

University of Massachusetts Boston

ScholarWorks at UMass Boston

Center for Social and Demographic Research on
Aging Publications

Gerontology Institute

10-2018

Easthampton Council on Aging Planning Study

Caitlin Coyle

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

Jan Mutchler

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

Ceara Somerville

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

Follow this and additional works at: <https://scholarworks.umb.edu/demographyofaging>



Part of the [Gerontology Commons](#), [Public Administration Commons](#), and the [Public Policy Commons](#)

Recommended Citation

Coyle, Caitlin; Mutchler, Jan; and Somerville, Ceara, "Easthampton Council on Aging Planning Study" (2018). *Center for Social and Demographic Research on Aging Publications*. 31.
<https://scholarworks.umb.edu/demographyofaging/31>

This Research Report is brought to you for free and open access by the Gerontology Institute at ScholarWorks at UMass Boston. It has been accepted for inclusion in Center for Social and Demographic Research on Aging Publications by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact scholarworks@umb.edu.

Easthampton Council on Aging Planning Study

October 2018



Commissioned by the Easthampton Council On Aging

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



October, 2018

Dear Easthampton Residents,

In the beginning of 2017, the Easthampton Council on Aging (ECO) and its board members wanted to accurately identify the unmet needs of seniors within our community. In order to pursue a project of this size, it was important to find a reputable institution that could manage and organize data efficiently. After carefully researching all of our options, it was determined that the needs assessment would be awarded to Center for Social and Demographic Research on Aging at the University of Massachusetts in Boston.

What comes next?

Over the next 10-15 years, the 55+ demographic will experience exponential growth. To maintain independence and quality of life for this population, we will need more resources than we currently have. With that in mind, it is important that we place our efforts into improving programs and access to services such as affordable healthcare, transportation, food assistance, tax relief, and housing options for Easthampton seniors.

By preparing for this now, the ECO and the community at large can develop strategies that will help minimize the impact of this population shift. The needs assessment will play a critical role in this process, as it provides us with comprehensive research on issues that directly affect our seniors. With this knowledge, we will be able to make informed decisions about the future of elder services in our city.

Final Thoughts

Throughout the process of the needs assessment, the ECO received an overwhelming amount of community support. Dr. Caitlin Coyle, lead researcher of the assessment, collaborated with a variety of focus groups (i.e. local agencies and ECO participants), conducted key interviews with city officials, and worked closely with the ECO board. Each group offered unique perspectives in regards to the current and future affairs of elder services. In addition, a community survey was distributed to Easthampton Residents ages 55 and up. Over 1800 surveys were completed and returned to UMASS. Without this level of participation, the needs assessment would not have carried the same vision and objectives that we originally set out for. This was an amazing opportunity, and for that the ECO would like to thank each and every one of you who helped us. Truly, it was an honor.

I would like to personally thank Dr. Caitlin Coyle for putting in endless hours of research and always being readily available to answer questions along the way. The UMASS team has shown constant professionalism and guidance since the very beginning of this project. Last but not least, I owe a great deal of thanks to the ECOA board for their contributions and helping to design the final draft of the community survey.

The ECOA is committed to improving the lives of Easthampton seniors, ages 55 and over, by providing essential programs and activities that meet the needs of our aging population. We will continue to provide case management services, health and fitness classes, social activities, accessible transportation, and educational courses that we hope will enhance the lives of many Easthampton seniors. As we explore the findings of the needs assessment, we hope that we can continue to grow and adapt to these changing needs.

Sincerely,

Brendan Rogers

Brendan Rogers
Director of Easthampton Council on Aging

Easthampton Council on Aging Planning Study

Commission by the
Easthampton Council on Aging

October 2018

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

Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies that offer services to older adults throughout the Commonwealth.

Caitlin Coyle, PhD, Jan Mutchler, PhD, and Ceara Somerville, MS, are primarily responsible for the contents of this report. Others contributing to the project include Nidya Velasco, Brittany Gaines, and Rebecca Mailman. We offer our appreciation to Brendan Rogers, Executive Director of the Easthampton Council on Aging, for his leadership and guidance. We thank the Easthampton COA Board and staff for their input and cooperation. We acknowledge with gratitude the City of Easthampton, which provided funding for the project. As well, we are deeply grateful to the Easthampton leadership and residents who shared their thoughts as part of the data collection.

Easthampton Council on Aging Board Members		Easthampton Council on Aging Staff Members	
Gordon Pilgrim	Chairperson	Brendan Rogers	Executive Director
Tom Brown	Vice Chairperson	Kimberly Jensen	Activity Coordinator
Estelle Stasz	Secretary	Edward Kaler	Event Planning and Publicity
Audrey Brown		Hayley Wood	Outreach Coordinator
Stanley Kroll		Linda Talbot	Outreach Worker
Carol Laliberte		Patricia Gauthier	COA Office Aide
Marie Fiat		Hank Senecal	COA Van Driver
Eileen Myers		Jeffery Pelly	COA Van Driver
Monica Grezzi-Mulea		Tammy Lieber	Receptionist/COA Van Driver

For more information, contact:

Caitlin Coyle
Gerontology Institute
University of Massachusetts Boston
Caitlin.Coyle@umb.edu
617.287.7413

Table of Contents

Executive Summary	1
Introduction	7
Background and Literature Review	11
Methods	13
About the Community Survey Respondents.....	14
Demographic Profile of Easthampton	15
Hearing from Key Informants and Focus Group Participants	28
Hearing from Residents: Results from the Community Survey	31
Peer Community Comparison	63
Conclusions & Recommendations	66
References	75
Appendix: Community Survey Results	76

Executive Summary

This report describes collaborative efforts undertaken by the City of Easthampton Council on Aging (ECOA) and the Center for Social and Demographic Research on Aging (CSDRA), within the Gerontology Institute at the McCormack Graduate School, University of Massachusetts Boston. Beginning in Fall 2017, these organizations partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the City's residents age 55 and older. During this assessment, multiple approaches were utilized to compile information that could be used to plan and implement current and future services. We examined data from the U.S. Census Bureau and from projections generated by the Donahue Institute at the University of Massachusetts to describe growth of the population in the past and changes that can be expected in the future. We developed and administered a survey for Easthampton residents age 55 and older, yielding responses from more than 1,800 residents. In addition, we collected insights from Easthampton leadership and other key stakeholders in the community. Contents of the report are intended to support planning and promote awareness by the Easthampton Council on Aging as well as other City offices, private and public organizations that provide services and advocate for older people within Easthampton, and the community at large.

A central finding of the report points to the substantial increase in the number of older adults expected to live in Easthampton in the coming decades. Projections suggest that by 2035, more than one out of three Easthampton residents will be aged 60 and older, compared to one-quarter currently. Growth in the number of older residents will heavily impact the Easthampton Council on Aging, given its mission. However, this central, overarching observation—that the older population of Easthampton is already large and will continue to expand—makes clear the importance of considering how well features of the City, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

Key Findings in Brief

➤ Economic insecurity is a concern for older Easthampton residents.

- Median household income for Easthampton householders age 65 and older is lower than the statewide median, and nearly one-third of householders age 65 and older report household income under \$25,000 annually.
- Survey respondents expressed substantial concerns about affordability and cost of living. Many respondents reported special concern about escalating property taxes.
- Financial strain may be substantial for segments of the Easthampton community: one out of five respondents to the community survey indicated that they lacked finances for one or more necessities over the previous 12 months.

- Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as problematic in Easthampton.
 - One-third of the surveyed homeowners say their current residence needs home repairs (such as a new roof) and 35% say they need home modifications (such as grab bars or railings).
 - Survey respondents express concerns not only about their ability to afford needed repairs, modifications, and maintenance but also about their ability to identify trustworthy assistance for these purposes as they get older.
 - Key informants report a lack of senior housing and downsizing options in Easthampton and note that leaving Easthampton may be the only option for some older adults seeking these types of housing.
- Obtaining necessary transportation is a concern, especially for Easthampton's oldest residents.
 - Key informants reported concerns about traffic and walkability, and noted that because local shopping and medical services are limited, expanding travel options are essential.
 - Many survey participants reported that they were worried about their ability to stay in Easthampton if they lose the ability to drive.
 - Results from the survey suggest that many Easthampton residents reduce their driving as they get older, and a large share of those age 80 and older do not drive at all.
 - Non-drivers appear to be impacted in important ways: one-third say they have difficulty getting the transportation that they need, and one out of five report having missed, cancelled or rescheduled a medical appointment due to a lack of transportation.
 - Transportation services through the ECOA are valued by the community, and nearly one out of four non-drivers in the survey report using these services.
- Some Easthampton residents are at risk of isolation.
 - Most survey respondents are well integrated with the community, and report strong support and interaction with family and friends.
 - However, 6% of survey respondents say they rarely have phone contact with family or friends, and 12% report getting together in person with family or friends just once a year or less frequently.
 - Over 90% of respondents say they have someone nearby on whom they can rely for help when needed; but as many as one out of ten do not.

