



## **Senior Resources Advisory Board Agenda March 5, 2024**

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**Chair John E. Brown**

**City Manager Mike DaRoza**

Member Karen Reed

Member James Curington

Member Allen Jones

Member Tom Hubbard

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The City Commission will conduct a  
**Senior Resources Advisory Board**  
**At 4:30 PM**  
to address the item(s) below.

**Meeting Date:** March 5, 2024

**Meeting Location:** James A Lewis Commission Chambers

15100 NW 142 Ter.

**Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.**

### **SENIOR RESOURCES ADVISORY BOARD MEETING AGENDA**

**CALL TO ORDER**

**INVOCATION**

**PLEDGE TO THE FLAG**

**APPROVAL OF THE AGENDA**

**I. OLD BUSINESS**

A. Parliamentary Procedures Review

- B. Election of Vice Chair
- C. 2024 SRAB Calendar
- D. Collaborate with Parks & Recreation Department Regarding Social Activities and Field Trips

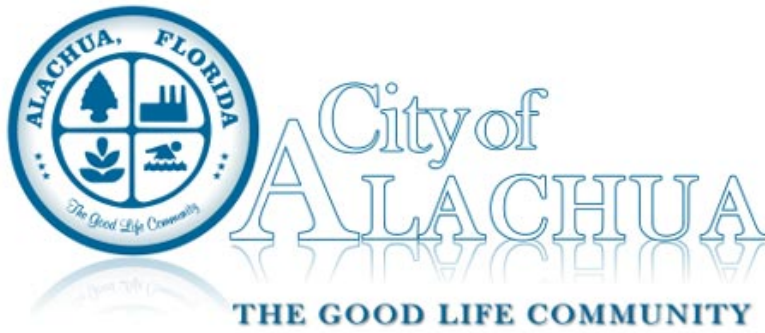
## **II. NEW BUSINESS**

- E. December 6, 2023, Senior Resources Advisory Board Minutes
- F. Survey of Senior Community

## **III. BOARD COMMENTS/DISCUSSION**

## **IV. CITIZENS COMMENTS**

## **ADJOURN**



## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024

**SUBJECT:** Parliamentary Procedures Review

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**  
Receive the Presentation.

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### Summary

Parliamentary Procedure is the body of rules, ethics and customs governing, among other thing, meetings. The City of Alachua has established such rules for all of its boards and committees.

This presentation will introduce the SRAB to the basics of parliamentary procedure.

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#### **ATTACHMENTS:**

Description

▢ Parliamentary Procedures

# Parliamentary Procedure



City of  
**ALACHUA**  
the good life community



# What is parliamentary procedure?

The rules that help us maintain order and ensure fairness in all decision-making processes.





# What are Robert's Rules of Order?

Codification of general present-day parliamentary procedures.



# Basic Principles

- Someone must facilitate meetings and maintain order (the presiding officer)
- All members have a right to bring up ideas
- Members should come to an agreement about what course of action to take
- The majority rules, but the basic rights of the minority are always protected by assuring them the right to speak and to vote
- Parliamentary procedure enables members to take care of business in an efficient manner while maintaining order
- It ensures everyone get the right to speak and to vote
- Takes up business one item at a time and promotes courtesy, justice, and impartiality





# The Presiding Officer

- The presiding officer (often referred to as “the chair”) is the person who conducts the meeting
- The presiding officer is a role – not a position. This means that the presiding officer is the person who occupies the chair at a given instant of time. (during the meetings)
- The general duties of the presiding officer are:
  - To call the meeting to order at the **scheduled time**, not before
  - If a quorum is not present, the meeting is to be canceled
  - To announce the business that is to come before the body
  - To recognize members who wish to speak
  - To state and put to vote all questions that come before the body
  - To enforce the rules relating to debate
  - To decide all questions of order
  - To declare the meeting adjourned





# Promoting Courtesy

- Members should refer to each other in a cordial and courteous manner, for example:
  - “the previous speaker” or “Miss Smith”
- All remarks are made through and to the chair
- If a motion is out of order the chair should state: “The motion is out of order”
- Only major infraction of rules are corrected



# Order of Business

- Commonly referred to as an agenda, the order of business is the sequence of general business items that will be addressed in the meeting
- The order of business or agenda must be adopted by the body prior to addressing business.
- The standard order of business includes:
  - Call to Order
  - Invocation
  - Pledge to the Flag
  - Approval of Agenda
  - Agenda
  - Council Comments
  - Adjournment
- Different organizations may establish their own standard order of business pursuant to their by-laws.

The background is a solid dark blue with a lighter blue wavy line pattern at the top. The text "Motions 101" is written in a light blue, sans-serif font, positioned on the right side of the slide.

