

Age-Friendly Austin Community Feedback Survey 2024

Welcome to our Age-Friendly Survey. We are interested in the opinions of older adults that reside within our local community. Your feedback will help the Commission on Aging make recommendations to the Mayor and City Council regarding the City of Austin's upcoming budget.

The survey will ask you to share thoughts regarding topics that impact your daily life. Please answer the questions as you understand them. We want to ensure that we capture your honest opinion.

We greatly appreciate you taking the time to share your thoughts. This survey will take about 15-25 minutes. This survey is confidential.

There will be an opportunity to give additional feedback and comments at the end of the survey. All questions on this survey are optional.

1. How long have you lived in Austin?

<input type="checkbox"/> Fewer than 5 years <input type="checkbox"/> 5 years or more but fewer than 15 years <input type="checkbox"/> 15 years or more but fewer than 25 years <input type="checkbox"/> 25 years or more but fewer than 35 years	<input type="checkbox"/> 35 years or more but fewer than 45 years <input type="checkbox"/> 45 years or more <input type="checkbox"/> I do not live in the City of Austin
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2. How would you rate Austin as a place for people to live as they age?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

Section 1: Outdoor and Public Places

Public places to gather — indoors and out. Green spaces, safe streets, sidewalks, outdoor seating, and accessible buildings (with elevators, stairs with railings, adequate lighting, etc).

3. When using parks or recreational opportunities near your residence, do you typically encounter any of the following? Please select all that apply.
 - Lack of parks or recreational opportunities near my residence
 - Lack of available transportation to parks or recreational opportunities.
 - Safety concerns at parks and recreational opportunities (i.e. limited lighting, uneven walkways, illicit behavior, etc.)
 - Lack of accessibility (i.e. no sidewalks, elevators, wheelchair ramps, etc.)
 - Lack of ADA (Americans with Disabilities Act) Accommodations
 - I have no issues accessing parks or recreational opportunities.
 - I do not access parks or recreational opportunities.
 - Other (please specify)

Section 2: Transportation

Transit options can include walking, taking the bus, rideshare (Lyft, Uber, etc.), driving, carpooling, or Senior Transportation Services (i.e. Drive a Senior), etc.

4. What modes of transportation do you *prefer to use*? **Select your 3 most-used options.**

- | | |
|---|--|
| <input type="checkbox"/> Personal Vehicle (yours or someone else's) | <input type="checkbox"/> Senior Transportation Services (i.e. Drive a Senior, Chariot, etc.) |
| <input type="checkbox"/> CapMetro (Bus) | <input type="checkbox"/> Metro Access |
| <input type="checkbox"/> Walking | <input type="checkbox"/> I do not leave my house often |
| <input type="checkbox"/> Bicycling | |
| <input type="checkbox"/> Ride Share (Uber, Lyft, etc.) or Taxi | |

5. What, if anything, prevents you from accessing your preferred transportation mode? Please select all that apply.

- Concerns about road safety
- No public transit near residence
- Other safety concerns (i.e. limited lighting, extreme heat/cold, illicit behavior, etc.)
- Cost
- Lack of ADA accommodations
- I am homebound due to a medical condition.
- I have no issues accessing my preferred method of transit.
- Other (please specify)

Section 3: Housing

There are several housing opportunities for older adults such as independent living, residential care, assisted living, etc.

6. Do you rent or own your current residence? For the purpose of this survey, check "own" even if there is outstanding debt on a mortgage loan.

- Own (by you or someone in your household)
- Rent (by you or someone in your household)
- Prefer not to say.

7. Some people find that they need or want to move out of their community as they get older. If you were to consider moving out of your current community, would the following be a major factor, a minor factor, or not a factor at all in your decision to move? **(Weigh each of the following on a scale of 1 to 5, with 5 being a "major factor" to 1 "not a factor at all.")**
- | | |
|---|---|
| <input type="checkbox"/> Your personal safety or security concerns | <input type="checkbox"/> Wanting to live in a different climate. |
| <input type="checkbox"/> Wanting to move to an area that has better health care facilities. | <input type="checkbox"/> Wanting to live in an area that has a lower cost of living. |
| <input type="checkbox"/> Wanting to be closer to family | <input type="checkbox"/> Wanting to live in an area with better opportunities for social interaction. |
| <input type="checkbox"/> Needing more choices for public transportation | |
8. Which of the following best describes your current living arrangements? Please select all that apply.
- Living alone
 - Living with spouse/partner
 - Living with children
 - Living with grandchildren
 - Living with roommates
 - Living in assisted living facility
 - Living in a 55+ community
 - Experiencing homelessness
 - Prefer not to say.
 - Other (please specify)
-
9. Are you the primary caretaker for a spouse/partner, children, or grandchildren? (Please select all that apply)
- Yes (spouse/partner)
 - Yes (children)
 - Yes (grandchildren)
 - No
 - Other (please specify)
-