- Most respondents would help a neighbor if asked, but one out of three respondents would not ask a neighbor for help.
- Many Easthampton residents need support due to physical or cognitive conditions, and many caregivers need help.
 - In Easthampton, nearly 4 out of 10 residents age 65 and older report one or more disability and as many as 11% require assistance with self-care, such as dressing, bathing, or getting around the house. An estimated 13% of Easthampton residents age 65 or older have Alzheimer’s disease or a related dementia.
 - More than one-third of Easthampton respondents age 80 and older say they have an impairment or condition that limits their ability to participate in the community.
 - One-third of survey respondents under the age of 80 are caregivers, along with 17% of those age 80 and older. Most of these caregivers report the experience as challenging.
 - Survey respondents report generally low satisfaction with the availability of home care and caregiver support in Easthampton.
- Community awareness of the Easthampton Council on Aging and Senior Center is uneven.
 - Many respondents are not familiar with the ECOA, or have misperceptions about its focus.
 - Many survey respondents who have never participated in the Easthampton Senior Center say their reason for nonparticipation is that they don’t know what’s available. Some survey respondents indicate that they did not know that Easthampton had a Senior Center.
 - Key informants report that many residents think the ECOA is meant for the oldest Easthampton residents, rather than for the entire 55 and older population.
- Demands on the Easthampton COA and Senior Center may outstrip capacity in the near future.
 - Through population growth alone, demand for ECOA services and programs are expected to rise in the future.
 - Half of current Easthampton Senior Center participants report being “very” or “completely” satisfied with programs and services offered by the ECOA.
 - Respondents express special interest in life-long learning, fitness, and other programs that support health and strengthen socialization, while retaining access to services and supports such as assistance in applying for financial supports.
 - Key informants and survey respondents report that features of the Senior Center building are problematic, and restrict opportunities for expanding or improving programs and services. Some respondents indicate that the building is not handicap

accessible, restricting access for some who may wish to participate. Many refer to the building as being dark, unwelcoming, poorly laid out, and lacking key amenities. Parking is viewed as inadequate.

Recommendations for the Easthampton Council on Aging and Senior Center

Addressing many of the issues identified through the needs assessment process will require cooperation between the ECOA and other City offices and local organizations, and some issues may fall beyond the scope of the ECOA altogether. In developing recommendations, our focus has been to prioritize ways in which the ECOA may contribute to addressing community needs, understanding that additional efforts may productively occur outside of the ECOA.

Devise and strengthen programs that address economic insecurity concerns among older Easthampton residents

- Strengthen efforts to make residents aware of resources that are available to them, such as programs supporting food security (e.g., SNAP), fuel assistance, and the like.
- Ensure that the ECOA offers sufficient outreach to the community.
- Consider establishing a property tax work-off program in Easthampton.
- Ensure that Easthampton seniors are aware of available opportunities to defer their property taxes.
- Rethink ways in which the ECOA and Senior Center can support food security.
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement or finding new employment

Consider strategies and partnerships that will address seniors' housing concerns

- Distribute educational materials, hold workshops, or offer other opportunities for Easthampton residents to learn about home modifications that can promote safety in the home.
- Consider making information available about reliable contractors and affordable options for implementing safety features in the home.
- Advocate for expanded downsizing options, affordable housing for seniors, and housing with services in Easthampton or nearby communities.

Strengthen transportation options in Easthampton

- Expand transport available through the ECOA, including medical trips but also “amenity trips” for social participation.
- Advocate for expanded transportation service throughout the Easthampton area.
- Ensure that segments of the community at high risk of experiencing travel barriers are aware of available options: residents age 80 and older; non-drivers; and those with significant mobility limitations.

Strengthen services and programs addressing caregiving and isolation

- Evaluate the adequacy of existing home care and caregiver support programs in the area.
- Expand outreach efforts to ensure that residents are aware of home care and caregiver support opportunities that are already available.
- Establish the ECOA as a trustworthy source of information about options for receiving assistance in the home.
- Consider ways to address isolation among older Easthampton residents, including designing programs through the ECOA meant to welcome new participants.

Expand ECOA programming to appeal to a broader segment of the community, including programs that appeal to the entire age range of the target audience (55+)

- Expand educational offerings: this was the most highly rated type of programming identified by younger survey respondents.
- Expand fitness and health promotion offerings, both on- and off-site.
- Expand and refresh intergenerational activities linking the ECOA and its participants to younger residents.
- Consider strategies for usefully expanding the volunteer program at the Easthampton Senior Center.

Improve communication and expand awareness of ECOA programs and services

- Work to improve awareness of the ECOA and implement a plan to address barriers to knowledge.
- Explore opportunities to make a printed newsletter readily available to residents who want or need print format.
- Explore expanded opportunities to improve visibility of the ECOA and Senior Center through the local newspapers as well as through digital platforms.
- Consider hosting community events that will draw residents into the Senior Center as a basis for expanding awareness.

Develop improved space available for programs and services

- Improve the availability of private space for confidential conversations: needs for help with caregiving, health or home care concerns, needs for financial assistance, and the like.
- Address accessibility barriers at the Senior Center relating to stairs, location of restrooms, and other features that discourage participation by those with mobility or cognitive limitations.
- Consider opportunities to reconfigure existing space so that activities and events can be held during overlapping time periods without interfering with one another.
- Explore opportunities for addressing parking challenges at the Senior Center.

Plan for escalating demand for Senior Center programs and services

- Explore opportunities to acquire additional space to host programs.
- Address the need for additional staff as programs and services are improved and expanded and participation increases.
- Consider selectively increasing the involvement of volunteers in staffing the Senior Center. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.

Introduction

Like many municipalities across Massachusetts, the population of Easthampton is aging. Already, one out of four Easthampton's residents is age 60 or older, and this share is projected to grow larger over the coming decade. As the older population of Easthampton continues to grow, planning is necessary to ensure that the City is adequately prepared to meet the challenges and capitalize on the opportunities that an aging population presents. As part of this planning effort, incorporating diverse stakeholder perspectives relating to the aging-related needs of Easthampton's residents is helpful.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Easthampton. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including residents, municipal officials and other community leaders. The assessment has as its primary focus the current and future consumers of the Easthampton Council on Aging (ECOAs) services and programs. The goals of this project are to identify the characteristics and needs of Easthampton residents age 55 and older; to identify specific concerns of community members related to aging in Easthampton and capture their ideas regarding how quality of life could be improved for older adults who live in the City; to explore the current and potential role of the COA in the lives of older residents; and to outline the implications of an aging population for the City. The contents of this report are intended to inform planning by the Easthampton Council on Aging as well as other City offices, private and public organizations that provide services and advocate for older people within Easthampton, and the community at large.

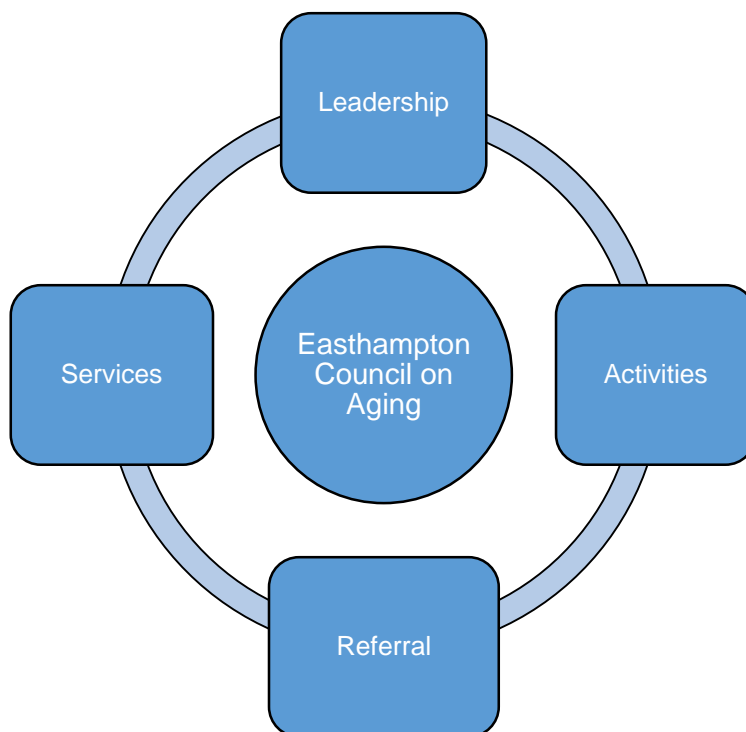
The Easthampton Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally-appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a Senior Center, a community facility housing senior services and programs along with the staff and volunteers offering them. As a municipal department, the ECOA is tasked with providing information and some direct services to Easthampton residents age 55 and older. The ECOA describes its mission as follows:

The Easthampton Council on Aging (ECOAs) is dedicated to serving seniors in the community, ages 55 and over, by providing essential programs and activities that meet the needs of our aging population. To obtain this goal, the ECOA continues to provide case management services, health and fitness classes, social activities,

accessible transportation, and educational courses that will enhance the quality of life for many Easthampton elders.¹

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



The ECOA offers programs and services at the Senior Center located on Union Street and in various other locations throughout the community. An array of activities and services are offered for free or at low cost to community members who are aged 55 and older. Staff at the ECOA also refer eligible residents to services and programs available through other offices and organizations. The ECOA plays an important leadership role in the community, serving as a resource to other City offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents. ECOA services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources, gifts and donations, and nominal fees charged for

¹ Mission Statement reproduced from City of Easthampton FY2019 budget, <https://www.easthampton.org/government/mayor/budgets/proposed-fiscalyear-2019-budget.html>

some activities. The ECOA also benefits from support through the Friends of the ECOA, a nonprofit fundraising organization.

