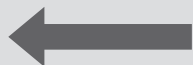


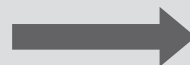


Community Survey of Residents 60+

The towns of Millis and Medway request that residents age 60 and over share their views in order to identify needs and improve programs and services provided by your community 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: <https://www.millisma.gov> or <https://www.medwayma.gov>. 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.



Please Return Your Survey by June 6, 2025



SECTION I: Community & Neighborhood

1. In which community do you currently live?

☐ Millis ☐ Medway ☐ Other (Please specify): _____

2. How long have you lived in your community?

<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 your community 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. What do you value most about living in your community?

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

6. Would you know whom to contact in your community 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)?

☐ Yes

☐ No

SECTION II: Housing & Living Situation

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

☐ I live alone

☐ A spouse/partner

☐ My adult child(ren) (age 18 or older)

☐ My child(ren) (under age 18)

☐ My parent(s)

☐ My grandchild(ren)

☐ Pet(s)

☐ Another relative

☐ Someone else (please specify): _____

8. Do you own or rent your current residence?

☐ The residence is owned by me or someone with whom I live.

☐ The residence is rented by me or someone with whom I live.

☐ Other (Please specify): _____

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

☐ Yes, and I can afford to make these repairs.

☐ Yes, but I cannot afford to make these repairs.

☐ Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).

☐ No, my current residence does not need repairs.

10. Which of the following could be potential reasons that you would leave your community? (Check all that apply)

☐ Cost of living

☐ Lack of available affordable housing

☐ Lack of available medical services

☐ Lack of home health or support services

☐ Lack of family nearby

☐ Lack of available public transportation

☐ Environmental factors (e.g., weather)

☐ Other (Please specify): _____

SECTION III: Transportation

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

☐ I do not drive

☐ I drive with some limitations (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)

☐ I drive with no limitations

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

<input type="radio"/> Public transportation around my community is unavailable or inconvenient	<input type="radio"/> Physical limitations or other impairments make accessing transportation options difficult
<input type="radio"/> I don't have information about what is available	<input type="radio"/> No door-to-door assistance
<input type="radio"/> Transportation to local medical appointments is not available	<input type="radio"/> I do not have a travel companion to help me
<input type="radio"/> Transportation to non-local medical appointments is not available	<input type="radio"/> No one I can depend on for a ride
<input type="radio"/> Lack of transportation options during evenings and weekends	<input type="radio"/> Use of apps or websites makes it difficult for me to schedule rides (e.g., Uber/Lyft)
<input type="radio"/> Transportation options cost too much	<input type="radio"/> I have no difficulties
<input type="radio"/> I need flexibility in planning (e.g., I don't like to schedule in advance)	<input type="radio"/> Other (Please specify): _____

13. 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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SECTION IV: Social Activities & Relationships

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

<input type="radio"/> Yes	<input type="radio"/> No
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15. How often do you get together to visit, talk on the phone or video call, or, send email or use social media with **family, friends, or neighbors**? (Check only one per item)

	Every day	One or more times a week	A few times a month	About once a month	A few times a year (e.g., holidays)	Never
Get together, in person						
Talk on the phone						
Video call (e.g., FaceTime or Zoom)						
Send email or use social media						

SECTION V: Health & Wellness

16. How would you describe your physical health?

<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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17. 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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18. Do you have a disability or condition that limits your ability to participate in your daily activities?

<input type="radio"/> Yes	<input type="radio"/> No
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19. Do you have sufficient help to meet your needs?

- ☐ Yes, I have enough help from family, friends, or paid helpers.
- ☐ No, I do not have enough help at this time.
- ☐ N/A I do not require any help at this time.

20. **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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21. I have been, or I have friends or family members who have been, affected by substance misuse *(such as misuse of alcohol, prescription medication or illegal drugs)*.

<input type="radio"/> Yes	<input type="radio"/> No
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22. I have been, or I have friends or family members who have been, affected by suicide *(If you or someone you know is struggling, help is available 24/7 through the Suicide or Crisis Lifeline. **Call or text 988.**)*.

<input type="radio"/> Yes	<input type="radio"/> No
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23. I have been, or I have friends or family members who have been, affected by clutter issues *(such as difficulty discarding things or problems with acquiring excess things)*.

<input type="radio"/> Yes	<input type="radio"/> No
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24. **In the past 12 months**, how difficult were the following activities when you needed them? *(Check only one box per item)*

	Extremely difficult	Very difficult	Somewhat difficult	Not very difficult	Not at all difficult	Not applicable
Finding mental/behavioral health providers or treatment service						
Getting an appointment for counseling or mental health treatment						
Getting prescriptions for mental health treatment						
Paying for counseling or mental health treatment						
Getting emotional support from family or friends						

SECTION VI: Caregiving

25. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled, frail, or struggling with a physical or mental health condition** (e.g., a spouse, parent, adult child, relative, or friend)?

