



**Please Return
Your Survey by
Nov. 3, 2023.**

City of Somerville Community Survey of Residents 60+

The City of Somerville requests that residents age 60 and over share their views in order to identify needs and improve programs and services provided by the City and by the Council on Aging. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.** If you prefer to respond online, please go to: www.somervillema.gov/COA. If you have questions or would like assistance completing this survey, please leave a message for Caitlin Coyle at the Gerontology Institute at UMass Boston at 617-287-7413 and our staff will return your call. We thank you in advance for your participation.

SECTION I: Community & Neighborhood

1. In which neighborhood do you currently live?

<input type="radio"/> Assembly Square	<input type="radio"/> East Somerville	<input type="radio"/> Inner Belt District
<input type="radio"/> Ball Square	<input type="radio"/> Gilman Square	<input type="radio"/> Magoun Square
<input type="radio"/> Powder House Square	<input type="radio"/> Spring Hill	<input type="radio"/> Teele Square
<input type="radio"/> Ten Hills	<input type="radio"/> Union Square	<input type="radio"/> Winter Hill

2. How long have you lived in the City of Somerville?

<input type="radio"/> Fewer than 5 years	<input type="radio"/> 15-24 years	<input type="radio"/> 35-44 years
<input type="radio"/> 5-14 years	<input type="radio"/> 25-34 years	<input type="radio"/> 45 years or longer

3. How important is it to you to remain living in Somerville as you get older?

<input type="radio"/> Very Important	<input type="radio"/> Somewhat Important	<input type="radio"/> Slightly Important	<input type="radio"/> Not at All Important
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4. How often do you feel *unsafe* in the community where you live?

<input type="radio"/> Always	<input type="radio"/> Most of the Time	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never
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5. What do you value most about living in Somerville?

6. What are your greatest concerns about your ability to continue living in Somerville as you get older?

7. Please indicate your level of agreement with the following statement: *“Local policy makers consider the interests and concerns of older residents.”*

<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neither Agree nor Disagree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree
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8. Would you know whom to contact in Somerville should you or someone in your family need help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports, or access to mental health services)?

<input type="radio"/> Yes	<input type="radio"/> No
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SECTION II: Housing & Living Situation

9. Which of the following best describes your current place of residence? *(Check only one)*

<input type="radio"/> Single-family home	<input type="radio"/> Senior subsidized housing
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Assisted living community
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Senior independent living community
<input type="radio"/> Apartment	<input type="radio"/> Condominium or townhome
<input type="radio"/> Other (Please specify): _____	

10. Do you own or rent your current residence?

<input type="radio"/> The residence is owned by me or someone with whom I live.
<input type="radio"/> The residence is rented by me or someone with whom I live.
<input type="radio"/> Other (Please specify): _____

11. Who do you live with? *(Check all that apply)*

<input type="radio"/> I live alone	<input type="radio"/> Pet(s)	<input type="radio"/> My parent(s)
<input type="radio"/> A spouse/partner	<input type="radio"/> My grandchildren	<input type="radio"/> Another relative
<input type="radio"/> My adult child(ren) (age 18 or older)	<input type="radio"/> My child(ren) (under age 18)	<input type="radio"/> Someone else (Please specify): _____

12. Do you plan to stay in Somerville for the next 5 years or more?

<input type="radio"/> Yes, I plan to stay in Somerville in my current home.
<input type="radio"/> Yes, I plan to stay in Somerville but move to a different residence.
<input type="radio"/> No, I plan to move out of Somerville.

13. Does your current residence need home repairs (e.g., a new roof, electrical work, climate control/HVAC, etc.) to improve your ability to live in it safely for the next 5 years?

<input type="radio"/> Yes, and I can afford to make these repairs.
<input type="radio"/> Yes, but I cannot afford to make these repairs.
<input type="radio"/> Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).
<input type="radio"/> No, my residence does not need repairs.

