



## **Senior Resources Advisory Board Agenda March 15, 2022**

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**Chair John E. Brown**

**City Manager Mike DaRoza**

**Vice Chair Sandra Varnell**

Member Susan Sloan

Member Ella Thomas

Member Vida May Waters

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The City Commission will conduct a  
**Senior Resources Advisory Board**  
**At 5:00 PM**  
to address the item(s) below.

**Meeting Date:** March 15, 2022

**Meeting Location:** James A Lewis Commission Chambers

15100 NW 142 Ter.

**Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.**

### **SENIOR RESOURCES ADVISORY BOARD MEETING AGENDA**

**CALL TO ORDER**

**INVOCATION**

**PLEDGE TO THE FLAG**

**APPROVAL OF THE AGENDA**

**I. OLD BUSINESS**

A. Survey of Senior Community

B. December 8, 2021 Senior Resources Advisory Board Minutes

**II. NEW BUSINESS**

**III. BOARD COMMENTS/DISCUSSION**

**IV. CITIZENS COMMENTS**

**ADJOURN**



## Board/Committee Agenda Item

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**MEETING DATE:** 3/15/2022

**SUBJECT:** Survey of Senior Community

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**

Receive the update.

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### Summary

City Manager Mike DaRoza will present an update on the survey.

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#### **ATTACHMENTS:**

Description

- ▣ 2022 Alachua Senior Community Survey

We would like to find out more about our senior community and what you'll need as you get older to make our community an even more great place to live. Your input is very important and we would greatly appreciate your participation in this survey.

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How long have you lived in our community?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

How long have you lived in your current residence?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

How would you rate your current community as a place for people to live as they age?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Some people find that they need or want to move out of their community as they get older. If you were to consider moving out of your current community, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

|                                                                                      | Major factor             | Minor factor             | Not a factor             | Not sure                 |
|--------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your personal safety or security concerns...                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wanting to move to an area that has better health care facilities .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Wanting to be closer to family.....                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Needing more access to public transportation .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Wanting to live in a different climate .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wanting to live in an area that has a lower cost of living .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Wanting to live in an area with better opportunities for social interaction ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How important is it for you to remain in your current community for as long as possible?

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not very important
- ☐ Not at all important

Which of the following types of homes best describes where you currently live?

**[CHECK ONLY ONE]**

- ☐ Single family house
- ☐ Two family house that has two separate living units
- ☐ Townhouse or row house
- ☐ Apartment
- ☐ Condominium or coop
- ☐ Mobile home
- ☐ Senior housing or assisted living facility
- ☐ Some other type of living arrangement

Do you own or rent your primary home or do you have some other type of living arrangement like living with a family member or friend?

- ☐ Own
- ☐ Rent
- ☐ Neither own nor rent but live with adult child or others

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

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not very important
- ☐ Not at all important

Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- ☐ Yes
- ☐ No
- ☐ Not sure

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

|                                                                                                                                         | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Well-lit, accessible, safe streets and intersections for all users .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Audio and visual pedestrian crossings .....                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Separate pathways for bicyclists and pedestrians .....                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Well-maintained streets .....                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Easy to read traffic signs .....                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Enforced speed limits .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rate your community as excellent, very good, good, fair, or poor on having the following

|                                                                                                                                                                                           | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Well-maintained homes and properties .....                                                                                                                                             |                          |                          |                          |                          |                          |
| b. 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"/> |
| c. Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms.....                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Well-maintained, safe low-income housing                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Well-maintained parks.....                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Safe parks .....                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities .....                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Enough benches for resting in public areas like parks, along sidewalks, and around public buildings .....                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Conveniently located emergency care centers.....                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

|                                                                                                     | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Walk .....                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Drive yourself .....                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have others drive you .....                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Take a taxi.....                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Use a ride source company such as Uber or Lyft .....                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use a special transportation service, such as one for seniors or persons with disabilities ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Use public transportation .....                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ride a bike .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Some other way.....                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I do not get out of the house .....                                                              | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you have contact with family, friends, or neighbors who do not live with you?

- ☐ Everyday
- ☐ Several times a week, but not everyday
- ☐ Once a week
- ☐ Once every 2 or 3 weeks
- ☐ Once a month
- ☐ Less than monthly
- ☐ Never

How often you feel the following?

|                                      | Often                    | Sometimes                | Rarely                   | Never                    |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I lack companionship .....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel left out.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel isolated from others ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you were in trouble, do you have friends or family who can help you at any time of the day or night?