10. Have you experienced unstable housing due to any of the following? Please select all that apply.

- Homelessness
- Gentrification (process of changing the character of a neighborhood through the arrival of more wealthy residents and businesses)
- Affordability
- Medical Reasons
- Loss of job
- I am not experiencing unstable housing.
- Other (please specify)

11. Aging in place refers to living independently in the place of your choice as you age instead of in an assisted living or nursing facility. How important is it for you to age in place for as long as possible?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not at all important

12. Are you currently aging in place?

- Yes
- No
- Unsure

13. What if anything prevents you from being able to age in place? Please select all that apply.

- Affordability
- Health concerns
- Safety concerns
- Personal preference
- I face no issues regarding my ability to age in place.
- Other (please specify)

Section 4: Employment and Volunteer Opportunities
Including full and part-time employment

14. What is your current employment status?

- Full-time (30+ hours) **[Go to question 15]**
- Part-time (fewer than 30 hours) **[Go to question 15]**
- Retired **[Skip to question 16]**
- Semi-Retired **[Skip to question 16]**
- Not employed but looking for work **[Skip to question 16]**
- Other (please specify) **[Skip to question 16]**

15. If you are currently employed, how likely is it that you will continue to work as long as possible?

- | | |
|---|--|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Not at all likely |
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> Unable to retire. |
| <input type="checkbox"/> Not very likely | |

16. Do you believe older adults in Austin have equal employment and income opportunities?

- Yes
- No
- Unsure

17. Would you be interested in assistance with resume writing, interview practice, training, etc?

- Yes
- No
- Unsure

18. Have you participated in any volunteer and/or community engagement opportunities in the last 12 months?

- Yes
- No

19. What, if anything, prevents you from participating in volunteer and/or community engagement opportunities? Please select all that apply.

- Lack of information about available opportunities
- Lack of transportation
- Lack of interpretation services
- Lack of culturally appropriate services (services that will support and recognize cultural customs, traditions, and beliefs)
- Lack of opportunities close to my residence.
- I don't have access to the internet.
- Lack of ADA accommodations
- I face no issues participating in volunteer and/or community engagement opportunities.
- Other (please specify)

Section 5: Culturally appropriate recreational and social opportunities for older adults

20. How often do you have contact with family, friends, or neighbors who do not live with you?

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Once every 2 or 3 weeks |
| <input type="checkbox"/> Several times a week, but not every day | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Less than monthly |
| | <input type="checkbox"/> Never |

21. Have you participated in any social or recreational activities in the past 12 months?

- Yes
- No
- Yes, but not as many as I would have liked too.
- Other (please specify)

22. What, if anything, prevents you from participating in recreational and social opportunities?
Please select all that apply.

- Lack of transportation services
- Lack of interpretation services
- Lack of culturally appropriate services
- Lack of opportunities closer to my residence
- I don't have access to the internet.
- Lack of ADA accommodations
- I face no issues accessing cultural and educational opportunities.
- Other (please specify)

Section 6: Public Health and Health Care Services to improve health outcomes for older adults.

23. In the last 12 months have you had difficulty obtaining any of the following health services?
Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Specialty Healthcare (i.e. Cardiologist, Neurologist, etc.) |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> I have no issues accessing services. |
| <input type="checkbox"/> Vision Services | |
| <input type="checkbox"/> Hearing Services | |
| <input type="checkbox"/> Primary Healthcare | |

24. What, if anything, prevents you from accessing health services? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> Lack of Available Providers |
| <input type="checkbox"/> No Transportation to medical appointments or pharmacy | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Stigma (fear or embarrassment) | <input type="checkbox"/> Lack of ADA Accommodations |
| <input type="checkbox"/> No Social Support (i.e. No one to assist you with scheduling or attending your appointments) | <input type="checkbox"/> Trouble with telehealth access/technology |
| <input type="checkbox"/> Lack of Time | <input type="checkbox"/> Safety Concerns (ex. COVID-19, Falls, etc.) |
| <input type="checkbox"/> Conflict with religious beliefs | <input type="checkbox"/> I have no issues accessing services. |
| <input type="checkbox"/> Other (please specify) | |

