



Aging in South County: A Regional Needs Assessment

2022

Commissioned by the Town of Deerfield, with support from
the Towns of Whately & Sunderland
& the South County
Senior Center

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Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's McCormack School. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies through the Commonwealth.

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the South County Senior Center (SCSC). The goals of this project were to investigate the needs, interests, preferences, and opinions of residents of the South County region including Deerfield, Sunderland, and Whately age 50 or older. The contents of this report are meant to inform the South County region, the SCSC, and organizations that work with and on behalf of older residents of the South County region for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing community members at large.

A key finding of the report points to the substantial increase in the number of older adults expected to live in the three communities of South County in coming decades and their desire to remain in the area as they age. Currently, 29% of residents are age 60 or older (and projections suggest that by 2035 this proportion will increase up to 37% of the total population. Currently, many older residents benefit from programs and services designed to address aging-related needs and prolong independence in the community, offered through the South County Senior Center. As a tri-municipal entity, South County's Senior Center is an important and valued resource, operating as one of the regions central point of contact for older residents who seek services to promote healthful aging and fulfilling lives. Growth of the older population therefore has special significance for the Senior Center, and increasing demand for its services and programs can be expected moving forward.

The study was conducted over the course of 9 months (Fall 2021-Spring 2022). A demographic profile was completed, based on existing, publicly available data about the region from the US Census Bureau and projections from the Donahue Institute at the University of Massachusetts. The project included a sample survey of residents age 50 or older that was conducted in the Winter of 2022. The survey generated 1,393 responses, yielding a response rate of 36%. A series of 3 key-informant interviews were conducted with other regionally operated senior centers in Massachusetts to hear about the needs and challenges they are facing as they consider their existing capacity.

Recommendations for the South County Region and Senior Center

We summarize key findings and make the following recommendations to the Towns of Deerfield, Whately, and Sunderland as well as the South County Senior Center:

➤ **The demand for Senior Center programs and services is expected to escalate in coming years.**

- Estimates from the U.S. Census Bureau show that in 2020, there were 2,916 residents age 60 or older living collectively in the three towns. This made up 29% of the total population. Projections suggest that by 2035, residents age 60+ will comprise 37% of the total population of the region.
- 49% of survey respondents age 60-69 are still working full or part-time and among them, 51% expect to retire within the next 5 years.
- About two-thirds of respondents consider the South County Senior Center as playing a role in the lives of themselves, loved ones, friends, or neighbors. Many respondents took the time to write in about how they may not participate in programs yet, they are comforted to know resource exists for them in the future. For example, one resident writes, *"although we are not ready to take full advantage of the program/services from the senior center, it is a comfort knowing assistance is available..."*
- Not only is the size of the older population growing, but the complexity of their needs is increasing. In addition to opportunities to socialize and stay connected, 25% of residents disagreed that they could buy healthy food in their area; and 12% of respondents reported not knowing someone nearby on whom they could rely for help. Additionally, 14% and 17% of respondents reported being limited by a health condition or needing help at home because of a health reason, respectively.
- Compared to other regional senior centers, South County is among the smallest physical amounts of space and also relies the least on volunteers that participate in programming.

Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
 - Explore opportunities to acquire additional space to host programs or to build new space. Consider a site-study or evaluation of existing properties in the area.
- Consider the hiring of licensed social workers who can respond to more complex needs of the community members and their families, this person would also be able to host a student social work intern to add to the capacity of the Center to address more complex needs of residents.
- Consider ways to expand access to fresh and healthy foods. For example, farmers market delivery programs or hosting a weekly community dinner.
- As the space for additional programming becomes available, expand the programming staff to include additional "volunteer coordinator" position that assists

with scaling up the recruitment and support to volunteers to deliver programs—drawing on the wealth of education, expertise, and talent of the area’s residents.

➤ **Due in large part to limitations of the current physical space and location of the South County Senior Center, current operations do not currently meet the needs of the regions’ s older adult population nor can they respond to the range of interests of this growing population.**

- 30% of survey respondents reported that if programs and services were better suited to their interests, they would be more likely to attend. This was the second most commonly reported factor for increasing likelihood of attendance.
- When asked what kinds of programs they would like to see expanded, 64% of those in their 50s would prioritize physical health programs or outdoor exercise. 58% of those in their 50s would prioritize fitness space. Similar patterns were observed for those in their 60s and 70s. Physical space to expand exercise programming is clearly needed.
- Additionally, half of those residents in their 60s and 70s and 37% of those in their 80s would like additional lifelong learning courses to be offered. These types of programs may require technology capabilities and Internet connection.
- Current arrangements for the South County Senior Center are not satisfactory to residents as observed in write-in responses on the survey. For example, one resident wrote, “The seniors need a permanent safe place to meet. Our people need to be shown that someone cares for them”.

Recommendations:

- Advocate for new space to be the home of the South County Senior Center. In order to ensure representation of residents on local boards, committees, and initiatives, consider establishing a “citizen’s civic academy”. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
- Consider ways to host satellite programming around the three Towns to promote Senior Center programs and draw a wider range of residents. Alternatively, partnerships with the libraries, local businesses, and schools could help meet the needs for additional programming opportunities targeted for older adults.
- Support the development of a Trailblazers club¹ to connect with adults seeking to connect via outdoor activities.
- Coordinate with residents to identify topics and skills they can share with others and pilot-test a lifelong learning program.

¹ <https://www.facebook.com/SouthboroughTrailBlazers/>

➤ **Awareness of the South County Senior Center is limited; and some residents are living in isolation.**

- The number one factor that would increase the likelihood of participating at the South County Senior Center is, “If I had more knowledge about the programs and services that are available”, reported by 56% of survey respondents. Lack of awareness was also the number one reported reason for not currently participating (34% of those who do not participate cited this reason).
- One resident wrote, *“I would like to know more about the center, but was never aware of its existence.”*
- According to the American Community Survey estimates (2016-2020), 23% of the region’s residents age 65 or older live alone. Among survey respondents, 22% age 60-69 report living alone and among respondents age 80 and older, this proportion is significantly higher (45%). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the South County population.
- The highest rates of not knowing someone nearby to call on for help if needed was found among residents in their 60s who live alone (23%). This is compared to just 12% of the total population, and 15% of those in their 60s who do not live alone.
- 45% of survey respondents report not knowing who to contact in their community should they or someone in their family need help with social, health or municipal services.
- The Senior Center newsletter is the most preferred way of obtaining information, followed by the three Town websites and social media.

Recommendations:

- Consider a rebranding effort to raise awareness about what is offered by the SCSC. Perhaps changing the name to be more inclusive and creating an image that reframes aging as a positive and active experience may empower residents to participate in the community.
- Facilitate a quarterly networking event for local organizations to come together. Could be led by the TRIAD group. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.
- Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent.
- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a bring a buddy” program to welcome new participants).

- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology, or making “friendly visits” by telephone. For example, a suggestion was made by key informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.
- Coordinate across the 3 communities to ensure the municipal websites, newsletters, social media accounts, and calendars have updated information about what is going on at the Senior Center.
 - Consider developing a resident ambassador program to educate residents with information about existing resources to be conduits between the Senior Center and the community at-large, this could even be a property tax work off position.

➤ **Costs of living and availability of downsizing options are perceived as challenging in the South County region.**

- 31% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.
 - 41% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 12% reported being unable to afford to make these changes.
- When asked about preferences for type of housing, 43% of respondents age 60-69 would prefer to live in a 55+ independent living community as would 40% of those respondents age 70-79. Among the oldest old (age 80 or older), assisted living is preferred.
- When asked about their concerns about being able to remain in South County as they age, one of the most commonly reported concerns was the rising costs of living, including property taxes and the lack of downsizing options. For example, one resident wrote that their biggest concern about being able to stay in the area was, *“Availability of housing on a single level living situation.”* And another writes, *“cost of taxes....at this rate I won't be able to stay in my home very much longer.”*
- 14% of respondents disagreed that they have adequate resources to meet their basic needs.
- Currently, there are not property tax work off opportunities for residents of the South County region.

- Households headed by someone age 65 and older (13%) report annual incomes under \$25,000. This compares with just 8% of households headed by individuals age 45 to 64 having incomes under \$25,000.

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for South County residents to learn about home modifications that can promote safety in the home.
- Expand access and remove barriers to building accessory dwelling units in the three towns. Consider
- Consider developing a way of distributing information about local handyman or repair services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home.
- Continue to contribute to local conversations about housing options for older adults. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.
- Expand and formalize the network of support to strengthen existing efforts to supplement home repairs, food access, heat subsidies, and overall financial support. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.
- Implement and promote existing property tax relief programs—the tax work-off program, deferrals, circuit breaker. Maximize eligibility and benefit of these programs, including the ability of family members to work on behalf of an older resident who seeking property tax relief.
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.

➤ **Obtaining supplementary and accessible transportation is a concern for the region's residents as they age.**

- 42% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 4% report not driving at all. Among respondents age 80 or older, 15% report not driving at all.
- 25% of survey respondents who do not drive, and 6% of those who drive with modifications reported having to miss or reschedule a medical appointment due to a lack of transportation.

- When asked about barriers to using existing transportation in the three communities, the lack of publicly available options was the primary concern for all respondents. Among those who do not drive, physical limitations making it difficult to access transportation was the second most commonly cited barrier.

Recommendations:

- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, and those with significant mobility limitations.
- Consider trying a “travel training” program that allows residents to try available transportation with a guide.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options and expanded volunteer driver programs (i.e., FISH) or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs as ways to support safe driving for as long as possible. AARP offers a Smart Driver course. This is an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.

➤ **Many residents are caregivers and are in need of supports.**

- 50% of survey respondents reported having been a caregiver within the past 5 years. Among caregivers, 58% reported that it is challenging to provide care and complete their daily responsibilities.
- According to data from the Massachusetts Healthy Aging Collaborative², 10% of all residents across the 3 communities age 65 or older have been diagnosed with Alzheimer’s disease or related dementia, and that is likely an underreport given that many people go undiagnosed.

Recommendations:

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about available resources. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Senior Center with family caregivers.
- Consider respite options. For example, host a “Caregiver’s Night Out” to provide caregivers an opportunity to enjoy a night of entertainment. Explore partnerships

² <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

with volunteer groups and other aging service providers to provide respite care during the event.

- Consider developing a Memory Café or providing resources of nearby Cafés for residents and their caregivers to attend.
- Encourage town employees or resident volunteers to become “dementia friends³” to learn more about communication and reduction of stigma around dementia.

³ [Become a Dementia Friend | Dementia Friends USA](#)

Introduction

Over the coming years, the senior⁴ population of the South County region is expected to increase substantially, with growth rates far outpacing those of younger segments of the population. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the South County Senior Center. As a municipal entity of the Town of Deerfield, with support from the Towns of Sunderland and Whately, the SCSC is an important and valued resource, operating as the region's central point of contact for older residents who seek services to promote healthful and fulfilling lives. Growth of the older adult population therefore has special significance for the Senior Center, and increasing demand for its services and programs can be expected moving forward.

This report presents results of a comprehensive examination of issues relating to aging in the region. A needs assessment was undertaken in order to support planning on the part of the South County Senior Center and the region as a whole. One specific issue facing the South County Senior Center is that of space and location. Currently, the Senior Center is offering programs and services at a local church hall and other locations due to problems identified with their former space. Results presented here focus on the characteristics and needs of Deerfield, Sunderland, and Whately residents who are age 50 and older—considering their needs and preferences both now and in the future. While the primary goal of this report is to support planning on the part of the SCSC, a secondary goal is to present information that will be useful to other offices and organizations interacting with older residents.

The South County Senior Center

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link older residents to needed resources. Virtually every Town and town in Massachusetts has a COA, and in most communities, the COA serves as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a Senior Center, a community facility housing senior services and programs, along with the staff and volunteers offering them. The South County Senior Center is tasked with providing information and some direct services to residents age 50 and older of the communities of Deerfield, Sunderland, and Whately.

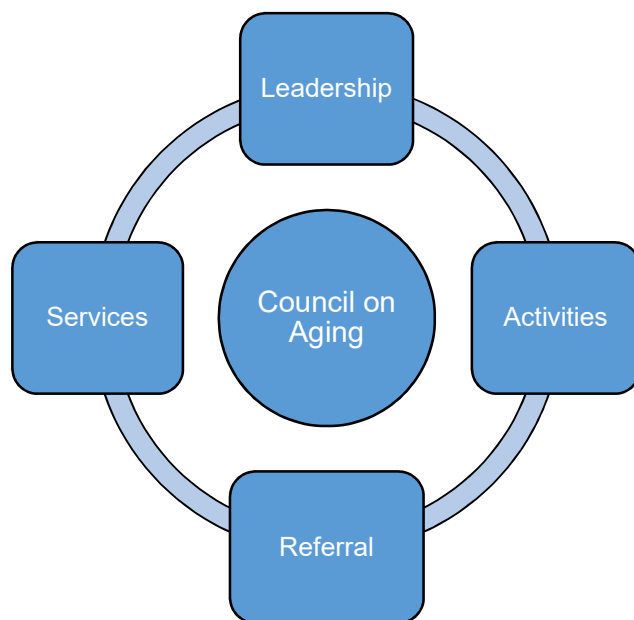
⁴ For the purposes of this report, “older adults” and “seniors” are defined as individuals age 60 and older. This is consistent with the Older Americans Act, the legislation authorizing many services meant for older adults, which also uses age 60 and over to define the population covered by its provisions.

In general, when considering the mission of Councils on Aging, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, late-life learning programs, and informational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. Finally, COAs provide leadership within the community around issues faced by older adults, by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

The South County Senior Center offers programs and services. An array of services, resources, and programs are offered for free or at low cost to community members who are age 60 and older. Staff at the SCSC also refer eligible residents to services and programs available through other offices and organizations. The SCSC plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents.

Senior Center services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources, gifts and donations, and nominal fees charged for some activities.

The SCSC operates Monday, Wednesday, and Friday from 9:00 a.m. to 12:30 p.m. Its staff includes a director, a program coordinator, and an outreach coordinator. A dining services manager is operated by an employee of LifePath⁵, the local Aging Service Access Point



⁵ <https://lifepathma.org/>

(ASAP). The SCSC Board of Oversight is made up of members of the Selectboards from the three towns of Deerfield, Sunderland, and Whately. These three members act as an advisory committee to the COA Director. As well, three Town Councils on Aging Council on Aging are comprised of appointed residents that provide input on programming and services. Many others volunteer to support the senior center in a variety of ways.

Complete information about programs and services, including a monthly schedule, are available online at <https://www.deerfieldma.us/senior-center>. The main source of funding for the South County Senior Center is provided by the Towns of Deerfield, Sunderland, and Whately. Grants from various local organizations supplements the SCSC budget.

Programs and services offered through the South County Senior Center include:

- *Outreach Services:* The South County Senior Center assists older adults and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals such as housing options, in-home services, and caregiver information.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the South County Senior Center, assisting with many of the programs, activities, and administrative tasks such as delivering Meals on Wheels, front desk activities, and organizing the medical equipment loan closet. Pre and during the pandemic volunteers are an invaluable and critical support for the senior center.
- *Health & Meals Programs:* The South County Senior Center facilitates “grab-and-go” daily from LifePath. As well, SCSC connects residents with a variety of transportation options, including transportation to medical appointments.
- *Social and Wellness Activities and Programs:* Regularly scheduled drop-in fitness classes, such as Chair Yoga, balance classes, Tai Chi, Bingo, and Cribbage. Walking groups, bird watching, and blood pressure clinics are also coordinated by the SCSC.

As the numbers of older residents increase, the need for resources dedicated to this segment of the population will also continue to grow and to change. Thus, it is crucial that the South County Senior Center plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town. The purpose of this report is to describe the research process and key findings of the study. The report concludes with a set of recommendations for the South County Senior Center as it moves ahead.

Methods

Methods used in compiling this report include analysis of existing data. Demographic material used in this report was drawn from the U.S. Census Bureau (the American

Community Survey), from projections generated by the Donahue Institute at the University of Massachusetts, and from the Healthy Aging Data Report for South County (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the South County Senior Center was retrieved from material drawn from the South County Senior Center Newsletter and the Town of Deerfield's 2021 annual report.

Demographic Profile

As an initial step toward understanding characteristics of the South County region's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2016-2020), along with U.S. Census data for the South County region to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Community Survey

With input from the South County Senior Center Board of Oversight and staff from the three communities, a survey was developed for this study and mailed to all residents age 50 and over (N=3,908). A mailing list was obtained from each of the three Towns, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to the sample of Deerfield, Sunderland, and Whately residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was installed on a web-based survey platform. A total of 1,393 responses to the survey were obtained, representing a strong return rate of 38% (see Table 3). Eighteen percent were returned online and the rest of the responses were returned by mail. In **Appendix A**, response distributions are shown by age group. Over half (56%) of respondents came from the Town of Deerfield, 26% from Sunderland, and 18% from Whately.

Peer Community Comparison

In an effort to benchmark the South County Senior Center against similar operations, information from four regional senior centers in Massachusetts was collected in May 2022. South County (Deerfield, Sunderland, and Whately), West County (Ashfield, Buckland, Shelburne), Gill-Montague, and Barre-Hardwick are all located in Central and Western Massachusetts. Data was collected from a variety of sources to assemble comparisons. In addition to data from the American Community Survey, information about senior center space and capacity was obtained via the Massachusetts Councils on Aging database, websites

from the various communities and interviews with directors of senior centers in three communities. Participants were asked about features of the senior centers they administer, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. The informal interviews lasted between 45 and 90 minutes.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in **Appendix A** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “What are your greatest concerns about your ability to continue living in the area?”). Information collected about the selected COAs was compared side-by-side with information from the South County Senior Center. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results: Demographic Profile of South County

Age Structure and Population Growth

According to American Community Survey (ACS), in 2020 there were about 10,160 residents living in the South County region including people living in the towns of Deerfield, Sunderland, and Whately. About 45% of the population (4,085 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,636 individuals) made up 16% of the population; residents age 60 to 79 (2,557 individuals) comprised around 25%, and another 359 residents (4%) were age 80 and older.

Table 1. Number and percentage distribution of South County’s population by age category, 2020

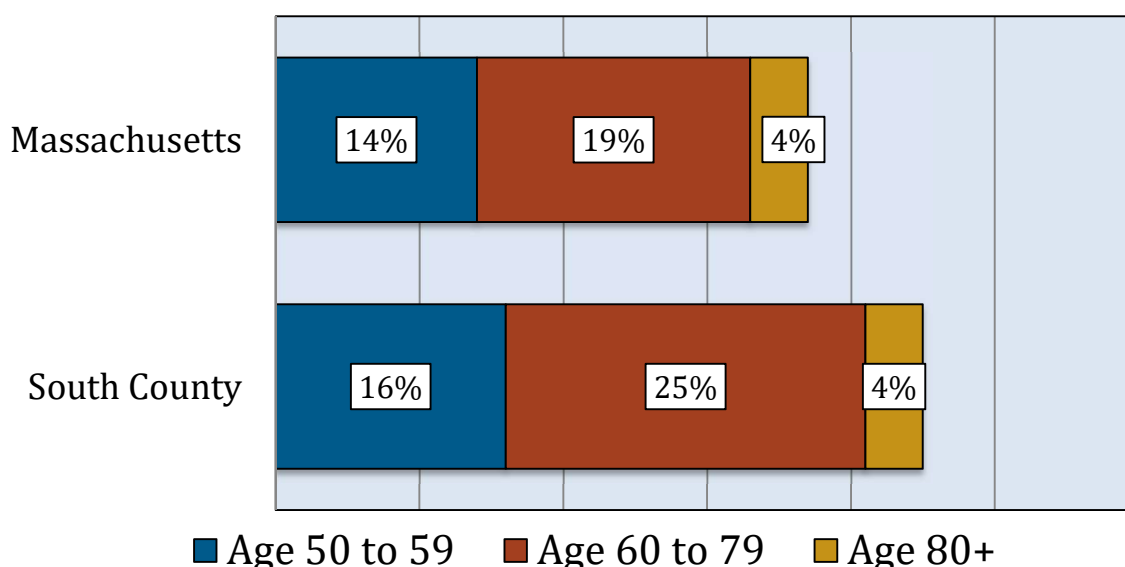
Age Category	Number	Percentage
Under age 18	1,523	15%
Age 18 to 49	4,085	40%
Age 50 to 59	1,636	16%
Age 60 to 79	2,557	25%
Age 80 and older	359	4%
Total	10,160	100%

*Source: American Community Survey, 2016-2020, Table B01001.
Numbers are calculated from 5-year survey estimates.*

Population growth in both Massachusetts and the South County region has been concentrated in older age groups. During 2010 and 2020, population of all ages decreased by 1% in South County while in the state as a whole increased by only 3% (ACS, 2016-2020, Table B16004). In both, the South County region and Massachusetts, the number of residents age 50 and over grew substantially during this time period, about 16% and 21% respectively.