- ☐ Yes
- ☐ No

Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

|                                                                                    | Yes                      | No                       |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Department of Recreation and Culture .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Faith community .....                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Local organizations or businesses.....                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Community center.....                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Senior center .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Offerings through my work .....                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Online programs.....                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other source.....                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I do NOT participate in any continuing education/self-improvement classes ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

|                                                    | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Conveniently located entertainment venues ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                   |                          |                          |                          |                          |                          |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b. Activities geared specifically toward older adults.....                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Activities that offer senior discounts.....                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Activities that are affordable to all residents                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Activities that involve both younger and older people .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A variety of cultural activities for diverse populations .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 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"/> |
| h. Continuing education classes or social clubs to pursue new interests, hobbies or passions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Driver education or refresher courses .....                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

|                                                                                                                          | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A range of volunteer activities to choose from .....                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Volunteer training opportunities to help people perform better in their volunteer roles .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Opportunities for older adults 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"/> |
| d. Easy to find information on available local volunteer opportunities .....                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Transportation to and from volunteer activities for those who need it.....                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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?

|                                                                     | Yes                      | No                       | Not sure                 |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Local Senior Centers.....                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Office of Healthy Aging (formerly Dept. of Elderly Affairs)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family or friends.....                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Local nonprofit organizations .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. AARP .....                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Faith-based organizations like churches or synagogues .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Internet .....                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Phone book.....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Your doctor or other health care professional .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Local government offices like the Health Department.....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Library.....                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Some other source.....                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

|                                                                                                                                     | Excellent                             | Very good                             | Good                                  | Fair                                  | Poor                                  |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Access to community information in one central source.....                                                                       | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>1</sub> |
| b. Clearly displayed printed community information with large lettering.....                                                        | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>1</sub> |
| c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings .....     | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>1</sub> |
| d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home ..... | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>1</sub> |

Are you male or female?

- ☐<sub>1</sub> Male  
☐<sub>2</sub> Female

What is your age as of your last birthday?    [AGE IN YEARS]

What is your current marital status?

- ☐<sub>1</sub> Married  
☐<sub>2</sub> Not married, living with partner  
☐<sub>3</sub> Separated  
☐<sub>4</sub> Divorced  
☐<sub>5</sub> Widowed  
☐<sub>6</sub> Never married

Are you or your spouse or partner currently a member of AARP?

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>0</sub> Not sure

Besides you, do you have any of the following people living in your household?

|                                                  | Yes                                   | No                                    |
|--------------------------------------------------|---------------------------------------|---------------------------------------|
| a. Child/children under 18 .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Child/children 18 or older.....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Child/children away at college .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Parents.....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Other adult relative or friend 18 or older .. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

In general how would you rate your health?

- ☐<sub>5</sub> Excellent
- ☐<sub>4</sub> Very good
- ☐<sub>3</sub> Good
- ☐<sub>2</sub> Fair
- ☐<sub>1</sub> Poor

D7. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? **[CHECK ONLY ONE]**

- ☐<sub>1</sub> Yes, myself
- ☐<sub>2</sub> Yes, my spouse or partner
- ☐<sub>3</sub> Yes, both me and my spouse or partner
- ☐<sub>4</sub> No

What is your race? **[CHECK ALL THAT APPLY]**

- ☐<sub>1</sub> Black or African American
- ☐<sub>2</sub> White or Caucasian
- ☐<sub>3</sub> Asian
- ☐<sub>4</sub> American Indian or Alaska Native
- ☐<sub>5</sub> Native Hawaiian or other Pacific Islander
- ☐<sub>6</sub> Other, please specify: \_\_\_\_\_

Thinking about your state and local elections in the last 10 years, how often would you say you vote?

- ☐<sub>5</sub> Always
- ☐<sub>4</sub> Most of the time
- ☐<sub>3</sub> About half of the time
- ☐<sub>2</sub> Seldom
- ☐<sub>1</sub> Never

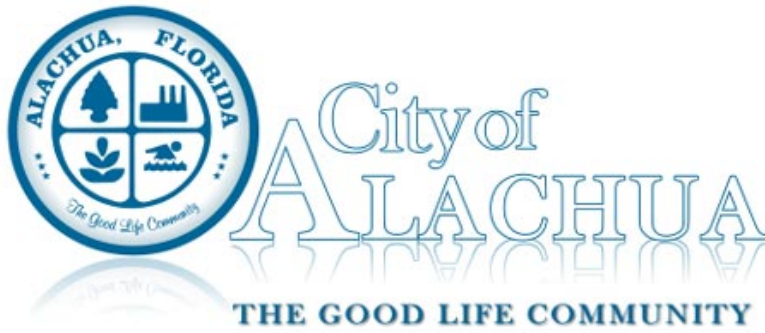
Do you consider yourself to be a Democrat, a Republican, an Independent, or something else?

