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### Aging in Beverly, Massachusetts: A community needs assessment

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# **Aging in Beverly, Massachusetts: A community needs assessment**

**Commissioned by The Beverly Council on Aging  
& Senior Community Center**

*Center for Social & Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
University of Massachusetts Boston*



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May 2018

Dear Citizens of Beverly,

It is with great pleasure that I present to you the findings of a needs assessment study conducted by the University of Massachusetts Boston's Gerontology Institute in the fall of 2017. The study was prompted by the increase in the number of older adults living in Beverly as well as the demographic projections for the future. It is thought that 28-30% of those living in Beverly will be over 60 years old, by the year 2030. As you can imagine, this will result in a growing need for services for our older residents and will place an increased demand on the Senior Center services to adequately provide for their needs and concerns.

Through the needs assessment process, our hope was to gather and document the needs, interests, preferences and opinions of Beverly residents, age 60 and over, with respect to living and aging in the City of Beverly. The research team conducted key informant interviews, focus groups, demographic analysis, as well as a mail survey that received a 27% response rate. Viewed collectively, these individual elements of the study provide us with a broad and detailed understanding of the met and unmet needs of the older residents living in Beverly. This information will be important to us as we prepare and plan for the future growth and development of senior services in Beverly.

The Beverly Senior Center has a long history of providing outstanding service to the older adults in our community. Our mission is to support the wellbeing of older adults by creating a friendly and safe senior community center whose staff provides social services, education, information about health services, nutrition, transportation, recreation, and leisure time activities and resources to seniors and their families; we also assist vulnerable seniors by advocating for supportive services that increase their ability to remain independent; to anticipate and respond to the evolving needs of seniors living in Beverly. We are able to provide such a robust array of services and activities because of our beautiful facility, outstanding staff, and community support. Given the demographic projections for the foreseeable future, it is imperative to plan for the influx of baby boomers who have already begun their retirement years. We are very proud of the results of this effort and of

the strong community response in undertaking the needs assessment project. I would like to thank all those who made it possible including: Mayor Michael Cahill, City Council President, Paul Guanci, Council on Aging Board of Directors, Claire-Marie Hart, Robert Hobbs, Cynthia Montalbano, Anne Horrigan and Jessica Wistran, the Senior Center Staff, in particular Assistant Director, Jessica Waggett, the research team at UMASS Boston, including Dr. Caitlin Coyle, lead researcher, Claire Wickersham, and Dr. Jan Mutchler for their exceptional work and those citizens who responded to the survey, participated in a focus group or both.

I welcome your feedback and look forward to continuing the conversation as we create a shared vision to ensure that the Beverly Senior Center can continue to provide meaningful, valued and vital services to all older adults who live in our community.

Sincerely yours,

*MaryAnn Holak*

MaryAnn Holak  
Director

# Aging in Beverly, Massachusetts: A community needs assessment

Commissioned by the Beverly Council on Aging &  
Senior Community Center

May 2018

## 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 Beverly Council on Aging and Senior Community Center (hereto referred to as the Beverly Senior Center), to investigate the needs, interests, preferences, and opinions of Beverly's population of residents who are age 60 and older. The contents of this report are meant to inform the Beverly Senior Center, and organizations that work with and on behalf of older residents of Beverly, for the purposes of planning and coordination of services, but also to build awareness about issues facing the City of Beverly.

Data for the study were drawn from several sources, including publicly available information obtained through the U.S. Census Bureau and data collected expressly for this study. Primary data collection included:

- Two focus groups including residents and representatives of local nonprofit organizations and City Departments.
- Five key-informant interviews with City officials, including the Chiefs of Beverly Police and Fire Departments
- A resident survey distributed to a sample of 3,000 residents age 60 and older, based on the most recent City Census list. The survey was mailed in October 2017 and was also made available online. A total of 806 responses were received.

## Key Findings in Brief

### Demographic Highlights

- Currently, 21% of Beverly residents are age 60 and older. By 2030, this share is expected to increase to between 28%-30%. These demographic projections suggest that the need for senior services will continue to increase.
- One out of three Beverly seniors lives alone.
- Beverly seniors have lower annual income relative to their younger counterparts. For example, 35% of Beverly residents age 65 and older report annual income of under \$25,000 compared to 14% of residents age 45-64.
- Beverly residents age 75 and older have higher rates of disability (50%) than those age 65-74 (20%).
- More than one-third of survey respondents in their 60s are still working full-time.
- A sizeable share (53%) of men aged 65 and older in Beverly report veteran status
- In Beverly, there is a larger share of female seniors (58%) than is observed among Massachusetts seniors as a whole (52%)

### Community & Neighborhood

- Beverly seniors want to continue to live in Beverly. Nearly three-quarters (74%) of survey respondents reported having lived in Beverly for more than 25 years, and 62% report that it is very important to them to remain in Beverly as they get older.
- Most survey respondents (81%) agree or strongly agree that Beverly's older residents are treated respectfully.
- About half of survey respondents report that they provide help with minor tasks or errands to neighbors or friends. An additional 43% report that although they do not currently provide this type of help, they would be willing, if asked.
- The three main reasons that would cause survey respondents to leave Beverly are: cost of living, lack of family nearby, and affordable housing.

### Housing & Living Situation

- A large share of owner-occupied housing is senior-headed (39%).
- Study participants perceive a lack of adequate housing options if they wish to downsize, or if they need housing with support services (e.g., transportation, social programming, or on-site social services).
- One-quarter of homeowners responding to the survey indicate that their homes need modifications or repairs to improve their ability to age in place. A portion (7-10%) of these residents are unable to afford these necessary changes.
- More than one-third of seniors responding to the survey say that if a change in their health or physical ability required a move from their current homes, they would seek out a senior independent living community. Others would prefer a single family home (29%) or an apartment or condominium complex with fewer than 5 units (20%).
- Among respondents age 80 and older, 30% would prefer to move to an assisted living community, if necessary.

### Transportation

- Currently, most survey respondents (88%) report driving themselves to get where they need to go. However, a sizeable share (46%) of respondents reported modifying their driving in ways that make it safer; for example, avoiding driving at night (29%), avoiding driving in bad weather (28%), and avoiding driving in unfamiliar areas (17%). Among respondents age 80 and older, 22% report not driving at all.
- There are a variety of public transportation options in Beverly (e.g., taxis, City of Beverly Shuttle, MBTA, and the Beverly Senior Center vans). However, few survey respondents (11%) report using these public transportation options. A portion of respondents (18%) report biking or walking as modes of transportation, highlighting the need for safe streets, sidewalks, and intersections.
- Over half (59%) of survey respondents indicate that they are "completely satisfied" or "very satisfied" with the transportation options available in Beverly.
- Key-informants and focus group participants described challenges related to using current transportation options in Beverly, including inconvenient schedules and routes as well as a lack of awareness of these options among residents.



### Caregiving

- More than one-third (36%) of survey respondents have provided care or assistance to a person who is frail or disabled within the last 12 months.
- Nearly half (46%) of those caregivers reported that this experience was “very” or “somewhat” challenging— both to care for the person and to also meet their other responsibilities.
- The most frequently reported condition that prompted the support provided was mobility impairment (e.g., difficulty walking or climbing stairs).

### Health & Disability

- 14% of survey respondents age 60-69, 19% of those age 70 to 79, and 24% of respondents age 80 and older report their health as being “fair” or “poor”.
- About 11% of all survey respondents rate their emotional health as being “fair” or “poor”.
- Nearly 1 out of 5 respondents (19%) reported having an impairment or condition that limits their ability to participate in their community. Among those reporting this type of disability, 20% report not having sufficient supports in place to participate in the community as they wish. These types of community supports could include things like personal attendant care, accessible transportation, or adequate assistive technology.

### Social Activities & Relationships

- Most Beverly residents report being engaged with their community, friends, or relatives. However, 8% of respondents age 60 to 69, 12% of those age 70 to 79, and 10% of those age 80 and older get together with friends, family, friends, or neighbors once a month or less frequently. These individuals may not be having their needs for social connection met.
- 11% of respondents age 60 to 69 report having no one living within 30 minutes on whom they can rely for help, compared to 7% of respondents in their 70s and 5% of those age 80 and older.
- Focus group participants and key informant interviewees discussed isolation as a barrier for seniors in Beverly to age well. They also discussed the risk that isolation poses for older adults in terms of their safety and emotional health.

### Programs & Services at the Beverly Senior Center

- 37% of survey respondents report using the Beverly Senior Center. Participation rates are higher among respondents in their 70s (45%) and those age 80 and older (62%) compared to those in their 60s (22%). This is typical across other communities in Massachusetts, and reflects the range of interests and options available to older adults.
- Among respondents who indicate that they access programs or services at the Beverly Senior Center, 27% are age 60 to 69, 41% are age 70 to 79, and 32% are age 80 and older. The Beverly Senior Center must therefore balance the interests, needs, and goals of residents who may need significant supports, with those who are quite active and independent, and looking for new and engaging activities and opportunities.



- Among those who do not currently participate at the Beverly Senior Center, a lack of interest and lack of time are the most commonly offered reasons for not participating at the Beverly Senior Center.
- Among respondents who participate at the Beverly Senior Center, more than one-quarter participate weekly, including 21% of respondents age 60 to 69, 26% of those age 70 to 79, and 29% of those age 80 and older. However, more than half (52%) participate just a few times a year. This range of participation levels highlights the broad continuum of affiliation with the Beverly Senior Center.
- One out of five survey respondents report that not knowing what programs and services are available is a barrier to participating at the Beverly Senior Center. In addition, 16% of respondents age 60 and older reported that they were “not old enough” to participate at the Beverly Senior Center. This highlights a perception in the community about eligibility for participation at the Senior Center.
- For survey respondents age 70 and older, the Senior Center Newsletter is their preferred source of information about senior services. Among those in their 60s, email, websites, or social media are most preferred.
- Survey respondents were asked to rate the importance of seven types of programs offered through the Beverly Senior Center to themselves or their family members. Five out of the seven types of programs were rated important by at least 40% of survey respondents—indicating that much of what is done by the Beverly Senior Center is rated as important. Professional services (e.g., health insurance counseling, tax, legal and financial help) received the highest rates of importance, and 41% of respondents rated transportation as an important service. The next most highly rated set of programs was health and fitness programs, rated as important by 40%. Similarly, 40% of respondents rated assistance with state and local support services as important to themselves or someone in their family.
- Satisfaction with the Beverly Senior Center is high, with 65% of seniors who participate in activities indicating that they are “completely satisfied” or “very satisfied” with the programs and services offered.
- Survey respondents were given an opportunity to write-in suggestions for new programs and services to be offered by the Beverly Senior Center. By and large, respondents described programs that attract diverse, active, and creative interests. For example, more intensive health and wellness programs to include more intermediate and advanced exercise courses and diabetes maintenance programs were specified. Additional out-of-town trips and weekend excursions were suggested as were opportunities to use the transportation services for local social outings. Programs to attract younger seniors were suggested, including classes on “how to retire” or public forums to discuss current events and topics with peers.

## Recommendations

We offer the following recommendations for the Beverly Council on Aging and Senior Community Center:

We offer the following recommendations for the Beverly Council on Aging and Senior Community Center:

1. Plan for growth of the older population in Beverly. The Beverly Senior Center as well as other City departments and organizations operating in Beverly will be impacted by a growing older population. Adequate planning will require each to evaluate what the shifting demographic means for their operations, and how best to respond. For example:
  - Many of the specific recommendations made within this report would require the expansion of current staffing capacity of the Beverly Senior Center to meet the growing and changing needs of older Beverly residents, moving forward.
  - Consider the creation of an additional outreach position that focuses on communication and marketing of Beverly Senior Center programs and services throughout the City.
  
2. Strengthen community knowledge about what the Beverly Senior Center is and its range of offerings. For example:
  - Correct misperceptions about who is “eligible” to participate in Senior Center activities. Consider existing outlets like op-ed columns or local cable opportunities to explain eligibility for and resources provided by the Beverly Senior Center. Feature current participant profiles, invite them to share their initial motivations for participating.
  - Develop ways to engage new Beverly residents (renters and homeowners). For example, establish a welcome committee, to welcome individuals to the City and provide them with knowledge and information about the programs, services, and resources that are available at the Beverly Senior Center.
  - Consider creating an incentive for “first-time” senior center participants or a similar “welcome committee” at the Beverly Senior Center to ensure that new participants have a pleasant first experience.
  - Selectively expand other means of communicating about the Senior Center, including informational presentations around the City, and electronic communication (e.g., social media).
  
3. Improve communication between the Beverly Senior Center and other City Departments. Older residents will be better served if communication and collaboration across City Departments are improved. For example:
  - Consider developing new messaging, or marketing strategies about the programs, services, and eligibility of participating at the Beverly Senior Center. Make presentations to other City Department leaders and staff as a way of widening recruitment efforts while simultaneously educating City staff.
  - Develop mechanisms by which other City Departments (e.g., Police and Fire) can communicate with the Senior Center about vulnerable seniors as a strategy to prevent serious isolation and its negative effects. Work with

public safety officials to identify ways of sharing integral information about residents who may benefit from additional services and supports provided by the Beverly Senior Center. Invite Senior Center Directors or public safety officials from other communities to share their experiences. Consider piloting one of these models.

4. Support older residents' efforts to stay in their community as they grow older. Advocate to improve housing options for older adults who cannot stay in their current homes. For example:
  - Provide information to older residents about programs and services that can help make their homes safer. Include information about the types of adaptations that may be helpful, as well as information about how to finance changes that are needed and desired and help identify trustworthy sources of assistance (e.g., handyman services or contractors).
  - As a City Department, the Beverly Senior Center can contribute to local conversations about housing options for older adults who wish to downsize while still staying in Beverly. Include 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 communities are desirable housing options. Work with other City Departments to develop strategies to give Beverly residents priority when developing these types of housing.
  
5. Improve education about local transportation options available to older residents in Beverly. In addition to reviewing ways of maximizing current transportation provided by the Beverly Senior Center, support City-wide efforts to streamline and improve transportation options for older residents. For example:
  - Advocate for an inventory of existing transportation options to identify gaps, duplications, and inefficiencies in service for older residents and those with disabilities.
  - 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 flexibility they value. Consider ride-share options and volunteer driver options like FISH<sup>1</sup>.
  - Work with other City Departments to develop new ways to promote the transportation options that are already in place so that residents and their family members know what is available. For example, review signage and seating at all local bus stops in Beverly to ensure "age-friendliness".

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<sup>1</sup> Friends in Service Helping (FISH) is an organization of volunteers that provides transportation to and from medical and similar appointments within the City and the nearby area. This free service is available to all residents who are unable to drive themselves. Volunteers normally donate one day a month either as a driver or a phone volunteer to this free volunteer driver program

- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs like CarFit<sup>2</sup> to older drivers and their families as ways to improve driving skills and improve car safety.
6. Consider new ways to support informal caregivers in Beverly. The Beverly Senior Center can be a source of information, assistance, and respite for these caregivers. For example:
- Create new ways of providing information and assistance for caregivers, including the adult social day opportunities, support groups for caregivers, and information and referral resources available through the Senior Center. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Beverly Senior Center with family caregivers.
  - Consider hosting a “Caregiver’s Night Out” to provide residents of Beverly who might be caring for a spouse, parent, or grandparent to enjoy a night of entertainment. Explore partnerships with area adult day programs to provide respite care during the event.
7. Strengthen opportunities to connect older residents with existing resources to improve economic security in Beverly. Advocate for the creation of new resources and programs to support economic security of seniors in Beverly. For example:
- Convene an “Aging in Place Workshop” to educate the public about creative ways to use their home equity to age in place as well as about alternative housing models like home-sharing<sup>3</sup>. This workshop could also widen publicity about currently available options for addressing economic security through the Beverly Senior Center (e.g., SNAP benefits, fuel assistance, Circuit Breaker Income Tax Credit, and free tax preparation services).
  - Revisit the tax work off program in Beverly. Consider developing new tax work-off positions within Beverly to accommodate residents of all physical abilities and to expand the program to more seniors in Beverly.
  - Strengthen communication across City departments and organizations about resources available to help seniors who are struggling financially. Develop additional mechanisms for other City Departments and local organizations to refer residents to outreach staff at the Senior Center when a community member is known to need assistance.
8. Address programmatic factors limiting resident participation in Beverly Senior Center programs. Despite good participation levels, rethinking elements of programming may draw more residents in to the Beverly Senior Center.

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<sup>2</sup> CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The CarFit 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.

<sup>3</sup> <https://mcoonline.com/wp-content/uploads/2017/12/HOMESHARING-IN-MASSACHUSETTS-Revised-Finalbcedits.pdf>

- Update program offerings and develop more opportunities that may appeal to a wider range of older adults. Consider pilot-testing weekend programming to attract residents who work during the week. For example:
    - Expand life-long learning programs. These programs are popular in highly-educated communities; drawing on retired faculty members and other experts as instructors is an option.
    - Offer more challenging exercise programs that require greater exertion levels and appeal to the more fit segments of the senior population.
    - Develop a central resource for volunteer opportunities in Beverly. The Beverly Senior Center could explore ways to connect interested residents with volunteer opportunities.
  - Consider hosting events at satellite space throughout the City so that more residents can participate, feel involved, and understand that the Senior Center is for them. For example:
    - Host events at off-site locations both to increase the number of residents who can be accommodated; and also to position the Beverly Senior Center as a community-wide resource that goes beyond the four walls of the building.
9. Expand offerings for home-bound older adults in Beverly. For example:
- Work with the local faith-communities to advance outreach efforts to homebound seniors in Beverly and to bolster existing efforts to identify and support isolated residents of the community. For example, the Beverly Senior Center could coordinate volunteers with the local faith communities to develop “care circles”, or small groups of volunteers who circle around a senior to help them maintain independence, safety and social connections.
  - Explore the use of technology (e.g., phone or other mobile devices) to include home-bound residents in existing programs through video technology, or making “friendly visits” by telephone.

## Acknowledgements

The authors wish to acknowledge the City of Beverly and the Beverly Council on Aging and Senior Community Center, which generously provided support for this project. We thank MaryAnn Holak, the Director of the Beverly Senior Center and Jessica Waggett, Assistant Director of the Beverly Senior Center, as well as the Council on Aging Board who offered invaluable input and assistance as we defined research questions, recruited participants, and carried through our research plan.

### **Beverly Council on Aging Board Members:**

Cynthia Montalbano, Secretary  
Claire-Marie Hart, Co-Chair  
Ann Horrigan  
Bob Hobbs, Co-chair  
Jessica Wistran

We express thanks to the many residents of Beverly who supported our data collection efforts, and took the time to complete our survey or participate in a focus group. We are also indebted to Mayor Michael Cahill, Director of Planning & Community Development, Aaron Clausen, City Council President, Paul Guanci, Chief of Fire, Paul Cotter, and Chief of Police, John LeLacheur who each sat down with us in interviews to share their perspectives on aging in Beverly.

The authors, Caitlin Coyle, Claire Wickersham, and Jan Mutchler, from the University of Massachusetts Boston, are responsible for the contents of this report; however, the project could not have been completed without the cooperation and efforts of all those mentioned above. We would also like to thank the graduate and undergraduate students who provided research support for this project.

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## Introduction

Over the coming decades, the senior<sup>4</sup> population of Beverly is expected to increase substantially, with growth rates far outpacing those of younger segments of the 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 Beverly Senior Center. The Beverly Senior Center is an important and valued resource, operating as the City's central points 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 Beverly 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 and older adults in Beverly. A needs assessment was undertaken in order to support planning on the part of the Beverly Senior Center and the community as a whole. Results presented here focus on the current and future consumers of Senior Center services and programs. Analysis focused on the characteristics and needs of Beverly residents who are age 60 and older, all of whom are age-eligible to participate in the Senior Center; and those who in the coming decade will be aging into a life stage where they may begin to seek out services meant for older adults. While the primary goal of this report is to support planning on the part of the Beverly Senior Center, a secondary goal is to present information that will be useful to other Beverly departments and organizations interacting with older adults.

## Background

### Community Features & Services

In general, assessment goals identified at the outset of this study related to how the City of Beverly and the Beverly Senior Center could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting the independence and quality of life of older people as they age (Nelson & Guengerich, 2009). Livable communities require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term services and supports. Older adults with mobility limitations and those who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and property can help protect the value of investments and improve the neighborhoods in which older people live. Safe and "walkable" shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. 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

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<sup>4</sup> For purposes of this report, "older adults" and "seniors" are defined as individuals age 60 and older. This is consistent with usage in 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. The terms "seniors" and "older adults" are used interchangeably in this report.

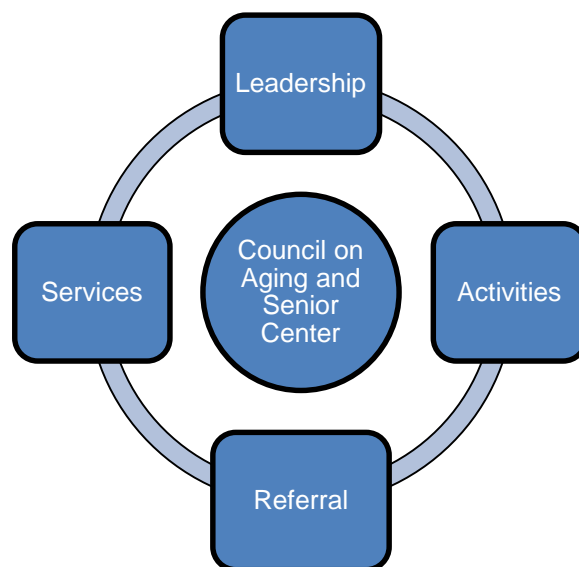
active, prolong independence and improve quality of life. Research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

### **The City of Beverly Council on Aging & Senior Community Center**

In Massachusetts, virtually every community has a Council on Aging—a municipal agency meant to serve as the community focal point for local services for older adults, their families, and caregivers. Many Massachusetts Councils on Aging (COAs) operate Senior Centers that serve as the physical structure through which these services may be obtained. Senior Centers also frequently offer fitness, recreation, socialization, education, access to social services, and many other programs that enhance quality of life. The Beverly Senior Center is a community-based resource for residents of Beverly ages 60 and over. It is charged with establishing priorities and offering opportunities to older residents, their families, and their caregivers.

When considering the mission of COAs and senior centers within communities, observers commonly think of two distinct responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Book clubs, exercise classes, and many other programs are good examples. Second, senior centers provide social services to older residents and their families that meet needs in the community and promote physical and emotional wellness. For example, transportation services and Supportive Day programs are offered through many senior centers. Many observers are not aware of two additional important responsibilities of COAs. The staff at the senior centers link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, COAs and senior center staff provide leadership within the community around senior issues, by serving on municipal boards, interacting with other municipal departments, and serving as resources to residents and organizations.

The Beverly Senior Center operates Monday through Friday. Its staff includes 15 members; 8 full-time positions and 7 part-time positions. It is important to note that 3 full-time positions are dedicated to operating the Beverly Senior Center’s transportation service. In addition, two full-time positions are dedicated to maintenance of the facility and clerical staff, leaving only 3 full-time, Master’s level trained staff to operate the professional and social service provision aspects of the Beverly Senior Center. The Senior Center also relies on the



contributions of many dedicated volunteers. Currently, the Beverly Senior Center offers an array of programs and services to residents who are aged 60 and older. According to records kept by the Beverly Senior Center, in 2017, 2,860 individuals were served by the Beverly Senior Center's programs and services. In addition, 2,061 individuals participated in the Senior Center's events. During 2017, total event participation reached 47,359 residents (duplicated), the second highest number documented since the Senior Center first started utilizing their database to collect such information.

Programs and services offered through the Beverly Senior Center include:

❖ *Outreach Services*: The Beverly Senior Center assists seniors and their family members with their concerns and needs on a daily basis. Outreach staff meet with clients and caregivers to listen, support, and provide information and referrals. They also reach out to seniors in the community who are not familiar with the Senior Center and its services and resources. In 2017, outreach staff provided outreach services to 1,108 individuals within the community for a total number of 2,374 duplicated interactions.

❖ *Transportation*: The Beverly Senior Center offers curbside-to-curbside, wheelchair accessible transportation within the City of Beverly. In 2017, 6,922 trips were provided to 185 seniors. This includes transport to medical appointments, grocery stores, hairdresser appointments, and social activities at the Beverly Senior Center.

❖ *Volunteer Opportunities*: Volunteers provide invaluable support to the Senior Center, assisting with many of the programs and activities including: volunteer supportive services, lunch assistance, assisting with or leading activities, and administrative tasks. In 2017, 191 volunteers donated their time and expertise to provide 4,079 hours of service.

❖ *Health & Wellness Services*: SHINE Counseling (Securing the Health Information Needs of Everyone) is offered to provide older residents with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. Other health services such as walk-in blood pressure, hearing screening, medication counseling, and general wellness check-ups are also offered regularly at the Beverly Senior Center.

❖ *Support Groups*: Ongoing support groups are hosted at the Beverly Senior Center. Topics include: Grandparents Raising Grandchildren, Parkinson's support, and Caregiver Support.

❖ *Health and Wellness Activities*: Regularly scheduled fitness classes, such as Yoga, Tai Chi, Zumba, Pilates, line dancing, arthritis exercise classes, and strength and balance classes are offered at the Beverly Senior Center. Free health seminars and lectures are offered on a monthly basis.

❖ *Social, Education, and Special Activities*: A variety of activities are offered on a weekly, monthly, or special occasion basis. These include games, craft classes, art programs, movie viewing, social groups such as knitting or book club, and day trips to museums, restaurants, and casinos.

❖ *Marketing the Beverly Senior Center*: Various media are used to inform residents about

available programs and services. Each month the Senior Center prints 3,900 copies of their monthly newsletter *The Garden City Courier*, which contains current programs, trip information, health services, the luncheon menu, upcoming events and other useful information. The newsletter is made available at the Beverly Senior Center and various housing and community sites around the city. It is also available by subscription and may be found online. Currently, the Senior Center mails approximately 2,200 newsletters each month, and distributes over 1,000 newsletters to other sites.

The Beverly Senior Center plays an instrumental role in providing key services to older adults in the City, and guiding older residents to services available to them. Currently, the Beverly Senior Center supports a number of residents and their families as they age in the community; however, as the number of older residents increases, the need for resources dedicated to this segment of the population will continue to grow and change. Thus, it is crucial that the Beverly Senior Center plans in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the City.

### Housing

The availability and affordability of housing suitable to meet the changing capacity of older people is a key factor that influences the ability of residents to age in place, and to lead fulfilling and healthy lives in older age. Many studies point to the well-documented preference of older adults to remain in their existing homes as long as possible (e.g., AARP, 2014). For many, the home serves not only as a source of shelter, but also as the platform for connection to neighborhood amenities and maintaining social networks. Homes are also an important source of financial security, as home equity may represent one of the most significant sources of wealth held by many older adults. In addition, the home may be the basis for long-standing memories that connect older individuals to their past. Consequently, the attachment many have to their homes is often substantial.

Nevertheless, as people age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may be too large for current needs, or too cumbersome or expensive to maintain on a fixed income. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Home design features, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to remain living safely in their home. Home accessibility modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and first floor bathrooms, may support the resident’s safety and facilitate aging in place; however, some individuals will need to change residences in later life.

The availability of affordable housing options not only allows residents to stay in the community, but can also attract newcomers. This is especially true for housing options with accommodating features, such as home accessibility modifications or elements of universal design, and housing that blends shelter and services, such as assisted living or continuing care retirement communities. These supportive housing options may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2014), or at least delay the move into more supportive and expensive institutional alternatives. The goal to age in the community can be further facilitated by making residents aware of

home-based services for which they may be eligible, including services that would help maintain and modify a residence for safe living, and programs that may help them pay utility or other home-related expenses.

## **Transportation**

Along with housing, adequate transportation is also needed to maintain social ties, obtain needed goods and services, access community amenities and be engaged with community members. 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. Although Beverly has public transportation options like publicly available trains, busses, and taxis, these options may be inconvenient, expensive, unreliable, or not easily accessible for those with mobility limitations. 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. By supporting high-quality, reliable and convenient local travel options, communities can promote a higher quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

## **Purpose of the Study**

This report represents the collaborative efforts by the Beverly Senior Center and University of Massachusetts Boston (UMass Boston) to assemble information suitable for planning. In the following pages, we present a profile of the characteristics and resources of the current population of Beverly— those who are at and approaching later life (age 60 and older). Knowledge of these characteristics provides an important basis for planning by the Beverly Senior Center, as well as by other City Departments. Project activities were conducted between July, 2017 and October, 2017.

## **Methods**

Mixed evaluation methods are often used to assess the needs of older residents and to aid organizations in planning and prioritizing the programs and services they provide in the community. Collecting data from multiple sources is a good strategy for converging on accurate and multifaceted representations of community needs from the perspective of a diverse set of stakeholders (Royse, Thyer, & Padgett, 2010). In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau and data collected directly from the City of Beverly's older residents, as well as administrative data from Senior Centers in similar communities in Massachusetts. All research methods and instruments used in this project were approved by the University's Institutional Review Board, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at UMass Boston.

Our goal early in this study was to prioritize the concerns of stakeholders and identify research questions that, when approached systematically, could shed light on the support needs of the older population, and identify services and City qualities that are most valued by the City of Beverly's residents.

In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants,

and a brief section on data analysis strategies.

## Demographic Profile

As an initial step toward understanding characteristics of Beverly’s older population through quantitative data, we generated a demographic profile of the City 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 (2011-2015), along with U.S. Census data, 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.

## Resident Survey

The central component of our data collection effort was a resident survey instrument developed by the research team at UMass Boston in consultation with the Beverly Senior Center. The instrument included quantitative and open-ended questions chosen based on their importance with respect to the planning needs of the Beverly Senior Center. In addition to a printed version of the instrument, the survey was made available online via SurveyMonkey.