The Easthampton Senior Center operates Monday thru Friday from 8:00 a.m. to 4:00 p.m., with expanded evening hours on Tuesday and Thursday. It is also open Saturday mornings. Its staff includes a full-time Director, two outreach staff members, a receptionist, a COA Assistant, an activity and event coordinator, an events and publicity coordinator, and two van drivers. The ECOA Board of Directors is made up of city-appointed volunteers who live in the community. Its nine members act as an advisory committee to the Executive Director, Brendan Rogers.

Examples of programs offered through the ECOA include:

- Outreach services that connect residents to services and benefits for which they are already eligible (e.g., information and referral; SHINE; SNAP)
- Outreach services helping older residents and their families in crisis (e.g., assisting families with long-term care planning for family members with dementia; working with older people struggling with mental health crises; addressing self-neglect)
- Programs that help residents stay in their homes (e.g., grocery shopping and delivery program; transportation services)
- Programs that help residents stay healthy (e.g., fitness center; health screening)
- Programs that provide the opportunity for residents to socialize with others (e.g., ballroom dancing; billiards; cards and games)
- Cultural and educational activities (e.g., travel club; computer classes)
- Programs that connect residents to professional services (e.g., legal assistance or financial management)

Complete information about programs and services available through the ECOA, and a weekly schedule, are available online at <https://easthamptoncouncilonaging.org/>.

Comprehensive data on the number of participants served through the ECOA has only recently become available, when the ECOA purchased the MySeniorCenter software, a data system that records statistics for activities and programs. Prior to that point, assessments of participation were based on less systematic strategies and may have been more incomplete. Participants are still becoming familiar with the system, and some attendees do not yet routinely check in when they participate in activities. However, with time and growing familiarity, the new tracking system will yield a stronger basis for understanding how many people are being served, and what programs and services are experiencing the greatest demand.

Early data shared by the Executive Director indicate that during the first six months of using the MySeniorCenter system, a total of 88 individuals had received 2,275 rides through the ECOA transportation services, corresponding to an average of 21 one-way trips daily during that time frame. If we assume service levels remain stable for the remainder of the 12-month period starting April 1, we would expect to see a total of over 5,000 rides provided during the first year of tracking. Information in the tracking system suggests that a majority of the trips provided during these first six months were for medical purposes or for shopping.

As another example, at least 208 individuals benefitted from a total of 1,130 outreach service hours through the ECOA over the initial six-month tracking period, by which they were connected with a wide number of services and supports. For example, 50 people received help applying for MassHealth, and 32 people received help related to fuel assistance during that six-month period. These important resources help Easthampton residents stay in their homes and get the care and support that they need, reflecting substantial value to the community.

Among the many activities and events offered, data generated through the new tracking system suggest especially strong participation in health and fitness programming at the Easthampton Senior Center. For example, during the first six months of tracking, a minimum of 144 individuals participated in at least one fitness activity. Some of these individuals took advantage of the fitness room while others participated in a structured class, and many participated on a frequent basis. Although the system is new and the data are still incomplete, these reports highlight the popularity of health promotion activities.

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

Background and Literature Review

A commonly expressed goal of older adults is to remain living in their own homes as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote wellness by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. Communities that support healthy aging and aging in place are referred to as “livable” communities or “age-friendly” communities, having features that promote efforts by older adults “to maintain their independence and quality of life as they age and retire” (Nelson & Guengerich, 2009). Key components that facilitate livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older people.

Housing

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are strongly attached to their current home, even if the “fit” between individual capacity and the home environment decreases (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge 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; educating residents about home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, can be helpful. The availability of affordable housing options, especially those with accommodating features, including assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in their community (AARP, 2005).

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

cont.

Literature Review (cont.)

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 care services. 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 their yards can help protect the value of investments and improve the neighborhoods in which older people live. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence, and improve quality of life (Pardasani & Thompson, 2012).

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

Methods

Methods used in compiling this report include analysis of existing data from demographic and other sources, and original data collected for this study.

Interviews. Focus groups (group interviews) were held with three segments of the community: (a) current users of the ECOA/Easthampton Senior Center (N=11); (b) future users of the ECOA/Easthampton Senior Center (N=9); and community stakeholders involved with the older population, including the City Planner; the City Health Inspector; representatives of the Cooley Dickinson VNA & Hospice; a representative of the Treehouse multigenerational community; a member of the ECOA outreach staff; representatives of Highland Valley Elder Services, the local ASAP; and representatives of local housing developments. Focus group participants were selected by the ECOA Director, and group interviews were held at the Senior Center. One-on-one interviews were conducted with five key informants, including Mayor Nicole LaChapelle; Chief David Mottor from the Easthampton Fire Department; Louise Whitworth, RN, Case Manager at Valley Medical Group; Detective Eric Alexander, Elder Affairs Officer in the Easthampton Police Department; and Brendan Rogers, Executive Director of the ECOA. These interviews occurred during Winter 2017-2018. Limited-scope interviews were also conducted with COA Directors in nearby communities, chosen in consultation with the ECOA Director.

Community Survey. A community survey was developed for this study and mailed to Easthampton residents age 55 and older. A mailing list was obtained from the Easthampton City Clerk, based on the most current municipal census. Only Easthampton residents age 55 and older at the time the survey was distributed were included on the list; the mailing list was destroyed upon completion of the study. Printed surveys were mailed to Easthampton residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was installed on the SurveyMonkey website. A total of 1,841 responses to the survey were obtained, representing a very strong return rate of 33% (see box below for details). Three percent of the responses were returned online and the rest of the responses were returned by mail. In the Appendix, response distributions are shown by age group.

Other Materials. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey); from projections generated by the Donahue Institute at the University of Massachusetts; and from the Healthy Aging Data Report for Easthampton (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the ECOA and Senior Center was retrieved from material drawn from the MySeniorCenter data system and from online sources (including the ECOA website, the online version of the August 2018 *Silver Circle* newsletter, and the FY2019 Easthampton City Budget document).

About the Community Survey Respondents

Respondents to the community survey included 1,841 individuals, representing a response rate of 33%. Response rates were higher for those age 60 or older than for those age 55 to 59. As shown in the table below, 34% of residents age 60-69 responded to the survey, along with 41% of residents age 70-79 and 39% of those age 80 or older. In comparison, just 19% of residents age 55-59 responded. This differential response rate resulted in an age distribution of respondents to the survey that is older than the population age 55 and older in Easthampton as reflected in the original mailing list (compare columns *B* and *E* in the table below). To take this differential response pattern into account, and to facilitate comparison of younger and older segments of the population with respect to needs and interests, we present most results separately for those age 55-59 and those age 60 and older.

	Original Easthampton mailing list, residents age 55+	% age distribution for original mailing list	Number of responses	Response rate	% age distribution for responses
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
Age 55-59	1,245	22%	242	19.4%	13%
Age 60-69	2,310	42%	775	33.6%	42%
Age 70-79	1,326	24%	543	41.0%	30%
Age 80+	683	12%	266	39.0%	15%
TOTAL	5,564	100%	1,841*	33.1%	100%

*includes 15 people who declined to provide their age

Gender: The survey responses include a slightly disproportionate number of women. In the survey, 59% report themselves as female, with 40% reporting male, and 1% indicating they do not care to respond. This is a somewhat higher share of women than is reported in the American Community Survey (ACS; 55%) and, in part, reflects the age composition of the sample.