The share of population age 50 and older in the South County region is larger than the overall state of Massachusetts (**Figure 1**). About 37% of the Massachusetts population was in the 50+ age group in 2020, compared to 45% of the South County population. Compared to the Commonwealth, South County had also a significantly higher portion of residents age 60 and older. In 2020, Massachusetts residents age 60 and over comprised about 23% of the population, including 4% age 80 and over. In South County, about 29% of the population was 60 or older, including 4% who were 80 years or older.

Figure 1. Age distribution in South County and Massachusetts



Source: American Community Survey, 2016-2020, Table B01001. Numbers are calculated from 5-year survey estimates

Moreover, the increments in the share of older population are projected to continue in the following decades. According to projections created by the Donahue Institute at the University of Massachusetts⁶, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2035, over two out of each five South County's residents will be age 60 or older—37% of the region population will be between the ages of 60 and 79, with an additional 11% age 80 and older.

Socio-Demographic Composition of South County's Older Population

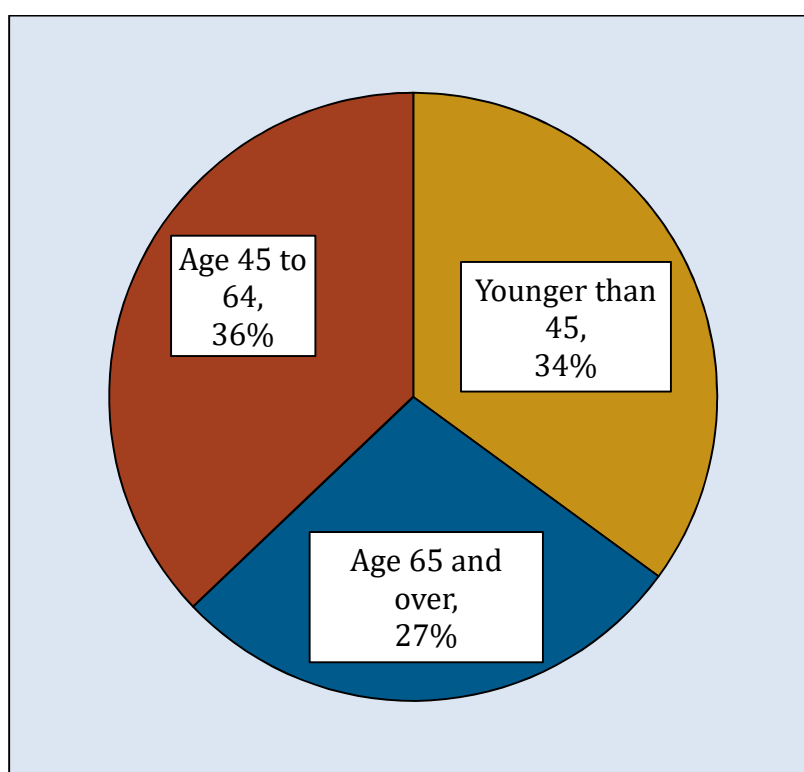
South County is less diverse than the state with respect to race. For all ages combined, about 86% of South County residents report their race as White non-Hispanic, compared to 71% in Massachusetts (ACS, 2016-2020, Table B01001). Among older adults, South County is even less diverse. Over 97% of South County residents age 65 and older report White race and ethnicity (ACS, 2016-2020, Tables B01001 and B01001H). Additionally, only about 2% report Hispanic race and ethnicity. The remaining 1% report other as their race and ethnicity. As well, most of older South County residents do not speak a language other than English at

⁶ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

home (98%; ACS, 2016-2020, Table B16004). The remaining 2% who speak another language other than English at home most commonly speak an Indo-European languages.

Regarding housing, a majority of South County's 4,403 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 84% of all households in South County including 36% of those who are age 65 and over (**Figure 2**).

Figure 2. Age structure of South County householders

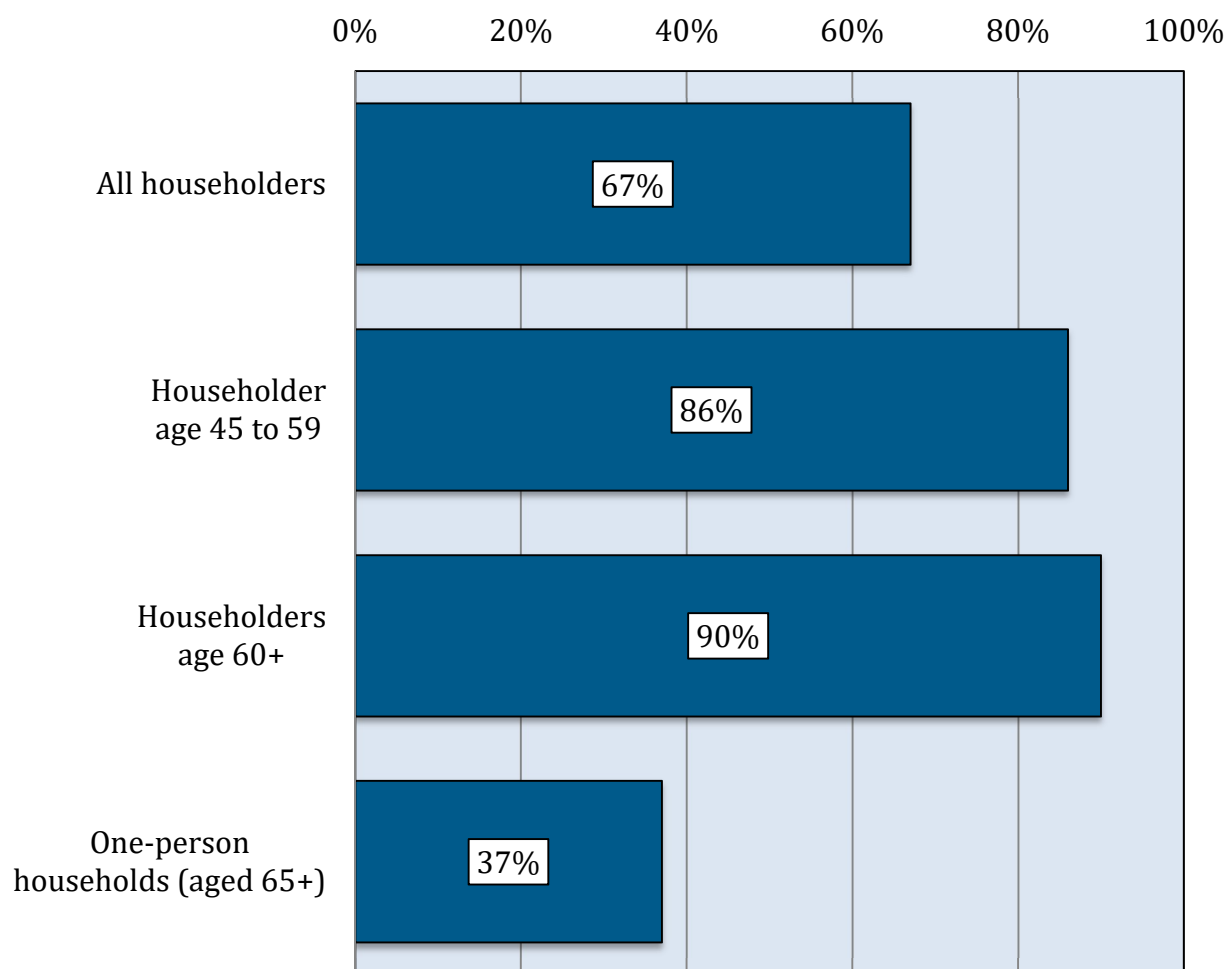


Source: American Community Survey, 2016-2020, Table B25007. Numbers are calculated from 5-year survey estimates.

Moreover, most South County residents live in homes that they own or are purchasing (67%; **Figure 3**). Nearly 86% of residents age 45 to 59 own their homes, and 90% of householders 60 and older own their homes. A sizeable share of South County residents who are 65 and older and live alone, also own their home (37%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary

for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

Figure 3. Percent of South County householders who are homeowners by age category

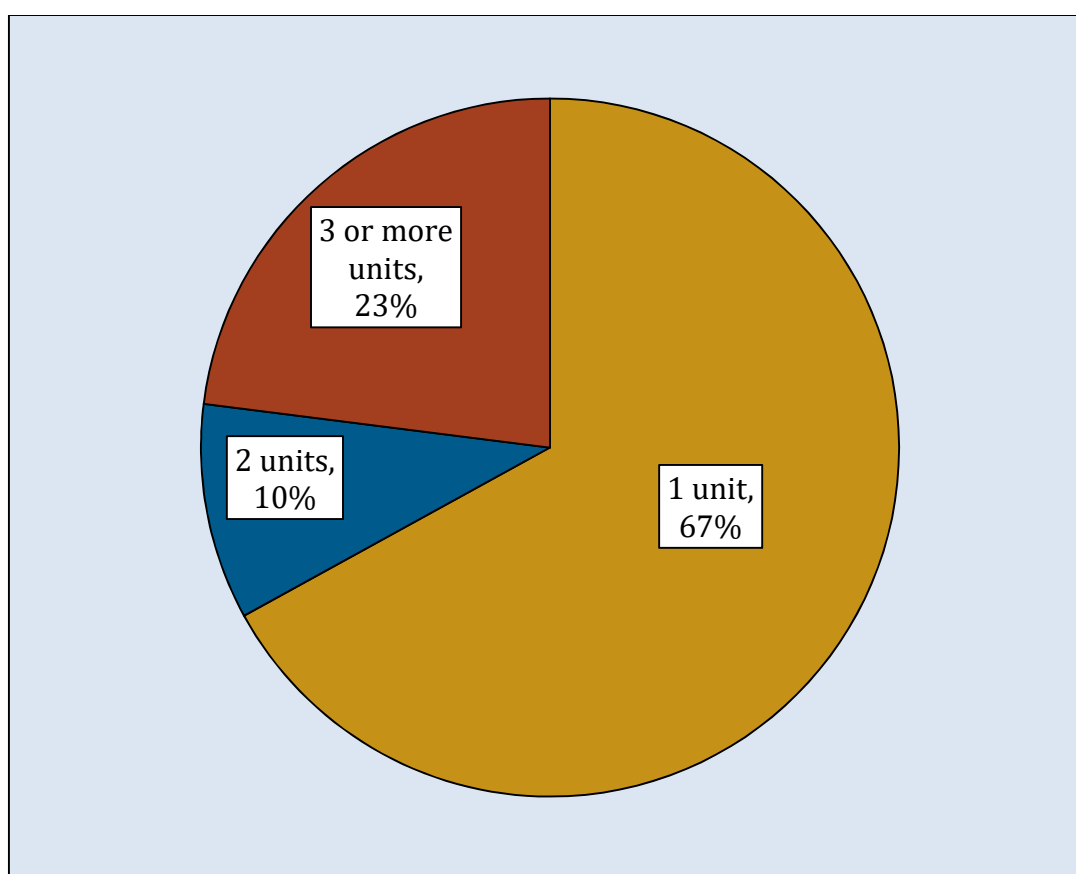


Source: American Community Survey, 2016-2020, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 44% of South County's 4,403 households have at least one individual who is age 60 or older (ACS 2016-2020, Table B11006). This high proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Among the 4,778 housing structures in South County (**Figure 4**), 67% are single unit structures and the remaining 33% are housing structures that contain two or more housing units, which include apartment complexes.

Figure 4. Number of units in South County housing structures



Source: American Community Survey, 2016-2020, Table B25024. Numbers are calculated from 5-year survey estimates.

A large proportion of South County residents who are age 65 and older (23%) live alone in their household whereas 75% live in households that include other people, such as a spouse, parents, children, or grandchildren (ACS 2016-2020, Table B09020).

With respect to household income, there is some comparative disadvantage of some older residents in South County (**Table 2**). South County residents' the gap between the median household income in the state of Massachusetts and the town varies. While median households in Deerfield and Whately (\$87,015 and \$85,000) are even higher than in the state as a whole. In Sunderland, the median income falls below the one estimated for Massachusetts \$54,524 compared to \$84,385. The difference between median income in

town in the South County region in Massachusetts dramatically reduces among older ages. Those aged 45 to 64 have the highest median income in all the towns. Deerfield show the lower median income for this age group (\$80,526), followed by Sunderland \$96,016. Only Whately has higher median income in the age group 46 to 64 than the state as a whole at \$104,583 compared to \$103,973 in Massachusetts. Among householders 65 and older, the median income for Massachusetts is \$52,973. All the towns have higher median income than the statewide median for this age group at \$76,324 in Deerfield, \$64,455 in Sunderland and \$75,357 in Whately, with Sunderland having the lowest median income in the South County region in comparison to Deerfield and Whately.

Table 2. Median household income in towns in South County region by age of householder (in 2020 inflation-adjusted dollars)

Age of Householder	Deerfield	Sunderland	Whately	Massachusetts
Age 25 to 44	\$121,923	\$53,105	\$95,625	\$96,311
Age 45 to 64	\$80,526	\$96,016	\$104,583	\$103,973
Age 65+	\$76,324	\$64,455	\$75,357	\$52,973
Total	\$87,015	\$54,524	\$85,000	\$84,385

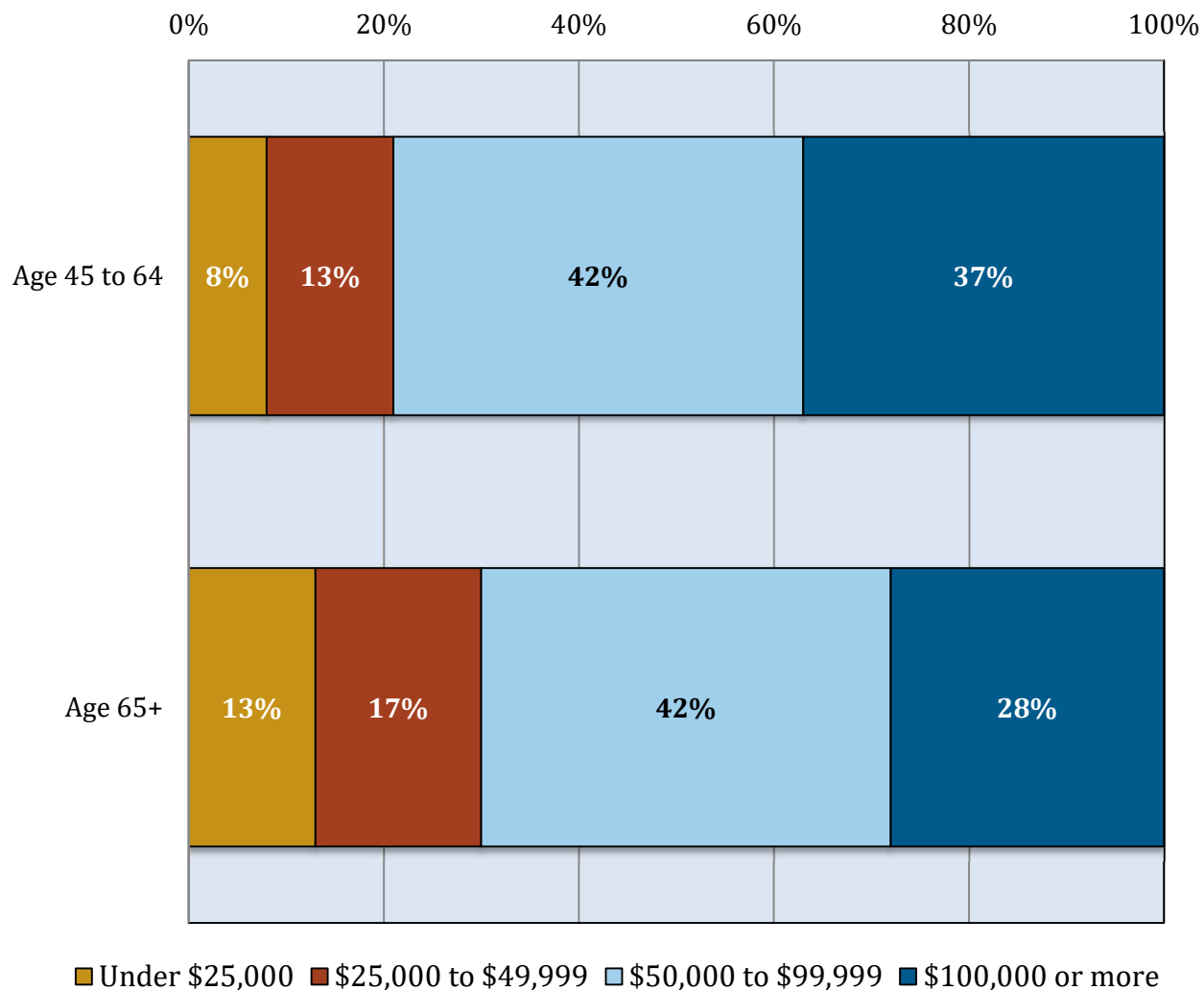
Source: American Community Survey, 2016-2020, Table B19049. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older South County residents relative to younger residents is further illustrated in **Figure 5**, which shows that the older adult population lives on a modest income. Only 28% of South County residents age 65 and older report household incomes of \$100,000 or more. By comparison, 37% of households headed by younger residents report this level of income. Nevertheless, households headed by someone age 65 and older (13%) report annual incomes under \$25,000. This compares with just 8% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of

South County's older population that is at risk of financial insecurity or economic disadvantage.

Figure 5. Household income distribution in South County by age of householder (in 2020 inflation-adjusted dollars)

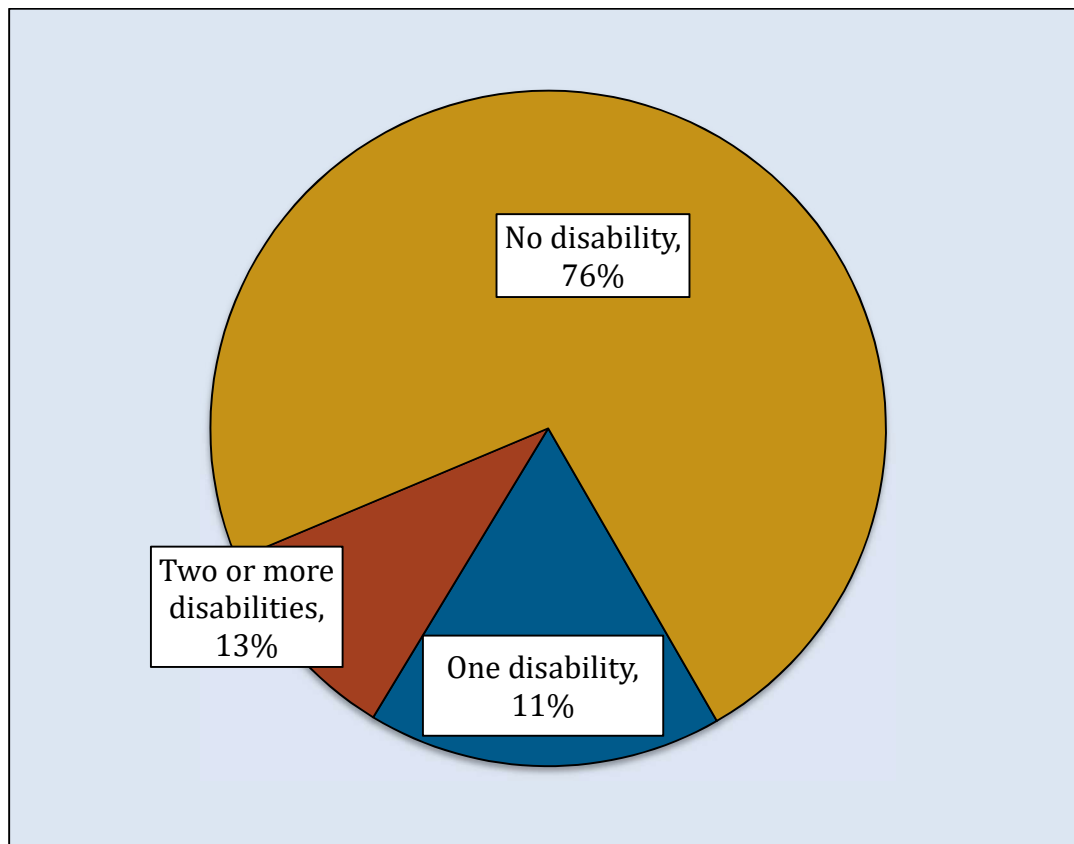


Source: Source: American Community Survey, 2016-2020, Table B19037. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters such as nursing homes.

