBRASKA AT OMAHA
GERONTOLOGY

Questions?
Call:
402-554-4124

APPENDIX 2



March 1, 2022

Dear Nebraskan:

University of Nebraska researchers are requesting your help. We are interested in the needs of Nebraskans age 50 and older. Your responses will help to inform service planning for Nebraskans today and in the future. We have selected you to complete this survey. Please complete the following survey to the best of your ability. This survey is limited to one per household. Please do not share this survey with anyone else.

This survey will take approximately 10-15 minutes to complete. There are no right or wrong answers. Your participation in this survey is completely voluntary; you do not need to participate. If you do decide to participate, your responses will be strictly confidential.

Please DO NOT write your name or any other identifying information on this survey. Once your survey is completed, we ask that you mail it back to us using the stamped, pre-addressed envelope included with this mailing. If you would prefer to complete the survey online, you may do so at: gerontology.unomaha.edu/2022survey

Thank you in advance for taking the time to complete this survey. If you have any questions about the survey, please contact Dr. Christopher Kelly at 402-554-4124 or cmkelly@unomaha.edu.

Thank you for sharing your opinions with us.

Sincerely,

Gerontology Research Team

APPENDIX 3

2022 Nebraska Survey

Q1. Please rate the following concerns based on how important you think they are to Nebraska's aging adults:
(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Health care	☐	☐	☐	☐	☐
Financial security	☐	☐	☐	☐	☐
Affordable and accessible housing	☐	☐	☐	☐	☐
Having enough food to eat	☐	☐	☐	☐	☐
Fuel costs	☐	☐	☐	☐	☐
Availability of in-home services	☐	☐	☐	☐	☐

Q2. Please rate the following concerns based on how important you think they are to Nebraska's aging adults:
(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Programs to help prevent elder abuse and exploitation	☐	☐	☐	☐	☐
Programs to help persons with dementia and their families	☐	☐	☐	☐	☐
Transportation	☐	☐	☐	☐	☐
Information about programs and services	☐	☐	☐	☐	☐
Assisted living facilities	☐	☐	☐	☐	☐
Training for unpaid caregivers	☐	☐	☐	☐	☐

Flip over to continue to Q3

Q3. Please rate the following concerns based on how important you think they are to Nebraska's aging adults:
(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Programs that give families a break (adult day services and respite)	☐	☐	☐	☐	☐
Support for grandparents raising grandchildren	☐	☐	☐	☐	☐
Senior center programs and activities	☐	☐	☐	☐	☐
Other social and volunteering activities	☐	☐	☐	☐	☐
Help with depression	☐	☐	☐	☐	☐
Senior job training/employment	☐	☐	☐	☐	☐

Q4. How important do you believe each of the following services is to the quality of life for aging Nebraskans?
(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Affordable, accessible housing	☐	☐	☐	☐	☐
Transportation	☐	☐	☐	☐	☐
Home-delivered meals	☐	☐	☐	☐	☐
Assisted Living	☐	☐	☐	☐	☐
Personal care services that help people in their homes	☐	☐	☐	☐	☐
Programs that help people with dementia	☐	☐	☐	☐	☐
Services to prevent elder abuse and exploitation	☐	☐	☐	☐	☐

Continue on next page

Q5. How important do you believe each of the following services is to the quality of life for aging Nebraskans?

(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Help with information qualifying for Medicare, Medicaid	☐	☐	☐	☐	☐
Fall prevention	☐	☐	☐	☐	☐
Meals at a congregate meal site	☐	☐	☐	☐	☐
Information and referral	☐	☐	☐	☐	☐
Help with household chores	☐	☐	☐	☐	☐
Senior center activities (recreation, exercise classes)	☐	☐	☐	☐	☐
Programs that give families a break (such as respite care programs)	☐	☐	☐	☐	☐

Flip over to continue to Q6

Q6. How important do you believe each of the following services is to the quality of life for aging Nebraskans?

(Mark (X) one box for each line)

	Very important	Important	Somewhat important	Not important	Don't know
Adult day services	☐	☐	☐	☐	☐
Lifelong learning opportunities	☐	☐	☐	☐	☐
Mental health services, drug and alcohol treatment	☐	☐	☐	☐	☐
Support for grandparents/other relatives who are raising children	☐	☐	☐	☐	☐
Social/volunteer opportunities	☐	☐	☐	☐	☐
Help finding older adult job training and placement	☐	☐	☐	☐	☐
Other (please specify below): _____	☐	☐	☐	☐	☐

Continue on next page

**Q7. Do you experience an illness/condition that limits activities you can participate in?
(Mark (X) all that apply)**

- ☐ No
- ☐ Yes, a chronic disease such as heart disease (please specify condition(s)): _____
- ☐ Yes, long-term effects of COVID-19
- ☐ Yes, a physical disability
- ☐ Yes, vision difficulty
- ☐ Yes, hearing difficulty
- ☐ Yes, fear of falling
- ☐ Yes, due to depression, anxiety, etc.
- ☐ Yes, due to memory or cognitive-related issues
- ☐ Other (please specify): _____