Results

Demographic Profile of Easthampton

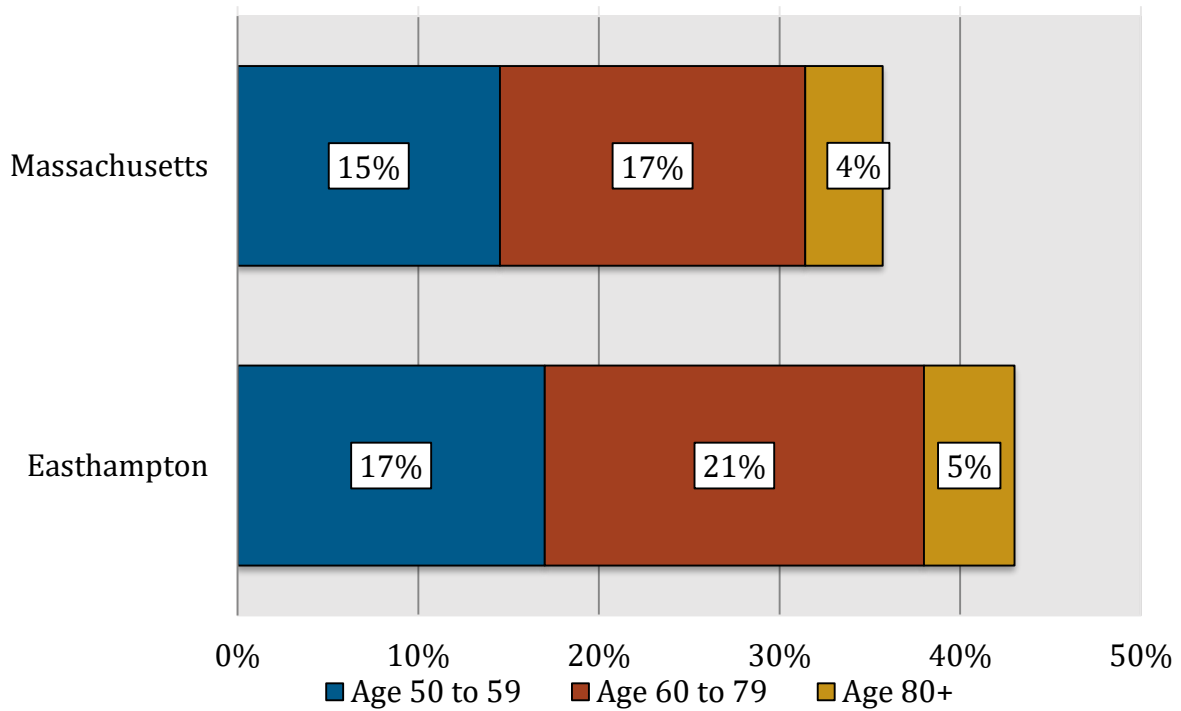
Age Structure and Population Growth

According to American Community Survey (ACS), an estimated 16,042 residents lived in Easthampton in 2016. More than two out of five (6,900 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 made up 17% of the population; residents age 60 to 79 comprised 21%, and another 5% were age 80 and older.

Table 1. Number and percentage distribution of Easthampton's population by age group, 2016		
Age Category	Number	Percentage
Under age 18	2,512	16%
Age 18 to 49	6,630	41%
Age 50 to 59	2,696	17%
Age 60 to 79	3,385	21%
Age 80 and older	819	5%
Total	16,042	100%
<i>Source: American Community Survey, 2012-2016, Table B01001. Numbers are calculated from 5-year survey estimates.</i>		

The share of the Easthampton population age 50 and older was higher than in the Commonwealth overall (**Figure 1**). Thirty-six percent of the Massachusetts population was in the 50 and older age group in 2016, compared to 43% of the Easthampton population. Compared to the Commonwealth, Easthampton had also a higher portion of residents age 60 and older.

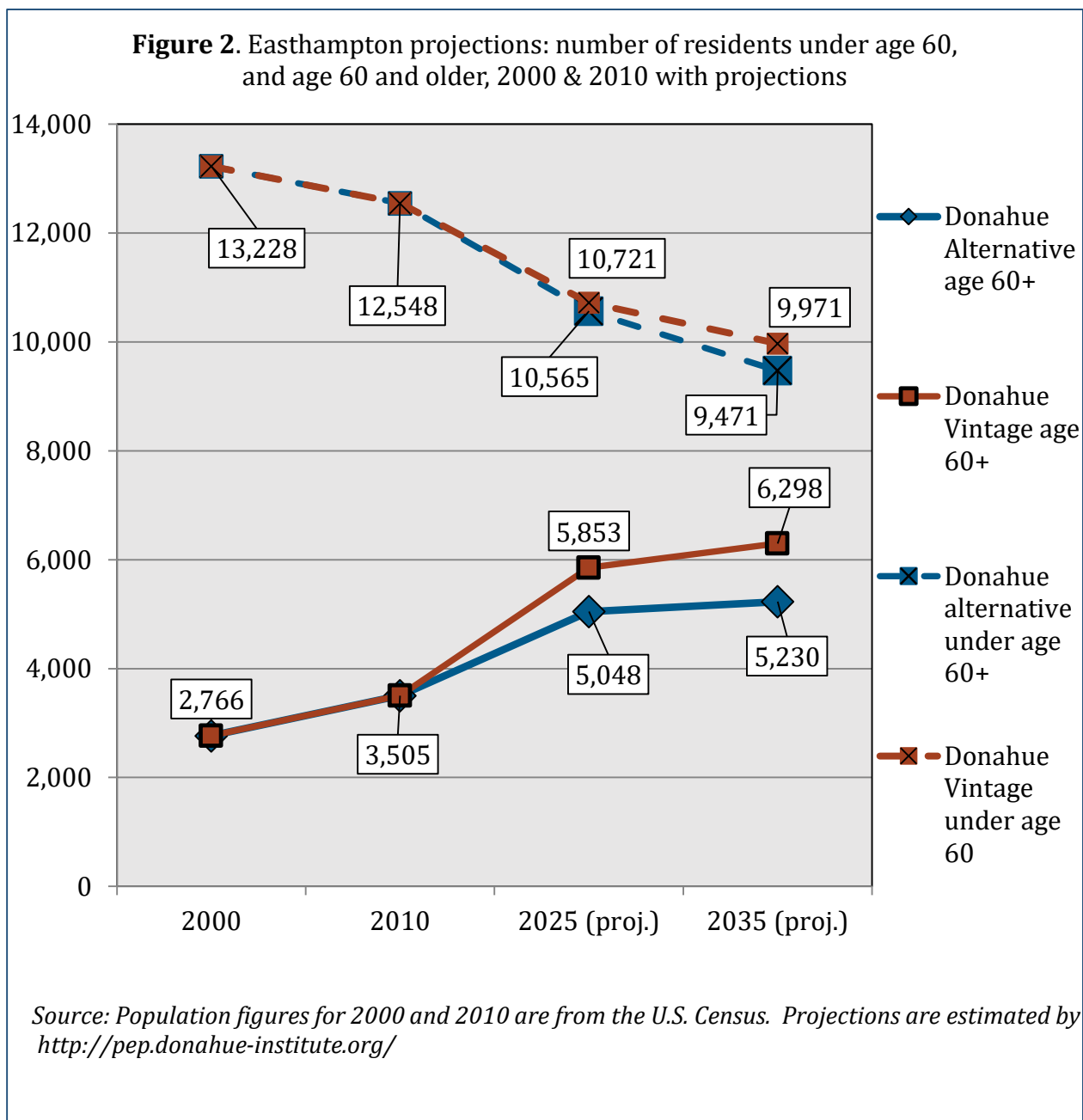
Figure 1. Age distribution in Easthampton and Massachusetts



Source: American Community Survey, 2012-2016, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and the City of Easthampton has been concentrated in older age groups. Between the federal decennial censuses of 2000 and 2010, Massachusetts's total population of all ages grew by 3%, while in Easthampton the total population experienced virtually no growth, at 0.4% (*US Census, Table QT-P1*). However, during that decade the population age 60 and older increased by 16% for Massachusetts as a whole, and by 27% in Easthampton. Moreover, in both Easthampton and Massachusetts the increments in the share of older population are projected to continue in the coming decades.

Figure 2 shows two sets of projections for Easthampton's population generated by the Donahue Institute at the University of Massachusetts. Both sets of projections suggest increases in the number of older residents, coupled with declines in the number of residents under age 60². The two scenarios captured by these projections suggest that in 2035, Easthampton will have between 5,200 and 6,200 residents aged 60 and older.



² Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. For more information on the methods used to create Donahue Institute projections, see Renski & Strate (March 2015).

Figure 3 illustrates what these data sources suggest with respect to the share of Easthampton's population age 60 and older in 2000 and 2010, along with expectations moving forward. While the Donahue Vintage projections suggest that the share age 60 and older will be slightly higher, both series suggest a large increase in the prevalence of older residents. By 2025, roughly one-third of Easthampton residents are expected to be age 60 and older, and by 2035, seniors are expected to represent 36-39% of the population.

