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Needs Assessment for Belchertown Council on Aging

Jan Mutchler

University of Massachusetts Boston, jan.mutchler@umb.edu

Caitlin Coyle

University of Massachusetts Boston, caitlin.coyle@umb.edu

Ceara Somerville

University of Massachusetts Boston, ceara.somerville001@umb.edu

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Needs Assessment for Belchertown Council on Aging

Commissioned by the Town of Belchertown Council on Aging

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

February, 2017

About the Authors

This report was prepared by the Center for Social and Demographic Research on Aging, in consultation with the Belchertown Council on Aging and Senior Center. Individuals responsible for the report include Jan E. Mutchler, Caitlin Coyle and Ceara R. Somerville.

About the Center for Social and Demographic Research on Aging

The Center for Social and Demographic Research on Aging aims to serve the research and evaluation needs of municipalities, states, and organizations that serve older adults in the community. Areas of special interest include community supports for older adults; age-friendly communities; economic security in later life; and well-being and quality of life. For more information, please visit www.umb.edu/demographyofaging.

Cover photo by Norman Walsh (nwalsh.com)



Office of
COUNCIL ON AGING
Town of Belchertown
60 State Street
Belchertown, Massachusetts 01007
Telephone: (413) 323-0420

To the Citizens of Belchertown.

In February of 2017 I will have been the Director of the Council on Aging and Senior Center for 16 years. When I started this job the over 60 population in town was under 1500 and now just 16 years later it is close to 3500. Over the next 13 years based on current projections the 60 plus population will be close to 6000 comprising almost 38% of Belchertown's total population. We knew this increase was coming as the Baby Boomers aged and it is our job at the Council on Aging to plan and prepare to serve and meet the needs of this age group. We have pushed for this Needs Assessment for more than 5 years and are extremely pleased that it is finally completed.

The intent of the Needs Assessment was to be proactive in obtaining demographic data along with a comprehensive profile of Baby Boomers and Seniors. This information will enable us to properly plan for the future. In order to serve this growing population there will be a need for increased funding, staffing and an expansion of the current Senior Center facilities.

There are a variety of themes identified by the survey which will not only impact the work of the Council on Aging but other town departments as well. It is very clear that the majority of individuals wish to remain living in Belchertown. In order for this desire to become a reality there is a need for increased affordable housing, expanded transportation options and an expanded array of support services. This unstoppable increase of seniors comes at a time when the town is already struggling with budgetary issues. This assessment does not offer a solution to the budgetary issue but rather presents an overview of the desires of Belchertown residents, an overview of their needs and an opportunity to plan for this current and future increase in seniors.

One important issue that is not revealed by any chart or statistic but is seen clearly by the staff of the Council on Aging on a daily basis is that there are names, faces and needs behind the rising numbers of 60 plus individuals in Belchertown who need our help. Many of these individuals live alone, in homes needing repair, living on incomes well below the poverty line. This is a fact that many living in Belchertown may find hard to fathom. We provide meals, transportation to vital medical appointments and assistance in accessing programs and services. We are the lifeline to these individuals and we are already at the saturation point in many areas and overwhelmed by the numbers needing assistance. We simply will not be able to provide the current level of services and assistance to the rising number of seniors without additional resources.

This Needs Assessment provides us with the knowledge and information we need to move forward in planning and preparing for the future. We cannot change the fact that throughout the country and in our town the numbers of seniors will continue to rise on a yearly basis. As this cohort of Baby Boomers age their needs will also change so this process of planning and adjusting to meet their needs will continue for decades.

On behalf of the Council on Aging and Town of Belchertown I wish to thank the Gerontology Institute, Center for Social and Demographic Research, John W. McCormack Graduate School of Policy & Global Studies at the University of Massachusetts, Boston for the excellent job they have done on this project. In particular, I wish to thank Jan Mutchler for her patience and efforts as she helped guide us through this process over several years and phases to the completion of this project. I also want to thank Gary

Brougham, Town Administrator, the members of the Selectboard and Finance Committee and the citizens of Belchertown for their support of this project. Special thanks to the members of the Council on Aging, both past and present, for their support and efforts on this project.

This Needs Assessment may be completed but the job of planning and preparing for the future needs of Belchertown's seniors is just beginning.

Sincerely, -

A handwritten signature in black ink that reads "Bill Korzenowski". The signature is written in a cursive style with a large, sweeping initial "B".

Bill Korzenowski, Executive Director
Council on Aging

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Acknowledgements

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We express thanks to the many residents of Belchertown who supported our data collection efforts, and took the time to complete our survey. We are also indebted to Gary Brougham (Town Administrator), Ron Aponte (Selectman), Craig Bodamer (EMS), and Priscilla Chalmers (Executive Director, WestMass ElderCare Inc.) who each sat down with us in interviews to share their perspectives on aging in Belchertown.

We wish to acknowledge Linda Talbot, John Zienowicz, Paula Dubord, Erin Pincine, and Jessica Langlois, directors of the peer community senior centers, for each taking time from their very busy days to share with us details about their organizations.

The authors, Jan E. Mutchler, Caitlin Coyle, and Ceara R. Somerville, 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.

Executive Summary

This report describes research undertaken by the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Belchertown Council on Aging, to investigate the needs, interests, preferences, and opinions of Belchertown's mature population. The focus of this report is on two broad cohorts of Belchertown residents—those aged 60 and older, referred to here as “seniors” or “older adults,” and those age 50-59, who will be aging into the “senior” age range over the coming decade. The contents of this report are meant to inform the Town of Belchertown, the Belchertown Council on Aging and Senior Center, and organizations that work with and on behalf of older residents in Belchertown, for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing Belchertown among community members at large.

A key finding of the report points to the substantial increase in the number of older adults expected to live in Belchertown in the coming decades. Projections suggest that growth in the number of residents age 60 or older will far outpace that 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 Belchertown Senior Center. As a municipal entity, Belchertown's Senior Center is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives. Growth of the older population therefore has special significance for the Senior Center, and increasing demand for its services and programs can be expected moving forward.

The Belchertown Senior Center is open every weekday for residents to participate in classes or group activities, take advantage of exercise opportunities, have lunch, or just drop in and socialize. Among the key services offered through the Senior Center are included van transportation service; on-site lunch every weekday; Meals-on-Wheels coordination and delivery; and information, referral and outreach through which residents may access benefits for which they are eligible and that can help them stay in their homes. As well, a Supportive Day Care program is located in the Senior Center, offering activities for adults requiring support due to health deficits or impairments, simultaneously offering respite for family caregivers. The Belchertown Council on Aging (COA) is a Town-appointed Board that provides support, input, advocacy and oversight for the Senior Center. Funding for the Senior Center is provided through the Town; through annual grants from the Massachusetts Executive Office of Elder Affairs; from fees charged for some programs; from donations; and from grants for which the Executive Director applies. The Senior Center also benefits from support through the Belchertown Senior Center Citizens Association, a nonprofit fundraising organization that generates funds by hosting events and donating proceeds from a used clothing and housewares store located next to the Senior Center. Services provided through the

COA are offered in coordination with other agencies, other Town offices and nonprofits.

This study was conducted in two phases, beginning in June 2015 with completion in December 2016. The study began with a community forum held in June 2015. A demographic profile was completed, based on existing, publicly available data about Belchertown from the US Census Bureau and projections from the Donahue Institute at University of Massachusetts. A sample survey of Belchertown residents age 50 and older was conducted between October and December 2016. The survey generated 1,314 responses, yielding a response rate of 34%. Three focus groups were conducted to hear about key issues in more depth; one focus group was composed of representatives of organizations in Belchertown that work with or on behalf of older adults; the other two focus groups were composed of Senior Center participants. Key informant interviews were conducted with four individuals. As well, a peer community comparison was completed with six COAs.

Key Findings in Brief

Demographics and Financial Security

- As of the last federal census in 2010, **2,410** Belchertown residents were age 60 or older, representing **16%** of the population.
- Projections suggest that by 2030, between **5,700 and 6,600** Belchertown residents will be age 60 or older, and that age group will represent about **one-third** of the town's population.
- Already, about one-third of the owner-occupied homes in Belchertown are owned by someone age 60 or older. This share is likely to increase as the population ages.
- Nearly 3 out of 10 Belchertown seniors live alone.
- Data from the survey conducted for the Belchertown COA suggest that as many as 9% of seniors have lacked money for necessities in the previous 12 months. Up to 15% of seniors and 21% of respondents age 50-59 do not expect they will have adequate resources to meet their financial needs in retirement.
- The most frequently mentioned concern about aging in Belchertown is the rising cost of living, including property taxes.

Community & Neighborhood

- Belchertown seniors are largely long-term residents. Over half of the survey respondents age 60 or older have lived in Belchertown for at least 25 years.
- Older residents want to stay in Belchertown. Half of seniors responding to the survey say that it is "very important" to them to stay in Belchertown as long as possible. Most of the remaining respondents say that it is "somewhat important" to them.
- Older residents appreciate the lifestyle offered by Belchertown. Most seniors feel safe in Belchertown, and feel informed about what to do in an emergency.

- Linkages between the senior center and public safety offices are being developed in response to the need for multi-sector communication and collaboration for the continued support of older residents.

Housing & Living Situation

- A large share of owner-occupied housing is senior-headed and most of these individuals would prefer to stay in their homes as they age.
- One-quarter of homeowners responding to the survey indicate that their homes need modifications to improve their ability to age in place. A majority of the homeowners who feel modifications are needed say that they cannot afford them.
- Nearly half of seniors responding to the survey say that if a change in health or physical ability required a move from their current home, they would seek out an assisted living community. Nearly half of respondents age 50-59 say they would seek out an apartment or condo under those circumstances.
- Survey respondents perceive a lack of adequate housing options in Belchertown if they wish to downsize, or if they need housing with supports.

Transportation

- Transportation options are limited in Belchertown. Most residents need to drive in order to get where they need and want to go. All sources of information drawn on in this study highlighted the need for more transportation options.
- Currently, many Belchertown residents restrict their driving in ways that may limit their ability to participate in the community as they wish. Nearly half of survey respondents age 60-79 either do not drive, or modify their driving to make it safer by not driving at night, in bad weather, or in other ways. Eight out of ten respondents age 80 or older either do not drive or modify their driving.
- More than one-quarter of survey respondents indicate they are “slightly satisfied” or “not at all satisfied” with the transportation options available in Belchertown.
- The second most frequently mentioned concern about aging in Belchertown is transportation. Survey respondents recognize that if they are unable to drive, it will be challenging to remain in their homes.

Caregiving

- Nearly half of survey respondents under the age of 80, and one-third of those age 80+, have provided care or assistance to a person who is disabled or frail within the past 5 years. More than half of those individuals had provided care just within the last 12 months.
- Most caregivers report that it was “very” or “somewhat” challenging to care for the person and also meet their other responsibilities.
- Belchertown caregivers indicate that the person for whom they provided assistance most typically had a chronic illness (like cancer or heart disease; 38%) or Alzheimer’s disease or other dementia (38%).

Health and Disability

- 13% of survey respondents age 50-59, and 30% of respondents age 80+, rate their physical health as “fair” or “poor.”
- Eight to 13% of survey respondents rate their emotional well-being as “fair” or “poor.”
- Half of respondents age 80 or older say they need help with activities around the house, like yardwork, due to their health. Eleven percent say they need help with daily activities or personal care, like bathing, due to health. And one-third of the respondents age 80+, along with 10% of those age 50-59 and 13% of those age 60-79, say that an impairment limits their ability to participate in the community.
- Data from the survey conducted for the Belchertown COA suggest that many seniors are concerned about obtaining the medical and long-term services that they may need as they get older. They need information about how to obtain services; they also need transportation to access services that are located out of town.

Social Activities & Relationships

- Most Belchertown residents are engaged with their community, friends and relatives. However, 11% of survey respondents age 50-59, 12% of those age 60-79, and 28% of those age 80 or older report having contact with friends or relatives *less than once a week*. These individuals may be at risk of isolation.
- 18% of the survey respondents age 80 or older, and one-third of respondents under age 80, have no family members living within 30 minutes on whom they can rely for help.
- Some survey respondents cite concerns about isolation as a barrier to staying in Belchertown as they get older. Seniors recognize that the risk of isolation increases if they can no longer drive; if they are unable to find the help that they need; or if they can no longer do the things they currently enjoy due to physical or other limitations.

Programs & Services at the Senior Center

- Currently, rates of participation in Senior Center activities are relatively low among respondents in their 60s, higher into the 70s, and nearly half of respondents in their 80s participate. This is typical across other communities in Massachusetts, and reflects the range of interests and options available to older adults.
- One-quarter of survey respondents who indicate they participate in the Belchertown Senior Center are age 80 or older. The remaining three-quarters are between the age of 60 and 79. The Belchertown Senior Center must therefore balance the interests and goals of residents who may need supports to participate, with those who are quite active and independent, but looking for new and engaging activities and opportunities.
- Among respondents who participate in the Senior Center, one-quarter of those age 60-79 and one-third of those age 80+ participate two or more times weekly.

However, more than four out of 10 participate just a few times a year. This range of participation levels highlights the broad continuum of affiliation with the COA.

- Lack of interest and lack of time are the most commonly offered reasons for not participating in the Belchertown COA. In addition, one-quarter of the respondents age 60-79 indicate that they don't identify with the word "senior."
- Survey respondents were asked to rate 20 specific services offered through the COA in terms of their importance to the respondent or a family member. All but one service (19 out of 20) was rated highly by at least 30% of the survey respondents, and nearly half of the specific services were rated highly by at least 40% of survey respondents.
- Satisfaction with the Belchertown Senior Center is high, with 75% of seniors who participate in activities indicating they are "completely satisfied" or "very satisfied" with the programs and services offered, along with 50% of the seniors who do not participate.
- Improving publicity about the Senior Center and its offerings may be beneficial. Many survey respondents indicated that they do not know what the Senior Center offers, or if they are eligible to participate. The oldest survey respondents indicated that they prefer to receive information about the Senior Center through the Belchertown Senior Center Newsletter. Younger respondents prefer the Sentinel newspaper, and also are receptive to learning about the Senior Center via email or social media.
- Many survey respondents wrote in positive comments about the Senior Center and its staff. Others offered suggestions for improving the Senior Center building, including renovating some rooms and redesigning the entry to make it more inviting. Opportunities to improve programming were also offered, especially including more programs that may appeal to younger adults.
- Resource limitations of the Senior Center were noted by many residents via focus groups, survey responses and interviews. These limitations were described as affecting the quality and quantity of the physical space as well as the capacity of paid staff.
- The Belchertown COA is described as one of the few places in town to gather, share information, and seek support. For this reason, participating residents suggest that making the COA a more friendly space would contribute to its appeal and impact. For example, it could function as a way of helping newcomers acclimate to life in Belchertown.

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Introduction

Over the coming decades, the senior¹ population of Belchertown 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 Belchertown Senior Center. As a municipal entity, Belchertown's Council on Aging and Senior Center is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives. Growth of the older population therefore has special significance for the COA, 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 Belchertown. A needs assessment was undertaken in order to support planning on the part of the Belchertown COA 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 Belchertown residents who are age 60 and older, all of whom are age-eligible to participate in the Senior Center; also included in the study were residents age 50 to 59—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 COA, a secondary goal is to present information that will be useful to other Belchertown offices and organizations interacting with older adults.

Background

Belchertown is a semi-rural community in west central Massachusetts, located in Hampshire County. At the time of the 2010 US Census, the population density was relatively low at 278 residents per square mile, distributed over land covering 53 square miles. Many recreational sites are in or near Belchertown, including the Quabbin Reservoir, a large man-made reservoir created in the 1930s. Belchertown is largely a residential community within commuting distance of the University of Massachusetts Amherst, Springfield, and locations of a number of large employers. Within Belchertown itself, the Town is currently the largest employer. According to the Belchertown Town website², the Belchertown State School, located just behind the current Belchertown Senior Center, was once the largest employer in the Town. The State School closed in 1992 and the site on which it was located is now the location of a planned Assisted Living community; other housing meant for older adults also may be developed in that location.

¹ 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 "senior" and "older adults" are used interchangeably in this report.

² http://www.belchertown.org/about_us22/index.php

Current estimates suggest that Belchertown includes approximately 15,000 residents, more than 20% of whom are age 60 or older. Projections suggest that the total population of Belchertown will continue to grow over the coming 15 years. However, because a large share of the population growth will occur among older age groups, the share of the population that is age 60+ is expected to reach about one-third by 2030. Much of this growth in the older population will be the result of residents who are now in their 40s and 50s staying in Belchertown as they reach their 60s and 70s, swelling the total number of seniors. But some growth has come about in the past through older adults moving to Belchertown. Especially in light of the increasing number of housing units for older adults being planned, additions to the older population through in-migration will contribute to the aging of Belchertown, and perhaps even enhance the pace with which the town becomes older demographically.

Broadly, growth in the older population has implications for virtually every community organization. A number of common aging-related circumstances have been identified that place unique demands on the resources that communities have available as they plan to accommodate greater numbers of older people. Among them are changes in the health and service needs of older people. Many older adults experience physical and social changes that could threaten their independence and wellbeing, if not addressed by specialized and targeted services. In addition, some retirees may experience constraints associated with living on fixed incomes that could limit their choices and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-private partnerships, towns like Belchertown find it necessary to adapt to changing age profiles within their populations.

A common goal of many older adults is to remain living in their homes as long as possible. The term “aging in place” implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, and in communities of their choice, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote “successful aging,” by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older people in terms of successful aging and aging in place, Belchertown can retain a larger share of its older population in the community and benefit from the experiences and local commitment that vital long-term residents offer, while reducing potential demands on resources associated with frailty and dependence.

The Town of Belchertown Council on Aging aims to plan for the continued expansion of its older population by learning about the current and expected needs and experiences of its aging residents. In this report, we describe recent activities conducted to assess the aging-related needs of current and future older adult residents in the Town of Belchertown. Our approach aligns with efforts to identify

ways in which communities may become more "livable" for residents of all ages. Livable communities are said to have features that allow older adults "to maintain their independence and quality of life as they age and retire" (Nelson & Guengerich, 2009). The literature on aging in community shows that adequate and appropriate housing and transportation options, along with community services that target the needs of older people, are essential features of livability for older adults.

Literature review

Housing

The availability and affordability of housing that is 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 into old 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, 2005). For many older adults, the home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting them to neighborhood amenities. The home may also be the basis for long-standing memories that connect older individuals to their past. As well, homes are an important source of financial security, as home equity and/or ownership may represent one of the most significant sources of wealth held by many older people. Consequently, the attachment that 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 become too large for current needs, or may become 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. Design features of homes, such as the number of stories and manageability of stairs, may challenge an older resident's ability to remain living safely in her home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support 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 these options also attract newcomers to the area. This is especially true for housing options with accommodating features, such as 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, 2005), or at least delay the move into more supportive and expensive institutional alternatives. The goal of aging in the community can be facilitated by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home 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 others. 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. Many communities have limited public transportation options, and those that do exist 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. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote 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.

Community Features & Services

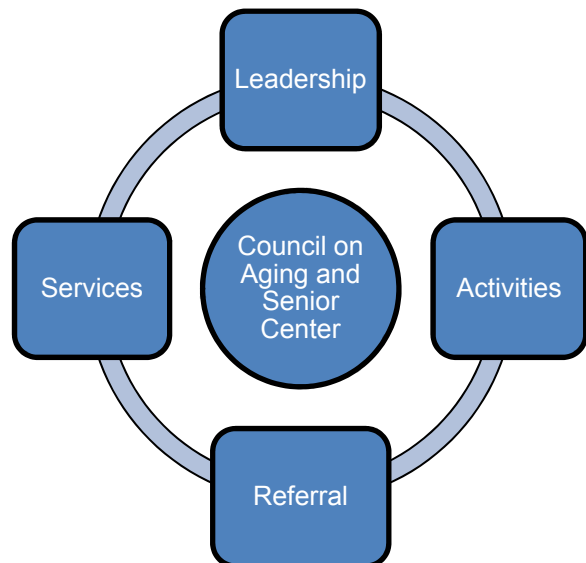
Livable communities also require community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term services and supports. Older adults with mobility limitations and those who experience challenges with driving may need medical and 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 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 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 Belchertown Council on Aging & Senior 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 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, and many other programs that enhance quality of life. The Belchertown Council on Aging (the COA) is a community-based resource for residents of Belchertown ages 60 and over. It is charged with establishing priorities and offering opportunities to older residents, their families, and their caregivers. The COA provides oversight for the Belchertown Senior Center (the Senior Center).

Generally speaking, 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 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 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 Town boards, interacting with other Town offices, and serving as resources to residents and organizations.

The Belchertown Senior Center is open on Mondays from 8:00 a.m. to 3:30 p.m., and Tuesdays thru Fridays from 8:00 a.m. to 4:30 p.m. Its staff includes a full-time Executive Director, 1.75 FTE staff for the Supportive Day Program; 3.5 FTE staff for the Nutrition program; 6.0 FTE staff for other functions, and 1.0 FTE Van drivers. The Belchertown Senior Center also relies on the contributions of many dedicated volunteers. The Senior Center building includes a fully equipped kitchen and dining area, which provides both on-site meals and home delivered meals (Meals on Wheels) to seniors in the community.



Both the Supportive Day program and the on-site preparation of meals represent significant features of the Belchertown Senior Center that are not present in many senior centers.

The Belchertown COA is a Town-appointed Board that provides support, input, advocacy and oversight for the Senior Center. Funding for the Senior Center is provided through the Town; through annual grants from the Massachusetts Executive Office of Elder Affairs; from fees charged for some programs; from donations; and from grants for which the Executive Director applies. The Senior Center also benefits from support through the Belchertown Senior Center Citizens Association, a nonprofit fundraising organization that generates funds by hosting events and donating proceeds from a used clothing and housewares store located next to the Senior Center.

Services are provided through the COA in coordination with community based agencies such as WestMass ElderCare, Greater Springfield Senior Services, the VNA, and Franklin Community Action. The COA and Senior Center staff work on behalf of older adults and their families in partnership with local police, fire, EMT, religious congregations, and other nonprofits.

The Belchertown Senior Center offers an array of programs and services free or at low cost to residents who are aged 60 and older. Programs offered through the Belchertown Senior Center include the following:

- Transportation: Accessible vans provide transportation at nominal cost on weekdays to the Senior Center, in-town destinations and medical appointments when schedule permits. In FY 2016, 7,001 van trips were provided. In addition, medical rides were provided to 65 clients.
- The Companion Errand Program: This program provides older residents both with transportation and with a companion to accompany them to medical appointments and other necessary trips.
- Nutrition programs: Lunch is served on-site every weekday. Weekday deliveries for Meals on Wheels are also prepared on-site. During FY 2016, over 8,000 hot meals were served on-site to 315 different guests, and over 25,000 meals were served through the Meals on Wheels program to 115 clients. Brown Bag food distribution occurs monthly; in FY 2016, 960 units were distributed to 88 clients. In addition, the Senior Center hosts many special lunches and dinners for holidays and other occasions.
- The Supportive Day Care program: This program offers on-site activities for adults requiring support due to health deficits or impairments; this program also offers valuable respite for family caregivers. The program operates every weekday. In FY 2016 2,200 units of service (days of attendance) were provided to 14 clients in this program.
- Fitness and exercise activities: Regularly scheduled fitness classes, such as Osteo-Exercise and Yoga are offered. The Senior Center also has a fitness room

with treadmills and exercise bikes. In FY 2016, 3,600 exercise and fitness service units were provided.

- Community education events: Informational presentations on a variety of topics are scheduled at the Senior Center; for example, officers from the Belchertown Police Department share information about scams and other safety concerns during monthly visits. In FY 2016, 950 community education units were provided through the Senior Center.
- Health events: Appointments can be made for foot care clinic, massage therapy, and other ongoing events and screenings.
- Social events: Social activities include parties for holidays and birthdays, day trips, and movies.
- Recreational activities: A variety of recreational activities are scheduled, including crafts, art classes, Zendoodle, quilting, knitting, book club, and various games such as Bingo and Mah-Jong.
- Outreach services: Outreach staff provide assistance to eligible seniors in the community, including help applying for programs for food assistance (SNAP) or fuel assistance.
- Other services and programs: SHINE Counseling (Securing the Health Information Needs of Everyone) helps older residents understand their medical insurance options, including selection of new plans or concerns about billing or payment. AARP-trained volunteers provide free tax preparation assistance. A Memory Café has recently been established, offering programs for people with memory loss and their care partners. Also at the Senior Center is a support group for adults with Parkinson's disease and a weight-loss support group.

The Belchertown Senior Center plays an instrumental role in providing key services to older adults in the Town, as well as guiding older residents to available services. As the number of older residents increases, the need for resources dedicated to this segment of the population will also continue to grow and change. Thus, it is crucial that the Council on Aging plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in Belchertown.

Purpose of the Study

This report represents the collaborative efforts by the Town of Belchertown Council on Aging and University of Massachusetts Boston (UMass Boston) to assemble information from a number of sources. In the following pages, we present a profile of the characteristics and resources of the current population of Belchertown—those who are at and approaching later life (age 60 and older) as well as those who will be moving into later life over the next two decades (the population age 50 to 59). Knowledge of these characteristics provides an important basis for planning by the Council on Aging and Senior Center, as well as for other town offices and organizations within the community. The project was conducted in two phases, with the first occurring June-September 2015, and the second from May-December 2016. Findings from both phases are included in this document.

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 offer to 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, quantitative and qualitative data collected directly from residents of Belchertown, and administrative data from Councils on Aging in similar communities around the Commonwealth. 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 understand the priorities of stakeholders and identify research questions, which when approached systematically could shed light on the support needs of the older population, and identify services and town qualities that are most valued by Belchertown's residents. Research questions and priorities were identified through discussion with members of the Belchertown COA and the Executive Director of the Senior Center. A community forum attended by 25 residents was held in June, 2015, as a means of introducing the project to the community and initially identifying issues relevant to the project. 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 the Belchertown's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a

The Community Forum:

What we heard...

Residents view the Senior Center as a Town asset. Services of special importance include the meal program, referral services, and the transportation program.

Challenges for older adults in Belchertown include-

- Insufficient transportation options
- Not enough downsizing options, especially at the right price point
- A need for better communication between the Senior Center and residents
- Insufficient space at the Senior Center
- Better outreach services connecting residents with resources in the community are needed

Opportunities for improvement in Belchertown-

- Expand transportation through the Senior Center
- Improve cross-departmental relationships within Town government
- Develop intergenerational programming

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 for Belchertown 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 Belchertown COA. The instrument included quantitative and open-ended questions chosen based on their importance with respect to the planning needs of the COA and the Senior Center as they relate to the Town's aging population. 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 Activities & Relationships
- Programs & Services at the Senior Center
- Demographic Information

A sample of non-institutional residents of Belchertown age 50 and older was invited to participate in the survey. At the request of the Executive Director of the Senior Center, the Town Clerk's Office provided the UMass Boston research team with a list of Belchertown residents who were age 50 and older, based on municipal census records that included names, addresses, and dates of birth for residents of Belchertown. Addresses were updated, and individuals who were known to have moved away from Belchertown were also removed from the list. All individuals aged 70 or older were selected to be part of the sample. In addition, 75% of residents age 60-69 and 50% of residents age 50 and older were randomly selected. This strategy was used in an effort to yield a sufficiently large sample size both for the sample as a whole and within key age categories.

