



## Livable Communities for People of all Ages City of Alameda 2026 Community Survey

*This survey should be completed by Seniors 55+ years, adults with disabilities, family caregivers, or service providers by April 30th. Please complete only one survey, either on paper or online at [need the link](#). If you have any questions or need help completing the survey, call us at (510) 747-6890 or [gmannahayon@alamedaca.gov](mailto:gmannahayon@alamedaca.gov)*

*This survey will take approximately 15-20 minutes to complete. The results of this survey will be used by the Social Service Human Relations Board to determine our plan to support Alameda residents so they may age in place in our beautiful City.*

*Thank you for your time and effort in supporting this project.*

### **1. I identify as (check all that apply):**

55 years or older    Adult with a Disability    Family Caregiver    Service Provider

### **2. What services are most needed for older adults in the City of Alameda?**

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### **3. What services or organizations have been most helpful to you or those you care for?**

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### **4. OVER THE PAST YEAR HOW OFTEN DID YOU TAKE PART IN THESE**

## ACTIVITIES?

<b>SOCIAL ACTIVITIES</b>	<b>Always</b>	<b>Almost always</b>	<b>Often</b>	<b>Almost never</b>	<b>Never</b>
I take classes and participate in activities at a senior center/ community center					
I do something physical to keep myself healthy					
I try to learn something new to keep my brain active					
I keep myself busy by volunteering in the community					
I have family and friends that I see and participate in activities					
Other (please specify)					

## 5. OVER THE PAST YEAR HOW OFTEN DID YOU EXPERIENCE ANY OF THESE?

<b>ECONOMIC &amp; DAILY LIVING ACTIVITIES</b>	<b>Always</b>	<b>Almost always</b>	<b>Often</b>	<b>Almost never</b>	<b>Never</b>
I have a hard time doing daily activities on my own, such as bathing, dressing, toileting, moving in/out of bed or chair, etc.					
I need help with bathing, dressing, toileting, moving in/out of bed/chair, etc., but I don't have anyone to help					
I don't have enough food to eat at home					
I often run out of money to pay for the things I need, such as food, housing/rent, medicine, transportation, etc.					

## 6. OVER THE PAST YEAR HOW OFTEN DID YOU FEEL?

EMOTIONAL HEALTH	Always	Almost always	Often	Almost never	Never
Grief and loss from death or separation					
Alone/no one to talk to					
Unsafe in my home due to abuse					
Unsafe in my home due to its physical condition					
Unsafe in my neighborhood					
Empowered and active					

**7. HOW FAMILIAR ARE YOU WITH THE FOLLOWING SERVICES AND SUPPORTS?**

SERVICE CATEGORY	4	3	2	1
	familiar and used	familiar no need	familiar cannot use	never heard of it
<b>Caregiver Support- Services for people who are caring for a loved one who needs assistance.</b> (Alzheimer's/dementia services, adult day care/respice, support groups, counseling, workshops)				
<b>Case Management- Coordination of social and health care services.</b> (Alameda Family Services, Multipurpose Senior Services Program (MSSP), Targeted Case Management, Senior Wellness Connection, Alameda County Behavioral/Public Health)				
<b>Disabled Adult Services- Support services, resources, and care for adults with disabilities.</b> (Center for Independent Living (CIL), Deaf Counseling Advocacy & Referral Agency (DCARA), California Technical Assistance Program (CTAP), East Bay Innovations (EBI), Light House for the Blind and Visually Impaired, East Bay Center for the Blind)				