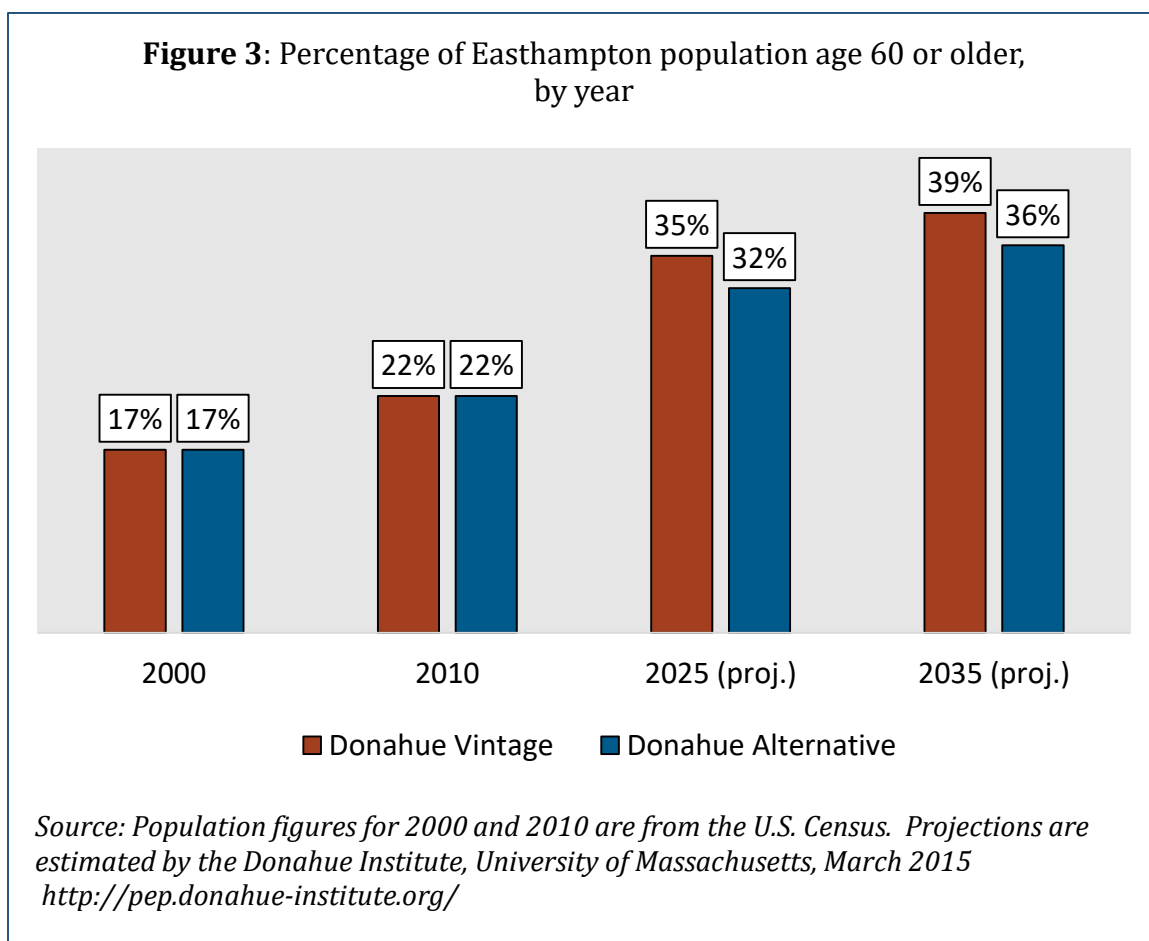
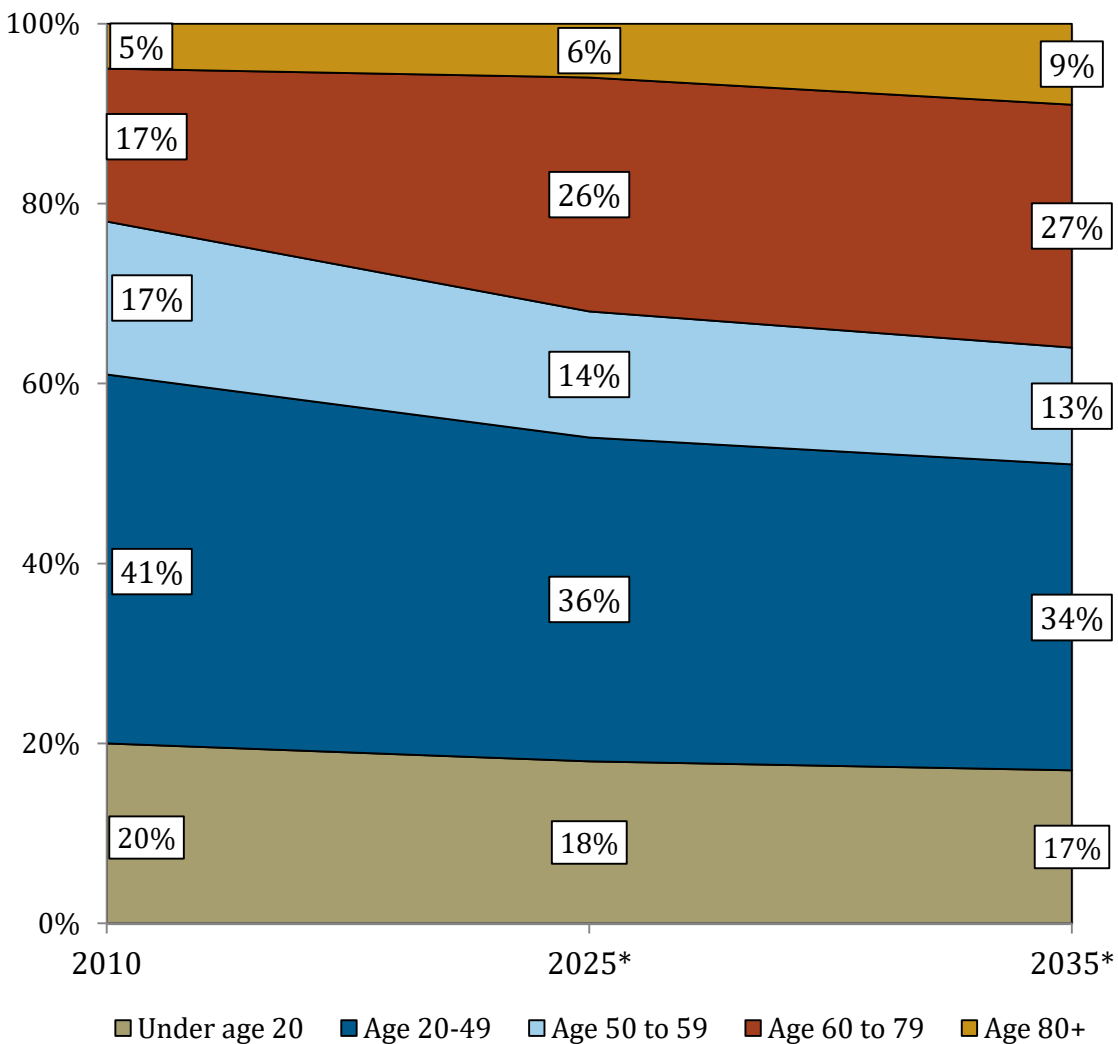


Figure 4 illustrates the age distribution of Easthampton's population using the Donahue Alternative set of projections. These projections were chosen because they suggest a smaller increase in the number and share of residents age 60 and older; as such, they represent the more conservative scenario of the two projection series. In this figure the trajectory in age distribution reflects an expansion of the older age categories, with an increase in the age 60-79 population being especially pronounced. This scenario suggests that by 2035, roughly half of Easthampton's population will be age 50 and older.

Figure 4. Recent and future age distribution of Easthampton, 2010 to 2035

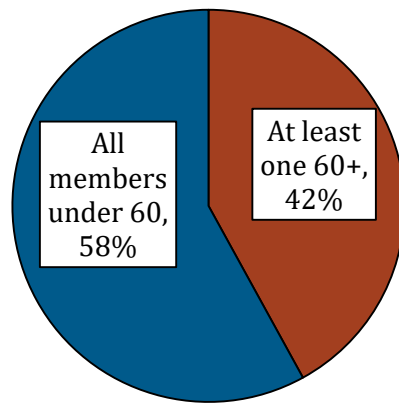


Source: U.S. Census Bureau, Census of Population for 2010. Figures for 2025 and 2035 are the Alternative Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Characteristics of Easthampton's Older Population

Federal statistics suggest that already, 42% of Easthampton's households include at least one individual who is age 60 and older (**Figure 5**). This high proportion— which is likely to increase in the future given projected growth in the older population— potentially reflects a widespread demand for programs, services, and other considerations that address aging-

Figure 5. Households in Easthampton with at least one member age 60 and older



Source: American Community Survey, 2012-2016, Table B11006. Numbers are calculated from 5-year survey estimates.

