

## AGE FRIENDLY COMMUNITIES – CITY OF SAN DIEGO

The city of San Diego Parks and Recreation Department is working hard to develop a great community for people to live in as they age. To gather resident's perspectives on what is needed, we are conducting this survey. This survey will ask about different aspects of the city of San Diego and what things you feel are needed to make the city of San Diego a better place to live as you age. Your answers will help identify priorities and challenges facing older adults. The results of this survey will be used to create a plan to help make the city of San Diego a more livable, age-friendly community.

In this survey you will be asked about your experience living in your community. By "community" we mean the geographical area where you spend most of your time. You can interpret this to mean your neighborhood, the city of San Diego, or the County as a whole. How you interpret your community may change from question to question. For example, when asked about parks you might consider just your local neighborhood whereas when asked about social activities you might consider the city as a whole.

- **Please only take this survey if you are 50 years or older (or are responding on behalf of someone who is).**
- **This survey is anonymous and voluntary. We are not collecting or sharing any of your personal information.** If you have any questions or concerns, please email Kristi Fenick, District Manager at [KFenick@sandiego.gov](mailto:KFenick@sandiego.gov) or call 619-533-6333.
- **This survey will take approximately 10 minutes to complete.**

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### SECTION 1. BACKGROUND

1. What is your age category?

50-59 years old

60-69 years old

70-79 years old

80-89 years old

90 years old or older

2. What is your sex?

Male

Female

Other \_\_\_\_\_

3. What is your zip code? \_\_\_\_\_

4. How long have you lived in your community?

Less than 5 years

5-14 years

15-24 years

25-34 years

35 years or more

5. How would you rate your **community** as a place to live as you age?

Excellent

Adequate

Poor

6. How important is it to you to remain in your **community** as you age?

Very important

Somewhat important

Not at all important

7. What is your current living arrangement?

Own

Rent

Other type of living arrangement (e.g. living with a family friend). Please explain  
\_\_\_\_\_

8. What is your primary home?

Single family home

Mobile home

Town home or duplex

Apartment/Condo/Co-op

Facility with supportive services

Other \_\_\_\_\_  
\_\_\_\_\_

9. How many people live in your household, including yourself? \_\_\_\_\_

10. How important is it to you to remain in your **home** as you age?

Very important

Somewhat important

Not at all important

## SECTION 2. OUTDOOR AND PUBLIC SPACES

11. Does your community have the following? **Please select all that apply.**

Benches, outdoor seating, and resting areas

Well-maintained and safe parks that are within walking distance of your home

Pedestrian crossings with crossing times and visual and audio cues

Sidewalks that are in good condition

Neighborhood Watch Program

12. How important is it for your community to have **benches, outdoor seating, and resting areas**?

Very important

Somewhat important

Not at all important

13. How important is it for your community to have **well-maintained and safe parks that are within walking distance of your home**?

Very important

Somewhat important

Not at all important

14. How important is it for your community to have **pedestrian crossings with crossing times and visual and audio cues**?

Very important

Somewhat important

Not at all important

15. How important is it for your community to have **sidewalks that are in good condition**?

Very important

Somewhat important

Not at all important

16. How important is it for your community to have a **Neighborhood Watch Program**?

Very important

Somewhat important

Not at all important

### SECTION 3. TRANSPORTATION

17. Does your community have the following? **Please select all that apply.**

Transportation options  
designed for older adults

Easy to read traffic signs

Safe driver  
education/refresher  
courses for older adults

Public transportation  
within walking distance  
of your home and places  
you need to go

Training on how to use  
public transportation

18. How important is it for your community to have **transportation options for older adults**?

Very important

Somewhat important

Not at all important

19. How important is it for your community to have **easy to read traffic signs**?

Very important

Somewhat important

Not at all important

20. How important is it for your community to have **safe driver education/refresher courses for older adults**?

Very important

Somewhat important

Not at all important

21. How important is it for your community to **have public transportation within walking distance of your home and places you need to go**?

