



Aging Well in Oakland: A 5-Year Strategic Action Plan 2025-2030

*This survey should be completed by Seniors 55+ years, adults with disabilities and unpaid family or informal caregivers **FOR YOURSELF** by April 30th. Please complete only one survey, either on paper or online at www.oaklandca.gov/mcoa. If you have any questions or need help completing the survey, please call us at (510) 238-3535.*

This survey will take approximately 15-20 minutes to complete. The results of this survey will be used by Aging and Adult Services and the Mayor’s Commission on Aging to develop a 5-year Strategic Action Plan 2025-2030.

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

I. SERVICES AND SUPPORTS

1. How familiar are you with the following services?

SERVICE CATEGORY	5	4	3	2	1
	Very Familiar	Familiar	Some-what Familiar	A little familiar	Never heard of it
Caregiver Support- Services for people who are caring for a loved one who needs assistance. Ex: Alzheimer’s/dementia services, adult day care/respice, support groups, counseling, workshops					
Case Management- Coordination of social and health care services. Ex: Multipurpose Senior Services Program (MSSP); Targeted Case Management; Senior Wellness Connection; Older Adults, Healthy Results-Alameda County Public Health Nursing					
Disabled Adult Services- Support services, resources, and care for adults with disabilities. Ex: Center for Independent Living (CIL), Deaf Counseling Advocacy & Referral Agency (DCARA), California Technical Assistance Program (CTAP), East Bay Innovations (EBI), Light House for the Blind and Visually Impaired, East Bay Center for the Blind					
Employment- Services that assist in finding and maintaining a job or work experience. Ex: City of Oakland ASSETS, Senior Community Service Employment Program (SCSEP), Oakland PIC					

How familiar are you with the following services? Continued

SERVICE CATEGORY	5	4	3	2	1
	Very Familiar	Familiar	Some-what Familiar	A little familiar	Never heard of it
Food/ nutrition services- Access to healthy food, meal programs, and nutritional support. Ex: Meals on Wheels, Spectrum Senior Meals, Mercy Brown Bag, EOSC Food Pantry					
Health Support Programs- Offer education, screenings, and resources to help individuals manage and improve their health. Ex: Aphasia Center, American Heart Association, PD Active, Parkinson's Association, fall prevention classes, smoking cessation					
Home Care Services- Provide in-home assistance with daily tasks, personal care, and medical needs to support independent living. Ex: In-Home Support Services (IHSS), private pay home aide					
Housing Support- Finding affordable housing, tenancy rights, eviction assistance					
Homelessness Services- Offer shelter, resources, and support to help individuals experiencing homelessness regain stability. Ex: St. Mary's Center, Bay Area Community Services, Mobile Assistance Community Responders of Oakland (MACRO), Family Bridges, Catholic Charities of the East Bay, Cardea Health, LifeLong Medical					
Hospice Care- Hospice, palliative care, end-of-life care					
Information & Assistance- Help individuals navigate services, benefits, and community resources tailored to their needs. Ex: 211/Eden I&R, Information & Referral, Area Agency on Aging, Senior Center I&A					
Legal Services- Provide legal advice, education and representation. Ex: Bay Area Legal, California Advocates for Nursing Home Reform, Eviction Defense Center, East Bay Community Law					
Life Care Planning- Assist individuals in planning for long-term care including wills, trust, power of attorney, advance care directives.					
Mental Health- Offer counseling, therapy, and support for individuals dealing with mental health challenges. Ex: Suicide prevention, Alameda County Behavioral Health, Asian Community Mental Health, La Clinica, West Oakland Health, Mobile Crisis Team (MCT), Alameda County Care Court, Cardea Health					
Transportation- Accessible rides for medical appointments, daily errands, and community engagement. Ex: Taxi/Van scrip, East Bay Paratransit, Public Transportation, Travel Training					