14. In the next 5 years, if a **change in your/your partner's health or physical ability** required that you move from your current residence, what kind of housing would you prefer? *(Check all that apply)*

<input type="radio"/> Smaller single-family home	<input type="radio"/> Condominium or townhome
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Senior independent living community
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Assisted living community (e.g., VNA Senior Living at Highland)
<input type="radio"/> Apartment	<input type="radio"/> Move in with family or friends (e.g., cohousing)
<input type="radio"/> Other (Please specify): _____	

SECTION III: Transportation

15. What are the primary ways in which you meet your transportation needs? *(Check all that apply)*

<input type="radio"/> I drive myself	<input type="radio"/> Commuter rail
<input type="radio"/> My spouse or child(ren) drive(s) me	<input type="radio"/> COA Senior Transportation Program
<input type="radio"/> Friends or neighbors drive me	<input type="radio"/> Door2Door-SCM Transportation
<input type="radio"/> The Ride paratransit (MBTA)	<input type="radio"/> Taxi or ride sharing options (e.g., Uber, Lyft)
<input type="radio"/> MBTA buses	<input type="radio"/> Walk
<input type="radio"/> MBTA subway (e.g., orange, red, or green lines)	<input type="radio"/> Bicycle
<input type="radio"/> Other (Please specify): _____	

16. What kind of difficulties do you have in getting the transportation that you need? *(Check all that apply)*

<input type="radio"/> Public transportation around Somerville is unavailable, inconvenient, or unreliable	<input type="radio"/> Physical limitations or other impairments make accessing transportation options difficult
<input type="radio"/> Transportation options cost too much	<input type="radio"/> No door-to-door assistance
<input type="radio"/> No one I can depend on for a ride	<input type="radio"/> Distance to my destination is too far
<input type="radio"/> There is not enough parking where I need to go	<input type="radio"/> There is not enough <i>handicap</i> parking where I need to go
<input type="radio"/> I have no difficulties	
<input type="radio"/> Other (Please specify): _____	

17. Which of the following best describes your driving status? *(Check only one)*

<input type="radio"/> I do not drive
<input type="radio"/> I drive with some limitations (e.g., avoid driving at night or on highways)
<input type="radio"/> I drive with no limitations

18. **Within the past 12 months**, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

<input type="radio"/> Yes	<input type="radio"/> No
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19. How satisfied are you with the transportation options available to you in Somerville?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Satisfied	Somewhat Satisfied	Slightly Satisfied	Not at All Satisfied	Not Applicable

SECTION IV: Health & Wellness

20. In the last 2 weeks, how would you describe your emotional well-being?

<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
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21. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

☐ Yes, and I would like more help with these activities.

☐ Yes, and I do not need more help at this time.

☐ No, I do not need help with activities around the house.

22. In the past 12 months, I worried whether my food would run out before I got money to buy more.

<input type="radio"/> Often True	<input type="radio"/> Sometimes True	<input type="radio"/> Never True	<input type="radio"/> I Don't Know
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SECTION V: Caregiving

23. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled or frail** (e.g., a spouse, parent, relative, or friend)?

☐ Yes (Continue to questions 24, 25, & 26)

☐ No (Skip to question 27)

24. If Yes on question 23: How challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work? (Check only one)

<input type="radio"/> Very Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Neither Easy Nor Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Very Challenging
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25. If Yes on question 23: Did this person have any of the following conditions? (Check all that apply)

☐ Alzheimer's disease or dementia, Parkinson's disease

☐ Chronic disease (e.g., cancer, diabetes, asthma)

☐ Psychological condition (e.g., anxiety, depression)

☐ Mobility impairment (e.g., difficulty walking, climbing stairs)

☐ Intellectual or developmental disability

☐ Recent surgery

☐ Sensory impairment (e.g., vision, hearing)

☐ Other (Please specify): _____

26. If Yes on question 23: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)

☐ Informal support from family and friends

☐ Memory café

☐ Adult Day program

☐ Support groups (e.g., caregiver support)