We mailed a personally addressed postcard to selected residents intended to inform 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 Executive Director, 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 Town of Belchertown Council on Aging as research partners in the project. Due to unexpectedly slow delivery by USPS, a reminder postcard was mailed to all sampled residents and the deadline to participate was extended.

During the approximately month-long data collection period from late October to early December 2016, a total of 1,314 completed surveys were returned, resulting in an overall response rate of 34% (see **Table 1**). The response rate for those age 50-59 (22%) was lower than that of Seniors age 60 or older (39%). Given that the contents of the survey were primarily oriented toward older people, over-representation of Senior residents is not surprising (Fowler, 2014); note, however, that the sampling strategy used still resulted in over 250 responses received from residents in their 50s. Given the differential sampling ratios used in drawing the sample, and the age-graded response rates, the results presented in this report are weighted by age group so that these factors do not bias the results. Only 111 responses (8%) were submitted online; 85% of the online respondents were under age 70. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

In an effort to allow all interested residents age 50 or older to provide input to this study, the survey was also made available online through a separate SurveyMonkey portal. Individuals who had not received a survey in the mail were invited to participate through that mechanism. Residents age 50-69 who had not been selected to be part of the sample survey were mailed a postcard inviting participation. Fifty-two responses were received from these individuals. Responses received from these individuals were not substantially different from those obtained from same-age respondents to the main survey. In this report, selected observations drawn from these non-sampled respondents are noted.

Focus Groups

In December 2016, we conducted three focus groups with stakeholders who were hand-selected and recruited by the Executive Director. One focus group included eight representatives from Town offices and organizations, all of whom have regular interactions with older adult residents. Some but not all of the individuals in that group work regularly with one another around senior issues. The next two focus groups included two sets of Senior Center participants, with the goal of hearing from residents who could draw on their own experiences in discussing the Senior Center. The first resident group included seven women and the second included six women. Within each group, the participants know one another reasonably well.

Table 1. Belchertown resident survey description and rates of response

	Age 50+	Age 50 to 59	Age 60 to 69	Age 70 to 79	Age 80+
Mailing list received from Belchertown	5,569	2,337	1,988	847	397
Percent of Mailing List sampled	70%	50%	75%	100%	100%
Sample drawn	3,904	1,168	1,492	847	397
Returned as undeliverable	46	8	18	11	9
Baseline sample	3,858	1,160	1,474	836	388
Responses	1,314*	257	501	397	158
Response Rate	34%	22%	34%	48%	41%

**Includes 1 individual for whom age could not be determined.*

Key Informant Interviews

In September 2015, we conducted in-person interviews with four individuals holding leadership roles in organizations relevant to seniors living in Belchertown. Interviews focused on their perceptions relating to unmet needs of seniors in the community, and how the growing size of the older population was impacting Belchertown and the work that the key informants do. We spoke with *Gary Brougham*, Town Administrator; *Ron Aponte*, member of the Belchertown Board of Selectmen; *Craig Bodamer*, from Belchertown EMS; and *Priscilla Chalmers*, Executive Director of WestMass ElderCare Inc, the Area Agency on Aging (AAA) and Aging Services Access Point (ASAP) for Belchertown's region.

Peer Community Comparison

We conducted telephone interviews with directors of Councils on Aging (COAs)/senior centers in Easthampton, Granby, Hadley, Palmer, Ware, and Wilbraham. Participants were asked about features of the senior centers they administered, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. Additional information on selected COAs was retrieved from websites and other documents.

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 Belchertown?"). 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 Belchertown. Information collected from COA directors in peer communities were compared side-by-side with information collected from Belchertown's Executive Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Belchertown

Age Structure and Population Growth

In coming decades, the Town of Belchertown is expected to grow in total number of residents, while also becoming older. According to the most recent U.S. Census, there were 14,649 residents living in Belchertown in 2010. About a third of these (4,984 individuals—34% of the population) were age 50 and older (See **Table 2**). Residents who were age 50 to 59 (2,574 individuals) made up 18% of the population; residents age 60 to 79 (2,044 individuals) comprised 14%, and another 366 (2%) residents were age 80 and older in 2010.

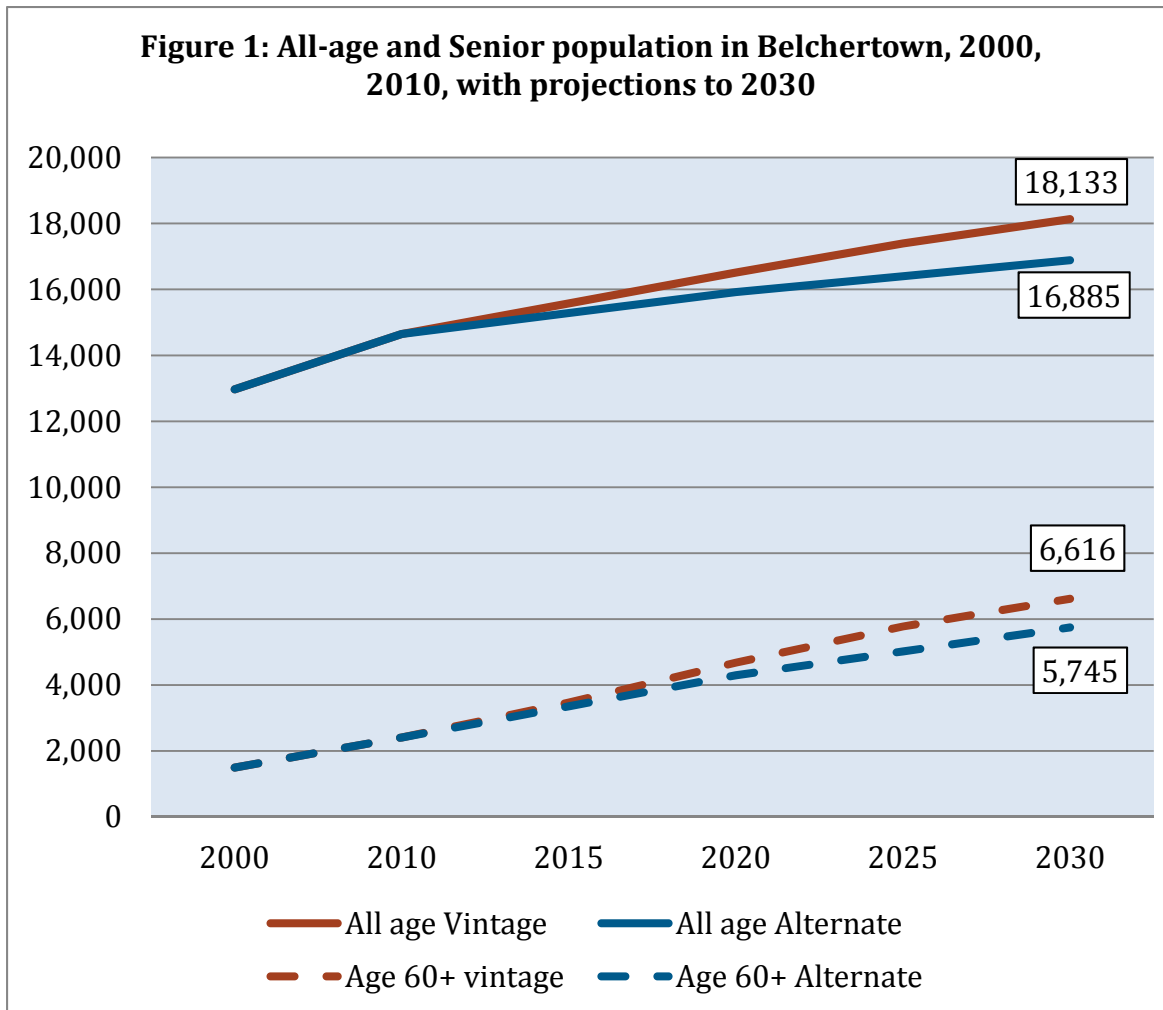
Table 2. Number and percentage distribution of Belchertown’s population by age category, 2010

Age Category	Number	Percentage
Under age 18	3,691	25%
Age 18 to 49	5,974	41%
Age 50 to 59	2,574	18%
Age 60 to 79	2,044	14%
Age 80 and older	366	2%
Total	14,649	100%

Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P2.

Looking ahead, projections suggest that Belchertown’s population is expected to become slightly larger, as well as substantially older. Two sets of projections are available through the Donahue Institute at the University of Massachusetts, each based on somewhat different assumptions about future trajectories of growth. **Figure 1** shows Belchertown’s population size for 2000 and 2010 based on US Census data, along with population projections for 2020 and 2030, for the all-age population as well as for the population age 60 or older³. Both sets of projections suggest that the total population of Belchertown is expected to grow in coming decades, with the total population reaching 16,800-18,100 by 2030, and the age 60+ population reaching 5,700-6,600 seniors by the year 2030. Of the two projection series, the “alternate” projections suggest slower growth for older adults as well as for the all-age population.

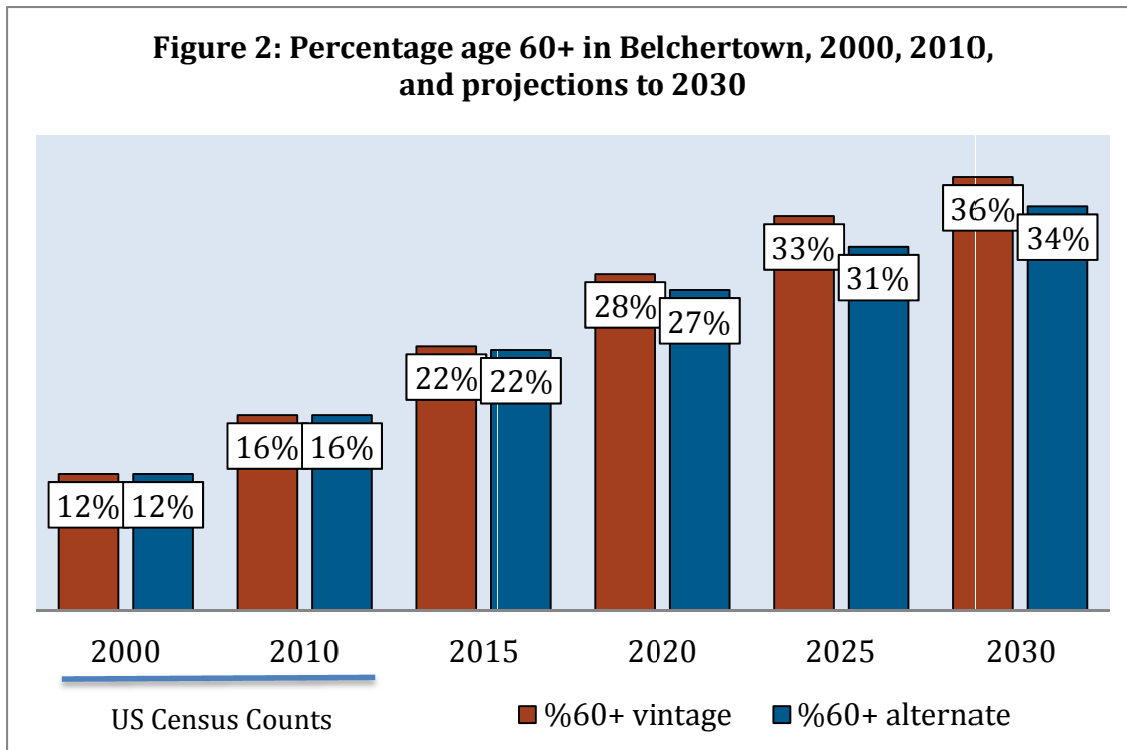
³ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski & Strate (2015).



Source: U.S. Census Bureau, Census of Population for 2000-2010.

* Figures for 2015-2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

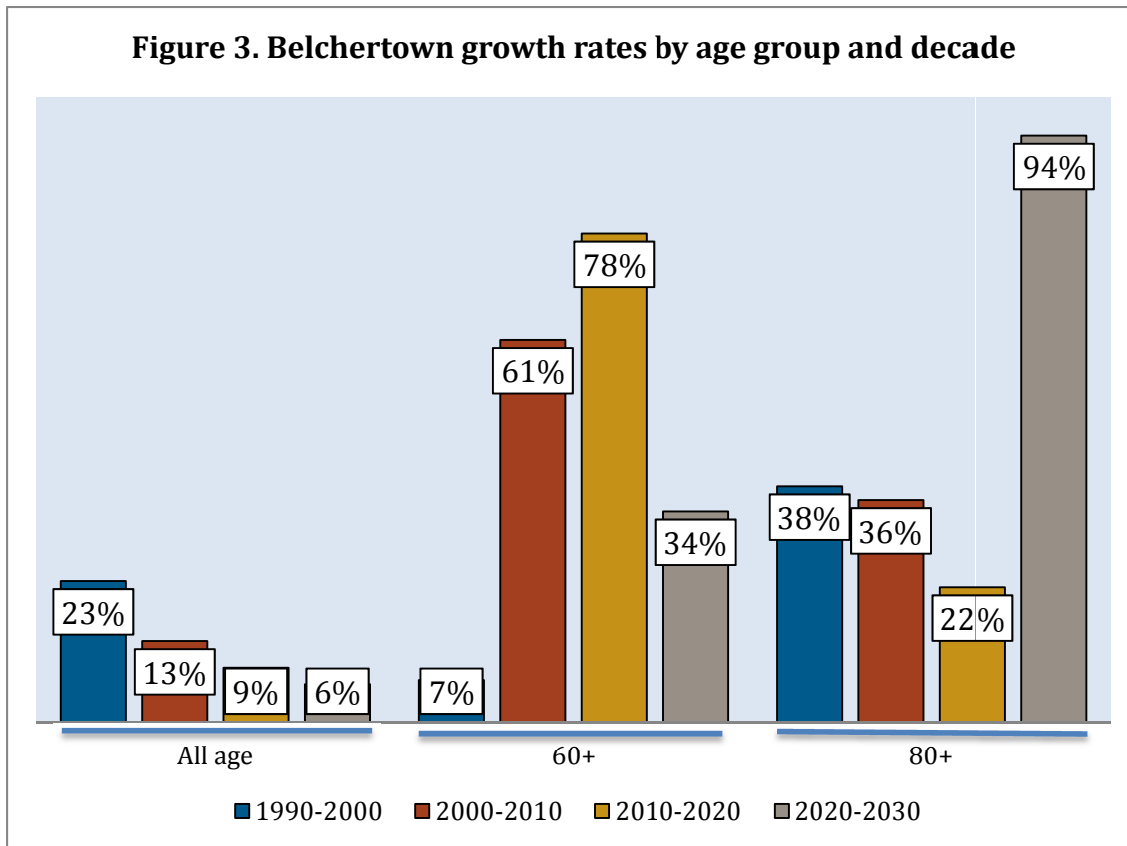
The implications of these projections for relative size of the older population in Belchertown is illustrated in **Figure 2**, which shows the percentage of the total population that is age 60 or older, for each year and for both projections series. This figure shows that the percentage of Belchertown residents age 60+ increased from 12% in 2000 to 16% in 2010. Both sets of projections suggest that currently, about 22% of Belchertown residents are age 60+. Moving ahead to the year 2030, one-third or more of the community is expected to be age 60 or older.



Source: U.S. Census Bureau, Census of Population for 2000-2010.

* Figures for 2015-2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

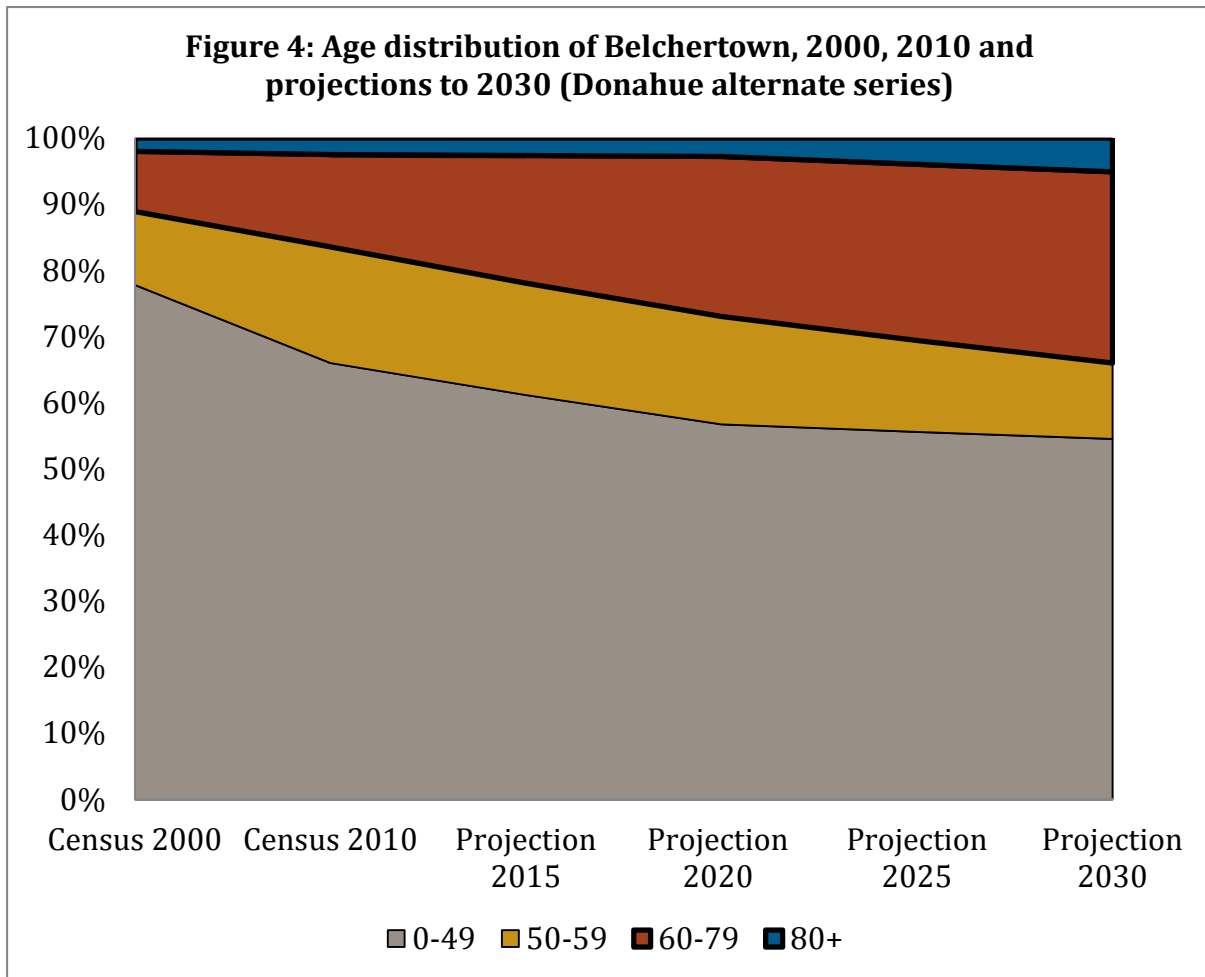
As noted, population growth in Belchertown was concentrated in older age groups during the last decade, and this pattern is expected to continue for some time (see **Figure 3**). Between 1990 and 2000, the total population of Belchertown increased by 23% and much of this growth was among younger residents; the age 60+ population increased in number by just 7%. However, a different pattern is observed starting in the interval between 2000 and 2010; in that decade total population grew by just 13%, with the number of residents age 60 and older increasing by more than 60%. The pattern of a higher rate of growth among the 60+ population than among the population overall is expected to continue through 2030. Of special interest to the Belchertown COA, growth has been and is expected to be high among the 80+ population. As discussed elsewhere in this report, the oldest-old populations are more frequent patrons of the Senior Center, and often have different needs and interests than younger seniors. The expected growth in this age group is worth considering as plans are made for the COA moving forward.



Source: U.S. Census Bureau. 1900-2010 Census; projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/> (alternate series)

Implications of these expected trends for the overall age structure is shown in **Figure 4**, which shows the age distribution of Belchertown for 2000-2030, based on the Donahue “alternate” series.⁴ Growth of the senior population is clearly evident in this Figure, starting in 2000 and continuing to 2030. By 2030, more than one-third of Belchertown’s population will be age 60+, and 45% will be at least age 50. Note that housing development has the potential to change the age distribution of a community. For example, establishing more senior housing may attract new older adults to the area seeking affordable and livable options, or looking for living options closer to friends or family members.

⁴ The distribution using the Donahue “vintage” series would be quite similar. The “alternate” series is used here because it assumes somewhat slower absolute and relative growth of the senior population—in that sense it is the more conservative scenario of the two.



Source: U.S. Census Bureau, Census of Population for 2000-2010.

* Figures for 2015-2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition of Belchertown's Older Population

Belchertown is less diverse than the state with respect to race. For all ages combined, about 95% of Belchertown residents report their race as White, non-Hispanic (not shown). **Table 3** displays the race and ethnicity of Belchertown residents age 65 and older. The large majority of older residents report White non-Hispanic race and ethnicity (96%). A small portion (3%) report Asian race, and the remaining 1% of the population 65 and older are African American.

Table 3. Race distribution of residents who are age 65 and older in Belchertown

Race	Number	Percent
White	1,831	96%
Black or African American	19	1%
Asian	65	3%
Hispanic or Latino	-	<1%
Total	1,915	100%

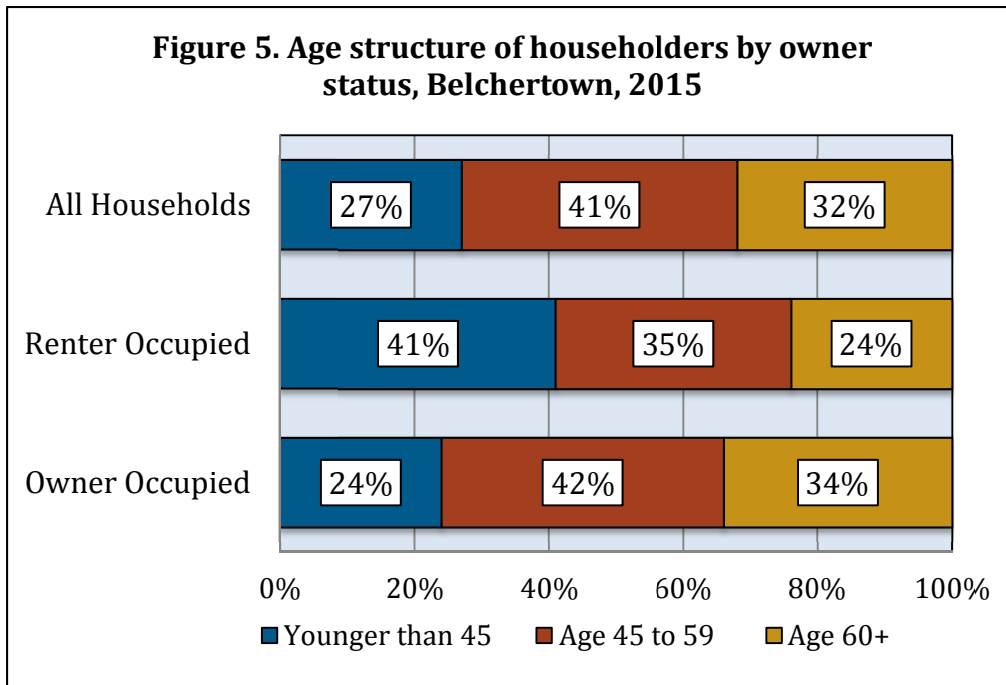
Source: American Community Survey, 2011-2015, Tables B01001A-I. Numbers are calculated from survey estimates.

A small number (5%) of older Belchertown residents speak a language other than English at home (*ACS, 2011 - 2015, Table B16004*). Belchertown residents who speak a language other than English at home most commonly speak an Asian language, such as Chinese, or an Indo-European language, such as Polish.

The gender distribution in Belchertown is similar to that of most communities— a majority of residents who are age 60 and older are women (56%; *ACS, 2011 - 2015, Table B01001*). 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.

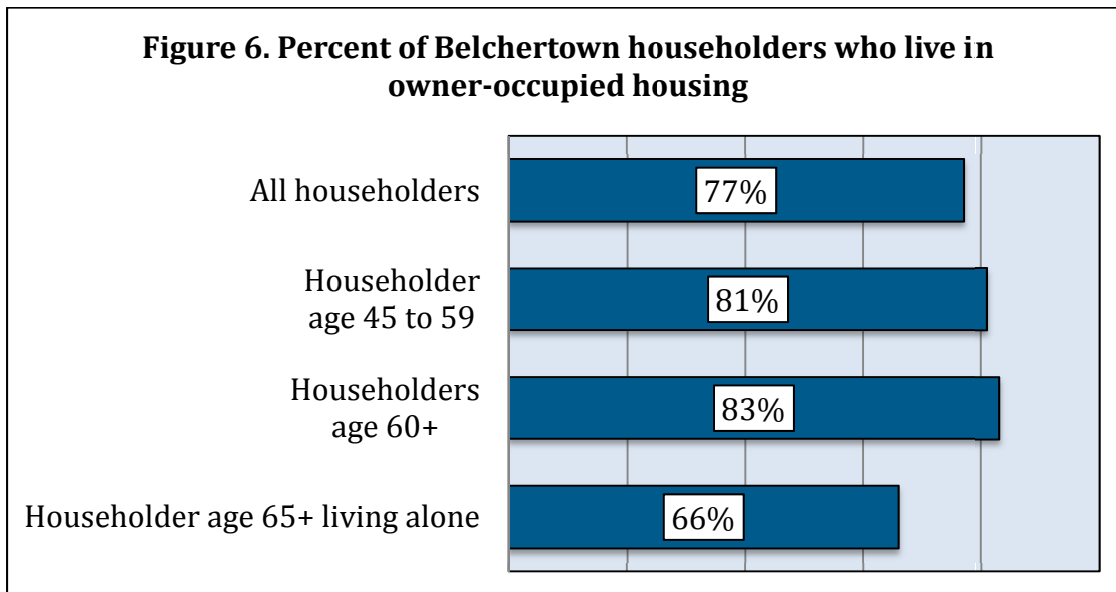
A majority of Belchertown’s 5,700 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 73% of all households in Belchertown⁵ (**Figure 5**). Among renter occupied households, residents younger than 45 are heads of 41%, while 35% are aged 45 to 59 and 24% are aged 60 and older. In contrast, residents under the age of 45 make up only 24% of owner occupied households. Middle-aged residents, those between 45 and 59 years, make up 42% of homeowners and those 60 and older make up 34%. The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community.

⁵ Many available Census data on the older population of Belchertown are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.