The resident survey (reproduced in **Appendix A**) was composed of sections relating to the following areas:

- Community & Neighborhood
- Housing & Living Situation
- Transportation
- Caregiving
- Your Health
- Current & Future Retirement Plans
- Social Engagement
- Activities & Services at the Beverly Senior Center
- Demographic Information

A sample of 3,000 non-institutional residents of Beverly age 60 and older were invited to participate in the survey. At the request of the Director of the Beverly Senior Center, the City Clerk’s Office provided the UMass Boston research team with a list of Beverly residents who were age 60 and older, based on municipal census records that included names, addresses, and dates of birth for residents of Beverly. Addresses were updated, and individuals who were known to have moved away from Beverly were removed from the list. People age 60 and older were randomly selected from this clean address list to comprise the sample of 3,000.

A personally addressed postcard was mailed to selected residents with the intention of informing them that they would receive a mailed survey in the coming week. Following the postcard mailing, we sent the questionnaire packet with a postage-paid return envelope and cover letter signed by the Director of the Beverly Senior Center, which outlined the purpose of the survey and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMass Boston and the Beverly Senior Center as research partners in the project.



During the approximately month-long data collection period from mid-September to mid-October 2017, a total of 806 completed surveys were returned, resulting in an overall response rate of 27%. A total of 33 surveys were completed online and the remaining 773 were returned to the research team by mail. The research team at UMass Boston compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the UMB team.

## Focus Groups

Two focus groups were held to gain a better understanding of the experiences and needs of older adults living in the city of Beverly. Focus group participants were recruited by the staff of the Beverly Senior Center and both focus groups were held at the Beverly Public Library. Two note-takers were present to capture the contents of the conversations. The first focus group was comprised of community stakeholders and representatives of service organizations who have regular contact with older adults living in Beverly. The second focus group consisted of community residents who had a direct stake in the City's programming and service offerings for older adults. Discussion focused on: features of Beverly that promote aging in place; challenges experienced by older community members and organizations serving the older population; the anticipated needs of residents as they age; the anticipated needs of the City as the composition of the population continues to shift; and discussion of how organizations in Beverly could work together more effectively support of the older population.

## Key Informant Interviews

In July 2017 the UMB research team conducted in-person interviews with five individuals holding leadership roles in organizations relevant to seniors living in Beverly. Interviews focused on the interviewee's perceptions relating to unmet needs of seniors in the community, and how the growing size of the older population is impacting Beverly and the work that the key-informants do. We spoke with the Mayor of Beverly, the Director of Beverly's Department of Planning and Development, the Police Chief, Fire Chief, and the President of Beverly's City Council.

## 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 B** 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 Beverly?"). Notes taken during the study's qualitative components (e.g., focus group, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Beverly. Information about the Senior Center was obtained directly from the Director of the Beverly Senior Center. We used information from all of the data sources to develop recommendations reported in the final section of this report.



## Results

### Demographic Profile of Beverly

#### Age Structure and Population Growth

The American Community Survey (ACS) estimates a total population of 40,670 residents in Beverly. Over one third (36%) of the population was age 50 or older (**Table 1**). Residents age 50 to 59 comprised 14% of the total population, and those age 60 to 79 made up 17%, with an additional 5% of residents age 80 and older.

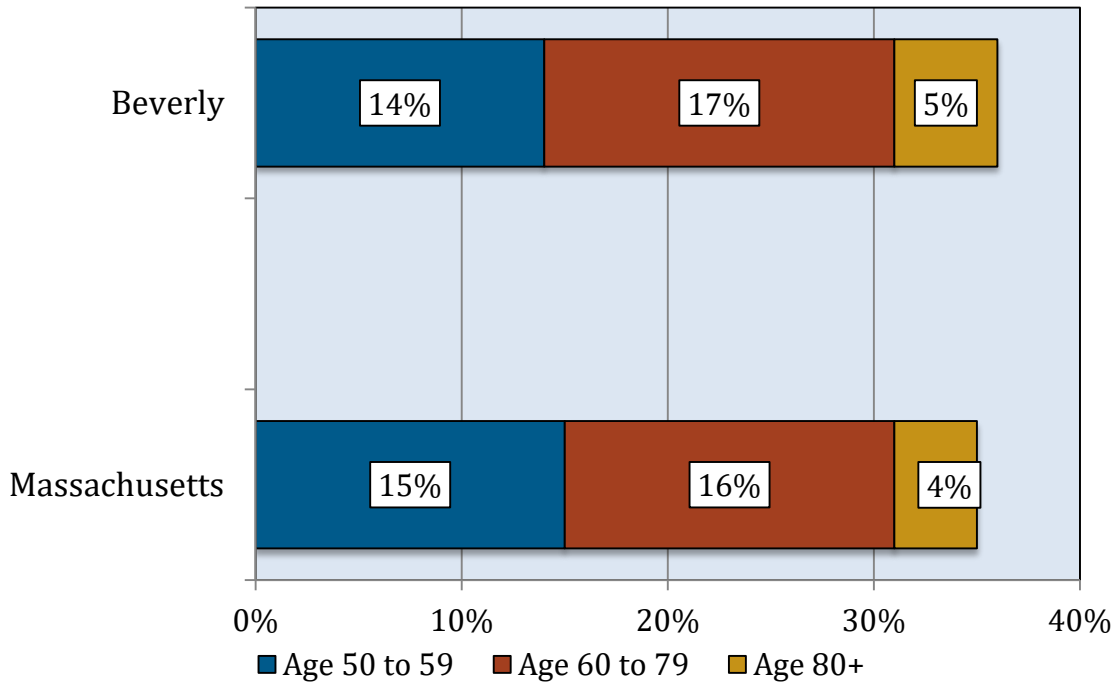
**Table 1. Number and percentage distribution of Beverly's population by age category, 2011-2015**

	Number	Percentage
<b>Under age 20</b>	9,125	22%
<b>Age 20-49</b>	16,926	42%
<b>Age 50-59</b>	5,768	14%
<b>Age 60-79</b>	6,975	17%
<b>Age 80 and older</b>	1,876	5%
<b>Total</b>	<b>40,670</b>	<b>100%</b>

*Source: American Community Survey, 2011-2015, Table B01001. Numbers are calculated from survey estimates.*

Currently, nearly the same portion of the Beverly population is age 50 and older as in Massachusetts overall (**Figure 1**). About 35% of the Massachusetts population is in the 50 and older age group, compared to 36% of the Beverly population. Compared to the Commonwealth, Beverly has a smaller portion of residents age 50 to 59 but slightly larger shares age 60 and older.

**Figure 1. Age distribution in Beverly and Massachusetts**



Source: American Community Survey, 2011-2015 Census. Table S0101

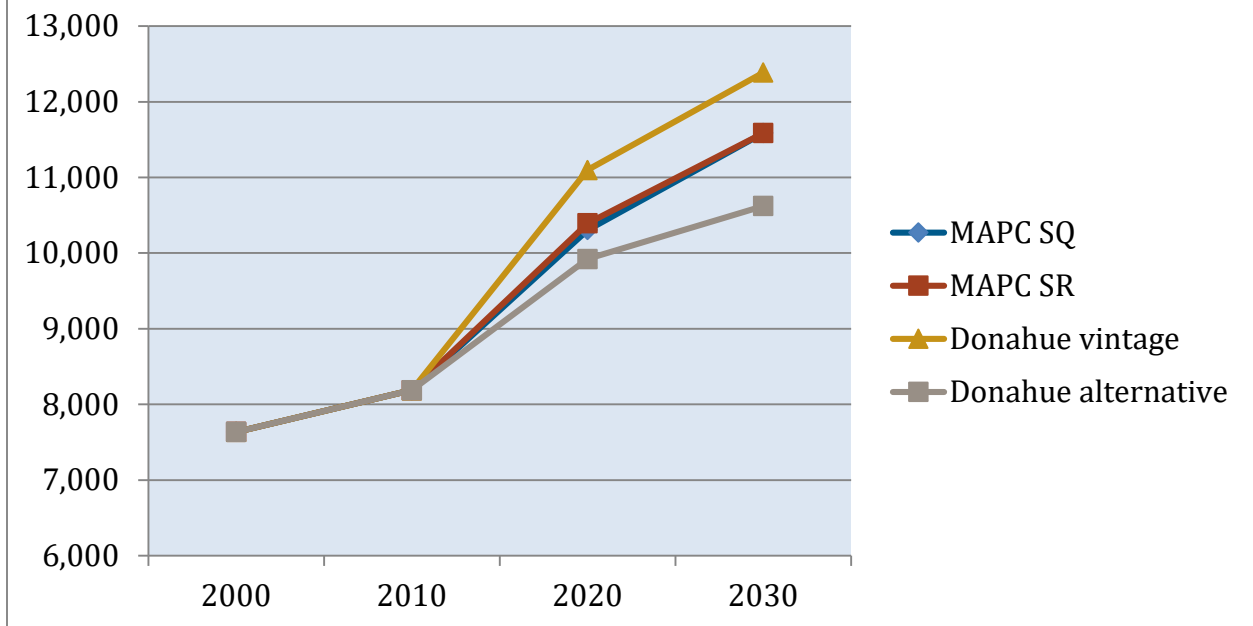
Four sets of projections are available for Beverly: two are available through the Donahue Institute at the University of Massachusetts<sup>5</sup> and two are available through the Metropolitan Area Planning Council (MAPC)<sup>6</sup>, each are based on somewhat different assumptions about future trajectories of growth<sup>7</sup>. Using these four sets of projections, **Figure 2** illustrates the possible trajectories of the older adult population in Beverly.

<sup>5</sup> Donahue Institute Technical Report (2015). [http://pep.donahue-institute.org/downloads/2015/new/UMDI\\_LongTermPopulationProjectionsReport\\_2015%2004%2029.pdf](http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%2029.pdf)

<sup>6</sup> <https://www.mapc.org/learn/projections/>

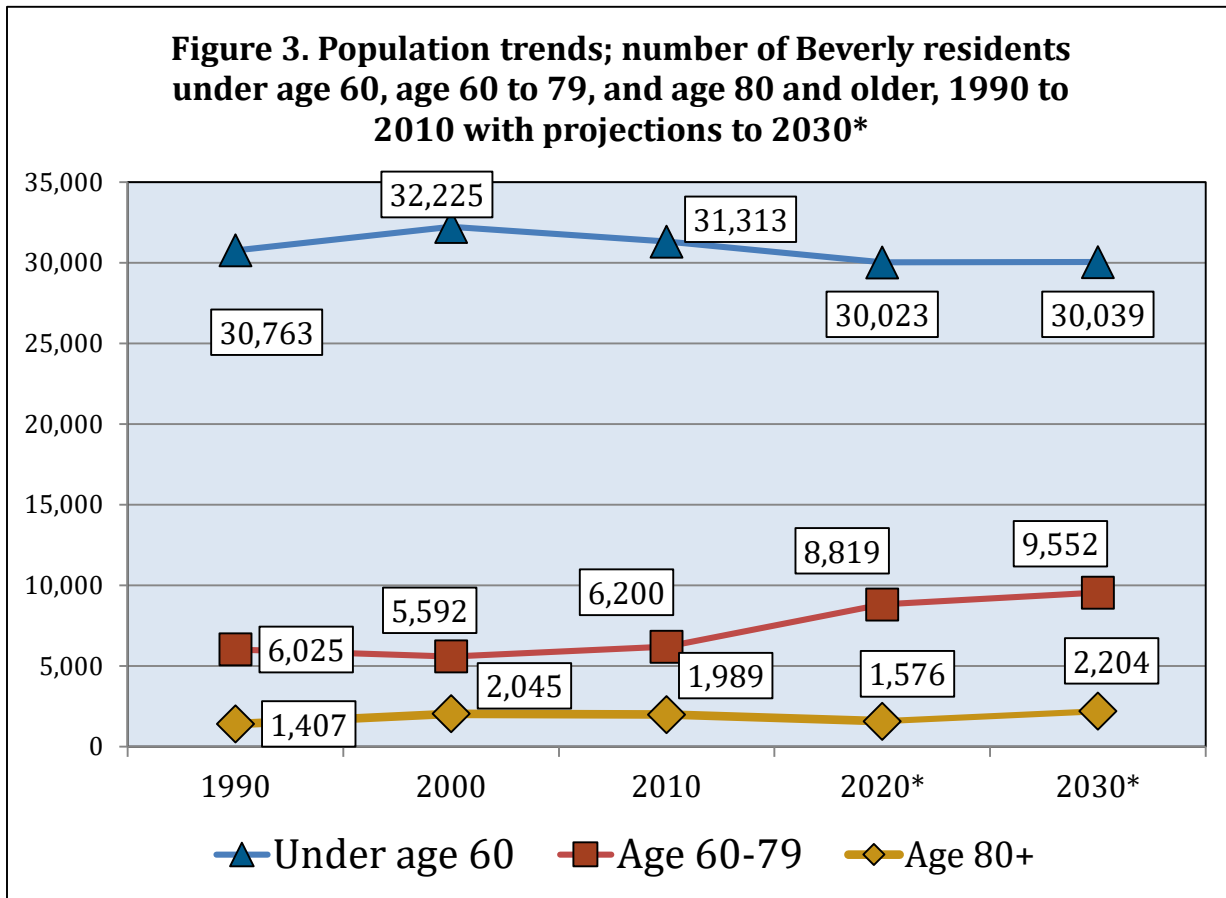
<sup>7</sup> Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski & Strate (November 2015).

**Figure 2. Alternative trajectories for the age 60 and older population, 2000-2030**



Looking ahead, projections suggest that Beverly’s population will become slightly larger, as well as substantially older. Using the MAPC Stronger Region (SR) series of projections<sup>8</sup>, **Figure 3** shows the total number of Beverly residents under age 60, those age 60 to 69, and those 80 and older from 1990 to 2010, with population projections for 2020 and 2030. Combined, these figures total the all-age population in the City. Between 1990 and 2010, Beverly’s population under age 60 grew by about 2%, while the number of residents age 60 to 69 grew about 3% and those age 80 and older increased by 41%. Moving forward, growth of the 60-plus population is expected to be considerably higher than growth in the younger population, and by 2030, it is expected that 28% of Beverly’s entire population will be age 60 or older—23% will be age 60-79 and 5% will be age 80 or older.

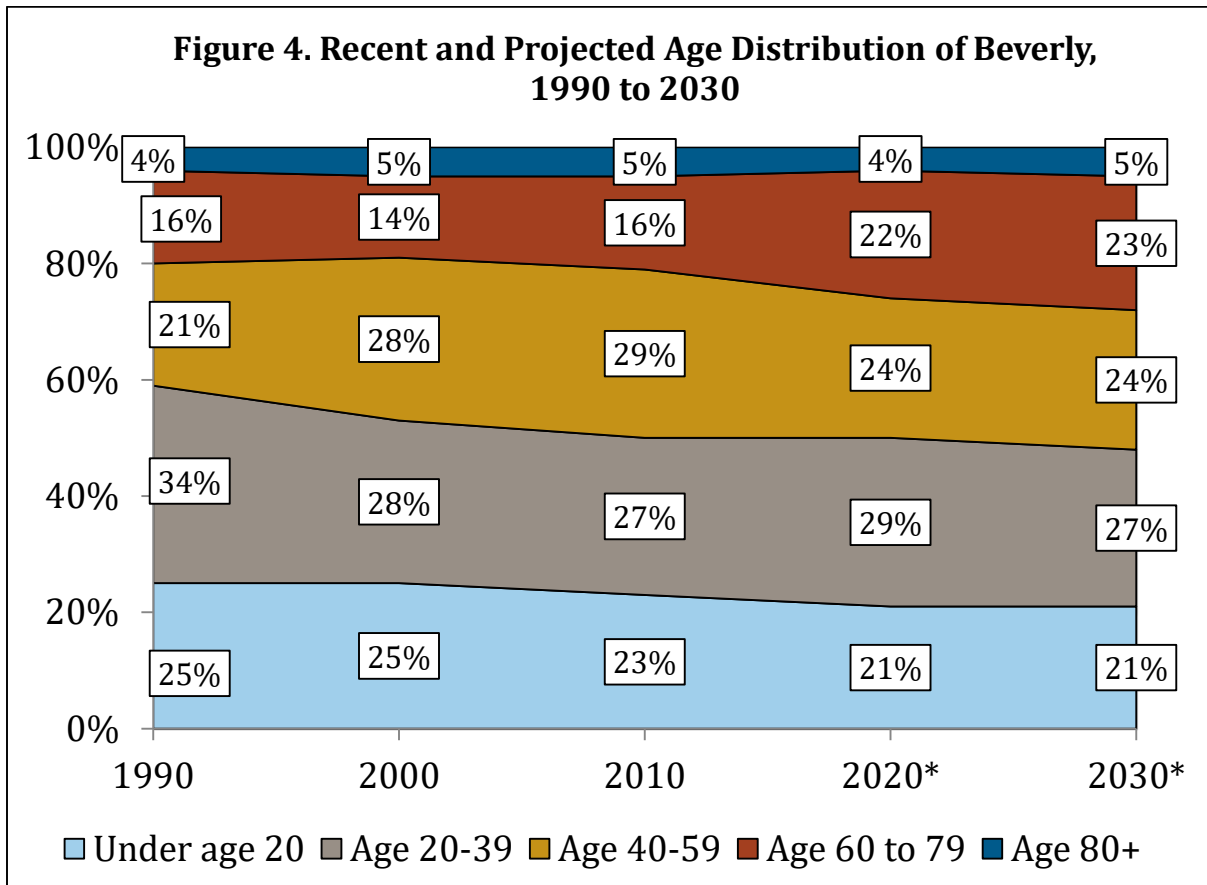
<sup>8</sup> <https://www.mapc.org/learn/projections/>



Source: Population figures for 1990-2010 are from the U.S. Census, 1990 thru 2010.

\* Figures for 2020 and 2030 are projections generated by the Metropolitan Area Planning Council (MAPC) (Stronger Region series): <https://www.mapc.org/learn/projections/>

**Figure 4** shows the age distribution of Beverly’s population from 1990 to 2010, and population projections for 2020 and 2030. In 1990, about 59% of the City’s population was under age 40; and this percentage decreased to 50% in 2010 and is projected to continue to decline to 48% by 2030. Simultaneously, the population in Beverly age 60 and older stands to continue increasing steadily from 20% in 1990 and 21% in 2010, up to 28% in 2030.



Source: U.S. Census Bureau, Census of Population for 1990 thru 2010.

\* Figures for 2020 thru 2030 are projections generated by the Metropolitan Area Planning Council (MAPC) (Stronger Region series): <https://www.mapc.org/learn/projections/>

### Demographic Composition of Beverly's Older Population

The population of Beverly residents age 60 and older are slightly less diverse than the all-age population with respect to race. **Table 2** illustrates the race and ethnicity make-up of Beverly residents age 60 and older compared to the population as a whole. The large majority of Beverly residents report their race as White (94%). A small portion (3%) report their race as being two or more races or another race, 2% report an Asian race, and the remaining 1% of the population are Black. Approximately 4% of Beverly residents report Hispanic ethnicity.

**Table 2. Race distribution of Beverly residents, all ages, and ages 60 and older**

	All Ages	Age 60+
<b><u>Race</u></b>	<b><u>%</u></b>	<b><u>%</u></b>
<b>White</b>	94%	98%
<b>Black or African American</b>	1%	<1%
<b>Asian</b>	2%	<1%
<b>Some other race or two or more races</b>	3%	<1%
<b>Total</b>	<b>100%</b>	<b>100%</b>
<b>Hispanic or Latino (of any race)</b>	4%	1%

*Source: American Community Survey, 2011-2015, Table S0102. Numbers are calculated from survey estimates.*

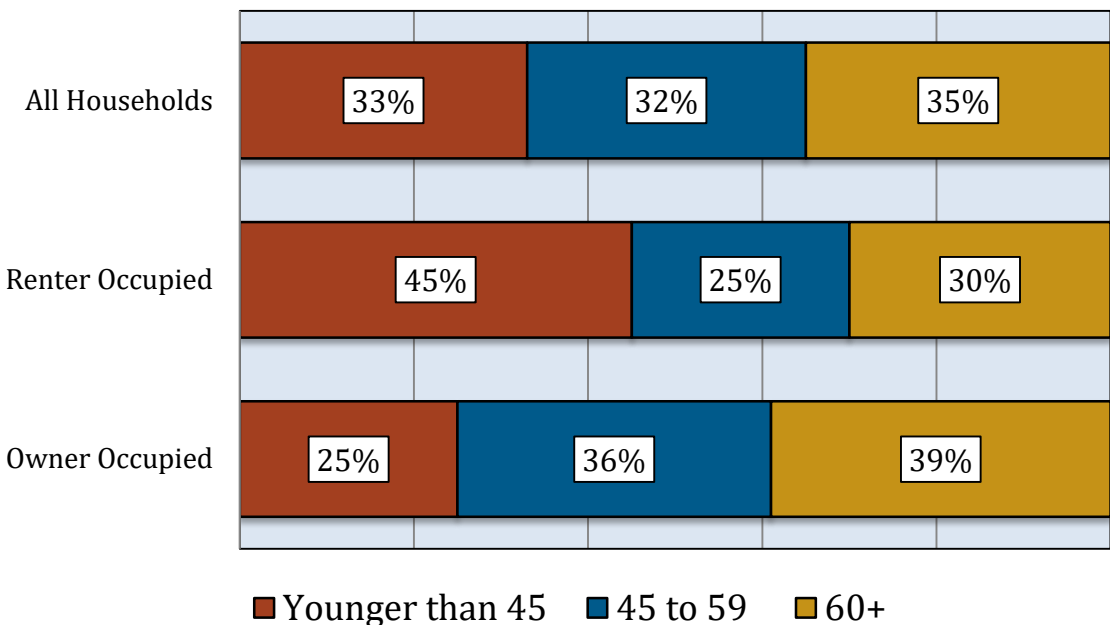
In Beverly, there is a larger share of female seniors (58%) than is observed among Massachusetts seniors as a whole (52%) (*ACS, 2011 – 2015, Table S0102*). In both cases, the greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

A small share of the older Beverly population speaks a language other than English at home. Among residents age 60 and older, 5% speak a language other than English at home (*ACS, 2010 – 2014, Table S0102*), and 2% speak English less than “very well.” Among those who speak a language other than English at home, languages commonly spoken include Indo-European languages such as Portuguese and Italian.

American Community Survey estimates on education suggest that Beverly residents are well educated on average. About 47% of residents aged 45 to 64 have either a bachelor’s degree or a graduate/professional degree (*ACS, 2011-2015, Table B15001*). About 27% of residents aged 65 and older have also attained this level of education. This educational profile contributes to the community’s vitality and character, which depends on older adults who value opportunities to be engaged in their communities through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often valued in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a sizable proportion (35%) of Beverly residents aged 65 to 74 remain in the workforce; an additional 6% of those 75 and older are also in the workforce (*ACS, 2011-2015, Table B23001*). A sizeable share (53%) of men aged 65 and older in Beverly report veteran status, as does a small percentage (<1%) of Beverly’s older women (*ACS, 2011-2015, Table B21001*). As a result, many of the City’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

**Figure 5. Age structure of Beverly householders by owner status**



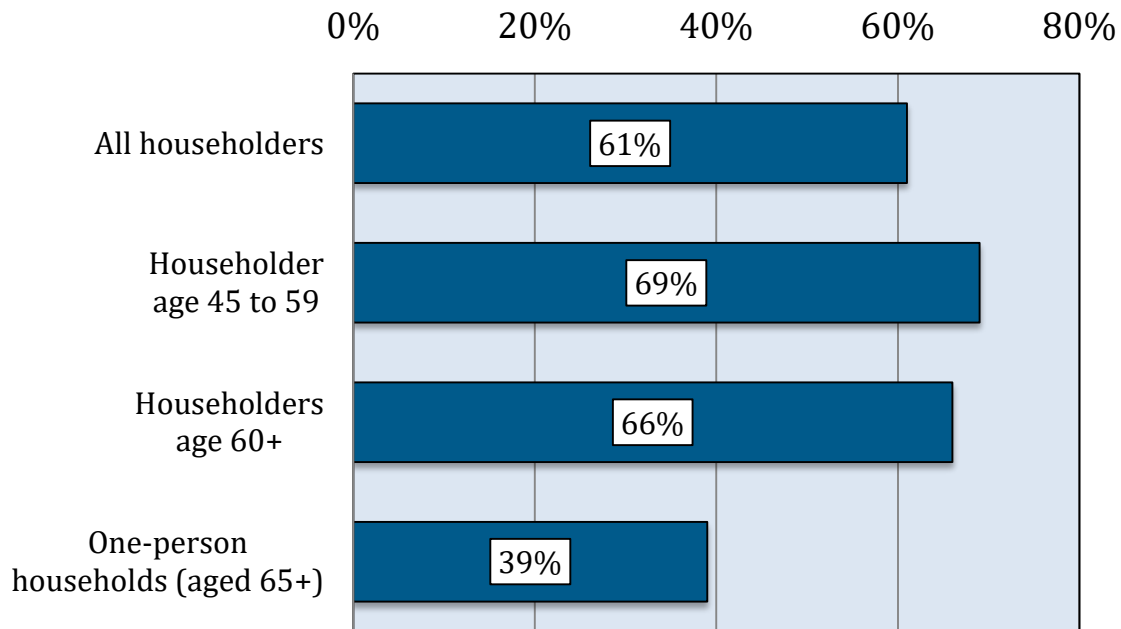
Source: American Community Survey, 2011-2015, Tables B25007.

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. Beverly’s households are nearly evenly distributed among the three age group presented in **Figure 6**<sup>9</sup>. However, older residents are more prevalent among owner-occupied homes. Among renter-occupied households, residents younger than 45 are heads of 45%, with 25% of renters being aged 45 to 59 and 30% of renters being aged 60 and older. In comparison, only 25% of owner-occupied households are headed by residents younger than 45; 36% of owner-occupied homes are headed by residents aged 45 to 59, and nearly four out of ten (39%) by residents 60 or older. The higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by the community. For example, older homeowners may have needs related to home repairs or modifications to ensure their comfort and safety, and their costs associated with property taxes and utilities may be higher than those who rent.

<sup>9</sup> Many available Census data on the older population of Beverly are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used in the remaining sections of this report.



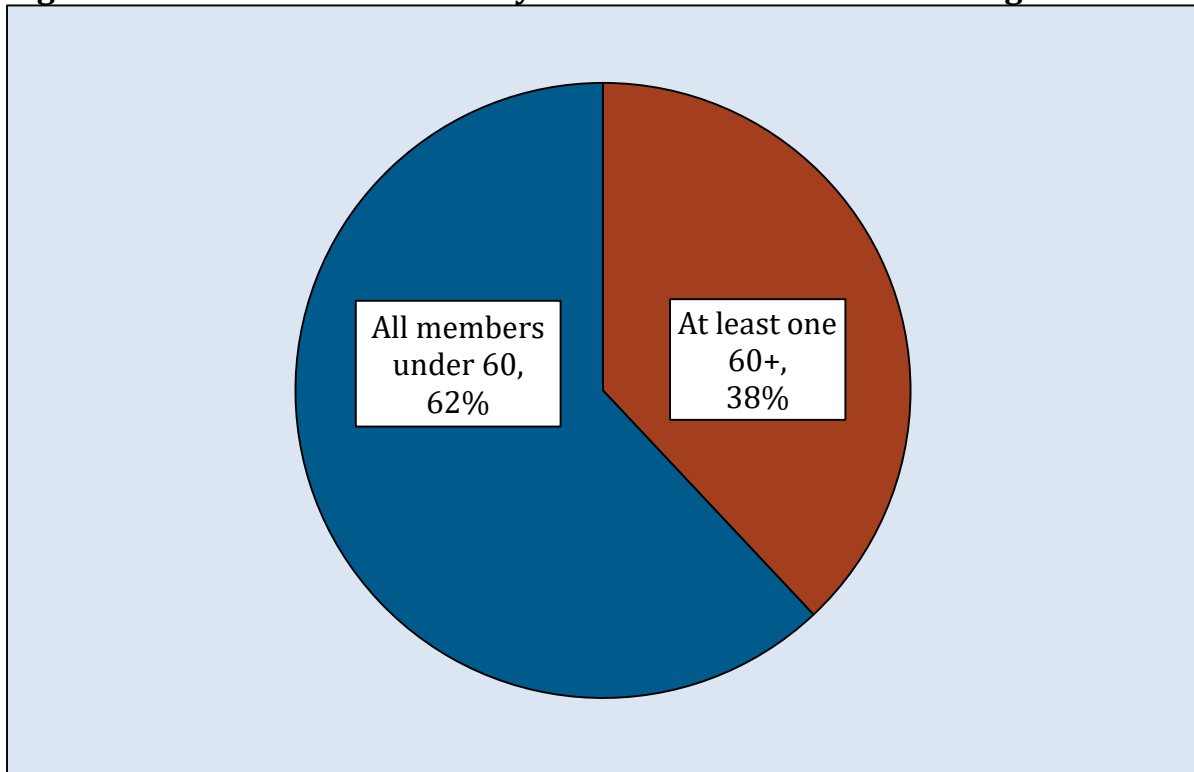
**Figure 6. Percent of Beverly householders who are homeowners, by age category**



*Source: American Community Survey, 2011-2015, Tables B25007 and B25116.*

Sixty percent of Beverly residents live in homes that they own or are purchasing (**Figure 6**). About 69% of residents age 45 to 59 own their homes, and 66% of householders 60 and older own their homes. An estimated 39% of Beverly residents who are 65 and older who live alone also own their homes. Home maintenance and supports are often necessary for older homeowners—especially homeowners who live alone—to maintain comfort and safety in their homes.

