



# City of Santa Clara

## Meeting Agenda

### Senior Advisory Commission

#### Special Meeting

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**Monday, September 23, 2024**

**5:00 PM**

**Hybrid Meeting  
Santa Clara Senior Center  
Room 205  
1303 Fremont Street  
Santa Clara, CA 95050**

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The City of Santa Clara is conducting the Senior Advisory Commission meeting in a hybrid manner (in-person and a method for the public to participate remotely).

Via Zoom:

<https://santaclaraca.zoom.us/j/97590069803>

Meeting ID: 975 9006 9803

Or join by phone: 669-900-6833

#### **CALL TO ORDER AND ROLL CALL**

#### **CONSENT CALENDAR**

- 1. 24-846** [Review and Approve the Senior Advisory Commission Minutes of August 19, 2024](#)

**Recommendation:** Approve the Senior Advisory Commission Minutes of August 19, 2024

#### **PUBLIC PRESENTATIONS**

*[This item is reserved for persons to address the body on any matter not on the agenda that is within the subject matter jurisdiction of the body. The law does not permit action on, or extended discussion of, any item not on the agenda except under special circumstances. The governing body, or staff, may briefly respond to statements made or questions posed, and appropriate body may request staff to report back at a subsequent meeting.]*

#### **GENERAL BUSINESS**

- 2.     **24-847**     [Provide Input on the Draft Senior Needs Assessment Survey and on the Elements to be Included in an Outreach Plan to Conduct a New Senior Needs Assessment in 2024](#)

***Recommendation:*** Review the Senior Needs Assessment and provide feedback on content and outreach efforts to be incorporated into the development of a 2024 survey.

- 3.     **24-848**     [Senior Advisory Commission FY 2024/25 Work Plan & Goals Discussion](#)

**STAFF REPORT**

**COMMISSIONERS REPORT**

**ADJOURNMENT**

*The next scheduled meeting is on Monday, October 21, 2024 at 5:00 P.M.*

**MEETING DISCLOSURES**

The time limit within which to commence any lawsuit or legal challenge to any quasi-adjudicative decision made by the City is governed by Section 1094.6 of the Code of Civil Procedure, unless a shorter limitation period is specified by any other provision. Under Section 1094.6, any lawsuit or legal challenge to any quasi-adjudicative decision made by the City must be filed no later than the 90th day following the date on which such decision becomes final. Any lawsuit or legal challenge, which is not filed within that 90-day period, will be barred. If a person wishes to challenge the nature of the above section in court, they may be limited to raising only those issues they or someone else raised at the meeting described in this notice, or in written correspondence delivered to the City of Santa Clara, at or prior to the meeting. In addition, judicial challenge may be limited or barred where the interested party has not sought and exhausted all available administrative remedies.

If a member of the public submits a speaker card for any agenda items, their name will appear in the Minutes. If no speaker card is submitted, the Minutes will reflect "Public Speaker."

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Santa Clara will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities, and will ensure that all existing facilities will be made accessible to the maximum extent feasible. The City of Santa Clara will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities including those with speech, hearing, or vision impairments so they can participate equally in the City's programs, services, and activities. The City of Santa Clara will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Agendas and other written materials distributed during a public meeting that are public record will be made available by the City in an appropriate alternative format. Contact the City Clerk's Office at 1 408-615-2220 with your request for an alternative format copy of the agenda or other written materials.

Individuals who require an auxiliary aid or service for effective communication, or any other disability-related modification of policies or procedures, or other accommodation, in order to participate in a program, service, or activity of the City of Santa Clara, should contact the City's ADA Coordinator at 408-615-3000 as soon as possible but no later than 48 hours before the scheduled event.



# City of Santa Clara

1500 Warburton Avenue  
Santa Clara, CA 95050  
santaclaraca.gov  
@SantaClaraCity

## Agenda Report

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24-846

Agenda Date: 9/23/2024

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### **REPORT TO SENIOR ADVISORY COMMISSION**

#### **SUBJECT**

Review and Approve the Senior Advisory Commission Minutes of August 19, 2024

#### **RECOMMENDATION**

Approve the Senior Advisory Commission Minutes of August 19, 2024

Prepared by: Jennifer Herb, Recreation Supervisor

Reviewed by: Kimberly Castro, Recreation Manager

Approved by: Cynthia Bojorquez, Assistant City Manager/Acting Director of Parks & Recreation

#### **ATTACHMENTS**

1. Draft Senior Advisory Commission Meeting Minutes August 19, 2024



# City of Santa Clara

## Meeting Minutes

### Senior Advisory Commission

08/19/2024

5:00 PM

Hybrid Meeting  
 Santa Clara Senior Center  
 Room 205  
 1303 Fremont Street  
 Santa Clara, CA 95050

The City of Santa Clara is conducting the Senior Advisory Commission meeting in a hybrid manner (in-person and a method for the public to participate remotely).