- ☐<sub>1</sub> Democrat
- ☐<sub>2</sub> Republican
- ☐<sub>3</sub> Independent
- ☐<sub>4</sub> Something else

What was your annual household income before taxes in 2020?

- ☐<sub>1</sub> Less than \$10,000
- ☐<sub>2</sub> \$10,000 to \$19,999
- ☐<sub>3</sub> \$20,000 to \$29,999
- ☐<sub>4</sub> \$30,000 to \$49,999
- ☐<sub>5</sub> \$50,000 to \$74,999
- ☐<sub>6</sub> \$75,000 to \$99,999
- ☐<sub>7</sub> \$100,000 to \$149,999
- ☐<sub>8</sub> \$150,000 or more

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



## Board/Committee Agenda Item

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**MEETING DATE:** 3/15/2022

**SUBJECT:** December 8, 2021 Senior Resources Advisory Board Minutes

**PREPARED BY:** Diane Amendola, Staff Assistant to the Deputy City Clerk

**RECOMMENDED ACTION:**

Approve the minutes.

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### Summary

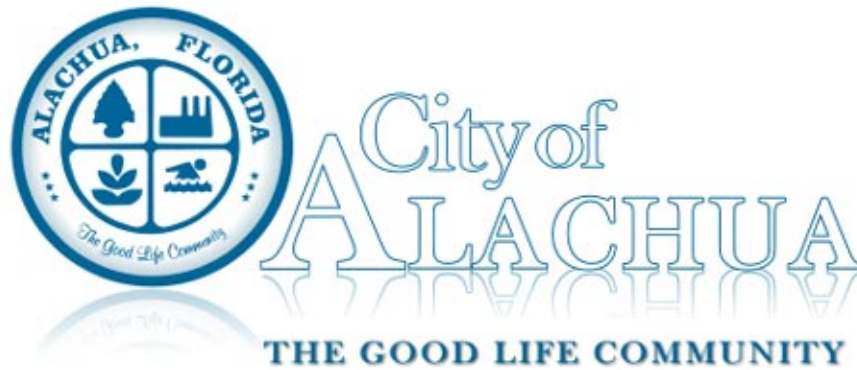
December 8, 2021 Senior Resources Advisory Board Minutes

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**ATTACHMENTS:**

Description

▣ Minutes



**Senior Resources Advisory Board  
Minutes  
December 8, 2021**

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**Chair John E. Brown**

**City Manager Mike DaRoza**

**Vice Chair Sandra Varnell**

Member Susan Sloan

Member Ella Thomas

Member Vida May Waters

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**Senior Resources Advisory Board  
At 4:00 PM**

**Meeting Date:** December 8, 2021

**Meeting Location:** James A Lewis Commission Chambers

15100 NW 142 Ter

**Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.**

**SENIOR RESOURCES ADVISORY BOARD MEETING AGENDA**

**CALL TO ORDER**

Member John E. Brown.

**INVOCATION**

Member Brown.

**PLEDGE TO THE FLAG**

Member Brown.

**APPROVAL OF THE AGENDA**

**Member Vida May Waters moved to approve the agenda; seconded by Member Susan Sloan.**

**Passed by unanimous consent.**

**I. OLD BUSINESS**

**II. NEW BUSINESS**

**A. Election of Chair and Vice Chair**

Deputy City Clerk LeAnne Williams introduced the Chair item and made recommendations.

Member Sandra Varnell suggested nominations be made.

The Board consented to this recommendation.

Member Varnell nominated Member Brown as Chair.

Deputy City Clerk Williams called for further nominations.

There were no other nominations.

**Member Varnell moved to elect Member Brown as Chair; seconded by Member Sloan.**

**Passed by unanimous consent.**

Deputy City Clerk Williams introduced the Vice Chair item and made recommendations.

Member Waters suggested nominations be made.

The Board consented to this recommendation

Member Waters nominated Member Varnell as Vice Chair.

Deputy City Clerk Williams called for further nominations.

There were no other nominations.

**Member Waters moved to elect Member Varnell as Vice Chair; seconded by Member Sloan.**

**Passed by unanimous consent.**

**B. Parliamentary Procedures Review**

City Manager Mike DaRoza presented the item.

Chair Brown asked for the Board members to receive copies of the presentation for further study.

**C. Sunshine Law and Public Records Presentation**

City Manager Mike DaRoza presented the item.

