



AGING WELL IN K.L.

Making Kirkland Lake an Age-Friendly Community

The Planning Department at the Town of Kirkland Lake is currently working on the creation of a plan which would help to improve the quality of life for seniors in our community.

This project will be known as an “Age Friendly Community Plan”.

In order to create a plan that understands and addresses all issues that older adults may face, we need to hear from them. As such, we invite you to answer the following questionnaire.

This survey will allow us to collect anonymous information in order to identify where change needs to happen within the community. The results will be included in the final plan.

The survey is divided into eight sections:

- ❖ Outdoor Spaces and Public Buildings
- ❖ Transportation
- ❖ Housing
- ❖ Social Participation
- ❖ Respect and Social Inclusion
- ❖ Civic Participation and Employment
- ❖ Communication and Information
- ❖ Community Support and Health Services

If you do not wish to answer a question or if you feel that it is not pertinent to you, feel free to leave it blank.

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Thank you for your time,

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GENERAL INFORMATION

The following background information will ensure that data properly represents the population of Kirkland Lake and Area.

1. Which age category do you fall under?

- Under 50 years 50-59 years 60-69 years 70-79 years 80-89 years
 90-99 years 100 years or over

2. What is your gender?

- Male Female Transgender Other Prefer not to answer

3. What is your current annual household income before taxes?

- Less than \$10,000 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999
 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999
 \$80,000 - \$89,999 \$90,000 - \$99,999 \$100,000 or over

4. What is your preferred language?

- English French Other: _____

5. Other than Canadian, what culture/cultures do you identify with most? (Francophone, indigenous, etc.)

6. Which community do you live in?

- Kirkland Lake Chaput Hughes Swastika Goodfish Lake Nettie Lake
 Other: _____

7. How many years have you lived in that community?

8. How likely are you to remain in that community as you age?

- Very Likely Likely Unlikely No Opinion

9. What concerns you most about aging in Kirkland Lake and Area? (Choose a maximum of 5)

- Moving through Buildings Safely House Maintenance Declining Health
 Money/Financial Issues Lack of Employment Falling
 Loss of Driver's Licence Social Isolation Housing Options
 No Family or Friends Nearby Access to Recreation Access to Health Services
 Other: _____

OUTDOOR SPACES AND PUBLIC BUILDINGS

Consider the places you frequent: bank, church, downtown, library, mall, parks, shops, etc.

1. Please rate the following based on the parks and outdoor spaces you visit most:

	Very Satisfied	Satisfied	Unsatisfied	No Opinion
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating (Benches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety walking in the daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety walking in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removal on roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removal on sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting on paths and streets at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of sidewalks/pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection of sidewalks and trails to <u>each other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection of sidewalks and trails to <u>amenities</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time to cross at pedestrian lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver politeness towards pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclist/skateboarder politeness towards pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate the following based on the public buildings you visit most:

	Very Satisfied	Satisfied	Unsatisfied	No Opinion
Accessibility (handrails, ramps, doors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear, easy to read signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of parking spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of accessible parking spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Comments regarding “Outdoor Spaces and Public Buildings”

TRANSPORTATION

Consider how you get around the community and how you will continue to get around as you age.

1. What is your level of mobility?

- I can walk unassisted I use a cane or walker I use a wheelchair or similar assisted device
 Other: _____

2. Are you able to get to the places you want to go? If “NO”, please indicate where you are unable to get to.

- YES NO: _____

3. How do you get around?

	Usually	Sometimes	Never
Personal Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride from Friends or Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking, Biking, Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timiskaming Home Support vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ontario Northland Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

4. What prevents you from accessing transportation? (Choose a maximum of 3)

- Cost Don't know my options Don't know how to access options
 Physical impairments Lack of availability Don't want to inconvenience others
 No family/friends nearby Don't feel safe taking taxis or buses Other: _____

5. What times of day should more transportation options be available?

- Mornings Afternoons Evenings Weekends

6. Comments regarding “Transportation”

HOUSING

Consider the type of housing you are currently living in and the type of housing you will need as you age.