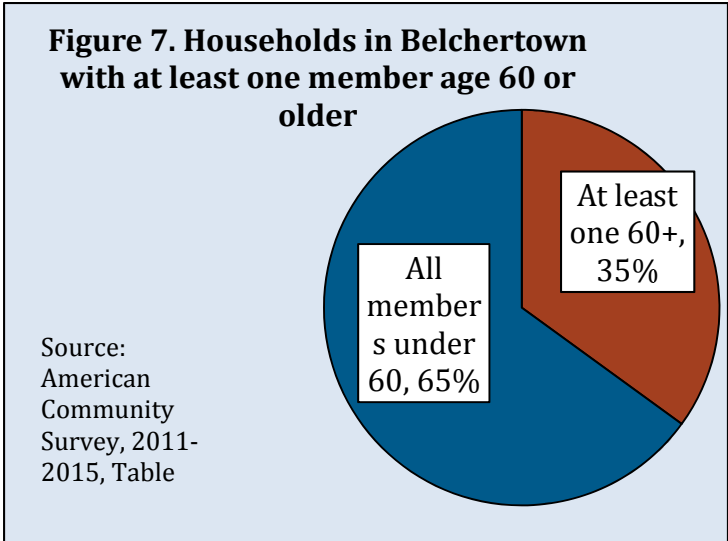
Source: American Community Survey, 2011-2015, Tables B25007.

Most Belchertown residents live in homes that they own or are purchasing (77%; **Figure 6**). More than 8 out of 10 residents age 45 to 59 own their homes, as do 83% of householders 60 and older. In addition, two-thirds of Belchertown residents aged 65 and older who live alone also own their home. Home maintenance assistance is often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.



Source: American Community Survey, 2011-2015, Tables B25007 and B25011.

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

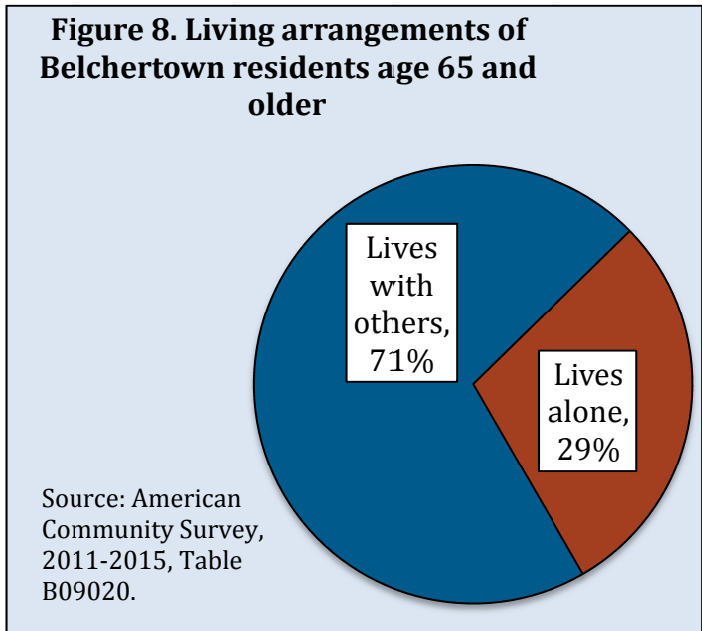


According to data from the ACS, an estimated 35% of Belchertown’s households include at least one individual who is age 60 or older (Figure 7). This high proportion—which is likely to increase in the future—generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

A large proportion of Belchertown residents who are age 65 and older—nearly three in ten (29%)—live alone in their home (Figure 8). The remaining 71% live in homes that include other people, such as a spouse, parents, children, or grandchildren.

American Community Survey estimates suggest that Belchertown residents are well educated on average. About 41% of persons age 45 to 64 have either a bachelor’s degree or a graduate/professional degree (ACS, 2011-2015, Table B15001). Among those 65 and older, one-third has at least a bachelor’s degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities. Highly-educated older adults also are often attracted to late-life learning opportunities offered through the Senior Center or other community organization (Fitzgerald & Caro, 2014).

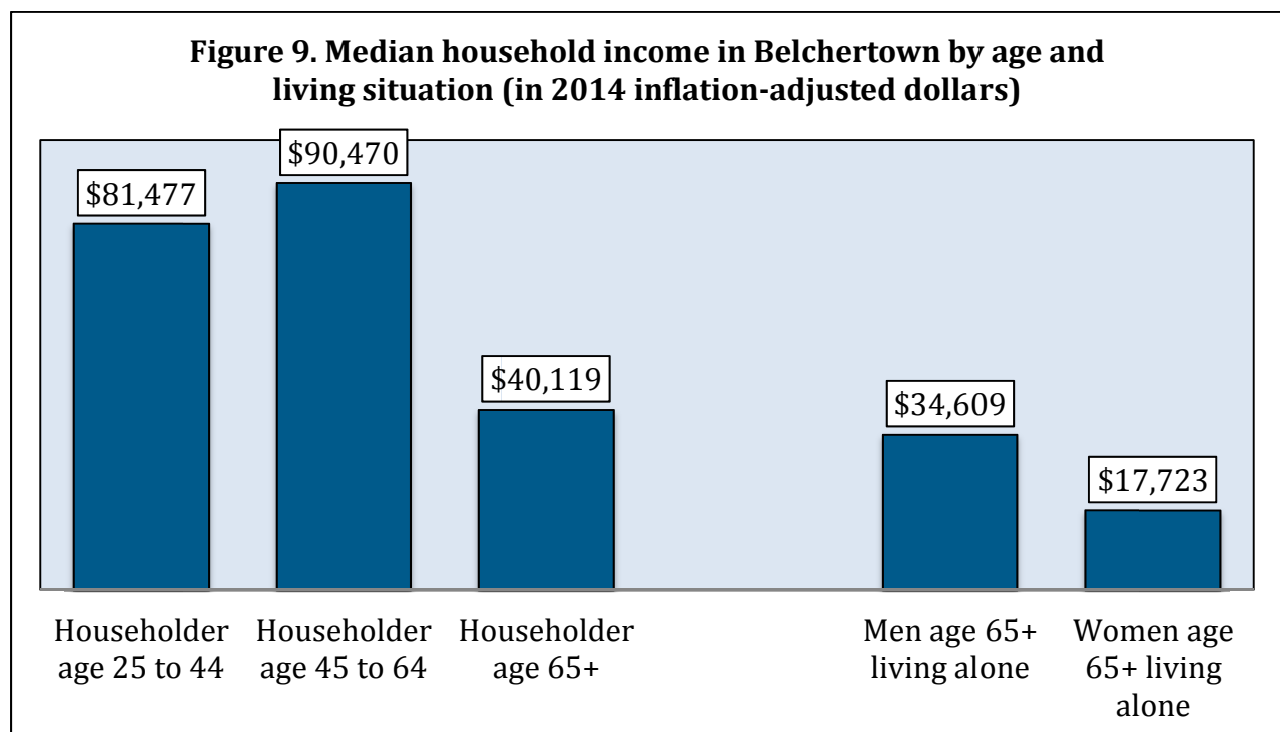
Figure 8. Living arrangements of Belchertown residents age 65 and older



Similar to older adults living in communities throughout the U.S., a large proportion of older Belchertown residents remain in the workforce. More than 60% of residents aged 60-64, along with four out of ten seniors age 65-69 and 18% of those age 70 or older are in the labor force (ACS, 2011-2015, Table B23001). Some of these individuals work full-time, while others may be working part-time or seasonally. Often, their work responsibilities are added to obligations to family members (such as older parents, grandchildren, or children) as well as valued volunteer commitments.

More than half (54%) of men age 65 and older report veteran status, as do a small share (2%) of Belchertown's older women (ACS, 2011-2015, Table B21001). As a result, many of the Town's older residents may be eligible to receive some benefits and services based on their military service or that of their spouses.

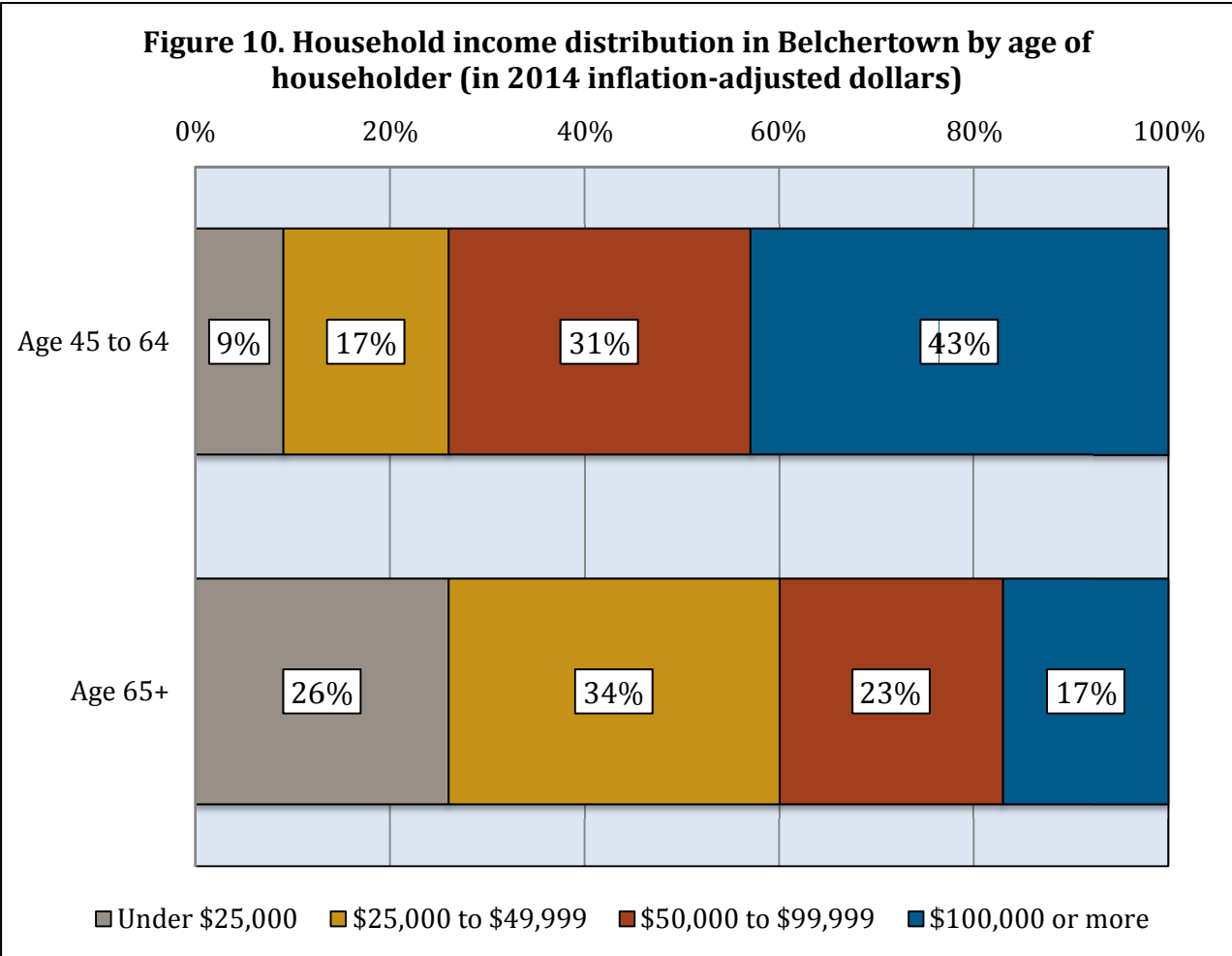
With respect to household income, older residents experience a comparative disadvantage (Figure 9). Householders aged 45 to 64 have the highest median income at \$90,470. Among householders 65 and older, the median income is considerably lower, at \$40,119. Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have a median income of \$34,609, compared to just \$17,723 for older women living alone. Given that 29% of older residents age 65 and older live alone in Belchertown, these figures suggest that a sizeable number of residents are at risk of economic insecurity.



Source: U.S. Census Bureau; American Community Survey, 2010-2014, Tables B19049 and B19215.

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

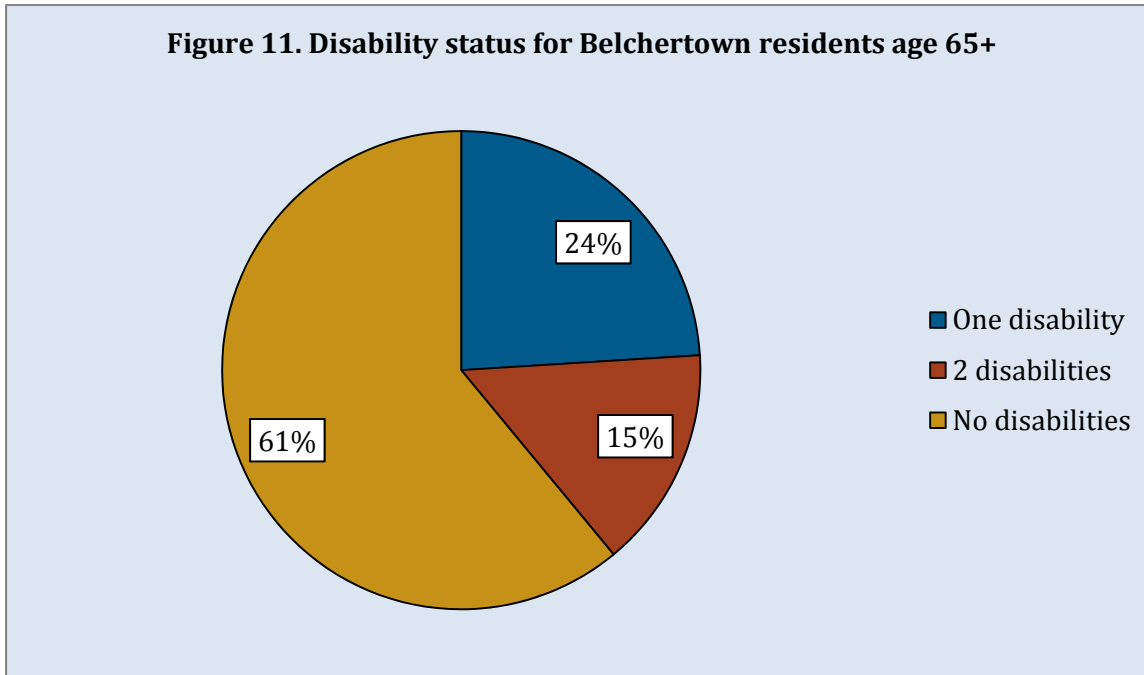
The economic profile of older Belchertown residents relative to younger residents is further illustrated in Figure 10, which shows that many members of the older adult population live on a modest income. Approximately 17% of Belchertown's householders age 65 and older report incomes of \$100,000 or more. By comparison, 43% of households headed by younger residents report this level of income. In contrast, about one-quarter of households headed by someone age 65 and older report annual incomes under \$25,000. This compares with just 9% of households headed by individuals age 45 to 64. Thus, a sizeable segment of Belchertown's older population is at risk of financial insecurity or economic disadvantage.



*Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B19037.
 Note: Includes only community households, not group quarters such as nursing homes.*

Many Belchertown residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. **Figure 11** depicts the proportions of older residents who report some level of disability. Nearly a fourth of residents age 65 and older have one disability, while an additional 15% report two or more disabilities. The risk of acquiring disability is considerably higher among adults age 75 or older—in Belchertown, about 68% of individuals in this age group experience one or more disabilities. These rates of disability are comparable to those estimated for Massachusetts as a whole.

Figure 11. Disability status for Belchertown residents age 65+



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

Among the different types of disability that are assessed in ACS, the most commonly cited by older Belchertown residents 65 and older are ambulatory difficulties—difficulty walking or climbing stairs—reported by 24% (ACS 2011-2015, Table S1810). Other disabilities experienced by older Belchertown residents included cognitive difficulty (7%), hearing problems (15%), independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping; 12%), and vision difficulty (6%). Three percent reported self-care difficulties (difficulty with dressing, bathing, or getting around inside the home). Some individuals who have disabilities may have greater difficulty accessing transportation; some many require in-home assistance; and some may require adaptations in their homes to allow single-floor living.

Resident Survey

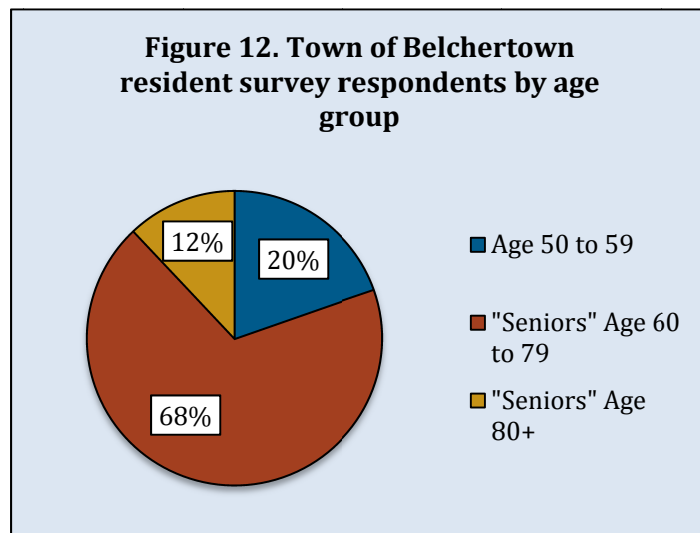
Respondent Demographics

Among the 3,858 residents who were invited to participate and who had deliverable addresses, 1,314 returned surveys with usable data⁶, representing a response rate of 34% (see **Table 1** above). Participants included 257 residents age 50-59 and 1,056 Seniors age 60 or older. More than two-thirds (68%) of respondents were age 60 to 79, and 12% were age 80 and older (see **Figure 12**). Relative to the population, the age distribution of respondents is disproportionately skewed toward the age categories of 60 and older⁷. This response pattern reflects the larger proportion of residents in this age range who

⁶ 2 people mailed back blank surveys, they were not counted as respondents.

⁷ According to U.S. Census Bureau, in 2015 the Belchertown population age 50 and older is composed of approximately 46% individuals 50-59, 48% individuals age 60 to 79, and 6% individuals who are age 80 and older.

responded to the survey. We account for age-graded response rates in the survey data in two ways. First, we present most results separately by age category (i.e., age 50 to 59; age 60 to 79; and age 80 and older). Second, when results are presented for all survey respondents together or grouped across age categories, we weight the responses so that disproportionate responses among older age groups do not distort the results. Complete survey results are presented in tables in **Appendix B**.



A majority of respondents to the resident survey were women: 60%-61% of the respondents across all age groups were women. By comparison, data from the U.S. Census Bureau indicate that 51% of Belchertown residents age 50 and older are women. Readers are urged to bear this discrepancy between the respondents and the population in mind as they read and interpret the remaining results.

The vast majority (91%) of respondents to the resident survey

indicated that their race was White; 9% reported some other race or declined to respond. According to data from the U.S. Census Bureau, 96% of Belchertown residents who are age 60 and older are White; (see **Table 3** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

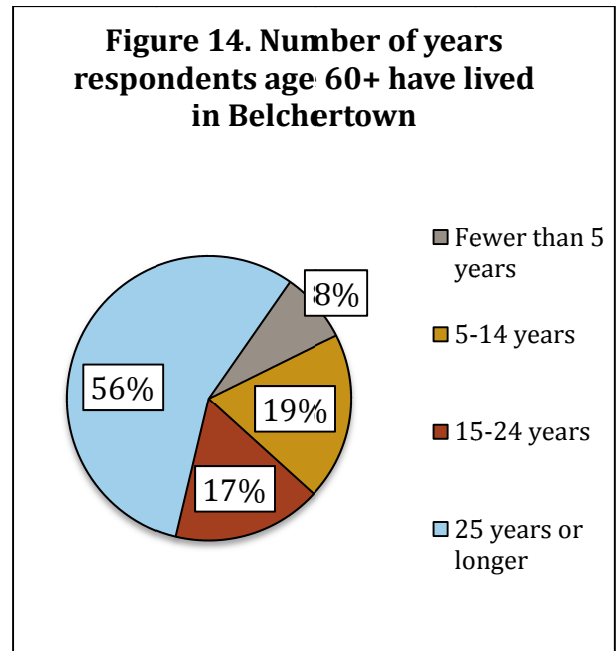
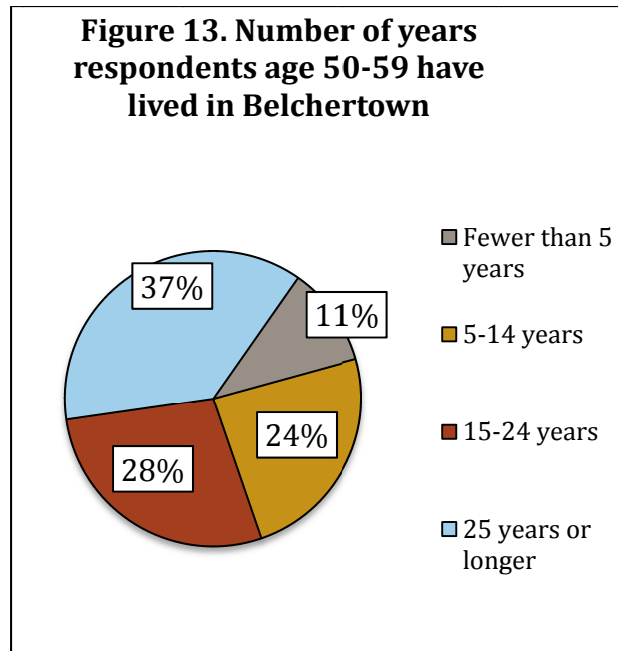
A sizable minority of survey respondents lives alone, including 11% of those age 50-59, 19% of those age 60-79 and 39% of those age 80 or older (see **Appendix B**). The higher prevalence of one-person living found among older adults is consistent with what was reported above based on data from the US Census Bureau, as well as with national patterns.

Consistent with data reported above from the US Census Bureau, most respondents age 50-59, and many aged 60-79, work for pay. More than eight out of ten survey respondents in their 50s report that they work full- or part-time, as do 40% of those age 60-79, but just 6% of those age 80 or older. Most individuals age 80+ report being retired (92%), as do nearly six out of ten age 60-79. Seventeen percent of respondents age 50-59 indicate that they are “not sure” when they will fully retire, or indicate that they do not anticipate ever fully retiring. Thirteen percent of respondents age 60-79 also indicate this type of uncertainty about retirement.

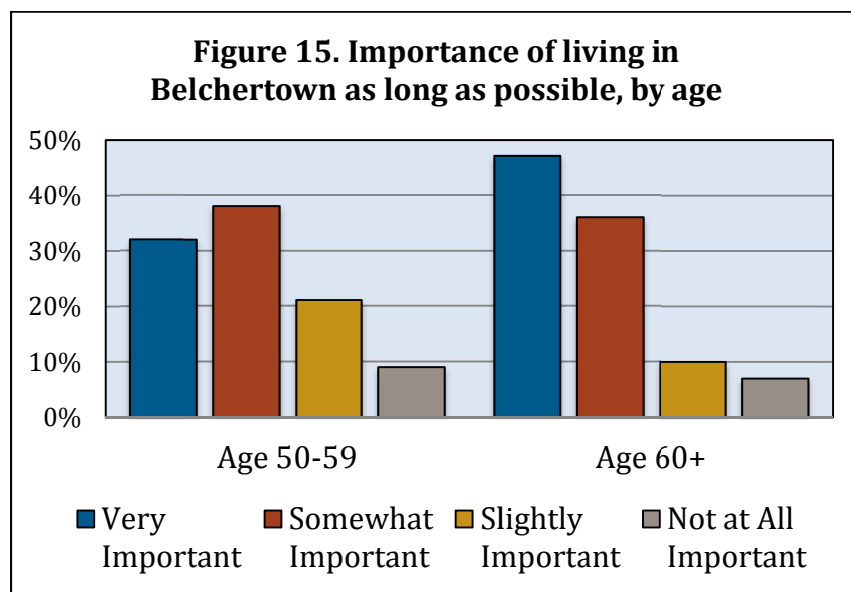
Community & Neighborhood

Survey results suggest that many respondents are long-term residents who are committed to aging in Belchertown. **Figures 13 and 14** show that many respondents have been residents for 25 years or longer, while few are relative “newcomers,” having lived in Belchertown for fewer than 5 years. Duration of residence is especially long among

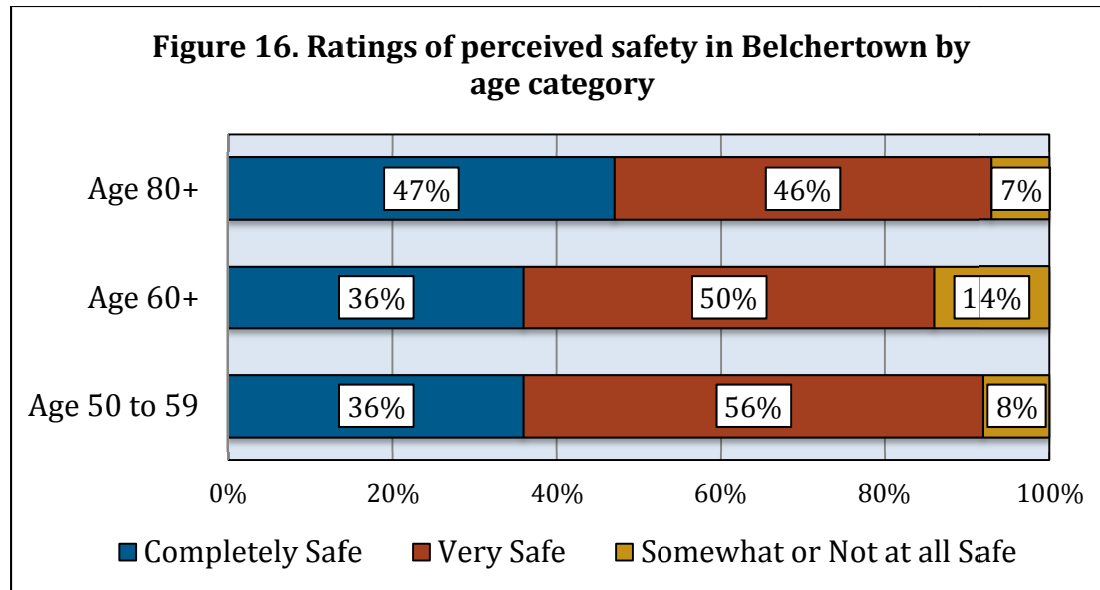
Seniors age 60 and older, more than half of whom indicated that they have lived in Belchertown for 25 years or more.