# Motions 101





# Motions

- A motion is a formal proposal that recommends a course of action that the body should take
- A motion contains three basic pieces of information:
  - Who: References who is authorized or directed
  - What: References the action to be taken
  - When: References the timeframe in which the action is to be taken
- Only one motion can be considered at a time.
- Once a motion has been made and seconded, it must be acted upon before another motion is considered
- The chair may not make or second a motion





# Making A Motion

- To make a motion, the maker should say:
  - “I move that...” or “ I move to...”
- Never say “I make a motion to...”
- A motion must be seconded by another member to stand
- A second merely implies the seconder of the motion agrees the body should consider/discuss the motion on the floor – not necessarily that he/she supports the motion itself.
- Once a motion is made and properly seconded, the chair should open the floor for comments from citizens present.
- Once all citizens have commented the chair should restate the motion, which means the motion belongs to the board and no longer to the maker of the motion.
- After the motion belongs to the board the chair puts the motion to a vote by saying: “All those in favor say Aye..... All opposed say Nay”.
- After the vote is tallied, the chair rules on which side won the vote.



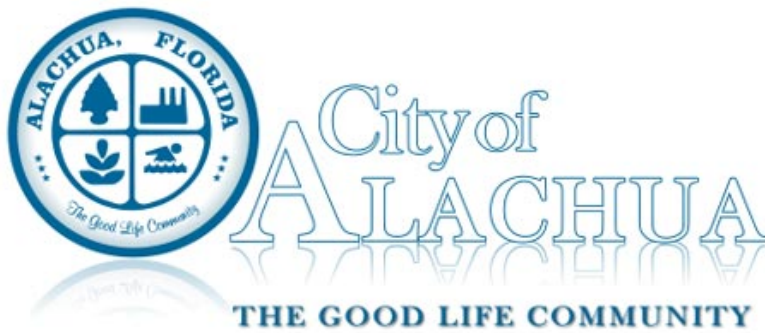
# Amending A Motion

- Amending a motion means to modify a pending motion in some manner prior to voting on the pending motion.
- An amendment must be related to the pending motion and have a relevant bearing on the meaning of the pending motion.
- There are three basic processes for amending a motion:
  - To insert or to add words
  - To strikeout words
  - To strikeout and insert words
- The amended motion requires a second and the floor should be opened for public comment after amended motion stands
- The amendment requires a majority vote to adopt

# Summary

- The chairperson runs the meeting
- The meeting starts when the chairperson calls the meeting to order
- If a motion is to stand for discussion, someone has to “second” it
- If the motion is to be changed, someone must make a motion to amend.
- At the end, the chairperson will take a vote. Majority wins.





## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024  
**SUBJECT:** Election of Vice Chair

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**  
Elect a vice chairperson.

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### Summary

At the December meeting, the election of Vice Chair was deferred to a meeting date certain. The Senior Resources Advisory Board chairperson and vice chairperson serve one-year terms. City Code Section 2-953 provides the process for election of chair and vice chair. Both positions are to be elected from among the voting members of the SRAB.

The SRAB can make the election via voice vote or by ballot confirmed with a voice vote. A ballot has been provided if the SRAB desires to use it for electing a vice chair.

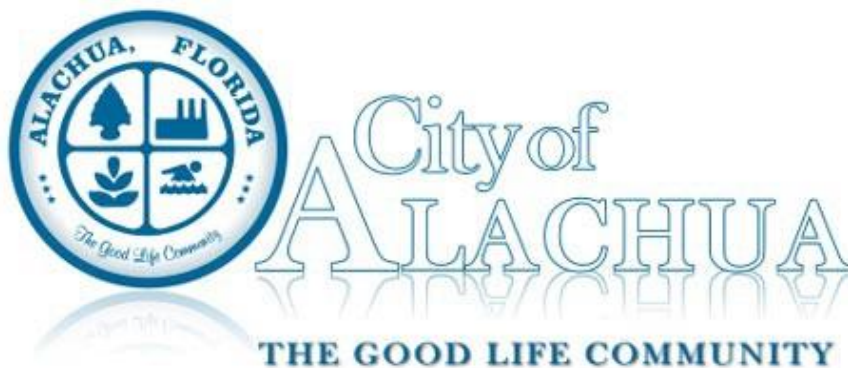
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#### **ATTACHMENTS:**

Description

- Ballot for Vice Chair - Name





## Ballot for Vice Chair of the Senior Resource Advisory Board

\_\_\_\_\_ Curington, Jim

\_\_\_\_\_ Hubbard, Tom

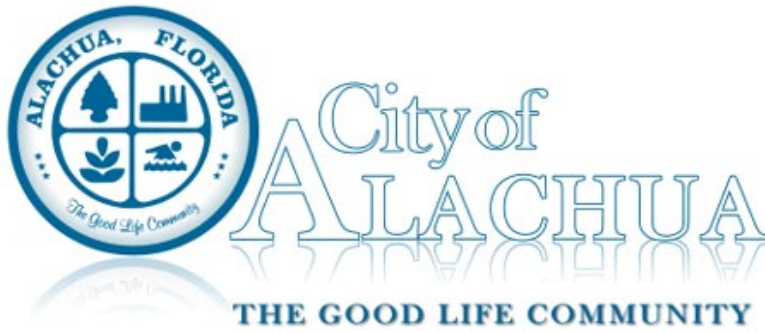
\_\_\_\_\_ Jones, Allen

\_\_\_\_\_ Reed, Karen

Please check mark one (1)

\_\_\_\_\_ March 05, 2024

Signature



## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024  
**SUBJECT:** 2024 SRAB Calendar

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**  
Approve the Proposed 2024 SRAB Meeting Calendar.

