

West Hollywood Aging IN Place/Aging IN Community Strategic Plan (2016-2020) – Questionnaire

Thank you for taking time to respond to this survey. Your answers are completely anonymous (unless you choose to identify yourself at the end of the survey), and you are free to skip any questions. The information you provide will help the City of West Hollywood understand the impact of their efforts to make West Hollywood an Age-Friendly city. Information from the surveys will be grouped together and reported as a group. If you have any questions about this survey, please contact Marci Eads at meads@healthmanagement.com.

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree | N/A |
|--|-------------------|-------------------|----------------------------|----------------|----------------|-----|
| I use West Hollywood’s open spaces regularly. | | | | | | |
| West Hollywood’s public buildings and public spaces are consistently very accessible. | | | | | | |
| West Hollywood’s public transportation system is consistently very accessible and very easy to use. | | | | | | |
| West Hollywood’s public transportation system always has stops where I need them. | | | | | | |
| I feel very respected and included in the community in West Hollywood. | | | | | | |
| I live in housing that is affordable and safe. | | | | | | |
| I feel very connected to my neighbors. | | | | | | |
| I am able to afford and have easy access to healthy food. | | | | | | |
| If I have a need for health or social services or information, I know how to easily find what I need. | | | | | | |
| If I want to participate in social and community activities, I know how to easily find information about activities I am interested in. | | | | | | |
| I have a primary care doctor, or a regular source of health care services when I need them. | | | | | | |
| If I need home health services to help me recover from an illness, or personal care to help with chores that are too much for me lately, I know how to get them. | | | | | | |
| I know what it means for a city to be “Age-Friendly”. | | | | | | |
| I feel that West Hollywood is an “Age-Friendly” city. | | | | | | |

1. How would you rate the overall quality of life in West Hollywood?
 Excellent Good Fair Poor Very Poor
2. What is your perception of the safety of your neighborhood?
 Very safe Somewhat safe Fairly safe Not very safe
3. What is your perception of the safety of the city as a whole?
 Very safe Somewhat safe Fairly safe Not very safe
4. If I needed to make a modification to my home to be able to continue to live in it, I know that the city has a program that will work with the landlord or owner to help install the modifications.
 Yes No
5. I have done volunteer work in the last 30 days.
 Yes No, but I wanted to. No, and I did not want to.
6. I have participated in paid employment in the last 30 days.
 Yes No, but I wanted to. No, and I did not want to.
7. I have participated in cultural or social activities in the last 30 days.
 Yes No, but I wanted to. No, and I did not want to.
8. I have heard of West Hollywood's "Aging in Place" Initiative.
 Yes No I don't know

Is there anything else you would like to share with us about any of these topics? _____

Demographics

The following questions are of a personal nature, but will aid our understanding of the community's needs. All responses to the survey are confidential and you will not be identified in any way (unless you choose to identify yourself below). Even if you choose not to respond to some of these questions, please return your survey anyway.

1. Are you: Male Female
2. Are you transgender? Yes No
 If Yes, please self-identity: _____
3. How old are you? Please check (1) one.
 18-24 25-34 35-44 45-54 55-64 65-80 80+

4. How many years of education have you completed?
 Less than 12 years Completed high school
 Some college 4-year college degree
 Graduate education
5. What is your racial or ethnic background? (check all that apply)
 African-American Anglo/White/Caucasian
 Latino/Latina Native American
 Asian or Pacific Islander Other _____
6. Do you identify yourself as:
 Bisexual Gay male
 Heterosexual Lesbian
7. What is the approximate annual income (before taxes) for your household? (If you live with a roommate/housemate, only count your own income.)
 Less than \$10,000 a year \$50,000-\$74,999
 \$10,000-\$14,999 \$75,000-\$99,999
 \$15,000-\$24,999 \$100,000-\$149,999
 \$25,000-\$34,999 \$150,000 or more
 \$35,000-\$49,999
8. How many years have you lived in West Hollywood? _____ years
9. Which of the following best describes the area in which you live? Please check (1) one.
 West of La Cienega
 Between La Cienega Blvd. and Crescent Heights Blvd.
 Between Crescent Heights Blvd. and La Brea Ave.
10. What zip code do you live in?
 90069 90046 90048
11. Did you immigrate to the United States from another country? Yes No
 If YES, from _____ (name of country) in _____ (year of first entry).
12. What is the primary language you speak at home?
 English Russian
 Spanish Other (Please describe) _____
13. Are you a citizen of the United States?
 Yes No
14. Is your household affected by any of these health issues? Please check all that apply.
 AIDS/HIV Learning disability
 Hearing or sight impairment Development disability
 Mobility impairment Mental or emotional disability

___ Medical disability (please describe) _____

15. What kind of housing do you live in? Please check (1) one.

- Apartment or duplex Single family home
 Condominium Retirement home/group living quarters
 Other (Please describe)

16. Please check what best describes your housing situation:

- I own my own residence or share ownership
 I rent under a government housing subsidy or low-income program (e.g., HUD building, Section 8, the City's inclusionary housing program, West Hollywood Community Housing Corporation)
 I rent my residence (no housing subsidy)
 Other (please describe)

Opportunity to Provide Ongoing Feedback and Information

The questionnaire you completed today (or that you will complete later, if desired) is part of a larger effort to understand the impact of the City of West Hollywood's Aging In Place Initiative on the lives of West Hollywood's residents. If you would like to participate in this larger evaluation effort, we would appreciate your input.

You would be asked to do provide your name and contact information below so HMA can contact you in 6-12 months to ask you to complete this questionnaire again and/or to ask if we can conduct a brief interview with you, and so that we can link your answers today with your answers later. Your individual responses would be kept confidential to the evaluation team at HMA and would not be shared publicly, with the City of West Hollywood, or with anyone outside of the evaluation team.

Please check all that apply:

- I agree that HMA can use the contact information provided below to contact me in 6-12 months to ask that I complete the questionnaire again and to link my responses.
 I agree that HMA can use the contact information provided below to contact me in 6-12 months to ask that I participate in an individual or group interview.
 I agree that HMA can leave a voice mail or email me for these purposes.
 I am interested in participating as an advisor to this project.

Name _____

Email Address _____

Phone Number _____

Signature _____

If you have any questions about this questionnaire or the larger evaluation, please contact Marci Eads, PhD at meads@healthmanagement.com.