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Meeting ID: 975 9006 9803

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#### **CALL TO ORDER AND ROLL CALL**

The regular meeting was called to order by Chair Drozek at 5:03 p.m.

**Present** 7 - Chair Edmund Drozek, Vice Chair Tom Freitas, Commissioner Judy Hubbard, Commissioner Veena Sterling, Commissioner Rick Andrews, Commissioner Maria Vaz, and Commissioner Srinivasan Manivannan

#### **CONSENT CALENDAR**

1. [24-675](#) Review and Approve the Senior Advisory Commission Minutes of June 24, 2024

**Recommendation:** Approve the Senior Advisory Commission Minutes of June 24, 2024

**A motion was made by Commissioner Hubbard, seconded by Commissioner Andrews, to approve the minutes of June 24, 2024. The motion carries with the following vote.**

**Aye:** 6 - Chair Drozek, Vice Chair Freitas, Commissioner Sterling, Commissioner Andrews, Commissioner Manivannan, and Commissioner Hubbard

**Abstained:** 1 - Commissioner Vaz

**PUBLIC PRESENTATIONS**

None

**GENERAL BUSINESS****2. [24-677](#) Senior Advisory Commission FY 2024/25 Work Plan & Goals Discussion**

The Commission began brainstorming possible goals and various activities for the Commission Work Plan FY2024/25. They will continue their discussion at the September 23, 2024 meeting.

Brainstorming session topics:

**Economics and Employment**

- Encourage older adults to apply for employment opportunities at the Senior Center
- Promote employment for older adults

**Community**

- Accessibility for older adults in or at City activities or events

**Housing**

- Learn what is the difference between low income and affordable housing
  - Provide a presentation for community (resources)
- Learn what criteria are required when building an older adult living facility?

**Outdoor Spaces and Buildings**

- Publicize activities for older adult
  - Croquet
  - Cornhole
  - Bocce Ball
  - Local museums
  - Senior Center happenings
  - Game tables at parks

**Transportation and Streets**

- Learn about:
  - Bicycle lane
  - Crosswalk
  - Signal light timing
  - Signage
  - BPA
  - Curb-cut

**Health, Wellness, and Nutrition**

- Publicize food distribution point
- Free meals

**Social and Civic Engagement**

- Publicize computer classes
  - Presentations about social engagement
  - Engage with Santa Clara Women's League
  - Music opportunities

**Access to Community Resources and Information**

- Be involved in screening Exhibitors at the Health & Wellness Fair
- Educational presentations about resources

3. [24-676](#) Review the 2017 Senior Needs Assessment, Provide Input on Survey Content and Develop an Outreach Plan to Conduct a New Community Survey in 2024

**Recommendation:** Review the Senior Needs Assessment and provide feedback on content and outreach efforts to be incorporated into the development of a 2024 survey.

The Commission reviewed the changes to the draft survey and provided additional changes for staff. Staff will make recommended changes and provide an updated survey at the September 23, 2024 meeting.

**STAFF REPORT**

**Recreation Manager Kimberly Castro** informed the Commission that the Parks & Recreation Master Plan outreach has begun and there will be a booth at the Art and Wine Festival on Saturday, September 14.

**Recreation Supervisor Herb** shared the following:

- The Senior Center BBQ will be on Thursday, August 22 from 12 - 1 p.m.
- The Senior Center Ice Cream Social will be on Wednesday, August 2 from 11 a.m. - 1 p.m.

**COMMISSIONERS REPORT**

**Commissioner Vaz** inquired about resources for un-housed individuals looking for showers and restrooms.

**ADJOURNMENT**

**A motion was made by Commissioner Vaz, seconded by Vice Chair Freitas that the meeting be adjourned at 7:02 p.m.**

**Aye:** 7 - Chair Drozek, Vice Chair Freitas, Commissioner Sterling, Commissioner Andrews, Commissioner Vaz, Commissioner Manivannan, and Commissioner Hubbard

**MEETING DISCLOSURES**

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## Agenda Report

24-847

Agenda Date: 9/23/2024

### **SUBJECT**

Provide Input on the Draft Senior Needs Assessment Survey and on the Elements to be Included in an Outreach Plan to Conduct a New Senior Needs Assessment in 2024

### **COUNCIL PILLAR**

Enhance Community Engagement and Transparency  
Enhance Community Sports, Recreational and Arts Assets

### **BACKGROUND**

At the October 23, 2023 meeting, Commissioners asked to work on one of their goals from the FY 2023/24 Work Plan during each Commission meeting. At the June 24, 2024 meeting, the Commission reviewed the draft Senior Needs Assessment Survey (Attachment 1) and provided minor feedback for the survey questions and sections.