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### Summary

The 2024 SRAB Meeting Calendar is proposed on a quarterly bases, at 4:30 p.m.

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#### **ATTACHMENTS:**

Description

📎 2024 Calendar

# 2024

January						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

October						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

May						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

March						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

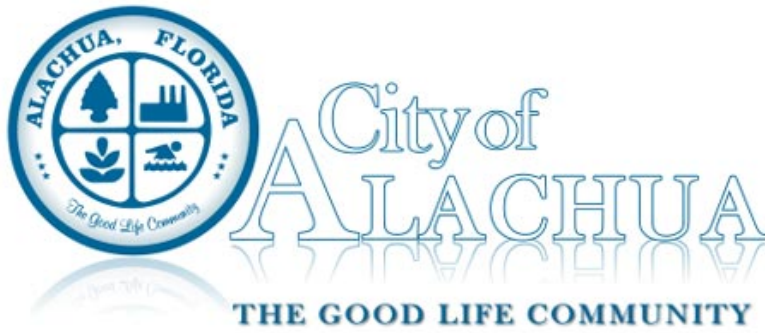
June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

September						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Green = Commission meeting Dates

Red = Holidays



## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024

**SUBJECT:** Collaborate with Parks & Recreation Department Regarding Social Activities and Field Trips

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**

Receive information from Recreation and Culture Director Messina.

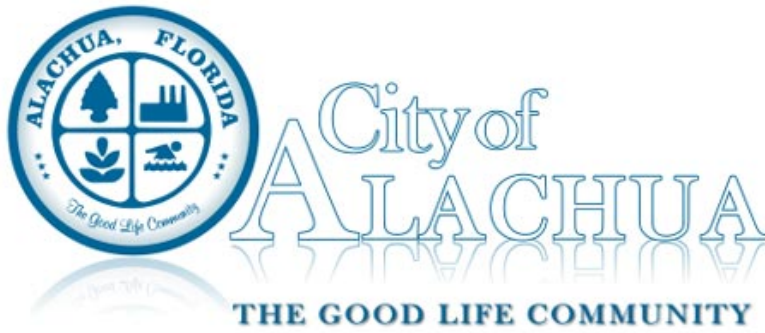
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### Summary

At the December 2023 meeting, the Board requested that Recreation and Culture Director Damon Messina come and discuss the new plans for seniors at the Parks Department.

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## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024

**SUBJECT:** December 6, 2023, Senior Resources Advisory Board Minutes

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**

Approve the minutes.

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### Summary

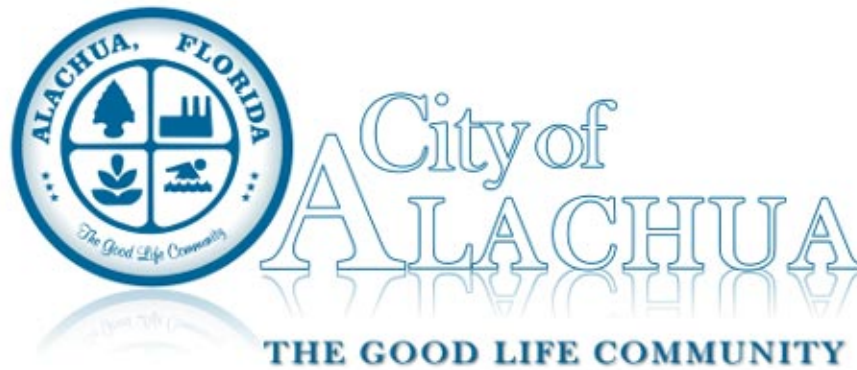
December 6, 2023, Senior Resources Advisory Board Minutes

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**ATTACHMENTS:**

Description

☐ Minutes



**Senior Resources Advisory Board  
Minutes  
December 6, 2023**

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**Chair John E. Brown**

**City Manager Mike DaRoza**

Member Karen Reed

Member James Curington

Member Allen Jones

Member Tom Hubbard

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**Senior Resources Advisory Board  
At 5:00 PM**

**Meeting Date:** December 6, 2023

**Meeting Location:** James A Lewis Commission Chambers

15100 NW 142 Ter.

**Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.**

**SENIOR RESOURCES ADVISORY BOARD MEETING AGENDA**

**CALL TO ORDER**

John E. Brown, Chair

**INVOCATION**

John E. Brown, Chair

**PLEDGE TO THE FLAG**

John E. Brown, Chair

**APPROVAL OF THE AGENDA**

Member Jim Curington moved to approve the agenda as amended; seconded by Member Allen Jones.