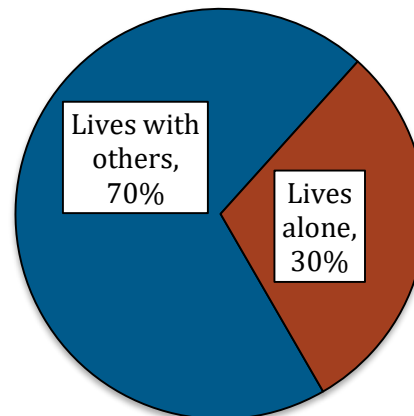
related concerns, including health and caregiving needs, transportation options, and safe home environments.

A large share of Easthampton residents who are age 65 and older (30%) live alone in their homes (**Figure 6**). The remaining 70% live in households that include other people, such as a spouse, parents, children, or grandchildren. Although many people who live alone have

active social lives and are engaged with their communities, living alone can place people at higher risk of isolation, especially if they also have mobility limitations, cannot drive, or have few friends or family members nearby.

Estimates suggest that Easthampton residents age 65 and older are well educated on average and nearly one out of four have a bachelor's degree or more (*ACS, 2012-2016, Table B15001*). 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, as well as late-life learning opportunities—activities that are often present in highly educated communities (Fitzgerald & Caro, 2014). Similar to older adults

Figure 6. Living arrangements of Easthampton residents age 65 and older

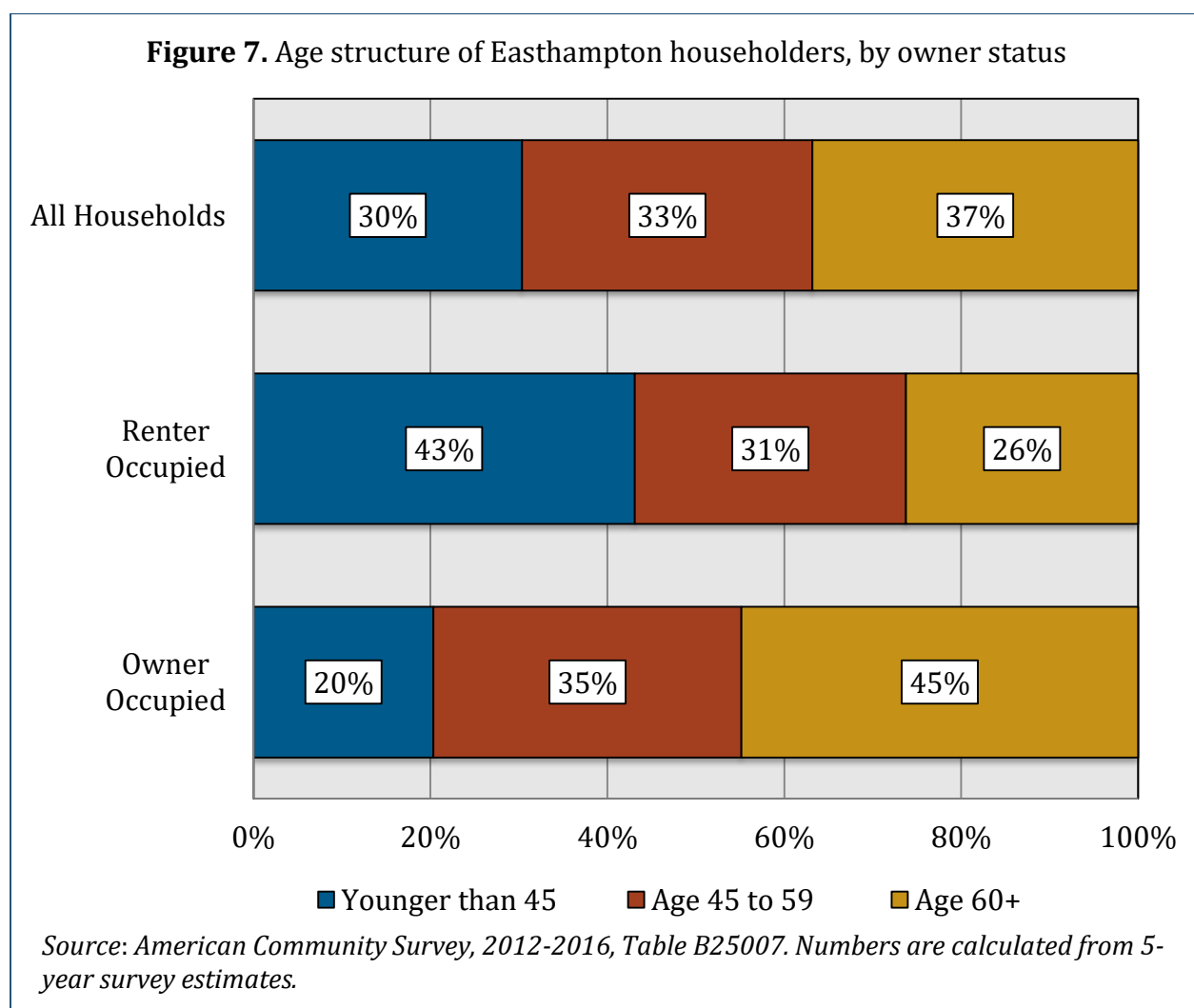


Source: American Community Survey, 2012-2016, Table B09020. Numbers are calculated from 5-year survey estimates.

living in communities throughout the U.S., a large proportion of Easthampton residents aged 65 and older remain in the workforce. Almost 28% of Easthampton residents age 64 to 74 are participating in the labor force, along with nearly 8% of residents age 75 and older (*ACS, 2012-2016, Table S2301*). Additionally, more than half of men age 65 and older report veteran status (52%; *ACS, 2012-2016, Table B21001*). As a result, many of the City's older residents may be eligible to receive some benefits and services based on their military service or that of their spouses.

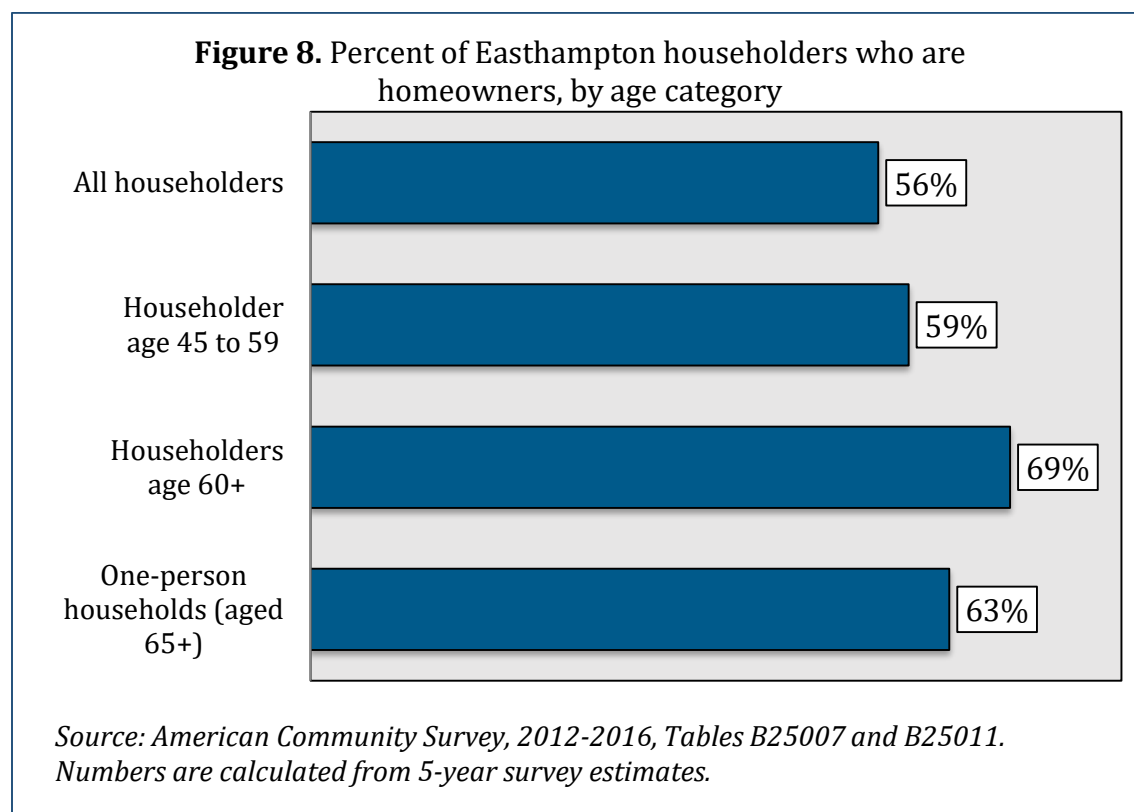
Economic Resources and Housing in Easthampton

A majority of Easthampton's households are headed by a resident who is aged 45 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 70% of all households in Easthampton³ (**Figure 7**). Among renter-occupied households, residents younger than 45 are heads of 43% of households, while 31% are aged 45 to 59 and 26% are aged 60 and older. In comparison, residents under the age of 45 make up only 20% of owner-occupied households. Residents between 45 and 59 years of age make up 35% of homeowners and those 60 and older make up 45%. The high prevalence of older homeowners in Easthampton has implications for the amenities and services likely to be needed and valued by members of the community.



