Age-Friendly Orange County, NC - Master Aging Plan Survey

The community is coming together again to design the next 5-year Master Aging Plan. This strategic plan will guide "all things aging" in Orange County. We want the goals of the Master Aging Plan to reflect the issues that matter to you. We will use the results of this survey to prioritize our services, policies, programs, and more!

We expect this anonymous survey to take about 20 minutes. Thank you for your time!

If you have any questions or concerns, please contact, Cass Dictus, Fellow at the UNC Partnerships in Aging Program (cdictus@email.unc.edu). You may also call the Aging Helpline (919-968-2087) for assistance. Are you a resident of Orange County, North Carolina? Yes o No What is your age group? (select one) Under 18 0 70-74 18-44 75-79 0 45-54 80-84 55-59 85-90 0 60-64 95+ 65-69 Prefer not to answer Which of the following best describes you? (select all that apply) African American or Black Asian American Indian or Native American or Alaska Native Hispanic or Latinx Pacific Islander or Native Hawaiian White Other (please specify):

Prefer not to answer

Section 2: Respect, Diversity, Equity, and Inclusion

Please note, the following are potentially difficult questions. These are an important part of our survey. We strive to be sensitive to the treatment of our community members and would like to better understand your experiences.

Thinking about your day-to-day life in your community, please rate the following statements.

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
I am treated with less courtesy or respect than other people	0	0	0	0	0	0
I receive poorer service than other people at restaurants or stores	0	0	0	0	0	0
People act as if they think I am not smart	0	0	0	0	0	0
People act as if they are afraid of me	0	0	0	0	0	0
I am threatened or harassed	0	0	0	0	0	0

Do you feel that parts of your identity play a role in these experiences? Please explain. (For example, race, age, religion, gender, sexual orientation, disability, income, education, appearance.)

Section 3: Community Assets and Needs For this section, please take a few moments to reflect on the issues that matter most to you in an age-friendly community. For each topic area, please select the TOP THREE things that you think need improvement in your community. There is space after each topic area if you want to share any additional thoughts.			
 Public gathering spaces for socializing 			
 Adequate benches and outdoor seating 			
 Public restrooms at outdoor spaces 			
□ Safe places to walk, such as sidewalks			
 Outdoor social events and educational programs 			
□ Well-lit streets			
 Public spaces (including bathrooms) that are clean and accessible to people of different physical abilities 			
Outdoor and Public Spaces: Feel free to share any additional thoughts here. (Why did you pick those things? Is there something important missing from the list? Do you have any specific suggestions?)			

Transportation: What are the TOP THREE things that you think need improvement in your community? (select 3)			
Affordable public transportation			
Convenient public transportation stops			
Accessible and specialized transportation services for people with disabilities			
Support with transportation to medical appointments			
Support with transportation for other regular needs, such as errands or the grocery store			
Support with transportation to social events and programs			
Public transportation outside of Chapel Hill/Carrboro			
Coordination between transportation agencies, both public and private, in the Triangle			
Plentiful parking			
portation: Feel free to share any additional thoughts here. (Why did you pick things? Is there something important missing from the list? Do you have any ic suggestions?)			

	unity? (select 3)
	Affordable housing options
	Housing near services or transportation options
	Physical housing designs that support aging in place
	Housing that supports being a part of a larger community
	Support to age in your community (instead of moving into a facility)
	Information for older adults about housing options
	Housing repair and maintenance programs and services
things	ng: Feel free to share any additional thoughts here. (Why did you pick those ? Is there something important missing from the list? Do you have any specific stions?)

	vement in your community? (select 3)
	Intergenerational events and programs (involve both younger and older people)
	Affordability of events and programs
	Accessibility of events and programs for people living with disabilities
	Events for people living with or caring for persons with dementia
	Options to participate in social events and programs from home
	Services for those experiencing social isolation and loneliness
	Opportunities for social connections among older adults
	Cultural activities that celebrate our diversity
	Inclusivity in social events
	Social clubs (book clubs, gardening, crafts, etc.)
oick th	Participation: Feel free to share any additional thoughts here. (Why did you nose things? Is there something important missing from the list? Do you have any ic suggestions?)
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	n and Community Services: What are the TOP THREE things that you think mprovement in your community? (select 3)
	Affordable health care
	Affordable, healthy food
	Dementia-friendly programs and services
	Resources available to assist older adults in making healthcare related decisions
	Mental health services
	Quality and affordable in-home, respite, and adult day care services
	Health, wellness, and fitness programs and classes for older adults
	Caregiver supports
	Respectful and helpful hospital and clinic staff
	Assistance connecting to health care virtually, such as telehealth
(Why	and Community Services: Feel free to share any additional thoughts here. did you pick those things? Is there something important missing from the list? Do ave any specific suggestions?)