Passed by unanimous consent.

## **I. OLD BUSINESS**

## **II. NEW BUSINESS**

- A. June 07, 2023, Senior Resources Advisory Board Minutes

Member Curington moved to approve the June 7, 2023, Senior Resources Advisory Board minutes; seconded by Member Tom Hubbard.

Passed by unanimous consent.

- B. Parliamentary Procedures Review

Deferred to date certain March 5, 2024.

- C. Sunshine Law and Public Records Presentation

Received and filed.

- D. Election of Chair and Vice Chair

Member Hubbard moved to appoint Member Brown to Chair; seconded by Member Curington.

Passed by unanimous consent.

Member Curington moved to postpone the election of vice chair until next meeting date certain March 5, 2023; seconded by Member Hubbard.

Passed by unanimous consent.

- E. 2024 SRAB Calendar

Member Hubbard moved to postpone the approval to the SRAB Calendar to next meeting date certain March 5, 2023; seconded by Member Jones.

Passed by unanimous consent.

- F. Health and Fitness

Received and filed.

- G. Programs for Personal Safety Awareness

Received and filed.

- H. Collaborate with Parks & Recreation Department Regarding Social Activities and Field Trips

Received and filed.

### **III. BOARD COMMENTS/DISCUSSION**

### **IV. CITIZENS COMMENTS**

### **ADJOURN**

**Member Curington moved to adjourn; seconded by Member Hubbard.**

**Passed by unanimous consent.**

Time of adjournment: 6:11

ATTEST:

SENIOR RESOURCES ADVISORY BOARD  
OF THE CITY OF ALACHUA, FLORIDA

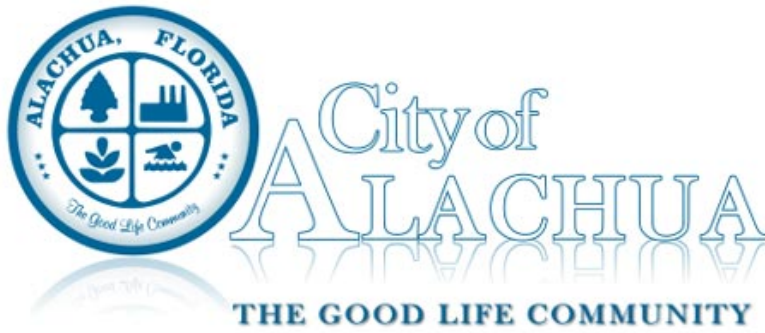
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Presiding Officer

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Staff Liaison





## Board/Committee Agenda Item

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**MEETING DATE:** 3/5/2024

**SUBJECT:** Survey of Senior Community

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**

Compare and compile results for a more streamlined survey.

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### Summary

The SRAB was tasked with reviewing the survey and striking items they see as ineffective for advancing their vision and goals.

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**ATTACHMENTS:**

Description

- ▢ 2022\_Alachua\_Senior\_Community\_Survey
- ▢ Results of Survey

We would like to find out more about our senior community and what you'll need as you get older to make our community an even more great place to live. Your input is very important and we would greatly appreciate your participation in this survey.

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How long have you lived in our community?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

How long have you lived in your current residence?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

How would you rate your current community as a place for people to live as they age?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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?

	Major factor	Minor factor	Not a factor	Not sure
a. Your personal safety or security concerns...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wanting to move to an area that has better health care facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wanting to be closer to family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Needing more access to public transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wanting to live in a different climate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wanting to live in an area that has a lower cost of living .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wanting to live in an area with better opportunities for social interaction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it for you to remain in your current community for as long as possible?

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

Which of the following types of homes best describes where you currently live?  
[CHECK ONLY ONE]

- ☐ Single family house
- ☐ Two family house that has two separate living units
- ☐ Townhouse or row house
- ☐ Apartment
- ☐ Condominium or coop
- ☐ Mobile home
- ☐ Senior housing or assisted living facility
- ☐ Some other type of living arrangement

Do you own or rent your primary home or do you have some other type of living arrangement like living with a family member or friend?

- ☐ Own
- ☐ Rent
- ☐ Neither own nor rent but live with adult child or others

How important is it for you to be able to live independently in your own home as you age?

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

Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- ☐ Yes
- ☐ No
- ☐ Not sure

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Well-lit, accessible, safe streets and intersections for all users .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Audio and visual pedestrian crossings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Separate pathways for bicyclists and pedestrians .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Well-maintained streets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Easy to read traffic signs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enforced speed limits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following

	Excellent	Very good	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Well-maintained homes and properties .....					
b. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Well-maintained, safe low-income housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Well-maintained parks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Safe parks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Enough benches for resting in public areas like parks, along sidewalks, and around public buildings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Conveniently located emergency care centers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

	Yes	No
a. Walk .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Drive yourself .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have others drive you .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Take a taxi.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a ride source company such as Uber or Lyft .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Use a special transportation service, such as one for seniors or persons with disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Use public transportation .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Ride a bike .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Some other way.....	<input type="checkbox"/>	<input type="checkbox"/>
j. I do not get out of the house .....	<input type="checkbox"/>	<input type="checkbox"/>



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

- ☐ Everyday
- ☐ Several times a week, but not everyday
- ☐ Once a week
- ☐ Once every 2 or 3 weeks
- ☐ Once a month
- ☐ Less than monthly
- ☐ Never

How often you feel the following?