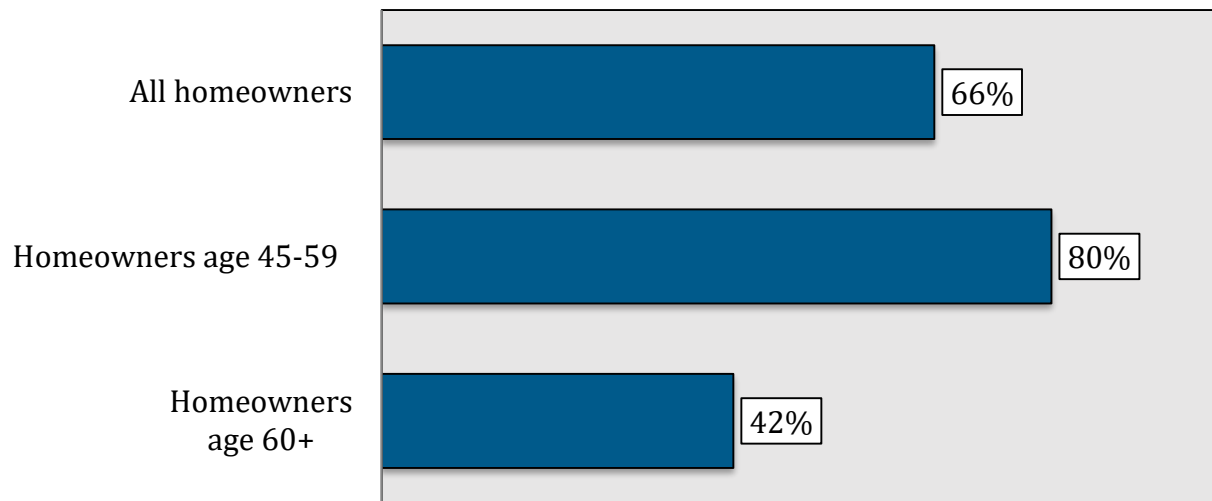
³ Many available Census data on the older population of Easthampton are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

More than half of all Easthampton residents live in homes that they own or are purchasing (56%; see **Figure 8**). While 59% of residents age 45 to 59 own their homes, 69% of householders 60 and older own their homes. A sizeable share of Easthampton residents who are 65 and older and live alone also own their homes (63%). Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.



Equity in an owned home is an important source of wealth and, as shown above, a majority of Easthampton householders own their homes. However, note also that two-thirds of all Easthampton homeowners are paying a mortgage (**Figure 9**), including 80% of those age 45 to 59, and 42% of homeowners age 60 and over. Mortgage payments may add to financial demands among many older residents, including especially those who are retired.

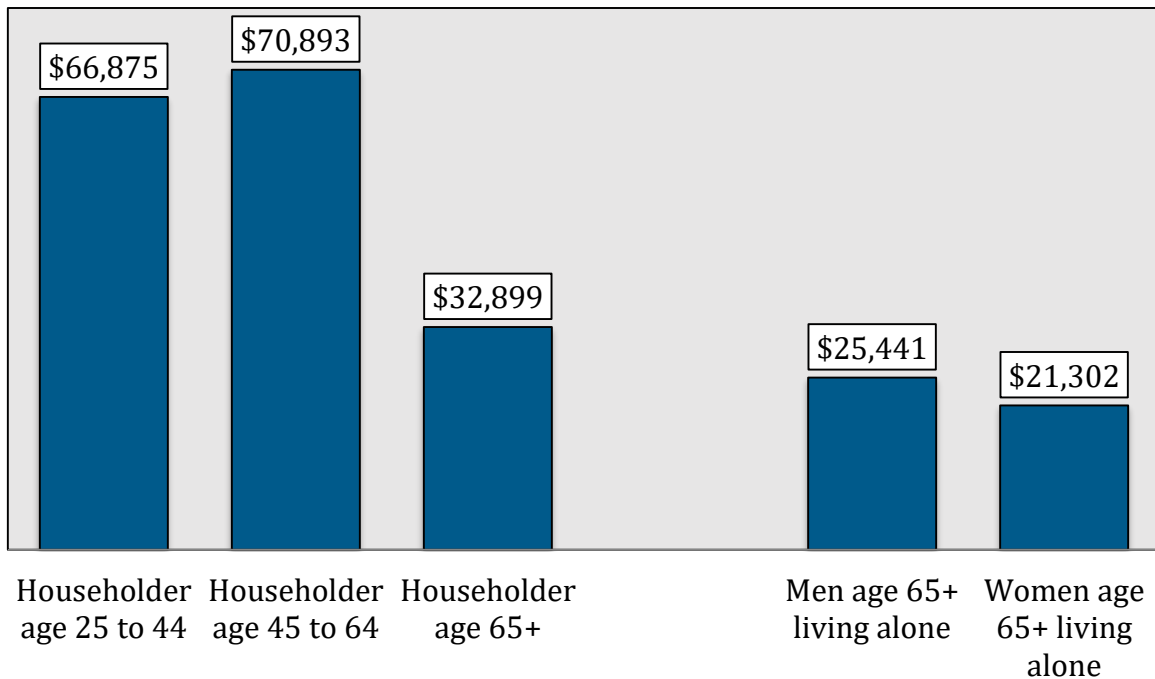
Figure 9. Percent of Easthampton homeowners who have a mortgage



Source: American Community Survey, 2012-2016, Table B25027. Numbers are calculated from 5-year survey estimates

Household income in Easthampton is lower than in Massachusetts as a whole. Across all-age households, median income in Easthampton is just over \$58,000 annually, compared to a statewide median of nearly \$71,000 (not shown). Similar to most communities, older residents of Easthampton report lower incomes than their younger neighbors (**Figure 10**). Householders aged 45 to 64 have the highest median income among Easthampton households, at \$70,893—lower than the statewide median for this age group (\$87,533). Among Easthampton householders 65 and older, median income is \$32,899, which is also lower than the statewide median for this age group (\$42,707), and much lower than the median income among younger Easthampton householders. Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have higher median income (\$25,441) than women (\$21,302), but both groups have median incomes that are low relative to the typical household income in Easthampton. Given that 30% of older residents age 65 and older live alone in Easthampton (*see above*), these figures suggest that a sizeable number of residents are at risk of economic insecurity.

Figure 10. Median household income in Easthampton by age and living situation of householder (in 2016 dollars)



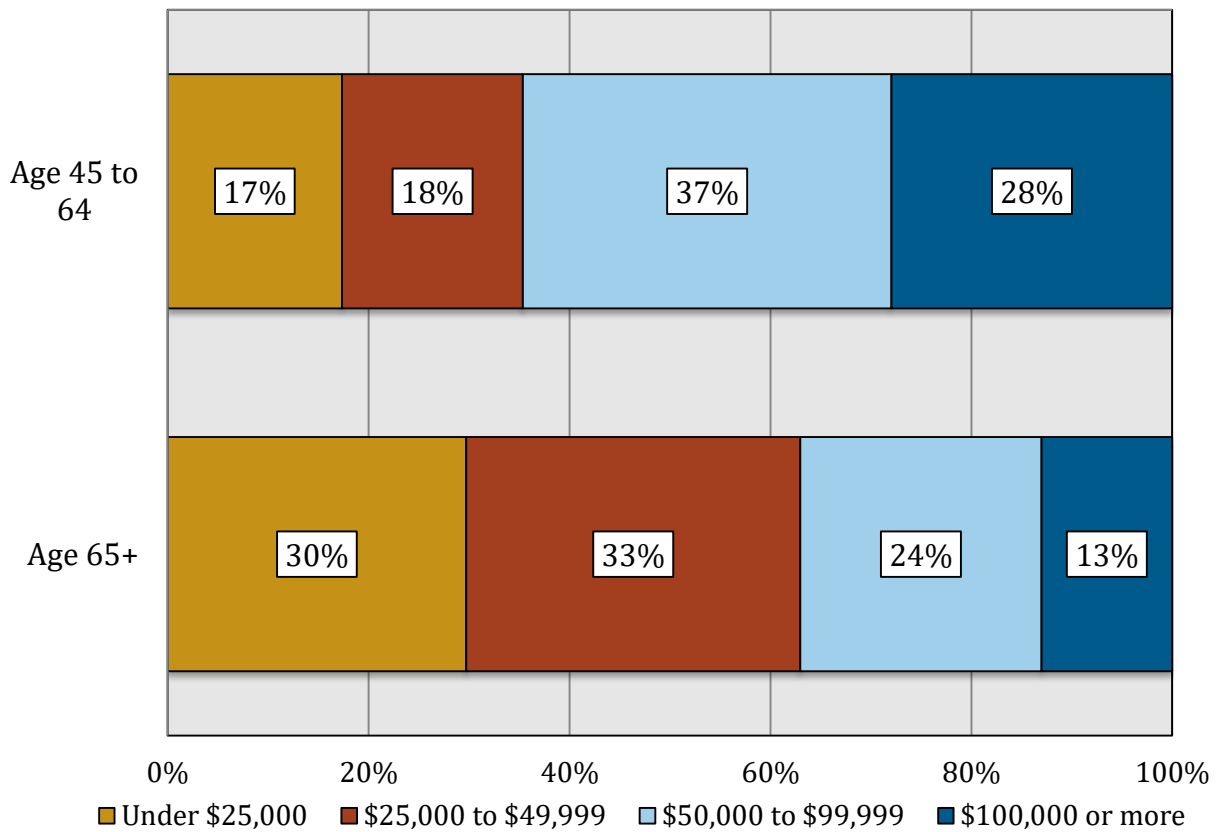
Source: American Community Survey, 2012-2016, Tables B19049 and B19215.