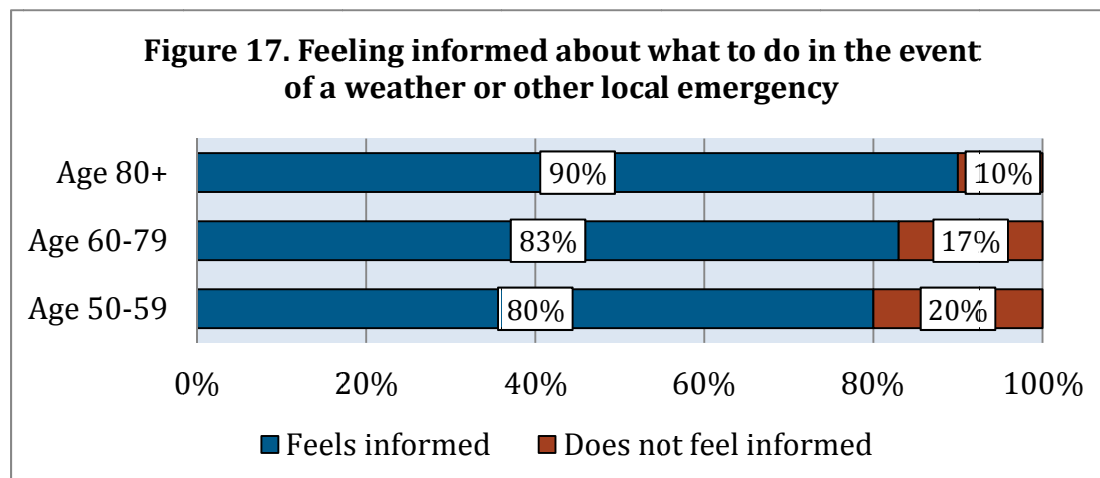
Given that many survey respondents are long-time residents of the community, it is not surprising that a large majority of the respondents indicated that it was “very important” or “somewhat important” to remain living in Belchertown as long as possible in the future (**Figure 15**). Just 7% of respondents age 60 or older and 9% of those age 50-59 indicated that living in the Town as long as possible was not at all important to them. These figures suggest that midlife and older Belchertown residents are largely committed to remaining in the community as they age, and that the Town can expect a sizable share of their age 50+ residents to age in place.



The sense of safety and security that individuals perceive in their neighborhood is another important factor associated with quality of life, and the livability of one’s community. Overall, survey results suggest that Belchertown is perceived as a safe and secure environment in which to age. A large majority of survey respondents reported feeling “completely safe” or “very safe” in their neighborhoods. Smaller percentages (14% or less in each age category) reported feeling only “somewhat safe” or “not at all safe” (**Figure 16**). Perceptions among Belchertown residents about safety are consistent with the lower-than-average crime rate in the area, as reported by the AARP Livability Index⁸.



Most survey respondents indicate that they feel informed about what to do in the event of weather or other local emergencies. However, one out of five respondents age 50-59 report that they do not feel informed, as do 17% of those age 60 to 79 and 10% of those 80 or older (see **Figure 17**). Redoubling efforts to ensure residents are knowledgeable about how to respond to local emergencies may be valuable. It is striking that the seniors appear to feel more informed than respondents in their 50s.



⁸ <https://livabilityindex.aarp.org>

Survey participants were asked to reflect on their greatest concerns about their ability to continue living in Belchertown, as they grow older. Above all others, the most commonly cited theme was related to concerns about being able to afford remaining in Belchertown in retirement and on a fixed income. Many respondents noted that high property taxes are significant concerns, as are rising other expenses relating to utilities, medical care, and other necessities. For example, as this individual notes:

“Taxes (are a concern). We moved out here in 2010, in six years my mortgage went up \$400 more because of taxes....We love Belchertown, don’t know if we can afford it in 10 years if taxes keep rising.”

“(I am concerned about) increased real estate taxes making it impossible to afford living in our home once we retire.”

“My greatest concerns are financial. My social security is not sufficient to meet my needs. Savings are being depleted monthly. I need assistance in finding a regular part-time job.”

The second most frequently mentioned concern relates to transportation. Belchertown residents are highly dependent on their own cars, and public transportation options are very limited. Respondents note that Belchertown is also not a walkable community, and few people live within walking distance of services and shopping areas. For example,

“Will I be able to drive myself to where I need to go! I would prefer a town that has grocery store, drug store, shopping within walking distance from my home. We need sidewalks in Belchertown.”

“Transportation. When we can no longer drive we will be trapped, or reliant on taxis or dial-a-ride programs. Improved services such as a bus would make a big difference.”

“Transportation! This is not a town you can easily walk to markets and stores. A senior bus service for general purposes would be essential in my mind.”

“The biggest issue in staying here would be transportation if I couldn’t drive. I live 1-1/2 miles from the nearest bus stop—and also on a hill. I’d have to move immediately.”

Concerns about housing were also frequently mentioned. Respondents wrote about their lack of housing options in Belchertown, should they be unable to stay in their current home, as well as challenges in adapting or maintaining their home. These issues are closely entwined with affordability concerns, concerns about declining ability to handle maintenance on their own, and concerns about being able to find trustworthy services.

“We hope to stay in our home long term. If unable to as we age, I would be concerned about housing options for seniors, both independent and assisted living. It is

important to have housing options that are not cost-prohibitive and that allow residents to continue living fulfilling and dignified lives.”

“I am concerned about where I will live once I am too old to maintain my house and property. I am not sure of what options there are and what I would be eligible for on my retirement income.”

“(My concern is) finding a home that I can downsize to.”

Some respondents noted concerns about access to local healthcare and to long-term supports that would help them stay at home if needed. For Belchertown residents, these issues are related to transportation as well as to information about what is available.

“I have long-term health care (insurance) which will allow personal caregivers to see me at home, but I am a bit uneasy about how to find them when/if the time comes; a resource to reliable workers (not only caregivers, but home maintenance and repair) could be invaluable.”

(I am concerned about) access to needed services—medical, dental, and shopping.”

Respondents also wrote in concerns about isolation as they aged in Belchertown. These concerns relate to changing family configurations—such as worries about a spouse passing away or family members moving out of the area—as well as concerns about being unable to drive in a remote, car-dependent community. Being unable to identify sources of help, or to afford paying for them, were linked concerns.

“My house is fairly remote, so I’m concerned about isolation especially if for some reason I couldn’t drive.”

“(I have) general concerns of aging with no family nearby. How long may I remain independent?”

“Assuming no family members are nearby, who will visit and help me with tasks I am no longer able to do unassisted? I don’t want to be a burden on anyone but we already lack funds to pay for extras.”

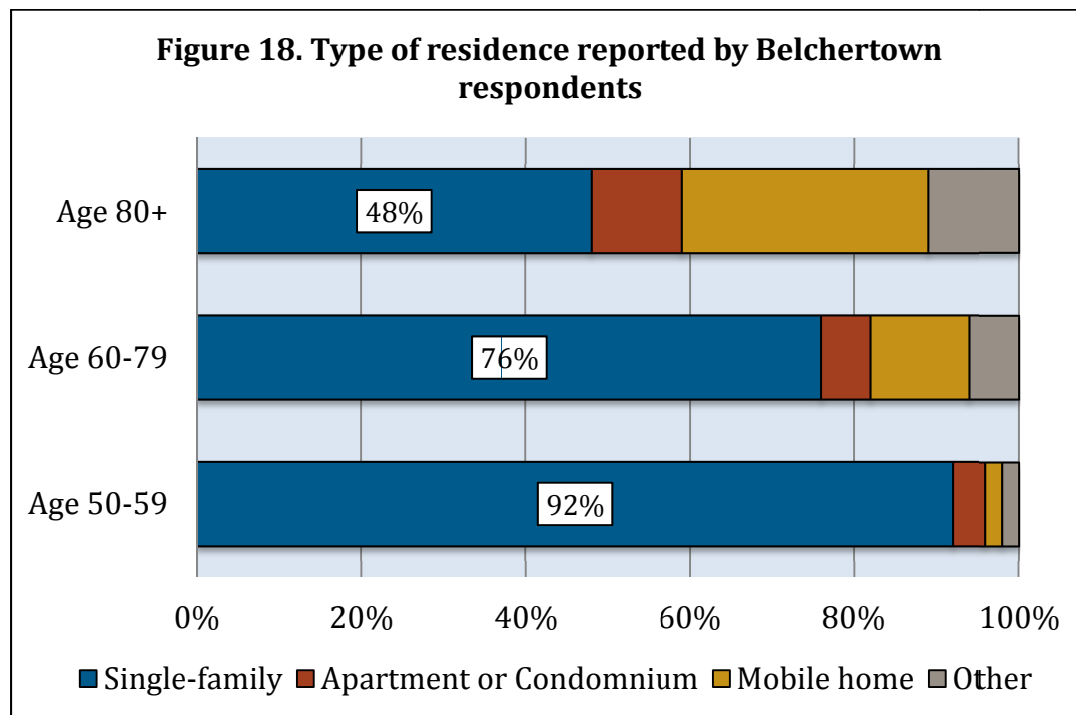
“(I am concerned about) access to stimulating social activities and events. My neighbors are far apart and seem to take little interest in each other.”

Many other concerns were noted on a less frequent basis, including concerns relating to the weather, dissatisfaction with Town services, and concerns about crime and safety.⁹

⁹ Respondents who were not selected to participate in the sample survey, but who responded through the open mechanism, largely focused on affordability concerns and transportation concerns when reflecting on their ability to continue living in Belchertown as they age.

Housing & Living Situation

The housing stock in Belchertown is largely composed of single family homes, and most housing units are owner occupied. According to the U.S. Census Bureau, nearly three-quarters of all occupied housing units in Belchertown are single-family homes; smaller but notable shares are multi-family structures such as apartments, and 7% of all housing units are mobile homes (ACS 2011-2015, Table B25024). **Figure 18** indicates that a large majority of survey respondents also reported living in single-family homes. Respondents most likely to live in another type of setting are those age 80+: 30% of this age group reports living in a mobile home, 11% live in a condominium or apartment building, and 7% live in an accessory apartment (see **Appendix B**).



Most survey respondents report owning their homes (see **Appendix B**), including 97% of respondents who report living in a single-family home. An owned home is often seen as a valued economic asset among older adults. Nevertheless, 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 livability of their existing homes. For others, the process of aging in community 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 family situations. The extent to which older people remain in their current homes because there are limited alternatives (e.g. few 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. However, many individuals cannot afford, or do not believe they can afford, modifications that could be helpful. In Belchertown, 20%-30% of respondents in each age group indicated that their homes required modifications, such as grab bars in showers or railings on stairs, to improve their ability to live there over the next five years (see **Table 4**). A substantial share report that they need modifications but cannot afford them, including 21% of respondents age 60-79. Among the respondents who are homeowners, more than one-quarter report needing home modifications to improve their ability to live in their homes; 18% of the homeowners say that they need modifications that they cannot afford. These findings suggest that aging residents in Belchertown may benefit from information about how home modifications may improve their ability to stay in their homes, including information about options for paying for those modifications.

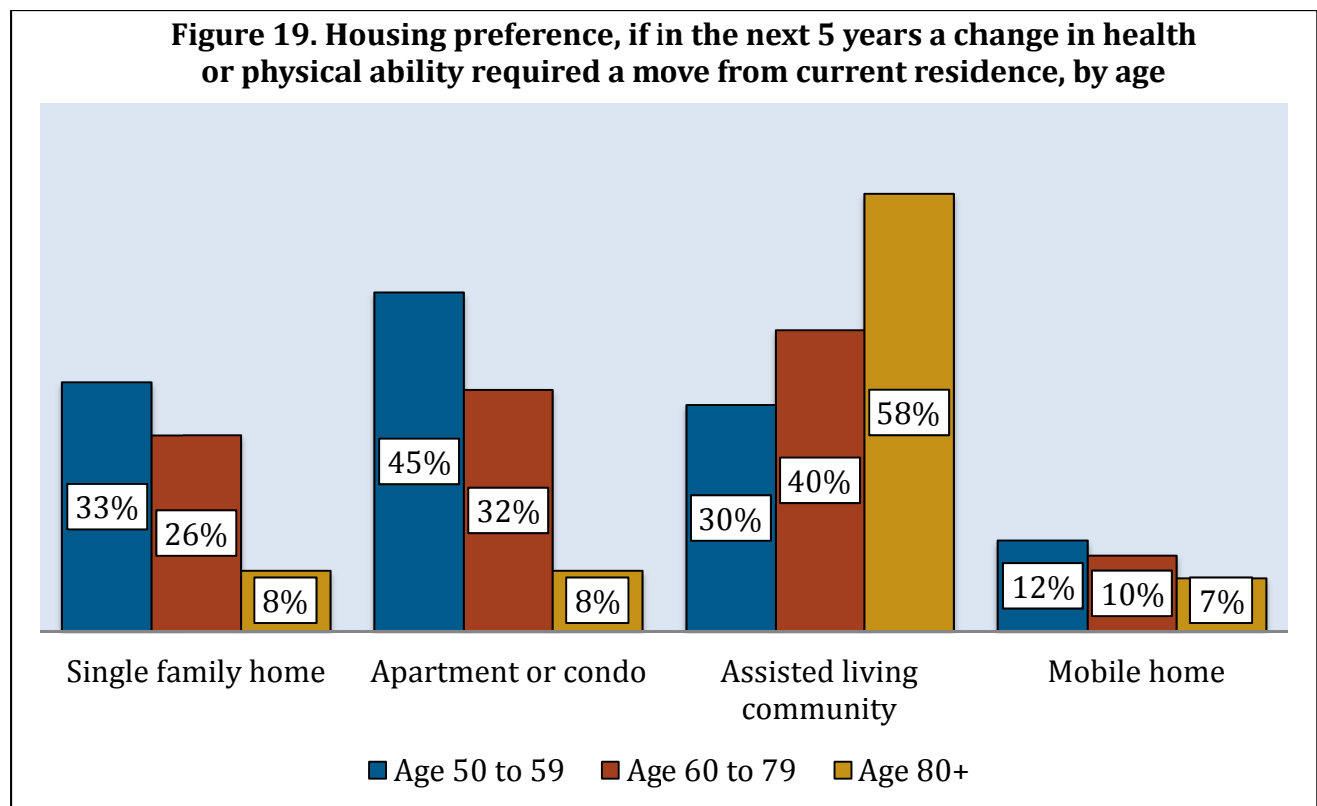
Table 4. Percent of respondents who need home modifications, by age and among homeowners

	Respondents age 50-59	Respondents age 60-79	Respondents age 80+	Homeowners (age 50+)
Does not need modifications	78%	70%	77%	74%
Needs modifications and can afford them	7%	9%	14%	8%
Needs modifications but cannot afford them	15%	21%	9%	18%
Total	100%	100%	100%	100%

Some older Belchertown residents may be receptive to moving to a different type of housing, should appropriate and affordable options be available in town. Future housing preferences are difficult to predict, and it is impossible to say with certainty what circumstances individuals will face in the future that could influence their housing choices and decisions. However, understanding how individuals currently perceive their future needs and preferences can be informative in planning, at least tentatively, to provide desirable housing options that accommodate the tastes and physical and environmental needs of different cohorts of older residents.

Survey participants were asked to select the types of housing units they would prefer to live in if in the next five years they experienced a change in health or physical ability that required them to move from their current residence. As shown in **Figure 19**, the most

common preferences indicated by respondents varied by age category. Among respondents age 50-59 one-third indicated that they would prefer to live in a single-family home, while 45% would prefer to live in an apartment or condominium. Condominiums or apartments were also named by 32% of respondents age 60 to 79, but just 8% of respondents age 80 or older. The oldest respondents—those age 80 and older—indicated a strong preference to live in an assisted living community (58%), as did 40% of respondents age 60-79 and 30% of those age 50-59. Thus respondents across the board, but especially those age 60 or older, are drawn to assisted living options if health changes require that they move. As well, a large share of younger respondents would be attracted to apartment or condo options under those circumstances, while many would seek alternative single-family options.¹⁰



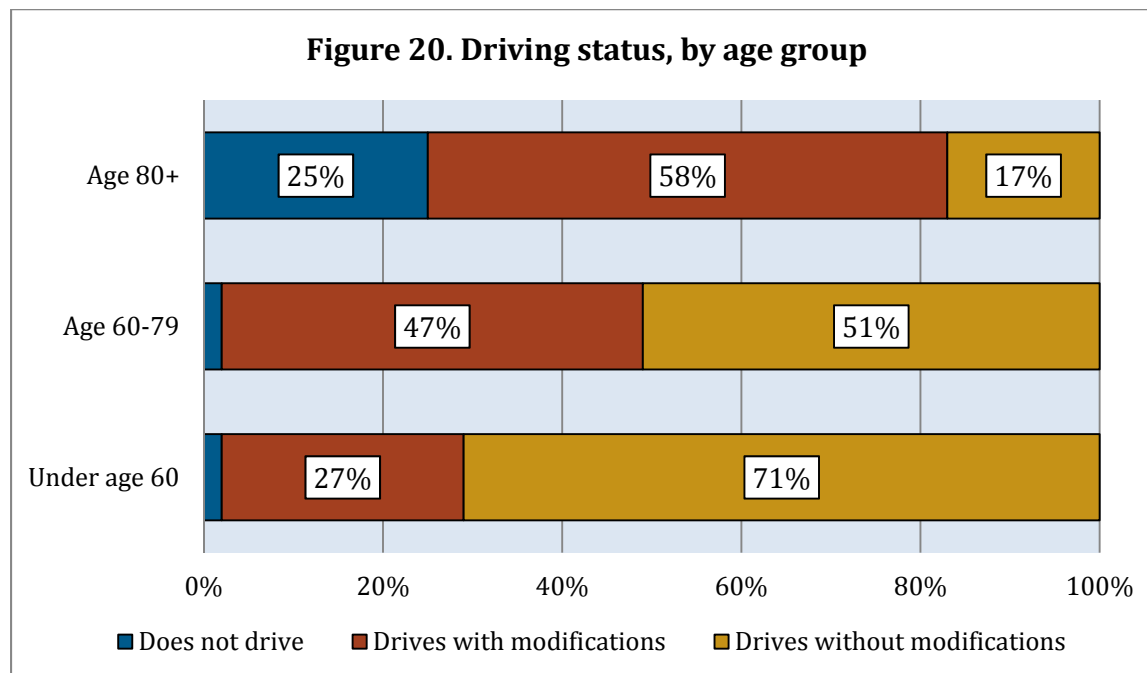
Note: Participants could choose all options that applied, therefore totals by age category do not equal 100%.

Transportation

Transportation is a fundamental need for people of all ages who wish to lead independent, meaningful, and socially engaged lives. For older people 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.

¹⁰ About 10% of respondents wrote in “other” housing options; most frequently mentioned were senior living developments, including subsidized housing and moving in with family. Many individuals wrote in that they would not leave their homes under any circumstances, but would instead bring help in. Others wrote in that they would leave Belchertown if they needed to leave their home.

Belchertown has relatively low access to publicly available forms of transportation, and self-driving is the norm. Survey responses suggest that most respondents drive, though the percentage is smaller for respondents age 80 and older. Physical challenges associated with aging, such as reduced vision, may sometimes require that individuals modify their driving or cease driving altogether. **Figure 20** shows that while the majority of survey respondents are drivers, many seniors modify their behavior in order to make driving easier and safer. Nearly all respondents under the age of 80 drive and nearly three-quarters of those age 50-59 drive without modifying their driving behavior. In comparison, only 75% of Belchertown residents age 80+ drive themselves, with the rest relying on other strategies for getting around. Nearly half (47%) of respondents age 60 to 79 reported making at least one modification to their driving, and most of the drivers age 80 and older report using at least one strategy to make their driving safer and easier. Strategies reported most commonly by survey respondents are avoiding driving in bad weather (reported by 76% of those who make any modifications to their driving), and avoiding night driving (reported by 53% of those making any modifications). Other frequently reported strategies are avoiding driving in unfamiliar areas, avoiding driving far distances, and avoiding expressway driving (see **Appendix B**).



The use of such strategies is beneficial because they likely contribute to older adults' increased safety while driving. However, limiting driving could also place constraints on independence and options available to older residents, especially when alternate transportation choices are not available, are inaccessible, or are prohibitively costly or inconvenient. For instance, the large percentages of people who avoid driving at night may be discouraged by their limitations from participating in activities that occur within the community during the evening. Those who avoid driving in poor weather conditions may find their activities considerably constrained during the winter months.

In Belchertown, survey respondents who supplement or substitute self-driving with other forms of transportation largely rely on family members, friends or neighbors for rides. Senior respondents who do not drive at all report heavy reliance on family members and friends (see **Table 5**); those who drive with modifications, such as avoiding night driving, seek rides largely from family members. In addition, 33% of non-drivers use transportation provided by the Senior Center to get around.

Table 5. Strategies for meeting transportation needs, by driver status: “What are the primary ways in which you meet your transportation needs?” (Respondents age 60+)

	Does not drive	Drives with modifications	Drives without modifications
My spouse/partner or children drive me	70%	38%	19%
Friends or neighbors drive me	29%	8%	3%
Public transportation (eg PVTAs)	11%	3%	1%
Taxi	0%	<1%	0%
Volunteer medical transportation	6%	1%	<1%
Transportation provided by the Senior Center	33%	4%	<1%

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

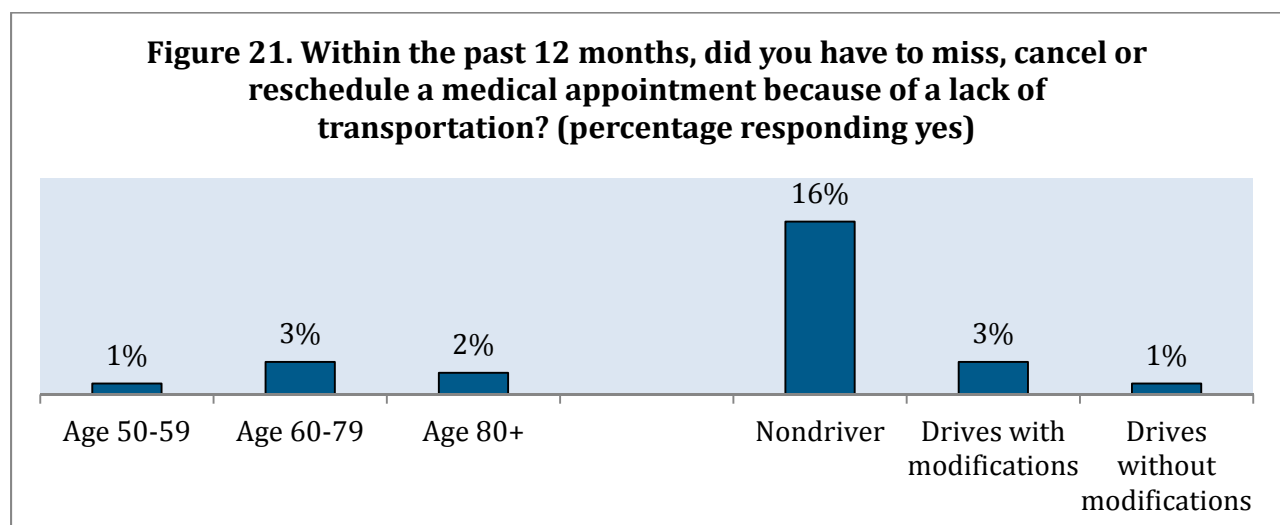
Survey respondents were asked about the difficulties they experienced getting the transportation that they need. Most survey respondents indicated that they have no difficulties obtaining transportation; of those reporting any difficulty the most frequently cited was that PVTAs buses or vans are unavailable or inconvenient (reported by 8-10%). Survey respondents age 60 or older who do not drive or who drive with modifications are somewhat more likely to report difficulties in getting needed transportation (see **Table 6**). The most common difficulty getting transportation needed reported for senior non-drivers and seniors who drive with modifications was that PVTAs buses or vans are unavailable or inconvenient. One out of ten senior non-drivers also reported that COA transportation is unavailable or inconvenient. Some respondents wrote 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.

Table 6. Difficulties experienced in getting the transportation needed, by driving status (respondents age 60 or older only)

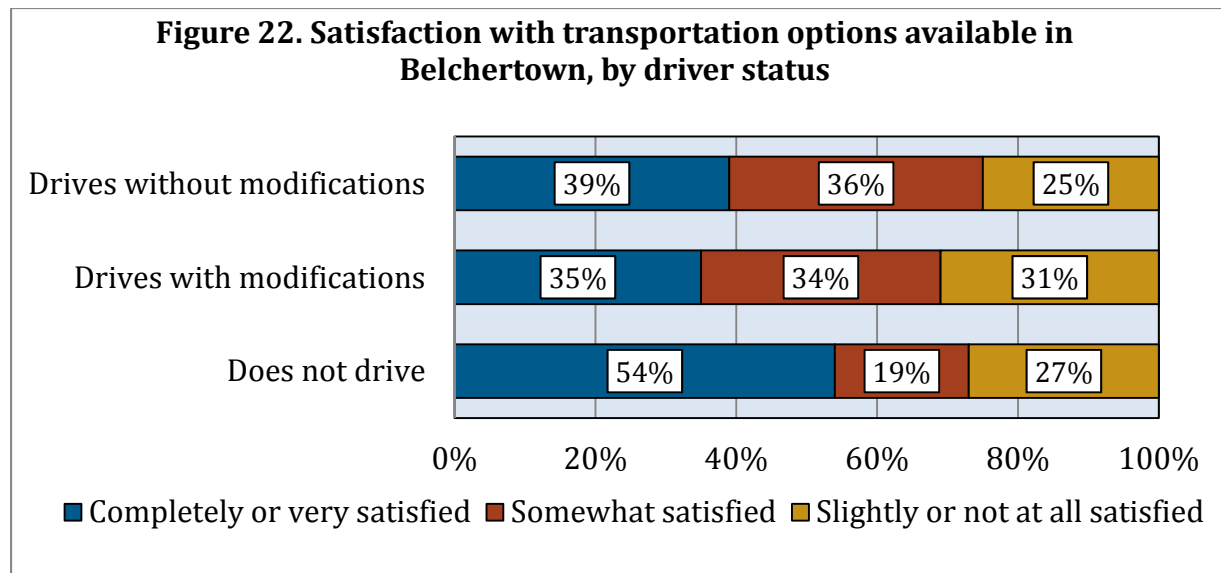
Difficulty with transportation	Do not drive	Drive with modifications	Drive with no modifications
I have no difficulties	62%	74%	87%
PVTA buses or vans are unavailable or inconvenient	19%	12%	7%
Council on Aging transportation is unavailable or inconvenient	11%	4%	2%
There is no one I can depend on, or no help is available	5%	5%	1%
Costs too much	6%	3%	<1%
Physical or other impairments	1%	1%	0%
No door to door assistance	4%	3%	2%

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

Regardless of these issues, the vast majority of respondents do not report having experienced negative consequences relating to transportation. Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment because of a lack of transportation. **Figure 21** shows that fewer than 3% of survey participants responded affirmatively, as did very few respondents who drive. However, 16% of non-drivers indicated that seeking medical care had been disrupted due to transportation limitations. For these individuals, improved transportation options may have especially meaningful impacts on well-being.