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many South County's residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 17% of South County's residents age 65 and older have one disability, and nearly 10% report two or more disabilities (**Figure 6**).

Figure 6. Percentage of South County residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2016-2020, Table C18108. Percentages by age group do not sum to 100% because people may report multiple difficulties and do not include those with no difficulties assessed by the ACS.

Results from the Community Survey

In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in **Appendix A**. Respondents to the community survey included 1,393 individuals age 50 and older, representing a response rate of 36% (see **Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of South County as a whole, we heard from fewer residents from the age 50-59 age group and from more residents in age the age 70-79 age group and the 80+ age group⁷.

⁷ Among residents age 50+ in Deerfield, Sunderland, and Whately, 36% are age 50-59, 36% are 60-69, 20% are 70-79, and 8% are age 80+ (Source: American Community Survey, 2016-2020, Table B01001. Numbers are calculated from 5-year survey estimates).

To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into four age groups; age group 55-59, age group 60-69, age 70-79, and age 80 or older.

Table 3. Community Survey Respondents

	Number of Responses	% age distribution for responses
Age 50-59	216	16%
Age 60-69	522	39%
Age 70-79	434	32%
Age 80+	177	13%
TOTAL	1,393*	100%

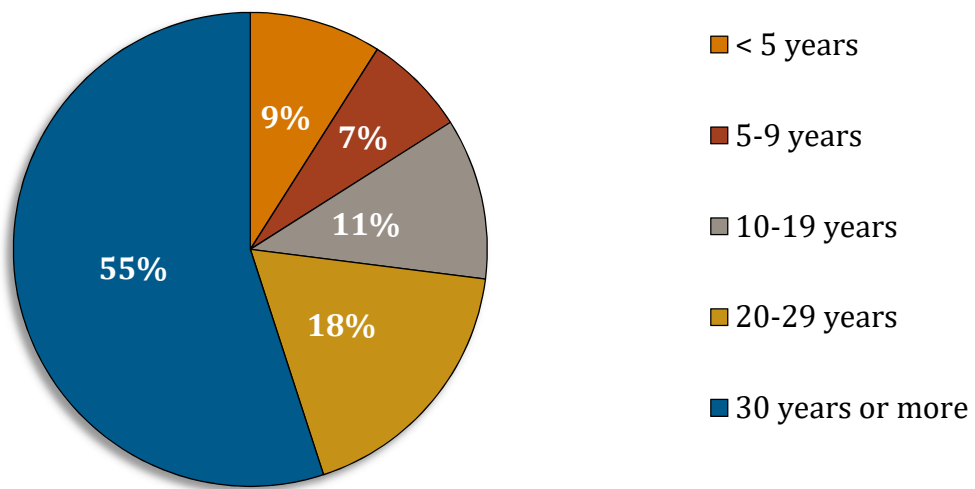
*44 respondents did not report their age

Community and Neighborhood

A commonly expressed goal of older adults is to remain living in their own homes as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote wellness by supporting physical activities that reduce risk of chronic disease and by accommodating disabling

Survey respondents included residents who have lived in South County for many years, as well as relative newcomers. Duration of residing in South County varies from 16% of respondents who have been in Town less than 10 years compared to 55% who have lived in the region for more than 30 years (see **Figure 7**). These individuals offer insight based on their years of experience of living in South County. It is also helpful, however, to hear from those who are new to South County. Interestingly, 32% of survey respondents under age 60 have been in the region for less than 10 years.

Figure 7. How long have you lived in Deerfield, Whately, or Sunderland?



A majority of survey respondents are committed to remaining in Deerfield, Sunderland, and Whately as they age (see **Figure 8**). When asked what they value most about living in the area, hundreds of respondents wrote in their thoughts. **Table 4** summarizes the most commonly reported features that are valued by survey respondents, including verbatim examples.

Figure 8. How important is it to you to remain living in the region as you age?

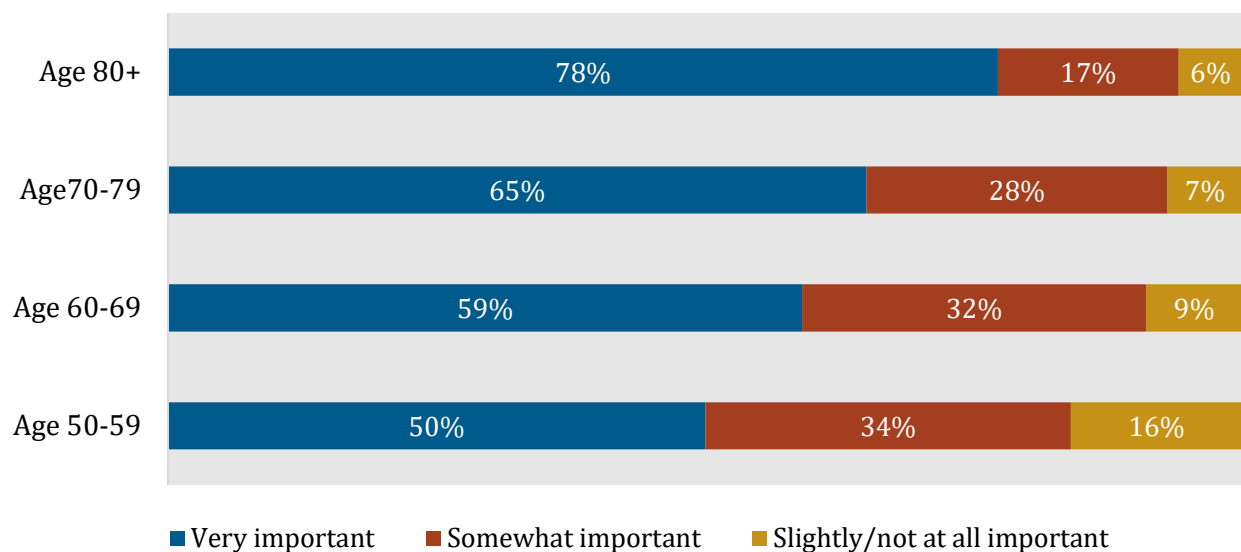


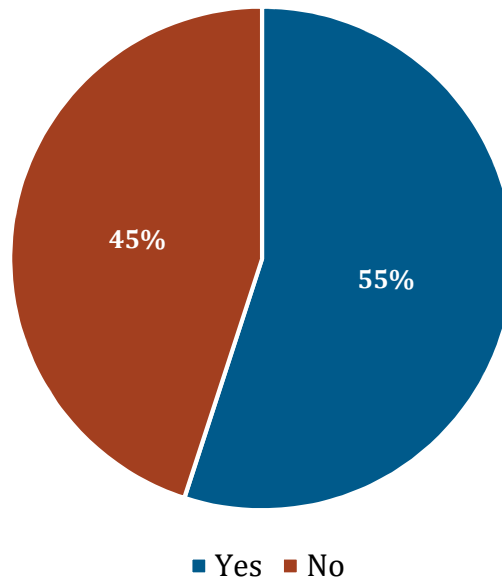
Table 4. “On the whole, what do you value the most about living in your community?”

Country Living / Rural Living
<i>Agriculture, scenic views, no traffic jams, hardworking families, farms owned by generations of the same family.</i>
<i>I love the history of the town and area, rural surroundings, and easy access to other areas. I prefer living in a small rural setting, enjoying the quiet.</i>
<i>Rural, open land, farming community.</i>
Community / “Good Neighbors”
<i>Having a sense of community in a close-knit rural area.</i>
<i>The generous spirit of the people living here -the small town "help your neighbors" feel.</i>
<i>Community spirit- being able to have voice heard in relation to future of town and activities offered.</i>
Outdoor Spaces / Walkability
<i>Access to living the active lifestyle I just moved here for: hiking, cycling, Nordic skiing, snow shoeing, walking.</i>
<i>I can walk- on safe sidewalks. I love the library and river and can walk to both. I can walk to small markets.</i>
<i>Availability of outdoor space, safe places for cycling, lack of traffic, lack of big box stores and national chains.</i>
Access to Shopping / Services
<i>Easy access to shopping, arts events, + larger cities.</i>
<i>Small town with town center containing services, Sr center, restaurants, bank, grocery, gas, entertainment, pharmacy. DR. office & easy to walk to & nurse through senior center monitoring.</i>
<i>Easy and quiet access to stores and other services.</i>
Friends / Family
<i>At one time I knew everyone in the community. Now I treasure the friendship of many, and I am open to getting to know others.</i>
<i>It is a beautiful area filled with many kinds of caring people, and we have family and close friends nearby to this area.</i>
<i>being close to my family (son, daughter, in-laws and grandchildren and the ability to work on and enjoy their family farm.)</i>

Given the rural landscape of the South County region, it’s important that residents are aware of who to contact in the Town if they or someone in their family needed assistance (see **Figure 9**). While a majority said yes, more than 4 out of 10 respondents reported not knowing who to contact. Interestingly, among younger respondents (age 60-69), this rate was higher with 49% reporting that they did not know who to contact should their family need assistance (see **Appendix A**). While it may be that these survey respondents have never had the need for services—and therefore have not looked into the matter, it may also be indicative of a need for continued outreach about basic functions of both municipal

departments but also local organizations. And to consider targeting some outreach to younger residents or newcomers to the Town.

Figure 9. Would you know who to contact in your town should you or someone you know need help accessing social services?



A large majority of survey participants took the time to respond to the open-ended question, "What are your greatest concerns about your ability to continue living in your community as you get older?" Despite the high number of comments, they could readily be categorized into six key areas of concern: 1) cost of living; 2) transportation; and 3) health and mobility; 4) home and property maintenance; 5) health and independence; and 6) access to services. **Table 5** summarizes these. When it comes to affordability, it is important to note that 14% of survey respondents (about 185 people) do not believe they have the financial resources to meet their basic needs (see **Appendix A**).

Table 5. Sample responses to question “What are your greatest concerns about your ability to continue living in your town as you get older?”

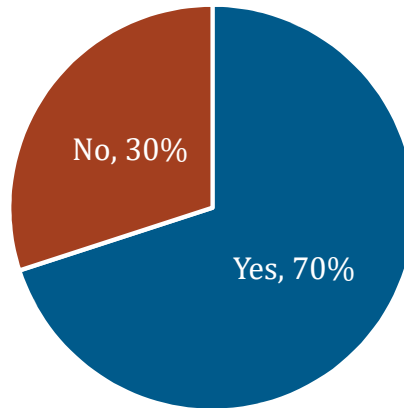
Affordability / Cost of Living / Taxes
<i>The cost of living and healthcare is way too expensive and gets more expensive each year.</i>
<i>Cost of living for elderly to stay in our home as taxes increase along with other expenses.</i>
<i>Housing affordability. We own our home (no mortgage), but I worry about fixed income versus tax payments once I retire. (My husband is already retired.) I worry about being taxed out of town.</i>
Transportation
<i>Transportation to and from the doctors, grocery store, etc., if necessary, there are those that are unable to drive and need alternative ways to meet their needs.</i>
<i>Lack of support services for people like me who really do not want to move to a nursing home. It would be valuable if the town could provide a way of getting to and from medical appointments.</i>
<i>Lack of public transportation close to my home. Walkability of local roads to my street. Dangerous to walk on North Hillside + Hillside Rds.</i>
Health / Mobility
<i>physical demise- unable to do ADL'S and becoming more heavily reliant on others. Most of us worry about this, and certainly \$\$ can get your quality care, but most folks cannot access that level of consistent care.</i>
<i>Managing a household while living alone; falling I will or being injured and no one would know.</i>
<i>Health care and there are not enough urgent care facilities, hospitals' equipment needs to be upgraded.</i>
Maintain House / Property
<i>To live safely in my house. I am thinking about falls, keeping up with routine household tasks, maintenance on the house, health issues etc.</i>
<i>Diminished mobility & ability to maintain my own home.</i>
<i>Ability to live in a 2-story house alone -ability to maintain 0.5-acre property; rising ground level water - rising cost of town taxes</i>
Access to Services
<i>Lack of services for aging - including transportation, senior center activities and in-home services.</i>
<i>Lack of services (medical, groceries), lack of "connection" to friends + activities.</i>
<i>Low quality social services and law enforcement; low quality medical care, nursing homes.</i>

Housing and Living Situation

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, including assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in their community (AARP, 2005).

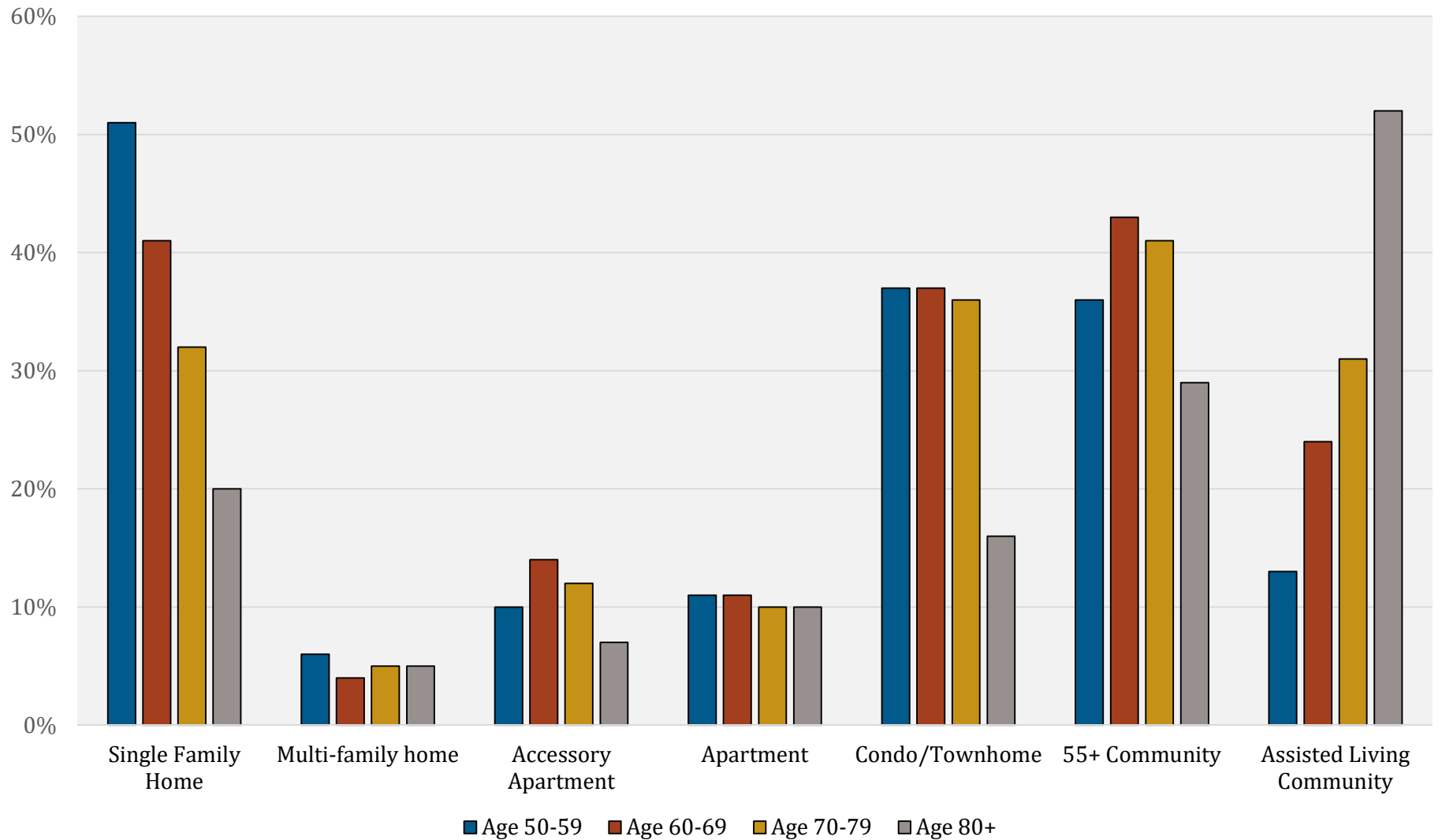
A majority of survey respondents report owning their current residence (93%). In order to assess the “age-friendliness” of the housing stock in the three towns, respondents were asked if they currently had a bedroom and bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 10** shows that although a majority of respondents do have this feature in their home---a significant share (30%) do not. This is particularly true for those in their sixties where 34% do not have this feature currently. As well, 32% of those respondents living alone also reported not having a bedroom and bathroom on the entry level of their current residence. This has implications for those individual’s ability to stay in the residence as they age and signals potential future demand on downsizing options or home modifications.

Figure 10. "Does your current residence have a bedroom and bathroom on the entry-level?"



Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. Half (51%) of respondents age 50-59 chose a single family home to other options, as did 41% of those age 70-79 (see **Figure 11**). A 55+ community was preferred by more than 40% of respondents in their 60s and 70s. Assisted living communities were considered by 52% of those age 80 and older. This interest in supportive housing options by those age 60 and older has implications for housing stock needs in South County.

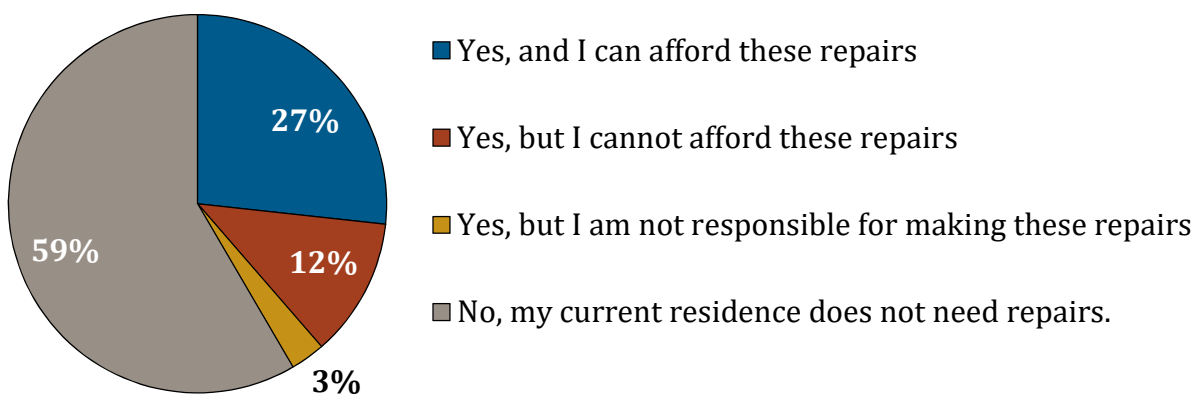
Figure 11. Future Housing Preference, by Age Category



The majority of survey respondents live with at least one other person (76%), but not surprisingly, this number is smaller for the older cohorts. Eighty-six percent of participants age 50-59 live with someone else whereas about 55% of people age 80 and older do. In contrast, 22% of survey respondents age 60-69 report living alone and among respondents age 80 and older, this proportion is significantly higher (45%). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the South County population. Additionally, 8% (n=98) of respondents reported living with a child under the age of 18. This suggests that for a small percentage of the region's older residents, significant childcare responsibilities could play a role in the lives of older adults.

Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, "Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?" and 42% respondents stated that their home would need repairs (**Appendix A**). Of those whose current residence needs repairs, 12% stated that they could not afford these repairs (see **Figure 12**).

