

In 2013, the City of Hamilton partnered with the Hamilton Council on Aging and the Seniors Advisory Committee to develop Hamilton’s first Age Friendly Plan. Through public consultation, seven goals and 101 recommendations were identified and endorsed by City Council in 2014. Since then, Hamilton’s Age Friendly Plan has guided municipal decision-makers, staff, and community stakeholders in addressing the needs and priorities of older adults and seniors in Hamilton.

In 2019, we are reaching out to the community to update Hamilton’s Age Friendly Plan for 2020-2025. This survey is intended for individuals to provide feedback to help identify the needs and priorities of older adults and seniors in Hamilton. We welcome your feedback and thank you for participating in this survey.

Important information about the survey:

- The survey will take approximately 10 minutes to complete.
- Your participation in this survey is completely voluntary and you may opt out of any question in the survey.
- All of your responses will be kept confidential. They will only be used for statistical purposes and will be reported only in aggregated form.

If you have any questions about the survey, please contact:

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Completed surveys can be returned to any of the following locations.

| Seniors Centres | Municipal Centres | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <p>Ancaster Seniors Achievement Centre 622 Alberton Road South Alberton, ON L0R 1A0 905-546-2999</p> | <p>Hamilton City Hall 71 Main Street West Hamilton, ON L8P 4Y5 905-546-2489</p> | <p>Flamborough 163 Dundas Street East Hamilton, ON L8N 2Z7 905-546-2489</p> |
| <p>Flamborough Seniors Centre 163 Dundas Street East Hamilton, ON L8N 2Z7 905-546-2424 ext. 6315</p> | <p>Ancaster 300 Wilson Street East Ancaster, ON L9G 2B9 905-546-2489</p> | <p>Glanbrook 4280 Binbrook Road Binbrook, ON L0R 1C0 905-546-2489</p> |
| <p>Sackville Hill Seniors Recreation Centre 780 Upper Wentworth Street Hamilton, ON L9A 4V5 905-546-2541</p> | <p>Dundas 60 Main Street Dundas, ON L9H 2E8 905-546-2489</p> | <p>Stoney Creek 777 Highway No. 8 Stoney Creek, ON L8E 5J4 905-546-2489</p> |



To start, please tell us a little about yourself.

What is your age?

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 60 to 64 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 18 to 34 | <input type="checkbox"/> 65 to 69 | |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 70 to 74 | |
| <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 75 to 79 | |
| <input type="checkbox"/> 55 to 59 | <input type="checkbox"/> 80 + | |

How do you describe yourself?

- | | | |
|---------------------------------|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other | |

What is your postal code? _____

Which of the following areas of health and well-being are most important or concerning for older adults and seniors?

Please rank the top 3 items in order of importance with 1 being the most important concern, 2 being the second most important concern and 3 being the third most important concern.

_____ Falls and injuries

_____ Elderly health conditions such as Alzheimer's, dementia, arthritis, cataracts etc.

_____ Availability of family physicians, dentists, optometrists, specialized care such as physiotherapy, visiting nurses etc.

_____ Availability of long-term care, respite care etc.

_____ Health care costs

_____ Physical, emotional or financial abuse

_____ Unmet basic needs such as hygiene, food, water, medical care, social interactions etc.

Which of the following aspects of everyday living are most important or concerning for older adults and seniors?

Please rank the top 3 items in order of importance with 1 being the most important concern, 2 being the second most important concern and 3 being the third most important concern.

_____ Housing that is safe, affordable and adaptable to the needs of older adults and seniors

_____ Availability of seniors' apartments, retirement communities, assisted living facilities

_____ Availability of home care services (e.g. housekeeping, meals, home maintenance, snow shoveling)

_____ Feeling safe in their neighbourhood/community

_____ Ability to drive / maintain driver's license

_____ Availability of public transportation

_____ Accessibility of buildings and public spaces

_____ Financial security (rising costs combined with relatively fixed incomes)

_____ Financial scams

Which of the following areas of social well-being are most important or concerning for older adults and seniors?

Please rank the top 3 items in order of importance with 1 being the most important concern, 2 being the second most important concern and 3 being the third most important concern.

_____ Learning opportunities

_____ Volunteer opportunities

_____ Recreation, culture and leisure activities

_____ Employment opportunities

_____ Opportunities for social interaction

_____ Availability of information on seniors' programs and services

_____ Isolation and loneliness



Please indicate your level of agreement with the following statements.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| There are enough affordable housing options for older adults and seniors in Hamilton. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I want to be able to age in my home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following are some reasons for moving that are often associated with aging. Which ones are reasons you have moved or are reasons you plan to move as you age? Please select all that apply.

- Want to reduce expenses
- Need to be in a more accessible space (no stairs, main floor laundry etc.)
- Space is/was too big
- Space is/was difficult to maintain
- Health-related concerns
- To be closer to family
- To be closer to services
- Retirement
- Other, please specify: _____

Which of the following would help you to be able to age in your home?

Please select all that apply.

