Yuba-Sutter Aging and Disabilities

Community Survey

We would like to find out about your community and what is needed to make it a great place to live for people aged 55 and older, caregivers, and adults of any age with a disability. Your views are important and will help inform new policies, programs, and projects in a Yuba-Sutter Aging and Disabilities Plan. This survey is being conducted for research purposes only and your name and individual opinions will be kept confidential. This survey will take about 15 minutes to complete.

1. Your Home and Community

1.1 Are you a resident of Yuba or Sutter Counties?

- ☐ Yes
- ☐ No
- ☐ Not sure

1.2 What is the name of your community? _____

NOTE: For some people, this will mean the town or village in which they live, or it could be their neighborhood, their subdivision or housing development.

1.3 How long have you lived in your community?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years or more

1.4 Do you own or rent your primary home or do you have some other type of living arrangement, like living with a family member or friend?

- ☐ Own
- ☐ Rent
- ☐ Neither own nor rent (If selected, please tell us more by selecting an additional option below)
  - ☐ Live with a family member or friend
  - ☐ Live in a congregate setting (such as assisted living or long-term care)
  - ☐ Currently unhoused, or experiencing a lack of consistent shelter

1.5 To what extent do you agree that your current residence is <u>affordable</u> for your needs?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Not Sure / Not Applicable

1.6 If you wish to remain living at home as long as possible, do you have enough family, friends, and neighbors nearby to help care for you should your needs change?

- ☐ Yes
- ☐ No
- ☐ Not sure / Not applicable

1.7 Does your current residence need any major repairs, modifications, or changes to enable you to stay there as long as possible?

- ☐ Yes
- ☐ No
- ☐ Not sure / Not applicable

1.8 How do you rate your community on the availability of the following features?

	Very good	Good	Fair	Poor	Not sure
a. Sidewalks that are in good condition, safe for all pedestrians, and in needed locations.	☐	☐	☐	☐	☐
b. Well-maintained parks that I feel comfortable visiting.	☐	☐	☐	☐	☐
c. Public restrooms, including those accessible to people of different physical abilities.	☐	☐	☐	☐	☐
d. Benches for resting in public areas like parks, along sidewalks, and around public buildings.	☐	☐	☐	☐	☐
e. Conveniently located areas to park, including handicapped parking.	☐	☐	☐	☐	☐

1.9 How often do you feel unsafe in your community?

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not sure

1.10 If you ever feel unsafe, what are the reasons? (select all that apply)

- ☐ Physical environment (for example, poorly maintained sidewalks, unsafe pedestrian intersections, public buildings difficult to access or navigate)
- ☐ Personal safety (for example, others may try to harm, steal from, or take advantage of me)
- ☐ Other (please specify): _____

1.11 Please share any other thoughts or information about your home or community.

END OF SECTION 1

2. Emergency Preparedness

2.1 If you were hurt, sick, or needed help, do you have friends, family, or a caregiver who could help you at any time of the day or night?

- ☐ Yes
- ☐ No
- ☐ Maybe

2.2 In the event of an emergency or a disaster, are you concerned about any of the following?

- ☐ Food and water supplies
- ☐ Prescription medications
- ☐ Loss of power/electricity
- ☐ Isolation from family, friends, or community
- ☐ Caring for an older friend or family member during an emergency
- ☐ Making an emergency plan with my family or friends
- ☐ My physical safety
- ☐ Receiving updated information over the course of the emergency
- ☐ Other (please specify): _____

2.3 Please share any additional thoughts or information about emergency preparedness.

END OF SECTION 2

3. Transportation

3.1 How do you get around for things like shopping, visiting the doctor, running errands, etc.?

	Usually	Occasionally	Rarely	Never
a. Drive yourself	☐	☐	☐	☐
b. Walk	☐	☐	☐	☐
c. Have others drive you	☐	☐	☐	☐
d. Take a taxi	☐	☐	☐	☐
e. Use a ride source company, such as Uber or Lyft	☐	☐	☐	☐
f. Use a special transportation service, such as one for seniors or people with disabilities	☐	☐	☐	☐
g. Use public transportation	☐	☐	☐	☐
h. Ride a bike	☐	☐	☐	☐
i. Other, please specify: _____	☐	☐	☐	☐