Very important

Somewhat important

Not at all important

22. How important is it for your community to have **training on how to use public transportation**?

Very important

Somewhat important

Not at all important

23. How do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?  
**Please select all that apply.**

Drive yourself

Have friend,  
family or  
neighbor drive  
you

Walk

Ride a bike

Use public  
transportation

Take a  
taxi/cab or  
Uber/Lyft

Use a special  
transportation  
service, such  
as one for  
older adults  
with  
disabilities

Other \_\_\_\_\_

## SECTION 4. HOUSING

24. Does your community have the following? **Please select all that apply.**

Affordable housing  
options for older  
adults

Homes that are  
accessible to people  
of different physical  
abilities

Housing options that  
are within walking  
distance of  
community  
resources (e.g.,  
parks, stores,  
community centers)

Affordable home  
improvement  
services

Services to arrange  
shared housing  
(e.g., roommates,  
room rentals)

Smaller housing  
opportunities (e.g.,  
accessory dwelling  
units, cottages)

25. How important is it for your community to have **affordable housing options for older adults**?

Very important

Somewhat important

Not at all important

26. How important is it for your community to have **homes that are accessible to people of different physical abilities?**

Very important

Somewhat important

Not at all important

27. How important is it for your community to have **housing options that are within walking distance of community resources (e.g., parks, stores, community centers)?**

Very important

Somewhat important

Not at all important

28. How important is it for your community to have **affordable home improvement services?**

Very important

Somewhat important

Not at all important

29. How important is it for your community to have **services to arrange shared housing (e.g., roommates, room rentals)?**

Very important

Somewhat important

Not at all important

30. How important is it for your community to have **smaller housing opportunities (e.g., accessory dwelling units, cottages)?**

Very important

Somewhat important

Not at all important

## SECTION 5. SOCIAL PARTICIPATION

31. Does your community have the following? **Please select all that apply.**

Affordable activities for older adults

Activities that involve both younger and older people

Variety of cultural activities for diverse population

Continuing education classes/self-improvement classes

32. How important is it for your community to have **affordable activities for older adults**?

Very important

Somewhat important

Not at all important

33. How important is it for your community to have **activities that involve both younger and older people**?

Very important

Somewhat important

Not at all important

34. How important is it for your community to have **variety of cultural activities for diverse populations**?

Very important

Somewhat important

Not at all important

35. How important is it for your community to have **continuing education/self-improvement classes**?

Very important

Somewhat important

Not at all important

36. Where do you typically go for **continuing education or self-improvement classes/workshops in your community**? Please select all that apply.

University/Community  
College

Department  
of Parks  
and  
Recreation

Faith  
community

Local  
organizations  
or  
businesses

Community  
center

Library

Senior  
center

Offerings  
through  
my work

Online  
programs

Other\_\_\_\_\_

37. About how frequently do you interact with your friends, family or neighbors in your community? This interaction could be by phone, in person, email or social media (such as Facebook).

More than once  
a day

About once a  
day

Several times a  
week

Once a week

Once every 2 or  
3 weeks

Once a month

Less than  
monthly

## SECTION 6. VOLUNTEER AND CIVIC ENGAGEMENT

38. Does your community have the following? **Please select all that apply.**

Range of volunteer activities to choose from

Opportunities for older adults to participate in decision making bodies such as community councils or committees

Easy to find information about local volunteer opportunities

Volunteer opportunities that involve both younger *and* older people

39. How important do you think it is to have a **range of volunteer activities to choose from** in your community?

Very important

Somewhat important

Not at all important

40. How important do you think it is to have opportunities for **older adults to participate in decision making bodies such as community councils or committees** in your community?

Very important

Somewhat important

Not at all important

41. How important do you think it is to have **easy to find information about local volunteer opportunities** in your community?

Very important

Somewhat important

Not at all important

42. How important do you think it is to have **volunteer opportunities that involve both younger *and* older people** in your community?

Very important

Somewhat important

Not at all important



43. Which of the following resources would you use if you, a family member or friend **needed information about volunteer opportunities for older adults**? **Please select all that apply.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Match	Aging and Independence Services	Parks and Recreation	Family or friends	Local nonprofit organizations	AARP	Faith-based organization such as churches or synagogues	Internet	HandsOn San Diego	Library	211	Other _____

## SECTION 7. HEALTH AND COMMUNITY SERVICES

44. Does your community have the following? **Please select all that apply.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness events at community locations to check blood pressure, get vaccinations, etc.	Meal programs at community locations	Community gardens to grow one's own foods	Fall prevention awareness	Service professionals (e.g. activity directors, home care workers, social workers, medical professionals) trained to address the needs around memory and cognitive impairment (dementia)

45. How important is it to you for your community to have **wellness events at community locations to check blood pressure, get vaccinations, etc.**?