At the June 24, 2024 meeting, the Commission continued the review and discussion of the Senior Needs Assessment Survey. The Senior Needs Assessment will continue to be a work plan item for the Commission for FY 2024/25.

### **DISCUSSION**

At the September 23, 2024 meeting, the Commission will continue the review of the draft survey (Attachment 1) and begin discussion of the Senior Needs Assessment outreach plan and survey dissemination (Attachment 2).

### **ENVIRONMENTAL REVIEW**

The action being considered does not constitute a "project" within the meaning of the California Environmental Quality Act ("CEQA") pursuant to CEQA Guidelines section 15378(b)(5) in that it is a governmental organizational or administrative activity that will not result in direct or indirect changes in the environment.

### **PUBLIC CONTACT**

Public contact was made by posting the Senior Advisory Commission's agenda on the City's official -notice bulletin board outside City Hall Council Chambers. A complete agenda packet is available on the City's website and in the City Clerk's Office at least 72 hours prior to a Regular Meeting and 24 hours prior to a Special Meeting. A hard copy of any agenda report may be requested by contacting the City Clerk's Office at (408) 615-2220, email [clerk@santaclaraca.gov](mailto:clerk@santaclaraca.gov) <<mailto:clerk@santaclaraca.gov>>.

### **RECOMMENDATION**

Review the Senior Needs Assessment and provide feedback on content and outreach efforts to be incorporated into the development of a 2024 survey.

Prepared by: Jennifer Herb, Recreation Supervisor

Reviewed by: Kimberly Castro, Recreation Manager

Approved by: Cynthia Bojorquez, Assistant City Manager and Acting Director - Parks & Recreation

**ATTACHMENTS**

1. Appendix A - Survey Questions Draft 2024
2. Senior Needs Assessment Outreach and Engagement Process



## Appendix A: Senior Needs Assessment Survey

The City of Santa Clara has launched an important effort to assess resident needs age 50 and over. The results from this survey will inform future program and service delivery to older adults in the City of Santa Clara. Please take a few minutes and complete the survey.

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### ABOUT YOU

**D1. Please identify your gender identity.**

<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Other: Please Self Identify

**D2. What age group did you fall into on your last birthday?**

<input type="checkbox"/> 50 – 59 years old
<input type="checkbox"/> 60 – 69 years old
<input type="checkbox"/> 70 – 79 years old
<input type="checkbox"/> 80+ years old

**D3. What is your current relationship status?**

<input type="checkbox"/> Married
<input type="checkbox"/> Not married – living with partner
<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed
<input type="checkbox"/> Never married



**D4. Besides yourself, do you have any of the following people living in your household?**

Child/children under 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child/children 18 or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child/children away at college	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other adult or friend 18 or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renter/Boarder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D5. Do you have any of the following kinds of health care coverage?**

Insurance through a current or former employer of yours or your spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Insurance purchased directly from an insurance company (not through an employer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Medicare (for people 65 and older or people with certain health disabilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Medi-Cal (Medicaid) or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Veterans Administration or other military health care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Any other insurance coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D6. Does any disability, handicap, or chronic disease keep you from fully participating in work, school, housework, or other activities? [CHECK ONLY ONE]**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**D7. Does any disability, handicap, or chronic disease keep your spouse/partner from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**D8. With which tasks are you currently receiving help?**

<input type="checkbox"/> Housing
<input type="checkbox"/> Paying Bills
<input type="checkbox"/> Cooking
<input type="checkbox"/> Cleaning
<input type="checkbox"/> Transportation
<input type="checkbox"/> Personal Care
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: Other, please specify

**a. Who is helping you?**

<input type="checkbox"/> Self
<input type="checkbox"/> County
<input type="checkbox"/> City
<input type="checkbox"/> Religious Community
<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Spouse/partner
<input type="checkbox"/> Relative
<input type="checkbox"/> Friend/Neighbor
<input type="checkbox"/> Other: Other, please specify

