

The Influence of Values on the Use of Citizen Services: The Elderly Perspective

Completed Research

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Abstract

In spite of much prior work, the design of city services remains the purview of designers and city governments. We examine one community in a city, the elderly, to understand how their value priorities influence their use of city services. Following a semi-structured approach, interviews were conducted with elderly individuals to understand their use of city services. The data analysis consisted of open coding, followed by structuring the findings in light of prior work. The analyses showed that three value priorities influenced the use of citizen services by the elderly community. These were: safety, social interaction and volunteering. These value priorities persisted as important considerations for the design of new services. However, the respondents were not able to articulate specific opportunities for design or improvement of services. The identification of value priorities may, however, provide pointers that the designers can use to derive requirements for new citizen services. The findings contribute to a better understanding of how value priorities of individuals and communities influence the use of city services.

Keywords

Citizen Services; Values; Elderly Community

Introduction

Cities are no longer simply governmental units; they are complex centers of societal innovations (Lee & Lee, 2014). Technological innovation has enabled cities to develop and progress at a faster rate (King & Levine, 1993). The number of large cities on the planet continues to rise, and the cities themselves continue to grow. As cities respond to these trends, local governments and agencies have been under pressure several services, including efficient transportation, waste management, modern infrastructure, and new jobs (Nam & Pardo, 2011) to increasingly larger populations and diverse communities. The design of appropriate services to support better quality of life for the citizens is, therefore, an important priority for most cities (Liu, Gavino & Purao, 2014). Policy and scholarship is, therefore, driven by the idea of citizen-centric services, i.e., services shaped by and intended for citizens and communities. Several cities practice different forms of citizen participation (Irvin & Stansbury, 2004). For city services to be effective, citizens need to be recognized as important stakeholders and the design of services should reflect their perspectives and opinions (Lee & Lee, 2014). One may expect that because citizens pay for the development of the services through tax revenues (Frug, 1998), they should be able to receive benefit from these city services. Clearly, different communities may value different city services. It is, therefore, important to investigate city services by considering the priorities of different communities. In this paper, we focus on the elderly community in an incorporated, independently managed city within Greater Boston. The elderly represent approximately 18% of the population in the city. Unlike prior work that has examined the idea of services and technologies for the elderly from an acceptance perspective (see, e.g. Vichitvanichphong et al. 2017), this research drives the investigation from the perspective of specific benefits that individuals in the community derive. The research question we examine is the following:

- How do values and value priorities influence the use of city services by the elderly?

The findings show that values related to safety, social interaction and healthcare dictate the use of city services by the elderly. The paper describes the method, elaborates the findings, and provides pointers that may be used for the design of new city services.

Prior Work

Smart Cities and Citizen-Centric Services

There is no single definition of smart cities, because the concept is used in different situations across the globe (Nam & Pardo, 2011). The definitions suggested in prior work vary in focus. Carvalho (2014), for example, argues that smart cities are those with (1) governments that become able to do more at lower costs, (2) higher educational standards, and (3) success in controlling “urban sprawl”. He also addresses improving service efficiency and revolutionizing urban facilities in smart cities (Carvalho, 2014). Hollands (2008), on the other hand, focuses more on technology in smart cities, arguing that smart cities require the “utilization of networked infrastructure to improve economic and political efficiency and enable social, cultural and urban development” (Hollands, 2008). Another often-cited definition comes from Griffinger and colleagues (2007) who consider a city to be smart based on its performance in economy, people, mobility, living, governance, and environment. Smart people; for example, are the outcome of a city’s diversity, tolerance and engagement; smart mobility, the outcome of a city’s use of ICT in modes of transportation (Griffinger et al, 2007).

