



Needs Assessment 2024

Age Strong is conducting this survey to learn more about the needs and priorities of Boston's older adults. This survey will inform the Age Strong Plan which aims to make Boston inclusive and accessible to people of all ages. This is a valuable opportunity to let your voice be heard! Your responses will help shape Age Strong's work and funding decisions in the years ahead, helping to create a Boston that we can all grow older in. ***Your responses will be kept confidential and will not be shared outside of Age Strong and the Executive Office of Elder Affairs.***

1. Needs: *Please review the list below and select your most important needs related to aging. The examples under each category do not include all possible examples, so you can select a category even if you do not see your specific need listed.*

Select all needs that are important to you:

- Access to Services:** getting help with Food/SNAP benefits and financial services, and applying for health insurance.
- Affordable Health Care:** accessing affordable health services, insurance, managing prescription costs.
- Access to Health Care:** finding a doctor, accessing health services, attending falls prevention classes, exploring alternative medicine options, and receiving medical home visits.
- Affordable Housing:** finding affordable housing, getting on waitlists for subsidized units, and accessing rental assistance.
- Housing Accessibility and Maintenance:** finding accessible housing, and assistance with property repairs and upkeep.
- In-Home Support for Maintaining Independence:** help with aging in place, assistance with activities of daily living (such as bathing, toileting, dressing, feeding, walking, grooming), home and property maintenance (snow removal,

lawn care, leaf removal), housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.

- ❑ **Long Term Services & Supports:** accessing home care services, better staffing at long-term care facilities, and increased case management.
- ❑ **Assistance Managing Other Expenses:** assistance with non-housing and non-healthcare-related expenses, such as taxes, utilities, and food.
- ❑ **Legal Services:** finding legal counsel to address concerns with income and public benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship.
- ❑ **Mental & Behavioral Health Support:** finding mental health classes & education, counseling, help with depression, anxiety, and stress, addressing alcohol & drug abuse.
- ❑ **Nutrition Support:** access to healthy food, help with meal preparation, delivery assistance, and addressing food insecurity.
- ❑ **Safety & Security:** home modifications for balance & falls prevention, coping with abuse, exploitation, mistreatment, public safety, and community safety.
- ❑ **Transportation Access and Availability:** finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.
- ❑ **Workforce Development:** finding employment, flexible job opportunities, retraining opportunities, and jobs that pay well.
- ❑ **Caregiver Support:** finding programs that pay family caregivers, support groups, support for people affected by dementia, educational programs, respite care, day centers & adult day health programs, and information for grandparents raising grandchildren.
- ❑ **Assistance Addressing Social Isolation:** finding companionship, accessing affordable technology, phone/internet programs, regular connections, and formal & informal supports.
- ❑ **Opportunities for Leisure, Recreation, & Socialization:** finding and participating in social activities, information about programs, reduced rates at sites/museums, and outdoor spaces for seniors.
- ❑ **Civic Engagement / Volunteer Opportunities:** finding volunteer opportunities, older adult community involvement, and participating in neighborhood activities.

- Learning & Development Opportunities:** finding educational programs, learning new skills (such as using emails, internet, apps, etc.), and digital technology training.
- Staying Active / Wellness Promotion:** finding classes on healthy aging, information on physical wellness, fitness programs, exercise classes for older adults, and support for caregivers.
- Addressing Ageism and Age Discrimination:** preventing negative stereotyping, prejudice, and discrimination based on age.
- Overcoming Language / Communication Barriers:** finding interpreting/translation services, finding information about services and resources in different languages, and enrolling in ESL classes.
- LGBTQIA+ Support:** finding providers who understand Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Ally, and other identities issues, integrating into the community, and receiving support for dealing with bias.
- Spirituality Support:** finding faith-based activities, developing opportunities for spiritual growth, and addressing missing in-person services.
- Other** (Please specify): _____

2. Ranking Needs: *Please rank the top 3 needs you selected in the list above, based on their importance to you.*

To rank the needs, return to the Question 1 list you just completed and write a '1' next to the need that is most important to you, a '2' next to the second most important need, and a '3' next to the third most important need.

3. What Boston neighborhood do you live in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Allston | <input type="checkbox"/> Dorchester (North of Park Street) | <input type="checkbox"/> Hyde Park |
| <input type="checkbox"/> Brighton | <input type="checkbox"/> Dorchester (South of Park Street) | <input type="checkbox"/> Jamaica Plain |
| <input type="checkbox"/> Back Bay | <input type="checkbox"/> Downtown | <input type="checkbox"/> Mattapan |
| <input type="checkbox"/> Beacon Hill | <input type="checkbox"/> East Boston | <input type="checkbox"/> Mission Hill |
| <input type="checkbox"/> Charlestown | <input type="checkbox"/> Fenway | <input type="checkbox"/> North End |
| <input type="checkbox"/> Chinatown/ Leather District | | <input type="checkbox"/> Roslindale |
| | | <input type="checkbox"/> Roxbury |
| | | <input type="checkbox"/> South Boston |

South End

West End

West Roxbury

Other _____

4. How long have you lived in Boston?

Fewer than 5 years

5-14 years

15-24 years

25-34 years

35-44 years

45-54 years

55+ years

5. How important is it for you to remain living in the neighborhood where you currently live as you get older? (Check only one)