☐ Respite care

☐ On-call support from medical professionals

☐ Formal in-home caregiver or homemaking services

☐ Other (Please specify): _____

SECTION VI: Social Activities & Relationships

27. Do you know someone living close by on whom you can rely for help when you need it?

☐ Yes

☐ No

28. In the past 5 years, have you ever felt excluded in Somerville because of any of the following?
(Check all that apply)

☐ Age

☐ Income

☐ Sexual orientation

☐ Disability

☐ Religion or cultural background

☐ No, I have never felt excluded

☐ Gender

☐ Skin color, race, or ethnicity

☐ Other (Please specify): _____

SECTION VII: Current and Future Programs & Services provided by the Somerville Council on Aging

29. Currently, how frequently do you use programs or services offered by the Somerville Council on Aging? (Check only one)

☐ Two or more times a week

☐ About once a month

☐ About once a week

☐ A few times a year (e.g., special events only)

☐ A few times a month

☐ Never, I do not use programs or services offered by the Somerville Council on Aging

30. The Somerville Council on Aging provides programs and services at 2 senior centers. Which locations do you typically go to for programs or services? (Check all that apply)

☐ Holland Street Center & Main Office (167 Holland Street)

☐ Ralph & Jenny Center (9 New Washington Street)

☐ I have not been to either of these senior center locations

31. Which of the following factors limit how often you attend programs or services provided by the Somerville Council on Aging? (Check all that apply)

☐ I am not interested in programs offered
(e.g., fitness classes, lectures)

☐ I do not need the services offered
(e.g., tax counseling, fuel assistance)

☐ I do not know what is offered

☐ I am not old enough

☐ I do not know where programs or services are offered

☐ The physical location(s) are inconvenient or difficult to get to

☐ I do not have time

☐ I participate in programs elsewhere

☐ I do not use technology

☐ I am still working

☐ I do not have transportation to the Senior Center location(s)

☐ I do not identify with the people at the Senior Center location(s)

☐ Other (Please specify): _____

32. The following items refer to **services** that are offered through the Somerville Council on Aging. Please rate the importance of each service to you or a member of your family.
(Check only one box per item)

	Very Important (1)	(2)	Moderately Important (3)	(4)	Not at All Important (5)	I Don't Know
Assistance with local or state support programs (e.g., MassHealth, SNAP, fuel assistance)						
Physical health programs and wellness clinics (e.g., Blood pressure, health education, exercise classes)						
Social and emotional wellness programs (e.g., Health fairs, cultural performances, guest speakers)						
Nutrition programs (e.g., Grab N Go or community dining, nutrition group and individual classes)						
Professional services (e.g., health insurance counseling, tax prep)						
Support groups (e.g., caregiver support, Declutter group, Memory Café)						
Home Safety programs (e.g., lockbox, smoke detectors, durable medical equipment)						
Senior Taxi Program (e.g., rides to healthcare, grocery store)						
Technology Program (e.g., help using phones, iPads)						

33. "I would be more likely to use the Somerville Council on Aging programs and services if..."
(Check all that apply)

☐ Transportation options to Senior Center location(s) were more convenient

☐ There was more parking

☐ The building(s) were easier to navigate

☐ I had more knowledge about the programs and services that are available

☐ Programs and services were better suited to my needs and interests

☐ All COA activities were provided in a single Senior Center space

☐ There were more remote programs

☐ The hours of the Senior Center location(s) were more convenient (e.g., nights or weekend hours)

☐ The cost of programs was reduced or eliminated

☐ The space(s) were more comfortable and inviting

☐ The space(s) could accommodate more participants (e.g., larger class sizes or more variety of programs)

☐ There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)

☐ It included residents of all ages and functioned as a community center

☐ Other (Please specify): _____

34. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding through the Somerville Council on Aging? *(Check all that apply)*

