



Howard County, as part of its effort to be an Age-Friendly Community, is seeking your input and feedback on what is important to you. The anonymous information you provide will be used to help inform our planning processes as we work with residents, businesses, and government agencies, to build upon the existing successes and make the County even more livable. Results will be tallied and prioritized to create a 2021-2025 Action Plan for Howard County. Residents will be an integral part of the implementation of the Action Plan.

You can complete the survey by filling it out and returning it in the envelope provided (**NO POSTAGE NECESSARY**), or you can go on-line and complete the survey by using the URL:

<https://www.surveymonkey.com/r/HoCoRandomSample>. The due date is February 28, 2020.

If you have any questions about the survey, you can ask them of our planner, Charles A. Smith, Ph.D., at 410-313-6448 or csmith@howardcountymd.gov. Your input will be highly valued and appreciated.

1. In what year were you born? _____

2. In what zip code do you live? _____

3. What is your gender?

Male

Female

Non-binary/third gender

Other _____

4. What is your race/ethnicity? (check all that apply):

White/Caucasian

Black/African American

Asian/Pacific Islander

Hispanic/Latino

Other: _____

HOUSING

5. With whom do you live?

Live with spouse/partner

Live with spouse/partner + relatives/children/friends/others

Live with relatives (including children) but not a spouse

Live with non-related others (including friends)

Live alone

Other: _____

6. In what type of housing do you currently reside? (check all that apply):

- Apartment/condo
- Townhouse
- Single family home
- Assisted living
- Nursing or medical facility
- Continuing care retirement community (CCRC)
- 55+ community
- In-law suite (i.e., accessory apartment)
- Shared housing arrangements (with unrelated others)
- Other: _____

7. When thinking about living environments for when you are older, please indicate your level of preference for each of the different types of environments:				
	Strongly prefer	Somewhat prefer	Somewhat opposed	Strongly opposed
Apartment/condo				
Townhouse				
Single family home				
Assisted living				
Nursing or medical facility				
Continuing care retirement community CCRC				
55+ community				
In-law suite (i.e., accessory apartment)				
Shared housing arrangements (with unrelated others)				

8. For each of the items below, indicate the likelihood of it occurring in the next 10 years:						
	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely	Unsure
I will move out of the State						
I will move to another county in Maryland						
I will move within Howard County						
I will need to make modifications to my current home in order to continue to live here						

9. Please rate the likelihood that the following factors could lead you to move in your retirement years:					
	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely
Level of taxation					
Cost of living in the County					
Cost of housing in the County					
Desire for better weather					
To be closer to family/friends					
To be closer to stores or other places you want to get to					
To have access to better healthcare facilities					
Safety concerns in neighborhood					
To live in a home that better matches my needs/capabilities					
To have more walkability					
To have access to more/better cultural/social opportunities					

TRANSPORTATION

10. How important is it to you for Howard County to have available:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Fixed-route public transportation					
Private on-demand services (Uber, Lyft, taxi)					
Volunteer transportation (e.g., Neighbor Ride)					
More easily readable street signs					
Biking/walking paths near you					
Specialized transportation for people with disabilities					
Extended time at crosswalks to allow you to cross the street					

11. Which of the following represents a barrier to transportation/personal mobility for you? (check all that apply):

- Do not own a car
- Do not have family/friends who are willing/able to give me rides as often as needed
- Unable to drive due to medical/health concerns
- Restrict driving due to weather conditions, daylight hours, etc.
- Public transportation not convenient/available in my area
- Difficulty walking and/or climbing stairs
- Fear of falling
- No, or poorly maintained, sidewalks in neighborhood
- No barriers (none of the above)
- Other: _____

COMMUNICATION / INFORMATION

12. How often do you use the Internet?

- Daily
- Couple times per week
- Weekly
- Rarely
- Never / Do not have Internet access

13. If you needed to find out information related to aging (either for yourself or a family member), please indicate the likelihood of using each of the following sources of information:

	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely
Print media (e.g., newspapers)					
TV/Radio					
Internet					
Social media (e.g., Facebook)					
Email Listservs					
Library					
Healthcare providers					
50+ Centers					
Office on Aging & Independence / Maryland Access Point					
Faith community					
Word-of-mouth					
Family / Friends					

14. How important is it to you for Howard County to have available information on:

	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Avoiding financial exploitation/scams					
Retirement / financial planning					
Health insurance options					
Transitioning from work to retirement					
Home modifications					
Home maintenance					
Pro's & con's of refinancing/reverse mortgages					
Various housing options					

15. Planning for the future is an important process. In which of the following have you engaged?				
	Yes, Completed	In process	No, not done yet	Feel no need to do so
Financial planning for retirement				
Planning for activities I want to engage in during my retirement years				
Medical/health planning (advance directive, living will, power of attorney)				

16. Which of the following represents a barrier to you for planning? (check all that apply):

- Don't know where to go to get information
- Do not feel the need to plan for these outcomes at the current time
- Assume that family/others will take care of these issues for me
- Do not have the financial resources to plan
- Do not have individuals that I would trust to be decision maker for me
- Feel it is pointless (i.e., there is nothing I can do about them)
- No barriers to planning
- Other: _____

EMPLOYMENT

17. What is your current paid employment status?

- Working full time (35+ hours a week)
- Working part-time (less than 35 hours a week, including consulting)
- Not working, but seeking work
- Not working, and not seeking work (i.e., retired)

