



LOS ANGELES COUNTY

Aging & Disabilities Department

Los Angeles County Aging & Disabilities Department Disability Services Strategic Plan Survey

The Los Angeles County Aging & Disabilities Department has collaborated with the Los Angeles County Commission on Disabilities (LACCOD) and Public Consulting Group (PCG) to develop this survey, with PCG as survey administrator.

This survey is about the opportunities, gaps, and needs for disability services in the Los Angeles region. Survey results will guide the development of the Los Angeles County Aging & Disabilities Department Disability Services Strategic Plan. This will enable the creation of a 5-year roadmap to expand and improve services (contingent on availability of funding) for people with disabilities in the Los Angeles region.

Thank you for taking the time to respond to our survey. We want to know about your experience with services and programs that support people with disabilities. This survey will take about 15 minutes to complete. Your answers are confidential and will be used to shape Aging & Disabilities strategic plan. No identifying information will be shared.

Some questions may bring up strong emotions. If you wish to skip a question at any time, please feel free to do so. You can also come back to this survey later to complete it at any time.

If you know anyone who you think would be interested in completing this survey (individuals with a disability, their

family, or caregiver), please feel free to send them the link below.

<https://s.alchemer.com/s3/LA-County-Disabilities-Strategic-Plan>

Respondents can use the drop-down menu in the top right corner of the screen to select their preferred language. The survey is available in the following 14 languages:

- English
- Arabic
- Armenian
- Chinese (Simplified)
- Farsi
- Hindi
- Japanese
- Khmer/Cambodian
- Korean
- Russian
- Spanish
- Tagalog
- Thai
- Vietnamese

You may also download the survey and share it with others. You may complete it and mail it, or email it, to the following address:

Aging & Disabilities Department
Attention Guillermo Medina
510 South Vermont Ave, 11th Floor
Los Angeles, California 90020
info@ad.lacounty.gov

We want to hear from everyone! The survey will only be available until August 21, 2025.

If you need services and support, please call the Area Agency on Aging Information & Assistance Hotline at (800) 510-2020, Monday – Friday, from 8:00 AM – 5:00 PM. This number is to be called only for services and supports.

Questions regarding this survey should be directed to the PCG survey team at LACoDisabilitySurvey@pcqus.com.

1) Are you taking this survey yourself, or on behalf of someone else with a disability? Please select all that apply.

☐ I have a disability and am taking this survey myself.

☐ I am taking this survey on behalf of someone else. I am their family member.

☐ I am taking this survey on behalf of someone else. I am their caregiver.

☐ I am taking this survey on behalf of someone else. I am their friend.

☐ I am taking this survey on behalf of someone else. I am their advocate.

☐ I am taking this survey on behalf of someone else. My relationship with them is not listed above.

About You

(Navigation: Show text if answer above includes taking survey on behalf of someone else. Otherwise go directly to question 2)

Thank you. For the remainder of this survey, please answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

2) What is your age??

- ☐ 0-17
- ☐ 18-34
- ☐ 35 - 59
- ☐ 60 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85+

3) Please select all that are true about yourself:

- ☐ I am a person with a physical or mobility-related disability
- ☐ I am a person with a visual disability (e.g., blindness, low vision)
- ☐ I am a person with a hearing disability (e.g., deafness, hard of hearing)
- ☐ I am a person with an intellectual or developmental disability (e.g., autism, Down syndrome)
- ☐ I am a person with a cognitive or learning disability (e.g., ADHD, dyslexia)
- ☐ I am a person with a mental health or emotional condition

- ☐ I am a person with a substance use condition
 - ☐ I am a person with a chronic medical or health-related condition (e.g., diabetes, arthritis, heart disease, HIV/AIDS)
 - ☐ I am diagnosed with a neurological condition (e.g., multiple sclerosis, Parkinson's disease, epilepsy)
 - ☐ I am diagnosed with cerebral palsy
 - ☐ I am diagnosed with Traumatic Brain Injury (TBI)
 - ☐ I am diagnosed with Alzheimer's, Dementia, or other memory related conditions
 - ☐ I identify as a person with a disability not described above.
 - ☐ None of these are true about me. **(Navigation: If this answer is selected, go to Thank you page)**
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Barriers

4) Because of my disability, I have encountered the following kinds of barriers when trying to participate fully in my community, access needed services, or maintain my independence. Please select all that apply.