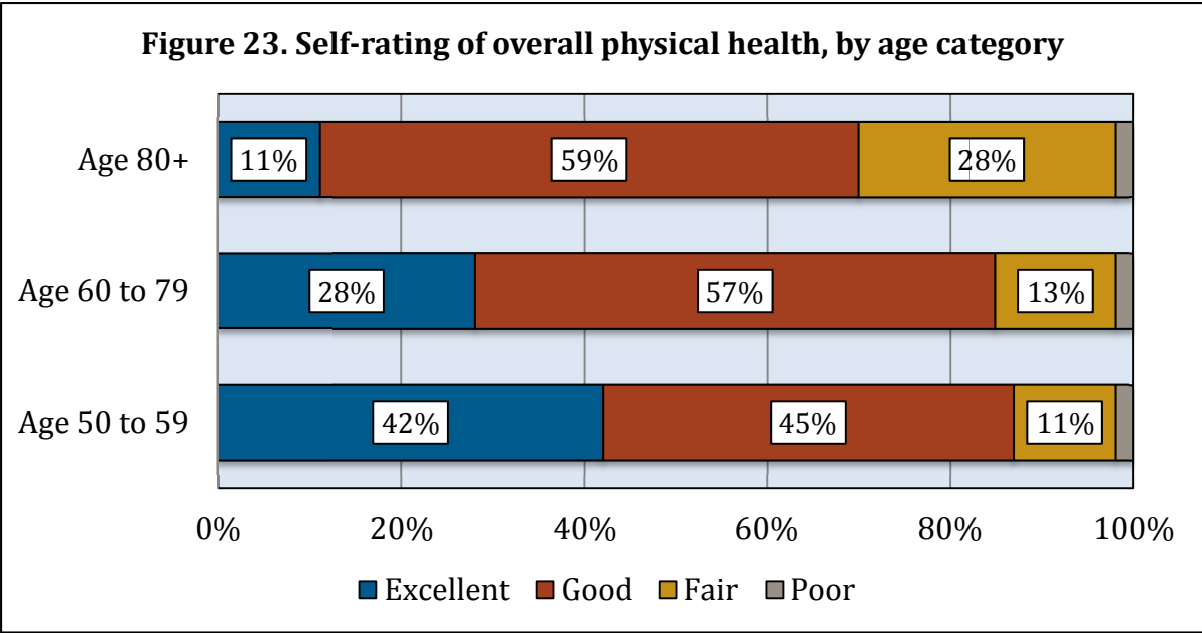


Finally, respondents were asked about their overall level of satisfaction with the transportation options available to them in Belchertown. Most survey participants were satisfied to some extent, including 38% of respondents who reported that they are “completely satisfied” or “very satisfied.” However, about one-quarter of respondents who do not drive or who drive without modifications indicated that they were only “slightly satisfied” or “not at all satisfied” with their transportation options, as were 31% of those who drive with one or more modifications (see **Figure 22**). Satisfaction ratings by age group, shown in **Appendix B**, suggest that the oldest respondents report generally higher levels of satisfaction than do respondents under age 80. Overall, these findings suggest that there is room for improvement regarding transportation options in the community.

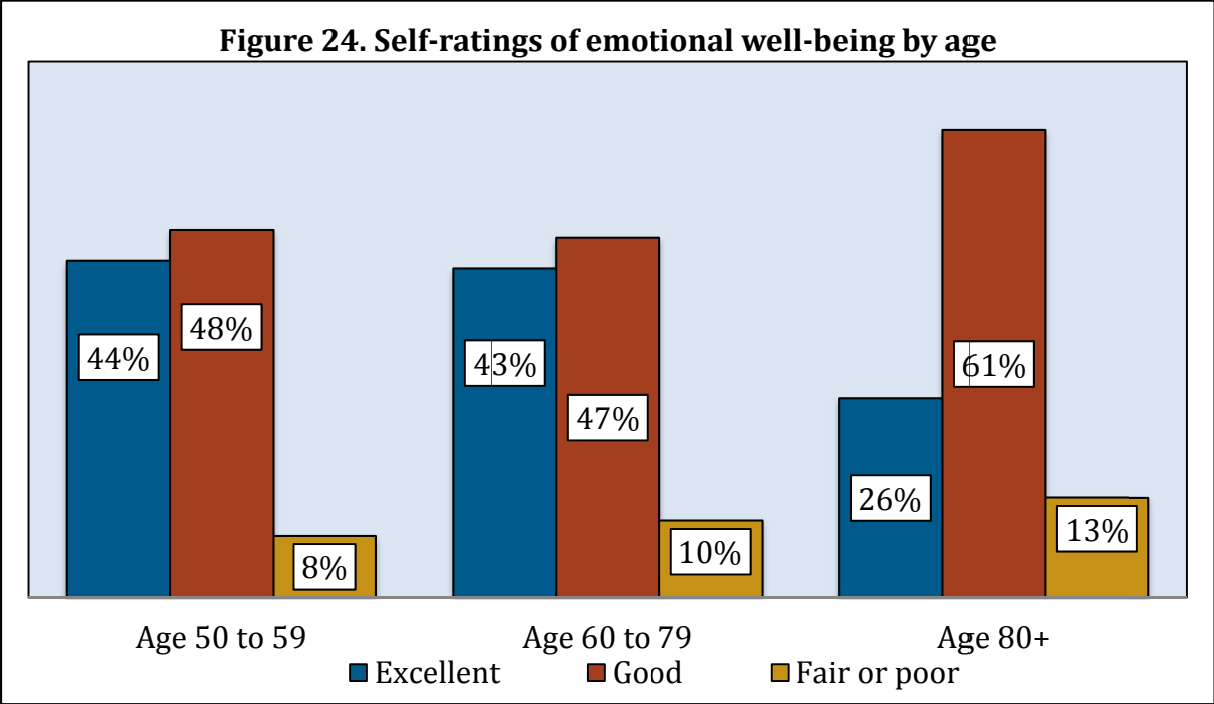


Health

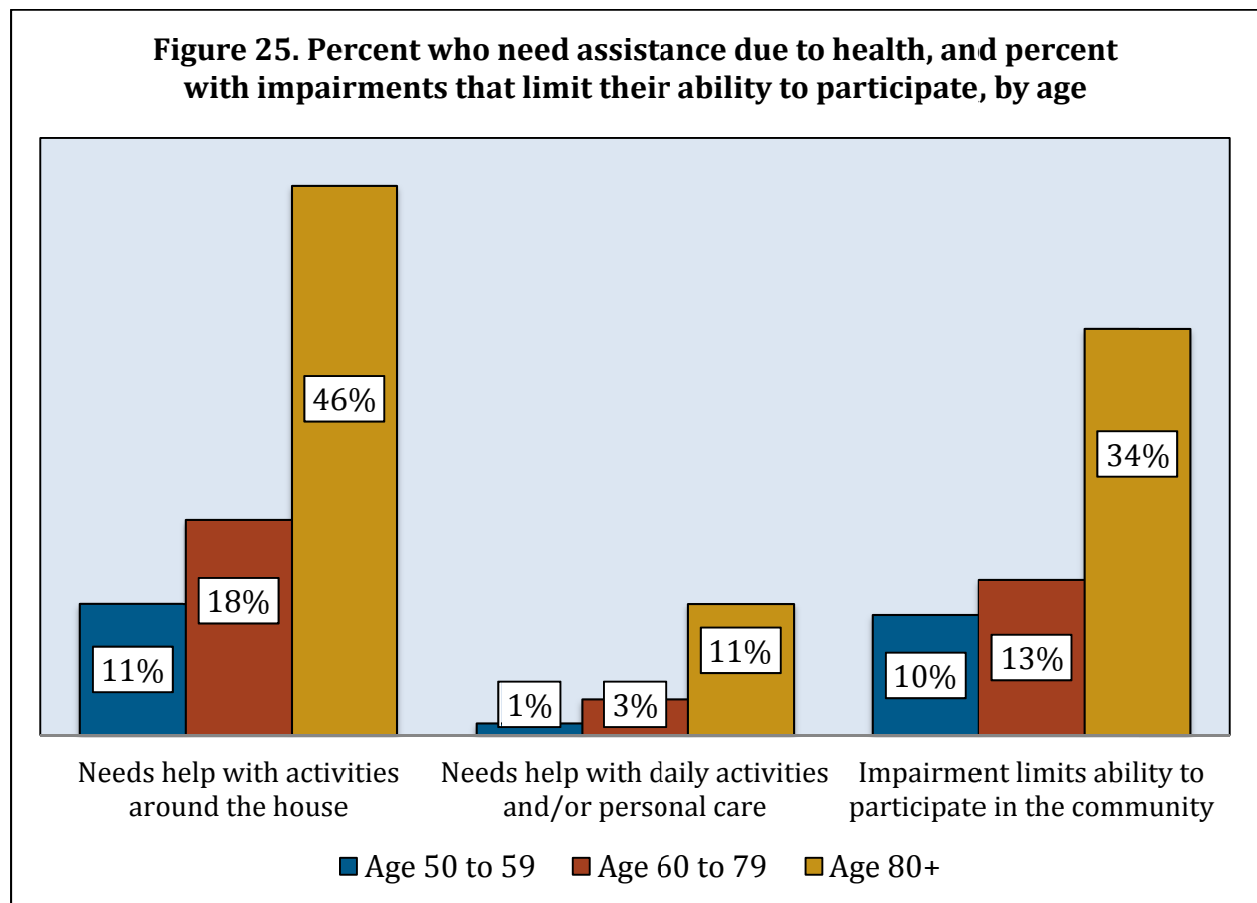
Most survey respondents reported good physical health. Self-ratings of physical health by age category are shown in **Figure 23**. A large majority of respondents age 50 to 59 (87%) reported “excellent” or “good” physical health. Within the Senior age cohort, 85% of respondents age 60 to 79, and 70% of respondents age 80 and older said their physical health was “excellent” or “good.” This suggests that most of Belchertown’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, experience declines in their health.



Survey respondents also reported high levels of *emotional* wellbeing. This dimension of social/emotional health is shown by age category in **Figure 24**. Equivalent proportions of respondents age 50 to 59 (8%) and age 60 to 79 (10%) reported “fair” or “poor” emotional wellbeing, as did a slightly larger share of the oldest respondents (13% of those age 80+). Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good,” including 92% of the youngest respondents, 90% of respondents age 60 to 79, and 87% 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 25** shows percentages of respondents in each age category who indicated that health required them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), and with *daily activities* (such as using the telephone, preparing meals, taking medications, or keeping track of bills) or with *personal care activities* (such as taking a shower or getting dressed). Needing help with these sorts of daily living activities was much more common among residents who are 80 and older. Nearly half of respondents in the oldest age category required assistance with activities around the house; and 11% required assistance with daily activities and/or personal care. As well, one-third of respondents age 80 or older reported that an impairment or condition limits their ability to participate in the community. Lower shares of young respondents reported similar impairments.

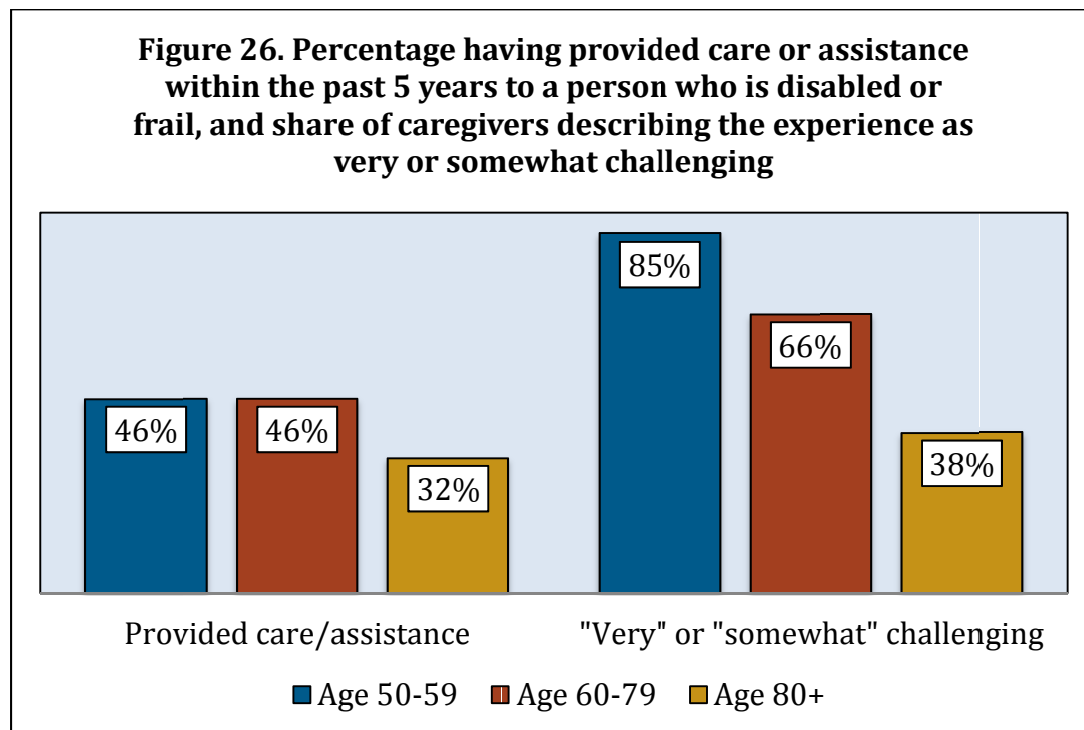


Respondents reported drawing on multiple sources of assistance when extra help is needed, and many depend on more than one source of help (see **Appendix B**). Among those who reported needing help with activities around the house, daily activities, and/or personal care, most respondents (56%) indicated that a family member or friend helps them. Paying for assistance was reported by 30% of those who need assistance. However, 10% of the respondents who require help indicated that they do not have anyone to assist them. These findings suggest that a segment of the older Belchertown population may not be receiving the volume or quality of assistance that they need, given their health

limitations. 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 Belchertown COA is to connect people to resources for caregiver support and home services, among other types of assistance meant to help older adults stay in their homes.

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)¹¹. As noted above, most care received by older respondents in Belchertown is provided informally. We also asked respondents if they provided care or assistance to a person who is disabled or frail either currently or within the past 5 years. Responses suggest that nearly half of respondents under age 80, along with one-third of those age 80 or older, have provided care within the past five years, or are doing so currently (see **Figure 26**). Among respondents age 50-59 who provided care, 85% reported that it was “very” or “somewhat” challenging to care for the person and also meet their other responsibilities with family and/or work. Two-thirds of caregivers age 60-79 also reported a high level of challenge, as did just over one-third of caregivers age 80 or older. In a separate question, respondents were asked if they had provided care just within the past 12 months. One-quarter of the respondents indicated they had provided care or assistance within the past year, suggesting that for many Belchertown residents, assuming care responsibilities is a common as well as a long-term undertaking.



¹¹ <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 set being Alzheimer’s disease or dementia, reported by 38%, or chronic illness such as cancer or multiple sclerosis (also reported by 38%) (see **Table 7**). Three out of ten caregivers wrote in another condition, including the care recipient being blind or having a chronic condition; having cognitive or mental health conditions; being “very old” or frail, having problems with mobility, needing end-of-life care, 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 caregiving support.

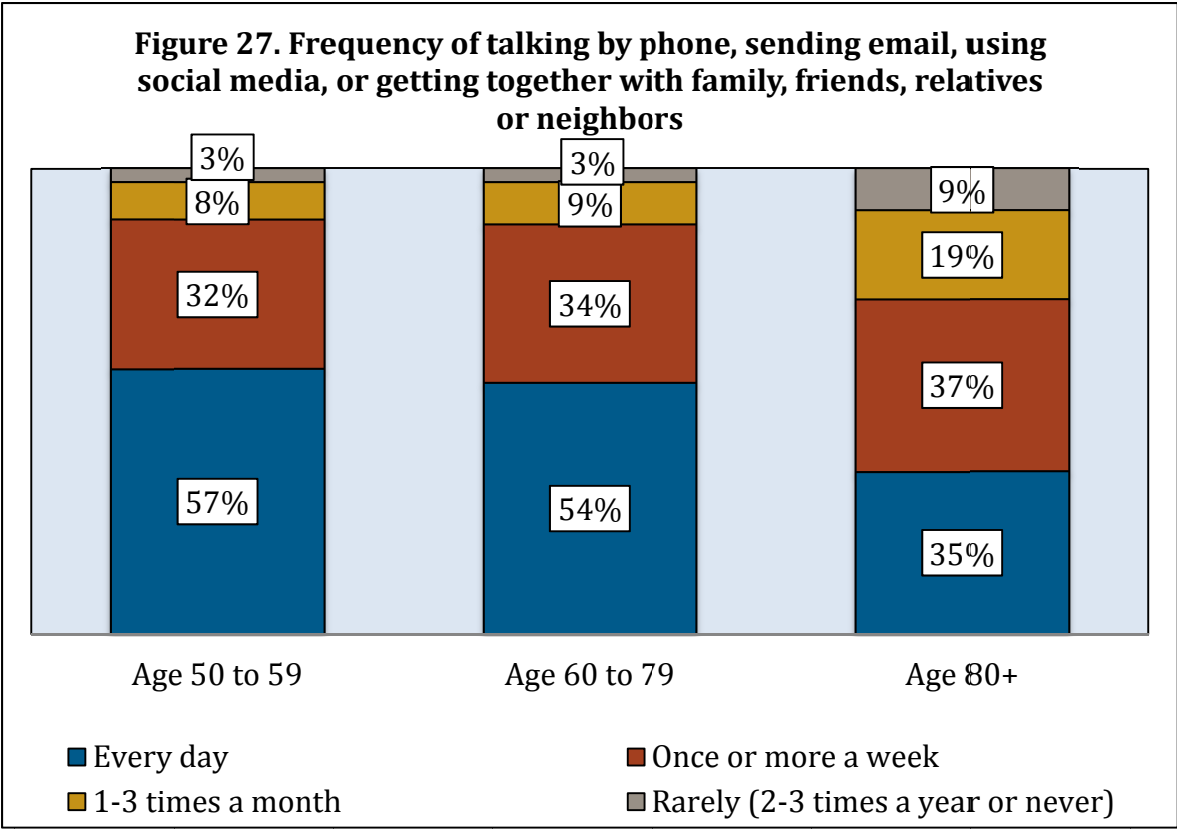
Table 7: Conditions of care recipient reported by Belchertown resident providing care or assistance to a person who is disabled or frail

Condition	Percentage
Chronic illness	38%
Alzheimer’s disease or other dementia	38%
Recent surgery	21%
<u>Other:</u> Most frequently named conditions were being “very old” or frail, having mobility problems, having vision problems or blindness, needing end of life care, having acute illness or accident, and needing transportation assistance	30%

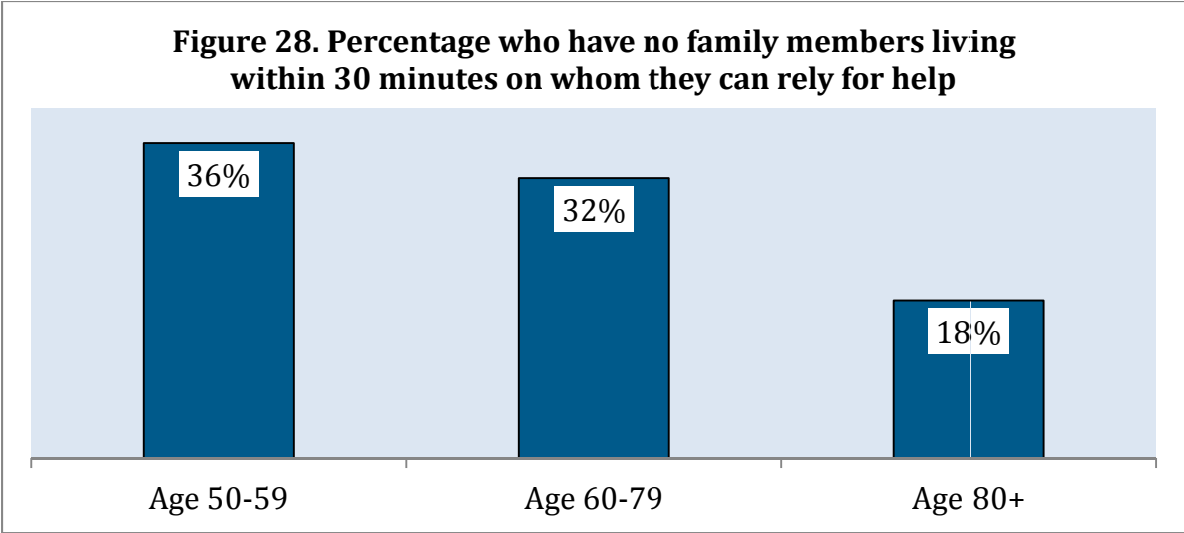
Social Activities & Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or 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 their homes.

Figure 27 suggests that a majority of Belchertown’s older residents are engaged with their community, although a share is at risk of isolation. More than half of respondents under age 80 report communicating on a daily basis with family, friends, relatives or neighbors by phone, email, social media, or in person. Most of the remaining respondents report having such contact once or more a week, although not every day. However, 11% of respondents age 50-59, 12% of those age 60-79, and 28% of those age 80 or older report having contact with friends or relatives less than once a week. 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.



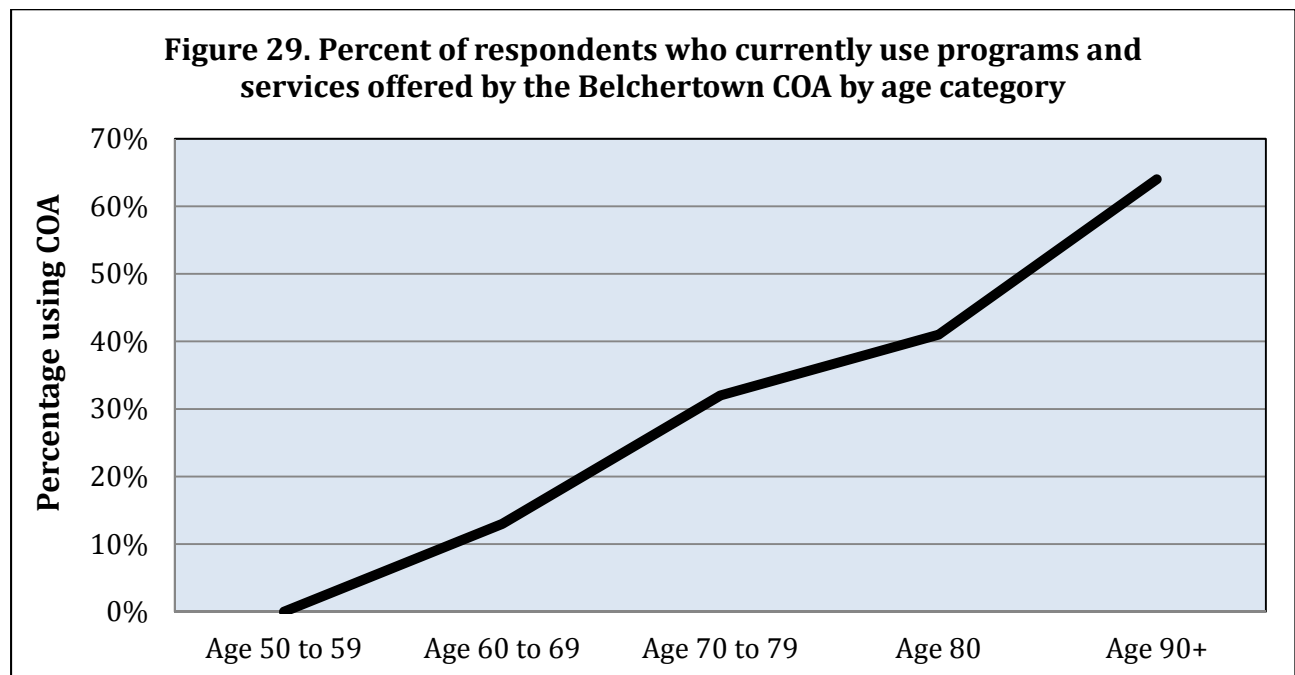
Many Belchertown residents do not have family members living nearby on whom they can rely for help. As shown in **Figure 28**, 36% of respondents age 50-59, 32% of those age 60-79 and 18% of respondents age 80 or older do not have any family members living within 30 minutes on whom they can rely for help if needed. Many of these individuals may have family members who live farther away but are still a resource to them; as well, many may have strong friendships locally. However, individuals without frequent contact with others, and without relatives nearby who could help, may be especially at risk for isolation and its negative consequences.



Programs & Services at the Senior Center

The Belchertown COA and the Senior Center are important resources for many older residents seeking to stay in Belchertown as they grow older. The COA seeks to identify and respond to the physical and emotional needs of Belchertown's seniors by providing programs, information and referrals 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 services for information and referral to other agencies in and around the Town, outreach, health services, transportation, 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 Belchertown COA programs and services is substantially higher among the oldest seniors than among those who are in their 60s and 70s. **Figure 29** 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 survey respondents age 90+ reported using these programs and services, as did 41% of respondents age 80-89, one-third of those age 70-79 and 13% of those 60-69. This result may reflect the increasing value of the COA to older residents and their families.



Note that although the oldest respondents are more likely to participate, among the survey respondents who report using the programs and services, most are in their 60s and 70s (see **Table 8**). One out of four respondents who report participating in Senior Center programs or services is age 80 or older; but the remaining three out of four are between the ages of 60 and 79. The Belchertown 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.

Age group	Participants	Non-participants
50-59	0%	49%
60-69	38%	36%
70-79	38%	11%
80+	24%	4%
Total	100%	100%

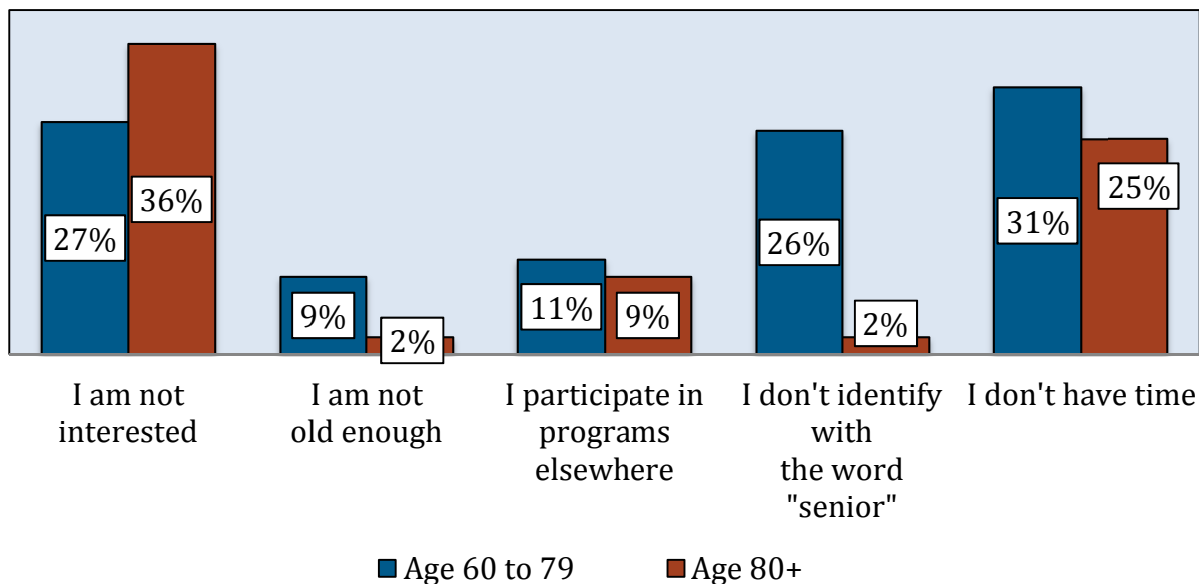
Among respondents who use the programs or services offered by the Belchertown COA, nearly four out of ten participate at least once a week (see **Table 9**). Yet 35% of the participants age 80 or older, and 44% of those age 60-79, indicate that they participate only a few times a year, primarily visiting the COA for special events. This range of participation levels highlights the broad continuum of affiliation with the COA: many residents participate just periodically while others include visits to the COA as part of their regular weekly schedule.