A possible flaw with the smart city vision (see Sanders and Beck 2015) is the minor role for citizen engagement. Overcoming this flow requires that decision-making in smart cities be done not by the government alone, but with participation from stakeholders, including citizens (Zenella et al, 2014). These citizens may belong to different communities such as the elderly, children, professionals, families, residents, commuters and so on. A smart city should provide its citizens diverse, innovative services that provide “information, knowledge and transaction capabilities” (Lee & Lee, 2014). This is the position we adopt. Maximizing the effectiveness of services, therefore, requires accounting for citizen viewpoints (Lee & Lee, 2014). Liu et al. (2014) define citizen-centric services as “a move away from vertical agency silos to a service-based conceptualization aimed at dis-aggregation of previously grouped functionalities in agency silos, and extraction of services, which then might be personalized and re-aggregated around specific citizen needs for certain population segments or even individual citizens.” To better understand the existing services, typologies have been proposed for classifying services (see Table 1 below).

Category	Description of Services	Sources
Administration	Ensuring citizen participation and providing them with services like on-the-spot support, and facilities & landscape management.	Michel (2005); Korea’s Ubiquitous City Construction Act (2012); Nelson (1955)
Transportation	The ability to get from one place to another comfortably, safely and in a timely manner, addressing traffic, public transportation options, as well as navigation services.	Quitau (2010); Griffinger <i>et al</i> (2007); Batty <i>et al</i> (2012); Ubiquitous City Construction Act (2012); Nelson (1955). Hefnawy et al. (2016); Ilhan et al. (2015)
Governance	Connecting citizens with officials to ensure their participation in decision-making.	Michel (2005); Griffinger <i>et al</i> (2007); Batty <i>et al</i> (2012)
Healthcare	Focusing on welfare and wellbeing, through the ability to access medical services, public health information, and handicapped or elderly care services.	Quitau (2010); Korea’s Ubiquitous City Construction Act (2012); Hefnawy et al. (2016)
Environment	Covers areas of science and sustainability, like contamination control, waste management, energy dependence and efficiency, and ecosystem management.	Quitau (2010); Griffinger <i>et al</i> (2007); Batty <i>et al</i> (2012); Korea’s Ubiquitous City Construction Act (2012); Hefnawy et al. (2016). Ilhan et al. (2015)
Distribution & Retail	Being able to find everything needed as a result of efficient distribution and delivery, as well as diverse shopping options.	Quitau (2010); Korea’s Ubiquitous City Construction Act (2012); Nelson (1955)

Table 1 – Typologies of City Services

Services for the Elderly

The elderly community in the city can possess unique needs. Aging can lead to limited mobility, visual and hearing impairments, and high illness susceptibility, all of which require cities' consideration when designing services. The characteristics of suitable services are different for older citizens than for younger ones, so it is important to pay attention to the elderly populations' needs and goals, presented in Table 3 below (Mutchler et al, 2014). The first step to doing so requires cities to eradicate barriers that may prevent elderly from contributing (Mutchler et al, 2014). This can be achieved by creating an elderly city council, where the elderly can network and communicate. A city that showed the success of this strategy is the city of Oulu in Finland, where the elderly are provided a collective health services platform, at-home Internet and ICT equipment education, as well as applications that help find free parking, senior apartments, and delivery services (Skouby et al, 2014). As another example, at-home technology education sessions for the elderly can be effective in enabling the elderly to work from home, increasing employment opportunities, order groceries and other essentials, providing access to commercial services, and maintain contact with friends and family, reducing social isolation (Gil & Amaro, 2013). Much prior work shows that the services can be broadly grouped into a number of clusters including: mobility (Skouby et al, 2014; Mutchler et al, 2014; Phelan et al, 2004); security (Skouby et al, 2014; Mutchler et al, 2014; Koistinen et al, 2013; National Seniors Productive Ageing Centre, 2005); social Interaction (Skouby et al, 2014; Coulton & Frost, 1982; Gil & Amaro, 2013; Mutchler et al, 2014; Barnett & Morrison, 2011; Phelan et al, 2004; National Seniors Productive Ageing Centre, 2005); healthcare (Skouby et al, 2014; Coulton & Frost, 1982; Mutchler et al, 2014; Phelan et al, 2004; National Seniors Productive Ageing Centre, 2005); employment (Gil & Amaro, 2013; National Seniors Productive Ageing Centre, 2005); an access to commercial services (Skouby et al, 2014; Gil & Amaro, 2013; National Seniors Productive Ageing Centre, 2005). Scholarly investigations also point to the change in emphasis. Traditionally, the elderly emphasized good healthcare, medical services, and social services (Coulton & Frost, 1982). Contemporary investigations show that even though the elderly value healthcare, they also emphasize wellbeing, mobility, security and retail. Wellbeing includes social activities, as well as services customized for the elderly. Retail consists of e-shopping and delivery options, for groceries and other day-to-day necessities (Skouby et al, 2014) with new ICT solutions being developed in respond to these priorities (Skouby et al, 2014, Aal, 2015) with platforms such as sensors, cameras and fast-response emergency services as well as social media (Koistinen et al, 2013).

Research Method

To answer the research question, we interviewed individuals from the elderly community recruited from the Council of Aging within the city. The interviews explored topics about the use of numerous city services. The details of the method are elaborated below.

Participants

The individuals who participated in the study were over 60 years old, residents of the city, and regular visitors to the Council on Aging. Prior to the interviews, the participants provided basic demographic information, and received the informed consent form. All participants answered all questions, except for one interviewee, who chose not to answer one of the questions. Table 2 shows basic demographic data for the respondents. One interviewee was over 90 years old; most were between 60 and 70 years old. 60% of interviewees were female. Most had a high school degree, only one interviewee had a college degree, and one had master's degrees.

Num	Age	Gender	Marital	Education	Employment
001	60 - 70	Female	Married	Some college	Retired
002	90+	Female	Widowed	Some college	Retired
003	80 - 90	Female	Married	High school	Retired
004	70 - 80	Male	Married	Some college	Retired
005	70 - 80	Female	Single	Less than HS	Retired
006	80 - 90	Female	Widowed	High school	Retired
007	80 - 90	Female	Widowed	High school	Retired

008	60 - 70	Male	Widowed	High school	Retired
009	60 - 70	Male	Single	Master's degree	Retired
010	60 - 70	Male	Married	Some college	Employed

Table 2 – Participant Demographics

Data Collection

The interview took place in one of the conference rooms at the Council on Aging. All interested individuals were interviewed. No further screening took place because the visitors to the Council were all more than 60 years old. All interviewees signed an informed consent form. The interviews were semi-structured. The chose to focus on areas or questions they were more familiar with, spending less time on those they were unfamiliar with or had no comments on. No identifying material, such as name and address, was collected, but interviewees were required to fill out a demographics sign-in sheet. Subjects were identified with a study number. The researchers realized that it can be exceedingly difficult to conduct long interviews with individuals in this demographic for a number of reasons, including attention issues, difficulties in holding focus on answers, and differences in perspective. The duration of the interviews, therefore, varied between 8 and 19 minutes, often with specific answers offered in response to the interview questions. The transcribed interviews varied between 800 and close to 2000 words.

Data Analysis

The interviews were audio recorded and transcribed for analysis. The transcripts were analyzed using a thematic analysis coding technique, in which codes were developed to identify categories, either pre-set based on the interview questions or new categories driven from data. After an initial round of coding, the codes were reviewed, combined into a master list, and then further analyzed to identify code families that directly mapped to different categories of services. Table 3 shows samples of text fragments and the initial codes generated.

Raw Text	Codes
"I feel very safe! I had to call 911 when my husband passed away, and they were efficient."	Perceived benefit: safety Efficient 911
"I have never used delivery options; I find that at this juncture of my life ... I drive. I think Waltham is well served by the grocery stores and the supermarkets that are here."	Non-use of grocery delivery Feature: lots of grocery stores
"I would say the Public Library, and Meals on Wheels. I, myself, have never used it, but I know so many people are dependent upon it."	Imp: library & Council on aging; Volunteer work: Meals on Wheels

Table 3 – Examples of Data Analysis

The ten interviews yielded a total of 274 codes spanning eight code families. The eight code families consisted of categories of city services. Table 4 below shows the specific services in each category and the impressions about these services from the respondents.