1. Do you live:

- Alone With a spouse With a family member
 With a friend/friends In a shared dwelling

2. Which type of housing do you currently live in?

- Apartment Geared to Income Apartment Owned Home
 Rental Home Family Member's Home Long-Term Care Home
 Retirement Home Other: _____

3. Is your current housing affordable for you?

- Yes No

4. Do you plan to move to a different type of housing within the next:

- 1 year 2-3 years Beyond 3 years I have no long-term plans for moving

5. What type of housing would you prefer as you age?

- Apartment Geared to Income Apartment Owned Home
 Rental Home Family Member's Home Long-Term Care Home
 Retirement Home Other: _____

6. Have you considered adapting your home/apartment to meet your mobility needs as you age?

- Yes No Yes, but cannot afford changes/modifications

7. What barriers do you expect or worry about if thinking about moving?

- Lack of affordable options Lack of mid-price options Lack of 2 bedroom options
 Long wait lists Don't know my options Can't sell my home
 Other: _____

8. How important are the following to you?

	Very Important	Important	Not Important	No Opinion
To stay independent in my own home for as long as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have a variety of housing options available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To live near amenities (shopping, doctor, groceries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To stay in the community I currently live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have affordable housing options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To live near friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have safe, clean housing options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What might prevent you from staying in your own home?

- Property Taxes Cost of Utilities Cost of Home Renovations
- Lack of Transportation Upkeep of House/Yard Lack of In-Home Care Services
- Personal Health Other: _____

10. Comments regarding "Housing"

SOCIAL PARTICIPATION

Consider your participation in leisure, social, cultural, and spiritual activities within the community and with family or friends.

1. How often do you see or speak with a neighbour, family member or friend?

- Every day Once per week Once a month
 Every couple of days Once every couple of weeks Less than once per month

2. What type of activities do you participate in?

- Spiritual/Religious Physical Activities Social Activities with Family/Friends
 Public Events Workshops or Classes
 Other: _____

3. What type of activities would you like to see more of in the community? (Choose a maximum of 3)

- Cards Dances Shopping Trips Education Workshops
 Spiritual Indoor Walking Outdoor Walking Intergenerational
 Sports Clubs Going to Movies Fitness Classes
 Cooking Other: _____

4. With regards to your current social activities, do you feel you are doing:

- Too Much Just Enough Not Enough

5. Do any of the following prevent you from participating in social activities?

- Mobility issues No one to go with Mental health issues
 Too costly Lack of transportation Physical health issues
 Facilities not easy to access Lack of opportunities Unaware of available activities
 Timing of events Other: _____

6. Comments regarding "Social Participation"

RESPECT AND SOCIAL INCLUSION

Do you feel that seniors are respected by the community and that they are included in community groups and events?

1. How often do you feel lonely or isolated?

- Usually Sometimes Never

2. Do you feel valued and respected as an older adult in the community?

- Usually Sometimes Never

3. If you have ever been treated disrespectfully due to your age, where did this behaviour come from?

- Business Staff Family Member Public Service Provider Youth

- Other: _____

4. Choose the response that best describes the following situations:

	Usually	Sometimes	Never
People are patient with older adults when it takes them longer to do something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people have opportunities to share their knowledge with younger generations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-wide activities attract older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people are consulted on ways to serve them better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media portrays older people in a positive light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people are included in community decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people are recognized for their past and present contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community activities bring together different generations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments regarding "Respect and Social Inclusion"

CIVIC PARTICIPATION AND EMPLOYMENT

Consider your employment, civic participation and volunteer work.

EMPLOYMENT – All work for which you are paid.