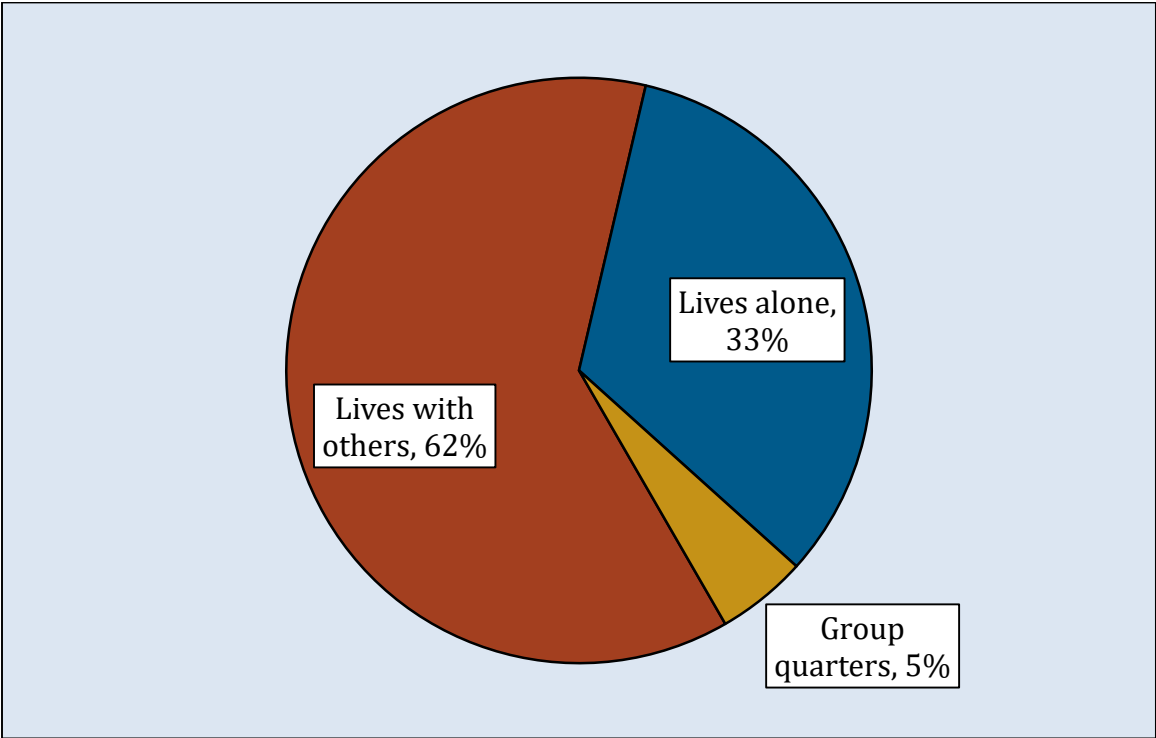
**Figure 7. Households in Beverly with at least one member age 60 or older**



*Source: American Community Survey, 2011-2015, Table B11006.*

An estimated 38% of Beverly’s households have at least one individual who is age 60 or older (**Figure 7**). This high proportion, which is likely to increase in the future, may suggest a widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

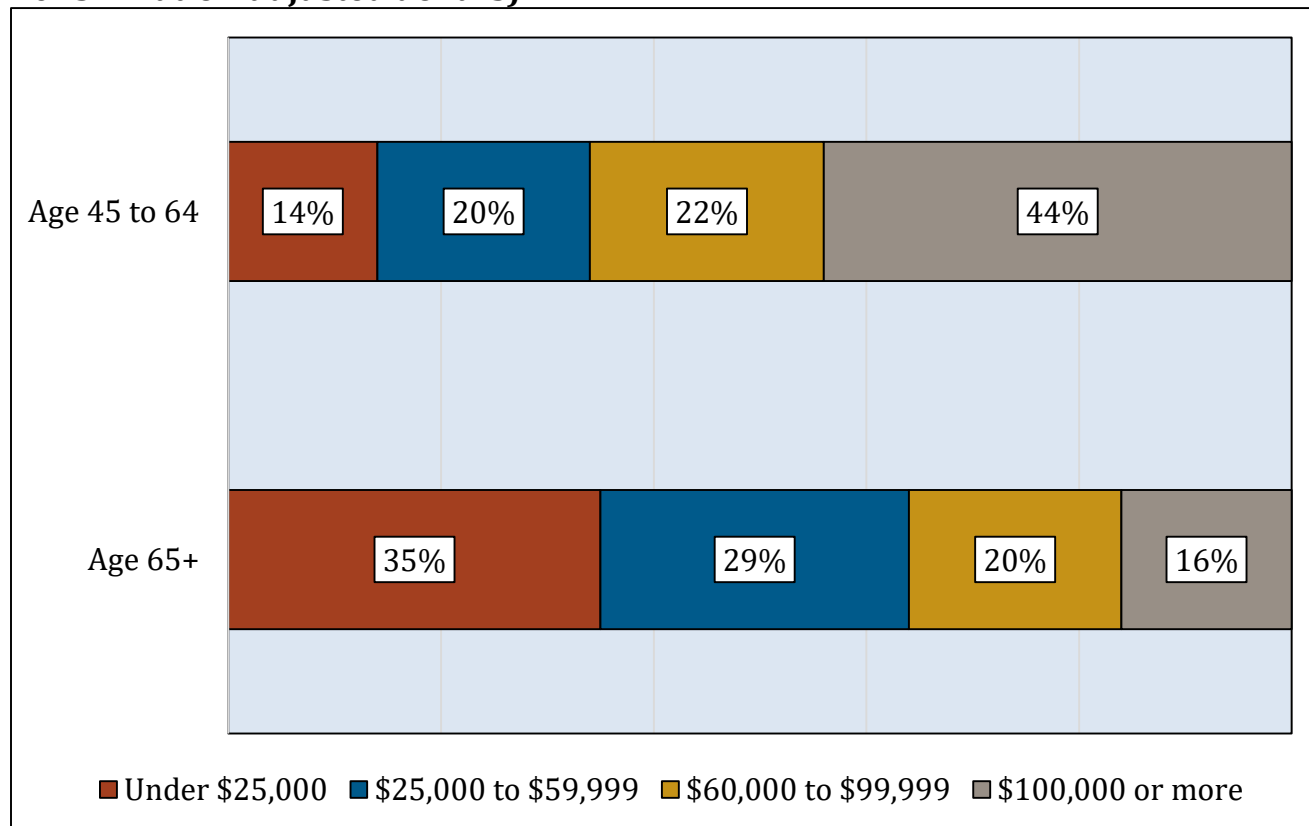
**Figure 8. Living arrangements of Beverly residents, age 65 and older**



*Source: American Community Survey, 2011-2015, Table B09020.*

More than one-third of Beverly residents age 65 and older live alone (33%; **Figure 8**); whereas more than 60% live in households that include other people, such as a spouse, parents, children, or grandchildren. About 5% of older Beverly residents reside within group quarters, such as nursing homes. This share of older residents living alone has implications for social isolation as well as for the availability of community supports for those without nearby personal support resources.

**Figure 9. Household income distribution in Beverly by age of householder (in 2015 inflation-adjusted dollars)**

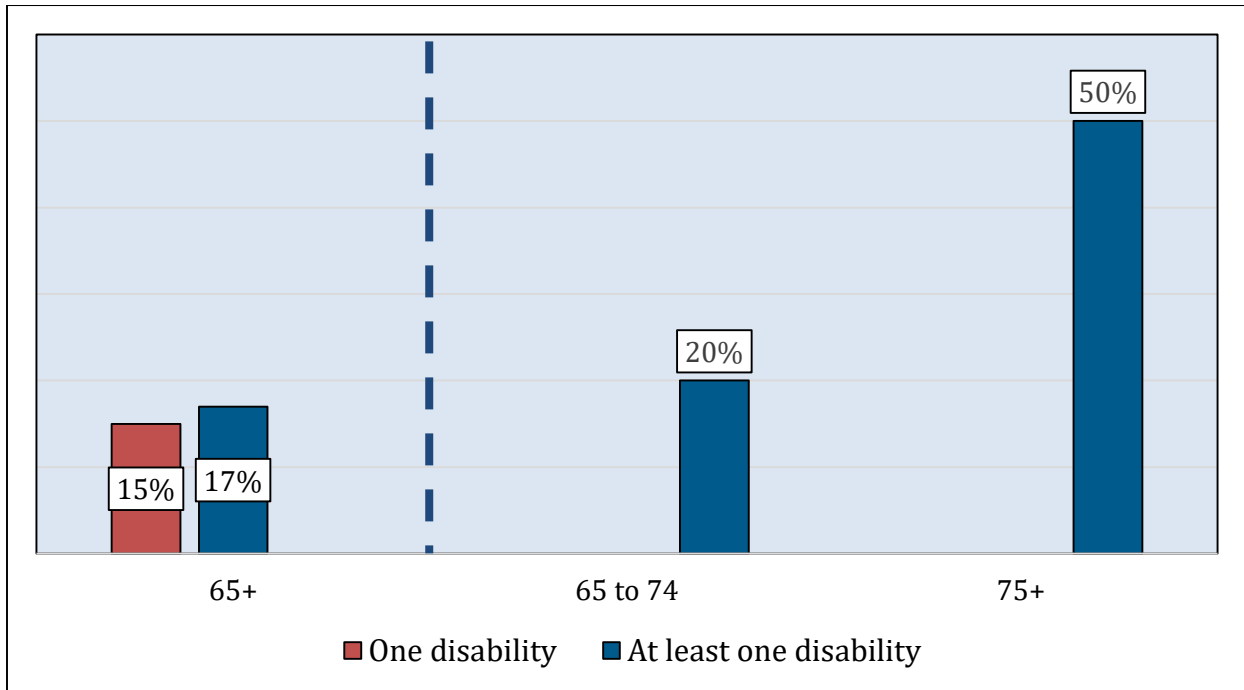


Source: U.S. Census Bureau; American Community Survey, 2011-2015, Table B19037.

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

The economic profile of older Beverly residents relative to younger Baby-Boomers is further illustrated in **Figure 9**, which shows that some older residents are quite affluent—16% of Beverly householders age 65 and older report incomes of \$100,000 or more. By comparison, 44% of households headed by residents age 45 to 64 report this level of income. Nevertheless, 35% of households headed by someone age 65 and older report annual incomes under \$25,000. This is compared to 14% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Beverly’s older population that could be at risk of economic insecurity or disadvantage.

**Figure 10. Percentage of Beverly seniors reporting at least one disability, by age group**



Source: U.S. Census Bureau; American Community Survey, 2011-2015, Tables B18101 and C18108.

The increased likelihood of acquiring disability with age is evident in ACS data. Many older Beverly residents age 65 and older experience some level of disability that could impact their ability to function well and independently in their community. **Figure 10** depicts the proportions of older adults who report some level of disability and shows that 15% of Beverly residents age 65 and older report a single type of disability, with another 17% reporting two or more. Among residents aged 65 to 74, about 20% report at least one disability. The risk of acquiring disability more than doubles after age 75—in Beverly, about 50% of individuals in this age group experience one or more disabilities. These rates of disability are similar to those estimations for Massachusetts as a whole. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 48% of persons 75 and older (not shown).

Among the different types of disability that were assessed in ACS, the most commonly cited by older Beverly residents were difficulties with ambulation (difficulty walking or climbing stairs; 20%), hearing problems (15%), and independent living limitations (difficulty doing errands alone such as visiting a doctor’s office or shopping, 15%). Also reported were self-care difficulty and cognitive difficulty, each reported by 7% of respondents, and vision problems (5%) (ACS, 2011-2015, Table S1810). Individuals who have disabilities may experience greater difficulty accessing transportation; thus limiting their ability to participate fully in the community. As well, some may need assistance in order to remain living in their homes.

## Focus Groups

### Focus Group #1: Community Stakeholders

The first focus group was comprised of 10 community stakeholders and representatives of service organizations who have regular contact with older adults living in the city of Beverly. Participants represented the City's Public Library, Chamber of Commerce, Department of Recreation, the Beverly Rotary Club, ambulance services, a social service agency, and a private law office. Participants discussed ways in which the aging of the Beverly population had affected their organizations.

One of the major concerns the group discussed surrounded transportation. Although participants agreed that numerous transportation options are available for older Beverly residents (i.e., The Ride, transportation provided by the Senior Center, adult day vans, etc.), many transportation services are deeply underutilized. Participants agreed that there is a need to make better use of the transportation resources available. The group identified a variety of circumstances that may hinder transportation utilization including lack of access, and inconvenience. While it was agreed that the transportation provided through the Senior Center was useful, participants acknowledged that there are limitations in getting around on the weekend. One participant suggested that it may be helpful to offer weekend transportation to church. It was also suggested that broader transportation barriers may exist for individuals with medical issues who may require increased assistance, and that navigating available medical transportation may be especially difficult for these individuals. Inconvenience was discussed as another reason underutilization of existing transportation options in Beverly. Generally, individuals are required to schedule assisted transportation two days in advance, and then must wait for a ride home instead of having the opportunity to leave whenever they would like. Specifically, there is a perception that individuals who use senior transportation are giving up their independence. It was also mentioned that an overabundance of private options for transportation offered through individual facilities, agencies, and organizations has created a general confusion surrounding transportation and thus has contributed to public options becoming underutilized and viewed as less necessary.

According to stakeholder participants in Focus Group #1, another challenge for seniors is housing. Participants noted that there are very few appropriate downsizing options for residents and that the features of available downsizing options are poor. For example, it was mentioned that some smaller apartments are not as spacious, do not have access to outdoor spaces or elevators, are not pet-friendly, and are not affordable for individuals of medium incomes. The lack of sufficient housing options for individuals who wish to downsize to remain in the community should be addressed in the future, according to participants of this focus group.

Stakeholder participants also discussed the changing demographic of the older population and the need for shifting the perception of the Beverly Senior Center from a place for seniors in need of assistance to a resource for the wider community to remain active and engaged. According to one participant, individuals are beginning to use the Senior Center much later on in life. Rather than viewing the Senior Center as a resource, many view it as a place for

old persons in need of assistance. Other participants mentioned that many seniors who could benefit from services provided by Senior Center may be reluctant to seek them out, concerned about confidentiality, or are uninformed about their options. Although many of the stakeholder participants involved in the focus group recognized that the Beverly Senior Center is a valuable resource for older adults of all ages, there is a continued need to normalize senior center use and to make it more appealing to younger older adults and those who may be still working.

Improved communication was cited as key in improving elder well-being in Beverly. Many residents may not know what services are already available to seniors (e.g., caregiver support, and senior tax relief). Residents and caregivers need better information about what programs, services, and resources exist and which organizations may serve as a resource. It was mentioned that this is especially important for the increasing number of long distance caregivers and adult children who return home to care for their parents. The current lack of outlets prevents useful information about supportive services and opportunities from being provided to residents. Volunteer opportunities were also mentioned in particular. Although there are many older adults in Beverly who wish to volunteer, there is a lack of connection between volunteers and the opportunities that exist. It was also noted that there is a lack of awareness of the city's tax work-off program, from which many residents could benefit. Thus, participants suggested that efforts to advertise and raise awareness of about these types of programs, services, resources, and opportunities be prioritized in the future.

Stakeholders also described a general need for coordination and cooperation among service agencies. Specifically, agencies and service providers need to know where to go for referral services in Beverly for older residents at risk, especially in order to report potential emergency situations. Even City departments face several information-sharing barriers that limit the capacity to identify and support older adults at risk. For example, the Police and Fire department are not able to alert the Beverly Senior Center about known cases of hoarding, due to privacy. Professional confidentiality restraints and concerns about HIPAA make it difficult to share information with organizations that may be able to intervene and provide assistance. Varying degrees of understanding and agreement about restrictions to information sharing as a result of privacy concerns has created hesitation among stakeholders to share any information at all. Acknowledging the importance of privacy, there is a growing need for collaboration between agencies to identify and address the needs of vulnerable seniors in Beverly, and for stronger linkages between organization and agencies in Beverly. While there are groups in place to address the needs of "at-risk" seniors, it continue to emerge as significant needs of the community. Continued effort towards community organizations and City departments working together to respond to the need of vulnerable seniors is warranted.

## **Focus Group #2: Community Members**

The second focus group was composed of 11 residents of Beverly, many of whom had bene living in Beverly for a long period of time. This group had varied levels of interaction with the Beverly Senior Center.



The group reported that Beverly is a great place to live and acknowledged many aspects of the City that older residents enjoy, such as Beverly's geographic location and prevalence of outdoor spaces. Many residents appreciate the city's close proximity to the water and access to restaurants, shopping centers and highways. Also highlighted were features of Beverly that promote aging in place. The Beverly Senior Center was specifically mentioned as an asset, along with several other community supports, such as the library, that provide useful resources and opportunities for older residents.

Many concerns raised in Focus Group #1 were also raised by this second group. For example, participants agreed that there is an abundance of transportation available for older adults in Beverly who do not drive themselves, however underutilization of available services is a problem. Participants attributed this underutilization to a lack of knowledge and coordination surrounding transportation options available for seniors. Specifically, there is a lack of knowledge by both organizations and community members about what types of transportation opportunities exist, the schedule of those opportunities, and the stops from which they depart. It was recommended that organizations and agencies be provided with a compiled list of this information to have easily available for reference and distribution. Overall, this group agreed that the entire transportation system in Beverly needs to be evaluated.

Another concern discussed was the lack of communication and information sharing about community supports and resources in Beverly. Participants noted this was problematic not only for seniors, but for organizations serving older residents and caregivers. As mentioned by Focus Group #1, many individuals are not well-equipped with the information and resources necessary to provide care to a loved one or to direct an older adult to an organization that can meet their needs. One example provided by Focus Group #2 was that although the Beverly Senior Center offers a caregiver support group, many individuals, including regular visitors to the Beverly Senior Center, are unaware that this type of support exists.

Similar to Focus Group #1, community members described a general concern over meeting the needs of at-risk elders. Several participants recommended that an up-to-date resource list or handbook of information and referrals should be developed and disseminated to older residents, organizations and agencies serving older adults, and caregivers. Some examples of resources that were discussed were the Beverly Senior Center, transportation services, downsizing and decluttering services, and caregiver support groups.

Barriers to participation at the Beverly Senior Center were discussed. Participants agreed that many older adults do not consider themselves as old, and therefore do not take advantage of the Beverly Senior Center. This second focus group also had a discussion about the negative perception associated with the name "senior center"—implying that residents are not inclined to identify themselves as being old or as "seniors". Some suggested that the Beverly Senior Center could change its name to attract a more residents, as senior centers in other communities have done. Focus group participants acknowledged that an increase in participation at the Beverly Senior Center would constrain the space and parking capacity. They also agreed that many seniors who could benefit from the program and services provided by the Senior Center may be reluctant to seek them out, concerned about

confidentiality, or uninformed about their options. Recommendations were offered about how to rebrand the Senior Center as a place where younger senior residents could come to participate in activities that they enjoy. It was noted that currently there are very limited programs held at the Beverly Senior Center in the evenings (Thursdays until 7pm) and some focus group participants were unaware of these evening events. Hosting evening events was specifically mentioned as an opportunity for working seniors to participate and learn more about the resources available to the community. Given that these programs are geared toward a segment of the senior population that is not as familiar with the Beverly Senior Center, focus group participants suggested additional and alternative avenues for outreach and promotion is needed.

While many participants in the second focus group discussed a strong sense of community in the City of Beverly, it was noted that the sense of community may not be shared by those who arrived more recently. In the absence of strong community ties, it may be especially difficult for newcomers to develop social networks and become aware of information and resources that are available in Beverly and the opportunities for socializing and volunteering that exist. One recommendation that was made was to establish some sort of informational fair or newcomers club or welcome group, to welcome new seniors to the city and provide them with knowledge and information about the programs, services, and resources that are available. It would also be beneficial in terms of connecting new residents with other new residents, as well as with long-time community members who could serve as peer resources.

When asked to provide recommendations for changes or improvements that Beverly could put in place that would improve the quality of life for aging residents in the City, participants agreed that a printed resource comprised of programs, services, providers, and organizations serving older adults, would be most helpful. This group also highlighted the importance of listing volunteer and job opportunities within the community to make it easier for older adults living in Beverly to remain actively engaged, participating in the activities they enjoy, and giving back to the community. It was evident from this discussion that improvements to the ways in which programs and services for older adults are communicated are needed. Focus Group #2 also recommended further collaborations with colleges and universities, to increase the number of educational and intergenerational opportunities available, and to negotiate discounts for educational classes or membership for older residents of Beverly.

## **Key Informant Interviews**

In-person interviews were conducted with key informants to explore the perspectives of individuals holding leadership positions in the City of Beverly, all of whom work with or on the behalf of older adults. Individuals selected for these interviews included the Mayor, the Director of Planning and Development, the Police Chief, the Fire Chief, and the President of the City Council, who is also a resident and business owner in Beverly. Informants were asked to reflect on ways in which the City has been impacted by the aging of its population with special regard to current challenges, concerns about the future, and ways in which the city and specifically the Beverly Senior Center could better serve the older population going forward. These informants also described current strengths in regards to how Beverly

serves its aging population, collaborations existing within the city between organizations serving seniors, future plans that may affect older adults, and any existing unmet needs of seniors that they were aware of.

All informants were well aware of the shifting demographics in Beverly and the growth of the older population. The informants recognized that responding to this growth and change is important and necessary in order to serve older residents in addition to the community at large. Many made comments suggesting awareness that a city that is good for seniors is good for everyone.

Several common issues were noted by all or nearly all key informants. The affordability of market-rate housing in Beverly was addressed at length by all participants, with a specific focus on the lack of affordable housing options. In addition, these informants described a need for more subsidized options and opportunities to downsize within the City of Beverly. Cost of living in Beverly is high, and while new apartments are being built, they are unaffordable for many seniors. While residential senior communities do exist in Beverly, long waiting lists prevent many seniors from taking advantage of them. The lack of these types of housing alternatives in Beverly may lead those who are interested in them to relocate outside of the community. Informants agreed that addressing the need for more senior housing would benefit the older population as well as the community as a whole.

Transportation was another issue that each of the key informants identified. Participants described several valuable transportation services that exist within the City of Beverly. The Senior Center in particular was identified by informants as an important provider of transportation for the older population. However, informants discussed a need to make transportation in Beverly more efficient, accessible, and affordable, not just for older adults but for Beverly residents of all ages. Informants also spoke to the fact that certain transportation options were associated with serving those with limited incomes or mobility. As a result of these issues, many residents view such transportation methods as last resorts, when no other options are available to them. In the final part of the discussion on transportation, informants were asked about strategies to better address the needs of the City's older residents both at the City and Senior Center level. Informants suggested that an assessment of existing transportation options could aid the City and Senior Center to coordinate an improved, more efficient, accessible, and affordable transportation system in Beverly.

Several key informants also discussed social isolation as a substantial concern for older residents of Beverly who may be homebound or frail. For example, the police and fire chiefs described instances when they encounter seniors in the community who are living alone and who are also at-risk of scams, fire hazards, or other safety concerns.

Further, it is believed that many seniors who could benefit from Beverly Senior Center support may not be aware of the programs and services that the Senior Center offers, and therefore, may fall through the cracks. While informants recognized the Senior Center as an important resource for these types of individuals, it was stated that increased outreach efforts targeted toward these particularly vulnerable seniors could result in greater utilization and greater benefits for those who need assistance the most. It was suggested

that increased outreach efforts and communication about Senior Center resources may enable Beverly's older population to take better advantage of programs/services already in place, and thereby benefiting a larger group of people. Specifically mentioned was holding events later in the evening or on weekends that would service the whole population and be applicable to younger individuals who may still be working. Another concern that an informant thought could be improved was the perception associated with attending the Beverly Senior Center.

Despite these challenges and concerns described, informants discussed many assets for older residents of Beverly and cited several ways in which the City and organizations within the City have responded to the growth of the senior population in a positive manner. All informants cited the Beverly Senior Center as an asset to the City, and described several different programs, services, and resources the Senior Center provides. Positive relationships and collaborations that have been cultivated between organizations within the City were also discussed. Informants cited several ways in which the Fire Department and Police Department work together to address the needs of older adults, and the City Councilor recognizes this positive relationship and collaborative effort as a major asset to Beverly. That being said, informants also highlighted barriers to communicating across departments, especially with respect to maintaining the privacy of residents. This is important as the City continues to address the issues of vulnerable seniors in Beverly. Developing mechanisms by which other City Departments (e.g., Police and Fire) can communicate with the Senior Center about vulnerable seniors will contribute to the prevention of serious isolation and its negative effects.

## Resident Survey

### Respondent Demographics

Among the 3,000<sup>10</sup> residents age 60 or older who were sampled, 806 returned surveys, representing a response rate of 27%. Participants included 356 residents age 60 to 69, 273 residents age 70 to 79, and 159 residents age 80 and older (see **Figure 11** below). Eighteen respondents (2%) did not indicate their age<sup>11</sup>. More than three-quarters (80%) of survey respondents who provided their age were age 60 to 79, and 20% were age 80 and older. Relative to the population, the age distribution aligns fairly well with the age distribution of the community as a whole<sup>12</sup>. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for biased response rates in the survey data, we present selected results by age category. Complete survey results are presented in tables in **Appendix B**.

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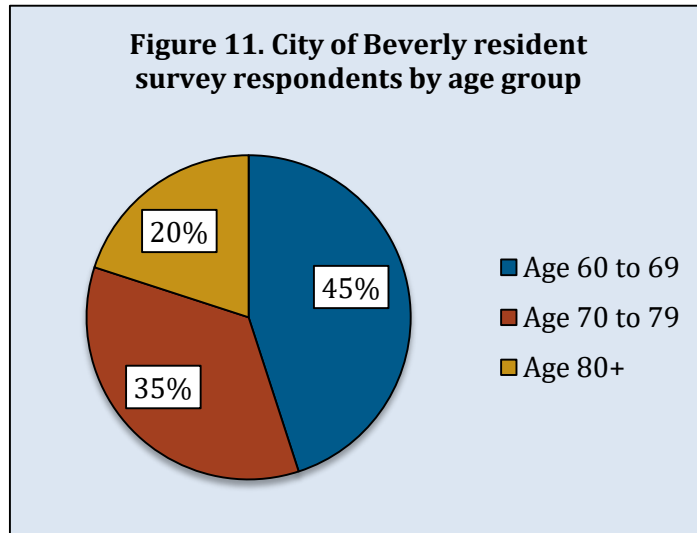
<sup>10</sup> To the authors' knowledge, no surveys were returned or otherwise deemed undeliverable.

<sup>11</sup> Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures that depict "all ages" include all survey respondents, including those who did not indicate their age.

<sup>12</sup> According to the American Community Survey estimates, the Beverly population is composed of 41% age 60 to 69, 27% age 70 to 79 and 21% age 80 and older.

A majority of respondents to the resident survey were women: 60% of the respondents across all age groups. By comparison, data from the U.S. Census Bureau indicate that 58%

of Beverly residents age 60 and older are women. We heard from residents in all the neighborhoods of Beverly. Response rates ranged from less than 5 people in Kittridge Crossing and more than 100 people from the North Beverly and Ryal Side neighborhoods (see **Appendix B**).



A sizable minority of survey respondents (28%) lives alone, including 20% of those age 60 to 69, 29% of those age 70 to 79 and 46% of those age 80 or older (see **Appendix B**). The high prevalence of living alone

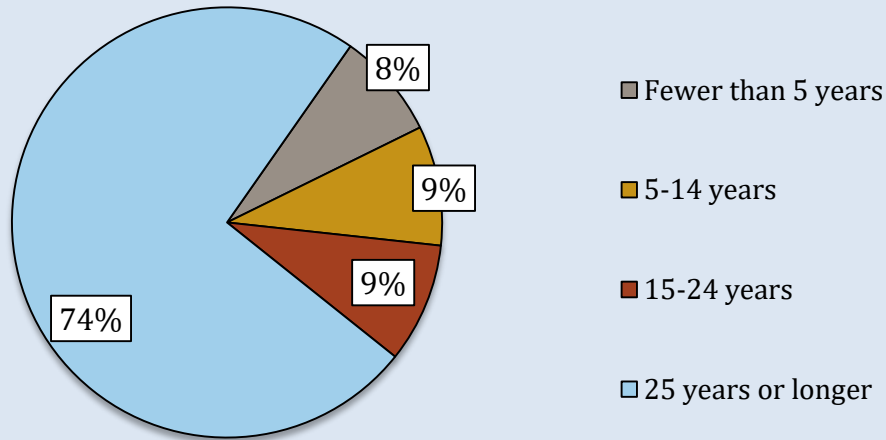
is consistent with what was reported above based on data from the US Census Bureau, as well as with national patterns.

Consistent with the data reported above from the US Census Bureau, many aged 60 to 69 work for pay. More than half of respondents in their 60s report that they work full- or part-time, as do 20% of those age 70 to 79, dropping to just 5% of those age 80 and older. Most individuals age 80 and older report being retired (94%), as do more than half of those age 70 to 79.