Table 9. Frequency of using Belchertown Council on Aging programs or services, among those who participate

Frequency of participation	Age 60-79	Age 80+	Age 60+
Two or more times weekly	25%	33%	27%
About once a week	14%	5%	12%
A few times a month	7%	16%	9%
About once a month	10%	11%	10%
A few times a year	44%	35%	42%
Total	100%	100%	100%

Among Seniors who said that they do not currently participate in programs and services, the most common reason provided for non-participation was lack of interest (see **Figure 30**). A large share also reported that they did not have time to participate, and one-quarter of nonparticipating respondents age 60-79 said that they did not identify with the word “senior.” 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 frequently named reason was “not needing” the COA programs and services, sometimes referring to their current level of independence. For example, one individual reported that he did not participate because he is “still healthy, social, and active.” These individuals would appear to be focusing primarily on the service offerings of the COA (such as nutrition and transportation) rather than the full range of COA offerings. Many respondents wrote in that they did not know what the COA was, what it offered, or whether they were eligible to participate. For example, one respondent wrote “I do not know what programs are available and do not know if we qualify for them. What age or physical condition do I have to be in?” And another wrote “I have no idea where it is! Or anything that it offers. I have lived in Belchertown for 7 years and never knew it existed.” These responses suggest that better publicity of the Senior Center could be beneficial.

Figure 30. Reasons for not currently using programs or services offered by the Belchertown COA



Finally, many respondents indicated that the Belchertown Senior Center was not a good fit for them, some indicating that they attended a senior center in another town, often with friends; some indicating that the programs were not interesting or the scheduling didn't align with their availability. Some indicated that they thought the programs were meant for people who were quite old or frail. A number of people indicated that they had tried participating but became discouraged because people were not friendly or the building was not welcoming. For example,

“Activities at the Senior Center seem ‘too old’ for me.”

“Having to call ahead for reservations—a feeling of not belonging—many cliques!”

“I don’t think I have much in common with those who visit the Senior Center. It doesn’t offer the sorts of programs I’m interested in.”

“The programs are for those with greater disabilities, and different interests, from mine.”

Some of these observations may be based on misperceptions about what the Senior Center is and offers; however, others may be based on personal experience and reflect concerns that the COA may wish to address in order to make the Senior Center more welcoming and inclusive.

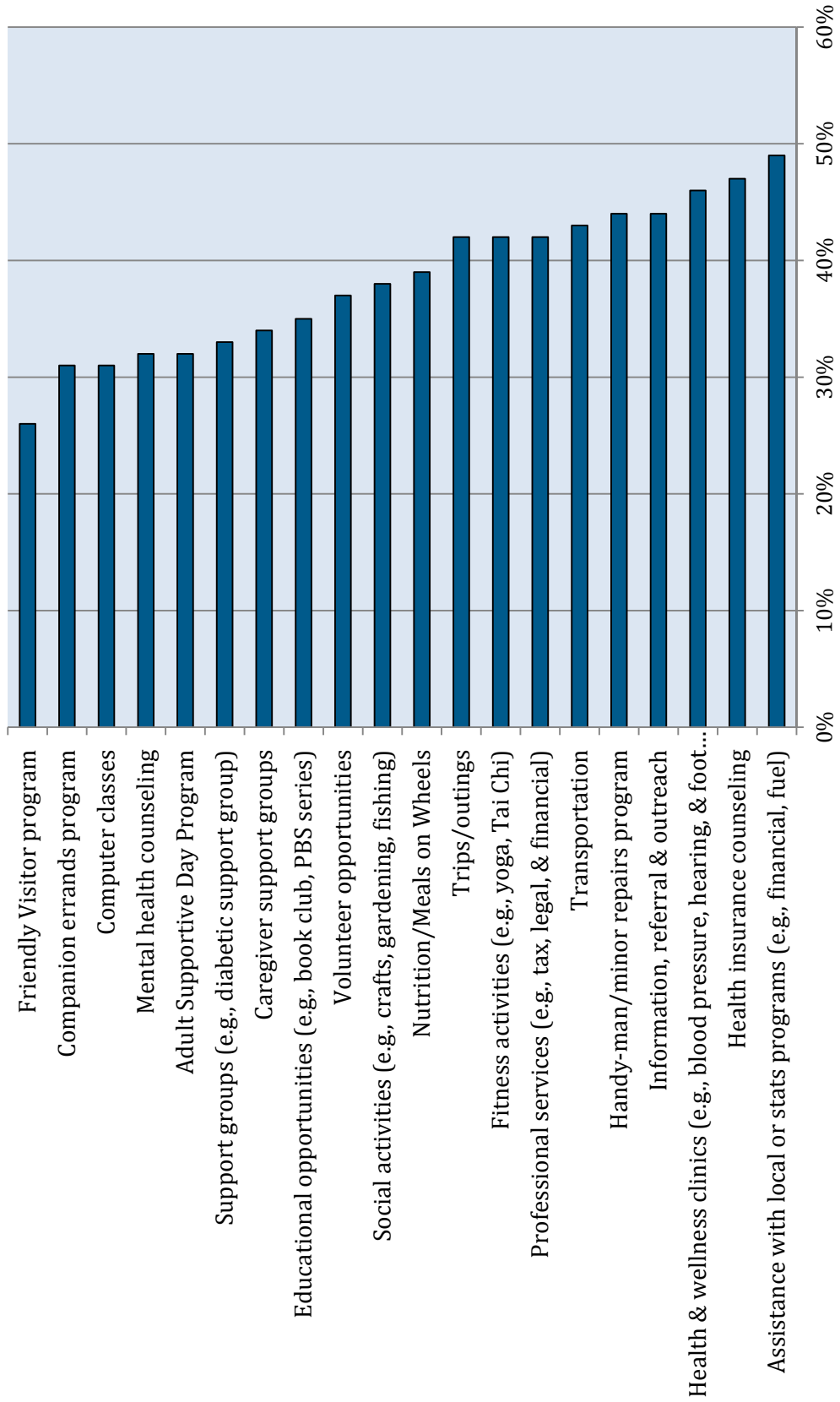
One person reported that she does not need COA services currently, but is glad to know they are available, writing:

“My life is very active in many areas. There may come a time when I will call upon them for services. I have visited the Center, spoken with staff. I have been very impressed with their awareness of what the needs are now and what they could be in the future.”

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 Belchertown. Survey respondents were asked to rate 20 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 31** 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 program was assistance with local or state programs, such as help applying for fuel assistance or SNAP, rated as important by nearly half of the respondents. The next most highly scored program was health insurance counseling (SHINE), rated as important by 47% of all respondents. Seven additional programs were rated as important by more than 40% of the respondents, including a mix of services, activities, and opportunities for fun, education, or engagement. Most of the remaining programs were rated as important by 30-39% of respondents with just one falling slightly below that level. Recall that the ratings are assigned by survey respondents based on importance to themselves or to someone in their families. Several respondents wrote on the questionnaire that they did not know what was available through the Senior Center until receiving the questionnaire, and that they thought the programs were important to the community, even though they themselves had not used them.

In additional tabulations, level of importance is reported for respondents age 60+ who indicate they have participated in programs and services offered by the COA, compared to

Figure 31. Percent of respondents (all age 50+) rating services as important to themselves or a family member (1 or 2 on a five-point scale)



those who have not; and both groups are compared to respondents age 50-59 (see **Table 10**). For all services and programs assessed, the higher level of importance is recorded among participants or respondents in their 50s, with the lowest levels of importance assigned by seniors who do not participate in the Senior Center. The lower rating assigned by non-participants may be a reflection of their lack of interest reported elsewhere; or it may be a function of their not having a good basis for evaluation.¹²

Table 10. Percent of respondents rating services as *important* to themselves or a family member (1 or 2 on a five-point scale), by age group and participation status

	Age 60+: Participants	Age 60+: Non-participants	Respondents age 50-59 (all non- participants)
Assistance with local or state programs (e.g., financial, fuel)	62%	42%	52%
Health insurance counseling	56%	40%	50%
Health & wellness clinics (e.g., blood pressure, hearing, & foot care clinics)	46%	39%	53%
Information, referral & outreach	58%	37%	46%
Handy-man/minor repairs program	46%	36%	50%
Transportation	48%	35%	50%
Professional services (e.g., tax, legal, & financial)	49%	36%	45%
Fitness activities (yoga, Tai Chi)	49%	35%	48%
Trips/outings	50%	34%	47%
Nutrition/Meals on Wheels	45%	34%	43%
Social activities (e.g., crafts, gardening, fishing)	45%	26%	47%
Volunteer opportunities	43%	28%	44%
Educational opportunities (e.g., book club, PBS series)	34%	28%	41%
Caregiver support groups	34%	27%	40%
Support groups (e.g., diabetic support group)	33%	26%	40%
Adult Supportive Day Program	31%	26%	38%
Mental health counseling	32%	26%	38%
Computer classes	38%	25%	36%
Companion errands program	34%	25%	36%
Friendly Visitor program	28%	21%	29%

¹² Note that about 25% of survey respondents did not respond to this series of questions at all, some writing in that because they were not familiar with the COA, they had no basis for evaluation.

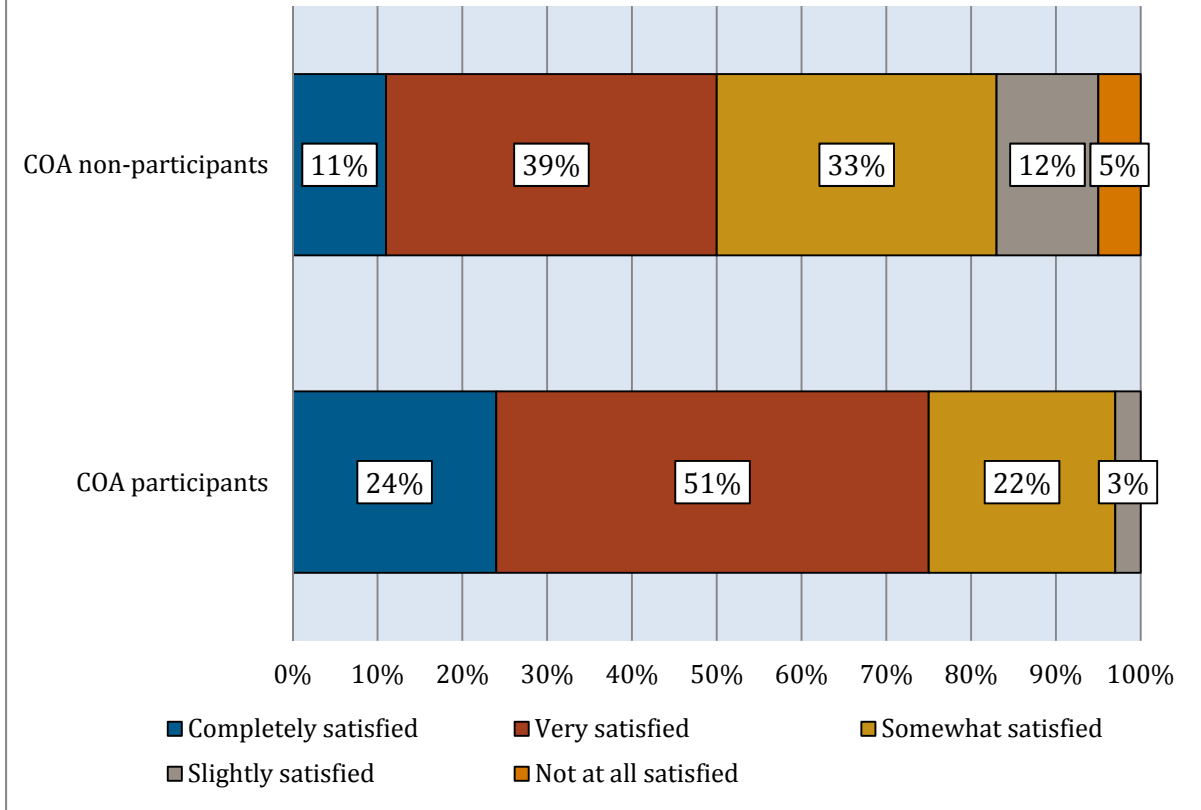
In an open-ended question survey participants were asked what other programs and services not already offered through the Belchertown COA they would like to see made available. The most frequently mentioned addition was active or strenuous exercise, such as Zumba, aerobics, dancing, or outdoors exercise. Some respondents suggested that more challenging fitness opportunities would be welcomed, as this respondent writes “I would like more exercise opportunities that are geared to those of us who are still very physically fit and active. At this point many things are too easy for me.”¹³ The second most frequently mentioned addition related to offering more or different types of trips, including both day and overnight trips. Some individuals mentioned especially that they would prefer more trips that did not involve travel to a casino. Programs or services that addressed financial concerns were mentioned by a number of respondents, including educational programs about budgeting, help finding affordable housing, and better advertising of outreach services that help lower-income seniors. Some respondents wrote in requests for more or different transportation options. As well, a large variety of specific programs and activities were named, including additional educational programs, support groups, programs for LGBT seniors, health programs, programs that help seniors find the help they need inside and outside the home, and specific crafts, games, or other activities that would be of interest.

Respondents were asked about issues they had experienced when accessing the Belchertown Senior Center or its programs. Most respondents had not encountered any issues, but the most frequently noted issues were not being interested in the programs, and not knowing what programs and services are available. Some individuals reported that they did not think they would fit in at the Senior Center, or that they had experienced or perceived challenges in taking advantage of the programs; for example, one respondent characterized the Senior Center as “unfriendly” and another used the term “cliquey” to describe their perceptions. Others referred to the Senior Center and its staff as “wonderful,” “enjoyable,” “informative,” or “helpful.”

Survey respondents were asked to report their satisfaction levels with the programs and services offered through the Belchertown Senior Center. As shown in **Figure 32**, satisfaction levels are higher among seniors who participate in the Senior Center than among those who do not. However, 50% of the seniors who do not participate reported being “completely satisfied” or “very satisfied”, along with 75% of seniors who participate. This is a good rating, but suggests that there may be opportunities to improve satisfaction of participants and non-participants alike.

¹³ Among respondents to the open survey, expanded active or strenuous exercise programs were also most frequently mentioned desired additions to the COA offerings.

Figure 32. Satisfaction with the programs and services offered through the Belchertown Senior Center, respondents age 60+, by participation status

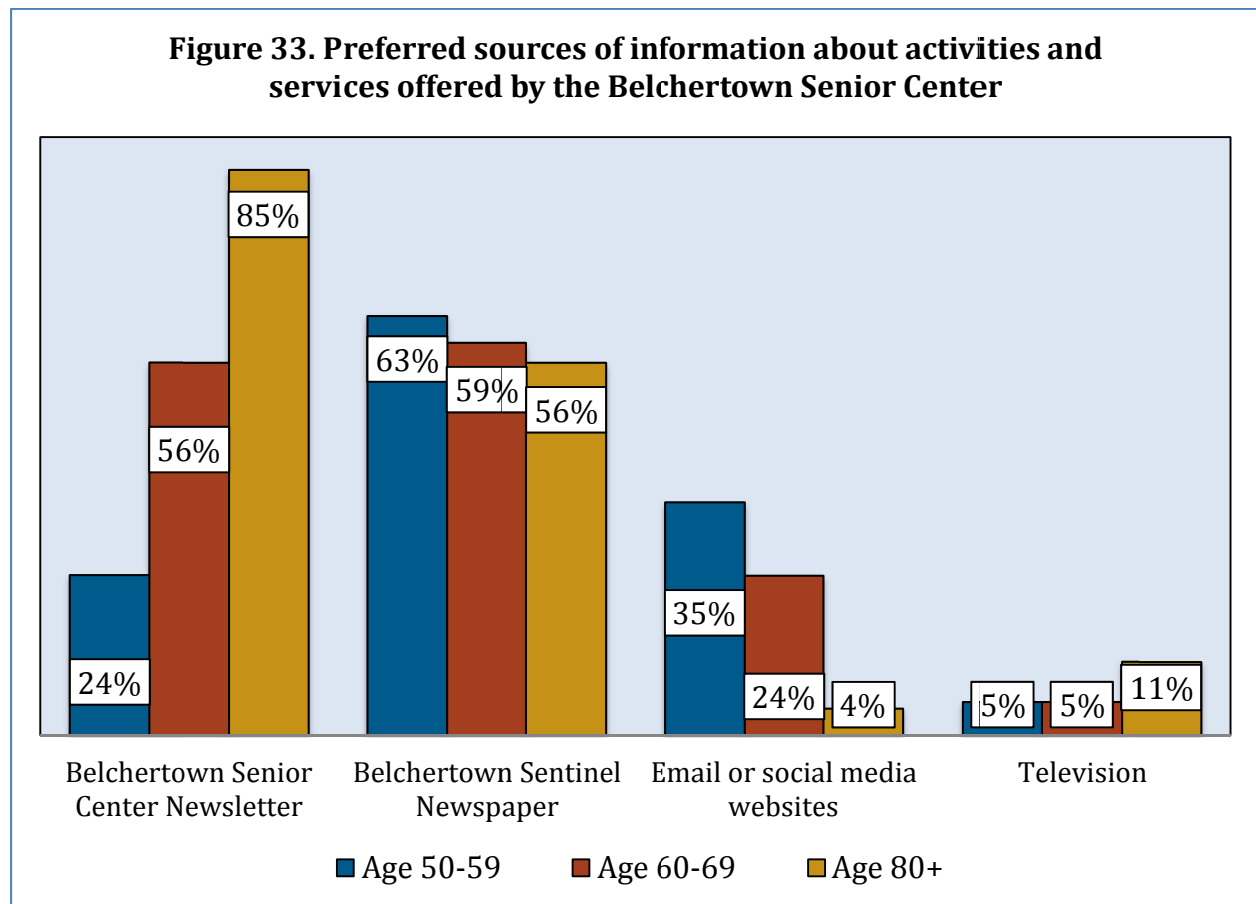


Survey respondents were asked where they go for socialization or leisure activities, other than the COA. Many respondents wrote in that they spent time in the homes of family members or friends and neighbors for socialization. Many other activities were named, including musical events, arts events, classes, clubs, travel, and the like. Restaurants or cafes were frequently marked as sites for socialization (70%), along with parks or outdoor spaces (53%) and church or faith-based organizations (29%). Other sites marked included gyms (27%), the library (21%), and museum or cultural centers (16%). A number of people wrote in that they had many work or other obligations and didn't have time to socialize much.

One way by which satisfaction with the Senior Center and COA may be improved is through improved information dissemination. Effective marketing is important in making residents aware of the opportunities and supports available through the Belchertown COA. 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 *Belchertown Sentinel* newspaper as sources of information about the Senior Center (see **Figure 33**), with the oldest seniors reporting strong preference for the newsletter. One-third of respondents age 50-59 and about one-

quarter of respondents age 60-79 preferred to obtain information through email or social media; however, only 4% of respondents age 80 or older named this as a preferred source. Television was mentioned by 11% of the oldest respondents, but only 5% of those under age 80. 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 Town locations such as the post office. Notable is the strong preference for print outlets among those who expressed a preference. Electronic means of information distribution, such as the website or email, may be effective in reaching middle-aged adults and younger seniors; however, for the near term, effectively reaching Belchertown’s older adults will require communication through print media.

Figure 33. Preferred sources of information about activities and services offered by the Belchertown Senior Center



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

Finally, survey participants were given the opportunity to offer open-ended comments about the Belchertown Council on Aging. **Table 11** shows common themes mentioned by respondents, as well as verbatim examples of each. The largest number of write-ins reflect an appreciation for the Senior Center and its staff. Respondents who had participated currently or in the past noted the dedication of the staff; even those who had not used the Senior Center expressed gratitude that it was a resource to the community. A number of respondents wrote critiques of the Senior Center or staff as well. These align with concerns

uncovered elsewhere in this study, relating to the physical layout of the Senior Center, and new participants sometimes not feeling included. Some respondents wrote in suggestions for expanding programming or remedying concerns, including expanding the number of trips offered, having more programs offered in the afternoons, offering life-long learning programs that appeal to highly educated residents, and putting strategies in place to ensure that newcomers are made welcome. Respondents also recognized the importance of publicity and expanded information distribution, including devising ways to challenge residents' perceptions about who a "Senior Center" is for. Younger respondents and a number of older respondents indicated that they were receptive to using programs and services in the future, but did not need them now. Improving communication with the community at large about the Belchertown COA, its mission and offerings, may be beneficial for residents moving forward.

Table 11. Additional comments about the Belchertown COA and/or Senior Center

Issue Mentioned
<p>Positive comments on the COA, Senior Center, and staff</p> <ul style="list-style-type: none"> • <i>A great place with wonderful people running it!</i> • <i>Although I don't use the Belchertown COA now, I believe it's very important to the seniors of Belchertown</i> • <i>I am impressed with the dedication of all their staff. They do not get credit for all they provide to so many!</i> • <i>I found that if I need assistance I know I can call—even if they can't help they tell me who can. Wonderful resource.</i> • <i>My husband attended the Adult Care Program before he went into a long term care facility. I very much appreciated his time there for the care and caring and respite it afforded me. We are blessed to have it available in Belchertown.</i> • <i>Thank you for doing this survey. While I haven't engaged the COA or the Center yet, I can see how the programming offered could mean the difference between staying here or not as I age.</i>
<p>Critiques of the COA, Senior Center, and staff</p> <ul style="list-style-type: none"> • <i>First and foremost the receptionist should be readily available and not hidden behind a wall. When you walk in the building it is quite depressing to be greeted by this imposing structure that houses the receptionist.</i> • <i>In the past I have found the Senior Center to be an unwelcoming place. When I've attended informational meetings no one in charge reached out to speak to me or welcomed me although I was a new face.</i> • <i>Less recordings on the COA telephone, too confusing for elderly. Need more human contact.</i> • <i>The people who attend are cliquy and are not welcoming or friendly to new people—a definite turnoff.</i>

- *The Senior Center is too small for our aging population. Not a lot of activities—gym equipment and room not maintained well, if at all!*
- *Room is not large enough for special holiday dinners. Space is limited.*

Expand or modify programming and scheduling

- *I'd like more affordable trips to area destinations: attractions, shopping, movies.*
- *I'd like more afternoon programs rather than a.m.*
- *More programs across different educational levels might attract more residents to the facility.*
- *Might be nice to have someone "assigned" to me to introduce me to the Center and other members.*

Improve publicity and communication about programs and services

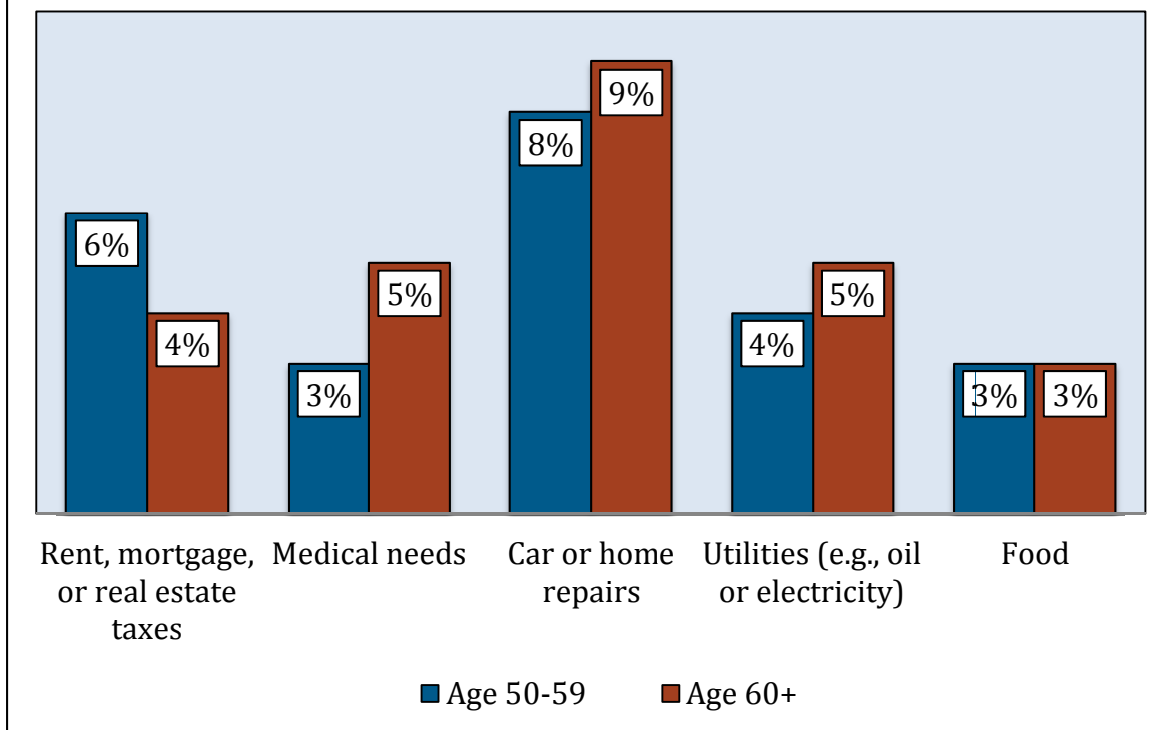
- *Find a way to make seniors aware of your existence. Need outreach!*
- *Change the name, don't limit it to "seniors"*

Several respondents wrote in continuing concerns about property taxes and limited housing options in Belchertown. Challenges associated with few public transportation options were also reiterated. Although these concerns are largely beyond the scope of the Belchertown COA's mission, respondents clearly see these issues as barriers to aging well in Belchertown.

Financial Security

Two survey questions were meant to tap income shortfalls for necessary expenses among Belchertown'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 34**). Most respondents across the age groups reported not lacking money for necessary expenses during the previous year, including 87% of respondents age 50-59 and 85% of Seniors age 60+. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 8%-9% not having funds for car repairs or home repairs, and 4-6% lacking money for rent, mortgage, or real estate taxes.

