

# AGE-FRIENDLY COMMUNITY NEEDS ASSESSMENT

#### Welcome!

The City of Auburn has made a commitment to be an "Age-Friendly Community."

#### PURPOSE

The Age-Friendly Community Committee is conducting a needs assessment. The purpose of the survey is to identify the unmet needs to make our community more welcoming, more accessible, and more inclusive for people of ALL ages, physical capabilities and interests.

As a resident and/or visitor to the community of Auburn, your input is valuable, and together with your participation, you can help create an Age-Friendly Auburn!

Please return completed survey within 30 days. Surveys can be completed online by <u>CLICKING HERE</u> or copies may be obtained and returned to:

| Auburn City Hall | or | Auburn Recreation Department |
|------------------|----|------------------------------|
| 60 Court Street  |    | 48 Pettengill Park           |

### 1. What is your marital status?

Married Widowed Never Married Divorced or Separated

## 2. What is your gender? (Optional)

) Male () Female () Transgender

## 3. What is your living situation?

 $\bigcirc$  Living alone  $\bigcirc$  Living with Spouse or Relative  $\bigcirc$  Living with Non-Relatives

### 4. How many people reside in your household?

) 1 - 2 () 2 - 4 () 5 or more

| Caucasian  | Black/African American                                      | American Indian/Alaskan Native         |
|--|---|--|
| Hispanic/Latino  | Native Hawaiian/Pacific Islander                            | Asian                                  |
| Other (please specify)                                       |   |  |
|  |   |  |
|  |   |  |
| 6. What age range do   | you fall into?  |  |
| 18 - 49 years 50 - 59 y                                      | years 🔵 60 - 69 years 🔵 70 - 79 years 🤇                     | 80 and older                           |
|  |   |  |
| 7. Which best describe                                       | es you? (Check all that apply)                              |  |
| Are you a Veteran  | Under 50 with Disability                                    | Relative of someone 50+ who needs care |
| 50+ with Disability  | Caregiver   | Neighbor of someone 50+ who            |
|  |   | needs care                             |
| Other (please specify)                                       |   |  |
|  |   |  |
|  |   |  |
| 8. How long have you   | lived in Auburn?  |  |
| 0 - 5 years 6 - 10 year                                      | rs 🔵 11 - 20 years 🔵 21 or more years                       |  |
|  |   |  |
|  | ad and included as an older res                             |  |
|  | eu anu includeu as an older res                             | Ident of Aubum?                        |
| 9. Do you feel respecto                                      |   | Ident of Auburn?                       |
| Yes Most of the time   | eu anu includeu as an older res                             | Ident of Auburn?                       |
| Yes  | eu anu includeu as an older res                             | ident of Auburn?                       |
| Yes<br>Most of the time<br>No                                | nt employment status?                                       | ident of Auburn?                       |
| Yes<br>Most of the time<br>No<br>10. What is your curre      |   |  |
| Yes<br>Most of the time<br>No<br>10. What is your curre      | nt employment status?<br>full-time Homemaker Retired but wo |  |
| Yes Most of the time No Subscription Hully retired Working f | nt employment status?<br>full-time Homemaker Retired but wo | rking part-time                        |