## Community & Neighborhood

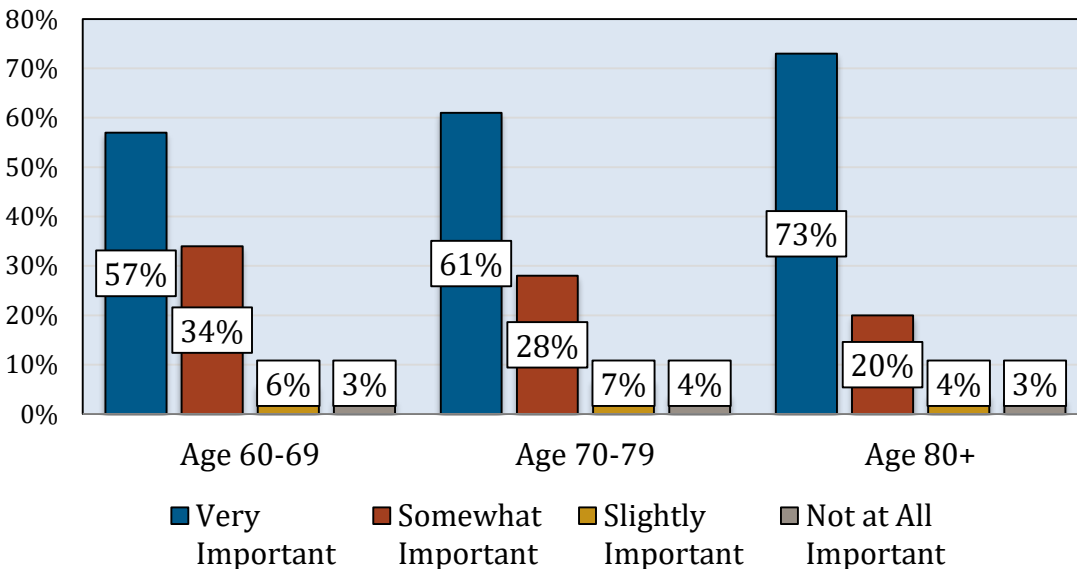
Survey results suggest that nearly three out of four respondents are long-term residents who are committed to aging in Beverly. **Figure 12** shows that many respondents have been residents for 25 years or longer, while few are relative “newcomers,” having lived in Beverly for less than 5 years.

**Figure 12. Number of years respondents age 60 and older have lived in Beverly**

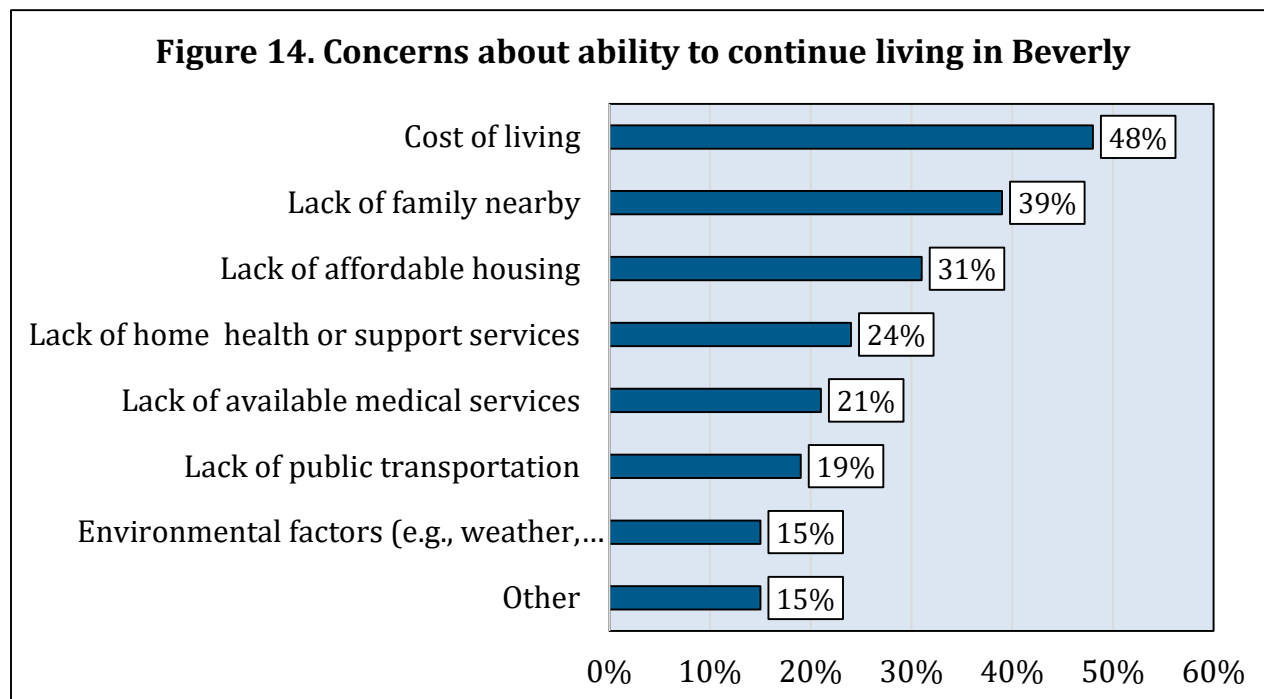


Given that many survey respondents are long-time residents of the community, it is not surprising that a large majority of the respondents indicated that it was “very important” to remain living in Beverly as they age (**Figure 13**). Just 9% of respondents age 60 to 69, 11% of respondents age 70 to 79, and 7% of residents age 80 and older reported that staying in Beverly was only slightly important or not at all important to them. These figures suggest that midlife and older Beverly residents are largely committed to remaining in the community as they age, and the City can expect most of their residents age 60 and older to age in place.

**Figure 13. Importance of living in Beverly, by age**

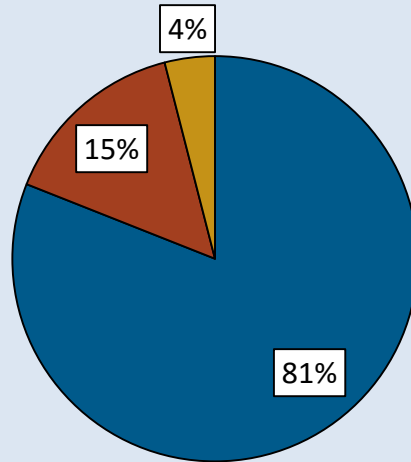


Survey participants were asked to reflect on the reasons that would cause them to consider leaving the City of Beverly as they grow older. The most commonly cited concern was affordability, cited by nearly half of all respondents (**Figure 14**). A perceived lack of local family, lack of affordable housing, and lack of home health or support services were also major concerns among survey respondents. Among the 15% of respondents who wrote-in their concerns about living in Beverly in the future, themes included the cost of property taxes, ability to find affordable and appropriate housing, and the overall ability to maintain independence (e.g., continuing to drive, access to in-home services).



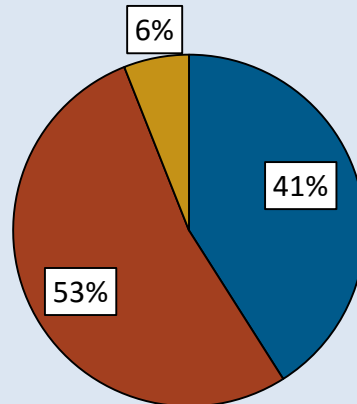
Survey respondents were asked to assess the extent to which older Beverly residents are respected and included in the community (**Figure 16**) as well as the availability of information and resources related to elder abuse (**Figure 17**). A majority of survey respondents believe that older residents are treated respectfully in the community. However, more than half of survey respondents do not know if Beverly has sufficient services to identify and address issues of elder abuse in the community. This result may suggest a lack of understanding of elder abuse as an issue overall as well as a lack of awareness of existing resources to identify and resolve issues of mistreatment of seniors in Beverly.

**Figure 15. Older adults are treated respectfully in Beverly**



■ Strongly Agree/Agree ■ I don't know ■ Strongly Disagree/Disagree

**Figure 16. Beverly has sufficient services available to identify and address cases of elder abuse (e.g., physical or emotional, neglect, and financial exploitation)**

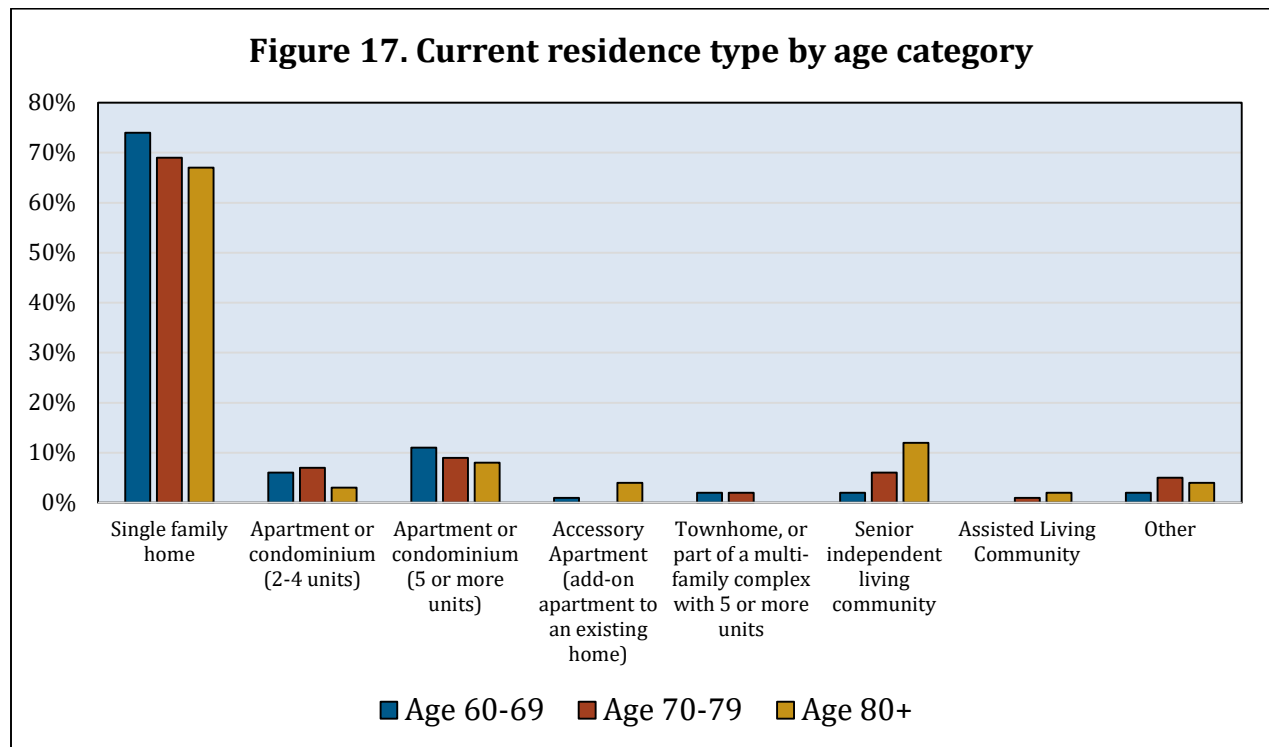


■ Strongly Agree/Agree ■ I don't know ■ Strongly Disagree/Disagree



## Housing & Living Situation

The housing stock in Beverly is largely composed of single-family homes, and a large share of housing units are owner-occupied. **Figure 17** indicates that a large majority of survey respondents reported living in single-family homes. Respondents most likely to live in another type of setting are those age 80 and older: 12% of this age group reports living in an independent senior living community, and 4% report living in an assisted living community (see **Appendix B**).



Most survey respondents own their homes (see **Appendix B**), including 71% of respondents living in a single-family home. An owned home is often considered a valued economic asset among older adults. Nevertheless, some structural features (especially in older homes and homes that are poorly designed), as well as expenses associated with maintaining or modifying homes, may make it difficult for some older adults to remain in their residences as they get older.

Owning a single-family residence may become a greater burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult for some families on fixed incomes during retirement. Owning a single-family home may also become less practical as family situations change. Some older adults find that home modifications, such as eliminating the need for stair access to the main living space, can substantially improve the livability of their existing homes. For others, the process of aging in place may require difficult decisions about whether to leave one's residence for housing alternatives that are a better fit with current and future health and social circumstances. The extent to which older people remain in their current homes because there are limited alternatives (e.g. available condominiums or other downsizing options) is not known.

Many individuals, regardless of age, could improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications (e.g., grab-bars in showers or railings on stairs). However, a sizable share (9%) of respondents age 60 to 69 need modifications but feel they cannot afford them. In Beverly, 25% to 34% of respondents in each age group indicated that their homes required modifications, such as grab bars in showers or railings on stairs, in order to improve their ability to remain living there over the next five years. A share report that they need modifications and can afford them, including 23% of respondents age 80 and older (see **Table 3**). These findings suggest that aging residents in Beverly may benefit from information about how home modifications may improve their ability to stay in their homes.

**Table 3. Percent of respondents who reported needing home modifications, and ability to afford modifications by age category**

	Respondents age 60-69	Respondents age 70-79	Respondents Age 80+
<b>Does not need modifications</b>	67%	66%	75%
<b>Needs modifications and can afford them</b>	24%	27%	23%
<b>Needs modifications but cannot afford them</b>	9%	7%	2%
<b>Total</b>	100%	100%	100%

Similarly, respondents were asked about their current need for home repairs in order to ensure that their homes remain safe. These repairs include more major tasks like replacing windows or installing a new roof as well as needing a new heater. At least three out of ten respondents indicated that their homes do need repairs; as well, a minority (10%) report that they need to make necessary repairs to their home but they cannot afford it (see **Table 4**).

**Table 4. Percent of respondents who reported needing home repairs, and ability to afford repairs by age category**

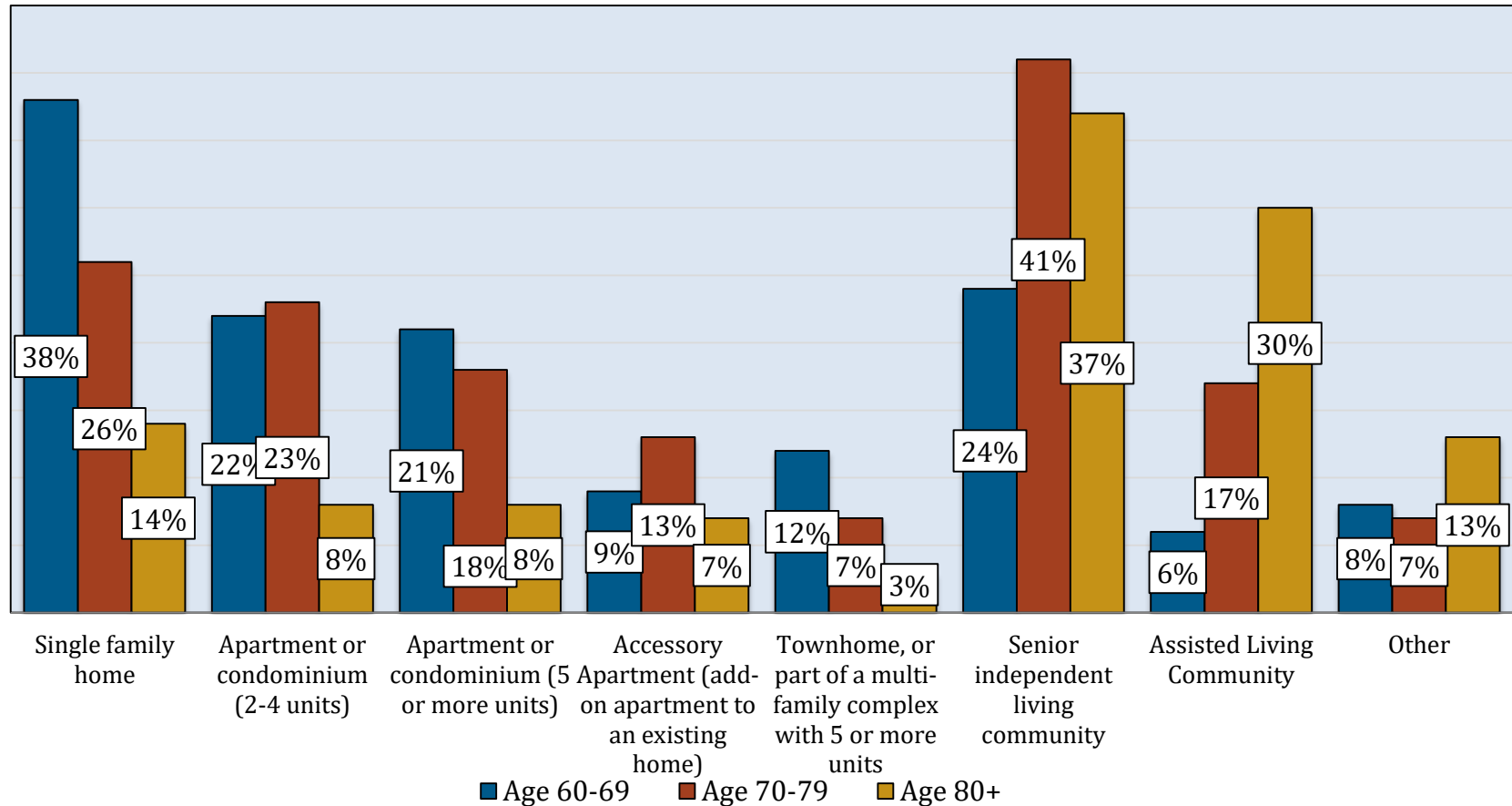
	Respondents age 60-69	Respondents age 70-79	Respondents Age 80+
<b>Does not need repairs</b>	57%	60%	69%
<b>Needs repairs and can afford them</b>	27%	22%	15%
<b>Needs repairs and cannot afford them</b>	11%	11%	8%
<b>Needs repairs, but is not responsible for making repairs</b>	5%	7%	8%
<b>Total</b>	100%	100%	100%

Survey participants were asked to select the types of housing units they would prefer to live in, if in the next five years they were required them to move from their current residence (e.g., in response to a change in health or family situation). As shown in **Figure 18**, the most common preferences indicated by respondents varied by age category. Among respondents age 60 to 69, most preferred to live in a single-family home. Senior independent living communities were preferred most by respondent’s age 70 and older. As well, a large share of respondents age 60 to 79 would be attracted to apartment or condo options if required to move.<sup>13</sup> It is also worth noting that there is a relatively high level of interest in assisted living among the oldest of survey respondents (age 80 and older). One-third of survey respondents in this age group expressed an interest in relocating to an assisted living community.

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<sup>13</sup> About 8% of respondents wrote in “other” housing options. Many individuals wrote in that they would not leave their homes under any circumstances. Others wrote in that they would leave Beverly if they needed to leave their current residence.

**Figure 18. Housing preference, if required to move from current residence, by age**



*Note: Participants could choose more than one applicable option, therefore totals by age category do not equal 100%.*

## Transportation

Transportation is a fundamental need for people of all ages who wish to lead independent, meaningful, and socially engaged lives. For older adults in particular, lack of adequate and appropriate transportation can complicate their efforts to meet material and social needs and make it difficult to remain active participants in their communities. The vast majority of survey respondents drive themselves as their primary mode of transport (see **Table 5**). Data suggests that a relatively sizable share of older adults, including more than three out of ten respondents age 80 and over, rely on friends or family to get them where they need to go. In addition, one out of four respondents age 60 to 69 reported walking or biking as their primary mode of transportation. Ensuring that they are able to continue to do so safely and efficiently will help them maintain this type of physical activity. Overall, very small numbers of respondents utilize public transportation options like the CATA (a City of Beverly Shuttle) or transportation provided by the Senior Center.

**Table 5. Strategies for meeting transportation needs, by age: “What are the primary ways in which you meet your transportation needs?”**

	Age 60-69	Age 70-79	Age 80+
<b>I drive myself</b>	94%	81%	70%
<b>My spouse/partner or children drive me</b>	20%	28%	35%
<b>Friends or neighbors drive me</b>	6%	11%	16%
<b>Public transportation (e.g. CATA)</b>	10%	6%	4%
<b>Taxi</b>	3%	3%	4%
<b>Volunteer medical transportation</b>	1%	<1%	4%
<b>Transportation provided by the Beverly Senior Center</b>	2%	2%	10%
<b>Walk or Bike</b>	25%	16%	8%
<b>Other</b>	5%	4%	6%

*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

Among those who depend on driving to meet their transportation needs, physical challenges associated with aging (e.g., poor vision status) may sometimes require that individuals modify their driving to increase ease and safety of community travel. **Table 6** shows strategies reported by respondents to make their driving easier and safer.

**Table 6. Modifications to driving by age category**

	Age 60-69	Age 70-79	Age 80+
<b>I avoid driving at night</b>	18%	35%	42%
<b>I avoid making left hand turns</b>	4%	5%	1%
<b>I avoid driving in bad weather</b>	21%	31%	40%
<b>I avoid highway driving</b>	5%	12%	15%
<b>I avoid driving far distances</b>	9%	20%	31%
<b>I avoid driving in unfamiliar areas</b>	9%	21%	28%
<b>Other</b>	3%	4%	4%

A large share of respondents reported making at least one modification to their driving, such as avoiding driving at night (29%), avoiding driving in bad weather (28%), and avoiding driving far distances or in unfamiliar areas (17%). Among respondents age 80 and older, 22% report not driving at all. Other strategies mentioned included taking back roads to avoid crowds and generally driving slower and allowing more time to reach a destination.

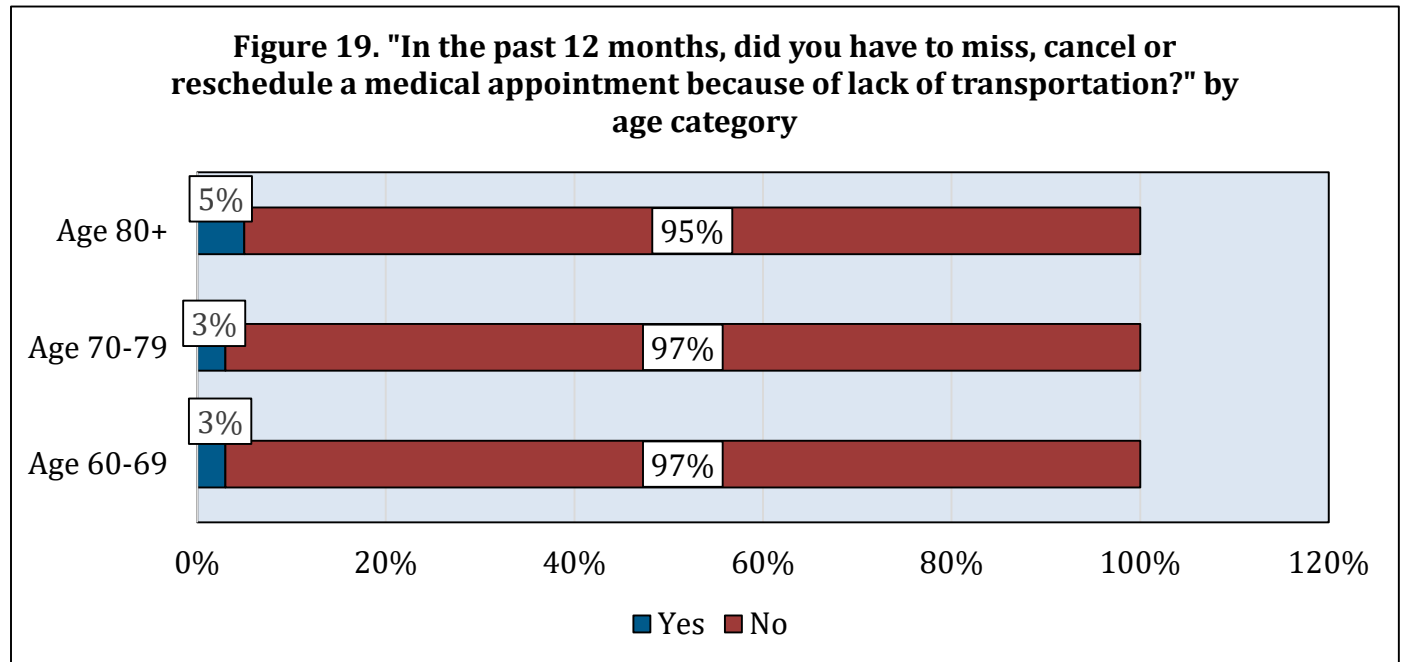
Survey respondents were asked about the difficulties they experienced getting the transportation they need (see **Table 7**). Most survey respondents indicated that they have no difficulties obtaining transportation, but 11% of those age 60 to 69, and one out of five respondents age 80 and older, listed at least one difficulty with transportation. The most frequently cited difficulty was that public transportation was unavailable or inconvenient (reported by 5% to 10%). Some respondents wrote in about difficulties with transportation; these write-ins referred largely to lack of options for public transportation that would take them where they needed to go, and a lack of awareness about what options were already available. When it comes to transportation provided by the Beverly Senior Center, respondents reported low usage (Table 4) and there were few reports of challenges accessing this type of transport (Table 6). Together, this may suggest a lack of awareness of this transportation resource or the perception that this type of transportation is for “other people”.

**Table 7. Difficulties experienced in getting the transportation needed, by age**

	Age 60-69	Age 70-79	Age 80+
<b>I have no difficulties</b>	89%	87%	79%
<b>Beverly Senior Center transportation is unavailable or inconvenient</b>	2%	3%	3%
<b>Public transportation is unavailable or inconvenient</b>	5%	5%	10%
<b>Costs too much</b>	2%	1%	1%
<b>Physical limitations or other impairments</b>	2%	2%	3%
<b>No door-to-door assistance</b>	2%	1%	1%
<b>No one I can depend on for a ride</b>	3%	2%	3%
<b>Distance to my destination is too far</b>	2%	2%	1%
<b>Other</b>	3%	4%	6%

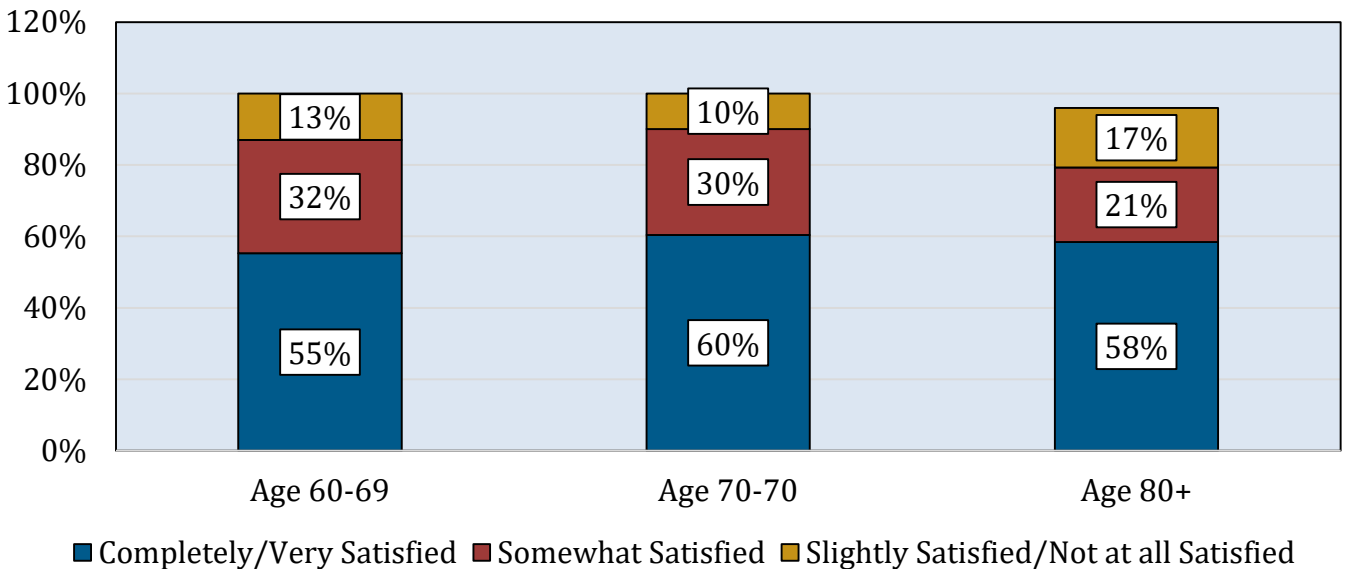
*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment due to a lack of transportation. **Figure 19** shows that than only between 3% and 5% responded affirmatively. Overall, most survey respondents have access to transportation necessary to their medical appointments.



Finally, survey respondents were asked to rate their level of satisfaction with transportation options in Beverly. **Figure 20** shows that more than half of survey respondents, of any age group, are satisfied with transportation options in Beverly. However, a share (10% to 17%) of respondents reported being only slightly satisfied or not at all satisfied with options in Beverly, suggesting that there is room for improvement.