<input type="radio"/> Lunch or other food offerings	<input type="radio"/> Volunteer opportunities
<input type="radio"/> Arts programs <i>(e.g., painting, music, acting, digital photography)</i>	<input type="radio"/> Educational courses/programming <i>(e.g., technology, foreign language courses)</i>
<input type="radio"/> Lectures and other one-time education events	<input type="radio"/> Intergenerational activities
<input type="radio"/> Mental Health <i>(counseling or referrals)</i>	<input type="radio"/> Job-seeking or employment support
<input type="radio"/> Performances <i>(e.g., music, theater, comedy)</i>	<input type="radio"/> Outdoor fitness <i>(e.g., walking, hiking, kayaking)</i>
<input type="radio"/> Social activities <i>(e.g., coffee hour, informal space for socializing)</i>	<input type="radio"/> Indoor fitness <i>(e.g., strength training, exercise equipment)</i>
<input type="radio"/> Day trips and excursions <i>(e.g., museums, NYC or Maine sightseeing)</i>	<input type="radio"/> Recreational activities <i>(e.g., pickleball, Bocce, Bridge)</i>
<input type="radio"/> Overnight trips	<input type="radio"/> Wellness <i>(e.g., meditation, massage)</i>
<input type="radio"/> Adult day health program	<input type="radio"/> Retirement or long-term care planning
<input type="radio"/> Evening or weekend activities	<input type="radio"/> Other <i>(Please specify):</i> _____

35. Thinking about the activities and services offered through the Somerville Council on Aging, please rate your preference for each arrangement:

	Highly Preferred (1)	(2)	Moderately Preferred (3)	(4)	Not at All Preferred (5)	I Don't Know
COA services and activities being located in its own dedicated building						
COA services and activities being held at various dedicated locations throughout Somerville <i>(current operations)</i>						
COA services and activities being co-located in space shared with other groups and organizations, such as a community center						

SECTION VIII: Communication

36. Where do you prefer to find information about the activities and services offered by the Council on Aging? *(Check all that apply)*

<input type="radio"/> Somerville Council on Aging Newsletter <i>(print)</i>	<input type="radio"/> Local print newspapers
<input type="radio"/> Somerville Council on Aging Newsletter <i>(online)</i>	<input type="radio"/> Online newspapers
<input type="radio"/> Television <i>(Somerville City TV)</i>	<input type="radio"/> City of Somerville website
<input type="radio"/> Public postings <i>(flyers, billboards)</i>	<input type="radio"/> Word of mouth
<input type="radio"/> Facebook or other social media sites	<input type="radio"/> Other <i>(Please specify):</i> _____

37. Are you able to access the internet from your home?

- ☐ Yes, I have access to the internet at home.
- ☐ No, I cannot afford to have access to the internet at home.
- ☐ No, I choose not to have access to the internet at home.

SECTION IX: Demographic Information

38. Please select your gender.

☐ Female ☐ Male ☐ Another (Please describe) _____

39. What is your age range? (Check only one)

☐ Under 60 ☐ 60 to 69 ☐ 70 to 79 ☐ 80 to 89 ☐ 90+

40. What is your race or ethnicity? (Check all that apply)

<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Middle Eastern or North African
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Black or African American	<input type="radio"/> White
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Other (Please specify): _____

41. What is the primary language spoken in your home? _____

42. In what country were you born?

☐ United States ☐ Other (Please specify): _____

43. What is your employment status? (Check all that apply)

<input type="radio"/> Working full-time	<input type="radio"/> Looking for work	<input type="radio"/> Other (Please specify): _____
<input type="radio"/> Working part-time	<input type="radio"/> Retired	

44. When do you plan to fully retire? (Check only one)

<input type="radio"/> N/A, I'm already fully retired	<input type="radio"/> Within the next 3 years	<input type="radio"/> In 3-5 years	<input type="radio"/> In 6-10 years	<input type="radio"/> In more than 10 years	<input type="radio"/> Not sure	<input type="radio"/> I do not anticipate ever fully retiring
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45. Please indicate your level of agreement or disagreement with the following statement:

"I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses."

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

46. If you have any other thoughts or comments about the City of Somerville Council on Aging, or about current or future needs of older residents in Somerville, please include them here:

Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact:

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