

2012-2017 Orange County Master Aging Plan
Public Comment Questionnaire

Thank you for your interest in the Department on Aging's 2012-2017 Master Aging Plan (MAP) for Orange County, North Carolina. This draft MAP is the culmination of a strategic planning process conducted every five years that outlines anticipated need for county government services, recommends policy and legislative changes, and identifies areas for public/private partnerships related to aging in the county. The MAP will serve as a targeted, collaborative road map for county departments to address the needs of older adults for the next five years.

The Department on Aging's goal is to integrate the public into the strategic planning process to design a plan that reflects our local community's vision. Your feedback is very important to us.

1. To begin, please provide us with some demographic information.

a. What is your zip code? _____

b. How many years have you lived in Orange County?

c. Please indicate your gender.

Female

Male

Other

d. Please indicate your race (check all that apply):

White

Black or African-American

Asian

American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander

Other: _____

e. Are you of Hispanic, Latino, or Spanish origin?

Yes

No

f. Please indicate your age:

21 and under

22 to 34

35 to 44

45 to 54

55 to 64

65 to 74

- 75 to 84
- 85 or older
- Decline to answer

g. Please indicate the number of people living in your household: _____

h. Please indicate your household income:

- \$9,999 or less
- \$10,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000 or more
- Decline to answer

2. How easy was the plan to understand?

- a. Very difficult
- Difficult
- Somewhat difficult
- Moderate
- Somewhat easy
- Easy
- Very easy

b. Please comment (optional):

3. Would you change the content of any of the goals?

- a. Yes
- No
- b. If yes, please indicate the goal number(s) and provide your input as to why and how it should be changed.

4. Would you change the content of any of the objectives?

- a. Yes
- No
- b. If yes, please indicate the objective number(s) and provide your input as to why and how it should be changed.

5. Would you change the content of any of the strategies?
- Yes
 No
 - If yes, please indicate the strategy number(s) and provide your input as to why and how it should be changed.
6. Would you change the content of any of the indicators?
- Yes
 No
 - If yes, please indicate the strategy number(s) in which the indicator is listed and provide your input as to why and how it should be changed.
7. Given what has been addressed in this MAP, what would you like to see added to future MAPs?
8. Which parts of developing this plan were you involved in (please check all that apply)?
- Summer 2011 focus groups
 - Summer 2011 Perceptions of Aging survey
 - County Government Aging Preparedness Survey
 - October 2011 Community Kick-off Event
 - Work Groups
 - MAP Steering Committee
 - MAP Management Team
 - Department on Aging staff
 - Other: _____
9. Please comment on the process we used in developing the MAP. How should we change this process in the future?
10. Please provide any additional comments: