

City of Greater Sudbury Age-Friendly Communities Survey

The Seniors' Advisory Board of the City of Greater Sudbury and researchers from Laurentian University are looking for your feedback on a range of features that are essential to creating an age friendly community, in which people of all ages have a high quality of life. Your feedback will assist members of the Seniors' Advisory Board with identifying its strengths, targeting its weaknesses, and establishing a benchmark to measure our progress as we work together towards becoming the most age friendly rural community in North-Eastern Ontario!

This survey uses 8 'age-friendly communities' categories that were developed through consultation with older people in 33 cities and 22 countries for the World Health Organization (WHO) Age-Friendly Communities project.

Please note, the information you provide will be kept completely confidential – it will only be used to inform the analysis of this survey. Completion of the survey is optional, but the information can provide researchers with a clearer picture of Sudbury's age-friendliness.

Demographic Background

Please indicate your answer with a check mark!

1. Please indicate your sex:

- Male
- Female
- Other

2. What is your marital status?

- Single
- Common-law
- Married
- Separated
- Divorced
- Widowed

3. In what year were you born?

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4. What is your religious denomination?

- Roman-Catholic
- Protestant (e.g. Anglican, United, Presbyterian, Lutheran)
- Muslim
- No religion
- Other (*Please specify*):

5. What is your first spoken language?

- English
- French
- Indigenous
- German
- Italian
- Ukrainian
- Other (*Please specify*):

6. How many years have you lived in the City of Greater Sudbury?

- Less than a year
- 1 – 4 years
- 5 – 9 years
- 10 years or longer

7. How long have you lived in your current location?

- Less than a year
- 1 – 4 years
- 5 – 9 years
- 10 years or longer

8. In what part of Sudbury do you currently live?

- Ward 1:** West End, Gatchell, Copper Park, Robinson, Moonglo, South of Ontario & West of Regent Street
- Ward 2:** Lively, Naughton, Whitefish, Copper Cliff, Worthington
- Ward 3:** Chelmsford, Onaping, Dowling, Levack
- Ward 4:** Azilda, Elm West, Donovan
- Ward 5:** Val Caron, Blezard Valley, Cambrian & McCrea Heights, Guilletville, Notre Dame - Lasalle area west of Rideau Street
- Ward 6:** Val Therese, Hanmer
- Ward 7:** Garson, Falconbridge, Capreol, Skead
- Ward 8:** New Sudbury (East of Barrydowne Road)
- Ward 9:** Coniston, Wahnapiatae, Wanup, South End (Broder Township)
- Ward 10:** Lockerby, Lo-Ellen, University Area, Kingsmount, Bell Park, Downtown (South of Elm Street)
- Ward 11:** Minnow Lake, New Sudbury (West of Barry Downe Road, East of Arthur, South of Lasalle)
- Ward 12:** Flour Mill, Downtown (North of Elm Street), New Sudbury (East of Rideau Street, West of Barrydowne Road, and North of Lasalle Boulevard), Kingsway - Bancroft area

9. What is your current employment status? *(Check as many as apply)*

- Employed – full-time
- Employed – part-time
- Searching for employment
- Unemployed
- Retired
- Unable to work for medical reasons

10. How long have you been employed, unemployed, or retired?

- Less than a year
- 1 – 4 years
- 5 – 9 years
- 10 years or longer

Outdoor Spaces and Public Buildings

1. Public spaces and walkways generally feel safe at any time of the day.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please provide additional comments:

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2. Public walkways and public spaces are easily travelled by residents with mobility challenges and/or other walking aids all year.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please provide additional comments:

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3. There are well maintained and safe public green spaces with:

- | | Yes | No |
|---------------------------------|-----------------------|-----------------------|
| a) Adequate shelter/shade | <input type="radio"/> | <input type="radio"/> |
| b) Toilet facilities | <input type="radio"/> | <input type="radio"/> |
| c) Seating at regular intervals | <input type="radio"/> | <input type="radio"/> |