<b>SERVICE CATEGORY</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
	familiar and used	familiar no need	familiar cannot use	never heard of it
<b>Transportation- Accessible rides for medical appointments, daily errands, and community engagement.</b> (East Bay Paratransit, City of Alameda Connect, Public Transportation)				
<b>Community Engagement - Resources and Activities to engage with others.</b> (Alameda volunteer list, Alameda Post Events Calendar, West End Arts District, Alameda Free Library, Point in Time Count)				
<b>Food/ nutrition services- Access to healthy food, meal programs, and nutritional support.</b> (Alameda Foodbank, SOS Meals on Wheels, Spectrum Senior Meals, Mercy Brown Bag)				
<b>Health Support Programs- Offer education, screenings, and resources to help individuals manage and improve their health.</b> (Aphasia Center, American Heart Association, PD Active, Parkinson's Association, fall prevention, smoking cessation)				
<b>Home Care Services- Provide in-home assistance with daily tasks, personal care, and medical needs to support independent living.</b> (In-Home Support Services (IHSS), private pay home aide)				
<b>Housing Support- Finding affordable housing, tenancy rights, eviction assistance</b> (Eden I&R, Alameda HHS)				
<b>Mental Health- Offer counseling, therapy, and support for individuals dealing with mental health challenges.</b> (Suicide prevention, Alameda County Behavioral Health, Alameda Family Services, Asian Community Mental Health, La Clinica, Alameda County Care Court)				
<b>Information &amp; Assistance- Help individuals navigate services, benefits, and community resources tailored to their needs.</b> (211/Eden I&R, Information & Referral, Area Agency on Aging)				

SERVICE CATEGORY	4	3	2	1
	familiar and used	familiar no need	familiar cannot use	never heard of it
<b>Legal Services- Provide legal advice, education and representation.</b> (Legal Assistance for Seniors, Bay Area Legal, California Advocates for Nursing Home Reform, Eviction Defense Center, East Bay Community Law)				
<b>Life Care Planning- Assist individuals in planning for long-term care including wills, trust, power of attorney, advance care directives.</b> (Alameda Public Health Care Partners AARP)				
<b>Homelessness Services- Offer shelter, resources, and support to help individuals experiencing homelessness regain stability.</b> (Alameda Housing Resource Center, Winter Warming, Day Center, Safe Parking, Alameda Day Center Overnight Shelter, Emergency Supportive Housing, Dignity Village)				
<b>Employment- Services that assist in finding and maintaining a job or work experience.</b> (Senior Community Service Employment Program, CalWORKS, AmeriCorps)				

**8. If you have not accessed or have had trouble accessing services, why were you unable to access them?? (check all that apply)**

- I did not know about the following service(s): \_\_\_\_\_
- No translator, language challenges
- I was not eligible/qualified because of age or disability designation
- My income was too high to qualify
- Service/program does not exist
- I did not have transportation
- I need a live person to help me
- Too expensive
- N/A I was able to obtain all the services I needed
- Other (explain): \_\_\_\_\_

**9. How do you usually find out about services and supports available to help maintain or improve your health and independence?  
(check your top 1-3)**

- Family/Friends
- Social Worker
- Church
- Referral from a service provider
- Social Media (explain): \_\_\_\_\_
- Website/Search (explain): \_\_\_\_\_
- Mastick Senior Center
- Doctor/ health insurance
- Health fairs/community events
- Agency newsletter (explain): \_\_\_\_\_
- News outlet (explain): \_\_\_\_\_
- Other (explain): \_\_\_\_\_

**10. How many years have you lived in your current residence?**

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-5   | <input type="checkbox"/> 6-10  |
| <input type="checkbox"/> 11-15            | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 |
| <input type="checkbox"/> 26-30            | <input type="checkbox"/> 31-35 | <input type="checkbox"/> 36+   |

**11. Do you think you will be able to live in your current residence as you age?**

- Yes  No  Not sure

**12. If you do not feel you can continue living in your current residence as you age check all that apply:**

- N/A I will be able to live in my current home while aging
- Mortgage/ Rent too expensive
- Too many repairs I can't afford
- House is too big to maintain
- External or internal stairs
- Interior not accessible (bathroom, counters, hallways)
- Services are too far from me
- Health care needs can't be met at home
- Other \_\_\_\_\_

**13. What transit options do you access often? (check all that apply)**

- I drive myself
- Friends and family drive me
- Public transit (bus, Bart)
- Paratransit
- Ride sharing or taxis
- Bicycle or scooter
- Walking
- Other \_\_\_\_\_

**14. What kind of technology devices do you currently use or have access to? (check all that apply)**

- Smart Phone (Android or iPhone - phone with internet access)
- Tablet (Android or iPad)
- Laptop (Mac or PC)
- Desktop Computer (Mac or PC)
- I do not use technology
- Other (old or dated technology) \_\_\_\_\_