D. 2022 SRAB Calendar

Deputy City Clerk Williams presented the item and made recommendations.

City Manager DaRoza suggested the Board discuss the time for future meetings.

Chair Brown decided to split the item.

The Chair entertained a motion to continue the meetings quarterly as stated on the calendar.

**Member Waters moved to approve the proposed 2022 SRAB Meeting Calendar as pertaining to date; seconded by Member Sloan.**

**Passed by unanimous consent.**

Chair Brown asked the Board for comments regarding the time.

Member Waters stated she could not be available beyond 7 pm as she had evening duties.

Member Sloan stated if the meetings could begin at 5:30 pm, the schedule would be best for her; however, she understands the needs of other members of the Board.

Chair Brown asked Member Waters if 5 pm would be an acceptable time.

Member Waters stated as long as future Board meetings would not go past 7 pm.

City Manager DaRoza assured the Board, barring any unforeseen circumstances, this Board would never hold a meeting which would go to 7 pm.

**Member Sloan moved to change the time for the 2022 Board meetings from 4 pm to 5 pm; seconded by Member Waters.**

**Passed by unanimous consent.**

E. Survey of Senior Community

City Manager DaRoza introduced the item and made a recommendation that the Board review the survey, add comments and return it to City staff. Once returned, City staff would then adjust the survey and bring it back for the next meeting.

City Manager DaRoza proposed the Board return the survey to City staff by February 1, 2022.

Chair Brown suggested one member of the Board collect all the surveys and then return them to City staff.

City Manager DaRoza agreed this would be efficient.

Member Waters asked if a Board member felt a question on the survey should be removed, who would make the final decision.

City Manager DaRoza stated, while City staff held the final authority, the recommendation of this Board was held to the highest regard. He reiterated the direction for the Board at this time was to

review the questions, add comments, add further questions the Board felt was needed and strike unnecessary questions.

Chair Brown recommended the Board go through the document, write suggestions, return them to him by the end of January and he would return the documents to City staff by February 1, 2022.

Member Waters clarified she had no objections to any particular question. She only wanted clear instructions on what she was to do.

City Manager DaRoza stated if a Board member saw a topic was missing from the survey, it would not be necessary for the Board members to come up with questions for the topic, City staff would do so.

City Manager DaRoza clarified, should members suggest the same changes to questions or new topics, City staff would combine those suggestions. It was not up to the Board to present a list of questions.

F. September 29, 2021 Senior Resources Advisory Board Minutes

An inaudible question was asked by Vice Chair Varnell.

City Manager DaRoza reminded the Board that the Community Redevelopment Agency and the Planning and Community Development Department are working on similar projects. He relayed the wishes of this Board to them.

Vice Chair Varnell asked if they required volunteers for the project.

City manager DaRoza stated while the City staff must complete the design and physical labor of this project, should a citizen provide historical information regarding any building they could bring the information to City staff.

**Member Sloan moved to approve the September 29, 2021 Senior Advisory Board minutes; seconded by Member Waters.**

**Passed by unanimous consent.**

### **III. BOARD COMMENTS/DISCUSSION**

Chair Brown asked how the Fall Festival for Seniors went.

City Manager DaRoza stated he received a good report.

Deputy City Clerk Williams stated the event went well. She mentioned there were new members on the Youth Advisory Council who attended the Harvest Festival and enjoyed talking with the seniors. She also stated the Christmas Caroling and Bingo event was exceptional and was well attended.

City Manager DaRoza announced the Nutcracker Dance Alive National Ballet would be at Lagacy Park, December 9, 2021, at 7 pm. He also announced the Christmas Parade would be December 11, 2021, with a start time of 2 pm.

Chair Brown thanked the members for their diligence and for electing him as Chair.

### **IV. CITIZENS COMMENTS**

Deputy City Clerk Williams announced High Tea and Bingo for the seniors at The Cleather H. Hathcock Center; date to be determined in March, 2022.

Vice Mayor Shirley Green Brown congratulated the Chair and Vice Chair on their newly elected appointment and thanked the Board for serving on the SRAB.

Vice Chair Varnell announced Alachua First United Methodist Church was joining High Springs First United Methodist Church for a cantata, to be held in High Springs on December 12, 2021, and then in Alachua on December 19, 2021, dinner would be served afterward.

## **ADJOURN**

**Member Waters moved to adjourn; seconded by Member Sloan.**

**Passed by unanimous consent.**

ATTEST:

SENIOR RESOURCES ADVISORY BOARD  
OF THE CITY OF ALACHUA, FLORIDA

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Presiding Officer

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Staff Liaison