4. Public walkways are:

- | | Yes | No |
|---|-----------------------|-----------------------|
| a) Well-lit | <input type="radio"/> | <input type="radio"/> |
| b) Visible | <input type="radio"/> | <input type="radio"/> |
| c) Well-maintained all year | <input type="radio"/> | <input type="radio"/> |
| d) Clear of any obstructions | <input type="radio"/> | <input type="radio"/> |
| e) Smooth | <input type="radio"/> | <input type="radio"/> |
| f) Level | <input type="radio"/> | <input type="radio"/> |
| g) Non-slip | <input type="radio"/> | <input type="radio"/> |
| h) Wide enough to accommodate wheelchairs | <input type="radio"/> | <input type="radio"/> |
| i) Low curbs that taper off to the road | <input type="radio"/> | <input type="radio"/> |

Please provide additional comments:

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5. Pedestrian crossings and lights are:

- | | Yes | No |
|--|-----------------------|-----------------------|
| a) At regular intervals | <input type="radio"/> | <input type="radio"/> |
| b) Well marked | <input type="radio"/> | <input type="radio"/> |
| c) Allow sufficient time to cross the road | <input type="radio"/> | <input type="radio"/> |
| d) Have visual and audio signals. | <input type="radio"/> | <input type="radio"/> |

Please provide additional comments:

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6. Public buildings are accessible and have the following features:

	Yes	No
a. Elevators	<input type="radio"/>	<input type="radio"/>
b. Ramps	<input type="radio"/>	<input type="radio"/>
c. Adequate signage	<input type="radio"/>	<input type="radio"/>
d. Railings on stairs	<input type="radio"/>	<input type="radio"/>
e. Stairs that are not too high or too steep	<input type="radio"/>	<input type="radio"/>
f. Non-slip flooring	<input type="radio"/>	<input type="radio"/>
g. Rest areas with comfortable chairs	<input type="radio"/>	<input type="radio"/>
h. Sufficient number of public toilets	<input type="radio"/>	<input type="radio"/>

Please provide additional comments:

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7. Are there any public buildings or outdoor spaces that are of particular concern for you about the above? *Please explain:*

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Transportation

Traffic Patterns

1. Are the following traffic issues of concern to you?

- | | Yes | No |
|--------------------|-----------------------|-----------------------|
| a) General traffic | <input type="radio"/> | <input type="radio"/> |
| b) Trains | <input type="radio"/> | <input type="radio"/> |
| c) Trucks | <input type="radio"/> | <input type="radio"/> |
| d) Speed | <input type="radio"/> | <input type="radio"/> |

Please provide additional comments:

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2. Would you like mid-block crosswalks or pedestrian traffic signals on long streets with no intersections?

- Yes
- No

Please provide additional comments:

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Transportation Services

3. Is affordability **and** reliability an issue for transportation services?

- Neither are an issue
- Affordability is an issue but not reliability
- Reliability is an issue but not affordability
- Both are an issue

4. Are the following transportation options available to you?

- | | Yes | No |
|--|-----------------------|-----------------------|
| a) Public transit | <input type="radio"/> | <input type="radio"/> |
| b) Handi-Transit | <input type="radio"/> | <input type="radio"/> |
| c) Private (e.g. family or friends) | <input type="radio"/> | <input type="radio"/> |
| d) Taxi | <input type="radio"/> | <input type="radio"/> |
| e) Community transportation (e.g. Red Cross) | <input type="radio"/> | <input type="radio"/> |
| f) Other (<i>Please specify</i>): | <input type="radio"/> | <input type="radio"/> |

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5. Transportation services are (*Please check all that apply*):

- | | Yes | No |
|-----------------------|-----------------------|-----------------------|
| a) Safe to use | <input type="radio"/> | <input type="radio"/> |
| b) Comfortable to use | <input type="radio"/> | <input type="radio"/> |
| c) Easily accessible | <input type="radio"/> | <input type="radio"/> |
| d) Well scheduled | <input type="radio"/> | <input type="radio"/> |
| e) Well advertised | <input type="radio"/> | <input type="radio"/> |
| f) Affordable | <input type="radio"/> | <input type="radio"/> |

Please provide additional comments:

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6. Do you feel comfortable using walking, cycling, public transportation as a viable means of transportation given the current infrastructure in our City?