Code Family: Service Category	Specific Services within the Category	Impressions about Specific Services from Individual Respondents
Safety: Crime & Disaster Prevention	911, police department, fire department, Senior Week policeman talk	Perceived benefit: safety Efficient 911 Feature: police department academy
The Council on Aging	Financial advice, medical van, Meals on Wheels, trips, technology classes	Feature: Council on Aging Volunteer: Meals on Wheels Benefit: elderly socializing
Healthcare	Urgent Care, Waltham Hospital, other hospitals in surrounding towns, pharmacies	Well managed healthcare Comparing cities: better healthcare Non-use of Urgent Care
Transportation	MBTA busses, the T, the Commuter Rail, the Ride, Medical Van	Non-use of public transport Dislike: increasing traffic

		Sufficient busses/routes
Facilities Management	Sidewalks, River Walk, Veterans Field, Streets	Walkable sidewalks Well maintained River Walk
Educational Services	Public library, schools, universities	Unsure of current state of edu services Professional public library
Cultural Experiences	Tours, museums, playgrounds & parks	Museum at The Mill Cultural experiences in Boston
Distribution	Grocery shopping services, grocery delivery services	Non-use of grocery delivery Finding everything at stores

Table 4 – Codes and Code Families

The impressions about services included use and non-use, perceived benefit or lack thereof, and reasons behind non-use. A hierarchy chart was generated for each of the eight service categories and analyzed using frequency of occurrence to generate findings, which are described next.

Findings

Overview

The categories that rose to the top in terms of services that the elderly used and found beneficial were: (a) services related to safety, (b) services offered by the Council on Aging, and (c) services related to healthcare. The values that appeared to drive these choices were, thus: (a) security and safety, (b) social interaction and (c) physical well-being. These are further elaborated below.

Services Related to Safety

When asked about the two most important services that Waltham provides, several respondents chose the police department, the fire department, and safety in general. Of the 10 respondents, 8 indicated that safety, or crime and disaster prevention were very important. One of my interview questions asked about being safe, and whether the participants thought that the city did does a good job preventing and dealing with crimes, the topic was discussed in every interview. Some participants chose to focus on 911, others on the fire department, and a few on the police department.

All participants stated that they felt safe. Interviewee 001, for example, stated, “I feel very safe. I think they do a great job preventing crime.” Interviewee 006 reiterated that, stating that she also feels “very safe” in Waltham. Listing safety as one of his most important services, Interviewee 008 said “the safety here is wonderful. I am tickled pink with my environment.” He, however, went on to explain how he does not engage in any necessarily dangerous activities, avoiding putting himself in any potentially unsafe situations.

“I don’t visit dark places, because I’m 68 so I go to bed quite early. From what I observe when I walk in my yard, I see lots of people walking with some degrees of earnestness. Some are striding out, and others are just walking the dog” (Interviewee 008)

Interviewee 009 agreed, stating, “I would say I do feel safe. I don’t do anything dangerous; I get up early and go to bed early. I feel pretty safe, yeah.” Part of this can be attributed to the lifestyles of the elderly, as they often choose to do less risky, or safer, things. Only one interviewee experienced someone breaking into his house in his 40 years of living in his house. Interviewee 004 explained,

“I’ve lived there for 40 years and only got broken into once and it was just a drunk guy running around going into everybody’s houses. It bothered the crap out of my wife, but in 40 years that ain’t bad.”

Eight of the ten respondents stated that they have used 911 before, for various reasons. The two that have not used 911 explained, “I have never had to use 911, thank God” (Interviewee 001), and “I have never had to deal with 911, but I know of friends who did and they only had good things to say about their speed and service” (Interviewee 010). Citizens do not have much of a decision when it comes to 911, as when the time comes that one needs emergency services, 911 is their only option. Those who have used 911 reported

positive impressions. All participants agreed on the fact that 911 services in the city consistently provide efficient and reliable service. As Interviewee 005 described,

“Well they try to be on their toes about everything around here in the area. They quickly come to the response of any incident.”