| Ward 1 Ward 2 Ward 3 Ward 4 Ward 5  | 11 Multiple stating sugged do story live in Q                                    |
|---|--|
| 12. What kind of residence do you live in?         Own home Apartment Live with family/friends Skilled Care Facility         Other (please specify)         Image: Control of the specify of the specific structure (please specify)         13. What is the biggest problem you face as an older adult living in the City of Auburn?         14. Is transportation a challenge for you?         Yes         No         If yes, why?         L5. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City ink Bus or used the ADA transport services?         Yes         Yes         No         16. Do you have access to healthy food sources?         Yes         No   | 11. Which voting ward do you live in?  |
| <ul> <li>Own home Apartment Live with family/friends Skilled Care Facility</li> <li>Other (please specify)</li> <li>I.3. What is the biggest problem you face as an older adult living in the City of Auburn?</li> <li>I.4. Is transportation a challenge for you?</li> <li>Yes</li> <li>No</li> <li>If yes, why?</li> <li>I.5. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City ink Bus or used the ADA transport services?</li> <li>Yes No</li> <li>I.6. Do you have access to healthy food sources?</li> <li>Yes</li> <li>No</li> </ul>  | Ward 1 Ward 2 Ward 3 Ward 4 Ward 5   |
| Other (please specify)   13. What is the biggest problem you face as an older adult living in the City of Auburn?   14. Is transportation a challenge for you?   Yes   No   If yes, why?   15. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City ink Bus or used the ADA transport services?   Yes   No   16. Do you have access to healthy food sources?   Yes  | 12. What kind of residence do you live in?                                       |
| I.3. What is the biggest problem you face as an older adult living in the City of Auburn?         I.4. Is transportation a challenge for you?         Yes         No         If yes, why?         I.5. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City ink Bus or used the ADA transport services?         Yes         No         16. Do you have access to healthy food sources?         Yes         No   | Own home Apartment Live with family/friends Skilled Care Facility                |
| I.3. What is the biggest problem you face as an older adult living in the City of Auburn?         I.4. Is transportation a challenge for you?         Yes         No         If yes, why?         I.5. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City ink Bus or used the ADA transport services?         Yes         No         16. Do you have access to healthy food sources?         Yes         No   | Other (please specify)   |
| Auburn?   |  |
| Auburn?   |  |
| 14. Is transportation a challenge for you?         Yes         No         If yes, why?         15. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City         Link Bus or used the ADA transport services?         Yes         No         16. Do you have access to healthy food sources?         Yes         No  | 13. What is the biggest problem you face as an older adult living in the City of |
| Yes         No         If yes, why?         If yes, why?         Image: Solution of the state of the st  | Auburn?  |
| Yes         No         If yes, why?         If yes, why?         Image: Solution of the state of the st  |  |
| Yes         No         If yes, why?         If yes, why?         Image: Solution of the state of the st  |  |
| Yes         No         If yes, why?         If yes, why?         Image: Solution of the state of the st  |  |
| Yes         No         If yes, why?         If yes, why?         Image: Solution of the state of the st  |  |
| No   If yes, why?   L5. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City Link Bus or used the ADA transport services?   Yes   No L6. Do you have access to healthy food sources?   Yes   No   | 14. Is transportation a challenge for you?                                       |
| <pre>If yes, why? If yes, why?</pre> | Yes  |
| <ul> <li>Lis. Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City Link Bus or used the ADA transport services?</li> <li>Yes No</li> <li>16. Do you have access to healthy food sources?</li> <li>Yes No</li> </ul>   | No   |
| Link Bus or used the ADA transport services?<br>Yes No<br>16. Do you have access to healthy food sources?<br>Yes<br>No  | If yes, why?   |
| Link Bus or used the ADA transport services?<br>Yes No<br>16. Do you have access to healthy food sources?<br>Yes<br>No  |  |
| Link Bus or used the ADA transport services?<br>Yes No<br>16. Do you have access to healthy food sources?<br>Yes<br>No  |  |
| Link Bus or used the ADA transport services?<br>Yes No<br>16. Do you have access to healthy food sources?<br>Yes<br>No  | 15 Have you ever taken Lewiston/Auburn Transportation Committee's (LATC) City    |
| Yes No L6. Do you have access to healthy food sources? Yes No No  |  |
| L6. Do you have access to healthy food sources?<br>Yes<br>No  |  |
| Yes<br>No   | Yes No   |
| Yes<br>No   | 16 Do you have access to healthy food sources?                                   |
| No  |  |
|   |  |
| If yes, please list sources:  |  |
|   | If yes, please list sources:   |
|   |  |
|   |  |
|   |  |

| 17. Do you need changes in your home to make it safer and more comfortable? |
|---|
| Yes   |
| No  |
| If yes, please describe:  |
|   |
|   |
| 18. Is it easy to find opportunities to socialize with people of all ages?  |
|   |

- O Yes
  - 🔵 No
- O I don't know

# 19. For each question below, please rate how important it is to you?

|   |                | Somewhat   |               |            | I would like to |            |
|---|----------------|------------|---------------|------------|-----------------|------------|
|   | Very important | important  | Not important | l use      | use             | N/A        |
| Volunteering or taking<br>part in activities with<br>others | $\bigcirc$     | $\bigcirc$ | 0             | $\bigcirc$ | 0               | $\bigcirc$ |
| Getting the exercise that is good for me                    | $\bigcirc$     | $\bigcirc$ | $\bigcirc$    | $\bigcirc$ | $\bigcirc$      | $\bigcirc$ |
| Having someone to talk to when I'm lonely                   | $\bigcirc$     | $\bigcirc$ | $\bigcirc$    | $\bigcirc$ | $\bigcirc$      | $\bigcirc$ |
| Having a senior<br>center in my<br>community                | $\bigcirc$     | $\bigcirc$ | $\bigcirc$    | $\bigcirc$ | $\bigcirc$      | $\bigcirc$ |
| Being able to attend religious services                     | $\bigcirc$     | $\bigcirc$ | $\bigcirc$    | $\bigcirc$ | $\bigcirc$      | $\bigcirc$ |
| Being able to attend community events                       | $\bigcirc$     | $\bigcirc$ | $\bigcirc$    | $\bigcirc$ | $\bigcirc$      | $\bigcirc$ |

| 20. Which of the following reso  | ources would you use if you, a family member, or friend |
|----------------------------------|---|
| needed information about serv    | vices for older people in Auburn?                       |
| Seniors Plus                     | Great Falls TV  |
| Auburn Senior Center             | Family and friends                                      |
| City Hall                        | Medical Provider  |
| Sun Journal                      |   |
| Other (please specify)           |   |
|                                  |   |
|                                  |   |
| 21. Are you able to leave your   | home to do activities you want to?                      |
| ○ Yes ○ No                       |   |
|                                  |   |
| 22. Can you find the information | on you need to attend activities that interest you in   |
| Auburn?                          |   |
| Yes                              |   |
| No                               |   |
| Sometimes                        |   |
|                                  |   |
| 23. Are there other kinds of se  | ervices you need that we have not mentioned?            |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
| 24. What type of events or pro   | grams would you like to see?                            |
|                                  |   |
|                                  |   |
| <u> </u>                         |   |

| 25. Would you li | e to receive information on the City's Age-Friendly Committee and  |
|------------------|--|
| Auburn Senior C  | enter Activities by providing your contact information? (Optional) |
| Name             |  |
| Address          |  |
| City/Town        |  |
| State/Province   |  |
| ZIP/Postal Code  |  |
| Email Address    |  |
| Phone Number     |  |
|                  |  |