	Often	Sometimes	Rarely	Never
a. I lack companionship .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel left out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel isolated from others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were in trouble, do you have friends or family who can help you at any time of the day or night?

- ☐ Yes
- ☐ No

Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

	Yes	No
a. Department of Recreation and Culture .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Faith community .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Local organizations or businesses.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Community center.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Senior center .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Offerings through my work .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Online programs.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Some other source.....	<input type="checkbox"/>	<input type="checkbox"/>
i. I do NOT participate in any continuing education/self-improvement classes .....	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. Conveniently located entertainment venues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Activities geared specifically toward older adults.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Activities that offer senior discounts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Activities that are affordable to all residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Activities that involve both younger and older people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A variety of cultural activities for diverse populations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Local schools that involve older adults in events and activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Continuing education classes or social clubs to pursue new interests, hobbies or passions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Driver education or refresher courses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. A range of volunteer activities to choose from .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer training opportunities to help people perform better in their volunteer roles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Easy to find information on available local volunteer opportunities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation to and from volunteer activities for those who need it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home delivered meals, home repair, medical transport, or social activities?

	Yes	No	Not sure
a. Local Senior Centers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Office of Healthy Aging (formerly Dept. of Elderly Affairs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local nonprofit organizations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. AARP .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Faith-based organizations like churches or synagogues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Phone book.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your doctor or other health care professional .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Local government offices like the Health Department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Library.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Some other source.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. Access to community information in one central source.....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
b. Clearly displayed printed community information with large lettering.....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

Are you male or female?

- ☐<sub>1</sub> Male  
☐<sub>2</sub> Female

What is your age as of your last birthday?    [AGE IN YEARS]

What is your current marital status?

- ☐<sub>1</sub> Married  
☐<sub>2</sub> Not married, living with partner  
☐<sub>3</sub> Separated  
☐<sub>4</sub> Divorced  
☐<sub>5</sub> Widowed  
☐<sub>6</sub> Never married

Are you or your spouse or partner currently a member of AARP?

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>0</sub> Not sure

Besides you, do you have any of the following people living in your household?

	Yes	No
a. Child/children under 18 .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Child/children 18 or older.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Child/children away at college .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Parents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Other adult relative or friend 18 or older ..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

In general how would you rate your health?

- ☐<sub>5</sub> Excellent
- ☐<sub>4</sub> Very good
- ☐<sub>3</sub> Good
- ☐<sub>2</sub> Fair
- ☐<sub>1</sub> Poor

D7. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? **[CHECK ONLY ONE]**

- ☐<sub>1</sub> Yes, myself
- ☐<sub>2</sub> Yes, my spouse or partner
- ☐<sub>3</sub> Yes, both me and my spouse or partner
- ☐<sub>4</sub> No

What is your race? **[CHECK ALL THAT APPLY]**

- ☐<sub>1</sub> Black or African American
- ☐<sub>2</sub> White or Caucasian
- ☐<sub>3</sub> Asian
- ☐<sub>4</sub> American Indian or Alaska Native
- ☐<sub>5</sub> Native Hawaiian or other Pacific Islander
- ☐<sub>6</sub> Other, please specify: \_\_\_\_\_



Thinking about your state and local elections in the last 10 years, how often would you say you vote?

- ☐<sub>5</sub> Always
- ☐<sub>4</sub> Most of the time
- ☐<sub>3</sub> About half of the time
- ☐<sub>2</sub> Seldom
- ☐<sub>1</sub> Never

Do you consider yourself to be a Democrat, a Republican, an Independent, or something else?

- ☐<sub>1</sub> Democrat
- ☐<sub>2</sub> Republican
- ☐<sub>3</sub> Independent
- ☐<sub>4</sub> Something else

What was your annual household income before taxes in 2020?

- ☐<sub>1</sub> Less than \$10,000
- ☐<sub>2</sub> \$10,000 to \$19,999
- ☐<sub>3</sub> \$20,000 to \$29,999
- ☐<sub>4</sub> \$30,000 to \$49,999
- ☐<sub>5</sub> \$50,000 to \$74,999
- ☐<sub>6</sub> \$75,000 to \$99,999
- ☐<sub>7</sub> \$100,000 to \$149,999
- ☐<sub>8</sub> \$150,000 or more

**Thank you very much for completing this survey.  
Your assistance in providing this information is very much appreciated.**

### Senior Survey Results:

1) How long have you lived in our community?