**b. Where would help be most valuable?**

<input type="checkbox"/> Housing
<input type="checkbox"/> Paying Bills
<input type="checkbox"/> Cooking



<input type="checkbox"/> Cleaning
<input type="checkbox"/> Transportation
<input type="checkbox"/> Personal Care
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: Other, please specify

**D9. What best represents the language you speak at home? Check all that apply.**

<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hindi
<input type="checkbox"/> Other, please specify

**D10. What is your race and/or ethnicity? [CHECK ALL THAT APPLY]**

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other, please specify



**D11. What is the highest level of education you have completed?**

<input type="checkbox"/> K-12 <sup>th</sup> grade (no diploma)
<input type="checkbox"/> High school graduate, GED or equivalent
<input type="checkbox"/> Post-high school education/training (no degree)
<input type="checkbox"/> Trade School Certification
<input type="checkbox"/> 2-year college degree
<input type="checkbox"/> 4-year college degree
<input type="checkbox"/> Post-graduate study (no degree)
<input type="checkbox"/> Graduate or professional degree(s)

**D12. What was your annual household income before taxes in the most recent tax year?**

1-person house	2-person house	3-person house	4-person house
<input type="checkbox"/> \$19,050 or less	<input type="checkbox"/> \$21,750 or less	<input type="checkbox"/> \$24,500 or less	<input type="checkbox"/> \$27,200 or less
<input type="checkbox"/> \$19,051 to \$37,450	<input type="checkbox"/> \$21,751 to \$42,800	<input type="checkbox"/> \$24,501 to \$48,150	<input type="checkbox"/> \$27,201 to \$53,500
<input type="checkbox"/> \$37,451 to \$62,450	<input type="checkbox"/> \$42,801 to \$71,400	<input type="checkbox"/> \$48,151 to \$80,300	<input type="checkbox"/> \$53,501 to \$89,200
<input type="checkbox"/> \$62,451 to \$96,000	<input type="checkbox"/> \$71,401 to \$109,700	<input type="checkbox"/> \$80,301 to \$123,400	<input type="checkbox"/> \$89,201 to \$137,100
<input type="checkbox"/> \$96,001 to \$126,900	<input type="checkbox"/> \$109,701 to \$145,050	<input type="checkbox"/> \$123,401 to \$163,150	<input type="checkbox"/> \$137,101 to \$181,300
<input type="checkbox"/> \$126,901 to \$152,300	<input type="checkbox"/> \$145,051 to \$174,050	<input type="checkbox"/> \$163,151 to \$195,800	<input type="checkbox"/> \$181,301 to \$217,550
<input type="checkbox"/> \$152,301 or more	<input type="checkbox"/> \$174,051 or more	<input type="checkbox"/> \$195,801 or more	<input type="checkbox"/> \$217,551 or more

There are more than four people in my household



Decline to answer

**D13. Please use the space below for any additional comments.**

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### YOUR COMMUNITY

**1. How would you rate the City of Santa Clara as a place for people to live as they age?**

<input type="checkbox"/> Excellent
<input type="checkbox"/> Very good
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor

**2. What is your 5-digit ZIP code?**

**3. How long have you lived in the City of Santa Clara?**

<input type="checkbox"/> Less than 5 years
<input type="checkbox"/> 5 years but less than 15
<input type="checkbox"/> 15 years but less than 25 years
<input type="checkbox"/> 25 years but less than 35
<input type="checkbox"/> 35 years but less than 45
<input type="checkbox"/> 45 years or more

**4. Thinking about finances in your retirement years, how likely is it that you will move to a different home *outside* the City of Santa Clara?**

<input type="checkbox"/> Extremely likely
<input type="checkbox"/> Very likely





<input type="checkbox"/> Somewhat Likely
<input type="checkbox"/> Not very likely
<input type="checkbox"/> Not at all likely

**5. How important is it for you to remain in the City of Santa Clara as you age?**

<input type="checkbox"/> Extremely important
<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat Important
<input type="checkbox"/> Not very important
<input type="checkbox"/> Not at all important

**HOUSING**

**6. Do you own or rent your primary home — or do you have some other type of living arrangement?**

<input type="checkbox"/> Own
<input type="checkbox"/> Rent
<input type="checkbox"/> Living with family/friends
<input type="checkbox"/> Other, please specify

