Turner Senior Wellness Program Survey 2024/2025

The Turner Senior Wellness Program (TSWP) located within the Turner Senior Resource Center (TSRC) greatly values your opinions and suggestions! **Please take a few minutes to fill out this survey which will help us plan and improve services in the future.** This survey is a little longer than usual because our last survey was pre-Covid in 2017 and we want to get your valuable input. All responses are confidential and will be used to enhance or modify programming.

1. How did you learn about the Turner Senior Wellness Program (TSWP)? (check all that apply)

Ann Arbor Observer \Box Word of mouth \Box Healthcare provider \Box Website				
Church 🛛 Facebook 🔲 U-M Turner Geriatric Clinic 🔲 Family/Friend				
Community agency Health fair/info table				
U-M Health Community Health Services D I don't remember				
Other (specify):				

2. How do you receive information about TSWP programs now?

Facebook	Weekly E-newsletter	Printed catalog	Website	
Word of mouth	□ Other:			

3. How long have you participated in TSWP programs?

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ш	Less than 1 y	1-5 years	Ц Э-Э уеа	10-14 ye	ID years +

4. How often do you participate in TSWP programs?

□ I do not participate □ Less than 1 time a month □ 1-3 times a month□ 1-2 times a week □ 3 or more days a week

5. I participate using the following format(s):

□ In-person only □ Virtual only □ In-person and virtual

6. How often do you participate in individual TSWP programs? (place a '√' or an 'x'):

	l do not participate	Less than 1 time a month	1-3 times a month	1-2 days a week	3 or more days a week
Healthy Living Presentations					
Exercise/Fitness					
Cooking Demonstrations					
Special Events					
Recreational and Social Activities					
Technology					
Ongoing services					
Support Groups					
Group Therapy					

What health-related topics are you interested in? (check all that apply)					
□ Caregiving □ Mental Health □ Diabetes □ Blood Pressure □ Brain Health					
□ Fall Prevention/Fear of Falling □ Hearing/Vision Loss					
□ Social Isolation □ Incontinence □ Sleep issues					
Other:					
 8. How do you typically get to the Turner Senior Resource Center? Drive AATA/Public Transportation (bus) A-Ride (door to door) Walk Friend/Family Virtually Other:					
9. Which other Community Health Services programs have you participated in? (check all that apply)					
 Osher Lifelong Learning Institute (OLLI) Silver Club Memory Program (located at the Turner Senior Resource Center) (located at the Turner Senior Resource Center) 					
□ Turner African American Services □ Housing Bureau for Seniors, includes					

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Turner African American Services Council (TAASC) (located at the Turner Senior Resource Center)	Housing Bureau for Seniors, includes Tax Clinic (located at the KMS Building, S. State St)
Ann Arbor Meals on Wheels (located at the KMS Building, S. State St	□ Other:

10. Please tell us how much you agree with the following statements (Place a ' \checkmark ' or an 'x'):

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	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
TSRC is a comfortable and welcoming place for people of diverse backgrounds (i.e racial/ethnic, socioeconomic, sexual orientation, gender expression etc.)					
Staff members/volunteers are knowledgeable, helpful, and responsive					
Events/activities meet my expectations					
Participating in programs helps me feel more socially connected					
Participating in the center activities (i.e fitness, gaming groups, etc.) has improved my overall health					
Participating in the center health education/healthy living lectures has improved my overall health					
TSRC resources and referrals have been helpful when I've needed them					
In general, I feel knowledgeable about older adult resources available in the community					
The hours of operation at the Center meet my needs (M-F, 9am - 5pm)					
Cost prevents me from participating in activities					
Transportation issues/access prevents me from participating in activities					
Technology issues/access prevent me from participating in (virtual) activities					
I would recommend the center to a friend or family member					

Open-ended Questions

- 11. How has participating in the center's programming improved your health, wellness, and/or socialization?
- 12. What are your health and wellness goals?
- 13. Are there other programs, classes, or resources for older adults you would like to see?
- 14. What would make your experience at the Turner Senior Resource Center better?
- **15.** What other feedback or suggestions do you have?

Please help us know whom we are serving (THIS IS OPTIONAL- ple much or as little as you feel comfortable). This section helps us in can best meet the needs of our community and helps with grant ap	identifying how we
Name:	
Address:	
Zip Code (Please include even if you do not provide your full address):	_
Email:	
Phone Number:	
Add me to your (check all that apply):	
Gender: how do you identify?: Female Male	
□ Non-binary □ Prefer not to answer □ Transgender □ specify):	Not listed (please
I identify my sexual orientation as:	
□ Straight □ Gay □ Lesbian □ Bisexual	
Not listed (please specify):	
I describe myself as (check all that apply):	
White Hispanic/Latino Black/African American	
□ Asian/Pacific Islander □ Native American/American Indian	
Other (specify):	

My	age	is:
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□ Under 50 □ 50-60 □ 61-70 □ 71-80 □ 81-90 □ Over 90

My annual income is:

□ \$0 - \$9,999 □ \$10,000 - \$24,999 □ \$25,000 - \$49,999 □ \$50,000 - \$74,999

□ \$75,000 - \$99,999 □ \$100,000 - \$149,999 □ \$150,000 + □ Prefer not to answer

I receive health care services at (check all that apply):

□ Michigan Medicine East Ann Arbor Geriatrics Center

- □ Michigan Medicine (other sites/locations)
- □ Packard Health □ Trinity Health Ann Arbor / St. Joe's
- □ Veterans Affairs □ Prefer not to answer
- Other (specify):_____

I would be interested in being contacted regarding my survey responses and/or ideas: □ Yes □ No

We appreciate and thank you for taking the time to give us your feedback and we look forward to seeing you soon at the Turner Senior Resource Center!

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Michmed.org/TSWP