Ans: 5-15 years (26.1%), Less than 5 (21.7%), 45 or more (21.7%), 15-25 years (13%),  
25-35 years (8.7%), 35-45 years (8.7%)

2) How long have you lived in your current residence?

Ans: Less than 5 (39.1%), 5-15 years (21.7%), 15-25 years (17.4%), 35-45 years (8.7%),  
45 or more (8.7%), 25-35 years (4.3%)

3) How would you rate your current community as a place for people to live as they age?

Ans: Excellent (50%), Fair (22.7%), Good (18.2%), Very Good (9.1%), Poor (0%)

4) 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?

a. Your personal safety or security concerns

Ans: No factor (47.4%), Major factor (36.8%), Minor factor (15.8%), Not sure (0%)

b. Wanting to move to an area that has better health care facilities

Ans: No factor (36.8%), Major factor (31.6%), Minor factor (31.6%), Not sure (0%)

c. Wanting to be closer to family

Ans: No factor (40%), Major factor (40%), Minor factor (20%), Not sure (0%)

d. Needing more access to public transportation

Ans: No factor (55%), Minor factor (25%), Major factor (10%), Not sure (10%)

e. Wanting to live in a different climate

Ans: No factor (60%), Minor factor (30%), Major factor (10%), Not sure (0%)

f. Wanting to live in an area that has a lower cost of living

Ans: Minor factor (52.4%), Major factor (33.3%), No factor (14.3%), Not sure (0%)

g. Wanting to live in an area with better opportunities for social interaction

Ans: Minor factor (42.9%), Major factor (28.6%), No factor (28.6%), Not sure (0%)

5) How important is it for you to remain in your current community for as long as possible?

Ans: Somewhat important (40.9%), Very important (31.8%),

Extremely important (18.2%), Not at all important (9.1%), Not very important (0%)

6) Which of the following types of homes best describes where you currently live?

Ans: Single family (54%), Mobile home (18.2%), Apartment (13.6%), Other (9.1%),

Townhouse (4.5%), 2-family (0%), Condominium (0%), Senior housing (0%)

7) Do you own or rent your primary home or do you have some other type of living arrangement like living with a family member or friend?

Ans: Own (78.3%), Rent (21.7%), Neither (0%)

8) How important is it for you to be able to live independently in your own home as you age?

Ans: Very Important (43.5%), Extremely important (34.8%),

Somewhat important (21.7%), Not very important (0%), Not at all (0%)

- 9) Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

Ans: No (52.2%), Not sure (34.8%), Yes (13%)

- 10) Would you rate your community as excellent, very good, good, fair, or poor on having the following?

- a) Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices

Ans: Very good (22.7%), Fair (22.7%), Excellent (18.2%), Good (18.2%), Poor (18.2%)

- b) Well-lit, accessible, safe streets and intersections for all users

Ans: Good (25%), Very good (20%), Excellent (20%), Poor (20%), Fair (15%)

- c) Audio and visual pedestrian crossings

Ans: Good (31.8%), Fair (31.8%), Poor (18.2%), Very good (13.6%), Excellent (4.5%)

- d) Separate pathways for bicyclists and pedestrians

Ans: Poor (42.9%), Good (28.6%), Fair (23.8%), Very good (4.8%), Excellent (0%)

- e) Well-maintained streets

Ans: Good (36.4%), Fair (22.7%), Poor (18.2%), Excellent (13.6%), Very good (9.1%)

- f) Easy to read traffic signs

Ans: Good (40.9%), Very good (31.8%), Excellent (13.6%), Fair (9.1%), Poor (4.5%)

- g) Enforced speed limits

Ans: Good (40.9%), Fair (18.2%), Excellent (13.6%), Very good (13.6%), Poor (13.6%)

- 11) Would you rate your community as excellent, very good, good, fair, or poor on having the following?

- a) Well-maintained homes and properties

Ans: Very good (36.4%), Good (36.4%), Excellent (13.6%), Fair (13.6%), Poor (0%)

- b) Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces

Ans: Poor (33.3%), Fair (28.6%), Good (23.8%), Very good (9.5%), Excellent (4.8%)

- c) Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms  
Ans: Good (50%), Fair (25%), Poor (15%), Excellent (5%), Very good (5%)
- d) Well-maintained, safe low-income housing  
Ans: Fair (35%), Good (30%), Poor (30%), Very good (5%), Excellent (0%)
- e) Well-maintained parks  
Ans: Good (57.1%), Fair (23.8%), Very good (14.3%), Excellent (4.8%), Poor (0%)
- f) Safe parks  
Ans: Good (60%), Fair (25%), Very good (10%), Excellent (5%), Poor (0%)
- g) Public buildings and spaces including restrooms that are accessible to people of different physical abilities  
Ans: Good (52.4%), Very good (19%), Poor (19%), Fair (9.8%), Excellent (0%)
- h) Enough benches for resting in public areas like parks, along sidewalks, and around public buildings  
Ans: Good (47.6%), Fair (33.3%), Very good (9.5%), Excellent (4.8%), Poor (4.8%)
- i) Conveniently located emergency care centers  
Ans: Good (38.1%), Very good (23.8%), Fair (19%), Poor (14.3%), Excellent (4.8%)