18. How important is it to you for Howard County to have available:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Job training / skill building for older adults					
Information on how to find out about, and apply for jobs					
Information on re-entering the workforce for people who have been out of the workforce					
Information on entrepreneurship					

VOLUNTEER / CIVIC ENGAGEMENT

19. In relation to volunteering:					
	21+ times	11-20 times	3-10 times	1-2 times	Never
In the last 12 months I volunteered					
In the next 12 months I'd like to volunteer					

20. Please rate the likelihood that you would engage in the following volunteer activities in the next 12 months, if asked:					
	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely
Volunteer with kids/youth around academics					
Volunteer with kids/youth in sports					
Provide rides to older adults					
Volunteer with animals					
Prepare meals for others					
Deliver home delivered meals/groceries					
Assist with simple home repairs/maintenance (e.g., snow shoveling, cut grass)					
Make home visits (i.e., friendly visitor) to isolated individuals					
Provide phone calls to check on isolated individuals and/or stressed caregivers					
Volunteer at hospital or medical facilities					
Mentoring					
Participate on boards/commissions					

SOCIAL PARTICIPATION

21. How important is it to you for Howard County to have available:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Intergenerational activities					
Continuing education classes					
50+ Centers convenient to you					
Community centers convenient to you					
Social activities for older adults					
Religious/faith communities convenient to you					
Cultural/entertainment venues/activities					
Park/recreation programs/activities					
Library convenient to you					
Racial, ethnic or cultural based organizations					
Private membership organizations (i.e., Columbia Association, KASA, YMCA, etc.)					
Organized sports/exercise activities that you can participate in					

22. Please rate the likelihood that you would participate in the following activities or trainings if they were offered:					
	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely
Class on nutrition (e.g., healthy eating/cooking)					
Health screenings (e.g., blood pressure, depression, nutrition)					
Class on managing chronic diseases (e.g., diabetes, hypertension, etc.)					
Class on alternative health/wellness					
Programs to help you adhere to healthy behaviors (e.g., exercise, weight loss, etc.) via receiving regular texts/email reminders and encouragement					

HEALTH/WELLNESS

23. In the last 12 months, how often have you felt lonely?

- Never
- Infrequently/occasionally
- Often
- Almost constantly

24. How many times in an average week do you visit with someone, either in person or via the phone?

- Once a day or more
- 2-6 times a week
- Once a week
- Not at all

25. Are you a caregiver of a family member or friend with a disability?

- Yes, primary caregiver for a friend or family member with a disability
- Yes, secondary caregiver for a friend or family member with a disability
- No

26. How would you rate your health at the current time?

- Excellent
- Very good
- Good
- Fair
- Poor

27. Do you have any chronic medical or health conditions?

- No
- Yes, but they do not significantly impact my life
- Yes; they have a significant impact on my life

28. How important is it to you for Howard County to have available:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Convenient and accessible health facilities					
Convenient and accessible social services					
Easy to find information on health services					
Easy to find information on social services					
Supports/services for caregivers					
Mental health services/supports					

29. If you are a caregiver to a family member with a disability/illness, which of the following services are important to you:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Respite care on weekend					
Respite care during workweek					
Practical trainings on how to assist a family member with a disability/illness					
In-person support groups					
On-line or telephone support groups					
Information on alternative living arrangements					
Information about medical conditions/treatments					
Information on in-home care options					

OUTDOOR SPACES AND BUILDINGS

30. How important is it to you for Howard County to have:					
	Extremely Important	Very Important	Somewhat Important	Not very Important	Not at all Important
Sidewalks in your community/neighborhood					
Parks convenient to you					
Benches in parks and along walking paths					
Outdoor fitness equipment in parks					
Accessible bathrooms in parks					
Public bathrooms equipped to allow for adults to be assisted with toileting					

OVERALL RATINGS

In an **age-friendly** community, policies, services and structures related to the physical and social environment are designed to support and enable older people to “**age actively**” – that is, to live in security, enjoy good health and continue to participate fully in society (definition provided by the World Health Organization, WHO).

31. How would you rate Howard County on the following qualities or attributes:					
	Excellent	Very Good	Good	Fair	Poor
Respect for all people					
Inclusion for people of different races/cultures/abilities					
Overall “age-friendliness” of residents in County					
Overall “age-friendliness” of local businesses					
Overall “age-friendliness” of government agencies/services					
Overall “age-friendliness” of physical infrastructure					

32. How often in the past 12 months have you contacted the Maryland Access Point of Howard County (MAP) (410-313-1234), which provides information and assistance for older adults and individuals with disabilities in the County?

- Two or more times
- Once
- Know of MAP, but have not contacted it
- Unaware of MAP or what it provides

33. What is the highest level of education you have completed?

- Less than high school
- High school
- Trade school or associates degree
- Bachelor’s degree
- Graduate degree (Masters, Doctorate, MD, JD)

34. Household income: What was your approximate household income in the prior year?

- Less than \$ 10,000
- \$ 10,000 – \$ 24,999
- \$ 25,000 – \$ 49,999
- \$ 50,000 – \$ 74,999
- \$ 75,000 – \$ 99,999
- \$100,000 – \$124,999
- \$125,000 – \$149,999
- \$150,000 – \$174,999
- \$175,000 – \$199,999
- \$200,000 or more

