

Age and Dementia Friendly Community Survey

Harder+Company Community Research is under contract with the County of San Diego to provide assistance to help San Diego County become a great community for people to live in as they age. As part of our initial analysis, we are conducting the following survey. This survey will take about 20 minutes and will ask you about different aspects of your community and your experiences as an older adult, or someone who care for or works on behalf of older adults.

Please only take this survey if you are 50 years or older, working with the aging population, or care for or are concerned about aging adults in the San Diego region. The results of this survey will be used to create a plan to make San Diego more age and dementia friendly.

This survey is anonymous (you don't have to provide us any identifying information) and voluntary. Please complete as much as you can; filling out a portion of the survey is still helpful. If you have any questions or concerns, please contact Anna Cruz, Research Associate at Harder+Company Community Research (acruz@harderco.com | (619) 398-1980).

1. Please select the category that best describes you:

☐
Adults (50 years or older) living
in San Diego
↓
Continue to **SECTION 1**

☐
Professional working with
older adults
↓
Continue to **SECTION 5**

☐
Family/friend caring for or
concerned about aging adults
↓
Continue to **SECTION 5**

Section 1: Background

In this survey you will be asked about your experience living in your community. By community we mean the 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 community can also 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.

2. What is your zip code? _____

3. How long have you lived in your community?

☐
Less than
5 years

☐
5 to 14
years

☐
15 to 24
years

☐
25 to 34
years

☐
35 years
or more

4. How would you rate your community as a place for people to live as they age?

☐
(1) Poor

☐
(2) Fair

☐
(3) Good

☐
(4) Very good

☐
(5) Excellent

5. How important is it to you to remain in your **COMMUNITY** as you age?

- ☐ (1) Not at all important ☐ (2) Somewhat important ☐ (3) Very important

6. Do you own or rent your primary home — or do you have some other type of living arrangement, such as living with a family member or friend?

- ☐ Own ☐ Rent ☐ Other type of living arrangement
(please explain):

7. What type of home is your primary home?

- ☐ Single family home ☐ Mobile home ☐ Town home or duplex ☐ Apartment ☐ Condominium or co-op ☐ Other: _____

8. How many people live in your household, including yourself?

9. How important is it to you to remain in your **HOME** as you age?

- ☐ Not at all important ☐ Somewhat important ☐ Very important

10. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, or yoga)?

- ☐ Never ☐ About once a week ☐ Several times a week ☐ Every day

11. How do you get around for things like shopping, visiting the doctor, running errands or going to other places? Mark all options that you use.

- _____ Drive _____ Walk
_____ Have others drive me _____ Ride a bicycle
_____ Public transportation _____ Take taxi/cab
_____ Use special transportation service
_____ Other (please explain): _____

12. Do you have free access to computers and the internet in public places (library, senior centers, and government buildings)?

- ☐ Yes ☐ No ☐ Not Sure

13. Do you have a device (computer, smart phone, tablet, etc.) with internet access at your home?

- ☐ Yes ☐ No ☐ Not Sure

Section 2: Community Assets and Needs

The following section will ask you to identify whether your community has the following things and, in general, how important you think these things are for communities to have. For each item, please be sure to respond to both questions.

By community we mean the 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 community can also 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.

14. Outdoor and Public spaces

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Streets that are easy to navigate with a variety of landmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Benches, outdoor seating, and resting areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Well-lit streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A safe park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pedestrian crossings with crossing times and visual and audio cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Public buildings and spaces (including bathrooms) that are clean and accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sidewalks that are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **Transportation**

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Special transportation options for older adults or individuals with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Easy to read traffic signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Affordable public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Affordable public parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Safe driver education/refresher courses for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Public transportation that can get you to all areas of the county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reliable and easy to use public transportation within walking distance of your home and places you need to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Public transportation drivers who are trained to help passengers with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. **Housing**

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Affordable housing options for older adults and people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Homes that are accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Housing options that are within walking distance of community resources (e.g., parks, stores, community centers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Housing options for people with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Affordable options for home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Social Participation

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Affordable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Activities that involve both younger and older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social clubs (book clubs, gardening, crafts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Organized activities designed specifically for people with dementia and their caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Activities for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Activities that offer senior discounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Continuing education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cultural activities for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Places to go for entertainment (e.g., theater, club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Civic Participation and Employment

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Training opportunities to learn new job skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Opportunities to discuss issues that impact older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Jobs that adapt to meet the needs of older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Job opportunities for you as an older adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Opportunities to advocate for legislative or substantive community change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Opportunities to participate in decision making bodies such as community councils or committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. **Health and Community Services**

	Does your community have the following?			In general, how important is it for your community to have the following?		
	Yes (1)	No (2)	Not Sure (3)	Not at all important (1)	Somewhat important (2)	Very important (3)
a. Information about local health and supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Affordable home health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and wellness programs or classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. High quality home health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education and training for caregivers to support people with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health care professionals who speak different languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Respectful and helpful hospital and clinic staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Home care services including health, personal care, and housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fitness activities specifically for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. **Respect and Inclusion**

Thinking about your community (the area you spend most of your time in), please rate the following statements.