25. Do you receive social support for any of the following? Please select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> My children | <input type="checkbox"/> Online Communities/Social Media |
| <input type="checkbox"/> My friends | <input type="checkbox"/> I do not have enough support and I am experiencing social isolation. |
| <input type="checkbox"/> Other Family Member | |
| <input type="checkbox"/> Support Group | |
| <input type="checkbox"/> My church/faith community | |
| <input type="checkbox"/> Neighbor(s) | |
| <input type="checkbox"/> Community agencies/organizations | |
| <input type="checkbox"/> Other (please specify) | |

26. Do you have any other health or safety concerns? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I have limited access to healthy food options. | <input type="checkbox"/> I am experiencing fraud, abuse, and/or neglect. |
| <input type="checkbox"/> I am worried about cost or arrival time of Emergency Medical Services (EMS) | <input type="checkbox"/> I am experiencing loneliness. |
| <input type="checkbox"/> I am not adequately prepared for an emergency (including floods, freeze, fire, hurricanes, etc.) | <input type="checkbox"/> I am concerned about fall risks |
| <input type="checkbox"/> I need but do not have a caregiver or caregiver support. | <input type="checkbox"/> I am concerned about the overall lack of ADA Accommodations in our community. |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> I have no other health or safety concerns. |

27. Are you a person living with a disability?

- Yes **[Go to question 28]**
 No **[Skip to question 29]**
 Prefer not to say **[Skip to question 29]**

28. If so, please select any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Blind or low vision | <input type="checkbox"/> Cognitive disability |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Intellectual or developmental disability (IDD) | <input type="checkbox"/> Psychiatric or mental health |
| <input type="checkbox"/> Not specified above, please specify | <input type="checkbox"/> Prefer not to say |

29. Have you received the COVID-19 Vaccine? If so, how many doses have you received?

- | | |
|---|---|
| <input type="checkbox"/> 1 [Skip to question 31] | <input type="checkbox"/> I have not received any doses of the COVID-19 Vaccine [Go to question 30] |
| <input type="checkbox"/> 2 [Skip to question 31] | <input type="checkbox"/> Prefer not to say [Skip to question 31] |
| <input type="checkbox"/> 3 [Skip to question 31] | |
| <input type="checkbox"/> 4 [Skip to question 31] | |
| <input type="checkbox"/> 5 [Skip to question 31] | |

30. If you have not received the COVID-19 vaccine, please share your reason(s). Select all that apply.

- Lack of access
- Fear
- Conflict with religious beliefs
- Lack of transportation
- Prefer not to say.
- Other (please specify)

Section 7: Digital Access and Inclusion

31. Do you have access to the internet (broadband access) in your home?

- Yes **[Skip to question 33]**
- No **[Go to question 32]**

32. If not, what prevents you from having internet/broadband access in your home? Select all that apply.

- Cost
- Location of home/no provider in the area
- Need assistance making appointment with company.
- No interest
- Unfamiliarity with internet/broadband access
- Other (please specify)

33. Do you have access to a working technology device (computer, laptop, tablet, smart phone, etc.)?

- Yes **[Skip to question 35]**
- No **[Go to question 34]**

34. If not, what prevents you from having a technology device (computer, laptop, tablet, smart phone, etc.)? Select all that apply.

- Cost **[Skip to question 37]**
- No interest **[Skip to question 37]**
- Unsure how to use it **[Skip to question 37]**
- Other (please specify) **[Skip to question 37]**

35. If yes, do you need any training assistance utilizing your device?

- Yes **[Go to question 36]**
- No **[Skip to question 37]**

36. What type of training are you most interested in?

- Over the phone
- Online
- Manual (written instructions)
- One on one training (in person)
- Group training (in person)
- Other (please specify)

Section 8: General

37. Which of the following resources do you use to stay informed? Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Email |
| <input type="checkbox"/> Television | <input type="checkbox"/> Social Media (Facebook, Instagram, etc.) |
| <input type="checkbox"/> Word of mouth from friends/family | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Internet/website | <input type="checkbox"/> Text |

38. What's the one thing the city needs to do better?

39. What city service is most useful to older adults?

40. What do you feel is not being done, that the City of Austin Commission on Aging could help with?

Section 9: Demographics- If you do not feel comfortable answering, please feel free to skip.

