



City of Carpinteria Memorandum

TO: General Plan/Coastal Plan Update Committee
FROM: Steve Goggia, Community Development Director
CC: Dave Durlinger, City Manager
SUBJECT: Committee Discussion Items for the Meeting of November 20, 2017
DATE: November 17, 2017

October 16, 2017 Meeting Action Minutes

The Draft Action Minutes are included as Attachment A

General Plan/LCP Update Status

Ongoing efforts are described below.

Public Workshop – November 7th 2017

City and Amec staff held a public workshop at Casas de las Flores on November 7, 2017 from 5:30 PM to 7:30 PM. The purpose of the workshop to gather input on the General Plan/LCP update from individuals who are less likely to attend General Plan Committee meetings at the Council Chamber to support a diverse and inclusive outreach process. Presentations, activities, and materials were translated in both English and Spanish. Attendees were asked to discuss the City's strengths and assets as well as identify areas of improvement.



Survey

A survey was developed and designed to solicit feedback and ideas for the Healthy Community Vision and gather information on the respondents' values. The survey was distributed at the Health Fair on October 10, 2017 and the Public Workshop on November 7, 2017. The survey has also been refined to gather input on the General Plan/LCP update as a whole and is included in Attachment B.

ATTACHMENTS

Attachment A	October 16 th , 2017 meeting DRAFT Action Minutes
Attachment B	General Plan Survey

Committee Members

*Councilmember Al Clark
Councilmember Brad Stein
Commissioner David Allen
Commissioner John Callender*



Location

*City Council Chambers
5775 Carpinteria Avenue
Carpinteria, CA 93013*

CITY OF CARPINTERIA

**General Plan/Coastal Plan Update Committee
October 16, 2017
Draft Meeting Action Minutes**

-
1. Call to Order: 5:30 pm
 2. Roll Call: Clark, Stein and Callender present
 3. Public Comment: None
 4. General Plan/LCP Update: Project status
 5. Adjournment: 6:15 p.m.

Healthy Community & General Plan Survey

Thank you for taking the time to complete the City of Carpinteria Healthy Community Element survey. We provided answers to some questions you may have about our survey here.

Why is the City of Carpinteria conducting this survey?

We are conducting this survey to determine what health-related topics are important to the community of Carpinteria. Data collected from this survey will be used in forming policies and goals for the City's Healthy Community Element.

How long will it take to complete this survey?

There are 28 questions. It will take about 15 - 20 minutes depending on your reading speed and familiarity with surveys.

Are my answers confidential?

Yes, all answers are confidential. We are not asking for any personal information such as your name, email, address or phone number, and we cannot tie answers to a specific person.

How can I keep updated on the Healthy Community Element?

Visit the Carpinteria General Plan/LCP website for more information and updates on opportunities to get involved and public meetings. <http://www.carpinteria.ca.us/communitydev/GeneralPlanUpdate.shtml>

Start of Survey:

1) How would you rate the overall health of you and your family? (Select one)

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy

2) How would you rate the overall health of Carpinteria's community? (Select one)

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

3) Where do you like to go most often for recreation within Carpinteria? Select THREE responses. Please read list before making your choices.

- | | |
|---|--|
| <input type="checkbox"/> Parks and trails | <input type="checkbox"/> Health/fitness club |
| <input type="checkbox"/> Carpinteria Beaches | <input type="checkbox"/> Public school athletic field/track |
| <input type="checkbox"/> Carpinteria Salt Marsh | <input type="checkbox"/> Place for yoga, Tai-Chi, meditation |
| <input type="checkbox"/> Carpinteria Bluffs | <input type="checkbox"/> Church/religious place |
| <input type="checkbox"/> Movie theater | <input type="checkbox"/> Service clubs (Veterans of Foreign Wars, American Legion, etc.) |
| <input type="checkbox"/> Concerts/live theater/dance performances | <input type="checkbox"/> Library |
| <input type="checkbox"/> Senior activity center | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Enjoy time at home with family and friends | <input type="checkbox"/> Social clubs/bars |
| <input type="checkbox"/> Public sports fields | <input type="checkbox"/> Service organizations (Rotary, Lions, Woman's, etc.) |
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Other (please specify) _____ |

4) On average, how many times a week do you engage in any physical activity that lasts at least a half an hour? (Select one)

- Less than once per week
- 1-2 times
- 3-6 times
- Over 6 times

5) What local sources do you receive fresh fruits and vegetables from? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Farmer's market | <input type="checkbox"/> Restaurant/fast food establishment |
| <input type="checkbox"/> Home garden | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> I do not purchase fresh fruits and vegetables |
| <input type="checkbox"/> Food Bank affiliated program | |
| <input type="checkbox"/> Church/religious organization | |
| <input type="checkbox"/> Other (please specify) _____ | |

6) In general, how many times a week do you or your family eat from fast food establishments? (Select one)

- Less than once per week
- 1-2 times
- 3-6 times
- Over 6 times

7) In general, how do you usually travel within the Carpinteria area? (Select one)

- | | |
|---|---|
| <input type="checkbox"/> Drive personal vehicle | <input type="checkbox"/> Use non-profit transportation service (e.g., dial-a-ride services) |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Use of private transportation service (e.g., taxi, Uber) |
| <input type="checkbox"/> Bike | <input type="checkbox"/> Public transportation (e.g., bus) |
| <input type="checkbox"/> Carpool | |
| <input type="checkbox"/> Other (please specify) _____ | |

8) In general, which one of these phrases best describes how well your household's transportation needs are met?