**7. What type of home is your primary home?**

<input type="checkbox"/> Single-family home
<input type="checkbox"/> Manufactured home
<input type="checkbox"/> Townhome or duplex
<input type="checkbox"/> Apartment
<input type="checkbox"/> Condominium or co-op
<input type="checkbox"/> Assisted Living facility
<input type="checkbox"/> Senior Residential facility
<input type="checkbox"/> Other, please specify



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

<input type="checkbox"/> Extremely important
<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat Important
<input type="checkbox"/> Not very important
<input type="checkbox"/> Not at all important

**9. How important do you think it is to have the following in your community?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Well-maintained homes/properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A home repair service for low-income and older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping services for low-income and older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Homes that are equipped with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms					
Safe low-income housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OUTDOOR SPACES AND BUILDINGS**

**10. How important do you think it is to have the following in the City of Santa Clara?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Well-maintained and safe parks that are within a 10-minute walking distance of your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public parks with active features such as walking paths, outdoor sport courts, community gathering areas, comfortable benches, and shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



for wheelchairs or other assistive mobility devices					
Well-maintained public buildings and facilities that are accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate pathways for bicyclists and pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained public restrooms that are accessible to people of different abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood watch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRANSPORTATION AND STREETS**

**11. How do you get around for things like shopping, visiting the doctor, running errands, or going to other places? Choose as many as apply from the following ways:**

Drive yourself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have others drive you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ride a bike	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Take a taxi/cab/Uber/Lyft/SV Hopper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a special transportation service, such as one for seniors or persons with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rely on a friend/relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify		



**12. What prevents you from utilizing transportation services (public transportation, taxi, Uber, Lyft)?**

<input type="checkbox"/> Safety	<input type="checkbox"/> Physically too difficult
<input type="checkbox"/> Schedule is hard to read	<input type="checkbox"/> Proximity to route
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Cost
<input type="checkbox"/> Weather	<input type="checkbox"/> Lack of restroom facilities
<input type="checkbox"/> Routes are not convenient	<input type="checkbox"/> Time consuming
<input type="checkbox"/> Other	<input type="checkbox"/> Use of smart phone

**13. Would you utilize a shuttle bus service to locations within the City of Santa Clara?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**14. How important do you think it is to have the following in your community/neighborhood?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Accessible and convenient public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe public transportation stops, or areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special transportation services for people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



with disabilities and older adults					
Well-maintained streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to read traffic signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforced speed limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public parking lots, spaces, and areas to park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio/visual pedestrian crossings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to walk to basic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have sense of personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMUNITY SUPPORT & HEALTH SERVICES**

**15. In general, when compared to most people your age, how would you rate your health?**

<input type="checkbox"/> Excellent
<input type="checkbox"/> Very good
<input type="checkbox"/> Good



Fair

Poor

**16. On average, how often do you see a doctor?**

Weekly

Monthly

Several times/year

Once a year

**a. If less than once a year, why haven't you seen a doctor?**

Too expensive

No insurance

Don't have a doctor

No transportation

Fear

Other

**17. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?**

Everyday

Several times a week, but not everyday

About once a week

About once every other week

About once a month

Less than once a month

Never

**a. Where do you exercise?**

Santa Clara Senior Center

Private Club

Local YMCA

Home

Local Gym/Club

Other, please specify

**18. How often are you missing a balanced meal?**

Daily

Weekly



<input type="checkbox"/> Monthly
<input type="checkbox"/> I'm not missing any balanced meals

**19. Why are you missing balanced meals?**

<input type="checkbox"/> Cost
<input type="checkbox"/> Not aware of food assistance programs/free meals
<input type="checkbox"/> Too much effort
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other
<input type="checkbox"/> Not applicable

**20. Have you used any of these meal services? (Check all that apply.)**

<input type="checkbox"/> Meals at the Senior Center or other congregate meal sites
<input type="checkbox"/> Meals on Wheels or other home delivered meals
<input type="checkbox"/> Religious community programs
<input type="checkbox"/> Food Banks or Brown Bag programs
<input type="checkbox"/> Other
<input type="checkbox"/> None

**21. In case of natural disaster, do you have a plan to survive in your home for the first three days without electric power, water, food, or emergency assistance?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**22. How important is it to you to remain physically active for as long as possible?**

<input type="checkbox"/> Extremely important
<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat important
<input type="checkbox"/> Not very important
<input type="checkbox"/> Not at all important