Section 4: Communication and Services - Usage and Preferences In order to serve you better, we want to understand how you prefer to get information and interact with services and programming. How do you prefer to get information about your community? (select all that apply) Local TV stations Local radio stations Daily/weekly newspaper Community newspaper Social media Other internet sources (websites) □ Faith based organizations (churches, synagogues, mosques)? □ Word of mouth (family, friends, neighbors) Bulletin boards posted in public spaces Other (please specify): _____ Do you regularly (at least weekly) use the internet with a computer/tablet/smart phone for any reason? Yes, at public space (library, senior centers) Yes, at home No (please explain more below) **If No**, please tell us why you do not regularly use the internet? (select all that apply) □ I do not have access to a device (computer, tablet, smart phone) ☐ The internet costs too much money ☐ There is not internet service where I live I do not feel comfortable with this technology I do not like using this technology

Are you likely are you to engage in virtual programming (Zoom, GoToMeeting, Facebook Live, or other Live Streaming events) in the future, after in-person events are allowed?			
0	Yes, weekly		
0	Yes, monthly		
0	Yes, but very rarely		
0	No (please explain):		
	at ways have you previously engaged with the Orange County Department on , including Passmore and Seymour Centers? (select all that apply)		
	Social activities and connections (book clubs, Friend to Friend program, Telephone reassurance)		
	Caregiver Supports (support groups, Memory Café)		
	Educational programs (End of life panel, Movie screening)		
	Wellness activities (exercise classes, fitness memberships)		
	Staying safe at home (Durable Medical Equipment, Home safety or fall risk assessment, Home repair or modifications)		
	Individual services (Aging Transitions, Options Counseling)		
	Individual short appointments or phone call assistance (notary services, Aging Helpline)		
	Health Services (Fit feet, Covid testing, Vaccine distribution)		
	Information from website or newsletter		
	Targeted yearly programs (VITA tax assistance, Medicare Enrollment assistance)		
	Food programs (weekly lunch program, monthly food box)		
	Transportation (help finding options, volunteer driver program)		
	Employment services		
	Volunteering		
	Leadership (Project EngAGE, Senior Resource Teams, Workgroups, Boards)		

	oes of activities or services do you wish the Department on Aging/Senior offered?
	an the Department on Aging/Senior Centers, what are the main other ations you engage with to help meet your needs?
s there	anything else you would like to share about aging in Orange County?

Section 5: About our community members Please tell us a little bit more about you. We want to make sure we are hearing from a broad range of community members. These questions will help give us a clearer picture

	of people taking this survey. All your answers are anonymous.		
	best describes where you live? (select one)		
0	Chapel Hill/Carrboro		
0	Hillsborough Purel Orange County		
0	Rural Orange County Other:		
0	Prefer not to answer		
How I	ong have you lived in Orange County?		
0	Less than 5 years		
0	5 to 14 years		
0	15 to 24 years		
0	25 to 34 years		
0	35 years or more		
0	Prefer not to answer		
How v	vould you rate Orange County as a place for people to live as they age?		
0	Poor		
0	Fair		
0	Good		
0	Very good		
0	Excellent		
0	Prefer not to answer		
Are yo	ou a U.S. military veteran?		
0	Yes		
0	No		
0	Prefer not to answer		

What sex were you assigned at birth, on your original birth certificate?			
0	Male		
0	Female		
0	Prefer not to answer		
What	is your current gender identity?		
0	Man		
0	Woman		
0	Trans man		
0	Trans woman		
0	Genderqueer/gender non-conforming		
0	Different identity (please specify):		
0	Prefer not to answer		
Do yo	ou think of yourself as: (select all that apply)		
0	Straight/ Heterosexual		
0	Gay or Lesbian/ Homosexual		
0	Bisexual		
0	Other (please specify):		
0	Prefer not to answer		
What	are the primary languages spoken in your home? (select all that apply) English Spanish Chinese (including Mandarin, Cantonese, or other varieties)		
	Karen		
	Other (please specify):		
	Prefer not to answer		

What is your yearly household income before taxes? (select one)	
0	less than \$25,000
0	\$25,000 to \$49,999
0	\$50,000 to \$74,999
0	\$75,000 to \$99,999
0	\$100,000 to \$149,999
0	\$150,000 or more
0	Prefer not to answer
What is your employment status? (select all that apply)	
0	Self-employed, full-time
0	Self-employed, part-time
0	Employed, full-time
0	Employed, part-time
0	Unemployed, and looking for work
0	Retired and volunteering
0	Retired, not working at all
0	Not in the labor force for other reason (please specify):
0	Prefer not to answer