**Figure 20. Percent satisfaction with transportation options in Beverly, by age category**

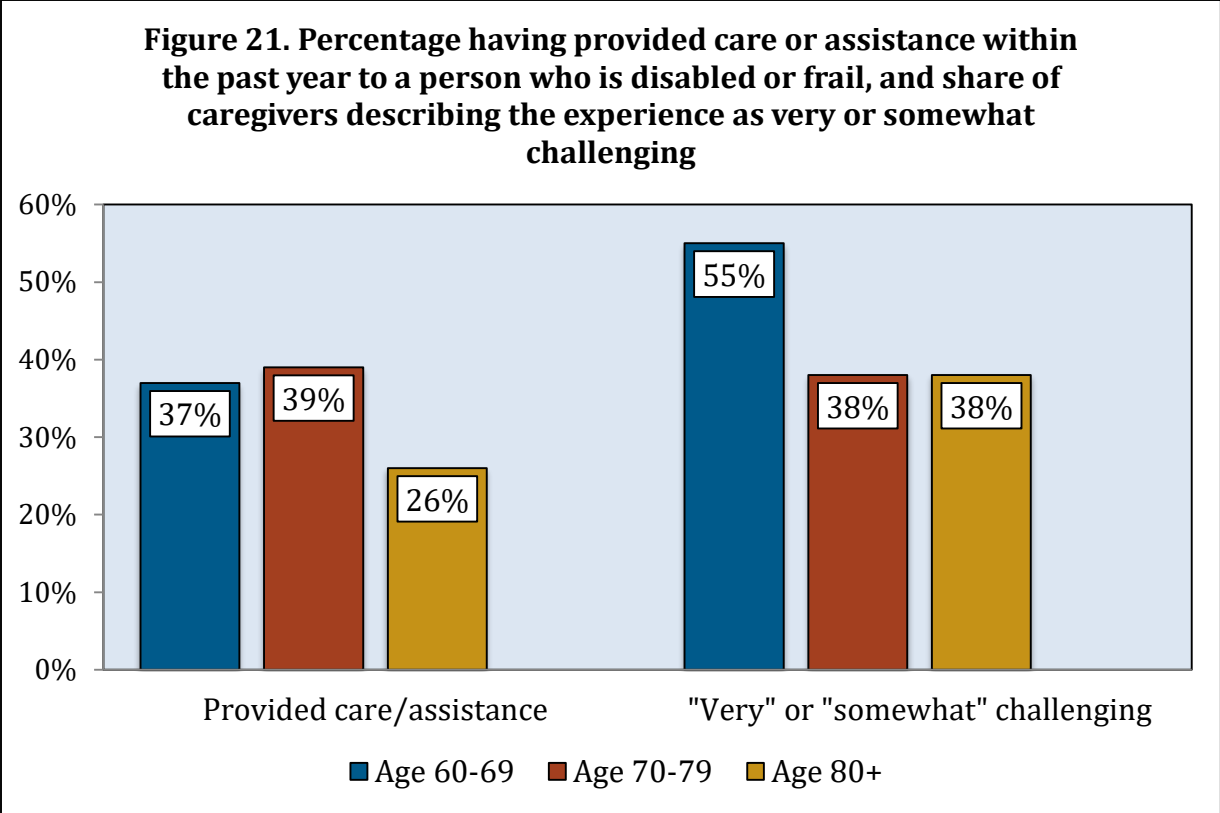


### Caregiving

Nationwide, 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<sup>14</sup>). We asked respondents if they provided care or assistance to a person who is disabled or frail either at present or within the past 12 months. Responses suggest that more than one-third of respondents in their 60s and 70s, along with one-quarter of those age 80 or older, have provided care within the past year, or are doing so currently (see **Figure 21**). Among respondents age 60 to 69 who provided care, 55% reported that it was “very” or “somewhat” challenging to care for the person and also meet their other responsibilities with family and/or work. More than one-third of caregivers age 70 or older also reported that caregiving was very or somewhat challenging. These findings suggest that for many Beverly residents, assuming care responsibilities is a common undertaking that has implications for the life of the care provider.

<sup>14</sup> <https://www.caregiver.org/selected-long-term-care-statistics>





Caregivers were also asked about the care recipient’s conditions that may have prompted their need for support. A variety of conditions were named, with the most common being mobility impairment (reported by 62%), chronic disease (reported by 30%), or sensory impairment (reported by 26%) (see **Table 8**). Thirteen percent of caregivers wrote in another condition, including the care recipient being “very old” or “frail”, having problems with mobility, needing help due to acute illness or an accident, and needing transportation services. Many caregivers reported more than one condition for the recipient of their support.

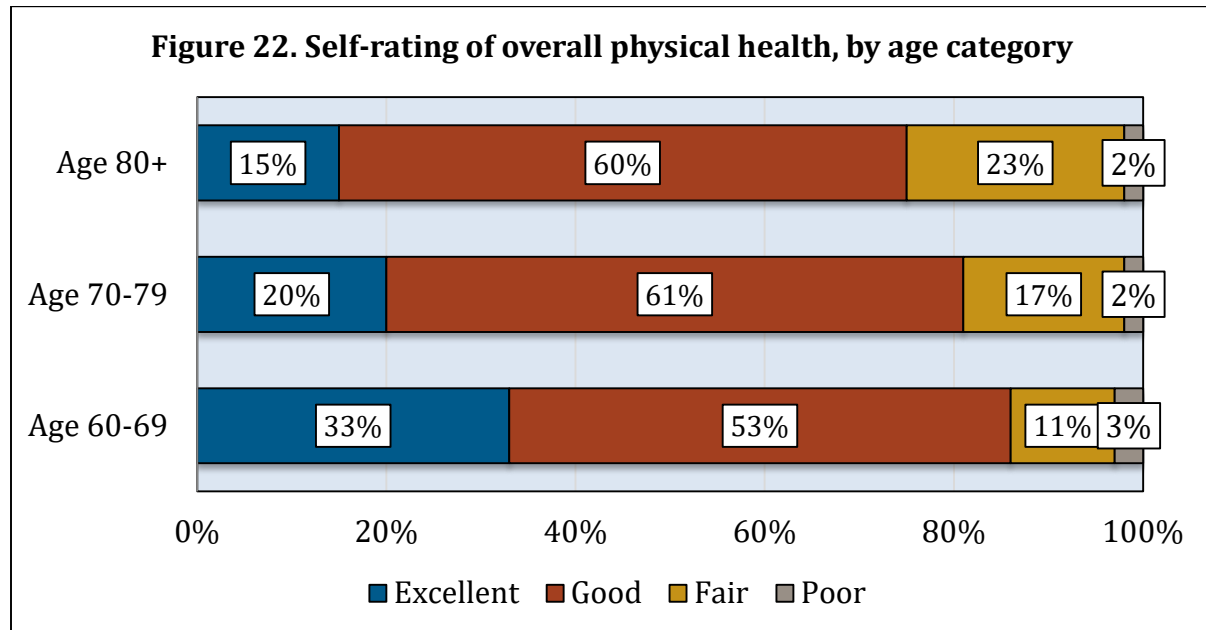
**Table 8: Conditions of care recipient reported by Beverly resident providing care or assistance to a person who is disabled or frail**

Condition	Percentage
Mobility impairment (e.g., difficulty walking, climbing stairs)	62%
Chronic disease (e.g., cancer, diabetes, asthma)	30%
Sensory impairment (e.g., vision or hearing)	26%
Recent surgery	24%
Alzheimer’s disease or other dementia	18%
Other	13%
Psychological condition (e.g., anxiety, depression)	12%
Intellectual or developmental disability	3%

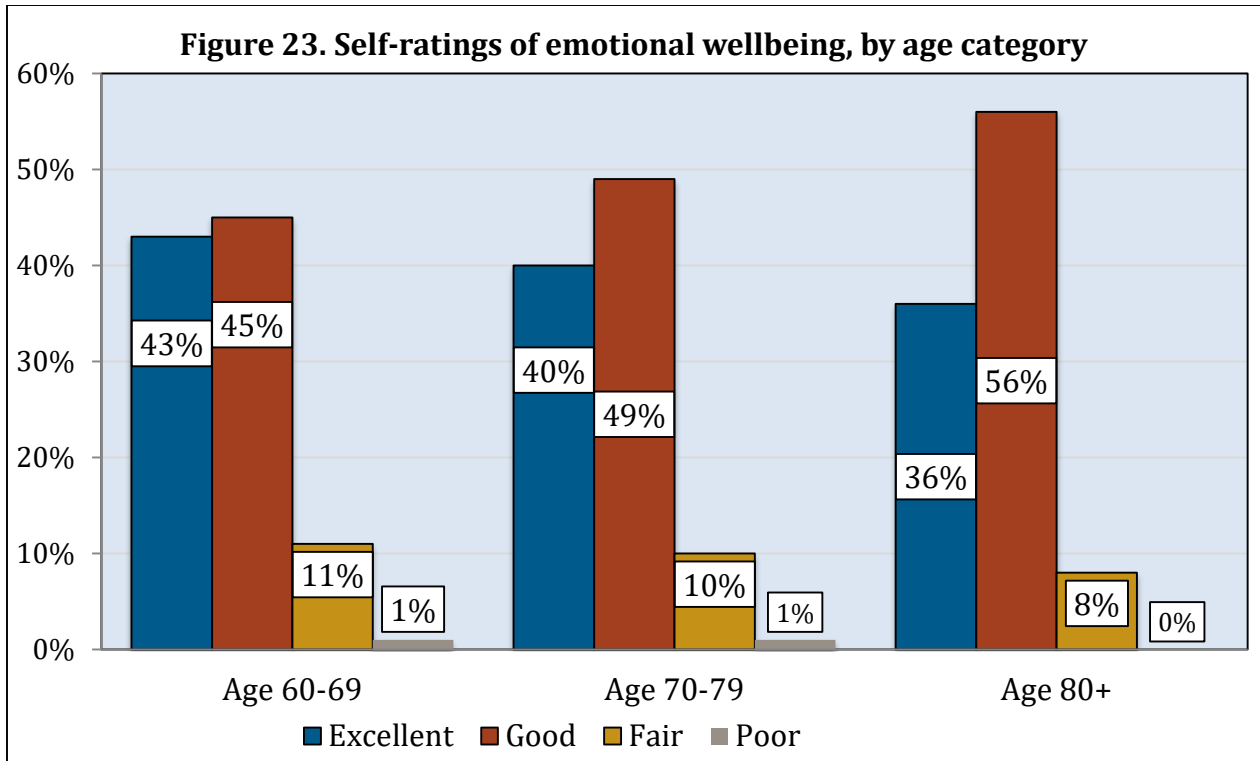
*Note: Participants could choose all options that apply, therefore the percentage total does not equal 100%.*

## Health

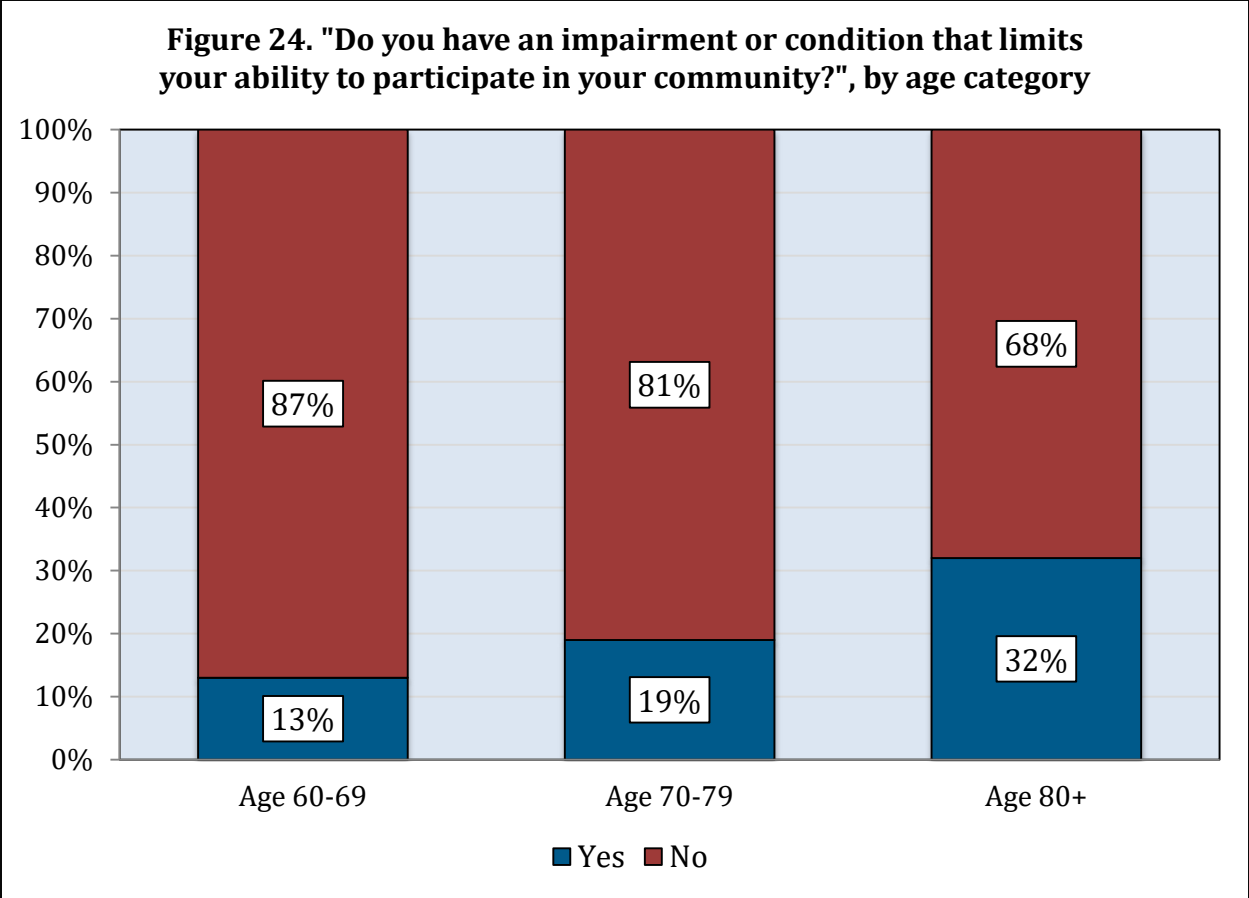
Most survey respondents reported good physical health. Self-ratings of physical health by age category are shown in **Figure 22**. A large majority, 86%, of respondents age 60 to 69 reported “excellent” or “good” physical health. Among respondents age 70 to 79, 81% of respondents said their physical health was “excellent” or “good” as did 75% of respondents age 80 and older. This suggests that most of Beverly’s older residents remain in good health into later life, though segments of the older population, especially the oldest tier, experience declines in their health. For example, one in four of respondents age 80 and older reported that their physical health was “fair” or “poor” relative to 19% of respondents age 70 to 79 and only 14% of respondents age 60 to 69.



Survey respondents also reported high levels of emotional wellbeing. This dimension of social/emotional health is shown by age category in **Figure 23**. Equivalent proportions of respondents age 60 to 69 (12%) and age 70 to 79 (11%) reported “fair” or “poor” emotional wellbeing, along with and 8% of respondents age 80 and older. Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good”, including 88% of the youngest respondents, 89% of respondents age 70 to 79, and 92% of respondents who are age 80 and older.



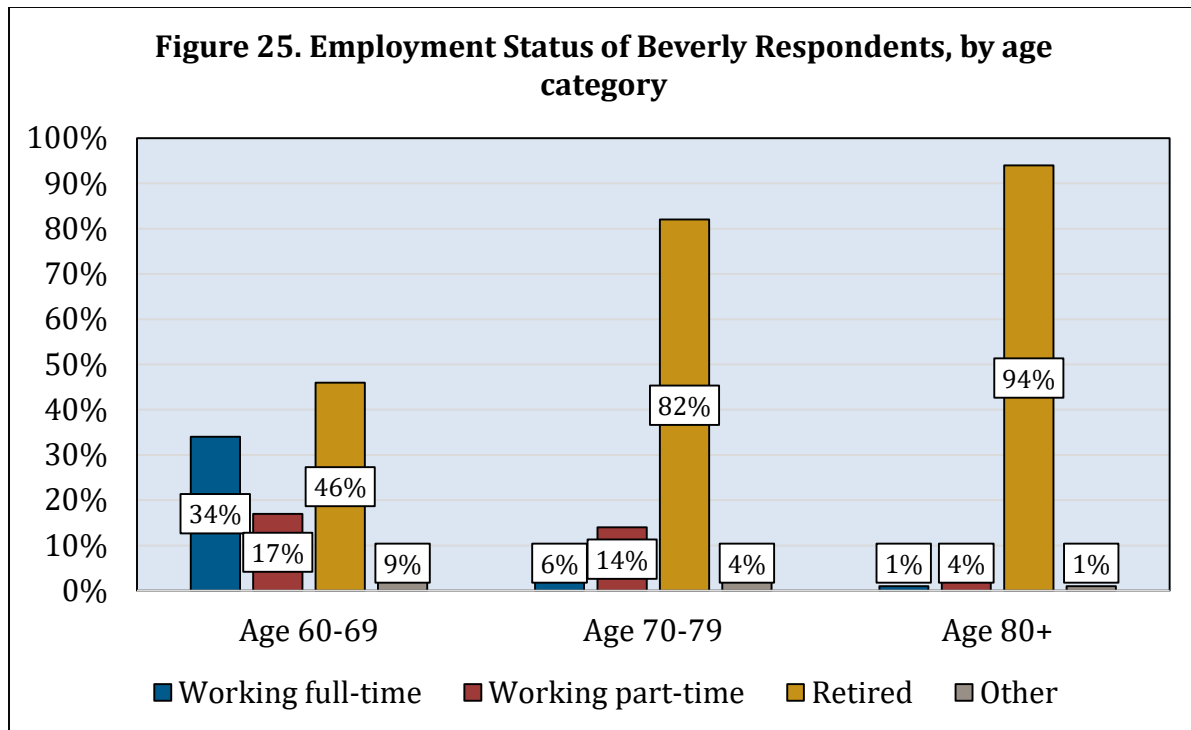
Health status may impact an individual’s ability to participate in community activities; as well, people struggling with health deficits or some types of disability may need assistance with activities in and around the home. **Figure 24** shows percentages of respondents in each age category who indicated that they had an impairment or condition that limits their ability to participate in the community as they wish. This type of impairment is much more common among residents who are 80 and older. More than one-third of respondents in the oldest age category reported this type of limitation.



Among those who reported having a condition that limits their community participation, a portion of respondents (20%) report not having sufficient support in place (see **Appendix B**). Indeed, a common problem facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. An important function of the Beverly Senior Center is to connect people to needed resources for caregiver support and home services, among other types of assistance meant to help older adults age in home.

**Current & Future Retirement Plans**

Although more than one-third of respondents in their 60s are still working full-time, the vast majority of survey respondents age 70 and older are retired and do not work (see **Figure 25**). Between 4% and 14% of respondents age 70 and older are working part-time, suggesting that even among older age respondents, there is an interest in flexible part-time work. Between 4% and 9% of respondents younger than age 80 reported their current employment status as “other”. Write-in explanations included residents looking for work, those volunteering on a very regular basis and those who were self-employed and working at their discretion.



*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

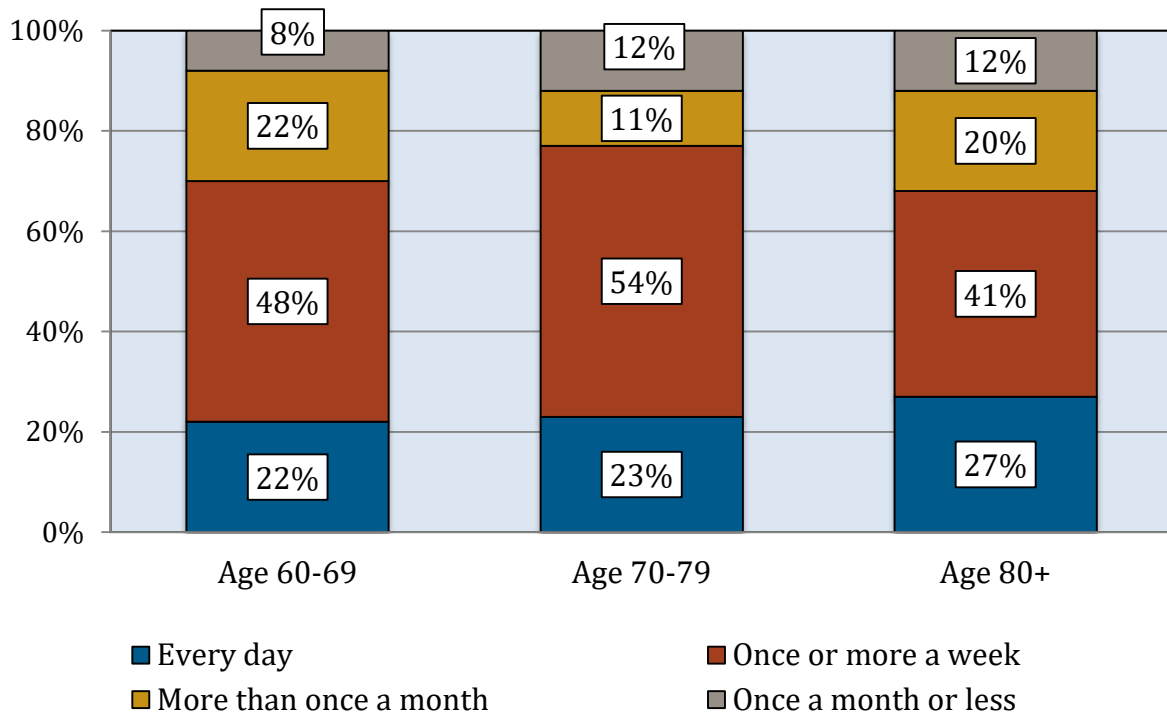
Many respondents reported being already fully-retired (65%). Among those who were not yet fully retired, 17% anticipated retiring within the next 3 to 5 years, and 5% reported retiring in the next 6 to 10 years. A small portion, 7%, were unsure when they would fully retire, and 6% anticipated that they would never fully retire.

### Social Activities & Relationships

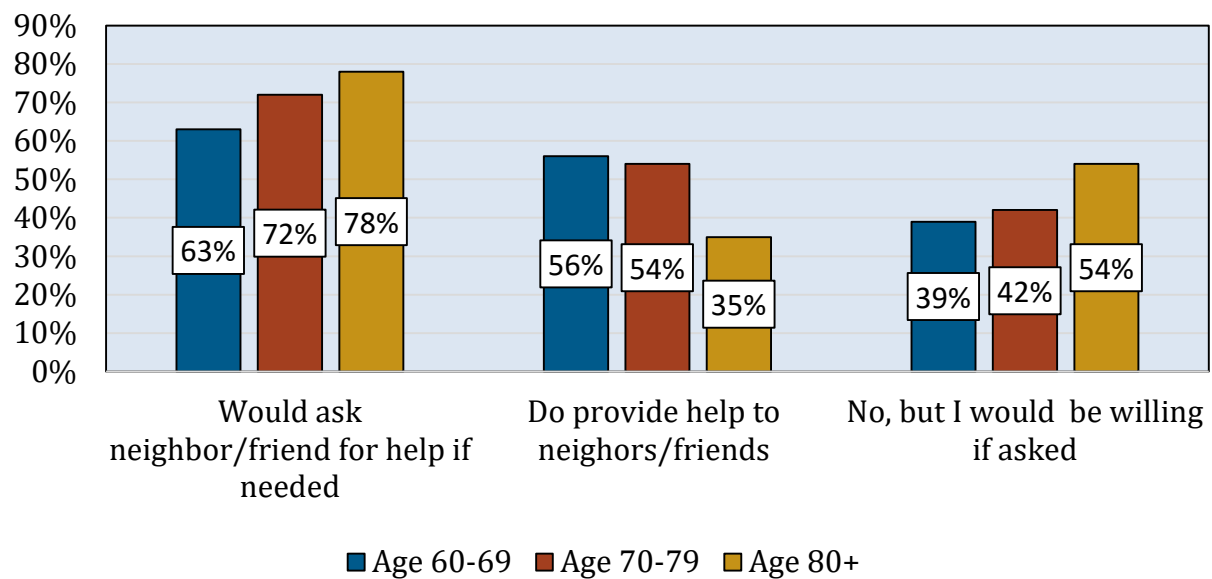
Social activities and relationships shape wellbeing for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overweight (see Qualls, 2014). Many older adults are at high risk for social isolation, especially if their health and social networks break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside of their homes.

**Figure 26** suggests that a majority of Beverly’s older residents are engaged with their community, although a share is at risk of isolation. Most respondents report social contact via phone (89%), email or social media (79%), or in-person (72%) with their family, friends or neighbors once a week or more (see **Appendix B**). Between 8% and 12% of survey respondents report getting together in-person with family, friends, relatives, or neighbors once a month or less (see **Figure 27**). 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 26. Frequency of getting together with family, friends, relatives or neighbors**

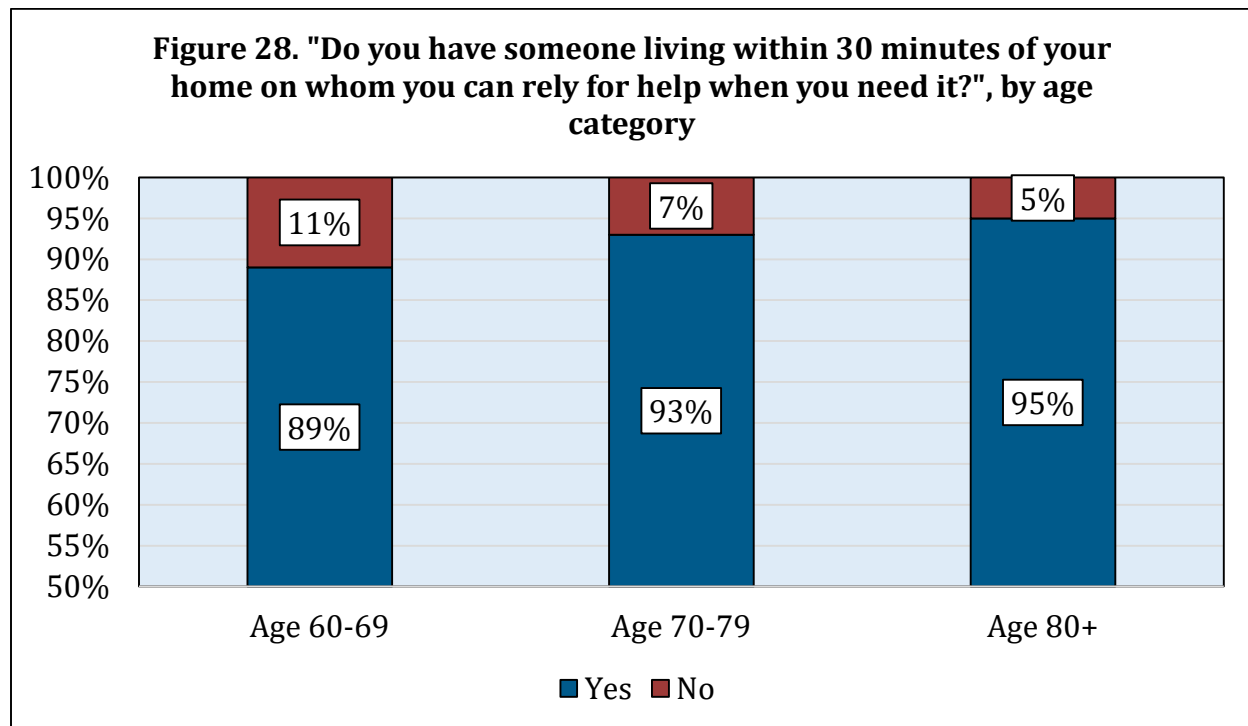


**Figure 27. Percent of respondents who would ask for assistance with minor tasks from neighbors, and who do/would provide assistance to neighbors, by age**

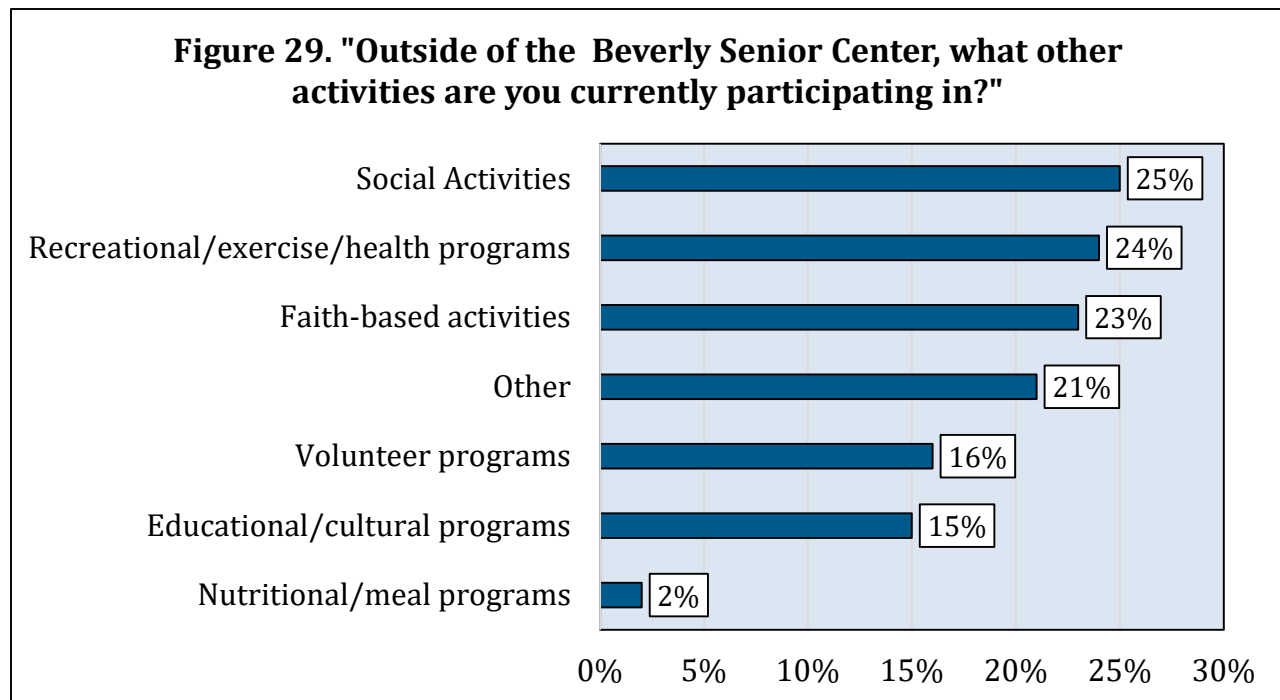


The livability of communities is also influenced by the degree of interdependence between residents—that is, the degree to which neighbors feel they can rely on each other for help, as well as their willingness to help when others need assistance. Survey respondents were asked whether they would ask their neighbors for help, and whether they would provide assistance to their neighbors with minor tasks or errands. **Figure 27** shows that more than two-thirds of respondents in each age group would willingly ask for assistance from their neighbors. As well, more than half of respondents age 60-79 currently provide help to neighbors. Taken together, these findings suggest an opportunity to tap the willingness of Beverly seniors to help their neighbors and leverage the closest and most accessible human resource when extra help is needed.