Very important

Somewhat important

Not at all important

46. How important is it to you to have **meal programs at community locations**?

Very important

Somewhat important

Not at all important

47. How important is it to you to have senior **community gardens to grow one's own foods**?

Very important

Somewhat important

Not at all important

48. How important is it to you for your community to have **fall prevention awareness**?

Very important

Somewhat important

Not at all important

49. How important is it to you for service professionals (e.g. activity directors, home care workers, social workers, medical professionals) to be trained to **address needs around memory and cognitive impairment (dementia)**?

Very important

Somewhat important

Not at all important

50. How often do you **worry about running out of food before you have money to buy more**?

Often

Sometimes

Never

## SECTION 8. RESPECT AND INCLUSION

51. Are people in your community **polite to you**?

Always/Usually

Sometimes

Never/Rarely

52. Do people in your community **listen to you**?

Always/Usually

Sometimes

Never/Rarely

53. Do people in your community **offer help to you when you need it?**

Always/Usually

Sometimes

Never/Rarely

54. Do people in your community **discriminate against you based on your age?**

Always/Usually

Sometimes

Never/Rarely

55. Do people in your community **discriminate against you based on your sex?**

Always/Usually

Sometimes

Never/Rarely

56. Do people in your community **discriminate against you based on your race?**

Always/Usually

Sometimes

Never/Rarely

57. Are you **able to share your life experience with youth** in your community?

Always/Usually

Sometimes

Never/Rarely

58. Do you **feel valued** in your community?

Always/Usually

Sometimes

Never/Rarely

59. Do you **feel included in activities for people of all ages** in your community?

Always/Usually

Sometimes

Never/Rarely

60. How **safe** do you feel being in your community **during the day?**

Very safe

Somewhat safe

Not safe

61. How **safe** do you feel being in your community **after dark**?

Very safe

Somewhat safe

Not safe

## SECTION 9. COMMUNICATION AND INFORMATION

62. Does your community have the following? **Please select all that apply.**

Community information printed  
with large lettering and clearly  
posted

Community information that is  
delivered to your home

Community information that is  
available online or through  
social media

Free access to computers and  
the Internet in public places  
(e.g., library, adult recreation  
centers, government buildings)

63. How important is it to you to have **community information printed with large lettering and clearly posted**?

Very important

Somewhat important

Not at all important

64. How important is it to you for your community to have **community information that is delivered to your home**?

Very important

Somewhat important

Not at all important

65. How important is it to you for your community to have **community information that is available online or through social media**?

Very important

Somewhat important

Not at all important

66. How important is it to you to have **free access to computers and the Internet in public places (e.g., library, adult recreation centers, government buildings)**?

Very important

Somewhat important

Not at all important

67. How **comfortable** do you feel using the internet?

Very comfortable

Somewhat comfortable

Not comfortable

68. Which of the following would you use if you, a family member or friend **needed information about services for older adults**, such as caregiving services, home delivered meals, home repair, medical transport or social activities? **Please select all that apply.**

Local senior centers

Aging and Independence Services

Parks and Recreation

Family or friends

Local nonprofit organizations

AARP

Faith-based organization such as churches or synagogues

Internet

Health care professional

Library

211

Other \_\_\_\_\_

## SECTION 10. DEMOGRAPHICS

69. What is your current marital status?

Married

Divorced

Separated

Widowed

Not married, living with partner

Never married

70. What race or ethnicity do you identify with?

American Indian

Asian

Black

Hispanic

Pacific Islander

Two or more

White (Non-Hispanic)

Other \_\_\_\_\_

71. What was your annual household income before taxes in 2018?

- |                          |                          |                          |                          |                          |                          |                           |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Less than<br>\$10,000    | \$10,000 to<br>\$19,999  | \$20,000 to<br>\$29,999  | \$30,000 to<br>\$49,999  | \$50,000 to<br>\$74,999  | \$75,000 to<br>\$99,999  | \$100,000 to<br>\$149,999 | \$150,000 or<br>more     |

72. What is the **highest** level of education you completed?

- |  |                               |                             |                          |                                    |
|--|-------------------------------|-----------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/>                 | <input type="checkbox"/>      | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>           |
| Some high school or<br>less (no diploma) | High school diploma or<br>GED | Some college (no<br>degree) | Bachelor's degree        | Graduate or professional<br>degree |

73. What is your current employment status?

- |                                      |  |                          |                                     |                          |                          |
|--------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>             | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time (40 or more<br>hours/week) | Part-time (less than<br>40 hours/week) | Unemployed               | Unemployed, but<br>looking for work | Retired                  | Student                  |

**Thank you for taking the time to complete this survey. We are grateful for your valuable time and your thoughtful answers.**