3.2 To what extent do you agree with the following statements about the role of transportation in your life?

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
a. I have transportation to get to the places I want and need to go at the times I choose.	☐	☐	☐	☐	☐
b. I will have transportation options to meet my needs in the future, such as if or when I no longer drive.	☐	☐	☐	☐	☐
c. Lack of transportation negatively impacts my life.	☐	☐	☐	☐	☐

3.3 Please share any other thoughts or information related to transportation in your community.

END OF SECTION 3

4. Healthcare and Related Services

4.1 How would you rate the community availability of the following health and wellness services?

	Very good	Good	Fair	Poor	Not sure / Not applicable
a. A primary care provider or medical home	☐	☐	☐	☐	☐
b. A variety of healthcare professionals, including specialists	☐	☐	☐	☐	☐
c. Dental health services	☐	☐	☐	☐	☐
d. Health and wellness classes or activities that are geared towards my age and/or disability	☐	☐	☐	☐	☐
e. Hearing care services	☐	☐	☐	☐	☐
f. Home healthcare providers	☐	☐	☐	☐	☐
g. Hospital or urgent care	☐	☐	☐	☐	☐
h. Mental health services	☐	☐	☐	☐	☐
i. Pharmacies	☐	☐	☐	☐	☐
j. Telehealth services	☐	☐	☐	☐	☐
k. Vision care services	☐	☐	☐	☐	☐

4.2 Thinking about where you receive most of your healthcare, how would you rate access to the following?

	Very good	Good	Fair	Poor	Not sure / Not applicable
a. Healthcare services within 15 minutes of my home.	☐	☐	☐	☐	☐
b. Healthcare professionals who understand and respect my culture.	☐	☐	☐	☐	☐
c. Healthcare professionals who speak my language.	☐	☐	☐	☐	☐
d. Access to the healthcare facility and equipment for my disability.	☐	☐	☐	☐	☐

4.3 How often do you help care for an older or disabled family member, friend, or neighbor? (This could include giving rides, picking up groceries, providing meals, helping with medical appointments or care, yardwork/housework, etc.)

- ☐ Daily or almost every day
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

4.4 How often do you go without any of the items below?

	Often	Sometimes	Rarely	Never	Not applicable
a. Dental care	☐	☐	☐	☐	☐
b. Legal assistance	☐	☐	☐	☐	☐
c. Medical care	☐	☐	☐	☐	☐
d. Mental health care	☐	☐	☐	☐	☐
e. Nutritious food	☐	☐	☐	☐	☐
f. Prescription medications	☐	☐	☐	☐	☐
g. Secure housing	☐	☐	☐	☐	☐
h. Other (please specify):	☐	☐	☐	☐	☐

4.5 What challenges are you facing when trying to meet those needs? (Select all that apply)

- ☐ Don't know where to find help
- ☐ Fear of being taken advantage of
- ☐ Feel embarrassed asking for help
- ☐ Financial
- ☐ Hard to understand system
- ☐ Lack of available services or convenient locations
- ☐ Lack of family or friends to help
- ☐ Lack of internet or broadband (high-speed internet) access
- ☐ Lack of technological devices (such as smartphone or computer)
- ☐ Lack of trust in public agencies
- ☐ Language
- ☐ Services or staff are not culturally appropriate
- ☐ Transportation
- ☐ Other (please specify): _____

4.6 Please share any additional thoughts or information about healthcare or related services in your community.

END OF SECTION 4

5. Work, Volunteer, and Social Participation / Inclusion

5.1 How would you rate your community on the availability of the following things?

	Very good	Good	Fair	Poor	Not sure / Not Applicable
a. Volunteer and/or civic participation opportunities that interest me.	☐	☐	☐	☐	☐
b. Employment opportunities that interest me.	☐	☐	☐	☐	☐
c. Social or community activities, events, or classes that interest me.	☐	☐	☐	☐	☐