Figure 12. Ability to afford necessary home repairs



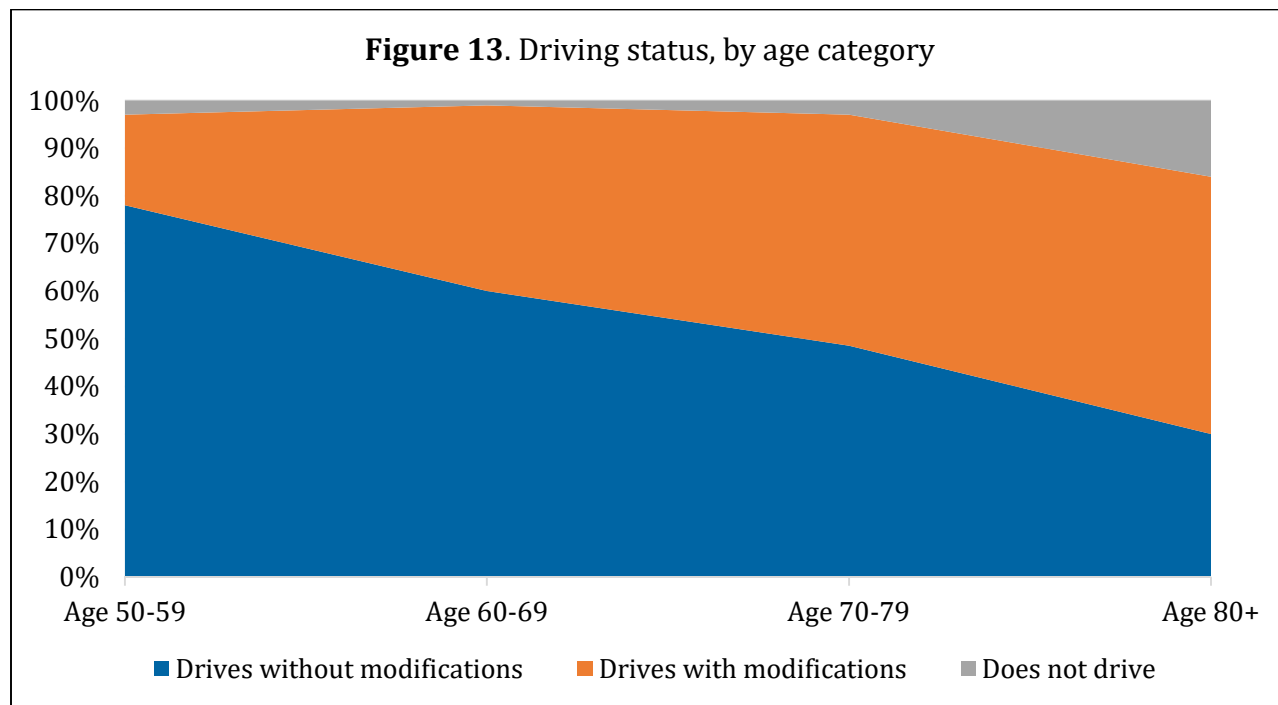
Home modifications can be made to adapt current housing to be more accommodating to mobility changes---including the installation of ramps, grab bars, or railings on stairs. Nearly half (46%) of survey respondents reported needing such modifications in their current residence and 9% reported being unable to afford making needed changes (**Appendix A**). Interestingly, a higher proportion (12%) of those in their 50s reported not being able to afford needed modifications—suggesting that planning for home modifications could enable future seniors to remain living in their homes if financial support was available.

Transportation

Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation.

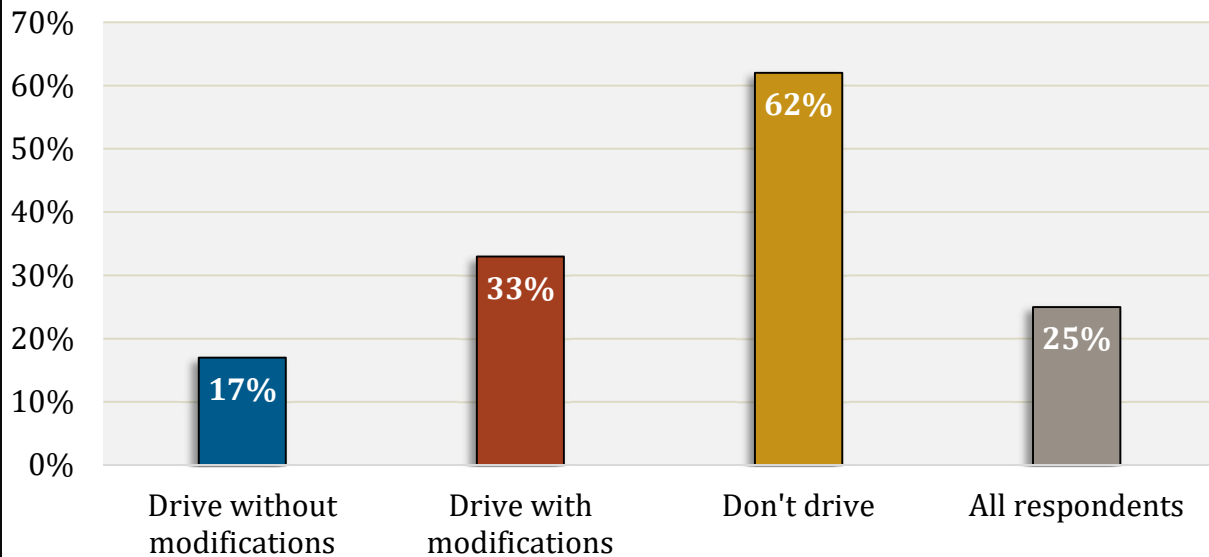
There were several questions on the survey related to transportation. Deerfield, Sunderland, and Whately are Towns with limited public transportation options. The Pioneer Valley Transit Authority (PVTa) bus serves residents of Sunderland, and the Franklin Regional Transit Authority (FRTA) has fixed-route bus service, a “demand response” van and paratransit service available for residents of Deerfield and Whately age 60 or older. South County Senior Center has a volunteer transportation program called Valley Neighbors and a medical transportation program for those needing to leave the County for medical care. In nearly all cases, advance reservations are required and fees apply.

Survey results suggest that most respondents (94%) drive themselves. Relying on friends or family (22%) and walking or biking (22%) were among the other primary ways that respondents meet their transportation needs (see **Appendix A**). Survey results show that only 4% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 16% of this older segment of the population do not drive (see **Appendix A**). Many residents (41%) who do drive modify their driving to make it easier or safer. Modifications include avoiding driving at night, in rush hour, or during bad weather. While 78% of survey respondents age 50-59 and 60% of respondents age 60-69 drive without modification, only 30% of those age 80 and older drive without making any modifications (see **Figure 13**). Modifying driving habits promote safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.



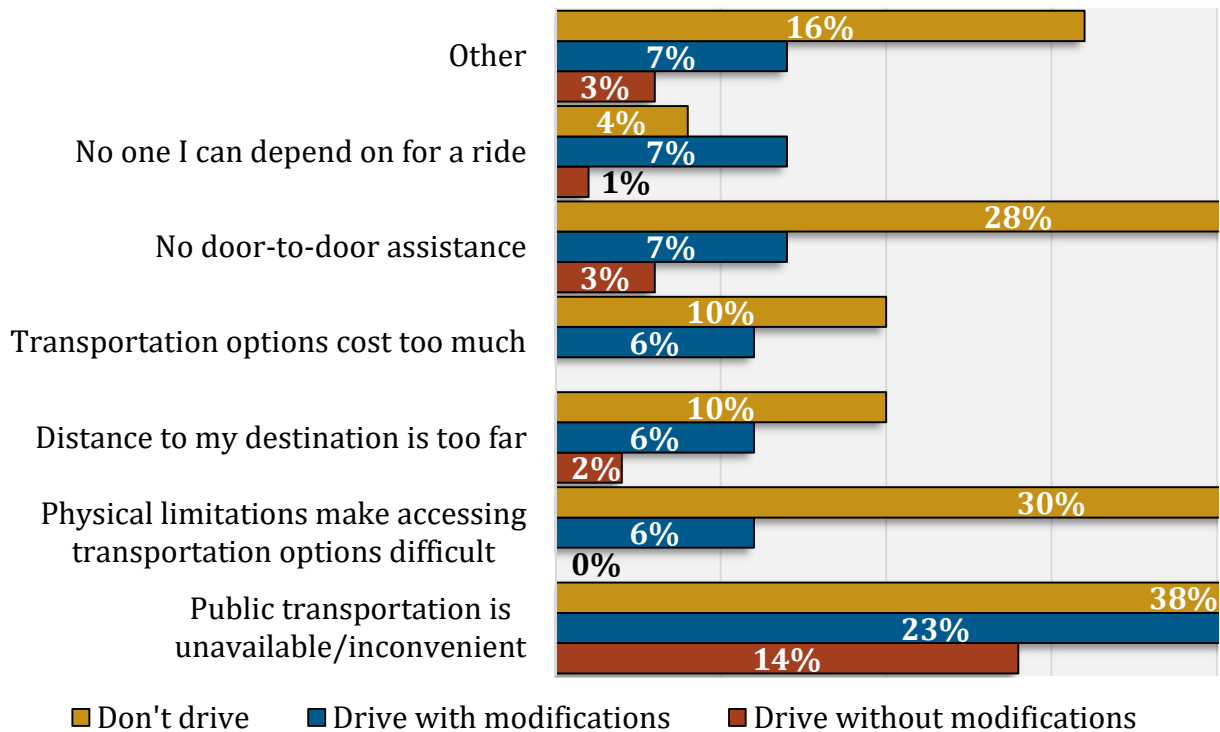
In response to the survey question, “What kind of difficulties do you have in getting where you want to go?” 25% of all survey participants reported at least one challenge (see **Figure 14**). Those who drive without modifications had the least difficulty getting where they want to go, while 58% of respondents who do not drive and 24% of those who drive with modifications mentioned at least one obstacle to them getting around.

Figure 14. Percentage reporting difficulty getting to where they want to go (check all that apply)



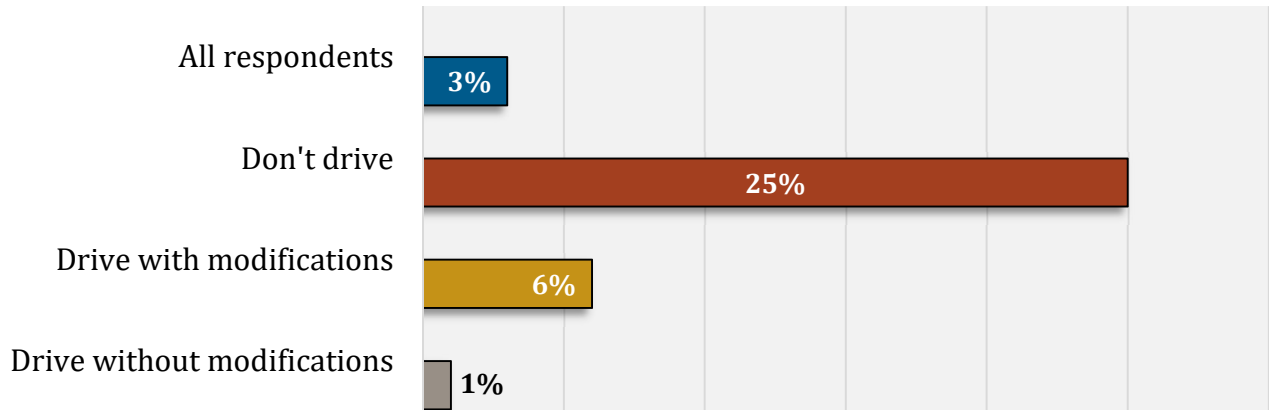
For those who do not drive, having physical limitations that impede access to transportation and for those who do not drive or drive with some modifications, transportation being unavailable or inconvenient was the most common reasons for transportation difficulties (**Figure 15**). For this group of individuals who don't drive, where transportation options are critical, the second most common barrier was physical limitations prevent them from accessing transportation options (30%). Five percent of respondents marked "other" in response to the question regarding difficulties getting where they want to go and provided a reason. Write-in responses included depending on family or friends for transportation—which can be inconsistent, others wrote in that the existing transportation service requires so much advance notice that more spontaneous transportation is inaccessible. It is clear that transportation is a need for South County residents who need it the most.

Figure 15. Difficulties getting where you want to go (check all that apply)



Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 3% reported this experience and even among those who drive with modification, few indicated that this had occurred (see **Figure 16**). However, 25% of respondents who don't drive missed, cancelled, or rescheduled a medical appointment within the past year. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of South County's older resident community.

Figure 16. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation? (Percentage responding yes)



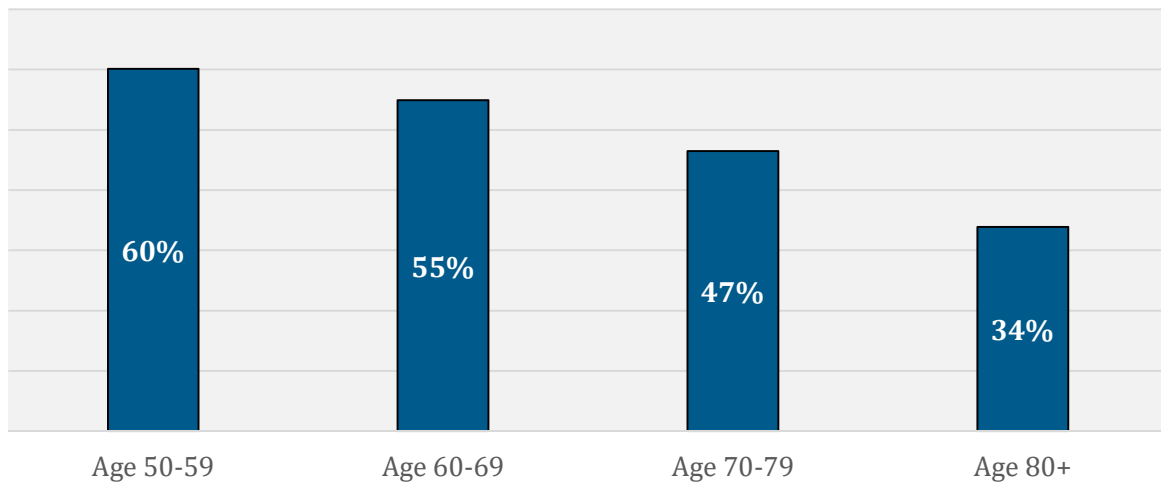
Fifteen percent of those who drive themselves with no modifications report dissatisfaction with transportation options---this doubles among those who do not drive (31%) and is higher among those who drive with modifications (24%). Considering the results from the survey along with data from the focus groups and interviews, transportation is an area that could benefit from improvement and innovation in South County.

Caregiving & Health

Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics through the Family Caregiver Alliance).

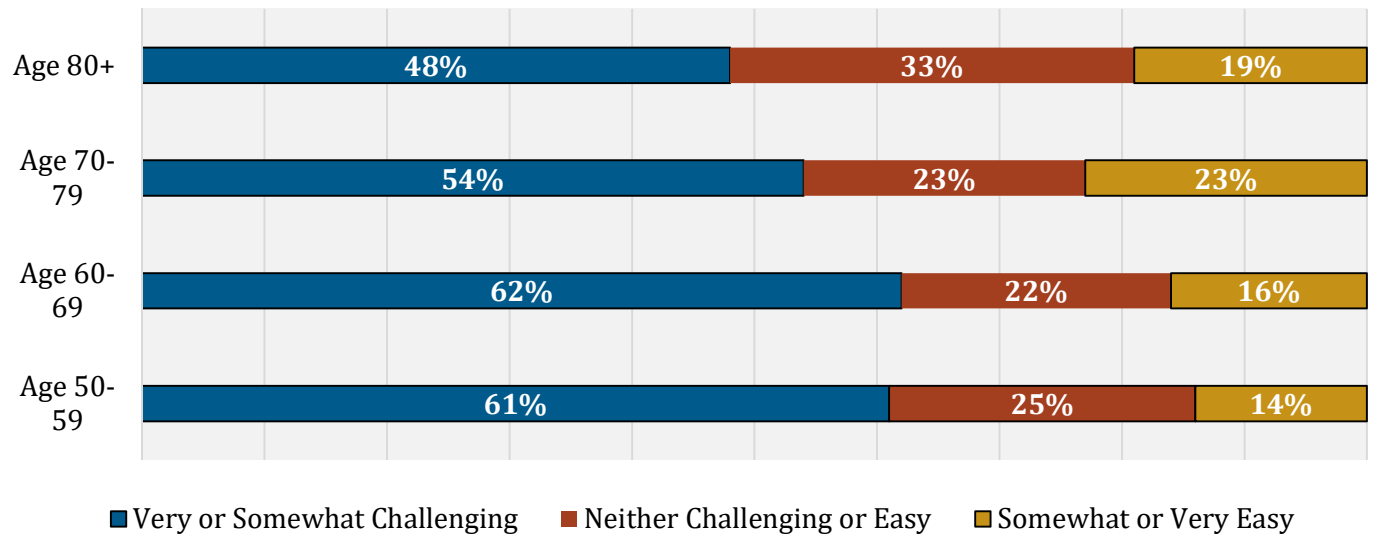
Half of survey respondents stated that they currently or have in the past 5 years provided care or assistance to a person who was disabled or frail and that number is highest among those age 50-59 (see **Figure 17**).

Figure 17. Percentage having provided care or assistance to a person who is disabled or frail within the past 12 months



Many of those who have provided care or assistance to someone within the past 12 months stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 60-69, where 68% of those providing care reported this was very or somewhat challenging (see **Figure 18**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, between 43% and 61% of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be needed to support caregivers.