2. In the **last 5 years**, have you used the following services to stay healthy and independent?

<p>Caregiver Support- Services for people who are caring for a loved one who needs assistance. Ex: Alzheimer’s/dementia services, adult day care/respice, support groups, counseling, workshops</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Case Management- Coordination of social and health care services. Ex: Multipurpose Senior Services Program (MSSP); Targeted Case Management; Senior Wellness Connection; Older Adults, Healthy Results- Alameda County Public Health Nursing</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Disabled Adult Services- Support services, resources, and care for adults with disabilities. Ex: Center for Independent Living (CIL), Deaf Counseling Advocacy & Referral Agency (DCARA), California Technical Assistance Program (CTAP), East Bay Innovations (EBI), Light House for the Blind and Visually Impaired, East Bay Center for the Blind</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Employment- Services that assist in finding and maintaining a job or work experience. Ex: City of Oakland ASSETS, Senior Community Service Employment Program (SCSEP), Oakland PIC</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Food/ nutrition services- Access to healthy food, meal programs, and nutritional support. Ex: Meals on Wheels, Spectrum Senior Meals, Mercy Brown Bag, EOSC Food Pantry</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Health Support Programs- Offer education, screenings, and resources to help individuals manage and improve their health. Ex: Aphasia Center, American Heart Association, PD Active, Parkinson’s Association, fall prevention classes, smoking cessation</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Home Care Services- Provide in-home assistance with daily tasks, personal care, and medical needs to support independent living. Ex: In-Home Support Services (IHSS), private pay home aide</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Housing Support- Finding affordable housing, tenancy rights, eviction assistance</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Homelessness Services- Offer shelter, resources, and support to help individuals experiencing homelessness regain stability. Ex: St. Mary’s Center, Bay Area Community Services, Mobile Assistance Community Responders of Oakland (MACRO), Family Bridges, Catholic Charities of the East Bay, Cardea Health, LifeLong Medical</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Hospice Care- Hospice, palliative care, end-of-life care</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>
<p>Information & Assistance- Help individuals navigate services, benefits, and community resources tailored to their needs. Ex: 211/Eden I&R, Information & Referral, Area Agency on Aging, Senior Center I&A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i></p>

In the **last 5 years**, have you used the following services to stay healthy and independent? Continued

Legal Services- Provide legal advice, education and representation. Ex: Bay Area Legal, California Advocates for Nursing Home Reform, Eviction Defense Center, East Bay Community Law	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i>
Life Care-Planning Assist individuals in planning for long-term care including wills, trust, power of attorney, advance care directives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i>
Mental Health- Offer counseling, therapy, and support for individuals dealing with mental health challenges. Ex: Suicide prevention, Alameda County Behavioral Health, Asian Community Mental Health, La Clinica, West Oakland Health, Mobile Crisis Team (MCT), Alameda County Care Court, Cardea Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i>
Transportation- Accessible rides for medical appointments, daily errands, and community engagement. Ex: Taxi/Van scrip, East Bay Paratransit, Public Transportation, Travel Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Wanted to, but service was not available</i>

3. If you had a hard time getting the services you needed, what was the reason? (check all that apply)

- I did not know about it
- I was not eligible/qualified
- I did not have transportation
- My income was too high to qualify
- Too expensive
- Others (please explain) _____
- No translator
- Service/program does not exist
- I need a live person to help me
- N/A I was able to obtain services I needed

4. In the last 12 months what agency(ies), program(s), or service(s) that you used were helpful in maintaining your health and independence?

5. What services do you think you will need in the next 5 years? (check all that apply)

<input type="checkbox"/> Caregiver Support	Services for people who are caring for a loved one who needs assistance. Ex: Alzheimer's/dementia services, adult day care/respite, support groups, counseling, workshops
<input type="checkbox"/> Case Management	Coordination of social and health care services. Ex: Multipurpose Senior Services Program (MSSP); Targeted Case Management; Senior Wellness Connection; Older Adults, Healthy Results- Alameda County Public Health Nursing
<input type="checkbox"/> Disabled Adult Services	Support services, resources, and care for adults with disabilities. Ex: Center for Independent Living (CIL), Deaf Counseling Advocacy & Referral Agency (DCARA), California Technical Assistance Program (CTAP), East Bay Innovations (EBI), Light House for the Blind and Visually Impaired, East Bay Center for the Blind

What services do you think you will need in the next 5 years? Continued(check all that apply)