**Q8. Do you provide home care for a family member or friend?
(Mark (X) all that apply)**

- ☐ No (*if you answered "no," please skip to Q10*)
- ☐ Yes, a spouse or partner age 60 or older
- ☐ Yes, a parent age 60 or older
- ☐ Yes, other family members age 60 or older
- ☐ Yes, a disabled family member under age 60
- ☐ Yes, one or more children or grandchildren under age 18
- ☐ Yes, a friend age 60 or older
- ☐ Other (please specify): _____

Flip over to continue to Q9

Q9. Who provides this care to a family member or friend?
(Mark (X) one box)

- ☐ I alone provide the care
- ☐ Another person comes into my home and assists me
- ☐ Another person comes into my home and provides all the care

Q10. Nebraska has developed a State Plan to address the needs of Nebraskans affected by Alzheimer's disease. Have you heard about the State Plan?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Q11. Do any of the following situations apply to you?
(Mark (X) one box for each line)

	Yes	No
Do you have memory loss, Alzheimer's disease or other types of dementia?	☐	☐
Are you a friend or a family member of someone with Alzheimer's disease or dementia?	☐	☐
Are you the primary caregiver for someone with Alzheimer's disease or dementia?	☐	☐
Do you assist the primary caregiver of someone with Alzheimer's disease or dementia?	☐	☐
Do you know where to go for help in caring for someone with Alzheimer's disease or dementia?	☐	☐

Continue on next page

Q12. Are you currently employed?
(Mark (X) one box)

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No, but I am seeking work
- ☐ No, I am retired
- ☐ Retired, but work occasionally
- ☐ Other (please specify): _____

Q13. Are you self-employed?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Q14. Are you a farmer or rancher?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Q15. When do you expect to retire?
(Mark (X) one box)

- ☐ Within the next year or two
- ☐ Within the next two to five years
- ☐ More than 5 years from now
- ☐ I do not plan to retire because I cannot afford to
- ☐ I do not plan to retire because I choose to work
- ☐ I am not currently working

Flip over to continue to Q16

Q16. What are the sources of your household's income?
(Mark (X) all that apply)

- ☐ Social Security
- ☐ Permanent Fund Dividend
- ☐ Pension from employer or union
- ☐ 401k, IRA, or other kind of retirement plan
- ☐ Personal savings or investments
- ☐ Wages from employment
- ☐ Senior benefits program
- ☐ Disability payments
- ☐ Income from self-employment
- ☐ Rental income
- ☐ Adult Public Assistance
- ☐ Cash from relatives
- ☐ Other (please specify): _____

Q17. Is your monthly income enough to meet all your monthly expenses?
(Mark (X) one box)

- ☐ Yes, I have more than enough money to cover my expenses and afford extras like vacations
- ☐ Yes, I have enough to cover living expenses, but very little for anything extra
- ☐ No, some months I don't have enough to cover basic living expenses
- ☐ No, I do not have enough to cover living expenses

Q18. Do you rely on food pantries or other sources for food?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Continue on next page

Q19. Which of the following statements best describes the amount of food eaten in your household?

(Mark (X) one box)

- ☐ Enough to eat
- ☐ Sometimes not enough to eat
- ☐ Often not enough to eat

Q20. Where do you expect to be living five years from now?

(Mark (X) one box)

- ☐ Same home as I live in now
- ☐ Same community but smaller living space
- ☐ Living independently in a different state
- ☐ Other (please specify): _____

Q21. What type of housing do you live in?

(Mark (X) one box)

- ☐ House/condo that I or a family member own
- ☐ House/condo that I rent
- ☐ Apartment in senior housing complex
- ☐ Apartment not in senior complex
- ☐ Assisted living facility
- ☐ Nursing home
- ☐ Rooming house or hotel
- ☐ Group home
- ☐ Other (please specify): _____

Flip over to continue to Q22

**Q22. Have you or the person you care for used any of the following support services?
(Mark (X) all that apply for each line)**

	Self	Spouse	Other family member	Friend	No one
Senior center/community center	☐	☐	☐	☐	☐
Congregate meals	☐	☐	☐	☐	☐
Senior transportation	☐	☐	☐	☐	☐
Education and training about Alzheimer's disease	☐	☐	☐	☐	☐
Support groups	☐	☐	☐	☐	☐
Information/referral/Aging and Disability Resource Center (ADRC)	☐	☐	☐	☐	☐
Home modification	☐	☐	☐	☐	☐

**Q23. Have you or the person you care for used any of the following support services?
(Mark (X) all that apply for each line)**

	Self	Spouse	Other family member	Friend	No one
Caregiver training and supports	☐	☐	☐	☐	☐
Home health care	☐	☐	☐	☐	☐
Home-delivered meals	☐	☐	☐	☐	☐
Homemaker/chore services	☐	☐	☐	☐	☐
Personal care assistance	☐	☐	☐	☐	☐
Case management/care management	☐	☐	☐	☐	☐
Adult day services	☐	☐	☐	☐	☐
Respite	☐	☐	☐	☐	☐
Hospice	☐	☐	☐	☐	☐