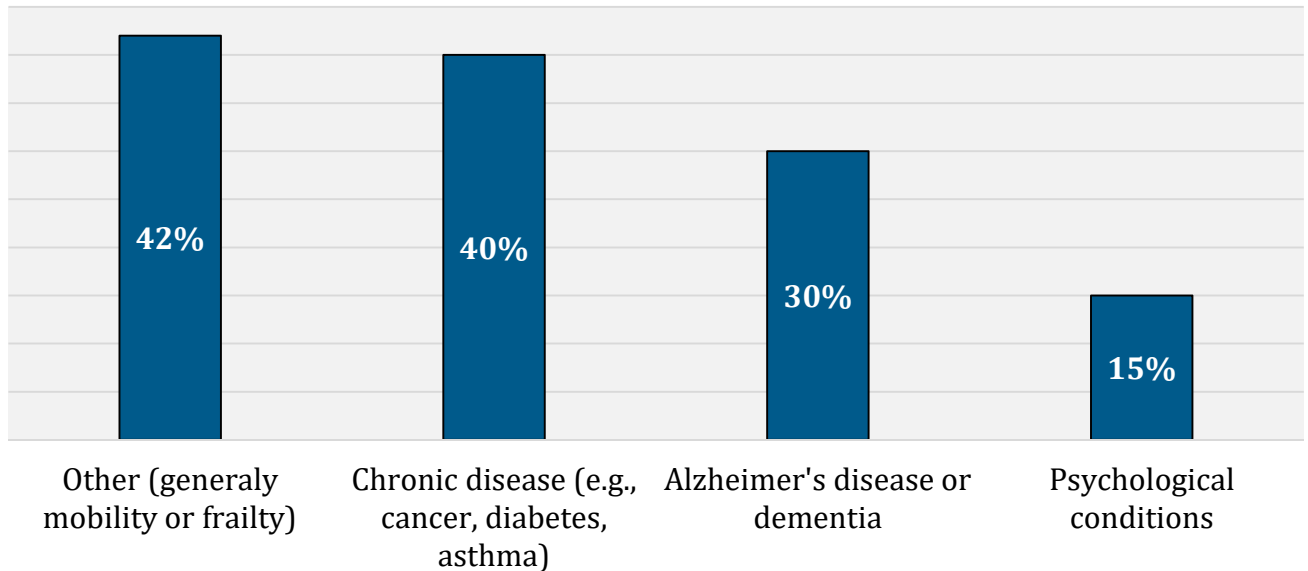
Figure 18. "How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?", by age category



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs) (41%; see **Figure 19**), while 40% of the people the survey respondents cared for were living with chronic diseases like diabetes, arthritis, or heart disease, and 30% of care recipients had Alzheimer's or dementia. According to the Massachusetts Healthy Aging Community Profiles, the communities of the South County region have lower rates of Alzheimer's or dementia diagnosis compared to the state⁸, but we know that incidence is often underreported due to a lack of formal diagnosis. Separate from the more common age-related disabilities that were provided as options on the survey, about 50 survey respondents mentioned other disabilities including Parkinson's disease, pneumonia, stroke and traumatic brain injury. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

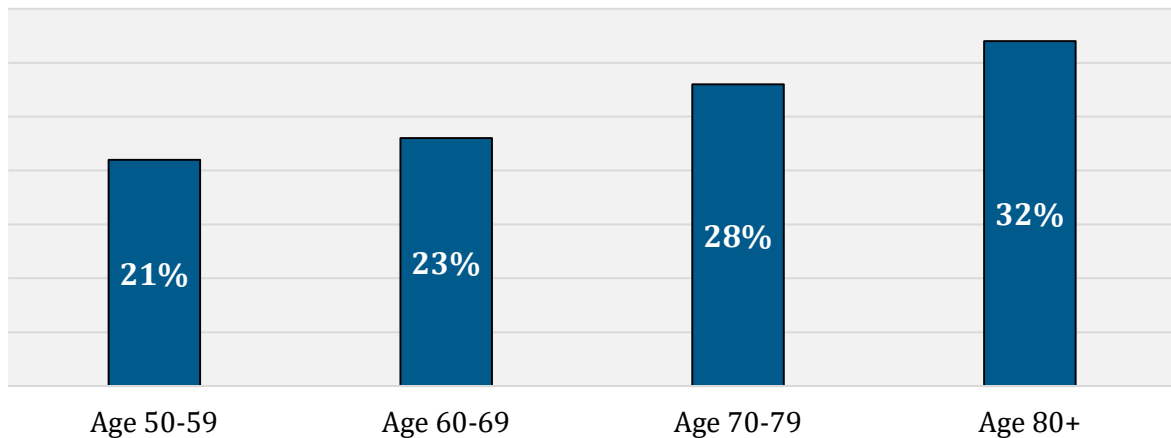
⁸ <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

Figure 19. Primary reason for the care recipient needing care



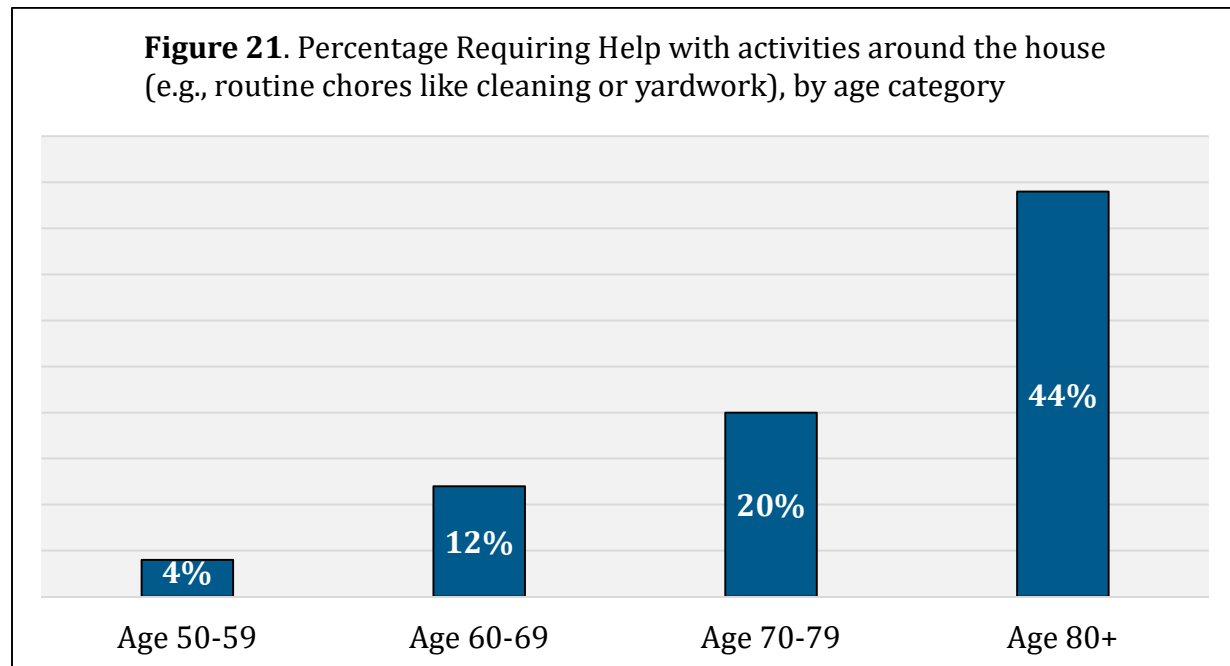
Particularly in more rural areas like South County, access to healthy food is an important feature of being able to age in community. **Figure 20** shows that a sizeable portion of survey respondents disagreed that they could easily buy healthy foods. Ranging from more than 20% of those in their 50s or 60s to nearly one-third of those in their 70s and 80s.

Figure 20. Percent of respondents disagreeing with the statement, "In my neighborhood, it is easy to buy healthy foods."



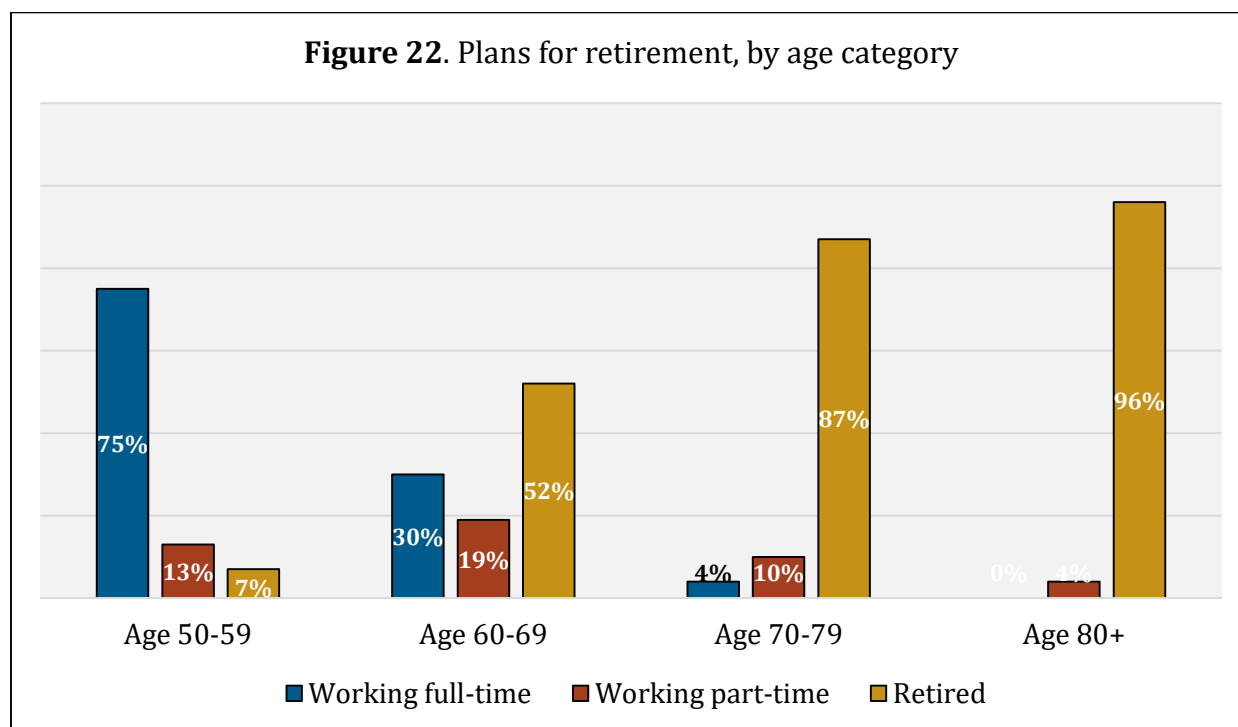
When asked, 7% of respondents reported that they often or sometimes had concerns about running out of food before they had money to buy more (**Appendix A**).

As shown in **Figure 21**, the need for in-home assistance rises with age. One out of five respondents in their 70s and 44% of those in their 80s report needing help with minor chores like cleaning and yardwork. Considering ways to support this need in the region may enable older residents to remain living independently and potentially provide employment or volunteering opportunities for those who are willing and able.



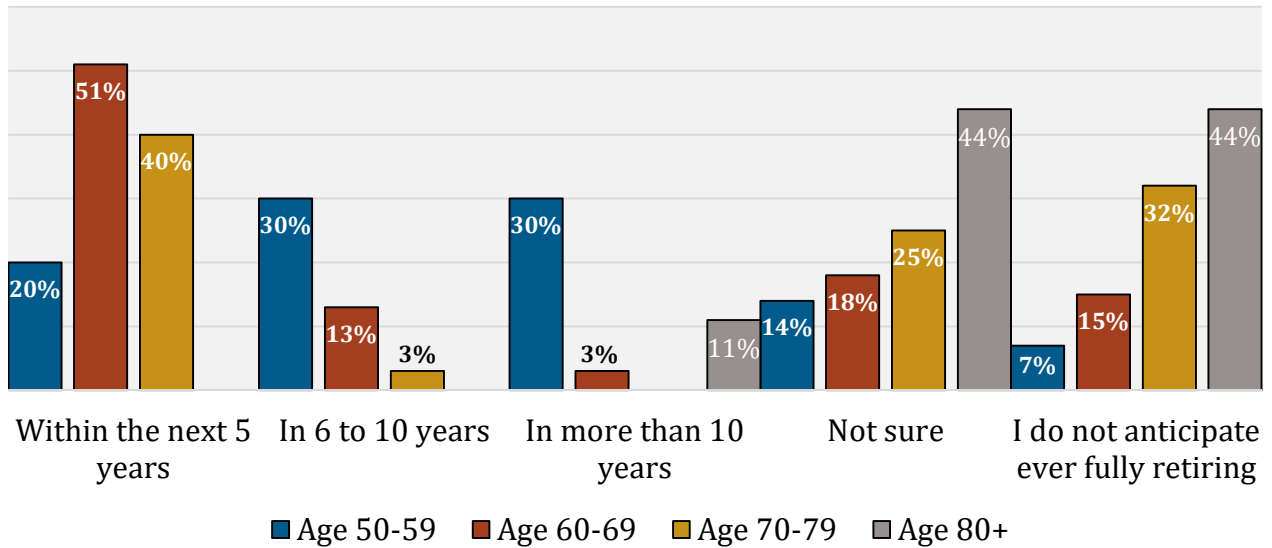
Employment and Retirement

Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in South County survey results, as well. **Figure 22** shows that a majority of respondents in their 50ss are still working.



For those who responded they are still working, 51% of those 60-69 and 40% of those age 70-79 are considering retiring within the next 5 years (see **Figure 23**). This has implications for the South County Senior Center that could experience and increase in attendance as a result. Interestingly, many older adults do not know when they expect to retire. Implementing evening and weekend programming might be one way to engage these older workers with the South County Senior Center. Additionally, developing new programs that would particularly attract older workers would be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

Figure 23. Plans for retirement among those currently working, by age category

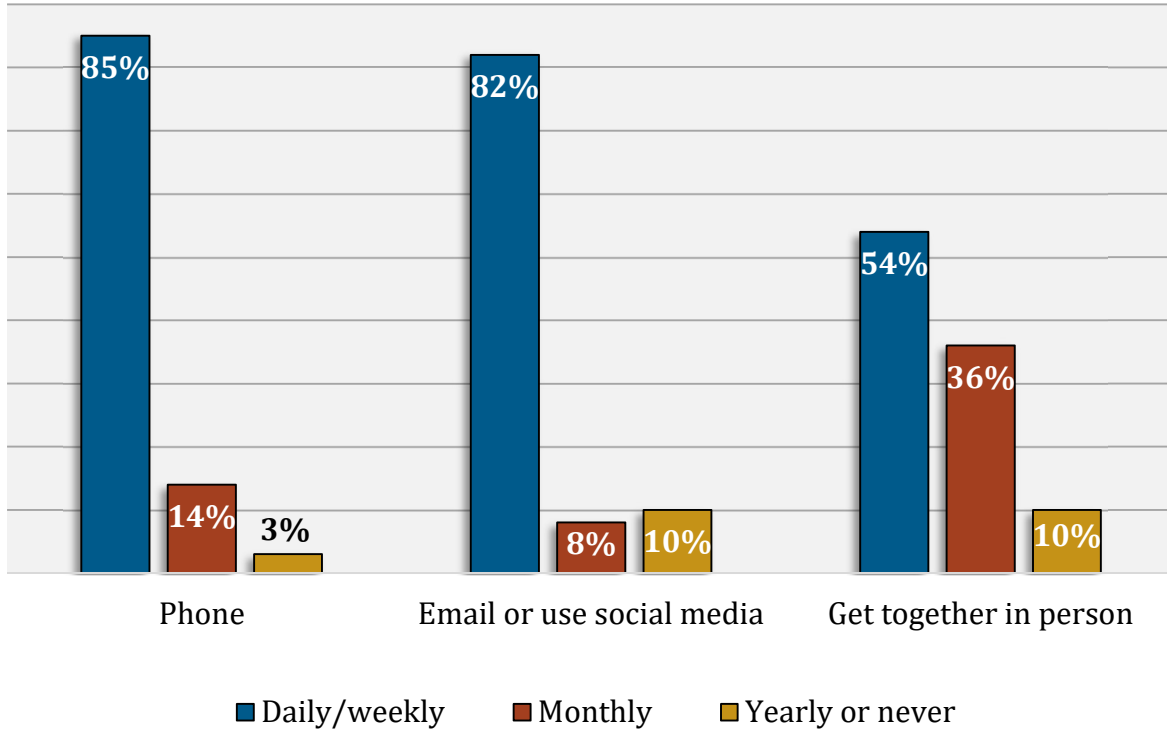


Social Activities and Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overeating (Qualls, 2014). Many older adults are at high risk for social isolation, especially if their health and social networks break down. These risks are exacerbated if accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence, and improve quality of life (Pardasani & Thompson, 2012).

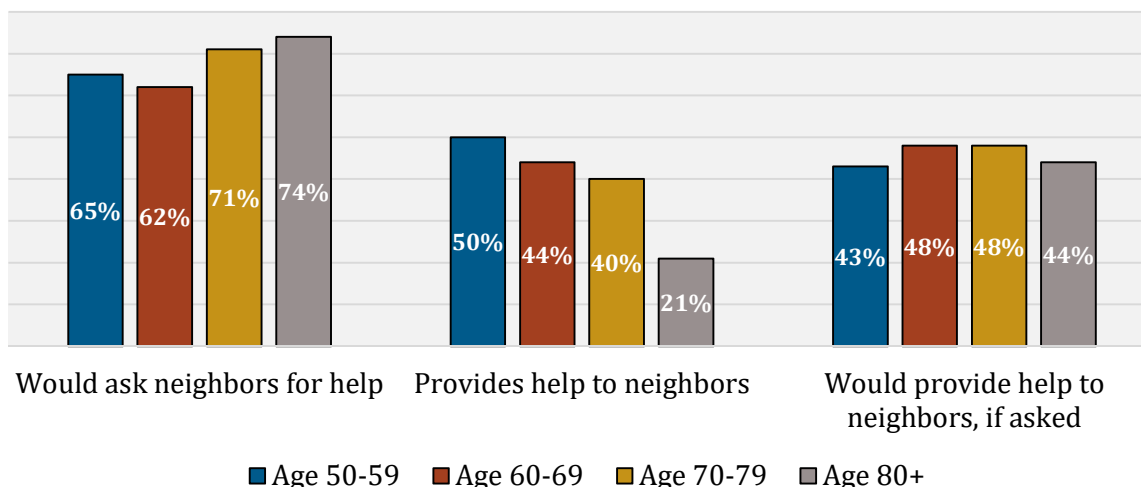
The majority of survey respondents speak with someone by phone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 24**). Although 54% of the respondents get together in person with someone at least weekly, 46% only get together monthly or less frequently (**Appendix A**). Among respondents in their 80s, 23% report never using social media or email to connect with others and 14% report only getting together in-person with others yearly or never. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

Figure 24. How often do you talk on the phone, send email/use social media, or get together to visit family, friends, or neighbors?



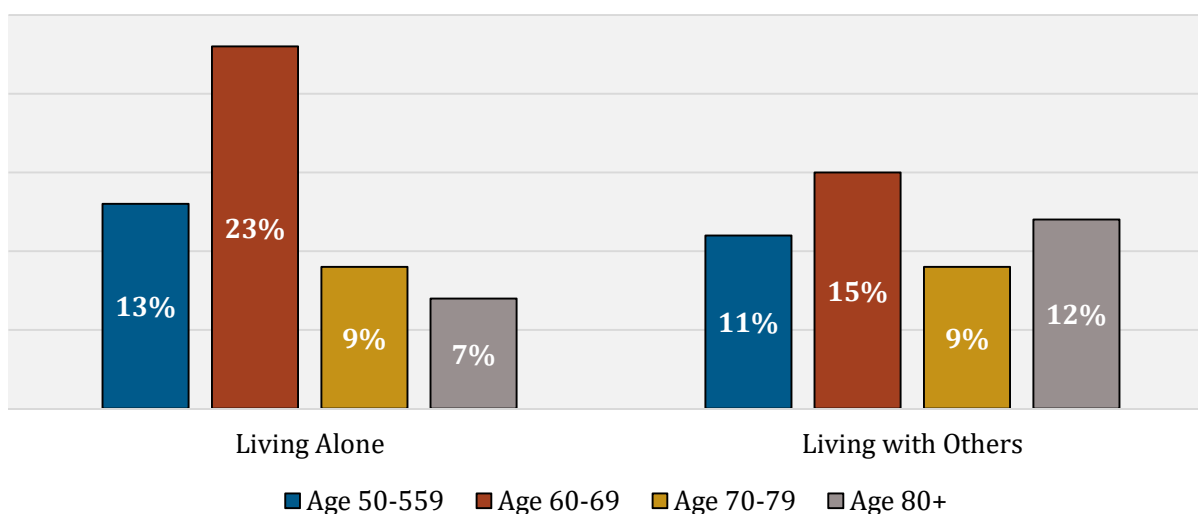
Survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand and 67% of respondents of all ages said they would. In response to the survey question, “Do you provide any help to neighbors with minor tasks or errands?”, between 40% responded yes and a majority of those who do not provide help responded that they would help if asked (see **Figure 25**). These findings illustrate a possible opportunity to strengthen neighbor-to-neighbor relations in South County as a way of supporting older residents wishing to age in place.

Figure 25. Neighbor to neighbor help, by age category

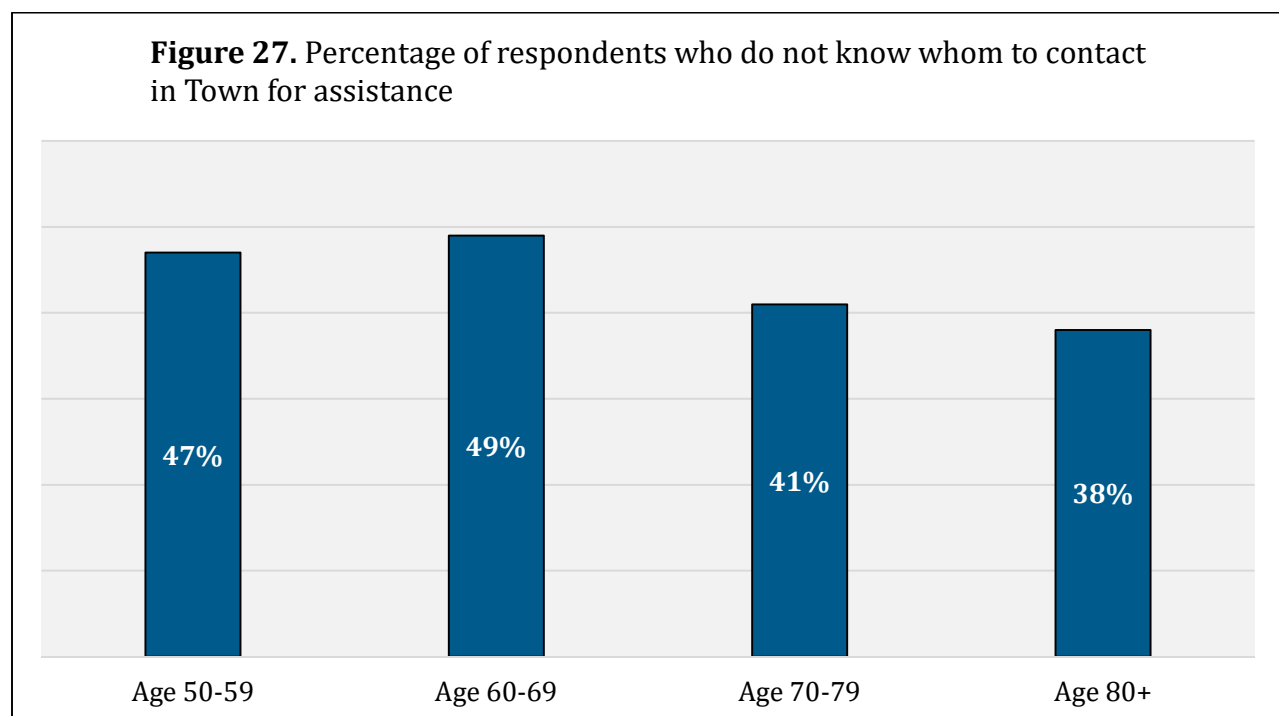


A vast majority (88%) of survey participants responded yes to “Do you know someone living close by on whom you can rely for help when you need it?” (**Appendix A**). However, for those living alone, we observe higher rates of respondents in their 50s (13%) and 60s (23%) reporting that they do not know someone living close by on whom they can rely compared to those living with others (**Figure 26**). Taken together, these findings highlight that in lieu of availability of family or friends to help in a time of need, some residents of the South County region may be at risk of social isolation or crises and this may be particularly salient to those who have recently relocated to the area in retirement.