**23. How important do you think it is to have the following in the City of Santa Clara?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Health and wellness programs and classes in areas such as nutrition, weight control, diabetes management or heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness activities specifically geared to older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveniently located health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A referral service that helps seniors find and access health and supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveniently located emergency care centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Home support services including personal care and housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-trained, certified home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



health care providers					
Affordable home health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care professionals who speak different languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL PARTICIPATION**

**24. About how frequently do you interact with your friends, family, or neighbors in your community? This interaction could be by phone, in person, email or social media (such as Facebook/Instagram).**

<input type="checkbox"/> More than once/day
<input type="checkbox"/> About once/day
<input type="checkbox"/> Several times/week
<input type="checkbox"/> Once/week
<input type="checkbox"/> Once every 2 or 3 weeks
<input type="checkbox"/> Once/month
<input type="checkbox"/> Less than monthly
<input type="checkbox"/> Never

**25. On average, how often do you:**

**a. Attend social activities, religious services, or meetings?**

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Several times/year	<input type="checkbox"/> Never
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**b. Have contact with friends and family?**

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Several times/year	<input type="checkbox"/> Never
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**26. Over the past two weeks, how often have you felt:**

	Always	Often	Sometimes	Rarely	Never
Sad, depressed, or helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing normal enjoyable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RESPECT & SOCIAL INCLUSION**

**27. How important do you think it is to have the following in Santa Clara?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Conveniently located entertainment venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities specifically geared to older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that offer senior discounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intergenerational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate and widely publicized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



information about social activities					
A variety of cultural activities for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Continuing education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social clubs such as for books, gardening, crafts, or hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CIVIC PARTICIPATION AND EMPLOYMENT**

**28. How important do you think it is to have the following in your community?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
A choice of volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer training opportunities to help you perform better in your volunteer roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you 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"/>



Easy to find information about local volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to and from volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. Which of the following best describes your current employment status?**

<input type="checkbox"/> Self-employed, part-time
<input type="checkbox"/> Self-employed, full-time
<input type="checkbox"/> Employed, part-time
<input type="checkbox"/> Employed, full-time
<input type="checkbox"/> Unemployed, but looking for work
<input type="checkbox"/> Retired, not working at all
<input type="checkbox"/> Not in labor force for other reasons

**30. How likely is it that you will continue to work for as long as possible, rather than choosing to retire and no longer work for pay?**

<input type="checkbox"/> Extremely likely
<input type="checkbox"/> Very likely
<input type="checkbox"/> Somewhat likely
<input type="checkbox"/> Not very likely
<input type="checkbox"/> Not sure

**31. Rate your ability to pay for the following:**

	Very Difficult	Somewhat Difficult	Somewhat Easy	Easy	Very Easy
Mortgage/Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance/repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes/recreation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					

**COMMUNICATION & INFORMATION**

**32. 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?**

Santa Clara Senior Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Area Agency on Aging (AAA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family or Friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local nonprofit organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
...please specify		
Faith-based organizations such as churches, mosques, temples, or synagogues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone book or 211	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor or other health care professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County government offices such as the Department of Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify -		



**33. How important do you think it is to have the following in the City of Santa Clara?**

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Access to community information in one central source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly displayed printed community information with large lettering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An automated community information source that is easy to understand, like a toll-free telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free access to computers and the Internet in public places such as senior center, library, or government buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community information that is delivered in person to people who may not be able to leave their home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**34. In general, how often do you access the Internet for email, socialization, news and information, paying bills or managing finances, or buying products or services?**

<input type="checkbox"/> Several times a day	<input type="checkbox"/> Once every few weeks
<input type="checkbox"/> About once/day	<input type="checkbox"/> Once a month/less
<input type="checkbox"/> 3-6 days/week	<input type="checkbox"/> Never go online
<input type="checkbox"/> 1-2 days/week	

**35. How do you prefer to receive information?**

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television
<input type="checkbox"/> Internet/email	<input type="checkbox"/> Adult Education Catalog
<input type="checkbox"/> City Hall News (City newsletter)	<input type="checkbox"/> Utility Bill Insert
<input type="checkbox"/> Community Channel 15	<input type="checkbox"/> Parks & Recreation Activity Guide

**SANTA CLARA SENIOR CENTER**

**36. Do you utilize the Santa Clara Senior Center?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**37. If yes, how often?**

<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> 2-3 times/week	<input type="checkbox"/> 3-4 times/week	<input type="checkbox"/> 4-5 times/week	<input type="checkbox"/> 5-6 times/week
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**38. If no, what prevents you from using the Senior Center? (Please check all that apply.)**