☐ Yes (Continue to Questions 26-30)

☐ No (Skip to Question 31)

26. **If Yes on Question 25:** What is/was your relationship to the care recipient?

<input type="radio"/> My spouse/partner	<input type="radio"/> My grandchild(ren)
<input type="radio"/> My parent(s)/in-law	<input type="radio"/> My other relative
<input type="radio"/> My adult child(ren) (age 18+)	<input type="radio"/> My friend/neighbor
<input type="radio"/> My minor child(ren) (under age 18)	<input type="radio"/> Other (Please specify): _____

27. **If Yes on Question 25:** Where did/does this person live during your time providing care or assistance? (Check only one)

<input type="radio"/> Lives with me	<input type="radio"/> Lives outside Millis/Medway, but in Massachusetts
<input type="radio"/> Lives in Millis/Medway	<input type="radio"/> Lives outside Massachusetts

28. **If Yes on Question 25:** Did this person have any of the following conditions? (Check all that apply)

<input type="radio"/> Alzheimer's disease or other dementias	<input type="radio"/> Psychological condition (e.g., anxiety, depression)
<input type="radio"/> Forgetfulness or confusion (undiagnosed)	<input type="radio"/> Sensory impairment (e.g., vision, hearing)
<input type="radio"/> Chronic disease (e.g., cancer, Parkinsons, diabetes, asthma)	<input type="radio"/> Frailty or mobility impairment (e.g., difficulty walking, climbing stairs)
<input type="radio"/> Intellectual or developmental disability	<input type="radio"/> Recovering from surgery or injury
<input type="radio"/> Substance misuse	<input type="radio"/> Other (Please specify): _____

29. **If Yes on Question 25:** In your role as a caregiver, have you experienced any of the following? (Check all that apply)

<input type="radio"/> My physical health has deteriorated	<input type="radio"/> My social life has deteriorated
<input type="radio"/> My mental health has deteriorated	<input type="radio"/> My financial circumstances have deteriorated

30. **If Yes on Question 25:** What supports would be most valuable to you during your time providing care or assistance? (Check all that apply)

<input type="radio"/> Informal support from family and friends	<input type="radio"/> Formal in-home caregiver
<input type="radio"/> Informational resources (e.g., web-based or pamphlets)	<input type="radio"/> Homemaking services (e.g., meal delivery, cleaning)
<input type="radio"/> Adult day program	<input type="radio"/> Support groups (e.g., caregiver support)
<input type="radio"/> Respite care	<input type="radio"/> On-call support from medical professionals
<input type="radio"/> Memory café	<input type="radio"/> Transportation
<input type="radio"/> Financial support (e.g., tax rebates, stipend)	<input type="radio"/> Other (Please specify): _____

SECTION VII: Current and Future Programs & Services provided by your community Council on Aging

31. Currently, how frequently do you use programs or services offered by your community Council on Aging? *(Check only one)*

<input type="radio"/> Two or more times a week	<input type="radio"/> About once a month
<input type="radio"/> About once a week	<input type="radio"/> A few times a year <i>(e.g., special events only)</i>
<input type="radio"/> A few times a month	<input type="radio"/> Never, I do not use programs or services offered by my community's Council on Aging

32. Which of the following factors limit your use of the programs and services offered by your community Council on Aging? *(Check all that apply)*

<input type="radio"/> I am not interested in programs offered <i>(e.g., fitness classes, lectures)</i>	<input type="radio"/> I do not identify with the people at the Council on Aging
<input type="radio"/> I do not need any of the services offered <i>(e.g., fuel assistance, tax counseling)</i>	<input type="radio"/> I do not have transportation to the Council on Aging
<input type="radio"/> I do not know what is offered	<input type="radio"/> There is a lack of sufficient parking
<input type="radio"/> I do not have time	<input type="radio"/> Programs/services cost too much
<input type="radio"/> I am still working	<input type="radio"/> Hours of operation are inconvenient
<input type="radio"/> I am not old enough	<input type="radio"/> The building is not comfortable or inviting
<input type="radio"/> I participate in programs elsewhere	<input type="radio"/> Other <i>(Please specify):</i> _____

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

<input type="radio"/> Arts programs <i>(e.g., painting, music, crafts, needlework)</i>	<input type="radio"/> Outdoor exercise <i>(e.g., walking, hiking, kayaking, pickleball)</i>
<input type="radio"/> Lectures, guest speakers, or cultural events <i>(e.g., armchair travel)</i>	<input type="radio"/> Indoor exercise <i>(e.g., strength training, exercise equipment, yoga, aerobics)</i>
<input type="radio"/> Educational courses <i>(e.g., foreign language courses, TedTalks, book groups)</i>	<input type="radio"/> Technology skills classes <i>(e.g., learning computer programs or smartphone applications)</i>
<input type="radio"/> Performances <i>(e.g., music, theater, comedy)</i> and presentations	<input type="radio"/> Special interest social programming <i>(e.g., cultural, LGBTQ+, singles, solo aging)</i>
<input type="radio"/> Evening or weekend activities	<input type="radio"/> Intergenerational activities
<input type="radio"/> Day trips	<input type="radio"/> Volunteer opportunities
<input type="radio"/> Overnight trips	<input type="radio"/> Virtual programming
<input type="radio"/> Opportunities for informal socializing <i>(e.g., affinity groups, parties, hang out space)</i>	<input type="radio"/> Wellness programs and education <i>(e.g., meditation, massage, weight management, stress management)</i>
<input type="radio"/> Recreational activities <i>(e.g., cards, board games, bingo)</i>	<input type="radio"/> Other <i>(Please specify):</i> _____