- Home care services such as nursing, physiotherapy, etc.
- Personal care services such as bathing, dressing, etc.
- Home support services such as light housekeeping, meal preparation, etc.
- Home maintenance services such as yard work, snow shoveling, repairs, etc.
- Home modifications such as installation of handrails, ramps, chair lift, main floor laundry, etc.
- Help with grocery shopping or food delivery
- Financial supports assistance (grants, rebates, etc.)
- Other, please specify: _____

What type of transportation do you use most often?

Please select all that apply.

- Driver of vehicle/motorbike
- Passenger of vehicle/motorbike
- HSR Bus
- DARTS
- Taxis
- Ride-sharing services (Uber, Lyft)
- Bicycle (personally owned)
- SoBi (bike share)
- Walk
- Other, please specify: _____

Which of the following are concerns or issues you have with transportation or getting around?

Please select all that apply.

- Car ownership costs (gas prices, insurance, maintenance)
- Cost of bus fares, taxis, etc.
- Availability of accessible transportation
- Other, please specify: _____
- Proximity of bus stop from home/destination location
- Being able to maintain a driver's license
- Schedules of buses



In the past year, which of the following activities have you participated in?

Please select all that apply.

- Arts and crafts (e.g. painted, scrapbook)
- Physical activities (e.g. played a sport, participated in group exercises, walked, or swam)
- Spiritual activities (e.g. attended a place of worship)
- Cultural activities (e.g. attended a museum, art gallery, play or concert)
- Social activities (e.g. danced, played cards or potluck)
- Used the library (e.g. read, used a computer, workshop)
- Outdoor activities (e.g. camped, hiked)
- Visited with friends/neighbours
- Volunteered
- Travelled
- Other, please specify: _____

Which of the following are reasons you do not go out?

Please select all that apply.

- Health-related issues
- Do not have the devices or equipment I need (e.g. walker, cane, wheelchair, scooter)
- No longer driving
- Do not like asking for a ride
- Inconvenient public transit
- Prefer to do things at home
- It's too expensive
- No one to go with
- Do not feel safe
- Activities in my language or from my culture are not available
- Other, please specify: _____

Are you currently...

- Working - full time
- Working - part time
- Not working

What is the primary reason or would be the primary reason for you to work after the age of 65?

Please select one (1) response.

- I need the money
- I want to keep busy
- I enjoy my job/career and am not ready to leave it
- I want to maximize my pension
- Other, please specify: _____

How concerned are you about the following aspects of life and aging?

| | Not at all concerned | Slightly concerned | Somewhat concerned | Very concerned | Extremely concerned |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feelings of loneliness/isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death of loved ones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of independence/autonomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inability to make own life decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of appropriate housing options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Which of the following would you like more information about?

Please select all that apply.

- | | |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Healthy eating and meal planning |
| <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Estate planning and wills |
| <input type="checkbox"/> End of life care | <input type="checkbox"/> Government forms and applications |
| <input type="checkbox"/> Recreation and leisure | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Housing options | <input type="checkbox"/> Driving skills |
| <input type="checkbox"/> Financial planning and budgeting | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Decision making when alone | <input type="checkbox"/> Computers/internet |
| <input type="checkbox"/> Other, please specify: _____ | |

Where would you prefer to get information about resources/activities for older adults and seniors?

Please select all that apply.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Doctor's office community health centre | <input type="checkbox"/> Email |
| <input type="checkbox"/> Seniors' organization/club (e.g. Ancaster Senior Achievement Centre, Sackville Hill Seniors Centre, YWCA MacNab St. Active Living Centre) | <input type="checkbox"/> Postal Mail |
| <input type="checkbox"/> Hamilton Public Library | <input type="checkbox"/> Ontario 211 |
| <input type="checkbox"/> Place of worship | <input type="checkbox"/> Local Newspaper (e.g. The Hamilton Spectator, Dundas Star News, Flamborough Review, Hamilton Mountain News, Stoney Creek News, The Sachem & Glanbrook Gazette, Bay Observer) |
| <input type="checkbox"/> Information fair (Hamilton Seniors' Kick-off Event) | <input type="checkbox"/> City of Hamilton 55+ Recreation Program Guide |
| <input type="checkbox"/> City of Hamilton website (www.hamilton.ca) | <input type="checkbox"/> Community Resource Guide for Older Adults |
| <input type="checkbox"/> McMaster Optimal Aging Portal (https://www.mcmasteroptimalaging.org/) | <input type="checkbox"/> Local Radio Station (e.g. FM 102.9 KLite, FM CHML 900, 95.3 Fresh Radio) |
| <input type="checkbox"/> Internet search (e.g. Google, Bing) and/or other websites | <input type="checkbox"/> Local Television Stations (e.g. CHCH, Cable 14) |
| <input type="checkbox"/> Social Media (e.g. Twitter, Facebook, Instagram, Youtube etc.) | <input type="checkbox"/> Other, please specify: _____ |

Thank you for your input!