<input type="checkbox"/> Don't know what is offered
<input type="checkbox"/> Activities/programs don't meet my needs
<input type="checkbox"/> Hours of operation don't meet my needs
<input type="checkbox"/> Transportation





<input type="checkbox"/> Cost
<input type="checkbox"/> I don't identify with the name "Senior Center"
<input type="checkbox"/> Not Interested
<input type="checkbox"/> Other

**39. If you were to enroll/sign-up for a class/activity at the Senior Center, what topics appeal to you?**

<input type="checkbox"/> Fitness/Exercise (weight training, aquatics, tai chi, yoga, Pilates, dance, cardio)
<input type="checkbox"/> Computers (Internet basics, email, graphic arts, research, cyber security)
<input type="checkbox"/> Crafts/Art (woodworking, jewelry making, photography, ceramics, painting)
<input type="checkbox"/> Lifelong learning (politics, history, poetry, creative writing, current events, environmental sustainability)
<input type="checkbox"/> Finances (retirement planning, mortgages, healthcare, budgeting)
<input type="checkbox"/> Safety and Protection (identity theft, personal safety, neighborhood watch, elder fraud)
<input type="checkbox"/> Health Education and Nutrition (living with chronic disease, fall prevention, healthy eating, disabilities)
<input type="checkbox"/> Housing (assisted living options, home maintenance & repair, adaption my home as I age, rate assistance programs, how to fill out forms)

**Please use the space below for any additional comments.**

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

# Outreach and Engagement

Three-month process. Focused on older adult residents of Santa Clara ages 50 and over.

→ Online and Paper Survey

Available at different locations

→ Focus Groups

Held in different languages

→ Partner Engagement

Meet with partners to develop recommendations that address needs and gaps in services



## Agenda Report

24-848

Agenda Date: 9/23/2024

### **SUBJECT**

Senior Advisory Commission FY 2024/25 Work Plan & Goals Discussion

### **BACKGROUND**

At the beginning of each fiscal year, the Senior Advisory Commission develops a Work Plan and a set of activities to focus Commission discussions and efforts throughout the year. The Plan is created using the eight (8) domains of the World Health Organization's Age-Friendly City framework, along with current trends relating to the senior population. The Plan is used to develop and propose policies and resources to meet specific resident needs. At the August 19, 2024 meeting, the Commission continued the discussion on Item 2. (RTC #24-677, Attachment 1) to the September 23, 2024 meeting.

### **DISCUSSION**

The Senior Advisory Commission will consider the priorities and interests of older adult residents of Santa Clara ages 50 and over, and brainstorm potential goals utilizing the eight (8) domains of the Age-Friendly City framework:

- A. Economics and Employment,
- B. Community,
- C. Housing,
- D. Outdoor Spaces and Buildings,
- E. Transportation and Streets,
- F. Health, Wellness, and Nutrition,
- G. Social and Civic Engagement, and
- H. Access to Community Resources and Information.

At the September 23, 2024 Senior Advisory Commission meeting, the Commission will continue to discuss possible goals and various activities for the Commission Work Plan FY 2024/25. To prioritize the Work Plan, the Commission may consider resources available, as well as the Commissioner's interests. A draft Work Plan has been provided (Attachment 2) that may be used as a guide for the discussion. The Commission may take action to adopt the Work Plan when it is finalized.

### **ENVIRONMENTAL REVIEW**

The action being considered does not constitute a "project" within the meaning of the California Environmental Quality Act ("CEQA") pursuant to CEQA Guidelines section 15378(b)(5) in that it is a governmental organizational or administrative activity that will not result in direct or indirect changes in the environment.

### **PUBLIC CONTACT**

Public contact was made by posting the Senior Advisory Commission's agenda on the City's official -notice bulletin board outside City Hall Council Chambers. A complete agenda packet is available

on the City's website and in the City Clerk's Office at least 72 hours prior to a Regular Meeting and 24 hours prior to a Special Meeting. A hard copy of any agenda report may be requested by contacting the City Clerk's Office at (408) 615-2220, e-mail [clerk@santaclaraca.gov](mailto:clerk@santaclaraca.gov).