<input type="checkbox"/>	Employment	Services that assist in finding and maintaining a job or work experience. Ex: City of Oakland ASSETS, Senior Community Service Employment Program (SCSEP), Oakland PIC
<input type="checkbox"/>	Food/ nutrition services	Access to healthy food, meal programs, and nutritional support. Ex: Meals on Wheels, Spectrum Senior Meals, Mercy Brown Bag, EOSC Food Pantry
<input type="checkbox"/>	Health Support Programs	Offer education, screenings, and resources to help individuals manage and improve their health. Ex: Aphasia Center, American Heart Association, PD Active, Parkinson's Association, fall prevention classes, smoking cessation
<input type="checkbox"/>	Home Care Services	Provide in-home assistance with daily tasks, personal care, and medical needs to support independent living. Ex: In-Home Support Services (IHSS), private pay home aide
<input type="checkbox"/>	Housing Support	Finding affordable housing, tenancy rights, eviction assistance
<input type="checkbox"/>	Homelessness Services	Offer shelter, resources, and support to help individuals experiencing homelessness regain stability. Ex: St. Mary's Center, Bay Area Community Services, Mobile Assistance Community Responders of Oakland (MACRO), Family Bridges, Catholic Charities of the East Bay, Cardea Health, LifeLong Medical
<input type="checkbox"/>	Hospice Care	Hospice, palliative care, end-of-life care
<input type="checkbox"/>	Information & Assistance	Help individuals navigate services, benefits, and community resources tailored to their needs. Ex: 211/Eden I&R, Information & Referral, Area Agency on Aging, Senior Center I&A
<input type="checkbox"/>	Legal Services	Provide legal advice, education and representation. Ex: Bay Area Legal, California Advocates for Nursing Home Reform, Eviction Defense Center, East Bay Community Law
<input type="checkbox"/>	Life Care Planning	Assist individuals in planning for long-term care including wills, trust, power of attorney, advance care directives.
<input type="checkbox"/>	Mental Health	Offer counseling, therapy, and support for individuals dealing with mental health challenges. Ex: Suicide prevention, counseling/therapy, Alameda County Behavioral Health, Asian Community Mental Health, La Clinica, West Oakland Health, Mobile Crisis Team (MCT), Alameda County Care Court, Cardea Health
<input type="checkbox"/>	Transportation	Accessible rides for medical appointments, daily errands, and community engagement. Ex: Taxi/Van scrip, East Bay Paratransit, Public Transportation, Travel Training
<input type="checkbox"/>	Other	(please describe)

6. How did you find out about services and supports available to help maintain or improve your health and independence? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Referral from a service provider |
| <input type="checkbox"/> City website | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Doctor/ health insurance | <input type="checkbox"/> Social Media (Facebook, Instagram, etc) |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Health fairs/community events | <input type="checkbox"/> Agency newsletter |
| <input type="checkbox"/> Online Search (Google, Bing, etc) | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Other (describe): _____ |

7. If you choose Agency Newsletter or newspaper above, please tell us which ones?

8. How many years have you lived in your current residence (house, apartment, condo)?

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

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

- Yes No Not sure

10. If you do not feel you can continue living in your current residence as you age, tell us why

- N/a I will be able to live in my current home while aging
- | | |
|--|--|
| <input type="checkbox"/> Mortgage/ Rent too expensive | <input type="checkbox"/> Too many repairs I can't afford |
| <input type="checkbox"/> Too many stairs | <input type="checkbox"/> Neighborhood Safety |
| <input type="checkbox"/> Services are too far from me | <input type="checkbox"/> Health care needs can't be met at home |
| <input type="checkbox"/> Hard to find parking | <input type="checkbox"/> Hallways too narrow (eg for wheelchair) |
| <input type="checkbox"/> My house is too big to maintain | <input type="checkbox"/> Bathroom not accessible |
| <input type="checkbox"/> Other _____ | |

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

- Smart Phone (iPhone, Samsung, Android- phone that access the internet)
- Tablet or iPad
- Laptop
- Desktop Computer
- I do not use technology
- Other

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

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

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

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

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

II. PSYCHOSOCIAL & ECONOMIC CONDITIONS

15. Over the past year how often did you take part in any of these activities?

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

16. Over the past year how often did you experience any of these?

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

17. Over the past year how often did you feel any of these feelings?

EMOTIONAL HEALTH	Always	Almost always	Often	Almost never	Never
I felt lonely/sad					
I felt alone/no one to talk to					
I did not feel safe in my home					
I did not feel safe in my neighborhood					

III. DEMOGRAPHIC INFORMATION

The information you will share below will help us know who we are serving in Oakland.