- I am/we are always able to get to the places we need to go.
- I am/we are usually able to get to the places we need to go.
- I am/we can get to our destination, but it takes a long time.
- Sometimes someone in our household is not able to go where they need to go because of lack of transportation.
- Many times someone in our household is not able to go where they need to go because of lack of transportation.

9) Which health-related topics are most important to you? Select only THREE responses. Please read list before making your choices.

- Parks, open space, and recreation
- Safe and accessible bicycle facilities and pedestrian pathways
- Access to fresh produce and other healthy foods
- Nutrition education
- Access to affordable mental health and other public health services
- Interacting and building connections with other community members
- Clean environment/neighborhoods
- Natural hazard preparedness
- Safe and affordable childcare and/or senior care (e.g., assisted living)
- Other (please specify) _____

10) What do you think are the biggest health problems in your community? Select only THREE responses. Please read list before making your choices.

- | | |
|--|--|
| <input type="checkbox"/> Lack of mental health services | <input type="checkbox"/> Lack of substance abuse rehabilitation services |
| <input type="checkbox"/> Lack of access to health care | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Poor diet/ lack of access to fresh fruits and vegetables | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of exercise opportunities | <input type="checkbox"/> Lack of affordable housing |
| <input type="checkbox"/> Lack of recreational facilities (parks, trails, public fitness centers) | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Lack of public transportation |
| <input type="checkbox"/> Marijuana use | <input type="checkbox"/> Lack of daycare/after-school care |
| <input type="checkbox"/> Lack of connection with my community | <input type="checkbox"/> Lack of senior care/senior activities |
| <input type="checkbox"/> Other (please specify) _____ | |

11) In one word (or one short phrase) how would you describe a healthy community?

12) Have you or family member needed medical or mental health services in the past year?

- Yes
- No

13) Were you able to obtain necessary medical or mental health services in Carpinteria within the past year?

- Yes
- No
- Not needed

14) If you received medical or mental health services outside of Carpinteria, why? (Select all that apply)

- My doctor of choice is in another place
- Cost of services is less outside of Carpinteria
- Within Carpinteria, there are no providers for services I need
- My insurance covers doctors outside of Carpinteria
- Did not receive medical or mental health services outside of Carpinteria
- Other (please specify) _____

15) Have you missed one or more medical appointments in the past year due to lack of transportation?

- Yes
- No
- Did not have a medical appointment in the past year

16) What kind of health care do you have? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Public health insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Multiple health insurers |
| <input type="checkbox"/> Employer-provided health insurance | <input type="checkbox"/> No health insurance |
| <input type="checkbox"/> Private health insurance, directly purchased | <input type="checkbox"/> Prefer not to answer |

17) What kind of social service benefits have you received? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> SNAP/Food Stamp Program | <input type="checkbox"/> Food bank affiliated program |
| <input type="checkbox"/> TANF (welfare program) | <input type="checkbox"/> Respite care (time off for caregivers) |
| <input type="checkbox"/> Housing/rental assistance | <input type="checkbox"/> Nursing care in home |
| <input type="checkbox"/> Utility assistance | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> Support from church/religious organization | <input type="checkbox"/> Hospice care |
| <input type="checkbox"/> WIC (Women, Infants and Children) | <input type="checkbox"/> None |
| <input type="checkbox"/> In home services for elderly/disabled | <input type="checkbox"/> Other (please specify) _____ |

18) Are you able to receive these social service benefits services within your community?

- Yes
- No
- Did not receive social service benefits

Open-ended questions:

19) What would you like to see included in the Healthy Community Element?

20) Are there specific policies in Carpinteria's General Plan you want to improve?

Demographic Information:

21) Do you... (Select all that apply)

- Live in Carpinteria
- Work in Carpinteria
- Study in Carpinteria
- Other (please specify)

22) What is your age?

- Under 18
- 18-25
- 26-44
- 45-64
- 65+
- Prefer not to answer

23) What is your gender?

- Female
- Male
- Other
- Prefer not to answer

24) What is your race/ethnicity?

- American Indian/Alaska Native
- Asian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Non-Hispanic Black/African American
- Non-Hispanic White
- Other (please specify)
- Prefer not to answer

25) What is your highest level of education?

- Less than high school
- Some high school
- High school/GED
- Some college
- College degree (two or four year degree)
- Post-graduate degree (master, doctoral, etc.)
- Prefer not to answer

67) What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Retired
- Student
- Caregiver for family member(s)
- Not employed due to medical condition
- Not employed & cannot find work
- Prefer not to answer
- Other (please specify)

27) What is your annual household income?

- Under \$20,000
- \$20,000-\$49,999
- \$50,000-\$69,999
- \$70,000-\$89,999
- \$90,000+
- Prefer not to answer

28) How many people are in your household?

- 1 (yourself only)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Greater than 8
- Prefer not to answer