The main uses of 911 can be traced to medical emergencies, followed by fires. With the increasing health complications related to aging, it is not unusual for the elderly to experience situations in which they needed 911 for a medical emergency. Interviewee 009 had to call 911 when his father passed away, and “they were there in what seems like 2 or 3 minutes.” Interviewee 007 had a similar experience, calling 911 numerous times while her husband was sick. She “had to call 911 a couple of times and they were absolutely wonderful.” Participants who have previously used 911 to get to the fire department confirmed that the fire department’s service was fast and that the firemen were very helpful when they showed up. Interviewee 003 believed that the fire department “was efficient and they were good.”

The city Police Department has a Citizens Police Academy, which not only brings people from the community together, but also provides the citizens an opportunity to learn about various aspects of the police department and how it works. Interviewee 002 explains what the academy entails:

“First they told us about how 911 works, they showed us how ... we had a time when we went out with one of the cars, and they showed us about drugs. They also showed us the dogs that they use. ... and it was free and the policemen themselves gave it... I thought it was great, as it makes you appreciate what these guys do and makes you feel a little closer to them.”

Interviewee 003 also had the chance to enroll in the Citizens Police academy, explaining, “I have gone through the police department, through a course they provide, which was really good. That was great, I really enjoyed it.” Both participants enjoyed the free course, learned a lot about the department.

Another police department related service that was brought up was the police talks at Senior Week. Senior Week, as explained by Interviewee 007, is when

“the mayor declared Waltham on this week was senior week... We did something different everyday, we went to the Paine Estate and had pizza, there was a policeman there.”

The policeman, according to Interviewee 007, “told us all about scams that they aim at the seniors. They think we’re very trusting, which a lot of us are, but we have learned that if something sounds too good to be true, it usually is.” When asked about if safety can be improved, none of the interviewees thought there was a need for a specific improvement.

The importance of safety can be traced to the fact that some elderly individuals may feel helpless if anything were to happen, as they are often physically less able to get on their feet and react in a timely manner. Interviewee 010 summed up the importance of safety well, arguing that “safety [is the most important service] for sure, because without being safe I wouldn’t be able to use any of the other services.” Interviewee 010 based his argument on his opinion that the “police and fire department do a tremendous job in the area.” 911 provides a potentially lifesaving service, so ensuring that they are always ready is vital for the citizens.

Services at the Council on Aging

The second important set of services were those offered by the Council on Aging. Although there were no specific questions asking about the Council, all ten participants praised the Council and the services it provides. The Council works directly with the elderly community to improve civil engagement, provide resources, promote volunteer work, and provide socializing opportunities. The Council is open to any city resident over 60 years old, at no cost. Interviewee 001, described it thus:

“I love the Seniors Center. It's a great, great place for seniors. I mean it's unbelievable the services that they offer are so so helpful for the seniors, and if they're too elderly to participate in any activity, it's also a point to communicating with other people their age. It's amazing.”

The Council provides several social and physical activities for free in the center, including line dance, poker, technology classes and bingo. They also provide other free services regularly, like financial advice, legal help, as well as basic medical checks (e.g. blood pressure, weight...). Outside of the center, they

provide excursions to casinos, golf courses, and college campuses for events, as well as various other trips. Some trips are provided at no cost to the seniors, but others require the seniors to purchase tickets at a reasonable price. The Council also provides the elderly with different types of assistance when it comes to transportation. They provide a shuttle service to events outside the Council, a medical van that takes the elderly to medical appointments within Waltham, a shopping bus to the grocery store that runs biweekly, and taxi voucher discount programs. The Council also helps the elderly obtain metro tickets, which provides them with access to all metro services at a discounted price, and apply to other transportation services from the city. It also offers a Meals on Wheels program, which helps provide two meals a day, five days a week, to homebound elders in the city.

