

# Look for the Helpers: Providing Support to Older Adults

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[www.healthyagingpoll.org](http://www.healthyagingpoll.org)



**Q1. In the past two years, have you helped someone age 65 or older in any of the following areas? Select all that apply.**

1. Health care (making or attending health care appointments, communicating with providers)
2. Health insurance (selecting coverage, understanding benefits, contacting insurance company)
3. Home maintenance or improvement (cleaning, yard work, home maintenance, adding safety features)
4. Meals (shopping or meal preparations)
5. Finances (paying bills or banking)
6. Coordinating care (finding or coordinating care at home or outside the home)
7. Personal care (providing hands on support for activities such as dressing or bathing)
8. Medical care (managing medications; helping with injections, blood testing, IVs, wound care, or other medical tasks)
9. I have not helped anyone age 65 or older with any of these tasks in the past two years

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**If any row 1–8 in Q1 was checked**

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**Q2. In the past two years, have you helped more than one person age 65 or older with any of these tasks?**

1. Yes
2. No

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**The remaining questions were asked by those who selected any row 1–8 in Q1**

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If you helped more than one person, please answer the remaining questions about the person you provided the most help for.

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**If Q2 = Yes**

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**Q3. Are you currently helping this person?**

1. Yes
2. No



**Q4. How long [have you helped/did you help] this person?**

1. Less than a year
2. 1–3 years
3. 3–5 years
4. 5 or more years

**Q5. [Do/Did] you and the person you [help/helped] live in the same household?**

1. Yes
2. No

**Q6. What is your relationship to the person you [help/helped]?**

1. Spouse/partner
2. Parent/parent in-law
3. Adult child/child-in-law
4. Grandchild/grandchild-in-law
5. Sibling/sibling-in-law
6. Other family member
7. Friend/neighbor
8. Other

**If any row 1–8 in Q1 was selected**

**Q7. Have you ever been paid money for the help you provided to this person?**

1. Yes
2. No

**Q8. Overall, how confident [do/did] you feel in your ability to help this person with...**

	Very confident	Somewhat confident	A little confident	Not at all confident
Health care (making or attending appointments, communicating with providers)				
Health insurance (selecting coverage, understanding benefits, contacting insurance company)				
Home maintenance or improvement (cleaning, yard work, home maintenance, adding safety features)				
Meals (shopping or meal preparations)				
Finances (paying bills or banking)				
Coordinating services (finding or coordinating care at home, assisted living or long-term care)				
Personal care (providing hands on support for activities such as dressing or bathing)				
Medical care (managing medications; helping with injections, blood testing, IVs, wound care, or other medical tasks)				



**Q9. What challenges [do/did] you experience, if any, in helping this person? Select all that apply.**

1. Lack of time for my own self-care
2. Lack of knowledge or training in how to provide help
3. Lack of help/support from family/friends
4. Difficulty coordinating help/support with other family/friends
5. Lack of appreciation from the person I help
6. Navigating care options and/or decisions
7. My own financial problems
8. Other
9. None of these challenges

**Q10. What difficulties [do/did] you experience, if any, in helping this person? Select all that apply.**

1. Balancing my work or other responsibilities
2. Balancing time with my family/friends
3. Emotional fatigue
4. Physical fatigue
5. Criticism or demands from the person I help
6. Criticism or demands from others involved with the person I help
7. Worry about making a mistake or harming the person I help
8. Other (please specify)
9. None of these difficulties

**Q11. For the person you help, have you ever communicated directly with their health care provider(s) about their health and/or care? Select all that apply.**

1. Yes, in person
2. Yes, in a virtual visit
3. Yes, by phone
4. Yes, by email or mail
5. Yes, in an online portal
6. No, [IF CAWI: I; IF CATI: you] have not communicated directly with their care provider(s) about their care

**Q12. Has a health care provider ever said the person you [help/helped] had any of the following conditions? Select all that apply.**

1. Mild cognitive impairment
2. Alzheimer's disease or other dementia
3. No, neither of these conditions
4. Not sure

**Q13. When thinking about the help you provided to this person, how difficult or easy was it to provide this help compared with what you expected?**

1. Much more difficult
2. Somewhat more difficult
3. About what I expected
4. Somewhat easier
5. Much easier
6. I had no expectations



**Q14. Has helping this person been positive for you in any of the following ways? Select all that apply.**

1. Become more aware of my own future health and personal care needs
2. Become more familiar with resources in my community
3. Become more connected to family or friends
4. Felt a sense of purpose
5. Felt appreciated
6. Motivated me to become more focused on my health
7. Motivated me to prepare a will and/or trust
8. Motivated me to prepare advanced directives (such as living will, power of attorney and/or health care proxy).
9. Other

**Data Source and Methods**

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability-based panel. This survey module was administered online and via phone between July 2022 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,163). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 75% among panel members contacted to participate. The margin of error is ±1 to 3 percentage points for questions asked of the full sample and higher among subgroups.

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