Prepared by: Jennifer Herb, Recreation Supervisor

Reviewed by: Kimberly Castro, Recreation Manager

Approved by: Cynthia Bojorquez, Assistant City Manager and Acting Director - Parks & Recreation

### **ATTACHMENTS**

1. RTC #24-677
2. Senior Advisory Commission DRAFT Work Plan FY 2024/25



## Agenda Report

24-677

Agenda Date: 8/19/2024

### **SUBJECT**

Senior Advisory Commission FY 2024/25 Work Plan & Goals Discussion

### **BACKGROUND**

At the beginning of each fiscal year, the Senior Advisory Commission develops a Work Plan and a set of activities to focus Commission discussions and efforts throughout the year. The Plan is created using the eight (8) domains of the World Health Organization's Age-Friendly City framework, along with current trends relating to the senior population, and developing proposed policies and resources to meet specific resident needs. At the June 24 meeting, the Commission voted to continue discussion on Item 24-575 (Attachment 1) to the July 22, 2024 meeting.

### **DISCUSSION**

The Senior Advisory Commission will consider the priorities and interests of older adult residents of Santa Clara ages 50 and over, and brainstorm potential goals utilizing the eight (8) domains of the Age-Friendly City framework:

- A. Economics and Employment,
- B. Community,
- C. Housing,
- D. Outdoor Spaces and Buildings,
- E. Transportation and Streets,
- F. Health, Wellness, and Nutrition,
- G. Social and Civic Engagement, and
- H. Access to Community Resources and Information.

At the August 19, 2024 Senior Advisory Commission meeting, the Commission will discuss possible goals and various activities for the Commission Work Plan FY 2024/25. To prioritize the Work Plan, the Commission may consider resources available, as well as the Commissioner's interests. A draft Work Plan has been provided (Attachment 2) that may be used as a guide for the discussion. The Commission may take action to adopt the Work Plan when it is finalized.

### **ENVIRONMENTAL REVIEW**

The action being considered does not constitute a "project" within the meaning of the California Environmental Quality Act ("CEQA") pursuant to CEQA Guidelines section 15378(b)(5) in that it is a governmental organizational or administrative activity that will not result in direct or indirect changes in the environment.

### **PUBLIC CONTACT**

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24 hours prior to a Special Meeting. A hard copy of any agenda report may be requested by contacting the City Clerk's Office at (408) 615-2220, e-mail [clerk@santaclaraca.gov](mailto:clerk@santaclaraca.gov).

Prepared by: Jennifer Herb, Recreation Supervisor

Reviewed by: Kimberly Castro, Recreation Manager

Approved by: Cynthia Bojorquez, Assistant City Manager and Acting Director - Parks & Recreation

**ATTACHMENTS**

1. RTC 24-575 06-24-24
2. Senior Advisory Commission DRAFT Work Plan FY2024-25

**City of Santa Clara  
Senior Advisory Commission  
Work Plan FY 2024/25**



**City of  
Santa Clara**

<b>GOAL #1: Advocate for Affordable and Convenient Housing</b>			
<b>Objectives</b>	<b>Ad Hoc Sub-Committee</b>	<b>Timeline</b>	<b>Current Status &amp; Budget Allocation</b>
	Commissioner:		
<b>GOAL #2: Encourage and Promote the Use of Outdoor Spaces and Buildings</b>			
<b>Objectives</b>	<b>Ad Hoc Sub-Committee</b>	<b>Timeline</b>	<b>Current Status &amp; Budget Allocation</b>
	Commissioner:		
<b>GOAL #3: Advocate for Affordable, Convenient, and Safe Transportation and Streets</b>			
<b>Objectives</b>	<b>Ad Hoc Sub-Committee</b>	<b>Timeline</b>	<b>Current Status &amp; Budget Allocation</b>
	Commissioner:		
A. Send representative(s) to attend Bicycle & Pedestrian Advisory Committee meeting.	Commissioner:		
<b>GOAL #4: Develop Opportunities to Promote Health, Wellness, and Nutrition</b>			
<b>Objectives</b>	<b>Ad Hoc Sub-Committee</b>	<b>Timeline</b>	<b>Current Status &amp; Budget Allocation</b>
Review current Senior Needs Assessment and provide input on survey content and outreach plan to conduct a new survey in 2024	All Commissioners	During monthly meeting.	
<b>GOAL #5: Provide Access to Community Resources and Information</b>			
<b>Objectives</b>	<b>Ad Hoc Sub-Committee</b>	<b>Timeline</b>	<b>Current Status &amp; Budget Allocation</b>
A. Appoint representative(s) to attend the ADA Committee Meetings.	Commissioner:		

**City of Santa Clara  
Senior Advisory Commission  
Work Plan FY 2024/25**



**City of  
Santa Clara**