Continue on next page

Q24. Do you visit your senior center or community center?
(Mark (X) one box)

- ☐ Yes, regularly--at least twice a month
- ☐ Yes, occasionally--once a month or less
- ☐ No, I would like to but have difficulty getting to the senior center or community center
- ☐ No, I am not interested in what the senior center or community center offers
- ☐ There is no senior center or community center in my community

Q25. Where do you go when you have questions about the services available for older adults?
(Mark (X) all that apply)

- ☐ Local senior center
- ☐ Ask a friend or relative
- ☐ Internet search
- ☐ Pamphlets and handouts
- ☐ Check the phone book
- ☐ Directory showing services by community
- ☐ Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC)
- ☐ Dial 2-1-1
- ☐ Other (please specify): _____

Q26. Do you volunteer at least monthly in your community?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Flip over to continue to Q27

Q27. Where do you volunteer?
(Mark (X) all that apply)

- ☐ Meals on Wheels
- ☐ Foster Grandparents
- ☐ Senior Companions
- ☐ Retired Senior Volunteer Program (RSVP)
- ☐ Other Area Agency on Aging program(s)
- ☐ AARP
- ☐ Alzheimer's Association
- ☐ Other aging organizations (please specify): _____
- ☐ Faith-based organizations
- ☐ Schools
- ☐ Tax assistance
- ☐ Other (please specify): _____
- ☐ I do not volunteer

Q28. Have you or someone you know experienced elder abuse?
(Mark (X) one box)

- ☐ Yes
- ☐ No

Continue on next page

Q29. What forms of elder abuse have you heard about?
(Mark (X) all that apply)

- ☐ Financial exploitation
- ☐ Emotional abuse
- ☐ Neglect
- ☐ Physical abuse
- ☐ Abandonment
- ☐ Self-abuse
- ☐ Sexual abuse
- ☐ Other (please specify): _____

Q30. What is the name of your Area Agency on Aging?
(Mark (X) one box)

- ☐ Aging Office of Western Nebraska
- ☐ Aging Partners
- ☐ Blue Rivers Area Agency on Aging
- ☐ Eastern Nebraska Office on Aging
- ☐ Midlands Area Agency on Aging
- ☐ Northeast Nebraska Area Agency on Aging
- ☐ South Central Nebraska Area Agency on Aging
- ☐ West Central Nebraska Area Agency on Aging
- ☐ Don't know

Flip over to continue to Q31

Q31. What county do you currently live in?
(Write in your county)

Q32. Which of the following BEST describes the place where you now live?
(Mark (X) one box)

- ☐ A large city
- ☐ A suburb near a large city
- ☐ A small city or town
- ☐ A rural area
- ☐ Don't know

Q33. What is your age?
(Write in a number)

_____ years

Q34. What is your gender?
(Write in your gender)

Q35. Are you of Hispanic, Latino, or Spanish origin such as Mexican, Puerto Rican, Cuban or others?
(Mark (X) one box)

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin (Print below name of nationality if you would like to specify, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.) _____

Continue on next page

Q36. What is your race?
(Mark (X) all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Native American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander

Q37. What is your marital status?
(Mark (X) one box)

- ☐ Single
- ☐ Never been married
- ☐ Married
- ☐ Domestic partnership/living with partner (not legally married)
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Flip over to continue to Q38

Q38. Besides yourself, who lives in your household?
(Mark (X) all that apply)

- ☐ My spouse or partner
- ☐ Live alone
- ☐ One or more adult children
- ☐ One or more grandchildren under age 18
- ☐ Roommate(s) or renter(s)
- ☐ One or more adult grandchildren
- ☐ Parent or parents
- ☐ Live in a group setting
- ☐ Other (please specify): _____

Q39. How many living children do you have?
(Write in a number)

Q40. How many children under age 18 currently live in your household?
(Write in a number)

Q41. How many people in total currently live in your household?
(Write in a number)

Continue on next page

Q42. Suppose in the future you needed help with basic personal activities like eating or dressing. Do you have relatives or friends (besides your husband/wife/partner) who would be willing and able to help you over a long period of time?

(Mark (X) one box)

- ☐ Yes
- ☐ No (*if you answered "no," please skip to the end of the survey*)
- ☐ Don't know

Q43. What is the relationship to you of that person or persons?

(Mark (X) all that apply)

- ☐ Child/child-in-law
- ☐ Grandchild
- ☐ Other relative
- ☐ Friend
- ☐ Someone else
- ☐ Don't know

Thank you for completing this survey. As a reminder, please do not write your name on this survey. Please return the completed survey in the stamped, pre-addressed envelope provided.

We appreciate your sharing your opinions about the needs of Nebraskans!



Dr. Christopher M. Kelly, Chair

Department of Gerontology

University of Nebraska at Omaha

6001 Dodge Street, Omaha, NE 68182

402.554.2272 | gerontology.unomaha.edu

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