12) How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

- a) Walk  
Ans: No (72.7%), Yes (27.3%)
- b) Drive yourself  
Ans: Yes (100%)
- c) Have others drive you  
Ans: No (90.9%), Yes (9.1%)
- d) Taxi  
Ans: No (95.5%), Yes (4.5%)
- e) Uber or lyft  
Ans: No (95.5%), Yes (4.5%)
- f) Special transportation, such as one for persons with disabilities



Ans: No (100%)

g) Public transportation

Ans: No (100%)

h) Bike

Ans: No (81.8%), Yes (18.2%)

i) Other

Ans: No (95.5%), Yes (4.5%)

j) I do not get out of the house

Ans: No (95%), Yes (5%)

13) How frequently do you travel outside of the city of Alachua?

Ans: 2-3 times a week (40.9%), Daily (27.3%), Once a week (22.7%),

Once a month (9.1%), Less than once a month (0%)

14) For what portions of your trips do you depend on others for transportation?

Ans: None (90.9%), Fifty percent (4.5%), Twenty-five percent (4.5%), All (0%),

Seventy-five percent (0%)

15) Which of the following people or organizations do you depend on for transportation?

Ans: Not applicable (73.9%), Spouse (17.4%), Relatives (8.7%), Friends (0%),

Public services (0%), Volunteers (0%), Private (0%)

16) Would you say that most of the trips you need to make are to get to (check all that apply)?

Ans: Grocery (25%), Appointments (20.2%), Church (15.5%), Relatives' home (11.9%),

Entertainment (11.9%), Work (7.1%), Senior center (4.8%), Government agency (3.6%)

17) During the past two years, were you unable to make a necessary trip because you could not drive or did not have access to transportation?

Ans: No (76.2%), Not applicable (23.8%), Yes (0%)

18) If you have used a private or paid service for transportation, would you say that it was affordable to meet your ongoing transportation needs?

Ans: Not applicable (95%), No (5%), Yes (0%)

19) What kinds of activities would you be interested in participating with other seniors?

a) Bingo

Ans: No (70%), Yes (30%)

b) Book club

Ans: No (84.2%), Yes (15.8%)

c) Card games

Ans: No (57.9%), Yes (42.1%)

d) Crafts

Ans: No (63.2%), Yes (36.8%)

e) Dominos

Ans: No (84.2%), Yes (15.8%)

f) Field trips

Ans: Yes (57.9%), No (42.1%)

g) Food banks

Ans: No (88.9%), Yes (11.1%)

h) Puzzles

Ans: No (66.7%), Yes (33.3%)

i) Quilting

Ans: No (77.8%), Yes (22.2%)

j) Others:

Ans: YMCA, Swimming pool, Planting class, Cooking class, Parkinson's exercises, Sports, Pickleball, Playing music, Senior functions at churches, Awareness seminars

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

Ans: Everyday (56.5%), Several times a week (34.8%), Once every 2-3 weeks (4.3%),

Once a month (4.3%), Once a week (0%), Less than monthly (0%), Never (0%)

21) How often you feel the following?

a) I feel a lack of companionship

Ans: Never (52.6%), Rarely (31.6%), Sometimes (10.5%), Often (5.3%)

b) I feel left out

Ans: Never (45%), Rarely (35%), Sometimes (20%), Often (0%)

c) I feel isolated from others

Ans: Never (50%), Rarely (27.3%), Sometimes (18.2%), Often (4.5%)

22) If you were in trouble, do you have friends or family who can help you at any time of the day or night?

Ans: Yes (81.8%), No (18.2%)

23) Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

a) Department of recreation and culture

Ans: No (68.4%), Yes (31.6%)

b) Faith community

Ans: Yes (52.9%), No (47.1%)

c) Local organization or business

Ans: No (93.3%), Yes (6.7%)

d) Community center

Ans: No (87.5%), Yes (12.5%)

e) Senior center

Ans: No (62.5%), Yes (37.5%)

- f) Offerings through my work  
Ans: No (100%)
- g) Online programs  
Ans: Yes (53.3%), No (46.7%)
- h) Other  
Ans: No (66.7%), Yes (33.3%)
- i) I do not participate in any continuing education/classes  
Ans: No (57.1%), Yes (42.9%)

24) Would you rate your community as excellent, very good, good, fair, or poor on having the following?