Survey respondents were asked whether they have someone living within 30 minutes of their home on whom they can rely on for help if needed. **Figure 28** shows that most of respondents in each age group do have a person in the area to call upon. However, it is important to note that 11% of respondents in their 60s do not know someone in the local area on whom they can rely for help as is the case for 7% of respondents in their 70s and 5% of those age 80 and older. Taken together, these findings highlight that in lieu of the availability of family or friends to help in a time of need, some residents of Beverly may be at risk for social isolation or crises.



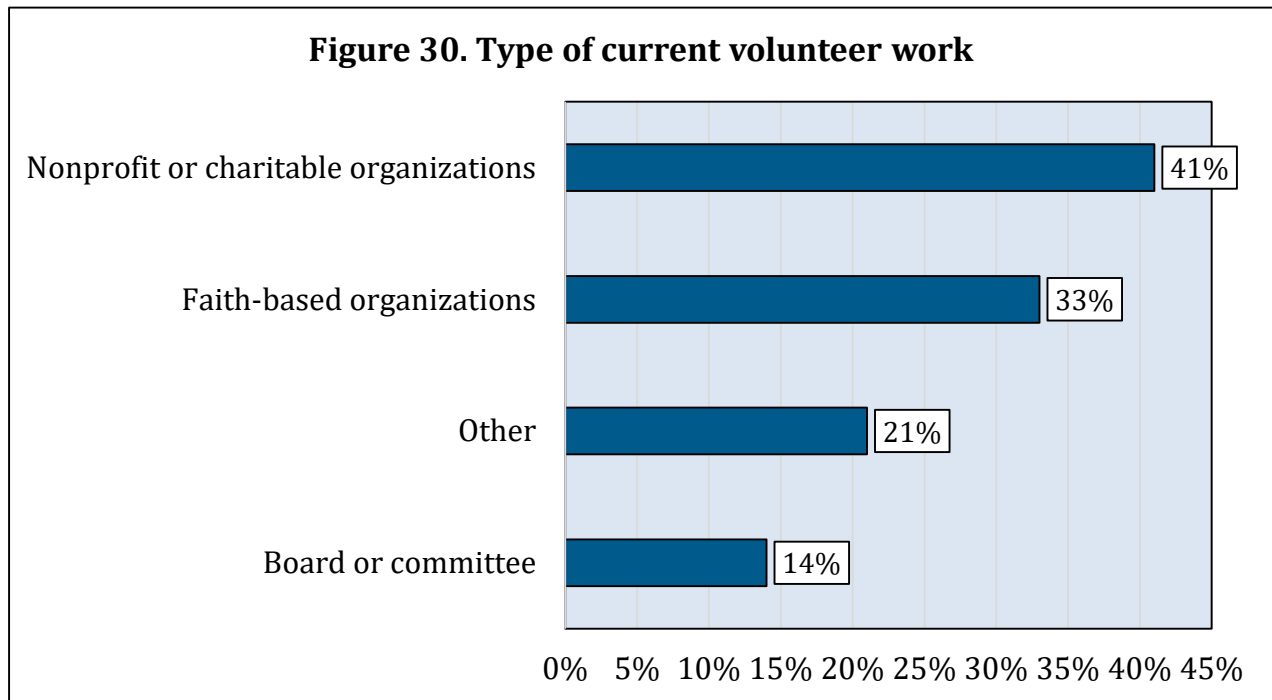
In order to understand how residents spend their time, respondents were asked about the type of activities they participate in, outside of the Beverly Senior Center. **Figure 29** highlights the type of activities that respondents participate in, outside the walls of the Beverly Senior Center. Among those reporting an “other” type of activity, write-in responses included participation with specific organizations like the YMCA or Elks club, many wrote-in that they spend as much time as possible with family, and several reported that they do not participate in community activities at all.



*Note: Participants could choose all options that apply, therefore totals may not equal 100%.*

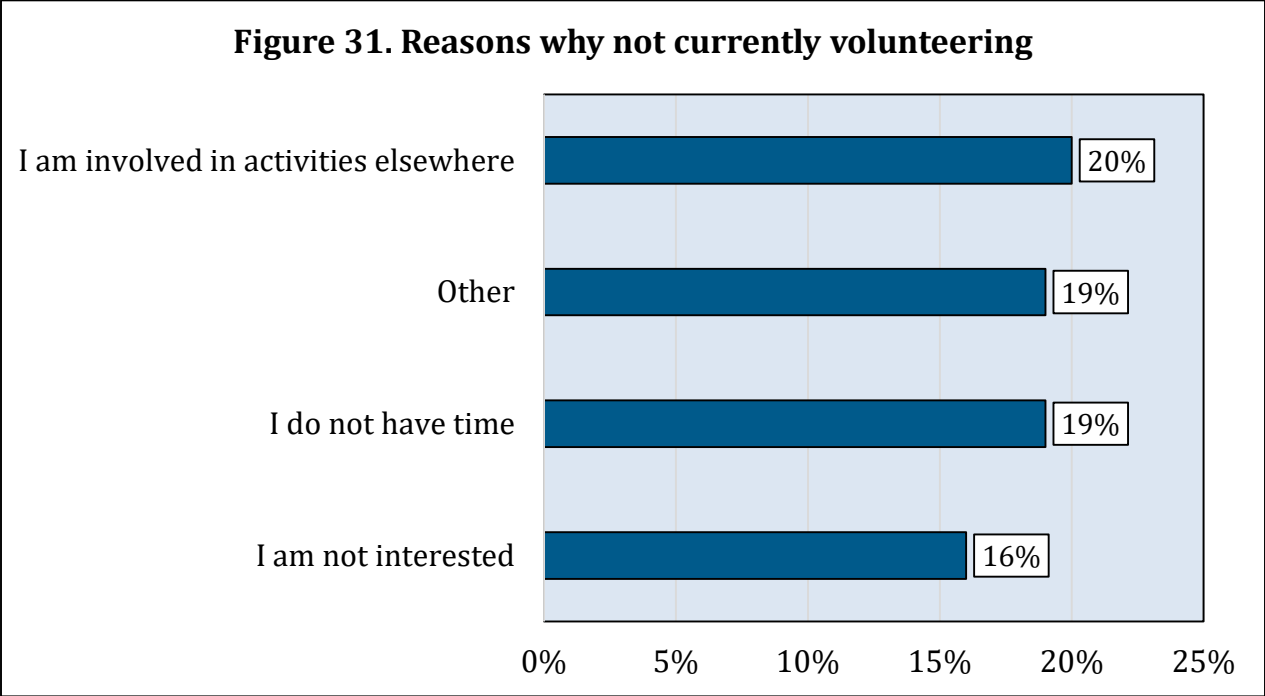


The most common types of volunteering reported by survey respondents include working for nonprofit or charitable organizations or with faith-based organizations (**Figure 30**).



*Note: Participants could choose all options that apply, therefore totals may not equal 100%.*

More than two-thirds of survey respondents reported that they do not currently participate in any volunteer activity (see **Appendix B**). The Beverly Senior Center currently relies significantly on the dedication of volunteers to support its daily activities. Volunteers help run programs and activities but also help with delivering meals and support some administrative tasks. Thus, it was important to understand the reasons why so many respondents do not currently volunteer. **Figure 31** shows that major reasons for not volunteering include: being involved in such activities outside of Beverly and not having the time to dedicate to volunteer work. Among those who reported an “other” reason for not volunteering, write-in responses had to do with health or disability, being unaware of opportunities to volunteer, and lack of time due to needing to provide care and support to family or neighbors.

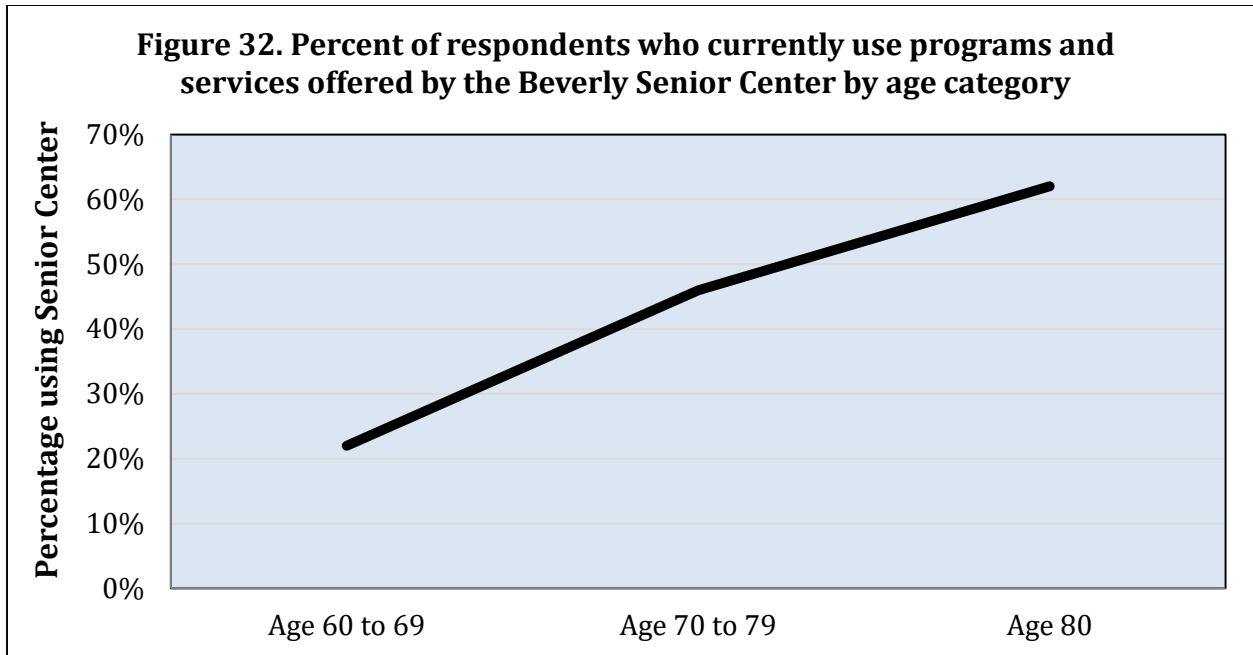


*Note: Participants could choose all options that apply, therefore totals do not equal 100%.*

**Programs & Services at the Senior Center**

The Beverly Senior Center is an important resource for many older residents seeking to stay in Beverly as they grow older. Both the City of Beverly Council on Aging and the Senior Center seek to identify and respond to the physical and emotional needs of Beverly’s seniors by providing programs intended to support seniors’ efforts to live independent and fulfilling lives. Toward these ends, a broad range of programs and services that target older residents is available, including education and recreation programs and various group activities. One goal of this study was to assess the value placed by residents on the Senior Center and learn more about ways that programs and services offered by the Senior Center could be improved.

Participation in Beverly Senior Center programs and services is substantially higher among older seniors than among those who are in their 60s. **Figure 32** shows the percentage of respondents who indicated that they currently use programs and services offered by the COA by age category. More than half of the respondents age 80 and older reported using these programs and services, as did 46% of respondents age 70 to 79, but just 22% of those age 60 to 69. This result may reflect the increasing value of the Beverly Senior Center to residents as they age.



Note that although the oldest respondents are more likely to participate, among the survey respondents who report using the programs and services, 41% are in their 70s (see **Table 9**), 32% are between the ages of 70 and 79, and the remaining 27% are between the ages of 60 and 69. The Beverly Senior Center must therefore balance the interests and goals of residents who may need significant supports to participate, with those who are quite active and independent, but looking for new and engaging activities and opportunities.

Among respondents who use programs or services offered by the Beverly Senior Center (**Table 10**), most respondents from all three age groups indicate that they participate only a few times a year, primarily visiting the Senior Center for special events. However, 1 in 5 respondent participants age 60 to 69 use the Senior Center at least once a week, 1 in 4 respondents in their 70s use it at least once a week and 29% of respondents age 80 and older participate at the Beverly Senior Center at least once a week. This range of participation levels highlights the broad continuum of affiliation with the Senior Center—with many residents participating just periodically while others include visits as part of their regular weekly schedule.

**Table 9. Age distribution of participants and non-participants in the Beverly Senior Center, by age category**

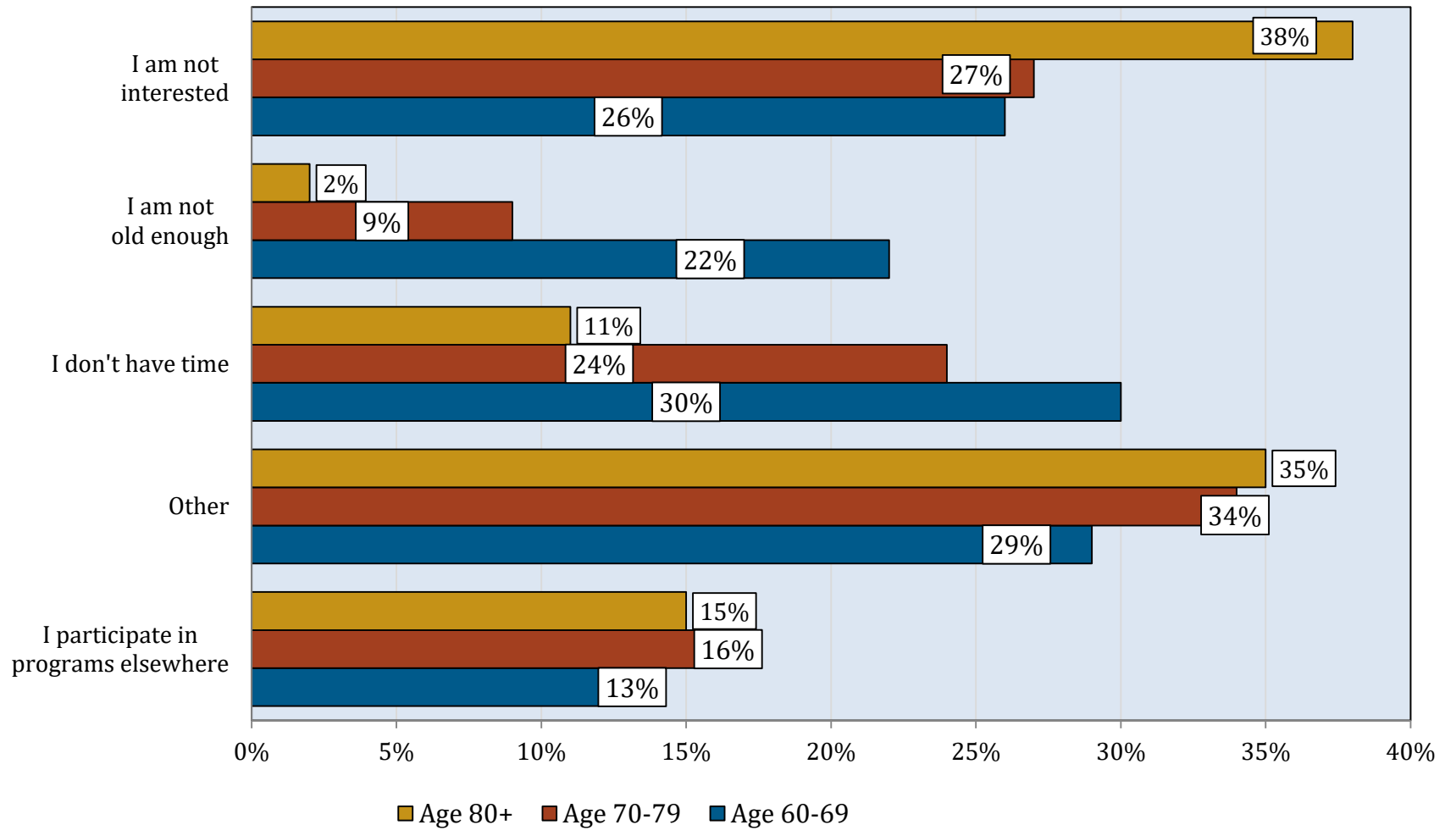
<u>Age group</u>	<u>Participants</u>	<u>Non-participants</u>
<b>60-69</b>	27%	57%
<b>70-79</b>	41%	31%
<b>80+</b>	32%	12%
<b>Total</b>	100%	100%

**Table 10. Frequency of using the Beverly Senior Center programs or services, among those who participate, by age category**

Frequency of participation	Age 60-69	Age 70-79	Age 80+
<b>Two or more times weekly</b>	13%	18%	18%
<b>About once a week</b>	8%	9%	11%
<b>A few times a month</b>	11%	10%	10%
<b>About once a month</b>	12%	10%	13%
<b>A few times a year</b>	56%	53%	48%
<b>Total</b>	100%	100%	100%

Among respondents in their 60s who said that they do not currently participate in programs and services, the most common reason provided for non-participation was not having enough time (30%). Among those in their 70s, most respondents wrote-in an “other” reason for nonparticipation and among those age 80 and older, the most commonly cited reason for not participating was lack of interest (38%) (see **Figure 33**). One-third of the non-participants took the time to write in other reasons, with the largest share reporting that they were busy or had no time to participate, many indicating that they were still working. Another commonly cited reason for not participating was not knowing what is offered. For example, one respondent wrote, “Don’t know what programs are—do not get newsletter”. Another frequently named reason was “not needing” the programs and services offered at the Senior Center, sometimes referring to their current level of independence. For example, one individual reported that they did not participate because they are “working part-time, exercising, and caring for dog and grandchildren.” And another wrote “I prefer volunteering, walking, socializing with friends and family.” These responses suggest a misperception that one cannot participate at the Beverly Senior Center and live active and engaged lives. Finally, many respondents indicated that the Beverly Senior Center was not a good fit for them, some indicating that they were quite busy with their own lives and maintaining their homes and lifestyles---and therefore couldn’t find time to participate. Many others respondents simply stated that they “never think about it”. A small number of people wrote-in that they had tried participating but became discouraged because programs were cancelled, overcrowded, or not welcoming to newcomers.

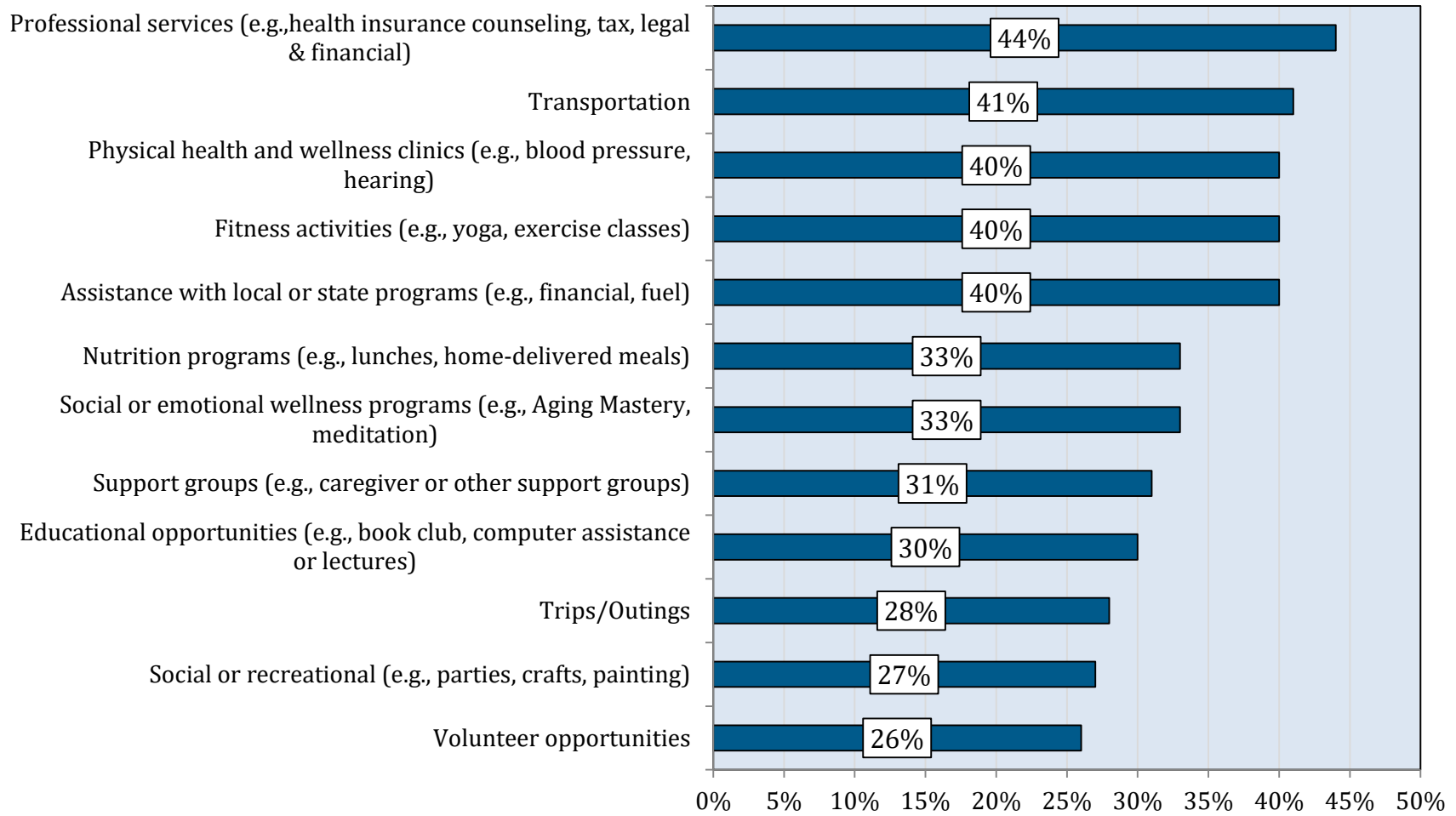
**Figure 33. Reasons for not currently using programs or services offered by the Beverly Senior Center**



*Note: Participants could choose all options that apply, therefore totals do not equal 100%.*

An important goal of the survey was to assess the importance of programs and services that are currently offered to older adults and their families in Beverly. Survey respondents were asked to rate twelve types of programs and services according to their importance to them personally or to someone in their family. Each was rated on a five-point scale (1=important, 5=not important). **Figure 34** shows the percentage of respondents who assigned each program a rating of 1 or 2 on this scale, indicating an evaluation of higher importance. The most highly scored (44%) program was professional services like access to legal services, tax assistance, or health insurance counseling, and 41% of respondents rated transportation as an important service. Given what we heard in the focus group and interviews, this result indicates that for those who access the transportation services, it is a high-value service. The next most highly rated set of programs was health and fitness programs, rated as important by 40%. Similarly, 40% of respondents rated assistance with state and local support services as important. Recall that the ratings are assigned by survey respondents based on importance to themselves or to someone in their families, suggesting that all of the programs are personally valued by substantial shares of residents. That being said, this also resulted in 12% to 19% of respondents reporting that they “don’t know” how to rate the importance of these types of programs, likely due to a lack of use by themselves and their family members.

**Figure 34. Percent of respondents rating services as important to themselves or a family member (1 or 2 on a 5-point scale)**



*Note: Participants could choose all options that apply, therefore totals do not equal 100%.*

**Table 11. Percent of respondents rating services as *important* to themselves or a family member (1 or 2 on a 5-point scale), by participation status**

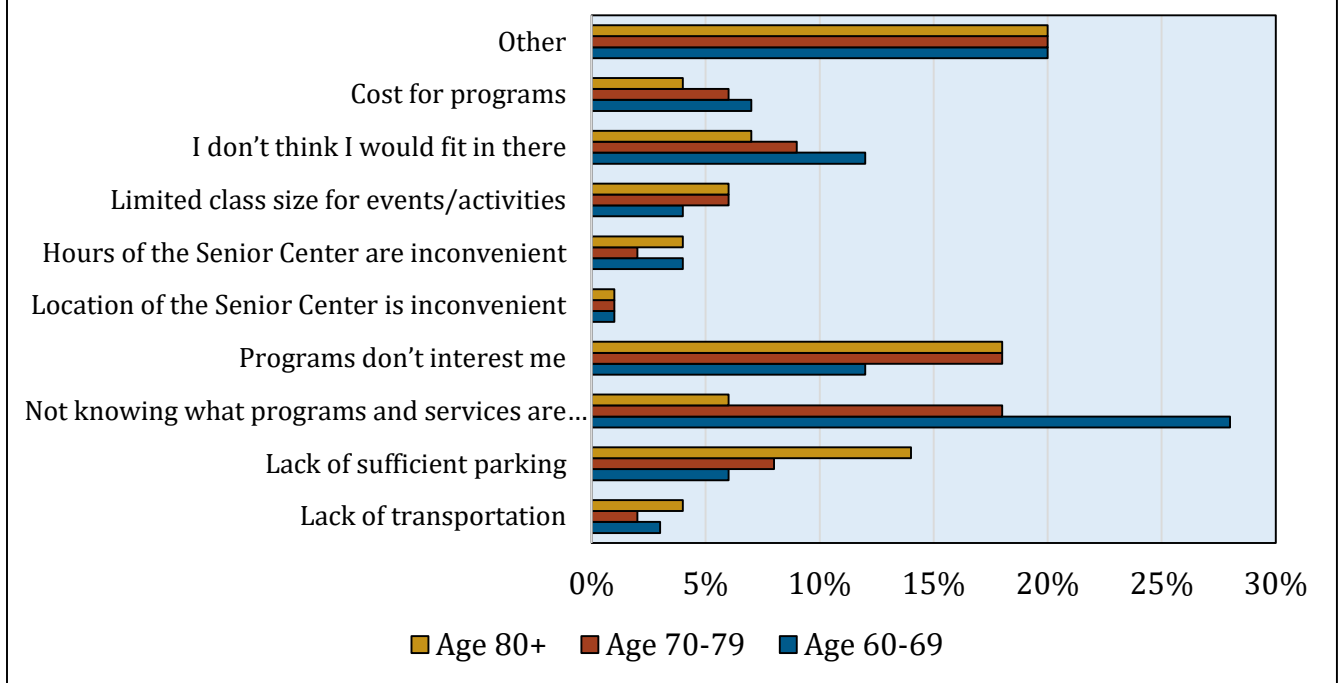
	<u>Non-participants</u> age 60+	<u>Participants age 60+</u>
<b>Professional services (e.g., health insurance counseling, tax, legal &amp; financial)</b>	40%	50%
<b>Fitness activities (e.g., yoga, exercise classes)</b>	34%	50%
<b>Transportation</b>	40%	43%
<b>Assistance with local or state programs (e.g., financial, fuel)</b>	38%	42%
<b>Physical health and wellness clinics (e.g., blood pressure, hearing)</b>	38%	41%
<b>Social or emotional wellness programs (e.g., Aging Mastery, meditation)</b>	30%	38%
<b>Nutrition programs (e.g., lunches, home-delivered meals)</b>	30%	37%
<b>Educational opportunities (e.g., book club, computer assistance or lectures)</b>	24%	36%
<b>Support groups (e.g., caregiver or other support groups)</b>	29%	34%
<b>Social or recreational (e.g., parties, crafts, painting)</b>	23%	34%
<b>Trips/Outings</b>	27%	33%
<b>Volunteer opportunities</b>	26%	26%

*\*Note: listed in order of importance among current participants*

In order to understand the differences between those respondents who currently use the Beverly Senior Center compared to those who do not, we compared their ranking of existing programs in **Table 11**. Non-participants ranked transportation and professional services as important, whereas current participants ranked professional services and fitness activities as most important. As would be expected, participants reported higher importance levels for all the listed programs than did non-participants. However, each of the program categories were listed as being important by at least 23% of non-participants, and at least 26% of participants. Reflecting on the value attached to services by non-participants can inform future planning of new or expanded programs to include the preferences of older adults who are not yet participating at the Beverly Senior Center.



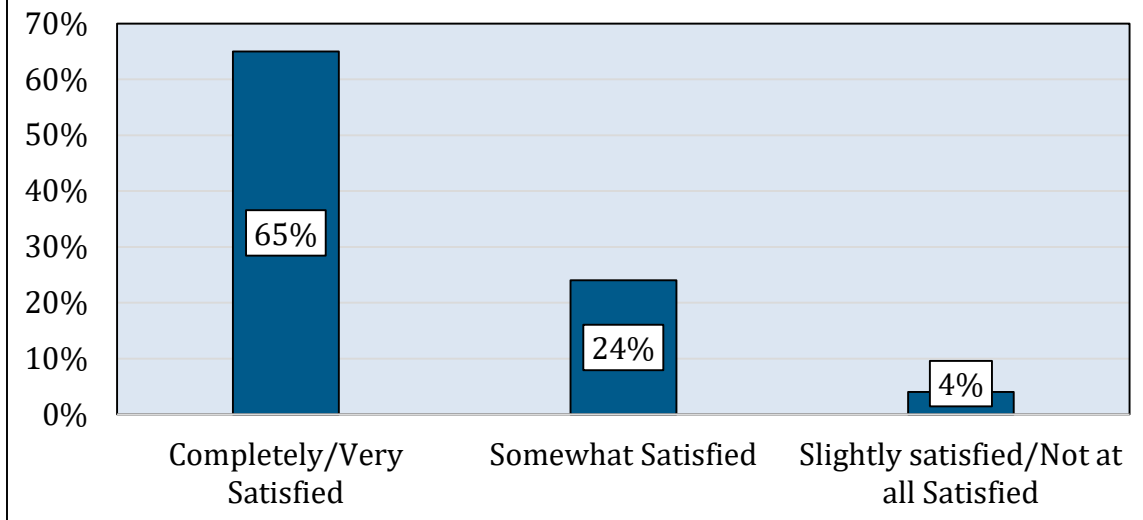
**Figure 35. Barriers to accessing the Beverly Senior Center, by age category**



Further, survey respondents were asked to report barriers to participation in programming and services offered by the Beverly Senior Center (**Figure 35**). It is clear that among respondents in their 60s, the biggest barrier to participation is not knowing what programs and services are available, as reported by 38% of survey respondents. Lack of interest in existing programming was common among younger survey respondents. Among these younger survey respondents (age 60 to 69), 12% reported that they didn't think they would fit in at the Beverly Senior Center and 14% of respondents age 80 and older reported a lack of sufficient parking as a barrier. Once again, a number of (20%) respondents reported an "other" barrier to participation. Among these write-in responses, the most commonly mentioned barrier was a general lack of interest, or motivation to participate. For example, several respondents wrote things like "not ready yet" or "not applicable" while a number of others explained that they are too busy to participate.