- Yes
 No

Please provide additional comments:

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Housing

1. In what type of home do you currently live?

- Single family house
- Duplex
- Townhouse or row-housing
- Apartment or condominium
- Seniors' residence (retirement complex, seniors' apartment)
- Other (*please specify*):

2. Including yourself, how many people live in your home? (*Please indicate the number.*)

3. Do you own or rent your home?

- Own
- Rent
- Subsidized housing
- Other (*please specify*):

4. How confident are you that you will be able to afford to live in your current residence for as long as you would like?

- Very confident
- Somewhat confident
- Not too confident
- Not confident at all

5. Do you want to remain in your current housing and community?

Yes

No

Please provide additional comments:

6. Do you feel safe:

Yes

No

a) In your home?

b) In your immediate surrounding?

c) In your neighborhood?

Please explain:

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7. Does your current residence need any of the following repairs, modifications or changes to improve your ability to live there for the next five years?

Yes

No

a) Bathroom modifications

(i.e. grab bars, handrails, high toilet, non-slip tile, etc.)

b) Better cooling in the summer

c) Better heating in the winter

d) Fix problems with insects and/or rodents

e) Structural/major repairs (i.e. new roof, plumbing, etc.)

f) Cosmetic/minor repairs (i.e. painting, floor refinishing, etc.)

g) Installing an emergency response system that notifies others (i.e. police, hospital, etc.) in case of emergency

h) Other

Please provide additional comments:

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8. Are there other types or styles of housing you would consider if you were not able to live in your current home? *(Please check all that apply)*

- Apartment
- Condo
- Seniors' residence
- Secondary unit (e.g. granny flat)
- Others *(Please specify):*

9. Are you currently on a wait list for another type or style of housing?

- Yes
- No

Please provide additional comments:

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Social Participation

1. On average how many times per week do you leave your home for any reason?

- Never
- Less than once a week
- 1 – 3 times per week
- Daily

2. Are there enough events/activities available to you?

- Yes
- No

Please provide additional comments:

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3. Are organized activities suitable for your interests and cultural needs?

- Yes
- No

Please provide additional comments:

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4. Do we need more community spaces geared to older adults?

- Yes
- No

Please provide additional comments:

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5. Are currently available spaces accommodating to you (i.e. accessible bathrooms, no stair, etc.)?

Yes

No

Please provide additional comments:

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6. Good information about activities and events are provided to you.

Yes

No

Please provide additional comments:

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7. What would prevent you from socializing more? (*Check all that apply*):

Mobility issues

No one to go with

Find out about events too late

Lack of transportation

Noise level concerns

Safety concerns

Weather

Scheduled times of events

Too costly

Health

Lack of opportunities

Other

Please provide additional comments:

8. Are there other programs/events you would like to see in the community?

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Respect and Social Inclusion

1. Are you regularly consulted by public, voluntary and commercial services on how to serve you better?

Yes

No

Please provide additional comments:

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2. Do you feel recognized by the community for your past as well as your present contributions?

Yes

No

Please provide additional comments:

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3. Is your community inclusive of same sex couples/different sexual orientations?

Yes

No

Please provide additional comments:

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4. Are there cultural and social activities or clubs available to you?

Yes

No

Please provide additional comments:

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5. Older adults are visible in the media and are depicted realistically and without stereotypes.

Yes

No

Please provide additional comments:

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6. Schools provide opportunities to learn about aging and older people and involve older adults in educational activities.

Yes

No

Please provide additional comments:

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Civic Participation and Employment

Volunteering

1. Are you currently volunteering?

- Yes
- No (*Please go to question 4 – Employment*)

Please provide additional comments:

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2. As a volunteer:

	Yes	No
a) Are you interested in becoming a mentor?	<input type="radio"/>	<input type="radio"/>
b) Do you feel welcomed and valued?	<input type="radio"/>	<input type="radio"/>
c) Do you feel recognized and acknowledged?	<input type="radio"/>	<input type="radio"/>

3. Have you experienced barriers in volunteering?

- Yes
- No

Please provide additional comments:

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Employment

4. Are there a range of employment opportunities available to me?

Yes

No

Please provide additional comments:

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5. Have you experienced barriers while employed?