- a) Conveniently located entertainment venues  
Ans: Good (47.4%), Fair (26.3%), Poor (15.8%), Excellent (5.3%), Very good (5.3%)
- b) Activities geared specifically toward older adults  
Ans: Fair (44.4%), Good (22.2%), Poor (22.2%), Very good (11.1%), Excellent (0%)
- c) Activities that offer senior discounts  
Ans: Fair (55.6%), Good (22.2%), Poor (22.2%), Very good (0%), Excellent (0%)
- d) Activities that are affordable to all residents  
Ans: Fair (52.6%), Good (31.6%), Poor (10.5%), Excellent (5.3%), Very good (0%)
- e) Activities that involve both younger and older people  
Ans: Good (42.1%), Fair (36.8%), Poor (15.8%), Excellent (5.3%), Very good (0%)
- f) A variety of cultural activities for diverse populations  
Ans: Fair (52.9%), Good (23.5%), Poor (17.6%), Excellent (5.9%), Very good (0%)
- g) Local schools that involve older adults in events and activities  
Ans: Poor (37.5%), Fair (31.3%), Good (25%), Excellent (6.3%), Very good (0%)
- h) Continuing education classes/clubs  
Ans: Good (38.9%), Poor (38.9%), Fair (16.7%), Excellent (5.6%), Very good (0%)
- i) Driver education refresher courses  
Ans: Fair (41.2%), Poor (41.2%), Good (17.6%), Very good (0%), Excellent (0%)

25) Would you rate your community as excellent, very good, good, fair, or poor on having the following?

a) A range of volunteer activities to choose from

Ans: Good (50%), Fair (22.2%), Excellent (11.1%), Poor (11.1%), Very good (5.6%)

b) Volunteer training opportunities to help people perform better in their volunteer roles

Ans: Good (50%), Fair (22.2%), Poor (22.2%), Excellent (5.6%), Very good (0%)

c) Opportunities for older adults to participate in decision making bodies such as community councils or committees

Ans: Good (31.6%), Fair (31.6%), Poor (15.8%), Excellent (10.5%), Very good (10.5%)

d) Easy to find info on available local volunteer opportunities

Ans: Poor (31.6%), Fair (31.6%), Good (21.1%), Excellent (10.5%), Very good (5.3%)

e) Transportation to and from volunteer activities

Ans: Fair (43.8%), Poor (31.3%), Good (25%), Very good (0%), Excellent (0%)

26) Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home delivered meals, home repair, medical transport, or social activities?

a) Local senior centers

Ans: Yes (45%), Not sure (40%), No (15%)

b) Office of healthy aging

Ans: Yes (50%), Not sure (38.9%), No (11.1%)

c) Family or friends

Ans: Yes (89.5%), Not sure (10.5%)

d) Local nonprofits

Ans: Yes (38.9%), Not sure (38.9%), No (22.2%)

e) AARP

Ans: Yes (43.8%), Not sure (37.5%), No (18.8%)

f) Churches

Ans: Yes (61.1%), Not sure (22.2%), No (16.7%)

g) Internet

Ans: Yes (61.1%), Not sure (22.2%), No (16.7%)



h) Phone book

Ans: No (76.5%), Yes (11.8%), Not sure (11.8%)

i) Your doctor

Ans: Yes (66.7%), Not sure (16.7%), No (16.7%)

j) Local government

Ans: Yes (47.1%), Not sure (41.2%), No (11.8%)

k) Library

Ans: Not sure (47.4%), Yes (42.1%), No (10.5%)

27) Are you male or female?

Ans: Female (66.7%), Male (33.3%)

28) What is your age as of your last birthday? AVERAGE -> 60.9 [AGE IN YEARS]

29) What is your current marital status?

Ans: Married (52.4%), Widowed (19%), Living w/ partner (14.3%), Divorced (14.3%)

Separated (0%), Never married (0%)

30) Are you or your spouse or partner currently a member of AARP?

Ans: Yes (61.9%), No (38.1%)

31) Besides you, do you have any of the following people living in your household?

a) Children under 18

Ans: No (95.2%), Yes (4.8%)

b) Children over 18

Ans: No (90%), Yes (10%)

c) Children away at college

Ans: No (100%)

d) Parents

Ans: No (100%)

e) Other adult relative/friend over 18

Ans: No (90%), Yes (10%)

32) In general, how would you rate your health?

Ans: Very good (45%), Good (45%), Excellent (5%), Fair (5%), Poor (0%)

33) Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities?

Ans: Neither (66.7%), Yes, me (28.6%), Yes, both (4.8%), Yes, spouse (0%)

34) What is your race?

Ans: White (72.7%), Black (13.6%), Asian (4.5%), Indian (4.5%), Other (4.5%), Pacific Islander (0%)

35) Thinking about your state and local elections in the last 10 years, how often would you say you vote?

Ans: Always (59.1%), Most of the time (40.9%), Half the time (0%), Seldom (0%),

Never (0%)

36) What was your annual household income before taxes in 2020?

Ans: 50k-74.9k (36.8%), 75k-99.9k (15.8%), 30k-49.9k (15.8%), 20k-29.9k (10.5%)

Less than 10k (10.5%), 100k-149.9k (5.3%), 10k-19.9k (5.3%), 150k or more (0%)