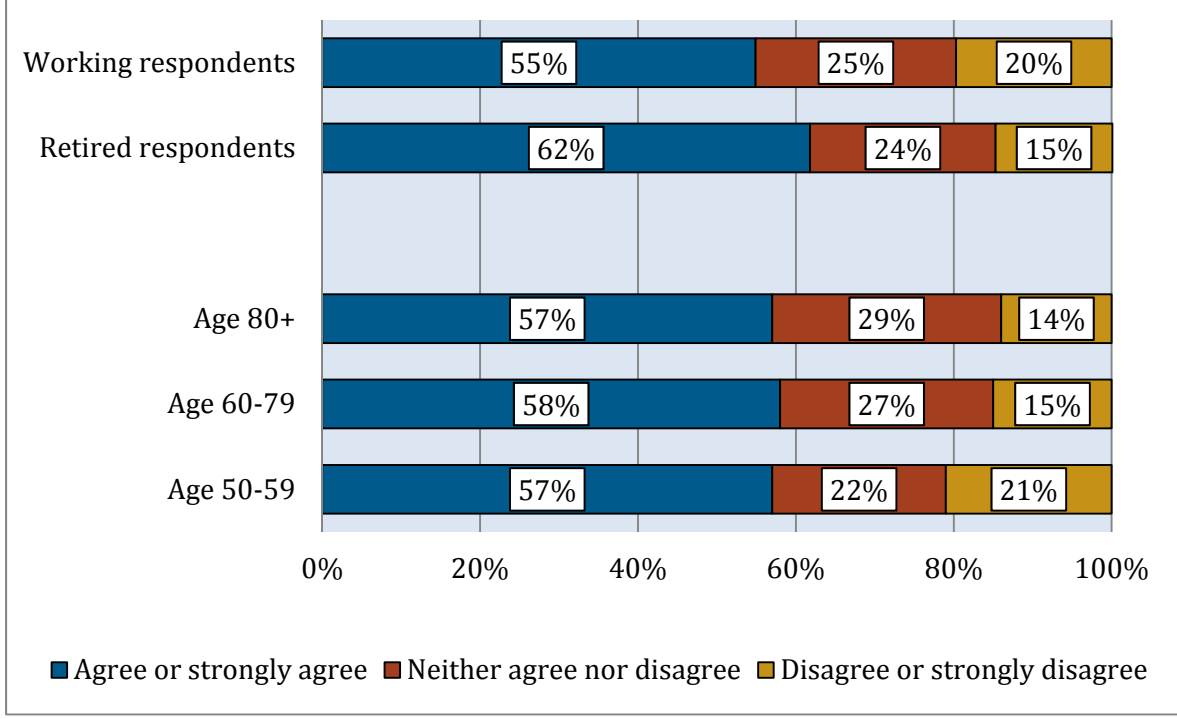
Figure 34. Percentage lacking money for necessities in the previous 12 months



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

The findings just discuss suggest that most Belchertown respondents are able to cover their bills at present, although some do struggle especially with expenses like car and home repairs that may be easier to defer than regular expenses like rent or utilities. When asked to look ahead, a larger share of survey respondents indicate concerns about their financial security. Respondents were asked about their confidence regarding financial security in retirement; specifically, they were asked to indicate their level of agreement with this statement: “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.” Half or more of each age group indicated that they agree or strongly agree with this statement; however, 21% of respondents age 50-59, 15% of those age 60-79 and 14% of respondents age 80 or older indicated that they disagree or strongly disagree with the premise that they will have adequate financial resources in retirement (see **Figure 35**). As well, 20% of respondents who work for pay, either full- or part-time, disagree or strongly disagree with this statement, as do 15% of those who report they are fully retired. These responses suggest that segments of Belchertown residents do not anticipate a financially secure retirement and may need support as they attempt to make ends meet in later life.

Figure 35. Financial security expectations for retirement



Focus Groups

Focus Group #1

Focus Group #1 (N = 8) consisted of representatives from the police department, emergency medical services, the veterans agency, outreach staff from the Senior Center, and the religious community, all of whom have regular interactions with older adult residents in the Town.

A key issue of concern among this group was the lack of adequate communication about senior issues within Belchertown. Participants felt that town departments and other organizations within the Town needed to improve communication across organizations about what each is doing to address senior needs. Some participants described programs and services available in their respective departments/organizations that others in the group had not heard about. For instance, some in the group had not heard of the police department’s lock box initiative, which puts lock boxes on houses for seniors for free while sharing the combination with emergency services, allowing for quick and harmless access in case of an emergency. This is an important program that can provide a great sense of security to many older adults, yet a number of participants of this focus group did not know about the program.

A related issue pertaining to communication involved the difficulty of making seniors themselves aware of the programs and services that are available for them in the Town. Most participants in the group agreed that departments and organizations needed to do a

better job of reaching out to inform the community about what programs and services are available and to encourage their use. They also noted that some residents may be reluctant to participate in services as a point of pride, embarrassment, or a generational attitude of not accepting handouts. Participants suggested building trust with senior residents as a way to get seniors to accept help, as well as presenting services in a way that will appeal to seniors without offending pride or eliciting embarrassment.

The discussants reflected on the increasing number of seniors in Town and how that affects each of their roles in Belchertown. Some of the participants acknowledged that they've seen an increase in calls to their organization from seniors, including public safety and financial and insurance counseling. Public safety representatives highlighted the need for more training and field experience with issues such as dementia and mental health so that officers can better help seniors by recognizing those issues. The Senior Center has also experienced increasing demands. Demands on the Senior Center are expected to continue to increase, both as a function of population aging and the construction of a new assisted living facility within walking distance of the Center. One proposed solution to keeping up with demand was increasing staffing, perhaps to include added outreach staff and help coordinating volunteers.

A third major concern shared by this group related to transportation. Getting around in Belchertown and to surrounding areas is extremely difficult for seniors. For those who do not drive, public transportation is not reliable, and challenging to use for set appointments particularly around medical needs. Cab fare is costly and other ride share options are also challenging. The Senior Center transportation is a vital resource, but is working at near capacity.

Focus Groups #2 and #3

The second focus group included 7 women who participate at the Senior Center regularly. Some of the women come in for scheduled classes or programs, while others come in on designated days for a set number of hours. A third focus group included 6 women who also participate regularly. They ranged in age and duration of time living in Belchertown. Members of the third group had met through one of the programs offered at the Senior Center and have grown to be close friends outside of the Center.

All of the participants in these two focus groups expressed satisfaction with how welcoming the Senior Center atmosphere is. All of the women in the group identify the Senior Center as an essential part of their lives—a place for socializing and relaxing that they may not otherwise experience. All of the participants also expressed the importance of the Senior Center to seniors across Belchertown. A few suggested that the Center is especially underused by men across Town. The meals program, the transportation services, and the many activities offered through the Senior Center were highlighted as strengths for the community.

Participants in these two focus groups identified some opportunities for improvement:

- One concern voiced by the participants was that not enough people know about the Center and its offerings. Although pleased with what the Center has to offer, the women suggested that more advertising needs to be done to get more people involved at the Center. Some participants suggested in-person advertising of the Senior Center in public places and activities, such as the Belchertown Fair. Another suggested hosting an open house to attract people, or to host community-wide events in the Center to increase visibility. Some suggested creating a column in the newspaper to highlight individuals and their backgrounds, as well as any arts and crafts they may create at the Senior Center. The groups thought that in general, in-person contact would be more effective than emails or print advertising.
- A challenge to accessing the Senior Center was stereotypes of aging. Some thought that residents have a view of the Senior Center and its participants as being stubborn, immovable, and intolerant. Indeed, at least one participant reflected on overcoming her own negative ideas of the Senior Center to participate and how she benefitted from it in the end. Addressing these negative perceptions would be helpful in making residents aware of the benefits to participation.
- Program scheduling was also noted as an area to improve upon. Especially for those seniors who are still working in some capacity, the hours may not be flexible enough to attract people to programs they would enjoy, or that may be beneficial to them. Nighttime and weekend hours were suggested as a way to bring in more people who may still be working. Some participants suggested that there are also scheduling conflicts among programs, particularly when new educational workshops or guest speakers present at a time when a regularly scheduled group occurs. Because so many of these women depend on their Center activities for socialization and relaxation, they tend to prioritize the “fun” groups over the educational activities when there is a time conflict. Some suggested scheduling seminars or workshops at times having fewer conflicts.
- Participants reported that more transportation through the Senior Center is needed. The existing service is highly valued, but there needs to be more. Belchertown is an expansive geographic area, so one van traversing all over town to pick up and drop off seniors takes much time. Adding more van service was suggested as a solution to cut down on time and to increase the availability of transportation.
- Participants suggested more intergenerational programming. Some programs had been developed in past years that coordinated with Belchertown schools, but these have not occurred in some time. Better communications with the school system was suggested as a way to get more intergenerational programming into the Center.
- Participants recognized that some residents find it difficult to start participating at the Senior Center, including those who are shy, those who do not already know someone who participates, and those who have had experiences that made them feel unwelcome. Focus group members suggested having a front door greeter, or some other way to introduce new people to the Senior Center. They recognized that the front desk is the main desk for one of the staff members and that asking her

questions interrupts her other responsibilities. To remedy that and to make the Center more inviting, the women suggested establishing a volunteer position to greet people as they came in.

Overall, the focus group participants were extremely pleased with the Senior Center. They consider it a vital part of their own lives and an essential piece of the community.

Key Informant Interviews

Four key informant interviews were conducted in support of the project. Three of the interview participants were Belchertown officials and residents (Brougham, Aponte, and Bodamer). These individuals recognized that Belchertown is getting older, and they are aware of the potential significance of this demographic change for the community. All of them are very familiar with the Senior Center and regard it favorably. Mr. Bodamer has a close working relationship with staff at the Senior Center.

The primary unmet needs of older residents mentioned by these three individuals include limitations of nearby medical services; the absence of sufficient transportation options; and economic insecurity among older adults, including costs of housing. Mr. Brougham noted that Belchertown covers 55 square miles and has no hospital. Indeed, medical services in town are limited overall. This poses a challenge for older adults, many of whom experience increased need for medical services; it also places pressure on EMS medical transport, as taking a resident to a hospital is a long trip that takes the ambulance out of service for a relatively long period of time. Indeed, a large share of the EMS calls are for older adults, and the rising share of elders in the community may be taxing the resources of emergency services. Relatively few transportation options are available in Belchertown. Although the Senior Center offers transportation, it is largely for medical visits which, again, are predominantly out of town. Transportation limits are recognized as challenging residents' ability to access services in the community. Finally, the cost of living in Belchertown is recognized as being high. The high cost of running a home, including utilities, is excessive for many seniors on a fixed income.

Despite these challenges, Belchertown offers many assets to older adults. Belchertown has a housing authority that offers an affordable housing option for seniors. As well, Pine Valley Plantation, an affordable adult mobile home development, is also available. It is recognized that these options may be oversubscribed; however, they do represent important assets for aging in community. The public safety network is also regarded as an asset for older adults in Belchertown. The Fire Department and Police Department have a good sense of seniors who live alone and who may need help. Mr. Aponte and others noted that partnerships with the Senior Center bring added value. The High School has exercise facilities that are available to the community, including a pool. Many additional recreational opportunities are in town, including plenty of open space, two golf courses, historical associations, and many volunteer opportunities.

All of the interview participants spoke about the assisted living development being sited on the old State School property. They were aware that this development would likely result in a net addition in the number of older adults living in Belchertown, and that it would result in additional demands being placed on the Senior Center and other key Town services, such as public safety. A benefit of this construction for the community at large could occur if it results in additional housing and compatible businesses in Belchertown, including medical facilities. If this were to occur, all seniors in the community—and, indeed, all residents—could benefit. Key informants recognize that some level of cooperation and partnership between the Senior Center and the Assisted Living development may be beneficial.

As noted, all three of the key informants who work in Belchertown know the Senior Center well. Mr. Brougham recognizes the value of the Senior Center and its programs, citing the importance of the meals program in particular. All reported that in their view, the Senior Center provides an important service to the community and does a good job. Resource constraints were recognized by two of the key informants. Mr. Brougham is aware that the Senior Center, similar to many Town offices, would like additional resources. Mr. Aponte cited the space constraints in the Senior Center, noting that it is already challenged with respect to adequately meeting the demands of the senior population. Given the limitations of alternative funding sources, the community is left to fill the funding gaps in responding to those demands.

Opportunities for strengthening Town response to the growing senior population were discussed. It was agreed that partnerships between the Senior Center and other Town offices and organizations are important in supporting the senior population of Belchertown. As already noted, one of these partnerships is between the Senior Center and the Assisted Living development being established. Another surrounds emergency services, where partnerships with the Senior Center are already important. For example, Mr. Bodamer described a fire and fall prevention program that EMS and the Senior Center developed together, involving classes and home safety inspections. Public Safety offices in town work collaboratively with the Senior Center to reach older adults with educational programs. Potential partnerships with the schools were also mentioned.

The fourth interview was held with Priscilla Chalmers, Executive Director of WestMass ElderCare Inc, focused on her knowledge of what COAs do in communities in general, as well as how her organization works with the Belchertown COA/Senior Center. She explained that WestMass ElderCare provides funding, training, and support to COAs, as well as offers services to older adults. They work collaboratively with COAs to help older residents stay in their homes by helping them obtain services that they need. Because of this important role, the strong and productive relationship between WestMass ElderCare and the Belchertown COA brings high value to the community.

WestMass ElderCare, as the area's Aging Service Access Point (ASAP) provides funding to the Belchertown COA that helps support the meals program that is served on-site, as well as the Meals on Wheels program through which meals are delivered to people's homes. Belchertown's adult day program is also partially supported with funds directed through

WestMass ElderCare. As well, staff at WestMass ElderCare work closely with the outreach staff at the Belchertown Senior Center to help residents get the services that they need and that they are eligible for, including home-delivered meals and in-home supports. Ms. Chalmers has worked with the Belchertown COA for some time, and describes the relationship between the two organizations as strong and productive. She especially cites the strong outreach available through the Belchertown COA as an asset to the community.

Community Comparisons

A comparison between Belchertown and six other “peer” communities was developed for this report. Belchertown and its peer communities share some common demographic and socioeconomic characteristics (see **Table 12**). The total population estimates for 2015 range considerably, from 5,324 (Hadley) to 16,060 (Easthampton). Belchertown has the second highest total population with 14,838. All of the communities have a large share of residents age 60 and older, the smallest number in Granby (1,328) and the greatest in Wilbraham (4,045), while Belchertown has nearly 3,000 seniors. Although Hadley has the second smallest absolute number of seniors, the older population makes up 34% of its total population, the highest proportion among all the communities considered. One in five Belchertown residents is age 60+, about the same proportion as in most of the other communities. Belchertown, Granby, and Wilbraham have median household incomes above the state median (which is \$68,563), while Easthampton, Hadley, Palmer, and Ware all have median household incomes below the Massachusetts median. Belchertown is highly educated, indicated by the percent of adults age 18 and older with college degrees. About 42% of the Belchertown adult population has a college degree compared to 46% in Hadley, 44% in Wilbraham, and lower shares in the other municipalities.

Table 12. Demographic features, Belchertown and comparison communities

Town	All-age population	Population age 60+	% age 60+	Median HH \$	% with college degrees
Belchertown	14,838	2,968	20%	\$76,881	42%
Easthampton	16,060	3,694	23%	\$56,527	34%
Granby	6,322	1,328	21%	\$86,910	34%
Hadley	5,324	1,811	34%	\$65,625	46%
Palmer	12,168	2,799	23%	\$51,376	23%
Ware	9,901	2,278	23%	\$47,513	25%
Wilbraham	14,445	4,045	28%	\$90,731	44%

Source: American Community Survey 2011-2015

All of the Councils on Aging operate senior centers, which vary in size and age (see **Table 13**). The Belchertown Senior Center is the third oldest among the centers in these communities. The smallest senior center is in Granby, at 2,000 square feet, while Belchertown is tied with Hadley for the largest (each having about 10,000 square feet). Only two of the senior center directors feel that they have adequate space to operate. One of these centers is Hadley, which has the same square footage as Belchertown (10,000 square feet) but a considerably smaller senior population (Hadley has 1,811 seniors, compared to Belchertown's 2,968 seniors). All of the towns have at least one full-time staff member, with the total number of staff ranging from 3 (Hadley) to 13 (Palmer). Belchertown has the largest number of staff members, at 18 (8 full-time and 10 part-time, for 11.25 FTE). Note that Belchertown prepares lunches and delivered meals on-site, which most of the other towns do not; as well, Belchertown is the only community among these that operates a Supportive Day program. These additional, labor-intensive responsibilities assumed by the Belchertown Senior Center account for at least some of its larger staff. All of the senior centers rely heavily on volunteers, with the estimated total number of hours committed in a week ranging from 32 in Hadley to over 200 in Belchertown. Volunteer tasks at the COAs include administrative assistance, reception, facilitating programs and meals, and driving other seniors.

The Belchertown COA and its peers offer a wide array of programs, ranging in size and topic, to address the interests of seniors in the community. The most common activities include smaller groups for cards, games, and arts and crafts, larger groups for bingo or exercise, and seminars or educational workshops on a variety of topics. Indeed, each of the COAs works hard to maintain a schedule of activities geared towards socialization, recreation, health and wellness, and education.

In addition to recreational activities, Councils on Aging serve an important role of meeting service needs of seniors. Transportation is especially important for seniors living in Belchertown and the surrounding area given the expansive, rural nature of the geography. All of the COAs offer transportation services directly through the Senior Center. Palmer, Ware, and Wilbraham each operate 1 van that runs locally and non-locally for medical appointment, with supplemental transportation services including volunteer drivers and contracts with the PVRTA. Belchertown operates 2 vans for transportation, but one of these is only used part-time. The Belchertown Senior Center does not run a volunteer driver program, but facilitates access to the PVRTA and WMEC.

Nutrition services are a highly valued offering for many seniors. Most of the communities deliver Meals on Wheels to seniors, which is particularly beneficial to seniors who cannot get out of the house frequently. All of the COAs provide meals in their senior centers. Palmer and Wilbraham provide breakfast 2-3 days a week or once a week, respectively, while all of the communities offer lunch. Wilbraham provides lunch in the center once a week, Easthampton and Palmer provide lunch 2-3 times a week, and Belchertown, Granby, Hadley, and Ware provide lunch 4-5 days during the week.

Table 13. Features of Senior Centers, Belchertown and comparison communities

Town	Senior Center Square Feet	Year Opened	Adequate Space?	Staff FT/PT	Volunteer Hours per week	Tax Work Off Program Positions
Belchertown	10,000	2000	No	8/10*	231	N/A
Easthampton	8,000	2002	No	3/5	87	N/A
Granby	2,000	NP	No	2/5	60	N/A
Hadley	10,000	1999	Yes	1/2	32	N/A
Palmer	5,000	1978	No	4/9	45	10-20
Ware	NP**	2006	Yes	2/4	101	N/A
Wilbraham	3,460	2003	No	3/2	80	21-30

Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time

*in Belchertown, two of the full-time staff and 8 of the part-time staff are associated with the Supportive Day and Nutrition programs.

**The Ware Director did not know the square footage of the Senior Center, estimating that it may be as much as 20,000 square feet, but indicated that it had a 434 person occupancy limit.

Finances may be more difficult for older adults who live on fixed incomes after retirement. COAs can assist seniors in reducing costs through a number of services. Belchertown and its peers all offer free tax preparation assistance, as well as health insurance counseling and application assistance for programs such as for food stamps (SNAP), housing, or fuel assistance. Moreover, all of the COAs provide access to targeted financial assistance for seniors. Some of the senior centers provide that assistance through the COA itself or do fundraising to raise money for those who need it. Only Palmer and Ware run a senior tax-work off program, a program in which seniors can work for the town a set number of hours to reduce the amount of property taxes they owe. Palmer has 10-20 slots available, while Wilbraham has 21-30. Seniors can work off up to a maximum of \$750 in Palmer and \$1,000 in Wilbraham. Seniors in these communities have worked in administration and reception at the senior center, as well as in roles outside of the COA and in other town departments.

Recommendations

In recent years, the number and share of older adults in Belchertown has increased substantially. Population projections suggest that this growth will continue in the coming decades. While these shifting demographic considerations have implications for all Town offices and organizations, the Belchertown Council on Aging and Senior Center has special responsibility for anticipating and responding to the needs and concerns of older residents and their families. By offering programs and services, connecting residents to supports that may be beneficial to them and for which they are already eligible, and by sharing knowledge and exerting leadership in the community around aging issues, the COA represents an important asset to the community.

A community survey was conducted, eliciting more than 1,300 responses from Belchertown residents age 50 and older. From the survey it was learned that the typical older Belchertown resident is secure financially and socially, has good physical and emotional health, and is committed to remaining in Belchertown as he or she grows older. However, segments of the older population struggle with income shortfalls, health or mobility limitations, or isolation. Residents recognize many positive features of Belchertown as a community in which to live—the low density of housing and semi-rural attributes are elements attracting them to the community. However, residents look ahead to a time when they may be unable to drive, or may need to downsize, or may need to frequently access specialized medical services and they do not know how effectively those needs can be met in Belchertown. Some segments of the resident population who experience those situations right now struggle to meet their needs.

Based on our research, including data drawn from public sources and the community survey, information provided by key informants and focus group participants, and comparisons with other communities, we offer the following recommendations for the Belchertown COA and the community as a whole.

- Plan for growth of the older population in Belchertown. The Senior Center as well as all the offices and organizations operating in Belchertown will be impacted by a growing

older population. Adequate planning will require each organization to evaluate what the shifting demographic means for their operations, and how best to respond.

- Improve communication and collaboration across Town offices and organizations. Older residents will be better served if communication and collaboration across Town offices are improved. Currently, communication across offices and organizations appears to be somewhat limited. By promoting communication across organizations, knowledge of the COA and Senior Center programs can be broadened to increase impact in the community.
- Support older residents' efforts to stay in their homes as they grow older. Work to improve housing options for older adults who cannot stay in their current homes.
 - 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.
 - Consider developing more housing options for older adults who wish to downsize while still staying in Belchertown. Include options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living.
 - Consider strategies for giving current residents priority for the assisted living opportunities being developed.
- Improve transportation options available to older residents in Belchertown. Belchertown is not a walkable community, and few alternatives to self-driving are available. A sizable share of Belchertown survey respondents express dissatisfaction with the travel options available to them.
 - Build stronger collaborations between the Town and PVRTA to determine ways to improve public transportation in the region.
 - 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.
 - Publicize the transportation options that are already in place so that residents know what is available to them and their family members.
 - Consider expanding the transportation options available through the Senior Center. Although rides for medical appointments may continue to be prioritized, expanding available service for other types of trips would be beneficial.
- Strengthen residents' access to health care and to long-term services and supports that will help them age at home. Health care is limited in Belchertown. Travel is a challenge in accessing out-of-town services. Improved access to services provided in the home could be beneficial to many older residents.
 - Provide information to residents on in-home supports and long-term services available in the area.

- Expand residents' access to health care by expanding options available in Belchertown where feasible, and by expanding medical transportation services providing out-of-town access when that is the better option.
- Support informal caregivers in Belchertown. A large share of survey respondents currently provide support to an adult needing care, and many of the caregivers find the experience challenging. The Senior Center can be a source of information, assistance, and respite for these caregivers.
 - Expand the COA's work with families to provide information and assistance for caregivers, including adult social day opportunities, support groups for caregivers, and information and referral resources available through the Senior Center.
- Seek out opportunities to strengthen economic security for older adults in Belchertown. Although the typical older resident is economically secure, some struggle to pay their bills and many more express concerns about finances moving forward.
 - Advertise available options for addressing economic security (e.g., SNAP benefits; fuel assistance).
 - Develop new opportunities that could be helpful, including programs that help older homeowners pay their property taxes (e.g., property tax work-off programs; property tax deferrals)
 - Strengthen communication across Town offices and organizations about resources available to help Seniors who are struggling financially. Develop mechanisms for referring residents to outreach staff at the Senior Center when a community member is known to need assistance.
 - Determine if the Senior Center needs more outreach staff to adequately address need in the community.
- Address programmatic factors limiting participation of Belchertown residents in Senior Center programs. Despite good participation levels, rethinking elements of programming may draw more residents in to the Senior Center. Update program offerings and develop more opportunities that may appeal to a wide range of older adults. Specifically,
 - Expanded life-long learning programs may be welcomed. These programs are popular in highly educated communities like Belchertown; drawing on retired faculty members and other experts as instructors is an option.
 - Expanding the number and types of trips offered through the Senior Center may be attractive. Many survey respondents cited an interest in more trips.
 - Offer more challenging exercise programs that require greater exertion levels and appeal to the more fit segments of the senior population.
 - Evaluate opportunities to offer special programs that would appeal to diverse segments of the community, including cultural groups, LGBT seniors, and others.
 - Consider opportunities to expand intergenerational programming, including programs that would appeal to a mix of middle-aged and older residents.

- Improve community knowledge about what the Senior Center is and its range of offerings.
 - Correct misperceptions about who is “eligible” to participate in Senior Center activities by distributing information about the Senior Center as widely as possible.
 - Distribute the newsletter more broadly in an effort to make the Senior Center better known.
 - Selectively expand other means of communicating about the Senior Center, including postings in the local newspaper, electronic communication, and attending popular events like the Belchertown Fair.
 - Consider op-ed columns in the newspaper, or local cable opportunities to explain eligibility for and resources of the Belchertown COA.
 - Take advantage of publicity opportunities regularly throughout the year on an ongoing basis so that newcomers are informed, and longer-term residents are reminded, about what the Senior Center offers.

- Address features of the Senior Center’s physical layout that discourage use. Devise ways to make the Senior Center more welcoming.
 - Physical changes to the entryway to make it more open may make the Senior Center more inviting.
 - Ensure that people entering the building can readily find a staff member or a volunteer to speak to.
 - Renovate some rooms and facilities that are out of date or not well suited for current use.
 - Consider recruiting volunteers to greet and orient new participants.

- Consider opportunities to reconfigure and renovate existing space, as well as identify or build added space.
 - Some of the recommended programmatic changes cannot be implemented without added or renovated space.
 - Expand capacity for special events, so more residents can participate, feel involved, and understand that the Senior Center is for them.
 - Consider exploring satellite space options as a means of expanding programs, or seek partnerships to accommodate exercise programs as part of a health promotion activity in town.

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Town of Belchertown Council on Aging

Survey of Residents Age 50 & Over

The Town of Belchertown Council on Aging requests that residents age 50 and over share their views in order to assess the needs of the Town’s mature 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/Belchertown_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.

**Please Return
Your Survey by
Oct. 28, 2016**

SECTION I: Community & Neighborhood

1. How long have you lived in Belchertown? (*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 Belchertown 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. How safe do you feel in the neighborhood where you live? (*Check only one*)

<input type="radio"/> Completely Safe	<input type="radio"/> Very Safe	<input type="radio"/> Somewhat Safe	<input type="radio"/> Not at All Safe
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4. Do you feel informed about what to do in the event of a weather or other local emergency?