Yes

No

Please provide additional comments:

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6. Do you know that university and colleges offer courses for free to those 65 of age and older?

Yes

No

Please provide additional comments:

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7. What type of workshops/courses/classes are you interested in? *Please explain:*

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Information and Communication

1. How do you receive information about community events/programs? (*Check all that apply*)

- Active community member(s)
- Friends and/or family
- Newspaper
- Community notice boards
- 211* helpline
- 311 phone line
- Radio
- Television
- Newsletter
- Website
- Facebook
- Email
- Service organizations/clubs/church
- Other (*please specify*):

2. You regularly receive information about activities/programs in my community.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3. Do you have difficulties with any of the following as it relates to accessing media?

(Check all that apply)

- Hearing
- Eyesight
- Understanding
- Mobility
- Other *(please specify)*:

4. What are the most effective forms of communication? *(Check all that apply)*

- Active community member(s)
- Friends and/or family
- Newspaper
- Community notice boards
- 211* helpline
- 311 phone line
- Radio
- Television
- Newsletter
- Website
- Facebook
- Email
- Service organizations/clubs/church
- Other *(please specify)*:

5. How would you prefer to receive information? *(Please explain)*

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6. Do you have difficulty accessing information on (*Check all that apply*):

- Housing
- Transportation
- Social participation
- Community support
- Health services
- Civic participation (volunteering)
- Employment
- Outdoor spaces and buildings
- Respect and social inclusion
- Other (*please specify*):

Health and Community Support

1. How would you rate your overall physical health?

- Excellent
- Good
- Fair
- Poor

2. How would you rate your overall mental health/emotional wellbeing?

- Excellent
- Good
- Fair
- Poor

3. Please indicate the availability of the following supportive services (*For each please check one*):

	Available and meets my needs	Available but not needed/required	Availability unknown	Not available but needed
a) Adult recreation & leisure programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Bereavement support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Community-sponsored meals (in a central location)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Home delivered groceries/meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Caregiver supports (i.e. home visitations, nursing care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Medical equipment loan program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Medical services (i.e. blood pressure checks, vaccinations, medication management, home health aids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Counselling and mental health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Nutrition counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Home maintenance (cleaning, yard work, snow removal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Others (<i>please specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The following question lists a number of problems that you may or may not face. Please rate how much of a problem each has been for you over the last 12 months.

	Not a problem	Minor problem	Moderate problem	Major problem
a) Your physical health/staying physically fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Performing regular activities (i.e. walking, eating and preparing meals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Having enough healthy food to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Bathing and toiletry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Safety and security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Fear of falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Experiencing confusion/forgetfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Having friends/family you can rely on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Feeling isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Getting the health and dental care you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Affording the medications you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Navigating the health care system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Others (<i>Please specify</i>):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How satisfied are you with the available health services/programs in the City of Greater Sudbury?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Please explain.

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6. Do you know that calling 211* or 311 can help you?

- Yes
- No

7. Do you have access to a family physician or a nurse practitioner?

- Yes
- No

8. If there is one thing we could help you with regarding your wellness, what would it be?

Please explain!

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Do you have any additional comments or suggestions about the City of Greater Sudbury becoming a more age-friendly community?

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Please fill out this survey and place in the DROP BOX before you leave the room!

~THANK YOU FOR PARTICIPATING IN THIS SURVEY~

**211 is a telephone and website based resource that individuals can use to obtain information based on their area of need. 211 offers information on community, social, non-clinical health and related government services. 211 is fully accessible in all of Ontario, to anyone at any time. It operates 24 hours a day 7 days a week in over 150 languages. You can dial 2-1-1 on any phone at any time or visit www.211ontario.ca website.*