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

- 18 – 54
 55 – 59
 60 – 64
 65 – 69
 70 – 74
 75 – 79
 80 – 84
 85 – 89
 90 – 94
 95 and above

19. What is your gender identity?

- Male
 Female
 Transgender
 Other _____
 Non-binary
 Two Spirit
 I prefer not to answer

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

- Yes
 No
 I prefer not to answer

21. Select your ethnic/race identification? (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Afro Caribbean, Afro-Latina(o), Afro Latinx | <input type="checkbox"/> Hispanic, Latina(o), Latinx |
| <input type="checkbox"/> American Indian, Alaskan Native, Indigenous, One Nation | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Arab and other Middle Eastern | <input type="checkbox"/> South Asian, Indian or Desi |
| <input type="checkbox"/> Asian, Asian American, Filipino | <input type="checkbox"/> White, European or Caucasian |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Two or more of the above |
| | <input type="checkbox"/> I prefer not to answer |

22. What is the zip code where you live? _____

23. How many people live in your household? _____

24. What is your approximate monthly household income? \$ _____

25. Where are you currently living?

- | | |
|--|---|
| <input type="checkbox"/> Live in house or condo I own (without mortgage) | <input type="checkbox"/> Live in a Car/RV |
| <input type="checkbox"/> Live in a house or condo I own (with mortgage) | <input type="checkbox"/> Unhoused/homeless |
| <input type="checkbox"/> Rent Apartment/Room | <input type="checkbox"/> Live in Supportive Housing |
| <input type="checkbox"/> Live with friend/family (free of charge) | <input type="checkbox"/> Live in Temporary shelter |
| <input type="checkbox"/> Live in Long-Term Care (Nursing home, Assisted living, or Board and Care) | |
| <input type="checkbox"/> Other (please explain): _____ | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> Children under 18 years old | <input type="checkbox"/> Adult children |
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Roommate/Tenant | |
| <input type="checkbox"/> Other (please explain): _____ | | |

27. What language do you prefer to speak?

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

28. What language do you prefer to read?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Simplified Chinese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Traditional Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Amharic/Somali | <input type="checkbox"/> Other _____ |

29. Do you identify as a person with disability?
 Yes No I prefer not to answer
30. Do you have a current or ongoing health condition, disability, or issue that limits major life activities?
 Deaf or severe hearing impairment A chronic, fluctuating or recurring illness or condition (such as HIV, cancer, diabetes)
 Blind or severe visual impairment Neurological differences (such as autism, dyslexia, ADHD)
 A condition that limits physical activity such as walking, climbing stairs, lifting or carrying I do not have a disability
 A psychological or mental health condition I prefer not to say
31. Are you a Veteran? Yes No I prefer not to answer
32. Are you **receiving help** from a family or informal caregiver? Yes No
33. Are you a family or informal caregiver for **someone else**? Yes No
34. If you identify as a family or informal caregiver, to whom do you provide care and support? (check all that apply)
 Adult child with disability Child(ren) under 18 years old
 Elderly parent(s) Spouse/partner
 Other (please explain): N/A, I am not a family or informal caregiver
35. What is your current medical insurance coverage? (check all that apply)
 Medicare VA Health Care
 Medi-Cal Kaiser
 Blue Cross/Shield None
 Other _____

Thank you for sharing your thoughts. Please turn this in by April 30th.

- By Mail: Aging & Adult Services, 150 Frank Ogawa Plaza, Suite 4340, Oakland, CA 94612
- Or in person at a Senior Center

Downtown Oakland Senior Center 200 Grand Avenue, Oakland	East Oakland Senior Center 9255 Edes Avenue, Oakland	North Oakland Senior Center 5714 Martin Luther King Jr. Way, Oakland
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