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

<input type="radio"/> Application assistance (e.g., fuel assistance, housing, SNAP)	<input type="radio"/> Professional services (e.g., financial planning, AARP Tax Help, legal services)
<input type="radio"/> Mental health (e.g., counseling or referrals)	<input type="radio"/> Health clinics (e.g., hearing, blood pressure screenings)
<input type="radio"/> Professional development or job seeking support	<input type="radio"/> In-home programs (e.g., friendly visiting or help with minor chores/errands)
<input type="radio"/> Home Safety programs (e.g., medical equipment for loan, fall prevention)	<input type="radio"/> Caregiver programs (e.g., resources, education, support groups)
<input type="radio"/> Non-medical transportation (e.g., grocery shopping, errands)	<input type="radio"/> Respite programs (e.g., drop-off activities, all-day support)
<input type="radio"/> Transportation to medical appointments	<input type="radio"/> Support groups (e.g., grief, low-vision, recovery)
<input type="radio"/> Information, referral about local resources	<input type="radio"/> Adult day program
<input type="radio"/> Lunch or other food offerings	<input type="radio"/> Memory Cafe
<input type="radio"/> Senior tax work-off program	<input type="radio"/> De-cluttering service
<input type="radio"/> Health insurance counseling (SHINE)	<input type="radio"/> Other <i>(Please specify)</i> : _____

35. Do you visit other Councils on Aging/Senior Centers?

☒ Yes **(Continue to Questions 36 & 37)** ☐ No **(Skip to Question 38)**

36. If Yes on Question 35: where do you go?

37. If Yes on Question 35: For what reason(s) do you attend other Councils on Aging or Senior Centers?

<input type="radio"/> The program is not offered by my community Council on Aging
<input type="radio"/> The other Center is closer to my residence
<input type="radio"/> The other Center is easier to get to (e.g., parking and access)
<input type="radio"/> Attend the other Center with friends
<input type="radio"/> The hours of the other Center are more convenient
<input type="radio"/> The other Center's space is more welcoming/inviting
<input type="radio"/> Other <i>(Please specify)</i> : _____

SECTION VIII: Information Access

38. Where do you prefer to find information about the activities and services offered by your community? *(Check all that apply)*

<input type="radio"/> Council on Aging Newsletter (print)	<input type="radio"/> Facebook or other social media sites
<input type="radio"/> Council on Aging Newsletter (online)	<input type="radio"/> The local newspaper
<input type="radio"/> Local Public Access TV	<input type="radio"/> Your Town website
<input type="radio"/> Public postings (flyers, billboards)	<input type="radio"/> COA website
<input type="radio"/> Word of mouth	<input type="radio"/> Email or text communication
<input type="radio"/> Other <i>(Please specify)</i> : _____	

39. How confident do you feel about the following activities?

	I am confident	I need more practice	I am not confident	N/A I don't do these things
Finding information online				
Submitting information or applications online				
Purchasing items and managing money online				
Staying safe online (e.g., protecting your personal data)				
Making and attending virtual medical appointments				
Registering for events online				

SECTION IX: Demographic Information

40. Please select your gender.

<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Non-binary	<input type="radio"/> Other (Please specify): _____
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41. What is your age range? (Check only one)

<input type="radio"/> Under age 60	<input type="radio"/> 60-69	<input type="radio"/> 70-79	<input type="radio"/> 80-89	<input type="radio"/> 90+
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42. 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	

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

<input type="radio"/> N/A, I am already fully retired	<input type="radio"/> In 3 to 5 years	<input type="radio"/> In more than 10 years
<input type="radio"/> Within the next 3 years	<input type="radio"/> In 6 to 10 years	<input type="radio"/> Not sure
		<input type="radio"/> I do not anticipate ever fully retiring

44. Please indicate your level of agreement with the statement: "I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses."

<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree
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45. If you have any other thoughts or comments about your community Council on Aging, or about current or future needs of older residents in your community, please include them here:

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

Caitlin E. Coyle, PhD
Center for Social & Demographic Research on Aging
csdra@umb.edu • 617.287.7413

If you would like to learn more information about your local Council on Aging (COA) or need support or assistance, please call the Millis COA at (508) 376-7051 or the Medway COA at (508) 533-3210.