**15. Do you use your computer or smart phone/tablet for any of these activities? (check all that apply)**

- Send emails
- Text, Messenger
- Video chat, Facetime, Zoom
- Social Media (Facebook, Instagram, Twitter/X, TikTok)
- Schedule a ride (Uber/ Lyft/ GoGo/ East Bay Paratransit)
- Buy groceries
- Order medication
- Telehealth (talk to my doctor)
- I do not use a computer or smart phone/tablet
- Other: \_\_\_\_\_

**16. What kind of training or support would make it easier for you to access online resources? (Check all that apply)**

- Basic Training on how to use your device
- Training on how to use different apps
- Step-by-step printed or video guides
- Affordable Devices (tablets, smartphone, computer)
- A device that is easier to use
- Reliable Internet connection
- Easy-to-reach helplines or in-person tech support
- Understanding internet safety and avoiding scams
- Larger font or adjustable contrast

Other \_\_\_\_\_

**17. Do you have any other comments about the services you need to age well and maintain your health and independence?**

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**DEMOGRAPHIC INFORMATION**

1. What is your age in years? (check one)

18 – 54  55 – 64  65 – 69  70 – 79  80 – 89  90 – 94  95+

2. What is your sex or gender identity?

Male  Female  Other (describe): \_\_\_\_\_

3. Do you identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI+)?

Yes  No  I prefer not to answer

4. Select your ethnic/race identification? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Afro Caribbean, Afro-Latina/o                                | <input type="checkbox"/> Hispanic, Latina/o                  |
| <input type="checkbox"/> Native American, American Indian, Alaskan Native, Indigenous | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Arab or other Middle Eastern                                 | <input type="checkbox"/> South Asian, Indian or Desi         |
| <input type="checkbox"/> Asian, Asian American, Filipino                              | <input type="checkbox"/> White, European or Caucasian        |
| <input type="checkbox"/> Black, African American                                      | <input type="checkbox"/> Two or more of the above            |
|   | <input type="checkbox"/> I prefer not to answer              |

5. How are you housed?

- Own my housing  
 Pay mortgage  
 Pay Rent  
 Government Housing  
 Other (explain): \_\_\_\_\_

6. Who do you live with? (check all that apply)

I live alone

- My own Children under 18
- Grandchildren under 18
- Adult children
- Spouse/partner
- Roommate/Tenant
- Other (explain): \_\_\_\_\_

7. What language do you prefer to **speak**?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic      |
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> Tagalog     |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Korean      |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vietnamese |                                      |

8. What language do you prefer to **read**?

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese/Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other _____        |

9. Do you have a current or ongoing health condition, disability, or issue that limits major life activities?

- |  |   |
|--|---|
| <input type="checkbox"/> Deaf or severe hearing impairment   | <input type="checkbox"/> Chronic, or recurring illness or condition (cancer, diabetes, HIV) |
| <input type="checkbox"/> Blind or severe visual impairment   | <input type="checkbox"/> Neurological differences (such as autism, dyslexia, ADHD)          |
| <input type="checkbox"/> Condition that limits physical activity such as walking, climbing stairs, lifting or carrying | <input type="checkbox"/> I do not have a disability or serious medical condition            |
| <input type="checkbox"/> Psychological or mental health condition  | <input type="checkbox"/> I prefer not to say  |

10. How do you secure health care? (check all that apply)

- Employee benefit
- Private Pay
- Medi-Cal and/or MediCare
- I do not have health care
- Other \_\_\_\_\_

11. Are you a Veteran?  Yes  No  I prefer not to answer

12. What is your approximate monthly household income? \$ \_\_\_\_\_

Thank you for sharing your thoughts. Please turn this in by April 30<sup>th</sup>.

- By mail or in person: ATTN: SSHRB, City Hall West, 950 West Mall Square, Suite 205, Alameda 94501
- Or in person at the Alameda Mastick Senior Center, 1155 Santa Clara Ave, Alameda, CA 94501