Very important

Somewhat important

Slightly important

Not important at all

6. Do you work for pay?

Yes, full-time

Yes, part-time

Looking for work

Retired

7. If you are looking for work, what barrier(s) do you face? (Select all that apply)

Schedule conflicts

Transportation

Age discrimination

Need additional skills

Fear of losing benefits

Caregiving responsibilities

(elder care, spousal care, caring for a dependent)

I am not looking for work

Other _____

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

- | | |
|---|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly Disagree |

9. Was there any time in the past 12 months when you did not have money for the following necessities? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Housing (rent/mortgage) | <input type="checkbox"/> Debts |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Cable/Internet |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Medical needs |
| <input type="checkbox"/> Home repair | <input type="checkbox"/> Other_____ |

10. Do you rent or own your home?

- Owned by you or someone in your household with a mortgage or loan
- Owned by you or someone in your household without a mortgage or loan
- Rented by you or someone in your household
- Other_____

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

- | | |
|--|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> Another relative(s) |
| <input type="checkbox"/> My adult child(ren) (age 18 or older) | <input type="checkbox"/> My child(ren) (under age 18) |
| <input type="checkbox"/> A spouse/partner | <input type="checkbox"/> Pets |
| <input type="checkbox"/> My grandchild(ren) | <input type="checkbox"/> Someone else (roommate, friend, non-relative) |

12. In the next 5 years, if you needed to move from your current home, what kind of housing would you prefer in Boston? (Select all that apply)

- Smaller single-family home
- Accessory apartment (add-on apartment to an existing home)
- Apartment, condominium or townhome
- 55+ retirement community
- Assisted living community
- Subsidized housing (with a voucher or waiver)
- Other _____

13. If you were to move out of your current residence, what would be the reason why? (Select all that apply)

- Size of home
(wanting more or less space)
- Housing costs (rent/ mortgage, home repair, property taxes)
- Wanting to live in a different area with different amenities
- Need for a home that supports independent living as you age (ex. a home without stairs)
- Not planning to move
- Other _____
- Being closer to friends/family

14. Are you adequately housed?

- Adequately housed (enough space)
- Over housed (more than enough space)
- Under housed (not enough space, staying with friends/family)

15. How frequently do you feel at risk of losing your housing (e.g., not being able to pay the bills, eviction, or changes to your property ownership)?

- Never
- Constantly
- Once a month
- Within the last six months
- Within the last year
- I feel at risk of losing my housing in the future

****If you are at risk of losing your housing and you need help, please call Age Strong at 617-635-4366, and someone from the housing team will assist you. For help outside of business hours, please call 3-1-1.***

16. Please indicate your level of agreement with the following statement: “I feel that I belong in the neighborhood I live in.”

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

17. If there were an emergency today, do you know a neighbor or community member who would check on you and your household?

- Yes
- No
- Unsure

18. Has language been a barrier to accessing services in Boston?

- Yes
- No

19. How do you learn about what is going on in your neighborhood? (Select all that apply)

- Newspaper
- TV
- Radio
- Neighbors
- Friends/Family
- Church/Faith organizations
- Community organizations
- Signs/Flyers
- Internet/Social media
- Other _____

20. Please rate your level of agreement with the following statement: “I feel that I know where to get information about services, resources and activities to have my needs met.”

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

21. Which of the following currently apply to you? (Select all that apply):

- Experience issues with abuse, neglect, or exploitation
- Live with Alzheimer’s or dementia
- Experience memory or thinking problems
- Need access to cultural or social activities (such as cultural events, religious services, social groups)
- Live with vision loss
- Live with hearing loss
- Live with physical disabilities (including mobility impairments and chronic physical health issues)
- Are in frail or weak health
- Need support as a caregiver
- Are a grandparent raising grandchildren
- Have housing concerns (such as trouble affording rent, unsafe living conditions)
- Often feel lonely or isolated (such as limited social interactions, lack of companionship)
- Need legal services (such as help with housing issues, government benefits, power of attorney, and legal advice)
- Are part of the LGBTQIA+ community
- Have mental or emotional health issues (such as anxiety, depression, stress)
- Need help with meals or nutrition (such as difficulty cooking, need for meal delivery)
- Have employment or job-related needs (such as job search assistance, workplace accommodations)
- Other (Please specify): _____

Demographic Information

22. How old are you? (write in): _____

23. My gender identity is...

- | | |
|---|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> Man | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Non-binary, genderqueer, gender non-conforming | <input type="checkbox"/> Other _____ |

24. My racial/ethnic identity is... *(Select all that apply. Note, you may report more than one group.)*

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaii or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Hispanic or Latine/o/a | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Middle Eastern or North African | _____ |

25. Do you speak a language other than English at home?

- Yes
- No

26. If yes, what other language(s) do you speak?

27. How well do you speak English?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Not well |
| <input type="checkbox"/> Well | <input type="checkbox"/> Not at all |

28. Is your total annual household income less than \$20,000? (Optional)

- Yes
- No
- Prefer not to answer

29. Are you currently a MassHealth member?

- Yes
- No
- I don't know

Please use this space to provide us with any additional information you'd like to share:

Want to join the Age Strong email list?

Email address

Zip code

**All information on this survey is confidential. If you choose to sign up for our email list, your email address, name, and any other identifying information will not be linked to your responses to this survey. **

Return by mail:

Attn: Ava Portela
Age Strong Commission
City of Boston
1 City Hall Square, Room 271
Boston, MA 02201