The two most mentioned Council services were Meals on Wheels and the medical van. Those who spoke about Meals on Wheels were either volunteers, or knew other elderly people who were dependent on the service to eat. The reason behind the interviewees' non-use is their ability to drive to the Council for their daily lunch service. Interviewee 001, a Meals on Wheels delivery volunteer, talked about how much she enjoys delivering the meals, "because sometimes I am the only face they see all day. I try to spend at least 5 minutes with them, when I deliver my meals."

None of the beneficiaries of the service were available to be interviewed at the Council, due to their inability to get to the center. As for the medical van, it was unavailable during the duration of the interviews, because it was getting fixed and they did not have a replacement, according to Interviewee 002. However, the medical van only covers the city area, and is unable to take the elderly to their medical appointments to the neighboring cities. The center also currently has only one medical van, and Interviewee 002 would like to see "more vans for people to go to doctors' offices."

Other COA services offered that were explicitly discussed in the interviews were the trips the center offered and the financial advice provided for free. Interviewee 009 enjoys the trips offered, explaining:

"I love to meet up with people here, and I like to go on their trips. They usually have a couple of trips a month, except in February when the snow is 3 feet tall. I have gone on wonderful trips in the three years I have been retired. Before that, I used to look at the Senior Connection Bulletin and say, 'boy, if I wasn't working fulltime, I would go on one of these trips.'"

Regarding the free financial advice offered by employees of the Council, Interviewee 004 focused on the variety of financial services. The COA, for example, helps the elderly with their taxes every year, for free. Interviewee 004 compared this service to one offered by a nearby University, which requires him "to bring my wife in with me as they require both of us to be present, and I ain't taking my wife there, she doesn't want to go and she wants to know nothing." The Council, on the other hand, only requires one of them to be there, and the spouse can sign the paperwork at home. If seniors are looking to take on a reverse mortgage, for instance, the center can help them and provide all necessary information too.

Generally speaking, the Council meets the elderly community's need for social participation, as social isolation is a big issue when it comes to unhealthy aging. Sometimes other members of the Council are the only people the elderly see all day, as most participants lived alone at the time of the interviews. There were no negative comments regarding the Council; all comments commended its services. Interviewee 005 called the Council her "home away from home", which goes to prove her level of comfort at the Council and satisfaction with all that the center provides. There were, however, a few comments about potential improvements in the Council. One of which was brought up by Interviewee 002, which entails providing a small bus that takes the elderly to and from the COA. According to Interviewee 002:

"A lot of people would like to come to the Senior Center but they don't drive and cannot be affording a taxi all the time. I think there should be some kind of a small bus, for maybe a small fee of a dollar or whatever, that people could have be picked up from their homes, and brought here."

The Council's range of services thus satisfied numerous needs among the elderly,. Their medical van, for example, meets their mobility needs, as well as their healthcare needs. The shopping van, on the other hand, meets their want to access commercial services. Volunteer opportunities can be considered employment, since even though they are not paid, it keeps them busy doing different types of work. All the activities and trips provided help reduce social isolation, increasing social interaction.

Services related to Healthcare

Only two of the ten participants listed healthcare as one of their top two services. The reason behind that might be their mental connection between 911 and healthcare, connecting the two services. Healthcare services were discussed in every interview, as there was an interview questions about hospitals and healthcare services in the city. Due to their age, all interview participants were active healthcare services users, whether it was hospitals, clinics, or Urgent Cares. All interviewees that explicitly discussed the hospitals or clinics they regularly visited, for checkups for example, were in neighboring cities. The elderly could not use the medical van for these visits.

Insurance coverage plays a role when it comes to choosing ones regular hospital, as the elderly take advantage of insured facilities. As Interviewee 008 explained,

“I am not acquainted with the public facilities in [the city] because I belong to [another] Insurance and I attend the office over in [neighboring city]. I can’t speak to [the city’s] health services.”