1. What is your current employment status?

- Employed Full-Time Employed Part-time Unemployed but looking
 Unemployed by choice On Disability Pension Caregiver
 Retired Other: _____

2. If you are looking, what is preventing you from finding a job?

- Lack of job opportunities Lack of training opportunities
 Lack of respect for older workers Lack of assistance from employment agencies
 Lack of flexible working hours No means of transportation
 Issues with technology Other: _____
-

CIVIC PARTICIPATION – Any groups or committees you may belong to, and any political commitments you may have

3. In the past few years, you have:

- Voted in an election Attended a public meeting
 Contacted your elected official Been a member of a community group
 Been a member of a committee Other: _____

4. Do you feel that older adults are well represented within community groups?

- Yes No I don't know
-

VOLUNTEERING – Anything you do that doesn't pay.

5. On average, how many hours per week do you spend volunteering?

- 0 hours 1-3 hours 4-6 hours 7-9 hour 10 or more hours

6. Are you looking for more volunteer opportunities in the community?

- Yes, I want to volunteer more No, I volunteer enough already
 No, I don't want to volunteer Undecided

7. What would make it easier for you to volunteer?

- Transportation More recognition
 More training opportunities A place to call for all volunteer information
 Other: _____

8. Comments regarding "Civic Participation and Employment"

COMMUNICATION AND INFORMATION

Consider how you find information and how you would like to learn about available programs and services within the community.

1. Do you feel that you generally hear about events and services in our community?

- Usually Sometimes Never

2. How do you normally hear about events and services in our community?

3. How would you like to find out about services and programs?

- Radio Newspaper Community Guide Internet
 Friends/Family Information Sessions Health Professionals Bulletin Boards
 Brochures Community Centres Telephone Hotline
 Other: _____

4. Are you able to access a computer?

- Yes No No Interest

5. What do you generally use a computer for?

- Social Media Paying Bills Communicating with family/friends
 Emails News Browsing Internet
 Other: _____

6. What types of information would you like to hear about more? (Choose a maximum of 3)

- Health Services Transportation
 Housing Intergenerational Programs (Keepers of the Circle, Interlink, etc.)
 Employment Community Services (Home Help, Meals on Wheels, etc.)
 Recreation Programs Other: _____

7. Comments regarding "Information and Communication"

COMMUNITY SUPPORT AND HEALTH SERVICES

Consider all services that help older adults remain independent (chiropractor, dentist, Health Unit, Home Support, optometrist, etc.)

1. In general, would you say your health is:

- Excellent Very Good Good Fair Poor Very Poor

2. How often does your mental or physical health prevent you from doing regular activities? (work, recreation, self-care)

- Every day Once per week Once a month
 Every couple of days Once every couple of weeks Less than once per month

3. Have you ever needed help with the following:

	YES	NO
Filling Out Forms	<input type="checkbox"/>	<input type="checkbox"/>
House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Preparation	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Getting to and from Events/Appointments	<input type="checkbox"/>	<input type="checkbox"/>
Home Repair/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal/Lawn Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Banking/Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>
Taking Medications	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>

4. If you answered YES, were you able to easily get the help you needed?

- Yes No

5. Where did you get the help you needed?

- Home Support CCAC Health Care Professional Family / Friend
 Hired Private Service Other: _____

6. Comments regarding "Community Support and Health Services"

If you have any comments or suggestions for making Kirkland Lake and Area an Age-Friendly Community, please write them here:

THANK YOU FOR YOUR CONTRIBUTION TO THIS PROJECT!

Please submit surveys by Friday, December 1st, 2017

Survey Drop-Off Locations

- ❖ Physical Services Building (1 Dunfield Road)
- ❖ Town Hall (3 Kirkland Street East)
- ❖ Joe Mavrincac Community Complex (55 Allen Avenue)
- ❖ Teck Centennial Library (10 Kirkland Street East)
- ❖ Community Living (51 Government Road West)
- ❖ Canadian Mental Health Association (5 Kirkland Street West)
- ❖ DTSSAB (29 Duncan Avenue North)
- ❖ Teck Pioneer Residence (145 Government Road East)
- ❖ KL Non-Profit Housing (60 Fifth Street)

Brook-Lynn Rozon
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Fill out this section to be entered in the draw!

NAME: _____

PHONE NUMBER: _____

E-MAIL: _____

This information will not be recorded. It is solely for the purpose of the draw.

The winner will be announced on December 5, 2017