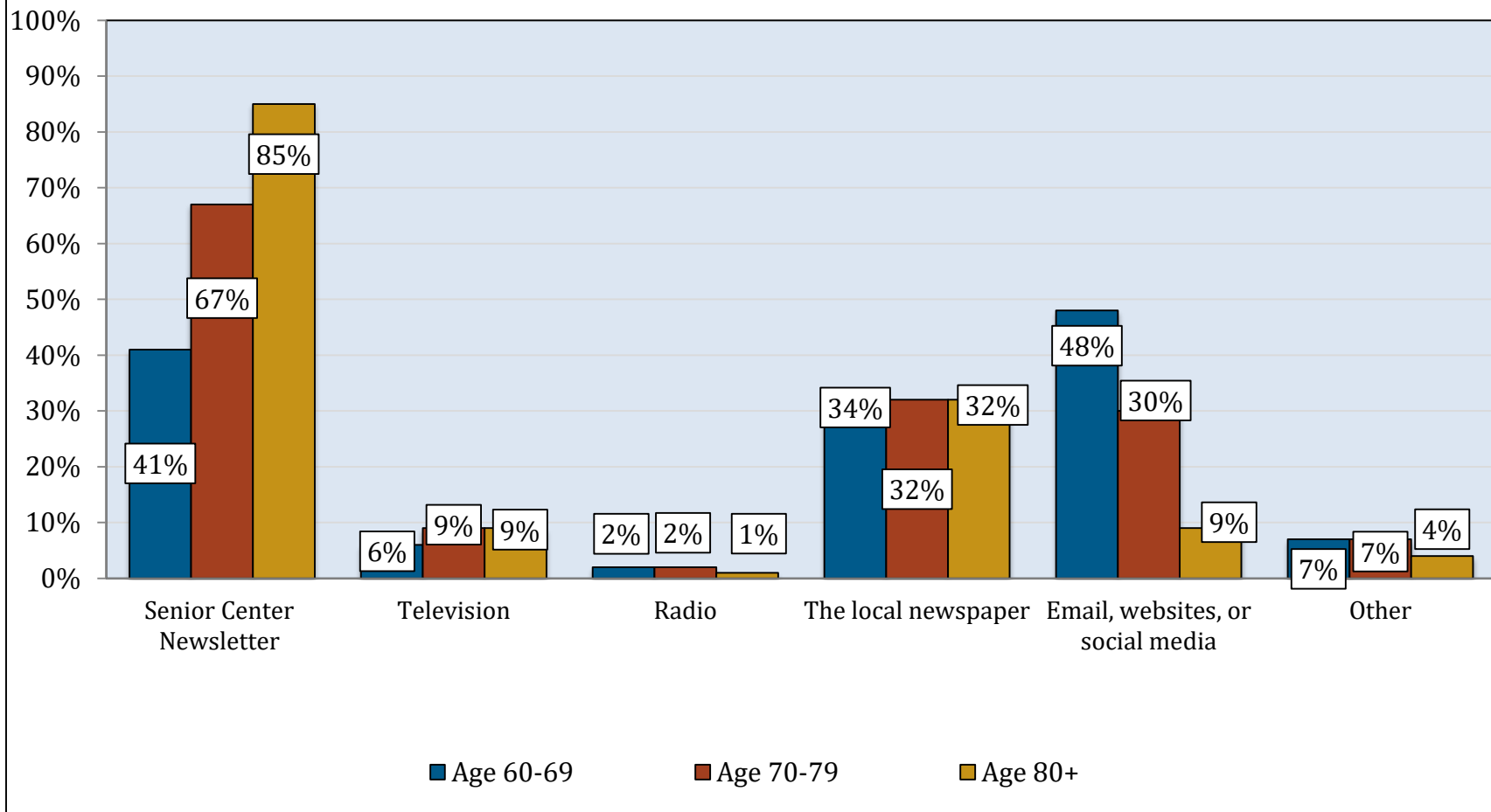
**Figure 36** illustrates that many current users of the Beverly Senior Center are satisfied (65%) while 24% of survey respondents who report using the Beverly Senior Center are only somewhat satisfied and 4% are slightly satisfied or not at all satisfied. Seven percent of current users reported "n/a" when it comes to satisfaction with programs and services.

**Figure 36. Satisfaction with the programs and services offered through the Beverly Senior Center among current participants**



One way by which participation at the Beverly Senior Center may be increased is through improved information dissemination. Effective marketing is important in making residents aware of the opportunities and supports available through the Senior Center. Currently, residents can become aware of activities and services offered by the Senior Center through a variety of media. Survey respondents indicated a preference for print media outlets, including the Senior Center Newsletter and the local newspaper as sources of information about the Senior Center (see **Figure 37**), with the oldest seniors reporting strong preference for the newsletter. In contrast, nearly half (48%) of respondents in their 60s preferred to receive information via email, websites, or social media. Respondents were invited to write-in additional preferred sources of information, and some did. The most common write-in responses were word-of-mouth, or postings and flyers distributed in locations such as the post office. Notable is the strong preference for print outlets among those who expressed a preference, especially among respondents age 70 and older. Electronic means of information distribution, such as the City website or email, may be effective in reaching middle-aged adults and younger seniors; however, for the near-term, effectively reaching Beverly’s older adults will continue to require outreach through print media.

**Figure 37. Preferred sources of information about activities and services offered by the Beverly Senior Center, by age category**



*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

Survey respondents were given the opportunity to offer suggestions for new programs or services not currently offered by the Beverly Senior Center. **Table 12** shows commonly mentioned ideas, as well as verbatim examples of each.

**Table 12. Suggestions for programs and services not currently offered through the Beverly Senior Center**

<p><b>More exercise classes</b></p> <ul style="list-style-type: none"> <li>• <i>More intensive physical exercise programs e.g., aerobic exercise, intermediate pilates (beyond basic)</i></li> <li>• <i>A full exercise program with treadmills and other machines</i></li> </ul>
<p><b>Communication and informational resources</b></p> <ul style="list-style-type: none"> <li>• <i>A printed handbook for Beverly seniors listing all resources, services, and programs for seniors</i></li> <li>• <i>Not sure what is offered</i></li> <li>• <i>Would like something to come in the mail so we'd know what was offered and what was going on</i></li> </ul>
<p><b>Social activities outside the Senior Center</b></p> <ul style="list-style-type: none"> <li>• <i>Do you have an intergenerational program with students interested in working with seniors? Perhaps board game night? Cookie recipe exchange? Ice cream social?</i></li> <li>• <i>Nature-based activities - trips to local park, beaches etc.</i></li> <li>• <i>A seasonal bus tour of Beverly to see what people do to decorate their homes and to see where things are--like new restaurants and structural changes (including new housing, etc.)</i></li> </ul>
<p><b>Home-based programming and services</b></p> <ul style="list-style-type: none"> <li>• <i>More help for seniors living at home</i></li> <li>• <i>Hairdresser coming to home</i></li> <li>• <i>Help for people who come to the center to be fed when the center is closed due to holidays and weekends.</i></li> <li>• <i>Help with elder's pet! Food walking etc.</i></li> <li>• <i>More programs for people with physical limitations</i></li> </ul>
<p><b>Special interest programming</b></p> <ul style="list-style-type: none"> <li>• <i>Wood shop, other trades, good free computer assist and cell phone skills, smart watch skills</i></li> <li>• <i>More breadth of interests - photography, a fun cooking class, book clubs - discussion- going to sporting events together</i></li> <li>• <i>Support groups for family issues, i.e., in-laws + adult children issues</i></li> <li>• <i>Public forums where topics such as health insurance, legislation, hot-button issues could be presented &amp; discussed</i></li> </ul>

In addition to calls for more and vigorous exercise programs as well as broader communication about the Beverly Senior Center, respondents proposed a number of ideas for expanded programming. For example, several individuals wrote-in requests for social activities that occur outside of the Senior Center building. This would also widen the “visibility” of Senior Center programming to locations around the City. Several respondents

requested more programs and services for home-bound residents of Beverly. It was noted that among the barriers to participation, physical mobility and health status are important challenges to consider. Suggestions were made for additional programming that would allow for home-bound residents to be included in the Beverly Senior Center. As well, several suggestions for specific special interest programs were made—many of which may be attractive to younger seniors.

Finally, respondents were given the opportunity to write-in additional comments about aging in Beverly and/or the Beverly Senior Center. Responses from this open-ended question are summarized in **Table 13**.

Several respondents wrote-in continuing concerns about costs of living and limited housing options in Beverly. Challenges associated with snow removal and basic home maintenance were also mentioned. Issues related to local transportation were also reiterated. Although these concerns are largely beyond the scope of the Beverly Senior Center’s mission, respondents clearly see these issues as barriers to aging well in Beverly. In addition, more requests for programming to attract and benefit younger seniors in Beverly were made. Finally, much praise was given to the Beverly Senior Center and its staff. It is clear that for those who are familiar with the Senior Center, it is a beloved resource.

**Table 13. Other Thoughts or comments about aging in Beverly and/or the City of Beverly Council on Aging and Senior Community Center**

<b>Weather concerns</b>
<ul style="list-style-type: none"><li>• <i>Reasonably priced services to help with winter plowing, lifting items to remove from the home; reasonable prices 'handy men' some things you can't do alone</i></li><li>• <i>Snow removal services for those in need is much needed</i></li><li>• <i>Snow is a big concern for safety and isolation. We need some way to get someone to clear steps and sidewalks.</i></li></ul>
<b>Cost of living</b>
<ul style="list-style-type: none"><li>• <i>As we get older each year and prices of everything keep increasing, fixed incomes can't keep up with inflation. Seniors need help keeping costs down.</i></li><li>• <i>I want to be able to stay in my home. Concerned about taxes going up and having a limited income. Have to be careful about how much my food bill is. Trying to find money for home repairs and someone to help me do them.</i></li><li>• <i>My greatest fear will be not being able to afford to stay in our home once one of us dies - me or my husband.</i></li><li>• <i>Real estate taxes are high--a senior real estate tax cut would be appreciated.</i></li></ul>

## Transportation

- *There are too many stores unavailable to wheelchair bound people. Afraid in the winter it's dangerous for wheel chairs.*
- *The Beverly shuttle (CATA) always runs late. The route needs updating. A well-run shuttle would be a great asset to the city.*
- *More available local transportation.*
- *The City of Beverly needs to fix the sidewalks, there are a lot of them with protruding roots that makes walking dangerous, especially for seniors*

## Praise for Senior Center and staff

- *I am very happy with the services offered through the Senior Center and look forward to accessing more of them as I fully retired.*
- *The volunteer programs have been a big help in my retirement, as it is important to me to stay involved!*
- *The Senior Center does a commendable job - they have very qualified people*
- *I am new to Senior Center but it sounds very good to me.*
- *I enjoy getting the senior monthly letter.*
- *I think the (Beverly Senior Center and Council on Aging) are a wonderful resource for meeting the needs of Beverly seniors. While at this time I'm independent, I know that in the future when my needs change, I will be in good hands with all that is*

## Concerns and recommendations about the Senior Center

- *A monthly "introduction to and welcome tour of the Senior Center"*
- *Activities for "60 somethings" and newly retired*
- *Elder Outreach Programs suggested. Continue to offer + publicize more events, classes.*
- *I don't know anyone at the Senior Center. I worry about being shunned by cliques. I would like to receive newsletter and start participating*
- *I would love to see a fitness room/center added to the Senior Center, Peabody has one -- and it is used a lot! Even if it included basic weights/ bike and treadmill. Local gyms are very expensive!!*
- *Improve trips for shopping, especially food shopping. 1X / month not enough*
- *It's hard to make friends. Most people come with friends or know everybody from elsewhere.*
- *More club activities--non fee*

## Comments about Beverly

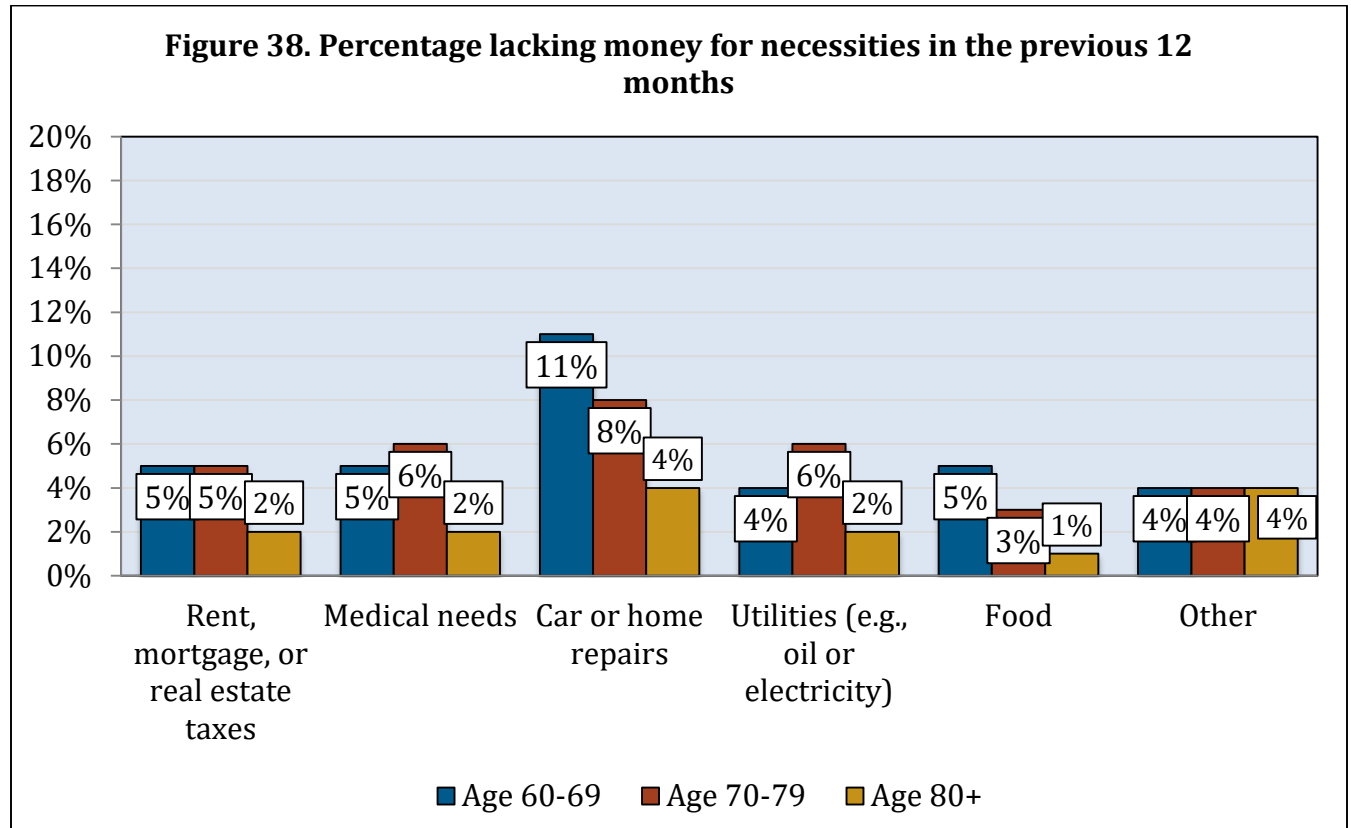
- *Beverly is my home. I have lived here for 30 years. I know the librarians. I know folks at First Parish church. I know what's brewing. I have no interest selling my house and moving to Florida. I love Beverly and my friends here.*
- *I have lived in Beverly most of my life. I am retired and would like to stay in my home the rest of my life. I hope the cost of living allows me to stay here.*

*property taxes, etc. In future years if I need help with home healthcare, I hope I can find and afford it. Beverly is a wonderful community*

- *I would like to see a nice 55+ independent living townhouse community built in Beverly*

### Financial Security

One survey question was meant to tap income shortfalls for necessary expenses among Beverly’s residents. Respondents were asked if there was any time in the previous 12 months when he or she did not have money for necessities (see **Figure 38**). Most respondents across the age groups reported **not** lacking money for necessary expenses during the previous year (see **Appendix B**), including 80% of respondents age 60 to 69, 77% of respondents age 70 to 79, and 84% of seniors age 80 and older. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 8% to 11% of those age 70 and older not having funds for car repairs or home repairs, and 4 to 6% lacking money for necessary utilities.



*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

Among respondents who reported an “other” economic hardship, comments included that they experience limitations in their ability to pay for meals out with friends, other non-utility bills (e.g., cable, cell phone etc.) and general comments about feeling squeezed financially on a fixed income.

## Recommendations

We offer the following recommendations for the Beverly Council on Aging and Senior Community Center:

1. Plan for growth of the older population in Beverly. The Beverly Senior Center as well as other City departments and organizations operating in Beverly will be impacted by a growing older population. Adequate planning will require each to evaluate what the shifting demographic means for their operations, and how best to respond. For example:
  - Many of the specific recommendations made within this report would require the expansion of current staffing capacity of the Beverly Senior Center to meet the growing and changing needs of older Beverly residents, moving forward.
  - Consider the creation of an additional outreach position that focuses on communication and marketing of Beverly Senior Center programs and services throughout the City.
  
2. Strengthen community knowledge about what the Beverly Senior Center is and its range of offerings. For example:
  - Correct misperceptions about who is “eligible” to participate in Senior Center activities. Consider existing outlets like op-ed columns or local cable opportunities to explain eligibility for and resources provided by the Beverly Senior Center. Feature current participant profiles, invite them to share their initial motivations for participating.
  - Develop ways to engage new Beverly residents (renters and homeowners). For example, establish a welcome committee, to welcome individuals to the City and provide them with knowledge and information about the programs, services, and resources that are available at the Beverly Senior Center.
  - Consider creating an incentive for “first-time” senior center participants or a similar “welcome committee” at the Beverly Senior Center to ensure that new participants have a pleasant first experience.
  - Selectively expand other means of communicating about the Senior Center, including informational presentations around the City, and electronic communication (e.g., social media).
  
3. Improve communication between the Beverly Senior Center and other City Departments. Older residents will be better served if communication and collaboration across City Departments are improved. For example:
  - Consider developing new messaging, or marketing strategies about the programs, services, and eligibility of participating at the Beverly Senior Center. Make presentations to other City Department leaders and staff as a way of widening recruitment efforts while simultaneously educating City staff.
  - Develop mechanisms by which other City Departments (e.g., Police and Fire) can communicate with the Senior Center about vulnerable seniors as a strategy to prevent serious isolation and its negative effects. Work with public safety officials to identify ways of sharing integral information about residents who may benefit from additional services and supports provided by the Beverly Senior Center.



Invite Senior Center Directors or public safety officials from other communities to share their experiences. Consider piloting one of these models.

4. Support older residents' efforts to stay in their community as they grow older. Advocate to improve housing options for older adults who cannot stay in their current homes. For example:
  - Provide information to older residents about programs and services that can help make their homes safer. Include information about the types of adaptations that may be helpful, as well as information about how to finance changes that are needed and desired and help identify trustworthy sources of assistance (e.g., handyman services or contractors).
  - As a City Department, the Beverly Senior Center can contribute to local conversations about housing options for older adults who wish to downsize while still staying in Beverly. Include 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 communities are desirable housing options. Work with other City Departments to develop strategies to give Beverly residents priority when developing these types of housing.
5. Improve education about local transportation options available to older residents in Beverly. In addition to reviewing ways of maximizing current transportation provided by the Beverly Senior Center, support City-wide efforts to streamline and improve transportation options for older residents. For example:
  - Advocate for an inventory of existing transportation options to identify gaps, duplications, and inefficiencies in service for older residents and those with disabilities.
  - 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 flexibility they value. Consider ride-share options and volunteer driver options like FISH<sup>15</sup>.
  - Work with other City Departments to develop new ways to promote the transportation options that are already in place so that residents and their family members know what is available. For example, review signage and seating at all local bus stops in Beverly to ensure "age-friendliness".
  - Widen the promotion of existing opportunities for "refresher" driving courses and car safety programs like CarFit<sup>16</sup> to older drivers and their families as ways to improve driving skills and improve car safety.
6. Consider new ways to support informal caregivers in Beverly. The Beverly Senior Center can be a source of information, assistance, and respite for these caregivers. For example:

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<sup>15</sup> Friends in Service Helping (FISH) is an organization of volunteers that provides transportation to and from medical and similar appointments within the City and the nearby area. This free service is available to all residents who are unable to drive themselves. Volunteers normally donate one day a month either as a driver or a phone volunteer to this free volunteer driver program

<sup>16</sup> CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles "fit" them. The CarFit 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.

- Create new ways of providing information and assistance for caregivers, including the adult social day opportunities, support groups for caregivers, and information and referral resources available through the Senior Center. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Beverly Senior Center with family caregivers.
  - Consider hosting a “Caregiver’s Night Out” to provide residents of Beverly who might be caring for a spouse, parent, or grandparent to enjoy a night of entertainment. Explore partnerships with area adult day programs to provide respite care during the event.
7. Strengthen opportunities to connect older residents with existing resources to improve economic security in Beverly. Advocate for the creation of new resources and programs to support economic security of seniors in Beverly. For example:
- Convene an “Aging in Place Workshop” to educate the public about creative ways to use their home equity to age in place as well as about alternative housing models like home-sharing<sup>17</sup>. This workshop could also widen publicity about currently available options for addressing economic security through the Beverly Senior Center (e.g., SNAP benefits, fuel assistance, Circuit Breaker Income Tax Credit, and free tax preparation services).
  - Revisit the tax work off program in Beverly. Consider developing new tax work-off positions within Beverly to accommodate residents of all physical abilities and to expand the program to more seniors in Beverly.
  - Strengthen communication across City departments and organizations about resources available to help seniors who are struggling financially. Develop additional mechanisms for other City Departments and local organizations to refer residents to outreach staff at the Senior Center when a community member is known to need assistance.
8. Address programmatic factors limiting resident participation in Beverly Senior Center programs. Despite good participation levels, rethinking elements of programming may draw more residents in to the Beverly Senior Center.
- Update program offerings and develop more opportunities that may appeal to a wider range of older adults. Consider pilot-testing weekend programming to attract residents who work during the week. For example:
    - Expand life-long learning programs. These programs are popular in highly-educated communities; drawing on retired faculty members and other experts as instructors is an option.
    - Offer more challenging exercise programs that require greater exertion levels and appeal to the more fit segments of the senior population.
    - Develop a central resource for volunteer opportunities in Beverly. The Beverly Senior Center could explore ways to connect interested residents with volunteer opportunities.
  - Consider hosting events at satellite space throughout the City so that more residents can participate, feel involved, and understand that the Senior Center is for them. For example:

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<sup>17</sup> <https://mcoonline.com/wp-content/uploads/2017/12/HOMESHARING-IN-MASSACHUSETTS-Revised-Finalbcedits.pdf>

- Host events at off-site locations both to increase the number of residents who can be accommodated; and also to position the Beverly Senior Center as a community-wide resource that goes beyond the four walls of the building.
9. Expand offerings for home-bound older adults in Beverly. For example:
- Work with the local faith-communities to advance outreach efforts to homebound seniors in Beverly and to bolster existing efforts to identify and support isolated residents of the community. For example, the Beverly Senior Center could coordinate volunteers with the local faith communities to develop “care circles”, or small groups of volunteers who circle around a senior to help them maintain independence, safety and social connections.
  - Explore the use of technology (e.g., phone or other mobile devices) to include home-bound residents in existing programs through video technology, or making “friendly visits” by telephone.

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## City of Beverly Council on Aging & Senior Community Center Survey of Residents Age 60 & Over

**Please Return  
Your Survey by  
Oct. 27, 2017**

The City of Beverly Senior Center requests that residents age 60 and over share their views in order to assess the needs of the city's population and improve programs and services. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.** If you prefer to respond online, please go to our secure site at: [https://www.surveymonkey.com/r/Beverly\\_CSDRA](https://www.surveymonkey.com/r/Beverly_CSDRA). If you have questions or would like assistance completing this survey please leave a message at 617-287-7413. We thank you in advance for your participation.

### SECTION I: Community & Neighborhood

1. How long have you lived in Beverly? (Check only one)

<input type="radio"/> Fewer than 5 years	<input type="radio"/> 25-34 years
<input type="radio"/> 5-14 years	<input type="radio"/> 35-44 years
<input type="radio"/> 15-24 years	<input type="radio"/> 45 years or longer

2. How important is it to you to remain living in Beverly as you get older? (Check only one)

<input type="radio"/> Very Important	<input type="radio"/> Somewhat Important	<input type="radio"/> Slightly Important	<input type="radio"/> Not at All Important
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3. Which of the following would cause you to consider leaving Beverly?

(Check all that apply)

<input type="radio"/> Cost of living	<input type="radio"/> Lack of family nearby
<input type="radio"/> Lack of available affordable housing	<input type="radio"/> Lack of home health or support services
<input type="radio"/> Lack of available medical services	<input type="radio"/> Lack of available public transportation
<input type="radio"/> Environmental factors (e.g., weather)	<input type="radio"/> Other (Please specify)_____

4. What are your greatest concerns about your ability to continue living in Beverly?

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5. 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)?

- Yes     No

6. Do you provide any help to neighbors with minor tasks or errands?

- Yes     No     No, but I would be willing if asked

7. Please rate your level of agreement with the following statements about aspects of your community:

	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
Older adults are treated respectfully in Beverly					
Beverly has sufficient services available to identify and address cases of <b>elder abuse</b> (e.g., physical or emotional, neglect, and financial exploitation)					

**SECTION II: Housing & Living Situation**

8. Which of the following best describes your current place of residence? (*Check only one*)

<input type="radio"/> Single family home	<input type="radio"/> Townhome, part of a multi-family complex with 5 or more units
<input type="radio"/> Apartment or condominium building (2-4 units)	<input type="radio"/> Senior independent living community
<input type="radio"/> Apartment or condominium building (5 or more units)	<input type="radio"/> Assisted living community
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Other (Please specify) _____

9. Do you rent or own your current place of residence? (*Check only one*)

<input type="radio"/> I own	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> I rent	

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

<input type="radio"/> I live alone	<input type="radio"/> My grandchildren
<input type="radio"/> A spouse/partner	<input type="radio"/> My parent(s)
<input type="radio"/> My adult child(ren) (age 18 or older)	<input type="radio"/> Another relative
<input type="radio"/> My child(ren) (under age 18)	<input type="radio"/> Someone else (non-relative)

**11. In the next 5 years, if you move from your current residence, what kind of housing would you prefer? (Check all that apply)**

<input type="radio"/> Single family home	<input type="radio"/> Townhome, part of a multi-family complex with 5 or more units
<input type="radio"/> Apartment or condominium building (2-4 units)	<input type="radio"/> Senior independent living community
<input type="radio"/> Apartment or condominium building (5 or more units)	<input type="radio"/> Assisted living Community
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Other (Please specify) _____

**12. 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 5 years?**

<input type="radio"/> Yes, I can afford to make these modifications	<input type="radio"/> No, my current residence does not need modifications
<input type="radio"/> Yes, but I cannot afford to make these modifications	

**13. Does your current residence need home repairs (e.g., a new roof, a new heater or electrical work, carpentry etc.) to improve your ability to live in it safely for the next 5 years?**

<input type="radio"/> Yes, I can afford to make these repairs	<input type="radio"/> Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)
<input type="radio"/> Yes, but I cannot afford to make these repairs	
<input type="radio"/> No, my current residence does not need repairs	

**SECTION III: Transportation**

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

<input type="radio"/> I drive myself	<input type="radio"/> Taxi
<input type="radio"/> My spouse or child(ren) drive(s) me	<input type="radio"/> Volunteer medical transportation
<input type="radio"/> Friends or neighbors drive me	<input type="radio"/> Transportation provided by City of Beverly Senior Center
<input type="radio"/> Public transportation (e.g. CATA)	<input type="radio"/> Walk or bike
<input type="radio"/> Other (Please specify) _____	

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

<input type="radio"/> Not applicable — I do not drive	<input type="radio"/> I avoid driving in bad weather
<input type="radio"/> I do not modify my driving at all	<input type="radio"/> I avoid highway driving
<input type="radio"/> I avoid driving at night	<input type="radio"/> I avoid driving far distances
<input type="radio"/> I avoid making left hand turns	<input type="radio"/> I avoid driving in unfamiliar areas
<input type="radio"/> Other (Please specify) _____	

**16. What kind of difficulties do you have in getting the transportation that you need?**

<input type="radio"/> I have no difficulties	<input type="radio"/> Physical limitations or other impairments
<input type="radio"/> City of Beverly Senior Center transportation is unavailable or inconvenient	<input type="radio"/> No door-to-door assistance
<input type="radio"/> Public transportation is unavailable or inconvenient	<input type="radio"/> No one I can depend on for a ride
<input type="radio"/> Costs too much	<input type="radio"/> Distance to my destination is too far
<input type="radio"/> Other (Please specify) _____	

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

- Yes     No

**18. How satisfied are you with the transportation options available to you in Beverly? (Check only one)**

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied
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**SECTION IV: Caregiving**

**19. Do you now or have you in the past 12 months provided care or assistance to a person who is *disabled or frail* (e.g., a spouse, parent, relative, or friend)?**

- Yes (Continue to question 20, 21)                       No (Skip to question 22)

**20. If Yes on question 19: 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)**

<input type="radio"/> Very Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Neither Challenging Nor Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Very Easy
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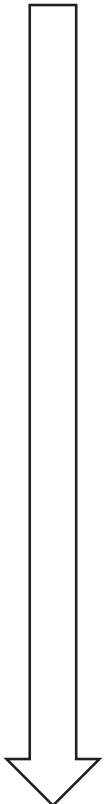
**21. If Yes on question 19: Did this person have any of the following conditions? (Check all that apply)**

<input type="radio"/> Sensory impairment (e.g., vision, hearing)	<input type="radio"/> Behavioral/psychological condition (e.g., anxiety, depression)
<input type="radio"/> Mobility impairment (e.g., difficulty walking, climbing stairs)	<input type="radio"/> Intellectual or developmental disability (e.g., autism or Down's syndrome)
<input type="radio"/> Chronic disease (e.g., cancer, diabetes, asthma)	<input type="radio"/> Alzheimer's or dementia
<input type="radio"/> Recent surgery	<input type="radio"/> Other (Please specify) _____

**SECTION V: Your Health**

**22. How would you rate your overall physical health? (Check only one)**

- Excellent                       Good                       Fair                       Poor





23. How would you rate your overall emotional well-being? (*Check only one*)

- Excellent       Good       Fair       Poor

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

- Yes     No

25. Do you have sufficient supports and services in place to participate in the community as you wish?

- Yes     No     N/A

**SECTION VI: Current & Future Retirement Plans**

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

<input type="radio"/> Working full-time	<input type="radio"/> Working part-time	<input type="radio"/> Retired
<input type="radio"/> Other (Please specify) _____		

27. When do you plan to fully retire?

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

**SECTION VII: Social Engagement**

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

	Every day	One or more times a week	More than once a month	Once a month	2-3 times a year (e.g., holidays)	Never
Talk on the phone with family, friends, or neighbors						
Send email or use social media with family, friends, or neighbors						
Get together, in person with family, friends, or neighbors						

29. Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?