Interviewee 002 had made a similar statement, revealing, “I don’t happen to go up there; I go through [another hospital]. The service that I have ... is not in [the city].” Other than insurance coverage, the participants’ inexperience with healthcare services in the city can be attributed to their personal experiences and their good health. This was only the case with Interviewee 001, who was the youngest amongst the interviewees, who stated, “I’m fairly healthy. I have never been hospitalized other than having my two children. But the times that I’ve been in there for tests or x-rays or anything, it’s very very well managed.” Interviewee 004’s loyalty to [a different] Hospital [in a neighboring city] is because his “wife worked in the emergency room for about 30 years there, so she knows who I should see and who I should avoid.”

Between 1987 and 2002, City Hospital provided similar services to the medical centers listed above in Waltham. Three interviewees addressed the issue of the City Hospital closing, when asked about the healthcare in the city. According to Interviewee 002, the City Hospital itself no longer exists, but “there are a lot of doctors up there.” In 2005 [another] Hospital bought the premise and opened a branch in the city. Due to the fact that it only provides services to patients under 21, none of the interviewees are able to take advantage of that service. Not having a hospital in the city is a hassle to Interviewee 003, whose husband had her “drive through red lights, yellow lights to get down to [a neighboring city]” when he had a stone once. The interviewee explained that if there had been a full-service hospital in the city, it would have been easier and quicker for her to get her husband the emergency service he needed. Interviewee 009 had a more personal experience at the City Hospital:

“I worked there, my brother worked there and my mother and father both worked there. I was born there too. I was sad, in a way, to see that they didn’t have the full services, but right now they do have an Urgent Care there.”

Urgent Care is another healthcare service that was mentioned eight times across the ten interviews. Four of the participants had used an Urgent Care in the city before, and the remaining four had not used it. The main reasons behind the elderly’s non-use of Urgent Cares in the area is their lack of need, their preference in seeing their PCP, or their familiarity of their regular hospitals. According to Interviewee 009, “we have a wonderful hospital not too far away, in [a neighboring city], and for real serious stuff, we have all the benefits of [another neighboring city]”. Those who have visited an Urgent Care benefitted from its close distance to their homes, the fact that it was well maintained and the excellent service provided. Pharmacies were only brought up by one interview, who commended the number of pharmacies in the city.

Healthcare is a vital service, especially to the elderly community, regardless of whether they see its importance or not. Most elderly individuals have reached a stage in their life where it is important for them to stay as healthy as possible, and make sure they have access to good healthcare services. Interviewee 010 focused on the importance of good healthcare, because “if anything were to happen to me or to people I know, God forbid, it is important to have access to a hospital that will be able to solve our issues quickly and safely.” That is the reality of aging, as access to healthcare is more important than ever before. Interviewee 006 is an example, as she prioritizes healthcare “because I have to get a new hip soon!”

Concluding Remarks

The findings show that the elderly find services in three categories to be beneficial. These three categories are services related to safety, services offered at the council on aging, and services related to healthcare. Prior work shows that services and technologies for the elderly may be seen in terms such as supportive and empowering (see Vichitvanichphonng et al. 2017). We find this to be a useful characterization that may allow recognition of the value priorities for the elderly, which in turn can be seen as an influence on the decision to use technology platforms or city services. In the work we report, the three categories that the elderly find to be beneficial can be traced to the value priorities of security, social interaction and physical well-being. The inventory of values suggested by Schwartz (2012) and the arguments from Purao and Wu (2013) can provide important pointers for furthering this investigation. The findings so far confirm the importance of these values for the elderly. A follow-on study can further our understanding of the priorities of the elderly by including individuals who may not be visitors to the Council on Aging. Initial indications from the analysis, however, clearly point to the values and value priorities of the elderly community. This information can be used to improve current services, as well as introduce new services.

Like any other study, ours is not free of limitations. We report on a qualitative study with a small set of respondents. The study demonstrates the difficulties in conducting such primary data collection with the elderly. Further research can compare the findings against other elderly communities, to build a larger knowledge base about what drives the use of city services by the elderly community.

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