5.2 How often do you feel the following?

	Often	Sometimes	Rarely	Never	Not sure
a. I lack companionship.	☐	☐	☐	☐	☐
b. I feel left out.	☐	☐	☐	☐	☐
c. I feel isolated in my community.	☐	☐	☐	☐	☐
d. I lack in-person contact with family, friends, or neighbors who do not live with me.	☐	☐	☐	☐	☐

5.3 If you ever feel isolated or socially disconnected, what are the reasons? (Select all that apply)

- ☐ Lack of family or friend connections
- ☐ Lack of transportation
- ☐ Health condition or disability
- ☐ Mental health issue
- ☐ Caregiving responsibilities
- ☐ Can't afford many social activities
- ☐ Other (please specify): _____
- ☐ Not applicable

5.4 How often do you feel unwelcome in your community?

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

5.5 If you ever feel unwelcome, what are the reasons? (Select all that apply)

- ☐ My age
- ☐ My disability
- ☐ My gender
- ☐ My income level
- ☐ My race or ethnicity
- ☐ My religious beliefs or affiliation
- ☐ My sexual orientation
- ☐ Other (please specify): _____
- ☐ Not applicable

5.6 Please share any other thoughts or information related to work, volunteer, and/or social participation and inclusion in your community.

END OF SECTION 5

6. Communication and Information

6.1 Where do you get your news or information about local services for older adults or people with disabilities? (such as caregiving, home-delivered meals, home repairs, medical transport, or social activities**)**

- ☐ Agency on Aging Area 4
- ☐ Aging and Disability Resource Center (ADRC)
- ☐ Community bulletin boards
- ☐ Family or friends
- ☐ FREED Center for Independent Living
- ☐ Internet
- ☐ Library
- ☐ Local government offices, such as the Health Department
- ☐ Local nonprofit organizations
- ☐ My doctor or other healthcare professional
- ☐ Newspaper
- ☐ Phone book or resource guide
- ☐ Place of worship (such as church, synagogue, mosque, etc.)
- ☐ Radio
- ☐ Social media
- ☐ Television
- ☐ Veteran services
- ☐ Senior Center
- ☐ Other (please specify): _____

6.2 Please share any additional thoughts or information related to communication and information where you live.

END OF SECTION 6

7. Demographics

The following questions are asked to ensure that our survey reflects the diverse needs of the Yuba-Sutter community. Only our research consultant will have access to the survey data. Data will be summarized and presented so that no individuals will be identifiable from the results that are shared.

7.1 What is your 5-digit zip-code? _____

7.2 Which of the following best describes the area you live in?

- ☐ Rural
- ☐ Suburban
- ☐ Urban

7.3 What is your age group?

- ☐ 18 to 27 years
- ☐ 28 to 43 years
- ☐ 44 to 59 years
- ☐ 60 to 64 years
- ☐ 65 to 69 years
- ☐ 70 to 78 years
- ☐ 79 to 96 years
- ☐ 97 years and older

7.4 What is your race/ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other (please specify): _____

7.5 What is your gender identity?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transgender female or male
- ☐ Other / Prefer not to say

7.6 Do you identify as part of the LGBTQ+ community?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

7.7 Do you identify as a person with a disability or other chronic condition?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

7.8 How would you describe your disability or chronic condition? (Select all that apply)

- ☐ Attention deficit
- ☐ Autism
- ☐ Blind or visually impaired
- ☐ Deaf or hard of hearing
- ☐ Health-related disability
- ☐ Learning disability
- ☐ Mental health condition
- ☐ Mobility-related disability
- ☐ Speech-related disability
- ☐ Other (please specify): _____
- ☐ Prefer not to say
- ☐ Not applicable

7.9 Are you a Veteran?

- ☐ Yes
- ☐ No

7.10 What was your annual household income before taxes last year?

- ☐ Less than $10,000
- ☐ $10,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $124,999
- ☐ $125,000 or more
- ☐ Prefer not to say

7.11 (Optional) If you would like to provide more information or receive updates from the Yuba-Sutter Aging and Disabilities Plan project, please provide your contact information below so that we can reach out to you. Your survey results above will remain anonymous and separate from your contact information below.

Name (first and last):_____

E-mail address: _____

Phone number: _____

We greatly appreciate your participation in this survey!

END OF SURVEY