- Yes     No

30. Outside of the City of Beverly Senior Center, in what other types of local programs, services, or activities for older adults do you participate? (*Check all that apply*)

<input type="radio"/> Volunteer programs	<input type="radio"/> Nutrition/meal programs
<input type="radio"/> Recreational/exercise/health programs	<input type="radio"/> Social activities
<input type="radio"/> Faith-based activities	<input type="radio"/> Educational/Cultural Programs
<input type="radio"/> Other (Please specify) _____	

31. Which of the following volunteer activities are you currently participating in? (*Check all that apply*)

<input type="radio"/> Serve on a board or committee in Beverly	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Volunteer my time with faith-based organizations	<input type="radio"/> I am not currently participating in civic activities in Beverly
<input type="radio"/> Volunteer my time with local nonprofit or charitable organizations	

32. If you are not currently participating in volunteer activities, what is the reason why?

<input type="radio"/> I do not have time	<input type="radio"/> I am not interested
<input type="radio"/> I am involved in other activities elsewhere	<input type="radio"/> Other (Please specify) _____

**SECTION VIII: Activities & Services at the City of Beverly Senior Center**

33. How frequently do you use programs or services offered by the City of Beverly Senior Center? (*Check only one*)

<input type="radio"/> Two or more times a week
<input type="radio"/> About once a week
<input type="radio"/> A few times a month
<input type="radio"/> About once a month
<input type="radio"/> A few times a year (e.g., special events only)



Never, I do not use programs or services offered by the City of Beverly Senior Center (**skip to question 34**)

34. If never: What is the reason that you do not currently use programs or services offered at the City of Beverly Senior Center? (*Check all that apply*)

<input type="radio"/> I am not interested	<input type="radio"/> I do not have time
<input type="radio"/> I participate in programs elsewhere	<input type="radio"/> I am not old enough
<input type="radio"/> Other (Please specify) _____	

35. The following items refer to programs and services that are currently offered through the City of Beverly Senior Center. Please rate the importance of each program/service to you or your family/friends. (Check only one box per item)

	Very Important		Moderately Important		Not at All Important	
	1	2	3	4	5	I don't know
Assistance with local or state programs (e.g., financial, fuel)						
Transportation						
Fitness activities (e.g. yoga, exercise classes)						
Physical health and wellness clinics (e.g. Blood pressure, hearing)						
Social and emotional wellness programs (e.g., Aging Mastery, meditation)						
Nutrition programs (lunches or home-delivered meals)						
Professional services (e.g., health insurance counseling, tax, legal, & financial)						
Social or recreational activities (e.g. parties, crafts, painting)						
Support groups (e.g. caregiver or other support group)						
Educational opportunities (e.g. book club, computer assistance or lectures)						
Trips/Outings						
Volunteer opportunities						

36. Below is a list of issues one could encounter when accessing the City of Beverly Senior Center or its programs. Which of these issues have you experienced? (Check all that apply)

<input type="radio"/> Lack of transportation	<input type="radio"/> Hours of the Senior Center are inconvenient
<input type="radio"/> Lack of sufficient parking	<input type="radio"/> Limited class size for events/activities
<input type="radio"/> Not knowing what programs and services are available	<input type="radio"/> I don't think I would fit in there
<input type="radio"/> Programs don't interest me	<input type="radio"/> Cost for programs
<input type="radio"/> Location of the Senior Center is inconvenient	<input type="radio"/> Other (Please specify) _____

37. How satisfied are you with the programs and services offered through the City of Beverly Senior Center? (Check only one)

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied	<input type="radio"/> Not Applicable
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38. Where do you prefer to find information about the activities and services offered by the City of Beverly Senior Center? (Check all that apply)

<input type="radio"/> Senior Center Newsletter	<input type="radio"/> The Local Newspaper
<input type="radio"/> Television	<input type="radio"/> Email, Websites, or Social Media
<input type="radio"/> Radio	<input type="radio"/> Other (please specify): _____

39. What other programs and services not currently offered through the City of Beverly Senior Center would you like to see made available? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IX: Demographic Information**

40. What neighborhood do you live in?

<input type="radio"/> Beverly Cove	<input type="radio"/> Gloucester Crossing	<input type="radio"/> Prides Crossing
<input type="radio"/> Beverly Farms	<input type="radio"/> Goat Hill or Fish Flake Hill	<input type="radio"/> Prospect Hill
<input type="radio"/> Centerville	<input type="radio"/> Kittridge Crossing	<input type="radio"/> Raymond Farms
<input type="radio"/> Downtown	<input type="radio"/> Montserrat	<input type="radio"/> Ryal Side
<input type="radio"/> Folly Hill	<input type="radio"/> North Beverly	<input type="radio"/> Shingleville

41. Please select your gender.  Male  Female  Do not care to respond

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

- 60 to 69  70 to 79  80 to 89  90+

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

<input type="radio"/> N/A, I did not lack money	<input type="radio"/> Pay utility bills (e.g. oil or electricity)
<input type="radio"/> Pay rent, mortgage, real estate taxes	<input type="radio"/> Buy food
<input type="radio"/> Pay for medical needs (e.g. prescriptions)	<input type="radio"/> Pay for car repairs or home repairs
<input type="radio"/> Other (Please specify) _____	

44. If you have any other thoughts or comments about aging in Beverly and/or the City of Beverly Council on Aging & Senior Community Center, please include them here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Caitlin E. Coyle, PhD**

*Center for Social & Demographic Research on Aging  
University of Massachusetts Boston*

**Email:** caitlin.coyle@umb.edu

**Voice:** 617.287.7467



## Appendix B: Complete tables, Beverly Resident Survey

Percentage distributions for quantitative items included in the Beverly Senior Center resident survey are shown below. Percentages are provided separately for respondent's age 60-69, 70-79, and age 80 and older. Percentages are also provided for all-age respondents. Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of respondents.

### **Section I: Community & Neighborhood**

#### **Q1. How long have you lived in Beverly?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	10%	7%	7%	8%
5-14 years	9%	8%	12%	9%
15-24 years	11%	8%	7%	9%
25-34 years	20%	5%	4%	12%
35-44 years	21%	19%	8%	18%
45 years or longer	29%	53%	62%	44%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q2. How important is it to you to remain in Beverly as you get older?**

	Age 60-69	Age 70-79	Age 80+73%	All Ages
Very Important	57%	61%	73%	62%
Somewhat Important	34%	28%	20%	29%
Slightly Important	6%	7%	4%	6%
Not at all Important	3%	4%	3%	3%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q3. Which of the following would cause you to consider leaving Beverly?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Cost of living	56%	49%	31%	48%
Lack of affordable housing	33%	33%	21%	31%
Lack of local medical services	17%	23%	25%	21%
Environmental factors (e.g., weather, ticks)	17%	18%	6%	15%
Lack of family nearby	39%	37%	43%	39%
Lack of home health or support services	23%	24%	26%	24%
Lack of accessible public transportation	23%	18%	13%	19%
Other	15%	16%	13%	15%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

#### **Q4. What are your greatest concerns about your ability to continue living in Beverly?**

*See text for summary of responses.*

**Q5. Would you ask a neighbor/friend for help if you needed assistance with a minor task or errand (e.g., changing a lightbulb, shopping, or shoveling snow)?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	63%	72%	78%	69%
<b>No</b>	37%	28%	22%	31%
<b>Total %</b>	100%	100%	100%	100%

**Q6. Do you provide any help to neighbors/friends with minor tasks or errands?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	56%	54%	35%	51%
<b>No</b>	5%	4%	11%	6%
<b>No, but I would be willing if asked</b>	39%	42%	54%	43%
<b>Total %</b>	100%	100%	100%	100%

**Q7. Please rate your level of agreement with each statement below.**

<b>Older adults are treated respectfully in Beverly</b>	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	20%	23%	31%	23%
<b>Agree</b>	56%	60%	61%	58%
<b>Disagree</b>	3%	4%	1%	3%
<b>Strongly Disagree</b>	1%	1%	--	1%
<b>I don't know</b>	20%	12%	7%	15%
<b>Total %</b>	100%	100%	100%	100%

<b>Beverly has sufficient services available to identify and address cases of elder abuse (e.g., physical or emotional, neglect, and financial exploitation)</b>	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	7%	11%	21%	11%
<b>Agree</b>	22%	38%	37%	30%
<b>Disagree</b>	4%	6%	3%	5%
<b>Strongly Disagree</b>	1%	1%	--	1%
<b>I don't know</b>	66%	44%	39%	53%
<b>Total %</b>	100%	100%	100%	100%

## **Section II: Housing & Living Situation**

### **Q8. Which of the following best describes your current place of residence?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>Single family home</b>	74%	69%	67%	71%
<b>Apartment or condominium (2-4 units)</b>	6%	7%	3%	6%
<b>Apartment or condominium (5 or more units)</b>	11%	9%	8%	10%
<b>Accessory Apartment (add-on apartment to an existing home)</b>	1%	<1%	4%	2%
<b>Cityhome, or part of a multi-family complex with 5 or more units</b>	3%	2%	--	2%
<b>Senior independent living community</b>	2%	6%	12%	5%
<b>Assisted Living Community</b>	1%	1%	2%	1%
<b>Other</b>	2%	5%	4%	3%
<b>Total %</b>	100%	100%	100%	100%

### **Q9. Do you own or rent your current place of residence?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I own</b>	80%	78%	66%	76%
<b>I rent</b>	17%	19%	27%	20%
<b>Other</b>	3%	3%	7%	4%
<b>Total %</b>	100%	100%	100%	100%

### **Q10. Who do you live with?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I live alone</b>	20%	29%	46%	28%
<b>A spouse/partner</b>	70%	63%	34%	60%
<b>My adult child(ren) (age 18 or older)</b>	18%	8%	16%	14%
<b>My child(ren) (under age 18)</b>	2%	<1%	--	1%
<b>My grandchild(ren)</b>	3%	3%	3%	3%
<b>My parent(s)</b>	3%	1%	--	2%
<b>Another relative</b>	4%	1%	2%	2%
<b>Someone else (non-relative)</b>	2%	2%	3%	2%

\*Respondents could choose all that apply; therefore, columns do not add to 100%



**Q11. In the next 5 years, if you move from your current residence, what kind of housing would you prefer?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Single family home	38%	26%	14%	29%
Apartment or condominium (2-4 units)	22%	23%	8%	20%
Apartment or condominium (5 or more units)	21%	18%	8%	17%
Accessory Apartment (add-on apartment to an existing home)	9%	13%	7%	10%
Cityhome, or part of a multi-family complex with 5 or more units	12%	7%	3%	9%
Senior independent living community	24%	41%	37%	32%
Assisted Living Community	6%	17%	30%	14%
Other	8%	7%	13%	8%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q12. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to remain safely in your home for the next 5 years?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these modifications	24%	27%	23%	25%
Yes, but I cannot afford to make these modifications	9%	7%	2%	7%
No, my current residence does not need modifications	67%	66%	75%	68%
Total %	100%	100%	100%	100%

**Q13. Does your current residence need home repairs (e.g., a new roof, a heater or electrical work, carpentry etc.)?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs	27%	22%	15%	23%
Yes, but I cannot afford to make these repairs	11%	11%	8%	10%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	5%	7%	8%	6%
No, my current residence does not need repairs	57%	60%	69%	61%
Total %	100%	100%	100%	100%

### **Section III: Transportation**

**Q14. What are the primary ways in which you meet your transportation needs?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I drive myself</b>	94%	81%	70%	88%
<b>My spouse or child(ren) drive (s) me</b>	20%	28%	35%	26%
<b>Friends or neighbors drive me</b>	6%	11%	16%	10%
<b>Public transportation (e.g., CATA)</b>	10%	6%	4%	7%
<b>Taxi</b>	3%	3%	4%	3%
<b>Volunteer medical transportation</b>	1%	<1%	4%	1%
<b>Transportation provided by Beverly Senior Center</b>	2%	2%	10%	4%
<b>Walk or bike</b>	25%	16%	8%	18%
<b>Other</b>	5%	4%	6%	5%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q15. Which of the following strategies do you use to modify your driving to make it easier or safer?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>Not applicable—I do not drive</b>	5%	6%	22%	9%
<b>I do not modify my driving at all</b>	61%	43%	20%	46%
<b>I avoid driving at night</b>	18%	35%	42%	29%
<b>I avoid making left hand turns</b>	4%	5%	1%	4%
<b>I avoid driving in bad weather</b>	21%	31%	40%	28%
<b>I avoid highway driving</b>	5%	12%	15%	9%
<b>I avoid driving far distances</b>	9%	20%	31%	17%
<b>I avoid driving in unfamiliar areas</b>	9%	21%	28%	17%
<b>Other</b>	3%	4%	4%	4%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q16. What kind of difficulties do you have in getting the transportation that you need?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I have no difficulties</b>	89%	87%	79%	86%
<b>Beverly Senior Center transportation is unavailable or inconvenient</b>	2%	3%	3%	3%
<b>Public transportation is unavailable or inconvenient</b>	5%	5%	10%	6%
<b>Costs too much</b>	2%	1%	1%	2%
<b>Physical limitations or other impairments</b>	2%	2%	3%	2%
<b>No door-to-door assistance</b>	2%	1%	1%	1%
<b>No one I can depend on for a ride</b>	3%	2%	3%	2%
<b>Distance to my destination is too far</b>	2%	2%	1%	2%
<b>Other</b>	3%	4%	6%	4%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q17. Within the past 12 months, did you have to miss, cancel or reschedule a medical appointment because of a lack of transportation?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	3%	3%	5%	3%
<b>No</b>	97%	97%	95%	97%
<b>Total %</b>	100%	100%	100%	100%

**Q18. How satisfied are you with the transportation options available to you in Beverly?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Completely Satisfied</b>	16%	22%	19%	19%
<b>Very Satisfied</b>	39%	38%	43%	40%
<b>Somewhat Satisfied</b>	32%	30%	21%	29%
<b>Slightly Satisfied</b>	8%	6%	9%	7%
<b>Not at all Satisfied</b>	5%	4%	8%	5%
<b>Total %</b>	100%	100%	100%	100%

#### **Section IV: Caregiving**

**Q19. Do you now or have you in the past 12 months provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative or friend)?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	37%	39%	26%	36%
<b>No</b>	63%	61%	74%	64%
<b>Total %</b>	100%	100%	100%	100%

**Q20. If yes on question 19: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very challenging	16%	7%	14%	12%
Somewhat challenging	39%	31%	24%	34%
Neither challenging nor easy	24%	28%	22%	25%
Somewhat easy	11%	19%	8%	14%
Very easy	10%	15%	32%	15%
Total %	100%	100%	100%	100%

\*Includes only respondents who answered “yes” on question Q19.

**Q21. If yes on question 19: Did this person(s) have any of the following conditions?**

	All Ages
Sensory impairment (e.g., vision or hearing)	26%
Mobility impairment (e.g., difficulty walking, climbing stairs)	62%
Chronic disease (e.g., cancer, diabetes, asthma)	30%
Recent surgery	24%
Psychological condition (e.g., anxiety, depression)	12%
Intellectual or developmental disability	3%
Alzheimer’s or dementia	18%
Other	13%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

\*Includes only respondents who answered “yes” on question Q19.

**Section V: Your Health**

**Q22. How would you rate your overall physical health?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	33%	20%	15%	25%
Good	53%	61%	60%	57%
Fair	11%	17%	23%	16%
Poor	3%	2%	2%	2%
Total %	100%	100%	100%	100%

**Q23. How would you rate your overall emotional wellbeing?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	44%	40%	36%	41%
Good	45%	49%	56%	49%
Fair	10%	10%	8%	10%
Poor	1%	1%	--	<1%
Total %	100%	100%	100%	100%

**Q24. Do you have an impairment or condition that limits your ability to participate in your community?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	13%	19%	32%	19%
<b>No</b>	87%	81%	68%	81%
<b>Total %</b>	100%	100%	100%	100%

**Q25. Do you have sufficient supports and services in place to participate in the community as you wish?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	43%	48%	50%	47%
<b>No</b>	23%	17%	21%	20%
<b>Not Applicable</b>	34%	35%	39%	33%
<b>Total %</b>	100%	100%	100%	100%

*\*Only includes respondents who answered yes on q24.*

**Section VI: Current & Future Retirement Plans**

**Q26. What is your employment status?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Working full-time</b>	34%	6%	1%	18%
<b>Working part-time</b>	17%	14%	4%	13%
<b>Retired</b>	46%	82%	94%	68%
<b>Other</b>	9%	4%	1%	6%

*\*Respondents could choose all that apply; therefore, columns do not add to 100%*

**Q27. When do you plan to fully retire?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>N/A, I am already fully retired</b>	43%	78%	95%	65%
<b>Within the next 3 years</b>	13%	7%	2%	9%
<b>In 3-5 years</b>	15%	2%	--	8%
<b>In 6-10 years</b>	8%	1%	1%	4%
<b>In more than 10 years</b>	2%	--	--	1%
<b>Not Sure</b>	11%	6%	1%	7%
<b>I do not anticipate ever fully retiring</b>	8%	6%	1%	6%
<b>Total</b>	100%	100%	100%	100%

## **Section VII: Social Engagement**

**Q28. How often do you talk on the phone, send email, use social media, or get together to visit with family, friends, relatives, or neighbors?**

<b>Talk on the Phone with family, friends, or neighbors?</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
Every day	46%	44%	49%	46%
One or more times a week	43%	43%	40%	43%
More than once a month	6%	9%	5%	7%
Once a month	3%	2%	3%	2%
2-3 times a year (e.g., holidays)	1%	1%	2%	1%
Never	1%	1%	1%	1%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<b>Send email or use social media with family, friends, or neighbors?</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
Every day	63%	48%	33%	53%
One or more times a week	22%	31%	27%	25%
More than once a month	5%	5%	5%	5%
Once a month	1%	3%	1%	2%
2-3 times a year (e.g., holidays)	2%	1%	2%	2%
Never	7%	12%	32%	13%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<b>Get together in person with family, friends, neighbors</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
Every day	22%	23%	27%	23%
One or more times a week	48%	54%	41%	49%
More than once a month	22%	11%	20%	18%
Once a month	4%	5%	4%	4%
2-3 times a year (e.g., holidays)	3%	7%	7%	5%
Never	1%	<1%	1%	1%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q29. Do you have someone living within 30 minutes of your home on whom you can rely for help when you need it?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
Yes	89%	93%	95%	92%
No	11%	7%	5%	8%
<b>Total %</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q30. Outside of the Beverly Senior Center, in what other types of local programs, services, or activities for older adults do you participate?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Volunteer programs</b>	14%	19%	13%	16%
<b>Recreational/exercise/health programs</b>	21%	24%	31%	24%
<b>Faith-based activities</b>	20%	26%	25%	23%
<b>Nutrition/meal programs</b>	1%	2%	4%	2%
<b>Social activities</b>	19%	30%	31%	25%
<b>Educational/cultural programs</b>	12%	17%	16%	15%
<b>Other</b>	23%	20%	18%	21%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q31. Which of the following volunteer activities are you currently participating in?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Serve on a board or committee in Beverly</b>	5%	7%	4%	6%
<b>Volunteer my time with faith-based organizations</b>	15%	14%	12%	14%
<b>Volunteer my time with local nonprofit or charitable organizations</b>	18%	19%	10%	17%
<b>I am not currently participating in civic activities in Beverly</b>	59%	62%	62%	61%
<b>Other</b>	9%	9%	10%	9%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q32. If you are not currently participating in volunteer activities, what is the reason why?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I do not have time</b>	25%	15%	12%	19%
<b>I am involved in activities elsewhere</b>	18%	23%	18%	20%
<b>I am not interested</b>	13%	20%	16%	16%
<b>Other</b>	16%	17%	28%	19%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

## **Section VIII: Activities & Services at the Beverly Senior Center**

**Q33. How frequently do you use programs or services offered by the Beverly Senior Center?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>Two or more times per week</b>	3%	8%	11%	6%
<b>About once a week</b>	2%	4%	7%	3%
<b>A few times a month</b>	2%	5%	6%	4%
<b>About once a month</b>	3%	5%	8%	4%
<b>A few times a year (e.g., special events)</b>	12%	23%	30%	20%
<b>Never, I do not use programs or services offered by the Beverly Senior Center</b>	78%	55%	38%	63%
<b>Total %</b>	100%	100%	100%	100%

**Q34. If never: What is the reason that you do not currently use programs or services offered at the Beverly Senior Center?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I am not interested</b>	26%	27%	38%	28%
<b>I participate in programs elsewhere</b>	13%	16%	15%	14%
<b>I do not have time</b>	30%	24%	11%	26%
<b>I am not old enough</b>	22%	9%	2%	16%
<b>Other</b>	29%	34%	35%	21%

*\*Respondents could choose all that apply; therefore, columns do not add to 100%*

*\*Only includes respondents who answered "Never" on question 33*



**Q35. The following items refer to programs and services that are currently offered through the Beverly Senior Center. Please rate the importance of each program/service to you or your family/friends.**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Assistance with local or state programs (e.g., financial, fuel)</b>				
Very Important/Important	43%	37%	36%	40%
Moderately Important/Slightly Important	16%	19%	16%	19%
Not at all Important	21%	26%	29%	24%
I don't know	20%	18%	19%	19%
<b>Transportation</b>				
Very Important/Important	41%	39%	46%	41%
Moderately Important/Slightly Important	22%	20%	22%	21%
Not Important/Not at all Important	20%	28%	25%	24%
I don't know	17%	13%	8%	14%
<b>Fitness activities (e.g., yoga, exercise classes)</b>				
Very Important/Important	39%	43%	42%	40%
Moderately Important/Slightly Important	32%	26%	29%	29%
Not Important/Not at all Important	15%	21%	20%	18%
I don't know	14%	10%	10%	12%
<b>Physical health and wellness clinics (e.g., blood pressure, hearing)</b>				
Very Important/Important	41%	38%	41%	40%
Moderately Important/Slightly Important	30%	29%	29%	29%
Not Important/Not at all Important	15%	21%	20%	18%
I don't know	15%	12%	10%	13%
<b>Social or emotional wellness programs (e.g., Aging Mastery, meditation)</b>				
Very Important/Important	36%	30%	31%	33%
Moderately Important/Slightly Important	28%	27%	25%	27%
Not Important/Not at all Important	20%	27%	28%	24%
I don't know	16%	15%	16%	16%
<b>Nutrition programs (e.g., lunches or home-delivered meals)</b>				
Very Important/Important	32%	34%	36%	33%
Moderately Important/Slightly Important	25%	17%	21%	22%
Not Important/Not at all Important	27%	37%	30%	31%
I don't know	16%	12%	13%	14%
<b>Professional Services (e.g., health insurance counseling, tax, legal, &amp; financial)</b>				
Very Important/Important	48%	39%	42%	44%
Moderately Important/Slightly Important	23%	25%	25%	24%
Not Important/Not at all Important	15%	25%	18%	19%
I don't know	14%	11%	15%	13%

<b>Social or recreational (e.g., parties, crafts, painting)</b>				
Very Important/Important	27%	24%	34%	27%
Moderately Important/Slightly Important	36%	34%	29%	34%
Not Important/Not at all Important	22%	28%	25%	25%
I don't know	15%	14%	12%	14%
<b>Support groups (e.g., caregiver or other support group)</b>				
Very Important/Important	30%	31%	38%	31%
Moderately Important/Slightly Important	29%	25%	19%	26%
Not Important/Not at all Important	26%	28%	30%	27%
I don't know	16%	16%	13%	16%
<b>Educational opportunities (e.g., book club, computer assistance or lectures)</b>				
Very Important/Important	28%	30%	34%	30%
Moderately Important/Slightly Important	37%	34%	29%	35%
Not Important/Not at all Important	18%	21%	25%	20%
I don't know	17%	15%	12%	15%
<b>Trips/Outings</b>				
Very Important/Important	28%	28%	39%	28%
Moderately Important/Slightly Important	35%	35%	25%	34%
Not Important/Not at all Important	21%	23%	25%	23%
I don't know	16%	14%	11%	15%
<b>Volunteer Opportunities</b>				
Very Important/Important	28%	23%	26%	26%
Moderately Important/Slightly Important	33%	33%	31%	31%
Not Important/Not at all Important	20%	25%	24%	24%
I don't know	19%	19%	19%	19%

**Q36. Below is a list of issues one could encounter when accessing the Beverly Senior Center or its programs. Which of these have you experienced?**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
Lack of transportation	3%	2%	4%	2%
Lack of sufficient parking	6%	8%	14%	8%
Not knowing what programs and services are available	28%	18%	6%	20%
Programs don't interest me	12%	18%	18%	15%
Location of the Senior Center is inconvenient	1%	1%	1%	1%
Hours of the Senior Center are inconvenient	4%	2%	4%	3%
Limited class size for events/activities	4%	6%	6%	5%
I don't think I would fit in there	12%	9%	7%	9%
Cost for programs	7%	6%	4%	6%
Other	20%	20%	20%	20%

**Q37. How satisfied are you with the programs and services offered through the Beverly Senior Center?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Completely satisfied</b>	6%	9%	23%	10%
<b>Very satisfied</b>	14%	31%	38%	25%
<b>Somewhat satisfied</b>	10%	15%	16%	13%
<b>Slightly satisfied</b>	4%	3%	1%	3%
<b>Not at all satisfied</b>	1%	1%	1%	1%
<b>Not applicable</b>	65%	41%	20%	48%

**Q38. Where do you prefer to find information about the activities and services offered by the Beverly Senior Center?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Senior Center Newsletter</b>	41%	67%	85%	59%
<b>Television</b>	6%	9%	9%	8%
<b>Radio</b>	2%	2%	1%	2%
<b>The local newspaper</b>	34%	32%	32%	33%
<b>Email, websites, or social media</b>	48%	30%	9%	34%
<b>Other</b>	7%	7%	4%	7%

\*Respondents could choose all that apply; therefore, columns do not add to 100%

**Q39. What other programs and services not currently offered through the Beverly Senior Center would you like to see made available?**

*See text for a summary of responses.*

**Section IX: Demographic Information**

**Q40. What neighborhood do you live in?**

	All Ages
<b>Beverly Cove</b>	11%
<b>Beverly Farms</b>	5%
<b>Centerville</b>	12%
<b>DownCity</b>	10%
<b>Folly Hill</b>	2%
<b>Gloucester Crossing</b>	1%
<b>Goat Hill or Fish Flake Hill</b>	3%
<b>Kittridge Crossing</b>	<1%
<b>Montserrat</b>	10%
<b>North Beverly</b>	22%
<b>Prides Crossing</b>	1%
<b>Prospect Hill</b>	3%
<b>Raymond Farms</b>	2%
<b>Ryal Side</b>	14%
<b>Shingleville</b>	3%

**Q41. Please select your gender:**

	Age 60-69	Age 70-79	Age 80+	All Ages
Male	41%	39%	30%	39%
Female	57%	60%	70%	60%
Do not care to respond	2%	1%	--	1%
Total %	100%	100%	100%	100%

**Q42. What is your age range?**

	All Ages
Age 60-69	45%
Age 70-79	35%
Age 80-89	17%
Age 90	3%
Total %	100%

**Q43. Was there any time in the past 12 months when you did not have money for the following necessities?**

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A I did not lack money	80%	77%	84%	80%
Pay rent, mortgage, real estate taxes	5%	5%	2%	4%
Pay for medical needs (e.g., prescriptions)	5%	6%	2%	5%
Pay utility bills (e.g., oil or electric)	4%	6%	2%	5%
Buy food	5%	3%	1%	3%
Pay for car repairs or home repairs	11%	8%	4%	9%
Other	4%	4%	4%	4%

**\*Respondents could choose all that apply; therefore, columns do not add to 100%**

**Q44. If you have any other thoughts or comments about aging in Beverly and/or the City of Beverly Council on Aging & Senior Community Center, please include them here:**

*See text for summary of write-in responses.*

## **CITY OF BEVERLY**

### **COUNCIL ON AGING & SENIOR COMMUNITY CENTER**

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