41. What is your age?

- Age 49 and under
- 50-64
- 65-74
- 75-84
- 85 and over

42. What is your racial or ethnic identity? (Select all that apply.)

- African American/Black
- East Asian
- Hispanic/Latinx
- Middle Eastern
- American Indian/Alaskan Native
- Pacific Islander
- South Asian
- Southeast Asian
- White
- None of the above, please specify...

Recent events have highlighted the need to be more aware of the diversity that exists in Austin, including the LGBTQI+ community. The first step toward accomplishing this is to gather demographic data, hence these questions about sexual orientation and gender identity. This issue was discussed in Austin City Council meetings, with the Council's favorable reaction. **However, your first consideration in answering these questions should be your own comfort level.**

Cisgender: A term used to describe people whose gender identity and gender expression align with their sex assigned at birth. A cisgender man is someone who was assigned male at birth and identifies as a man, and a cisgender woman is someone who was assigned female at birth and identifies as a woman.

Non-Binary: A broad term that encompasses any gender identity outside of the binary constructs of girl/woman or boy/man

Trans Woman or Trans Feminine: A term for someone who was assigned male at birth who identifies as a woman or identifies as feminine on the gender spectrum.

Trans Man or Trans Masculine: A term for someone who was assigned female at birth who identifies as a man or identifies as masculine on the gender spectrum.

Intersex is a general term used for a variety of situations in which a person is born with reproductive or sexual anatomy that doesn't fit the boxes of "female" or "male."

43. What is your gender identity?

- | | |
|--|---|
| <input type="checkbox"/> Cisgender Female | <input type="checkbox"/> Trans Man or Trans Masculine |
| <input type="checkbox"/> Cisgender Male | <input type="checkbox"/> Agender |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Gender Fluid |
| <input type="checkbox"/> Trans Woman or Trans Feminine | <input type="checkbox"/> Prefer not to say. |

44. Do you identify as intersex?

- Yes
- No
- Prefer not to say.

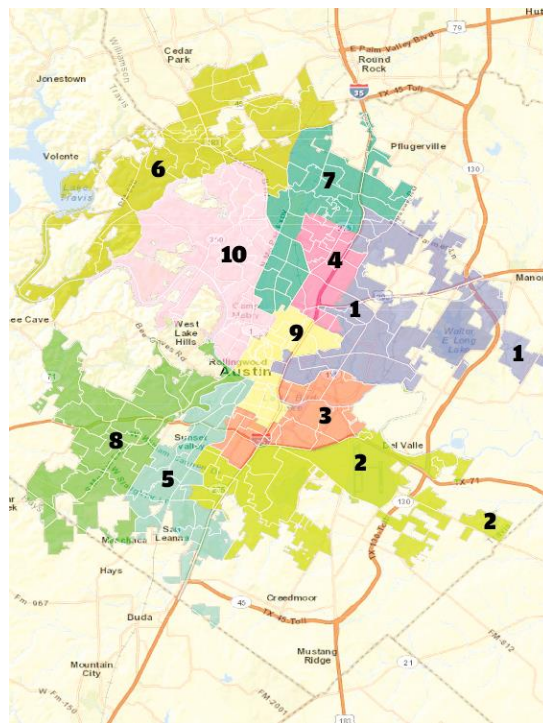
45. What is your sexual orientation?

- | | |
|---|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Prefer not to say |

46. What is your Zipcode?

47. What City Council District do you live in?

- | | |
|--|--|
| <input type="checkbox"/> District 1 (Natasha Harper-Madison) | <input type="checkbox"/> District 7 (Leslie Pool) |
| <input type="checkbox"/> District 2 (Vanessa Fuentes) | <input type="checkbox"/> District 8 (Paige Ellis) |
| <input type="checkbox"/> District 3 (Jose Velasquez) | <input type="checkbox"/> District 9 (Zohaib “Zo” Qadri) |
| <input type="checkbox"/> District 4 (Jose “Chito” Vela) | <input type="checkbox"/> District 10 (Allison Alter) |
| <input type="checkbox"/> District 5 (Ryan Alter) | <input type="checkbox"/> Do not know. |
| <input type="checkbox"/> District 6 (Mackenzie Kelly) | <input type="checkbox"/> I do not reside in the City of Austin |



48. I am responding on behalf of and representing the views of...

- Myself
- Someone I care for
- Someone my agency or organization cares for

Thank you for your participation! If you have questions or concerns, please feel free to email AgeFriendlyAustin@austintexas.gov or call 512-972-5019. The Commission on Aging will be making their recommendations for the FY25 City of Austin Budget at their March 2024 Meeting. Meeting details can be found here: [Commission on Aging | AustinTexas.gov](#).