Figure 26. Percentage of respondents who report NOT knowing someone nearby on whom they could rely for help, by living arrangement



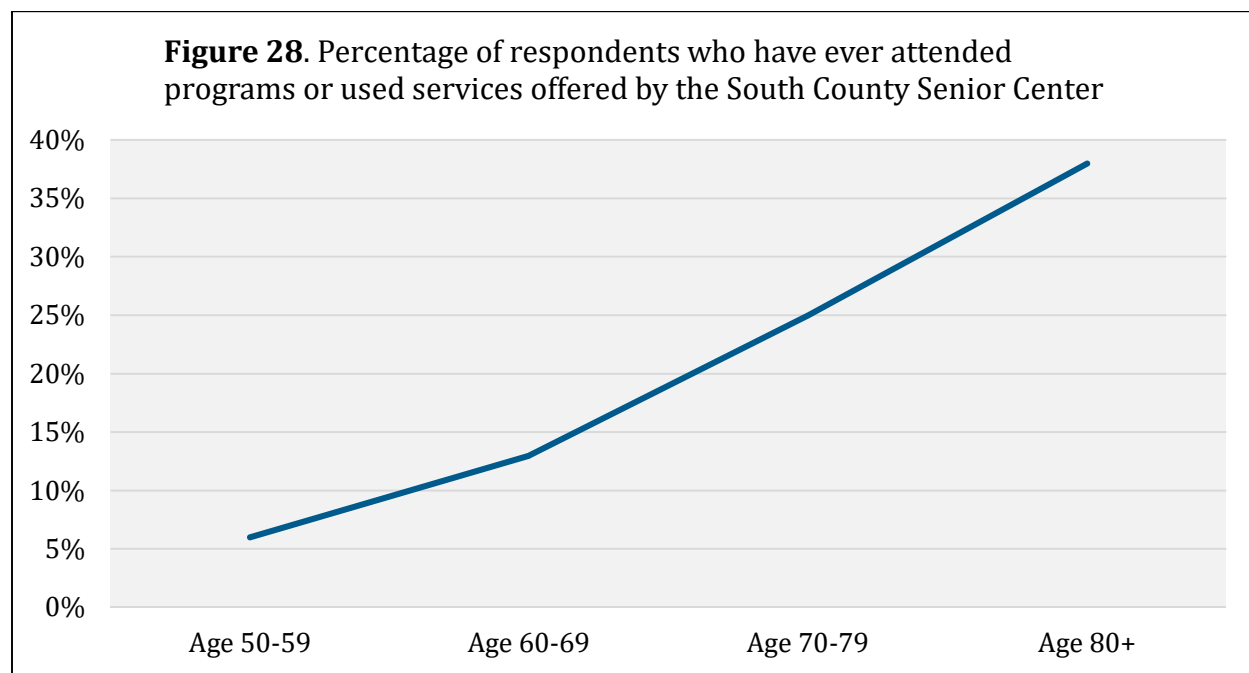
In order to understand survey respondent’s awareness of local resources, we asked them if they would know who to contact in the Town if they or someone in their family needed assistance (see **Figure 27**). While a majority said yes, 45% of respondents of all ages reported not knowing whom to contact. Interestingly, among younger respondents (age 60-69), this rate was highest with 49% reporting that they did not know who to contact should their family need assistance (see **Appendix A**). While it may be that these survey respondents have never had the need for services—and therefore have not looked into the matter, it may also be indicative of a need for continued outreach about basic functions of both municipal departments but also local organizations. And to consider targeting some outreach to younger residents or newcomers to the region.



South County Senior Center

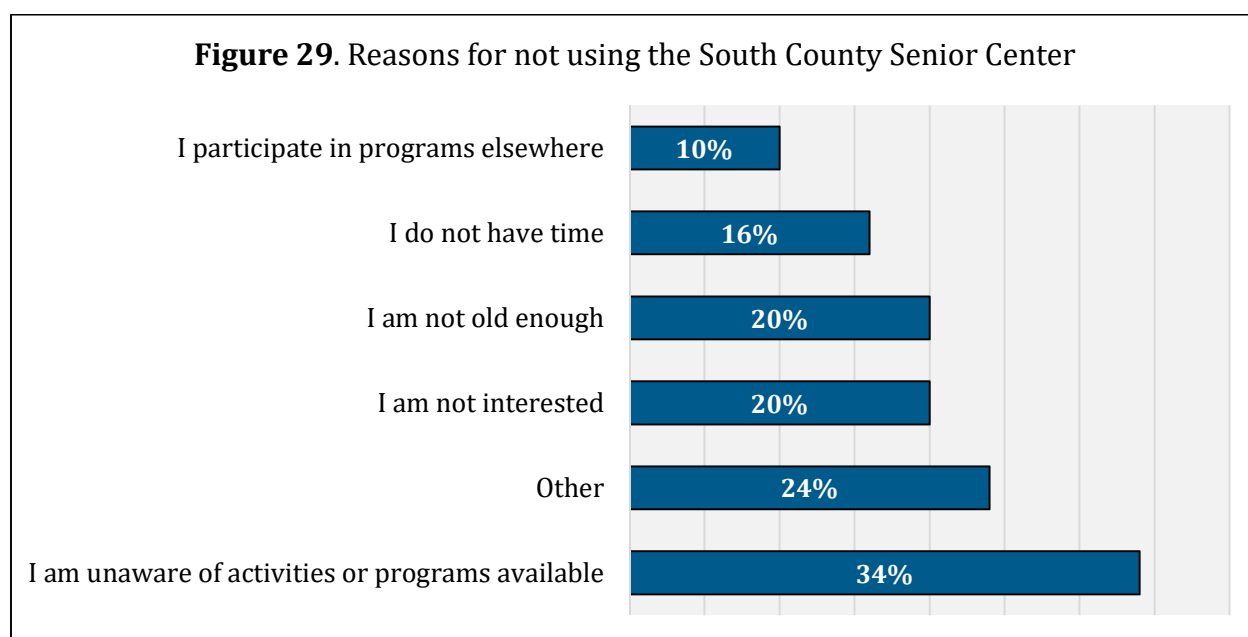
Local Senior Centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life. Some research suggests that participating in a Senior Center may reduce one's sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

A majority (68%) of survey respondents report that the South County Senior Center plays a role in their lives or the lives of their loved ones, neighbors or friends—making it clear that the Senior Center is a revered community asset for many. Survey results suggest that participation in the Senior Center is considerably more common among older residents. As shown in **Figure 28**, only 6% of those age 50-59 have ever used programs or services offered by the Senior Center, while 38% of the respondents age 80 and older indicated they have participated in the Senior Center. This age-graded pattern of participation is not unusual in Senior Centers and may reflect the increasing value of the Senior Center to older residents.



Of those who do use the South County Senior Center, 56% only visit the Center a few times a year, while 25% of users participate at least weekly (tabulations not shown). This range of participation levels highlights the broad continuum of affiliation with the South County Senior Center, with many residents participating just periodically, while others include visits to the South County Senior Center as part of their regular weekly schedule.

Of survey respondents who never use the Senior Center, 34% of all ages state it is because they are unaware of activities or programs available and 1 out of 5 respondents report not being interested or not being old enough to participate (see **Figure 29**). Interesting to note that 24% of respondents reported other reasons for not participating.



For those who wrote in a response, the most common responses centered around not having time and still working. In addition, the perception of “not needing” to visit the Senior Center or the building and dispersion of programming being a deterrent was extracted from these write-in responses, suggesting that communicating the purpose of the Senior Center and defining its target audience is a possible future step that would allow a wider range of residents to be drawn in. As well, prioritizing the welcoming nature and safety of space will be key to continuing to function as a key asset to the community. See **Table 6** with sample comments regarding why survey respondents don’t use the Senior Center.

Table 6. Sample responses to question “What is the reason that you do not currently use programs or services offered by the South County Senior Center”

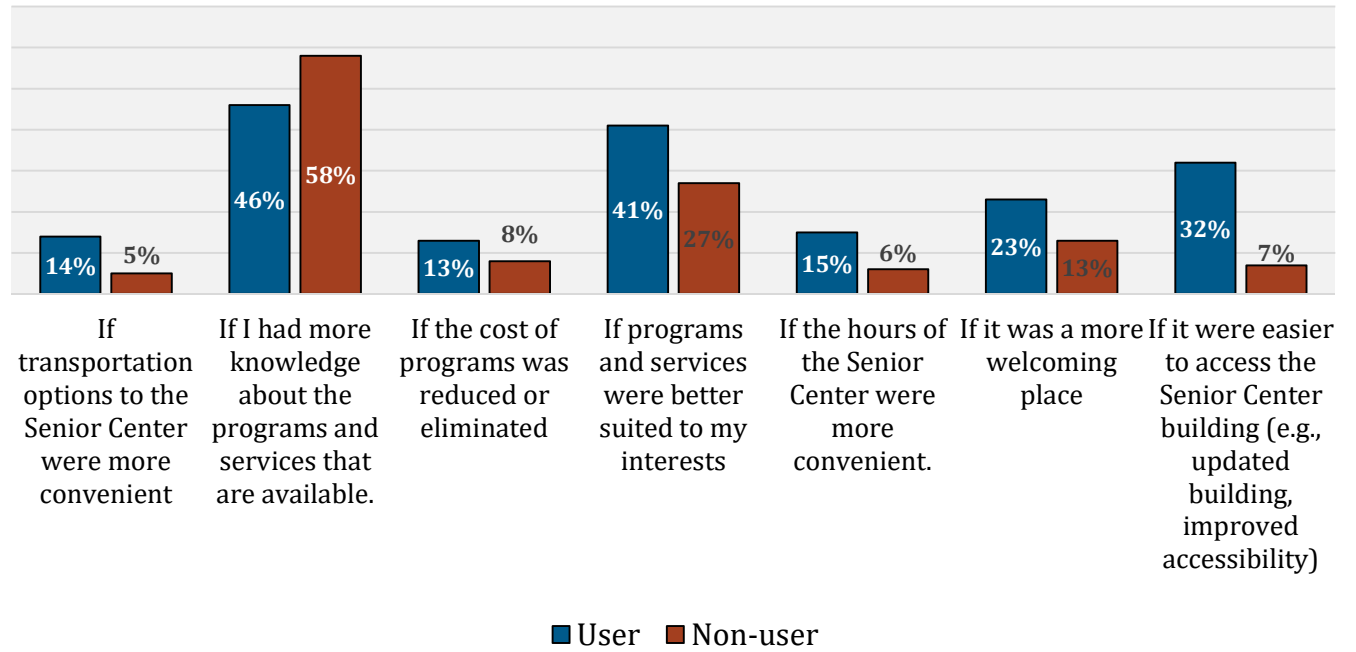
Not needed
<i>We probably are 'old enough' but don't see ourselves that way as yet...</i>
<i>So far don't need the services</i>
<i>My lifestyle has not changed yet due to age/illness</i>
<i>I do not participate in programs yet but intend to when I am older. I am 62 years old now.</i>
Too busy
<i>Still working but plan to when I retire</i>
<i>Self-employed involved in other satisfying activities</i>
<i>I have hobbies + passions that occupy me daily</i>
<i>I am a caretaker for spouse</i>
Facility Deters Participation
<i>No programs of interest to me and a depressing facility</i>
<i>Poor facility, non-welcoming "cliques" + unaware of activities</i>
<i>The building is very off-putting</i>

We asked respondents to select the reasons that would increase likelihood of participating at the South County Senior Center (**Figure 30**). A similar pattern of results emerged across those who currently participate at the South County Senior Center and those who do not. The top factors that would increase participation included “If I had more knowledge about the programs and services that are available”, and secondarily “If programs and services were better suited to my interests”. Similarly, across all age groups, the top factors that would increase participation was more knowledge about what is available and programs that more closely aligned with people’s interests. The third most reported factor across age groups was “other”, and 307 people took the time to write in their thoughts. The most commonly reported factor was related to not having time or still working. For example, one person wrote “I am still working so perhaps when I am retired I will use the center”

Among those who currently use the Senior Center, a third factor that would increase their participation is if “If it were easier to access the Senior Center building (e.g., more parking, updated building)” (Figure 36) and for those who do not use the Senior Center, the third most commonly reported factor that would increase the likelihood of participation was “If the Senior Center was a more welcoming place” (Figure 30).

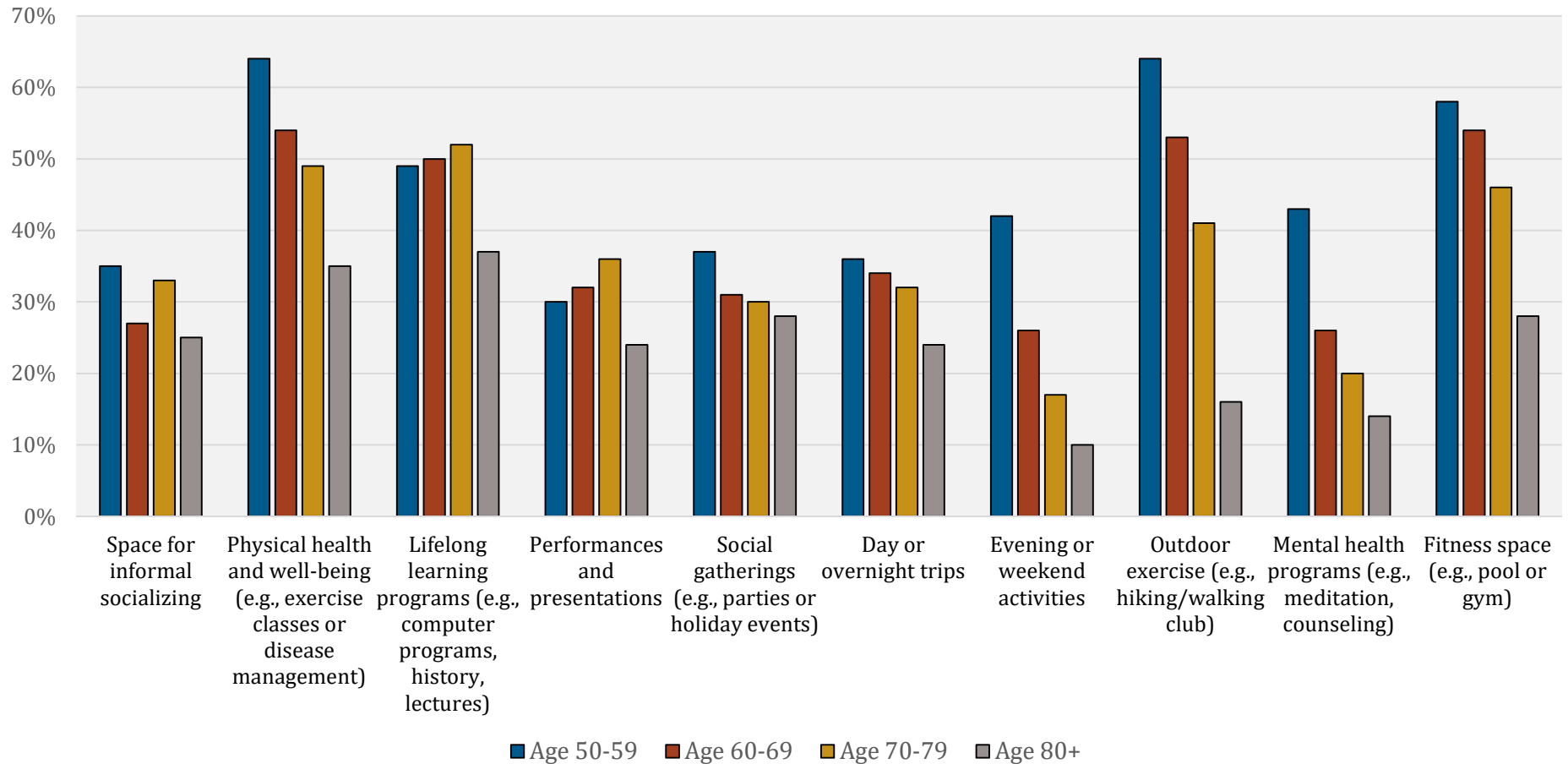
Understanding reasons for lack of participation provides direction and opportunities for change. Overcoming the obstacle of unfamiliarity, increasing outreach, adapting programming to meet the broad interests of the older adult population, and exploring strategies to update the image and space of the Senior Center may be areas to consider as future South County Senior Center goals.

Figure 30. "I would be more likely to use the South County Senior Center...", by user status

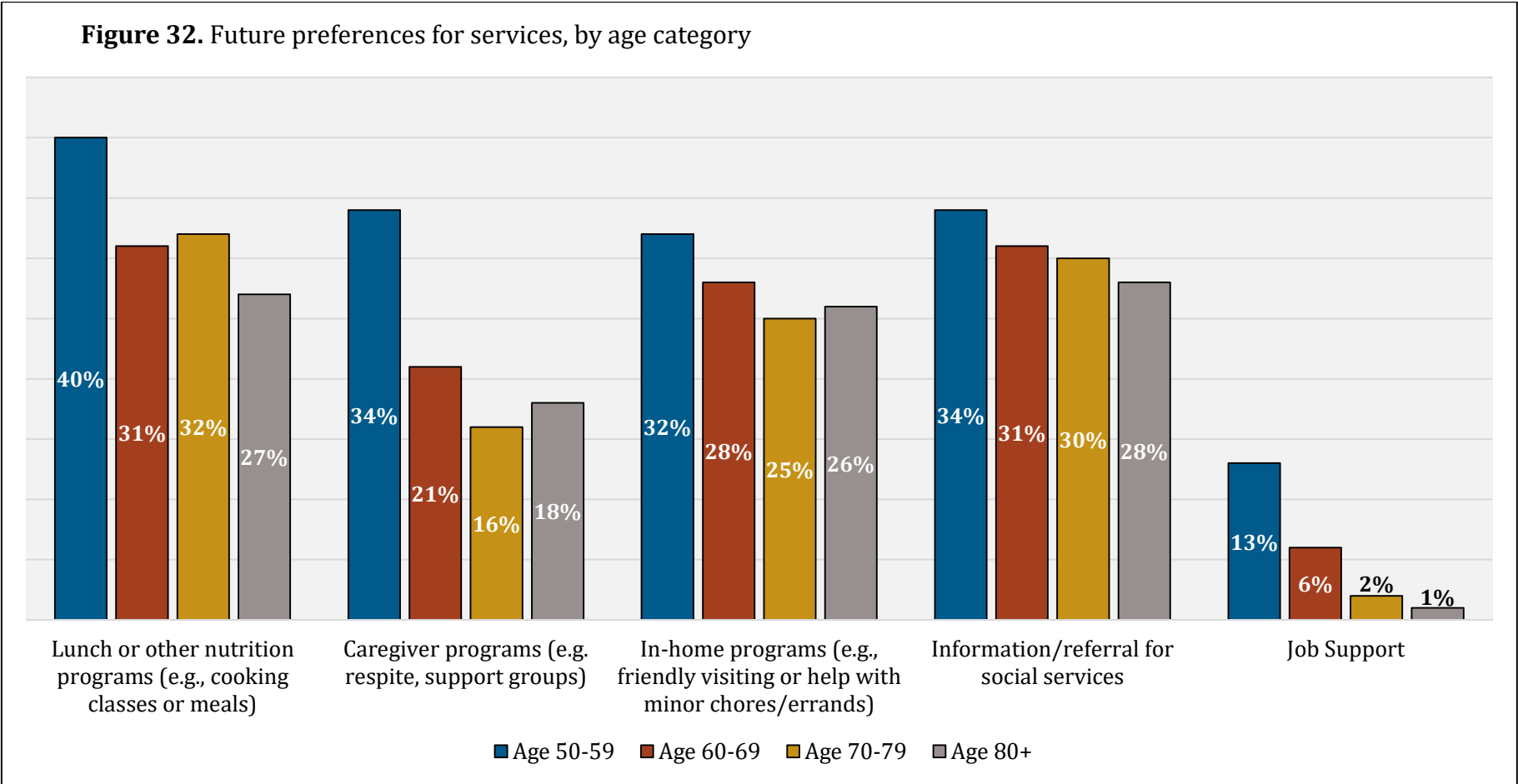


Respondents were asked to indicate the types of programming and services they would prioritize in expanding the programs and services available through the South County Senior Center. When it comes to programming, preferences varied slightly by age (**Figure 31**). Preferences varied slightly by age. For example, among those in their 50s and 60s, the top three preferred programs for the future were the same: 1) physical health and wellbeing (e.g., exercise classes or disease management programs); 2) outdoor exercise (e.g., hiking club); and 3) fitness space (e.g., gym or a pool). Among those in their 70s and 80s, lifelong learning opportunities were most commonly preferred future programming.