- ☐ Physical barriers (e.g., inaccessible buildings, sidewalks, ramps, parking, restrooms)
- ☐ Transportation barriers (e.g., travel, unreliable public transit, inadequate paratransit, lack of accessible vehicles)
- ☐ Communication barriers (e.g., lack of sign language interpreters, captioning, or alternative-format materials)
- ☐ Technology barriers (e.g., websites, apps, kiosks that are difficult or impossible to use)
- ☐ Program access barriers (e.g., complicated application processes, eligibility restrictions, lack of accommodation)

☐ Program gaps barriers (e.g., the programs I need don't exist in my area)

☐ Attitudinal barriers (e.g., discrimination, lack of awareness or respect from community members, service providers, or county departments)

☐ Lack of training for disability services providers or department staff

☐ Financial barriers (e.g., affordability of services, equipment, or supportive care)

☐ Social isolation or lack of social support networks

☐ Other barriers not listed above

Overall Wellbeing

Thank you. The following questions ask a bit more about your overall well-being and health.

5) Which of the following best describes your access to medical care? Please select all that apply

☐ There are not enough doctors or medical providers in my area

☐ Medical care locations are not accessible or hard to get to

☐ Medical care locations are not accessible when I'm inside (e.g., cannot accommodate a wheelchair, cannot get on the exam tables, a lift is not available to help me transfer, etc.)

☐ I cannot afford to see doctors when I'm sick

☐ I can see a doctor when I need to

How strongly do you agree with the following statements:

6) In the last two weeks, I have had enough money to meet my needs.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

7) I am satisfied with my ability to do the things I need to do every day. For example, paying bills, grocery shopping, cooking, house cleaning, etc.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

8) Are you able to work as much as you would like?

- ☐ Yes, I am employed, and I work as much as I would like
- ☐ No, I am employed, but I do not work as much as I would like
- ☐ No, I am not employed and want to be
- ☐ I am retired/finished working/do not want to work

(Navigation: If the answer is “No, I am employed, but I do not work as much as I would like” or “No, I am not employed and

want to be” go to next question, otherwise skip to question 11)

Work

9) Why are you not able to work as much as you would like? Please select all of the reasons that apply to you.

- ☐ Not enough opportunities
- ☐ My disability or another medical condition makes it difficult for me to work more
- ☐ My transportation makes it difficult for me to work more
- ☐ I need more education, training, or a certification to get the sort of job I want
- ☐ I need help finding and keeping a job
- ☐ Something else

(Navigation: If answer includes "My disability or another medical condition makes it difficult for me to work more", "My transportation makes it difficult for me to work more", "I need more education, training, or a certification to get the sort of job I want" go to next question, otherwise skip to question 11)

10) Do you know where to find resources for employment, such as workforce board or vocational rehabilitation?

- ☐ Yes, and I have worked with these groups before
- ☐ Yes, but I have not yet worked with these groups
- ☐ No, but I know there are resources available
- ☐ No, I did not know that resources are available

Housing

How strongly do you agree with the following statements:

11) I am able to afford independent housing (rent, mortgage, other type of payment) each month.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

12) I am able to find accessible housing in my area.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Environment

13) Do you have trouble getting to or getting around inside any of the following types of places? Please select all that apply.

- ☐ Doctor's offices or healthcare services
- ☐ Social services providers
- ☐ Recreational activities
- ☐ Stores and places of business
- ☐ Place you work, or would like to work or volunteer

- ☐ Restaurants
 - ☐ Banks
 - ☐ Hotels
 - ☐ Some other type of place
 - ☐ None of these
-

Emergency Services

14) Have you had to contact emergency services in the last year?

- ☐ Yes
- ☐ No

(If yes, ask Q15, otherwise skip to Q16)

15) Did you receive the emergency services you needed?

- ☐ Yes
- ☐ No

16) Do you have an emergency preparedness plan in place in the event of an emergency or disaster (e.g. evacuation plan, access to medical supplies or transportation)?

- ☐ Yes
- ☐ No

17) Do you have an emergency contact person identified in case of an emergency or disaster (e.g. family member, friend, caregiver)?

☐ Yes

☐ No

Transportation

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

How strongly do you agree with the following statements:

18) Public transportation is accessible to me.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

19) Public transportation is affordable for me.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

**20) How do you usually travel around Los Angeles County?
Please select all that apply.**

- ☐ Walk, run, or move myself
 - ☐ Biking
 - ☐ A private car that you or someone you know owns
 - ☐ Public transit
 - ☐ Metro
 - ☐ A private ride share service, like a taxi, Uber or Lyft
 - ☐ A ride service provided by someone else, like ButterFLi
Assisted Transportation or Access Paratransit
 - ☐ Some other method
-

Services Access

How strongly do you agree with the following statements:

21) In general, I am able to access the internet reliably.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

22) I have what I need to communicate effectively in my daily life (e.g. translator, communication support technology, alternative communication options, etc.)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

23) Do you currently use any of the following public services? Please select all that apply