Yes No

5. What are your greatest concerns about your ability to continue living in Belchertown?

SECTION II: Housing & Living Situation

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

<input type="radio"/> Single family home	<input type="radio"/> Condominium
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Mobile home
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Apartment building	_____

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

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

8. 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

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

<input type="radio"/> Single family home	<input type="radio"/> Apartment building
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Condominium
<input type="radio"/> Assisted living community	<input type="radio"/> Mobile home
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Other (Please specify) _____

10. Does your current residence need modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it over the next 5 years?

- Yes (**Continue to question 11**) No (**Skip to question 12**)

11. If Yes on question 10: Are you able to afford to make the modifications your home needs?

- Yes No

SECTION III: Transportation

12. 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 expressway 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) _____	

13. 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/partner 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 the Senior Center
<input type="radio"/> Public transportation (e.g. PVTA)	<input type="radio"/> Other (Please specify) _____

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

- Yes No

15. How satisfied are you with the transportation options available to you in Belchertown?
(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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16. What kinds of difficulties do you have in getting the transportation that you need?
(Check all that apply)

<input type="radio"/> I have no difficulties	<input type="radio"/> There is no one I can depend on or no help is available
<input type="radio"/> Council on Aging transportation is unavailable or inconvenient	<input type="radio"/> Physical or other impairments
<input type="radio"/> PVTA buses or vans are unavailable or inconvenient	<input type="radio"/> No door to door assistance
<input type="radio"/> Costs too much	<input type="radio"/> Other (Please specify) _____

SECTION IV: Caregiving

17. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled or frail**? (e.g., a spouse, parent, relative, or friend)?

- Yes (**Continue to question 18, 19, 20**) No (**Skip to question 21**)

18. **If Yes on question 17:** 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)

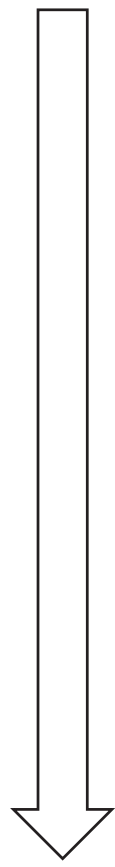
<input type="radio"/> Very Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Neither Challenging Nor Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Very Easy
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19. **If Yes on question 17:** Did this person have any of the following conditions?
(Check all that apply)

<input type="radio"/> Alzheimer's or dementia	<input type="radio"/> Recent surgery	<input type="radio"/> Chronic illness (e.g., multiple sclerosis, cancer)	<input type="radio"/> Other _____
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20. **If Yes on question 17:** Have you provided care or assistance to a person who is disabled or frail within the past 12 months?

- Yes No



SECTION V: Your Health

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

- Excellent Good Fair Poor

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

- Yes No

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

- Yes No

24. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) **or** with personal care activities? (e.g., taking a bath or shower, or getting dressed)

- Yes No

25. If you require help with any of these activities, who helps you? (Check all that apply)

<input type="radio"/> N/A: I don't require any help	<input type="radio"/> I pay someone to help me
<input type="radio"/> I have no one to assist me when I need help	<input type="radio"/> A family member or friend helps me

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? (*Check only one*)

<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	

28. Please indicate your level of agreement with the following statement:

“During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.”
(*Check only one*)

<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neither Agree or Disagree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree
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SECTION VII: Social Activities & Relationships

29. 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*)

<input type="radio"/> Two to three times a year (e.g., holidays)	<input type="radio"/> One or more times a week
<input type="radio"/> Once a month	<input type="radio"/> Every day
<input type="radio"/> Two to three times a month	<input type="radio"/> Never

30. Do you have any family members living within 30 minutes of your home on whom you can rely for help when you need it?

Yes No

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

Excellent Good Fair Poor

32. Other than the COA, where do you go to socialize or for leisure? (*Check all that apply*)

<input type="radio"/> Library	<input type="radio"/> Restaurant or cafe
<input type="radio"/> Parks or outdoor space	<input type="radio"/> A gym or fitness class
<input type="radio"/> Church or a faith-based organization	<input type="radio"/> Town meetings or other civic activities
<input type="radio"/> Museum or cultural center	<input type="radio"/> Other (Please specify) _____

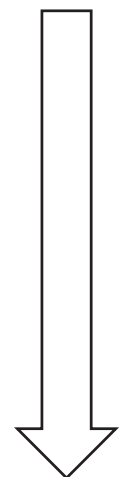
SECTION VIII: Programs & Services at the Senior Center

33. Do you currently use programs or services offered by the Belchertown Council on Aging? (*Check only one*)

- Yes (**Continue to question 34**) No (**Skip to question 35**)

34. If Yes on question 33: How frequently do you use programs or services offered by the Belchertown Council on Aging? (*Check only one*)

<input type="radio"/> Two or more times a week (Skip to question 36)
<input type="radio"/> About once a week (Skip to question 36)
<input type="radio"/> A few times a month (Skip to question 36)
<input type="radio"/> About once a month (Skip to question 36)
<input type="radio"/> A few times a year (Skip to question 36)



35. If No on question 33: What is the reason that you do not currently use programs or services offered by the Belchertown Council on Aging? (*Check all that apply*)

<input type="radio"/> I am not interested	<input type="radio"/> I do not identify with the word "senior"
<input type="radio"/> I participate in programs elsewhere	<input type="radio"/> I don't have time
<input type="radio"/> I am not old enough	<input type="radio"/> Other (Please specify) _____

36. The following items refer to programs and services that are currently offered through the Belchertown Council on Aging. Please rate the importance of each program/service to you personally or to someone in your family. (Check only one box per item)

	Very Important		Moderately Important		Not at all Important
	1	2	3	4	5
Assistance with local or state programs (e.g., financial, fuel)					
Companion Errands Program					
Transportation					
Fitness activities (e.g. yoga, Tai Chi)					
Friendly Visitor Program					
Health and wellness clinics (e.g. Blood pressure, hearing, & foot care clinics)					
Health insurance counseling					
Information, referral & outreach					
Mental health counseling					
Nutrition/Meals on Wheels					
Professional services (e.g., tax, legal, & financial)					
Adult Supportive Day Program					
Social activities (e.g. crafts, gardening, fishing)					
Support groups (e.g. diabetic support group)					
Caregiver support groups					
Educational opportunities (e.g. book club, PBS series)					
Computer classes					
Trips/Outings					
Volunteer opportunities					
Handy-man/minor repairs program					

37. Below is a list of issues one could encounter when accessing the Belchertown 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) _____ _____

38. How satisfied are you with the programs and services offered through the Belchertown 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
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39. Where do you prefer to find information about the activities and services offered by the Senior Center? (*Check all that apply*)

<input type="radio"/> Belchertown Senior Center Newsletter	<input type="radio"/> The Belchertown Sentinel Newspaper
<input type="radio"/> Television	<input type="radio"/> Email or social media websites
<input type="radio"/> Radio	<input type="radio"/> Other (Please specify) _____

40. What other programs and services not currently offered through the Belchertown Council on Aging and/or Senior Center would you like to see made available? _____

SECTION IX: Demographic Information

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

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

- 50 to 59 60 to 69 70 to 79 80 to 89 90+

43. Which of the following best describes your race/ethnicity? (*Check all that apply*)

<input type="radio"/> White/Caucasian	<input type="radio"/> Black/African American
<input type="radio"/> Asian	<input type="radio"/> Hispanic/Latino
<input type="radio"/> Other (Please specify) _____	<input type="radio"/> Do not care to respond

44. Was there any time in the past 12 months when you did not have 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"/> Other (Please specify) _____
<input type="radio"/> Pay for car repairs or home repairs	_____

45. If you have any other thoughts or comments about the Town of Belchertown Council on Aging and/or the Senior 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: **Jan E. Mutchler, PhD**

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

Email: Jan.Mutchler@umb.edu

Voice: 617-287-7321

Appendix B: Complete tables, Belchertown Resident Survey

Below, percentage distributions are shown for quantitative items included in the Belchertown Council on Aging resident survey. Percentages are provided separately for respondents age 50-59, age 60-79, and age 80+. Percentages are also provided for respondents age 60+ and all-age respondents. All calculations are weighted to match the age distribution for the mailing list provided by the town. Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of

Section I: Community & Neighborhood

Q1. How long have you lived in Belchertown?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Fewer than 5 years	11%	9%	6%	8%	9%
5 - 14 years	24%	18%	25%	19%	21%
15 - 24 years	28%	16%	16%	17%	21%
25 - 34 years	28%	21%	11%	20%	23%
35 - 44 years	2%	22%	9%	20%	13%
45 years or longer	7%	14%	33%	16%	13%
Total %	100%	100%	100%	100%	100%

Q2. How important is it to you to remain living in Belchertown as you get older?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Very Important	32%	44%	68%	47%	41%
Somewhat Important	38%	37%	25%	36%	37%
Slightly Important	21%	11%	5%	10%	14%
Not at All Important	9%	8%	2%	7%	8%
Total %	100%	100%	100%	100%	100%

Q3. How safe do you feel in the neighborhood where you live?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Completely Safe	36%	36%	47%	38%	37%
Very Safe	56%	50%	46%	50%	53%
Somewhat Safe	8%	13%	7%	12%	10%
Not at All Safe	<1%	1%	<1%	<1%	<1%
Total %	100%	100%	100%	100%	100%

Q4. Do you feel informed about what to do in the event of a weather or other local emergency?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	80%	83%	90%	84%	82%
No	20%	17%	10%	16%	18%
Total %	100%	100%	100%	100%	100%

Q5. What are your greatest concerns about your ability to continue living in Belchertown?

See text for summary of write-in responses.

Section II: Housing & Living Situation

Q6. Which of the following best describes your current place of residence?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Single family home	92%	76%	48%	73%	81%
Multi-family home (2, 3, or more units)	1%	4%	3%	4%	3%
Accessory apartment (add-on apartment to an existing home)	1%	1%	7%	2%	1%
Apartment building	2%	1%	2%	1%	1%
Condominium	2%	5%	9%	5%	4%
Mobile home	2%	12%	30%	14%	9%
Other	<1%	1%	1%	1%	1%
Total %	100%	100%	100%	100%	100%

Q7. Do you rent or own your current place of residence?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
I own	94%	93%	80%	91%	92%
I rent (Market rate)	2%	3%	3%	3%	3%
I rent (Subsidized)	2%	2%	5%	2%	2%
Other	2%	2%	12%	4%	3%
Total %	100%	100%	100%	100%	100%

Q8. Who do you live with? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
I live alone	11%	19%	39%	21%	17%
My spouse/partner, and/or minor children only	56%	66%	45%	64%	60%
Extended family and/or adult children	33%	15%	16%	15%	23%
Total %	100%	100%	100%	100%	100%

Q9. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Belchertown? (Check all that apply)*

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Single family home	33%	26%	8%	24%	28%
Multi-family home (2, 3, or more units)	5%	5%	1%	4%	4%
Assisted living community	30%	40%	58%	42%	37%
Accessory apartment (add-on apartment to an existing home)	9%	8%	5%	7%	8%
Apartment building	8%	7%	2%	6%	7%
Condominium	40%	27%	5%	25%	31%
Mobile home	12%	10%	7%	10%	11%
Other	9%	10%	13%	11%	10%

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

Q10. Does your current residence need modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it over the next 5 years?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	23%	31%	24%	30%	27%
No	77%	69%	76%	70%	73%
Total %	100%	100%	100%	100%	100%

Q11. [If “yes” on Q10] Are you able to afford to make the modifications your home needs?

Tabulated for those who report modifications are needed

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	69%	68%	40%	66%	67%
No	31%	32%	60%	34%	33%
Total %	100%	100%	100%	100%	100%

Section III: Transportation

Q12. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)*

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Not applicable— I do not drive	2%	2%	25%	5%	4%
I do not modify my driving at all	72%	51%	17%	47%	57%
Driving modified in one or more ways	26%	47%	58%	48%	39%
Modifications reported, among those who modify*:					
	I avoid driving at night				53%
	I avoid making left hand turns				4%
	I avoid driving in bad weather				76%
	I avoid expressway driving				18%
	I avoid driving far distances				20%
	I avoid driving in unfamiliar areas				24%
	Another strategy				8%

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

Q13. What are the primary ways in which you meet your transportation needs? (Check all that apply)*

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
I drive myself <u>only</u> (no others mentioned)	76%	64%	50%	62%	68%
My spouse/partner or child(ren) drive me	20%	29%	37%	30%	26%
Friends or neighbors drive me	2%	6%	13%	7%	5%
Public transportation (e.g., PVTA)	1%	2%	5%	3%	2%
Taxi	<1%	<1%	<1%	<1%	<1%
Volunteer medical transportation	<1%	1%	2%	1%	1%
Transportation provided by the Senior Center	-	2%	12%	4%	2%
Other	2%	2%	3%	2%	2%

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

Q14. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	1%	3%	2%	3%	2%
No	99%	97%	98%	97%	98%
Total %	100%	100%	100%	100%	100%

Q15. How satisfied are you with the transportation options available to you in Belchertown?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Completely Satisfied	14%	14%	23%	16%	15%
Very Satisfied	20%	24%	33%	25%	23%
Somewhat Satisfied	39%	32%	27%	31%	35%
Slightly Satisfied	17%	13%	9%	13%	14%
Not at All Satisfied	10%	17%	8%	15%	13%
Total %	100%	100%	100%	100%	100%

Q16. What kind of difficulties do you have in getting the transportation that you need? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
I have no difficulties	85%	79%	81%	79%	81%
Council on Aging transportation is unavailable or inconvenient	<1%	3%	4%	3%	2%
PVTA buses or vans are unavailable or inconvenient	8%	10%	8%	9%	9%
Costs too much	<1%	2%	1%	2%	1%
There is no one I can depend on or no help is available	2%	3%	3%	3%	3%
Physical or other impairments	2%	1%	1%	1%	1%
No door to door assistance	-	2%	2%	2%	1%

Section IV: Caregiving

Q17. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled or frail* (e.g., a spouse, parent, relative, or friend)?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	46%	46%	32%	44%	45%
No	54%	54%	68%	56%	55%
Total %	100%	100%	100%	100%	100%

Q18. [If Yes on question 17]: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

For those providing care only

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Very Challenging	34%	25%	14%	24%	28%
Somewhat Challenging	51%	41%	24%	39%	45%
Neither Challenging Nor Easy	10%	22%	28%	23%	17%
Somewhat Easy	3%	7%	24%	8%	6%
Very Easy	2%	5%	10%	6%	4%
Total %	100%	100%	100%	100%	100%

Q19. [If Yes on question 17]: Did this person have any of the following conditions?

For those providing care only

	All ages
Alzheimer’s or dementia	38%
Recent surgery	21%
Chronic illness (e.g., multiple sclerosis, cancer)	38%
Other	30%

Q20. [If Yes on question 17]: Have you provided care or assistance to a person who is disabled or frail within the past 12 months?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	68%	57%	56%	57%	62%
No	32%	43%	44%	43%	38%
Total %	100%	100%	100%	100%	100%

Section V: Your Health

Q21. How would you rate your overall physical health?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Excellent	42%	28%	11%	26%	33%
Good	45%	57%	59%	57%	51%
Fair	11%	13%	28%	15%	14%
Poor	2%	2%	2%	2%	2%
Total %	100%	100%	100%	100%	100%

Q22. Do you have an impairment or condition that limits your ability to participate in your community?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	10%	13%	34%	16%	13%
No	90%	87%	66%	84%	87%
Total %	100%	100%	100%	100%	100%

Q23. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	11%	18%	46%	21%	17%
No	89%	82%	54%	79%	83%
Total %	100%	100%	100%	100%	100%

Q24. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	1%	3%	11%	4%	3%
No	99%	97%	89%	96%	97%
Total %	100%	100%	100%	100%	100%

Q25. If you require help with any of these activities, who helps you? (Check all that apply)

For those indicating they require help

	All Ages
I have no one to assist me when I need help	10%
I pay someone to help me	30%
A family member or friend helps me	56%

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

Section VI: Current & Future Retirement Plans

Q26. What is your employment status? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Working full-time	69%	22%	1%	19%	41%
Working part-time	14%	18%	5%	16%	15%
Retired	8%	57%	92%	62%	39%
Other	9%	3%	2%	3%	5%
Total %	100%	100%	100%	100%	100%

Q27. When do you plan to fully retire?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
N/A, I am already fully retired	9%	57%	92%	61%	38%
Within the next 3 years	5%	14%	1%	12%	9%
In 3 to 5 years	10%	11%	-	10%	10%
In 6 to 10 years	35%	5%	-	5%	18%
In more than 10 years	24%	<1%	1%	<1%	11%
Not sure	10%	9%	4%	8%	9%
I do not anticipate ever fully retiring	7%	4%	2%	4%	5%
Total %	100%	100%	100%	100%	100%

**Q28. Please indicate your level of agreement with the following statement:
*“During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.”***

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Strongly Agree	15%	20%	19%	20%	18%
Agree	42%	38%	38%	38%	39%
Neither Agree nor Disagree	22%	27%	29%	27%	25%
Disagree	18%	11%	13%	11%	14%
Strongly Disagree	3%	4%	1%	4%	4%
Total %	100%	100%	100%	100%	100%

Section VII: Social Activities & Relationships

Q29. How often do you talk on the phone, send email, use social media, or get together to visit with family, friends, relatives, or neighbors?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Two or three times a year (e.g., holidays)	3%	2%	9%	3%	3%
Once a month	2%	2%	4%	2%	2%
Two or three times a month	6%	7%	15%	8%	7%
One or more times a week	32%	34%	37%	35%	34%
Every day	57%	54%	35%	52%	54%
Never	-	1%	-	<1%	<1%
Total %	100%	100%	100%	100%	100%

Q30. Do you have any family members living within 30 minutes of your home on whom you can rely for help when you need it?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	64%	68%	82%	70%	67%
No	36%	32%	18%	30%	33%
Total %	100%	100%	100%	100%	100%

Q31. How would you rate your overall emotional well-being?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Excellent	44%	43%	26%	41%	43%
Good	48%	47%	61%	48%	48%
Fair	8%	9%	13%	10%	9%
Poor	-	1%	-	1%	<1%
Total %	100%	100%	100%	100%	100%

Q32. Other than the COA, where do you go to socialize or for leisure? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Library	19%	24%	13%	23%	21%
Parks or outdoor space	61%	50%	22%	47%	53%
Church or faith-based organization	27%	28%	41%	30%	29%
Museum or cultural center	15%	19%	4%	17%	16%
Restaurant or cafe	72%	70%	56%	68%	70%
A gym or fitness class	35%	24%	13%	22%	27%
Town meetings or other civic activities	12%	11%	7%	10%	11%
Other	27%	36%	32%	35%	32%

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

Section VII: Programs & Services at the Senior Center

Q33. Do you currently use programs or services offered by the Belchertown Council on Aging?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Yes	0%	18%	46%	21%	12%
No	100%	82%	54%	79%	88%
Total	100%	100%	100%	100%	100%

Q34. [If Yes on Question 33]: How frequently do you use programs or services offered by the Belchertown Council on Aging?

Reported for those who use the COA

	Age 60-79	Age 80+	Age 60+
Two or more times a week	25%	33%	27%
About once a week	14%	5%	12%
A few times a month	7%	16%	9%
About once a month	10%	11%	10%
A few times a year	44%	35%	42%
Total	100%	100%	100%

Q35. [If No on question 33]: What is the reason that you do not currently use programs or services offered by the Belchertown Council on Aging? (Check all that apply)*

Reported for those who do not use the COA

	Age 60-79	Age 80+	Age 60+
I am not interested	27%	36%	28%
I participate in programs elsewhere	11%	9%	11%
I am not old enough	9%	2%	8%
I do not identify with the word "senior"	26%	2%	25%
I don't have time	31%	25%	31%
Other	32%	39%	32%

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

Q36. The following items refer to programs and services that are currently offered through the Belchertown Council on Aging. Please rate the importance of each program/service to you personally or to someone in your family.

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
<u>Assistance with local or state programs (e.g., financial, fuel)</u>					
Important (1, 2)	52%	47%	49%	48%	49%
Neutral (3)	12%	13%	8%	12%	12%
Not Important (4,5)	36%	40%	43%	40%	39%
<u>Companion Errands Program</u>					
Important	36%	28%	26%	27%	31%
Neutral	17%	15%	13%	15%	16%
Not Important	47%	57%	61%	58%	53%
<u>Transportation</u>					
Important	50%	38%	44%	39%	43%
Neutral	10%	14%	9%	13%	12%
Not Important	40%	48%	47%	48%	45%
<u>Fitness activities (e.g., yoga, Tai Chi)</u>					
Important	48%	38%	31%	38%	42%
Neutral	21%	22%	13%	21%	21%
Not Important	31%	40%	56%	41%	37%
<u>Friendly Visitor program</u>					
Important	29%	23%	24%	23%	26%
Neutral	24%	18%	14%	17%	20%
Not Important	47%	59%	62%	60%	54%
<u>Health & wellness clinics (e.g., Blood pressure, hearing, & foot care clinics)</u>					
Important	53%	42%	38%	41%	46%
Neutral	15%	18%	18%	19%	17%
Not Important	32%	40%	44%	40%	37%
<u>Health insurance counseling</u>					
Important	50%	46%	36%	44%	47%
Neutral	13%	14%	12%	14%	14%
Not Important	37%	40%	52%	42%	39%

Q36 (Cont.)	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
<u>Information, referral & outreach</u>					
Important	46%	42%	42%	42%	44%
Neutral	20%	17%	12%	17%	18%
Not Important	34%	41%	46%	41%	38%
<u>Mental health counseling</u>					
Important	38%	28%	23%	27%	32%
Neutral	18%	15%	14%	15%	16%
Not Important	44%	57%	63%	58%	52%
<u>Nutrition/Meals on Wheels</u>					
Important	42%	37%	38%	37%	39%
Neutral	14%	13%	11%	13%	13%
Not Important	44%	50%	51%	50%	48%
<u>Professional services (e.g., tax, legal, & financial)</u>					
Important	45%	39%	35%	39%	42%
Neutral	17%	18%	12%	17%	17%
Not Important	38%	43%	53%	44%	41%
<u>Adult Supportive Day Program</u>					
Important	38%	27%	28%	28%	32%
Neutral	12%	14%	8%	13%	13%
Not Important	50%	59%	64%	59%	55%
<u>Social activities (e.g., crafts, gardening, fishing)</u>					
Important	47%	31%	30%	31%	38%
Neutral	17%	23%	16%	22%	20%
Not Important	36%	46%	54%	47%	42%
<u>Support groups (e.g., diabetic support group)</u>					
Important	40%	28%	21%	28%	33%
Neutral	13%	18%	15%	18%	16%
Not Important	47%	54%	64%	54%	51%

Q36 (Cont.)	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
<u>Caregiver support groups</u>					
Important	41%	29%	21%	29%	34%
Neutral	14%	15%	13%	14%	14%
Not Important	45%	56%	66%	57%	52%
<u>Educational opportunities (e.g., book club, PBS series)</u>					
Important	41%	30%	24%	30%	35%
Neutral	23%	23%	18%	23%	23%
Not Important	36%	47%	58%	47%	42%
<u>Computer classes</u>					
Important	36%	28%	28%	28%	31%
Neutral	22%	21%	18%	20%	21%
Not Important	42%	51%	54%	52%	48%
<u>Trips/Outings</u>					
Important	47%	38%	35%	38%	42%
Neutral	19%	22%	21%	22%	21%
Not Important	34%	40%	44%	40%	37%
<u>Volunteer opportunities</u>					
Important	44%	31%	33%	32%	37%
Neutral	24%	27%	13%	25%	25%
Not Important	32%	42%	54%	43%	38%
<u>Handy-man/minor repairs program</u>					
Important	50%	39%	36%	38%	44%
Neutral	19%	19%	15%	19%	19%
Not Important	31%	42%	49%	43%	37%

Q37. Below is a list of issues one could encounter when accessing the Belchertown Senior Center or its programs. Which of these issues have you experienced? (Check all that apply)*

	Ages 60+
Lack of transportation	3%
Lack of sufficient parking	2%
Not knowing what programs and services are available	19%
Programs don't interest me	19%
Location of the COA programs and services is inconvenient	1%
Hours of the Senior Center are inconvenient	5%
Limited class size for events/activities	3%
I don't think I would fit in there	16%
Cost for programs	3%
Other	26%

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

Q38. How satisfied are you with the programs and services offered through the Belchertown Senior Center?

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Completely Satisfied	6%	15%	24%	16%	13%
Very Satisfied	38%	41%	52%	42%	41%
Somewhat Satisfied	45%	31%	19%	30%	34%
Slightly Satisfied	5%	10%	4%	9%	8%
Not at All Satisfied	6%	3%	1%	3%	4%
Total %	100%	100%	100%	100%	100%

Q39. Where do you prefer to find information about the activities and services offered by the Senior Center? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Belchertown Senior Center Newsletter	24%	56%	85%	60%	45%
Television	5%	5%	11%	6%	5%
Radio	3%	2%	3%	2%	3%
The Belchertown Sentinel Newspaper	63%	59%	56%	59%	61%
Email or social media websites	35%	24%	4%	22%	27%
Other	9%	6%	4%	6%	7%

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

Q40. What other programs or services not currently offered through the Belchertown Council on Aging and/or Senior Center would you like to see made available?

See text for summary of write-in responses.

Section IX: Demographic Information

Q41. Please select your gender.

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
Male	37%	39%	39%	39%	39%
Female	61%	60%	61%	60%	60%
Do not care to respond	2%	1%	-	1%	1%
Total %	100%	100%	100%	100%	100%

Q42. What is your age range? (unweighted)

	All Ages	50 to 59	60 to 69	70 to 79	80 to 89	90+
Total %	100%	20%	38%	30%	10%	2%
# of respondents	1314*	257	502	397	129	28

*Age could not be determined for one respondent.

Q43. Which of the following best describes your race/ethnicity?

	All Ages
White/Caucasian	91%
Asian	1%
Black/African American	1%
Hispanic/Latino	1%
Other	2%
Do not care to respond	4%

*Respondents could choose all that apply; however, virtually all respondents gave just one response.

Q44. Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)

	Age 50 to 59	Age 60-79	Age 80+	Age 60+	All ages
N/A, I did not lack money	87%	85%	87%	85%	86%
Pay rent, mortgage, real estate taxes	6%	5%	2%	4%	5%
Pay for medical needs (e.g., prescriptions)	3%	6%	2%	5%	4%
Pay for car repairs or home repairs	8%	10%	8%	9%	9%
Pay utility bills (e.g., oil or electricity)	4%	5%	1%	5%	5%
Buy food	2%	4%	1%	3%	3%
Other	1%	5%	4%	5%	3%

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

BELCHERTOWN COUNCIL ON AGING

60 State Street

Belchertown, MA 01007

Phone 413.323.0420

www.belchertown.org

UNIVERSITY OF MASSACHUSETTS BOSTON GERONTOLOGY INSTITUTE

CENTER FOR SOCIAL & DEMOGRAPHIC RESEARCH ON AGING

100 Morrissey Boulevard

Boston, MA 02125-3393

Phone 617.287.7300

www.umb.edu/demographyofaging