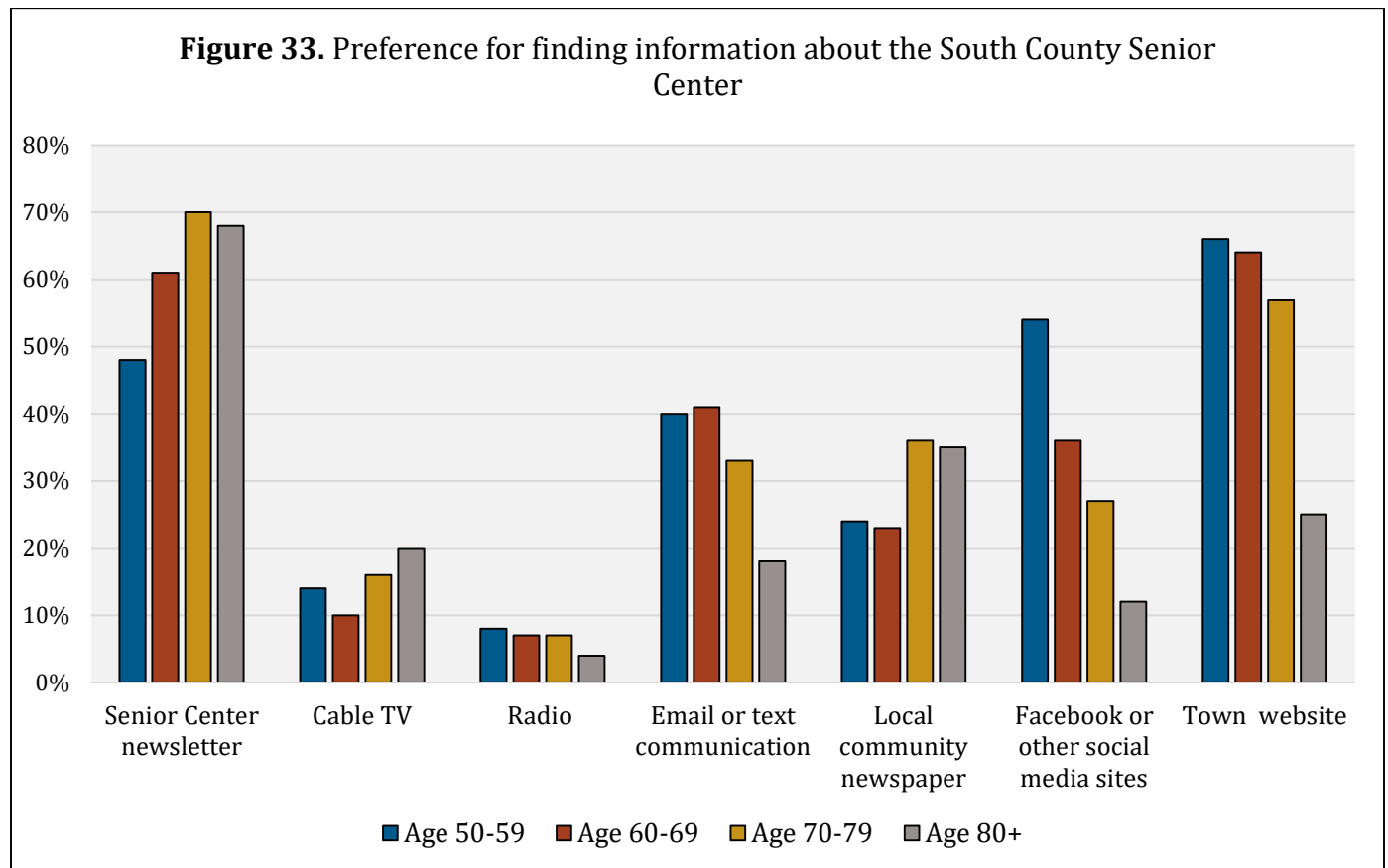
Figure 31. Future Programming Preferences, by age category



When it comes to services offered by the South County Senior Center, **Figure 32** shows that among those in their 50s, the most preferred services is lunch or other nutrition programs (40%) followed by information and referral to social services (34%). Among those in their 60s, 70s, and 80s, the most preferred service was information and referral to social services reported by about a third of respondents.



There was one question included in the survey related to preferred method of getting information, “Where would you prefer to find information about the activities and services offered by the South County Senior Center?”. Preference for email, website, or social media communication varied by age (see **Figure 33**). Among those respondents in their 50s, and 60s, the Town’s website was the most preferred source of information. Among those in their 70s and 80s, the South County Senior Center newsletter was preferred by more than two-thirds of respondents in those age groups. Given that current South County Senior Center participants are somewhat older; we conclude that continuing to make information about the Senior Center available through print media remains important. Considering ways to amplify the distribution of the Senior Center Newsletter could be useful as well as planning for improvement of information about the South County Senior Center on the three Town’s websites would be an effective tool for getting information to the younger age groups.



While most community survey respondents do have access to the Internet from their home (via a smartphone, computer, or tablet), It is important to note that 25% of respondents age 80 or older do not (see **Appendix A**). This is important information both for outreach mechanisms but also to highlight the need for public access to Internet services for those who do not have connectivity in their homes.

At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the South County Senior Center and more than one third of all participants took the time to provide additional feedback. It is evident from the comments that while some of those who complimented the Senior Center take advantage of the programs and services, others do not at this time, but are comforted to know that the Senior Center is available for their future needs (see **Table 6** for examples).

In addition, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas, such as bike rides or hiking groups, help with pet care, handy-man services, or a food truck at the Senior Center location. Other suggestions focused on broader issues such as improving communication about what is available. Many commented on the limited transportation should they no longer be able to drive, including transportation to and from the Senior Center and more on-demand transportation services (e.g., taxis or ride-sharing service). Medical transportation to Boston was a key concern for many respondents.

Many survey respondents commented on the poor conditions of the current senior center operations—that it was forced to move from its original location because of building conditions and has yet to find a more permanent arrangement that meets the needs of the community. While many suggestions included ways to increase the number of residents who participate at the Senior Center, others recognized that the current space and staffing are not adequate to accommodate the growing number of older residents. A sample of additional comments are presented on **Table 7**.

Table 7. Additional thoughts or comments about the South County region

Needed programs and services
<i>Social activities that welcome "new-comers" would be fun -- meet to take short walks, explore local history/geology, board game nights, group "helping hands" events like assisting with light yard work, or small "spruce-up" tasks to help others (think Amish community, helping neighbors and receiving reciprocal help at your own property).</i>
<i>As I age I do hope to be not dependent on children for help. In the event that my circumstances change I would like to have some choices to keep my life as independent as possible - Transportation is a big way to have freedom.</i>
<i>I would also be interested in participating in volunteer programs where seniors could help other members of the community such as helping to drive, grocery shop, be a companion, help w/ young children.</i>
Improved Senior Center Facility
<i>I believe a new facility that includes a library, daycare center and senior center could be amazing. I like the multigenerational approach. Could share large spaces!</i>

<i>I think it would be great if the senior was part of a larger community center with things for all ages. I don't really like being cooped up with all other people my age. Nice to have some energetic folks+ kids around.</i>
<i>A new Senior Center is needed. It is time for a spacious new center with lots of programming and space. Our select board should visit some of the new Senior Centers built in our area.</i>
Consistent communication about what is available
<i>Communication is poor. They should send a monthly newsletter by email or US mail as soon as it is ready.</i>
<i>I know nothing about them. Never read anything, received info, or any other communication.</i>
<i>It should be a welcoming place with good communication- staying in touch with those folks who show an interest...</i>
<i>Really do not have any information on the So. County Center and what is currently available!</i>
Transportation is key to allowing people to age in the region
<i>Making the region more walkable and bike-able, transportation to area dr. offices, labs, pharmacies, etc. restaurant food delivery.</i>
<i>Currently I drive myself to my points of interest near + far, but as I get older, I may not be able to go far and then I will use the senior center. Being in a rural community transportation access could be a major problem.</i>
<i>Transportation shuttle for those not able to drive to Sr. Center activities/ or volunteers if they are able to drive others.</i>

Peer Community Comparison

In an effort to benchmark the South County Senior Center against similar operations, information from four regional senior centers in Massachusetts was collected in May 2022. South County (Deerfield, Sunderland, and Whately), West County (Ashfield, Buckland, Shelburne), Gill-Montague, and Barre-Hardwick are all located in Central and Western Massachusetts. The total land area served by each regional senior center ranges from 44 square miles (Gill-Montague) to nearly 83 square miles (Barre-Hardwick and West County). Data from the Census Bureau, the MCOA Database, web searches, and interviews with select Directors is compiled below.

South County shares some socio-demographic characteristics with its peer regions (**Table 8**). The total population for South County is the largest at 10,248, with nearly half residing in Deerfield, a third residing in Sunderland, and 15% in Whately. Gil-Montague and Barre-Hardwick also represent sizeable populations, each with a majority in one of the two municipalities. West County represents the smallest total population across the three communities. The number of older adults in each of the regions is comparable, ranging from 1,785 in West County to about 2,800 in Gill-Montague and South County. The share of the total population that is older, however, differs by region ranging from 25% in Barre-

Hardwick to 35% in West County. The median household income for all regions fall below the State median (\$81,215) and exhibit within-region differences.

Table 8. Demographic features, South County and peer comparison communities

	All-age population	# age 60+	% 60+	Median Household Income	% 25+ years with at least a Bachelor's degree
South County	10,248	2,810	27%	\$ 69,561	57%
Deerfield	5,017	1,477	29%	\$ 83,295	61%
Sunderland	3,647	832	23%	\$ 55,625	53%
Whately	1,584	501	32%	\$ 74,688	53%
West County Consortium	5,048	1,785	35%	\$ 65,352	57%
Ashfield	1,449	535	37%	\$ 70,978	59%
Buckland	1,950	549	28%	\$ 57,292	52%
Shelburne	1,649	701	43%	\$ 66,417	60%
Barre-Hardwick	8,587	2,153	25%	\$ 64,889	41%
Barre	5,539	1,318	24%	\$ 69,735	40%
Hardwick	3,048	835	27%	\$ 56,058	43%
Gill-Montague	9,875	2,896	29%	\$ 56,910	42%
Gill	1,596	479	30%	\$ 67,917	59%
Montague	8,279	2,417	29%	\$ 54,430	39%

**Note: Data came from the 2019 American Community Survey 5-year file*

In **Table 9**, space attributes of the South County Senior Center are compared to those of its regional peers. All senior centers, with the exception of West County operating out of a Masonic building, are stand-alone buildings. All Senior Center spaces are considerably old, with only Barre-Hardwick opening in the 21st century. Most, including South County, are small, with less than 3,000 square feet to operate with. The number of programs each senior center is capable of running concurrently ranges from just 1 in Gill-Montague, to 6 or more in Barre-Hardwick. Just one director—from Barre-Hardwick --reported having enough space, indicating important space needs in South County and its peers.

All of the regional senior centers included here have limited staffing resources (**Table 10**). Although the Gil-Montague senior center serves a similar number and share of older adults as South County, they only have one part-time director on staff. In comparison, all other communities have at least 1 full-time director. Relatedly, all of the regional senior centers rely on some level of volunteers to provide programs at the Center. Less than a quarter of programs offered are volunteer-run in South County and Barre-Hardwick, compared to over 75% of programs volunteer-run in West County. Just one of the communities—Barre-

Hardwick—offer tax work-off positions: a program through which older adults can work for the Town in exchange for a reduction in their property tax bill.

Table 9. Senior Center space, South County and comparison communities

	Location of Center	Senior Center Space	Year Center opened	Description of Space	Number of concurrent programs	“Do you feel that you have enough space to host all the programs you would like to host?”
South County	Deerfield	Less than 3,000 sq. ft.	1980	A stand-alone Senior Center	2	No
West County	Shelburne	Between 3,000 and 9,999 sq. ft.	1995	Dedicated space within a building serving multiple purposes (e.g., in town hall or in a community center)	3	No
Barre-Hardwick	Barre	Between 3,000 and 9,999 sq. ft.	2004	A stand-alone Senior Center	6+	Yes
Gill-Montague	Montague	Less than 3,000 sq. ft.	1960	A stand-alone Senior Center	1	No

**Note: Data came from the 2020 Massachusetts Councils on Aging (MCOA) database*

Table 10. Senior Center features, South County and comparison communities

	Staff FT/PT	# Tax work-off positions	Approximate % of programs offered that are volunteer-run
South County	2/1	None	1%-24%
West County	1/7	None	100%
Barre-Hardwick	1/2	10-20	1%-24%
Gill-Montague	0/0.5	None	25%-49%

**Note: Data came from the 2020 Massachusetts Councils on Aging (MCOA) database*

Conclusion and Recommendations

Substantial growth in the number of older residents of the communities of Deerfield, Sunderland, and Whately is expected within the next decade. This central, overarching observation—that the older population of these communities is already large and will continue to expand both as a result of human longevity but also because of the area drawing in retirees from other places—makes clear the importance of considering how well features of the Towns, the services and amenities available through the Senior Center, and virtually every aspect of the community align with the age demographic moving forward. Current conditions of the South County Senior Center are not sustainable in terms of meeting the needs of the community now or in the future.

In response to the demographic shift and current conditions of the South County Senior Center, the Towns of Deerfield, Whately, and Sunderland partnered with the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Towns' residents age 50 and older. As part of this assessment, data from the U.S. Census Bureau and other sources were examined in support of the project aims. In addition, a survey was developed and administered to Deerfield, Whately, and Sunderland residents age 50 and older. A total of 1,393 questionnaires was returned, reflecting a strong return rate of 36%. Information from peer community senior centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of the communities of Deerfield, Whately, and Sunderland as well as concerns expressed by older residents. The report is intended to inform planning by the South County Senior Center as well as other Town offices, private and public organizations that provide services and advocate for older people within the region, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the South County Senior Center, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

Recommendations for the South County Region and Senior Center

We summarize key findings and make the following recommendations to the Towns of Deerfield, Whately, and Sunderland as well as the South County Senior Center:

➤ **The demand for Senior Center programs and services is expected to escalate in coming years.**

- Estimates from the U.S. Census Bureau show that in 2020, there were 2,916 residents age 60 or older living collectively in the three towns. This made up 29% of the total population. Projections suggest that by 2035, residents age 60+ will comprise 37% of the total population of the region.
- 49% of survey respondents age 60-69 are still working full or part-time and among them, 51% expect to retire within the next 5 years.
- About two-thirds of respondents consider the South County Senior Center as playing a role in the lives of themselves, loved ones, friends, or neighbors. Many respondents took the time to write in about how they may not participate in programs yet, they are comforted to know resource exists for them in the future. For example, one resident writes, *"although we are not ready to take full advantage of the program/services from the senior center, it is a comfort knowing assistance is available..."*
- Not only is the size of the older population growing, but the complexity of their needs is increasing. In addition to opportunities to socialize and stay connected, 25% of residents disagreed that they could buy healthy food in their area; and 12% of respondents reported not knowing someone nearby on whom they could rely for help. Additionally, 14% and 17% of respondents reported being limited by a health condition or needing help at home because of a health reason, respectively.
- Compared to other regional senior centers, South County is among the smallest physical amounts of space and also relies the least on volunteers that participate in programming.

Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
 - Explore opportunities to acquire additional space to host programs or to build new space. Consider a site-study or evaluation of existing properties in the area.
- Consider the hiring of licensed social workers who can respond to more complex needs of the community members and their families, this person would also be able to host a student social work intern to add to the capacity of the Center to address more complex needs of residents.
- Consider ways to expand access to fresh and healthy foods. For example, farmers market delivery programs or hosting a weekly community dinner.

- As the space for additional programming becomes available, expand the programming staff to include additional “volunteer coordinator” position that assists with scaling up the recruitment and support to volunteers to deliver programs—drawing on the wealth of education, expertise, and talent of the area’s residents.

➤ **Due in large part to limitations of the current physical space and location of the South County Senior Center, current operations do not currently meet the needs of the regions’ s older adult population nor can they respond to the range of interests of this growing population.**

- 30% of survey respondents reported that if programs and services were better suited to their interests, they would be more likely to attend. This was the second most commonly reported factor for increasing likelihood of attendance.
- When asked what kinds of programs they would like to see expanded, 64% of those in their 50s would prioritize physical health programs or outdoor exercise. 58% of those in their 50s would prioritize fitness space. Similar patterns were observed for those in their 60s and 70s. Physical space to expand exercise programming is clearly needed.
- Additionally, half of those residents in their 60s and 70s and 37% of those in their 80s would like additional lifelong learning courses to be offered. These types of programs may require technology capabilities and Internet connection.
- Current arrangements for the South County Senior Center are not satisfactory to residents as observed in write-in responses on the survey. For example, one resident wrote, “The seniors need a permanent safe place to meet. Our people need to be shown that someone cares for them”.

Recommendations:

- Advocate for new space to be the home of the South County Senior Center. In order to ensure representation of residents on local boards, committees, and initiatives, consider establishing a “citizen’s civic academy”. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
- Consider ways to host satellite programming around the three Towns to promote Senior Center programs and draw a wider range of residents. Alternatively, partnerships with the libraries, local businesses, and schools could help meet the needs for additional programming opportunities targeted for older adults.
- Support the development of a Trailblazers club⁹ to connect with adults seeking to connect via outdoor activities.

⁹ <https://www.facebook.com/SouthboroughTrailBlazers/>

- Coordinate with residents to identify topics and skills they can share with others and pilot-test a lifelong learning program.

➤ **Awareness of the South County Senior Center is limited; and some residents are living in isolation.**

- The number one factor that would increase the likelihood of participating at the South County Senior Center is, “If I had more knowledge about the programs and services that are available”, reported by 56% of survey respondents. Lack of awareness was also the number one reported reason for not currently participating (34% of those who do not participate cited this reason).
- One resident wrote, *“I would like to know more about the center, but was never aware of its existence.”*
- According to the American Community Survey estimates (2016-2020), 23% of the region’s residents age 65 or older live alone. Among survey respondents, 22% age 60-69 report living alone and among respondents age 80 and older, this proportion is significantly higher (45%). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the South County population.
- The highest rates of not knowing someone nearby to call on for help if needed was found among residents in their 60s who live alone (23%). This is compared to just 12% of the total population, and 15% of those in their 60s who do not live alone.
- 45% of survey respondents report not knowing who to contact in their community should they or someone in their family need help with social, health or municipal services.
- The Senior Center newsletter is the most preferred way of obtaining information, followed by the three Town websites and social media.

