



AGE-FRIENDLY COMMUNITIES – CITY OF IMPERIAL BEACH

The City of Imperial Beach is committed to creating and maintaining a great community for people to live in as they age. We want to create an environment in which older adults can continue to lead healthy and productive lives in the city they live. Our goal is to gather resident’s perspectives on what is already working well and what is needed, so we are conducting this survey. Your answers to these questions 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 Imperial Beach 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, 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 Brenda Bothel-Hammond, bbothelhammond@sdsu.edu
- **This survey will take approximately 10 minutes to complete.**

Age-Friendly Communities –was made possible thanks to grant support from San Diego Foundation.

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 _____

Prefer not to answer

3. What is your zip code? _____

4. What **District of Imperial Beach** do you live in? (See Map Below)

District 1

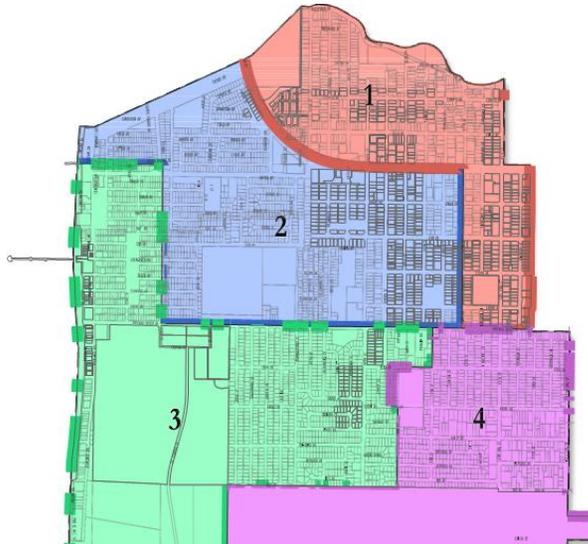
District 2

District 3

District 4

Not sure

I do not live in IB



5. 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

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

Excellent

Adequate

Poor

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

Very important

Somewhat important

Not at all important

8. What is your **current living arrangement**?

Own

Rent

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

9. What is your **primary home**?

Single family home

Mobile home

Town home or duplex

Apartment/Condo/
Co-op

Facility with
supportive services

Other _____

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

11. 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

12. 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

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

Very important

Somewhat important

Not at all important

14. 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

15. 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

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

Very important

Somewhat important

Not at all important

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

Very important

Somewhat important

Not at all important

SECTION 3. TRANSPORTATION

18. 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

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

Very important

Somewhat important

Not at all important

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

Very important

Somewhat important

Not at all important

21. 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

22. 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

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

Very important

Somewhat important

Not at all important

24. 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.

- | | | | | | | | |
|--|--|----------------------------------|---|--|--|--|--|
| <input type="checkbox"/>
Drive yourself | <input type="checkbox"/>
Have friend,
family or
neighbor drive
you | <input type="checkbox"/>
Walk | <input type="checkbox"/>
Ride a bike | <input type="checkbox"/>
Use public
transportation | <input type="checkbox"/>
Take a
taxi/cab or
Uber/Lyft | <input type="checkbox"/>
Use a special
transportation
service, such as
one for older adults
with disabilities | <input type="checkbox"/>
Other_____ |
|--|--|----------------------------------|---|--|--|--|--|

SECTION 4. HOUSING

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

- | | | | | | |
|---|--|--|--|---|---|
| <input type="checkbox"/>
Affordable housing
options for older
adults | <input type="checkbox"/>
Homes that are
accessible to people
of different physical
abilities | <input type="checkbox"/>
Housing options that
are within walking
distance of
community
resources (e.g.,
parks, stores,
community centers) | <input type="checkbox"/>
Affordable home
improvement
services | <input type="checkbox"/>
Services to arrange
shared housing
(e.g., roommates,
room rentals) | <input type="checkbox"/>
Smaller housing
opportunities (e.g.,
accessory dwelling
units, cottages) |
|---|--|--|--|---|---|

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

Very important

Somewhat important

Not at all important

27. 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

28. 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

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

Very important

Somewhat important

Not at all important

30. 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

31. 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

32. 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

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

Very important

Somewhat important

Not at all important

34. 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

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

Very important

Somewhat important

Not at all important

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

Very important

Somewhat important

Not at all important

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

University/
Community
College

Parks and
Recreation

Faith
community

Local
organizations
or
businesses

Community
center

Library

Senior
center

Offerings
through
my work

Online
programs

Other_____

38. 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

39. 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

40. 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

41. 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

42. 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

43. 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

44. 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 & 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

45. 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"/>	<input type="checkbox"/>
Wellness events at community locations to check blood pressure, get vaccinations, etc.	Physical activities and recreation classes at community centers	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)

46. 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

47. How important is it to you to have **physical activities and recreation classes at community locations?**

Very important

Somewhat important

Not at all important

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

Very important

Somewhat important

Not at all important

49. Do you **participate in the free lunch program** at the Imperial Beach Senior Center? **Yes** **No**

50. Were you **aware of the free lunch program** at the Imperial Beach Senior Center? **Yes** **No**

51. 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

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

Very important

Somewhat important

Not at all important

53. 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

54. 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

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Always/Usually

Sometimes

Never/Rarely

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

Very safe

Somewhat safe

Not safe

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

Very safe

Somewhat safe

Not safe

SECTION 9. COMMUNICATION AND INFORMATION

66. 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)

67. 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

68. 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

69. 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

70. 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

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

Very comfortable

Somewhat comfortable

Not comfortable

72. 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 & Independence Services

Parks and Recreation

Family or friends

Local nonprofit organizations

AARP

Faith-based organization such as churches or synagogues

Internet

Social Media

Healthcare professional

Library

211

Other _____

73. Would you like to **receive information and updates** related to our Age-Friendly Communities program? **Yes** **No**

74. If yes, please provide your **email address**:

SECTION 10. DEMOGRAPHICS

75. What is your current marital status?

Married

Divorced

Separated

Widowed

Not married, living
with partner

Never married

76. What race or ethnicity do you identify with?

American
Indian

Asian

Black

Hispanic

Pacific
Islander

Two or more

White (Non-
Hispanic)

Other_____

77. What was your annual household income before taxes in 2021?

Less than
\$10,000

\$10,000 to
\$19,999

\$20,000 to
\$29,999

\$30,000 to
\$49,999

\$50,000 to
\$74,999

\$75,000 to
\$99,999

\$100,000 to
\$149,999

\$150,000 or
more

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

Some high school or
less (no diploma)

High school diploma or
GED

Some college
(no degree)

Bachelor's degree

Graduate or professional
degree

79. What is your current employment status?

Full-time (40 or more
hours/week)

Part-time (less than
40 hours/week)

Unemployed

Unemployed, but
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.