- ☐ Medical and healthcare services (including insurance counseling)
- ☐ Mental health/behavioral health services
- ☐ Wellness supports, such as telephone wellness checks
- ☐ Cash assistance, general relief
- ☐ Childcare programs
- ☐ Child welfare programs
- ☐ In-home supportive services (bathing, dressing, meal prep, chores)
- ☐ Work or employment support programs
- ☐ Regional Centers
- ☐ Independent Living Centers
- ☐ Food and nutrition services
- ☐ Transportation supports
- ☐ Supportive or affordable housing program
- ☐ Home modification programs
- ☐ Caregiver supports
- ☐ Case management

- ☐ Social engagement initiatives
- ☐ Communication supports (translators, etc.)
- ☐ Veteran's programs
- ☐ Substance use supports or programs
- ☐ Other
- ☐ No, I do not use publicly available services

(Navigation: If the answer is “No, I do not use publicly available services” go to question 24. All other answers, skip to question 25)

Services Access 2

24) Why do you not currently use publicly available services? Please select all that apply

- ☐ I don't need services right now
- ☐ I rely on friends and family for support
- ☐ I didn't know there were services to help me
- ☐ I don't know how to access services
- ☐ I have been told I don't qualify for services
- ☐ Another reason

(Navigation: After Question 24, skip to Question 27)

25) How did you get connected to these services? Please select all that apply.

- ☐ Through the internet
- ☐ With a phone call
- ☐ Through my school
- ☐ Through my work
- ☐ Talked with my primary care provider

☐ Talked with a specialist care provider (e.g. neurologist, physical therapists, mental health provider)

☐ Through a hospital

☐ Through the county or state

☐ Through my insurance provider

☐ Through a community based organization

☐ Through a Regional Center

☐ Through an Independent Living Center

☐ Friends or family members recommended these services

☐ Another way

26) What are things that make you concerned about losing access to services? Please select all that apply.

☐ Because of things I hear on the news

☐ Because of money

☐ Because of a change in my employment status

☐ Because of a change in my housing

☐ Because of a change in my relationship status (for example, getting married)

☐ Because of loss of family support

☐ Because of other reasons

☐ I am not concerned about losing access to services

27) What is your plan if you are no longer able to access the services you currently use? Please select all that apply.

- ☐ I currently know other services in my community I would use
- ☐ I will rely on friends and family
- ☐ I will have to move to a nursing home or other facility
- ☐ I will have to move within LA County
- ☐ I will have to move away from LA County
- ☐ I have thought about it and do not have a backup plan
- ☐ I have not thought about it

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

28) I currently have challenges with/would like to see more programs for (please select all that apply):

- ☐ Information about what services exist and how to find them
- ☐ Getting connected to or starting services
- ☐ Transportation
- ☐ Housing
- ☐ Access to food
- ☐ Accessible healthcare/medial options
- ☐ Access to public recreational programs and venues
- ☐ Language and communication supports (translation services, communication technology, alternative communication options, etc.)
- ☐ Employment opportunities
- ☐ Community engagement and social opportunities
- ☐ More accessible neighborhoods and environments

☐ Support with navigating multiple systems and programs

Demographics

Finally, please tell us a little more about yourself. All questions are optional and you do not have to answer if you do not want to.

29) What is your race and ethnicity? Please select all that apply.

- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ A race not listed

30) What language do you mostly speak at home? Please select all that apply

- ☐ English
- ☐ Arabic
- ☐ Armenian
- ☐ Chinese (Mandarin, Cantonese, or other dialects)
- ☐ Farsi
- ☐ Hindi
- ☐ Japanese
- ☐ Khmer/Cambodian
- ☐ Korean

- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Vietnamese
- ☐ Something else

31) What gender do you identify as? Please select the one answer that best fits how you describe yourself.

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ A gender not listed

32) What is your highest level of education?

- ☐ Less than Highschool
- ☐ Highschool Diploma or GED
- ☐ Some college no degree
- ☐ Associate's degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral or Professional Degree
- ☐ Trade or Professional Certification

33) What is your current work status?

- ☐ Employed, working full-time (32 hours a week or more)
- ☐ Employed, working part time
- ☐ Unemployed and looking for work
- ☐ Unemployed but not currently looking for work
- ☐ Something else

34) What is your zip code?

35) Is there anything else you'd like us to know about disability services in LA County or anything else you would like to say about your answers above? If you would like to stay informed about the upcoming strategic plan or future disability services from the LA County Aging & Disabilities Department, please include your email here.

Thank You!

Thank you for contributing your insight. Your experience and leadership are shaping the future of disability inclusion in Los Angeles. We greatly appreciate your time and information. Your answers will help the Los Angeles County Aging & Disabilities Department create a Disability Services Strategic Plan that best serves everyone in our community who lives with or supports someone with a disability.

Questions regarding this survey should be directed to the PCG survey team at LACoDisabilitySurvey@pcgus.com.