Recommendations:

- Consider a rebranding effort to raise awareness about what is offered by the SCSC. Perhaps changing the name to be more inclusive and creating an image that reframes aging as a positive and active experience may empower residents to participate in the community.
- Facilitate a quarterly networking event for local organizations to come together. Could be led by the TRIAD group. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.
- Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent.

- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a bring a buddy” program to welcome new participants).
- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology, or making “friendly visits” by telephone. For example, a suggestion was made by key informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.
- Coordinate across the 3 communities to ensure the municipal websites, newsletters, social media accounts, and calendars have updated information about what is going on at the Senior Center.
 - Consider developing a resident ambassador program to educate residents with information about existing resources to be conduits between the Senior Center and the community at-large, this could even be a property tax work off position.

➤ **Costs of living and availability of downsizing options are perceived as challenging in the South County region.**

- 31% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.
 - 41% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 12% reported being unable to afford to make these changes.
- When asked about preferences for type of housing, 43% of respondents age 60-69 would prefer to live in a 55+ independent living community as would 40% of those respondents age 70-79. Among the oldest old (age 80 or older), assisted living is preferred.
- When asked about their concerns about being able to remain in South County as they age, one of the most commonly reported concerns was the rising costs of living, including property taxes and the lack of downsizing options. For example, one resident wrote that their biggest concern about being able to stay in the area was, *“Availability of housing on a single level living situation.”* And another writes, *“cost of taxes....at this rate I won't be able to stay in my home very much longer.”*

- 14% of respondents disagreed that they have adequate resources to meet their basic needs.
- Currently, there are not property tax work off opportunities for residents of the South County region.
 - Households headed by someone age 65 and older (13%) report annual incomes under \$25,000. This compares with just 8% of households headed by individuals age 45 to 64 having incomes under \$25,000.

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for South County residents to learn about home modifications that can promote safety in the home.
- Expand access and remove barriers to building accessory dwelling units in the three towns. Consider
- Consider developing a way of distributing information about local handyman or repair services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home.
- Continue to contribute to local conversations about housing options for older adults. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.
- Expand and formalize the network of support to strengthen existing efforts to supplement home repairs, food access, heat subsidies, and overall financial support. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.
- Implement and promote existing property tax relief programs—the tax work-off program, deferrals, circuit breaker. Maximize eligibility and benefit of these programs, including the ability of family members to work on behalf of an older resident who seeking property tax relief.
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.

➤ **Obtaining supplementary and accessible transportation is a concern for the region's residents as they age.**

- 42% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 4% report not driving at all. Among respondents age 80 or older, 15% report not driving at all.

- 25% of survey respondents who do not drive, and 6% of those who drive with modifications reported having to miss or reschedule a medical appointment due to a lack of transportation.
- When asked about barriers to using existing transportation in the three communities, the lack of publicly available options was the primary concern for all respondents. Among those who do not drive, physical limitations making it difficult to access transportation was the second most commonly cited barrier.

Recommendations:

- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, and those with significant mobility limitations.
- Consider trying a “travel training” program that allows residents to try available transportation with a guide.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options and expanded volunteer driver programs (i.e., FISH) or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs as ways to support safe driving for as long as possible. AARP offers a Smart Driver course. This is an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.

➤ **Many residents are caregivers and are in need of supports.**

- 50% of survey respondents reported having been a caregiver within the past 5 years. Among caregivers, 58% reported that it is challenging to provide care and complete their daily responsibilities.
- According to data from the Massachusetts Healthy Aging Collaborative¹⁰, 10% of all residents across the 3 communities age 65 or older have been diagnosed with Alzheimer’s disease or related dementia, and that is likely an underreport given that many people go undiagnosed.

Recommendations:

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about available resources. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Senior Center with family caregivers.

¹⁰ <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

- Consider respite options. For example, host a “Caregiver’s Night Out” to provide caregivers an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups and other aging service providers to provide respite care during the event.
- Consider developing a Memory Café or providing resources of nearby Cafés for residents and their caregivers to attend.
- Encourage town employees or resident volunteers to become “dementia friends¹¹” to learn more about communication and reduction of stigma around dementia.

¹¹ [Become a Dementia Friend | Dementia Friends USA](#)

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,393 responses to the South County Survey of residents age 50 and older, conducted in Winter, 2022. Eighteen percent of responses were received online with the rest of the responses received by mail. Total response rate was 36%. See text for additional details.

Section I: Community & Neighborhood

Q1. Where do you currently live?

	All age	Age 50-59	Age 60-69	Age 70-79	Age 80+
Deerfield	56%	52%	52%	58%	65%
Sunderland	26%	30%	27%	26%	21%
Whately	18%	18%	21%	16%	14%
Total	100%	100%	100%	100%	100%

Q2. How long have you lived in the region of Deerfield, Sunderland, and Whately?

	All age	Under Age 60	Age 60-69	Age 70-79	Age 80+
Fewer than 5 years	9%	15%	10%	6%	5%
5-9 years	7%	7%	8%	6%	4%
10-19 years	11%	20%	10%	11%	6%
20-29 years	18%	24%	23%	13%	12%
30+ years	55%	34%	49%	64%	73%
Total	100%	100%	100%	100%	100%

Q3. How important is it to you to remain living in Deerfield, Sunderland, or Whately as you get older?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Very Important	62%	50%	59%	65%	78%
Somewhat Important	29%	34%	32%	29%	17%
Slightly Important	5%	10%	5%	3%	5%
Not at All Important	4%	6%	4%	3%	0%
Total	100%	100%	100%	100%	100%

Q6. Would you know whom to contact in your town should you or someone in your family need help accessing social services, health services, or other municipal services?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	55%	53%	51%	59%	62%
No	45%	47%	49%	41%	38%
Total:	100%	100%	100%	100%	100%

Section II: Housing & Living Situation

Q7. Do you live alone or with other people?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
I live alone	24%	14%	22%	22%	45%
I live with others	76%	86%	78%	78%	55%
Total:	100%	100%	100%	100%	100%

Q10. Do you own or rent your current residence?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
The residence is owned by me or someone with whom I live	93%	91%	93%	94%	93%
The residence is rented by me or someone with whom I live	7%	9%	7%	6%	7%
Total	100%	100%	100%	100%	100%

Q11. Does your current residence have a bedroom and full bath on the entry level?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	69%	67%	66%	72%	70%
No	31%	33%	34%	28%	30%
Total	100%	100%	100%	100%	100%

Q12. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these modifications.	37%	29%	38%	41%	34%
Yes, but I cannot afford to make these modifications.	9%	12%	9%	8%	9%
No, my current residence does not need modifications.	54%	59%	53%	51%	57%
Total	100%	100%	100%	100%	100%

Q13. Does your current residence need home repairs (e.g., new roof, electrical work etc.) to improve your ability to live in it safely for the next five years?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs.	27%	25%	29%	26%	23%
Yes, but I cannot afford to make these repairs.	12%	14%	12%	9%	13%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).	2%	2%	3%	2%	3%
No, my current residence does not need repairs.	59%	59%	56%	63%	61%
Total	100%	100%	100%	100%	100%

Q14. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Single-family home	37%	51%	41%	32%	20%
Multi-family home (2 or more units)	5%	6%	4%	5%	5%
Accessory apartment (add-on apartment to an existing home)	12%	10%	14%	12%	7%
Apartment	11%	11%	11%	10%	10%

Condominium, townhome	34%	37%	37%	36%	16%
55+ Community	39%	36%	43%	41%	29%
Assisted living community	28%	13%	24%	31%	52%
Other	9%	6%	8%	11%	13%

**Figures do not sum to 100%*

Section III: Social Activities & Relationships

Q15. How often do you talk on the phone, send email, or use social media, or get together to visit with family, friends, or neighbors? (Check only one per item)

Q15_01. Talk on the phone with family, friends, or neighbors?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Every day	45%	56%	42%	42%	45%
One or more times a week	39%	31%	42%	41%	38%
A few times a month	10%	7%	10%	11%	9%
Once a month	3%	4%	3%	4%	3%
2-3 times a year (e.g., holidays)	2%	2%	2%	2%	2%
Never	1%	--	1%	--	3%
Total	100%	100%	100%	100%	100%

Q15_02. Send email or use social media with family, friends, or neighbors

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Every day	58%	67%	61%	55%	39%
One or more times a week	24%	22%	24%	27%	22%
More than once a month	6%	6%	6%	6%	10%
Once a month	2%	1%	1%	3%	1%
2-3 times a year (e.g., holidays)	2%	1%	2%	2%	5%
Never	8%	3%	5%	7%	23%
Total	100%	100%	100%	100%	100%

Q15_03. Get together in person with family, friends, or neighbors

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
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Every day	12%	11%	13%	12%	11%
One or more times a week	42%	44%	40%	44%	38%
A few times a month	27%	30%	27%	24%	29%
About once a month	9%	10%	10%	9%	8%
A few times a year (e.g., holidays)	9%	5%	8%	10%	10%
Never	1%	--	2%	1%	4%
Total	100%	100%	100%	100%	100%

Q16. Do you know someone living close by on whom you can rely for help when you need it?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	88%	89%	85%	91%	88%
No	12%	11%	15%	9%	12%
Total	100%	100%	100%	100%	100%

Q17. Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	67%	65%	62%	71%	74%
No	33%	35%	38%	29%	26%
Total	100%	100%	100%	100%	100%

Q18. Do you provide any help to neighbors with minor tasks or errands (e.g., changing a light bulb, shopping, shoveling snow)?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	40%	50%	43%	39%	20%
No	13%	7%	9%	13%	36%
No, but I would be willing to if asked.	47%	43%	48%	48%	44%
Total	100%	100%	100%	100%	100%

Section IV: Health

Q19. Do you have an impairment or condition that limits your ability to participate in your community?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	14%	4%	8%	15%	39%
No	86%	96%	92%	85%	61%
Total	100%	100%	100%	100%	100%

Q20. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work?)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	17%	4%	12%	20%	44%
No	83%	96%	88%	80%	56%
Total	100%	100%	100%	100%	100%

Q21. Rate your level of agreement with the following statement: “In my neighborhood, it is easy to buy healthy foods.”

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Strongly Agree	28%	35%	31%	26%	18%
Agree	47%	44%	46%	47%	50%
Disagree	18%	14%	17%	20%	25%
Strongly Disagree	7%	7%	6%	7%	7%
Total:	100%	100%	100%	100%	100%

Q22. Rate your level of agreement with the following statement: “In the past 12 months, I worried my food would run out before I got money to buy more.”

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Often True	1%	1%	--	--	1%
Sometimes True	6%	8%	4%	4%	7%
Never True	91%	89%	94%	93%	89%
I don’t Know	2%	2%	2%	3%	3%
Total:	100%	100%	100%	100%	100%

Section V: Caregiving

Q23. 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)?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	50%	60%	55%	47%	34%
No	50%	40%	45%	53%	66%
Total	100%	100%	100%	100%	100%

Q24. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Very Challenging	20%	24%	24%	11%	24%
Somewhat Challenging	38%	37%	39%	43%	24%
Neither Challenging Nor Easy	24%	25%	22%	23%	33%
Somewhat Easy	12%	9%	9%	17%	15%
Very Easy	6%	5%	6%	6%	4%
Total	100%	100%	100%	100%	100%

**This table only includes respondents who reported providing care to someone now or in the last five years.*

Q25. Did this person have any of the following conditions? (Check all that apply)

	All ages
Alzheimer's disease or dementia, or Parkinson's disease	30%
Psychological Condition (e.g., depression or anxiety)	15%
Chronic disease (e.g., cancer)	40%
Other (e.g., frailty, mobility issues)	42%
Total	100%

**Figures do not sum to 100%*

***This table only includes respondents who reported providing care to someone now or in the last five years.*

Section VI: Transportation

Q26. What are the primary ways in which you meet your transportation needs? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
I drive myself	94%	96%	98%	96%	75%

My spouse/children drive me	22%	13%	19%	26%	34%
Taxi or ride sharing service (e.g., Uber, LYFT)	1%	2%	2%	1%	--
Walk or bike	22%	27%	26%	21%	7%
Other	5%	3%	4%	4%	12%

**Figures do not sum to 100%*

Q27. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	3%	3%	4%	2%	8%
No	97%	97%	96%	98%	82%
Total	100%	100%	100%	100%	100%

Q28. Which kind of difficulties do you have in getting the transportation that you need? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Public transportation is unavailable or inconvenient	18%	13%	18%	20%	22%
Transportation options cost too much	3%	2%	3%	4%	5%
Physical limitations or other impairments make accessing transportation options difficult	4%	--	3%	3%	11%
No door-to-door assistance	5%	2%	3%	6%	12%
Distance to my destination is too far	4%	4%	3%	3%	5%
No one I can depend on for a ride	3%	2%	3%	4%	6%
I have no difficulties	76%	85%	77%	75%	64%
Other	5%	3%	3%	6%	9%

**Figures do not sum to 100%*

Q29. How satisfied are you with transportation options in the region?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
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Very Satisfied	9%	10%	9%	7%	10%
Somewhat Satisfied	18%	22%	20%	18%	12%
Slightly Satisfied	14%	14%	14%	15%	12%
Not at all Satisfied	19%	16%	19%	19%	22%
Not applicable	40%	38%	38%	41%	44%
Total	100%	100%	100%	100%	100%

Q30. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
I drive with no limitations	54%	77%	59%	47%	28%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	42%	20%	40%	50%	57%
I do not drive	4%	3%	1%	3%	15%
Total	100%	100%	100%	100%	100%

Section VII: Programs & Services at the South County Senior Center

Q31. Do you see the South County Senior Center as playing a role in the lives of yourself, loved ones, friends, or neighbors?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes	68%	64%	67%	72%	66%
No	32%	36%	33%	28%	34%
Total	100%	100%	100%	100%	100%

Q32. Please rate the importance of each program/service to you or to your family. (%Very Important/Important)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Transportation	32%	35%	32%	29%	33%
Volunteer opportunities	29%	39%	33%	26%	12%
Support groups (e.g., caregiver support group, neuropathy, support)	28%	37%	28%	25%	20%

Health and wellness (e.g., blood pressure clinics, medical equipment loan, podiatry)	44%	49%	44%	43%	38%
Nutrition programs (e.g., lunches, home delivered meals, food pantry)	34%	45%	34%	31%	30%
Educational opportunities (e.g., lectures, workshops)	35%	39%	37%	34%	22% ^b
Fitness activities (e.g., yoga, tai chi, Zumba, walking club)	37%	43%	42%	33%	22%
Assistance with local or state programs (e.g., fuel assistance, SNAP, farmers market coupons)	31%	35%	34%	26%	23%
Professional services (e.g., health insurance counseling, tax preparation)	39%	45%	44%	33%	30%
Social or recreational activities (e.g., painting, book club, dancing, music)	34%	43%	37%	33%	20%
Trips or outings (e.g., concerts of destinations tours)	32%	37%	33%	31%	24%

**Figures do not sum to 100%*

Q33. Prior to COVID-19, how frequently did you use programs or services offered by the South County Senior Center? (Check only one)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Two or more times a week	2%	1%	1%	4%	4%
About once a week	2%	1%	4%	5%	2%
A few times a month	2%	1%	1%	2%	5%
About once a month	2%	1%	1%	1%	5%
A few times a year (e.g., special events only)	11%	3%	9%	14%	20%
Never, I do not use programs or services offered by the Senior Center	81%	93%	84%	74%	64%
Total	100%	100%	100%	100%	100%

Q34. If “Never” or “A few times a year” on Question 33: What is the reason that you do not currently use programs or services offered by the South County Senior Center?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
I am not interested	20%	13%	16%	23%	32%
I am unaware of programs or services available	34%	26%	35%	41%	29%
I participate in programs elsewhere	10%	6%	6%	17%	13%
I do not have time	16%	18%	19%	13%	7%
I am not old enough	20%	59%	20%	4%	2%
Other	24%	11%	27%	24%	29%

**Figures do not sum to 100%.*

Q35. Below, please check all factors that would increase the likelihood of your using the South County Senior Center programs and services more often: *(Check all that apply)*

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
If I had more knowledge about the programs and services that are available	56%	47%	63%	59%	41%
If the cost of programs was reduced or eliminated	9%	8%	9%	8%	9%
If programs and services were better suited to my interests	30%	26%	27%	37%	29%
If the hours of the senior center were more convenient	8%	7%	9%	9%	7%
If transportation options to the Senior Center were more convenient	7%	5%	5%	6%	16%
If it were easier to access the Senior Center building (e.g., updated building, improved accessibility)	13%	9%	8%	18%	19%
If the Senior Center was a more welcoming place	16%	12%	12%	22%	15%

Other	23%	32%	22%	21%	22%
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**Figures do not sum to 100%.*

Q36. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding programs available at the South County Senior Center? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Space for informal socializing	30%	35%	27%	33%	25%
Lunch or other nutrition programs	32%	40%	31%	32%	27%
Caregiver programs (e.g., support groups, respite)	21%	34%	21%	16%	18%
In-home programs (e.g., help with minor chores/errands)	27%	32%	28%	25%	26%
Day trips	32%	36%	34%	32%	24%
Information/referral for social services	31%	34%	31%	30%	28%
Physical health and well-being (e.g., exercise classes or disease management)	51%	64%	54%	49%	35%
Mental health programs (e.g., meditation, counseling)	25%	43%	26%	20%	14%
Social gatherings (e.g., parties or holiday events)	31%	37%	31%	30%	28%
Fitness space (e.g., pool or gym)	49%	58%	54%	46%	28%
Lifelong learning programs (e.g., computer programs, history, lectures)	49%	49%	50%	52%	37%
Outdoor exercise (e.g., hiking, kayaking)	46%	64%	53%	41%	16%
Job support	5%	13%	6%	2%	1%
Performances and presentations	32%	30%	32%	36%	24%
Evening or weekend activities	24%	42%	26%	17%	10%

Other	10%	8%	8%	12%	11%
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**Figures do not sum to 100%.*

Q37. Where would you prefer to find information about the activities and services offered by the South County Senior Center? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Senior Center newsletter	63%	48%	61%	70%	63%
Cable TV	14%	14%	10%	16%	20%
Radio	7%	8%	7%	4%	7%
Town website	57%	66%	64%	57%	25%
Local community newspaper	29%	24%	23%	36%	35%
Facebook or other social media sites	33%	54%	27%	12%	33%
Other	10%	8%	11%	11%	7%

**Figures do not sum to 100%.*

Q38. Please select your gender.

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Male	62%	68%	62%	59%	62%
Female	38%	32%	38%	41%	38%
Other	--	--	--	--	--
Total	100%	100%	100%	100%	100%

Q39. What is your age range? (Check only one)

	All ages
Under age 55	7%
55-59	9%
60-69	39%
70-79	32%
80-89	11%
90+	2%
Total	100%

Q40. Are you able to access the internet from your home? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Yes, using a smartphone (that is, a cellular phone that provides access to the internet)	65%	82%	69%	66%	31%
Yes, using a home computer, laptop, or tablet	85%	90%	83%	90%	66%
No, I do not have internet access at home	6%	2%	4%	4%	25%

**Figures do not sum to 100%.*

Q41. What is your employment status? (Check all that apply)

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Working full time	25%	75%	30%	4%	--
Working part time	13%	13%	19%	10%	4%
Retired	62%	7%	52%	87%	96%
Other	6%	6%	8%	5%	4%

**Figures do not sum to 100%*

Q42. When do you plan to fully retire?

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
N/A, I am already fully retired	56%	6%	43%	83%	94%
Within the next 3 years	9%	7%	16%	5%	--
In 3- 5 years	8%	12%	13%	2%	--
In 6- 10 years	8%	28%	8%	--	--
In more than 10 years	6%	28%	2%	--	--
Not sure	8%	13%	10%	4%	3%
I do not anticipate ever fully retiring	7%	8%	8%	6%	3%
Total	100%	100%	100%	100%	100%

Q43. Please indicate your level of agreement or disagreement with the following statement: *“I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses.”*

	All ages	Under Age 60	Age 60-69	Age 70-79	Age 80+
Strongly Agree	33%	33%	31%	35%	31%
Agree	53%	52%	53%	54%	54%
Disagree	12%	13%	14%	9%	13%
Strongly Disagree	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%