	Never/ Rarely (1)	Sometimes (2)	Always/ Usually (3)
a. People are polite to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People listen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People offer help when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People discriminate based on age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I'm able to share my life experience with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel valued in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel included in activities for people of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **Communication & Information**

	Yes (1)	No (2)	Not sure (3)
a. Is there information about your community in different languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you know where to go to get information about events, volunteer opportunities, or general happenings in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you get information about your community from local TV stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you get information about your community from local radio stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you get information about your community from daily/weekly newspapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you get information about your community from community newsletters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you get information about your community from social media and/or the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you get information about your community from faith based organizations (churches, synagogues, mosques, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you get information about your community from word of mouth (family, friends, neighbors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Challenges

22. Do you have difficulty with any of the following things?

	No, no difficulty (1)	Yes, some difficulty (2)	Yes, a lot of difficulty (3)	Cannot do it at all (4)
a. Seeing (even if wearing glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hearing (even with a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking or climbing steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remembering or concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bathing or dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there anything else you would like to share about your needs, the needs of your loved ones, or needs of aging adults in the San Diego region?

Section 4: Demographics

Please tell us a little bit about you. This will help us better understand who responded to this survey.

24. Would you consider your community to be:

☐
Rural

☐
Suburban

☐
Urban

25. What is your gender?

26. What is your age?

27. What is your current marital status?

☐
Married

☐
Divorced

☐
Widowed

☐
Separated

☐
Never married

28. What race or ethnicity do you identify with? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Caucasian/ White (non-Hispanic) |
| <input type="checkbox"/> American Indian/ Alaska Native | |
| <input type="checkbox"/> Asian/Pacific Islander (<i>Please specify</i>) | <input type="checkbox"/> Hispanic/ Latino (please specify) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Asian/
Pacific Islander | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Korean | <input type="checkbox"/> South American |
| <input type="checkbox"/> Thai | |
| <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other (Please specify): _____ |

29. What was your annual household income before taxes in 2015?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$25,000 to \$34,999 |
| <input type="checkbox"/> \$5,000 to \$9,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 or more |

30. What is the highest level of education you have completed?

- ☐ Some high school or less (no diploma)
- ☐ High school diploma or GED
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

31. What is the primary language you speak at home?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (Please specify): _____ | |

32. What best describes your employment status?

- | | |
|---|---|
| <input type="checkbox"/> Self-employed, full-time | <input type="checkbox"/> Unemployed, but looking for work |
| <input type="checkbox"/> Self-employed, part-time | <input type="checkbox"/> Retired and volunteering |
| <input type="checkbox"/> Employed, full-time | <input type="checkbox"/> Retired, not working all |
| <input type="checkbox"/> Employed, part-time | <input type="checkbox"/> Not in labor force for other reason
(please explain): _____ |

Section 5: General Community Feedback

Thank you for completing this survey. Anyone working or living in the San Diego region can complete this section of the survey. We appreciate your feedback to help us make San Diego a great community for people as they age.

33. What is your field of work? [Select all that apply]

- ☐ Medical practitioner
- ☐ Insurance/healthcare plans
- ☐ Home based services
- ☐ Community based services
- ☐ Caregivers (including caring for family members)
- ☐ Policy and advocacy
- ☐ Planning and development
- ☐ Research
- ☐ I am not in the labor force
- ☐ Other (please explain): _____

34. What organization or agency do you work with?

35. Do you work directly with older adults? ☐ Yes ☐ No ☐ Not Sure

3a. If yes, in what capacity?

36. What do you see as the top three needs of aging adults in the San Diego region?

- a. _____
- b. _____
- c. _____

37. What do you see as the top three barriers aging adults face in accessing the services and resources they need to thrive?

- a. _____
- b. _____
- c. _____

Thank you for completing this survey! If you have any questions about this survey and how it will be used, please contact Anna Cruz, Research Associate at Harder+Company Community Research (acruz@harderco.com) (619) 398-1980