Numbers are calculated from 5-year survey estimates.

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

The economic profile of older Easthampton residents relative to younger residents is further illustrated in **Figure 11**, which shows that among households headed by someone age 65 or older, 30% have household incomes under \$25,000 annually, and another one-third have incomes between \$25,000 and \$49,999. Yet approximately 13% of Easthampton residents age 65 and older report incomes of \$100,000 or more, reflecting the wide variation in economic well-being within Easthampton. An estimated 10% of older adults age 65 and over in Easthampton live below the poverty line, a share similar to that in Massachusetts as a whole (9%; ACS, 2012-2016, Table B17001). Note that in 2016, the Federal Poverty Level for a person age 65 or older and living alone was just \$11,880, highlighting the observation that segments of the older population in Easthampton struggle with economic insecurity.

Figure 11. Household income distribution in Easthampton by age of householder (in 2016 dollars)



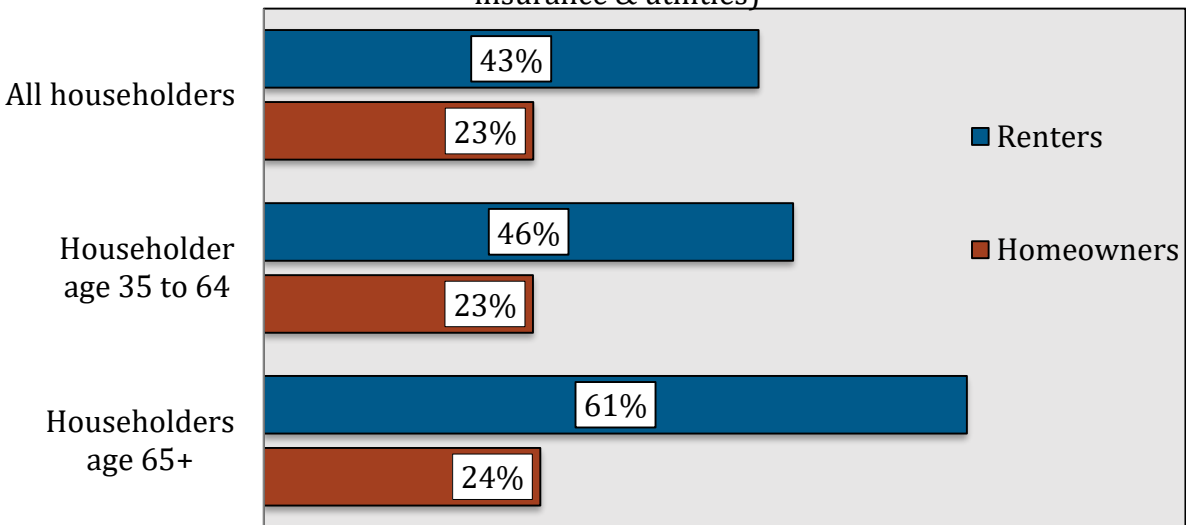
Source: American Community Survey, 2012-2016, Table B19037.

Numbers are calculated from 5-year survey estimates.

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

Economic strain may especially impact older renters in Easthampton, among whom 61% are paying more than 30% of their income for housing (**Figure 12**). A minority of householders age 65 and older in Easthampton are renters (27%; see ACS, 2012-2016, Table B25007) but regardless of age, many renters have high housing cost burdens. Among homeowners, the proportion paying more than 30% of their income in housing costs is similar for the different age groups, with more than one out of five homeowners in Easthampton paying more than 30% of their income for housing. These data suggest that across all age groups in Easthampton, housing cost burdens are common: especially among renters, and at considerably higher levels among renters who are age 65 and older.

Figure 12. Percentage of Easthampton households paying more than 30% of income on housing (rent or mortgage, property taxes, home insurance & utilities)

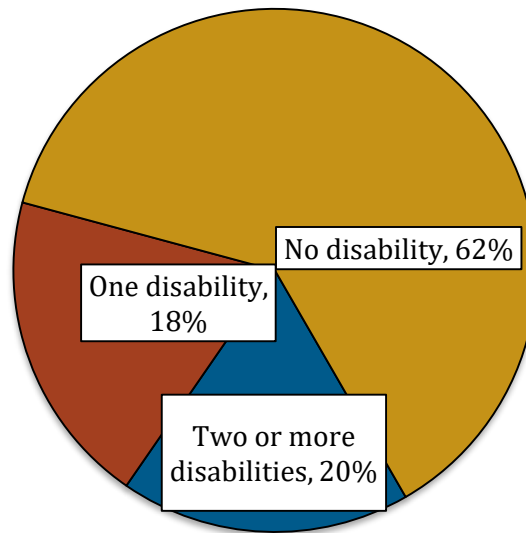


Source: American Community Survey, 2012-2016, Table B25072 and B25093. Numbers are calculated from 5-year survey estimates.

Health and Disability

Many Easthampton residents age 65 and older experience some level of disability that could impact independent functioning in the community. Nearly four out of ten residents age 65 and older have at least one disability, with 20% reporting two or more (see **Figure 13**). Among the different types of disability that are assessed in American Community Survey, the most commonly cited by Easthampton residents age 65 and older are ambulatory difficulties—difficulty walking or climbing stairs—reported by 26% (*ACS 2012-2016, Table S1810*). Other disabilities experienced by older Easthampton residents include independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping; 17%), hearing problems (15%), self-care difficulties (11%), cognitive difficulty (11%), and vision difficulties (6%).

Figure 13. Percentage of Easthampton residents age 65 and older reporting disability



Source: U.S. Census Bureau; American Community Survey, 2012-2016, Table C18108. Numbers are calculated from 5-year survey estimates.

The risk of acquiring disability in later life more than doubles after age 75. In Easthampton, about 57% of individuals age 75 and older experience one or more disabilities, in comparison to 22% among those age 65 to 74 (ACS 2012-2016, Table B18101). These rates of disability are somewhat similar to those estimated for Massachusetts as a whole, where 22% of people age 65 to 74 experience at least one disability, as do 48% of people age 75 and older.

Data from the Massachusetts Healthy Aging Community Profile for Easthampton⁴ suggest that along most measured dimensions of health status, older residents of Easthampton are similar to seniors in Massachusetts as a whole, including rates of diabetes, stroke, and hypertension. On some dimensions, health status may be slightly worse—for example, an estimated 14% of Easthampton seniors have asthma, compared to 12% among Massachusetts seniors overall. But on other dimensions, Easthampton seniors may have better health; for example, an estimated 12.8% of Easthampton residents age 65 and older have Alzheimer’s disease or a related dementia, slightly lower than the statewide rate of 14.4%.

⁴ See community profiles at https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/towncode087.pdf

Hearing from Key Informants and Focus Group Participants

As part of this project, one-on-one interviews were held with five individuals, and three focus groups were conducted with an additional 30 participants in Easthampton. The emphasis of these discussions was to obtain an assessment of key issues in Easthampton as they relate to older residents, aging-in-place, the ECOA, and how the City is impacted by and responding to the aging of its resident population. Taking all of these conversations into consideration, several themes emerged, as described below.

Strengths of Easthampton. Individuals involved in the interviews and focus groups described numerous positive features of Easthampton that enhance its livability, including a rejuvenated downtown area and the expansion of the arts and cultural district. The downtown was described as walkable, and the community is considered dynamic and diverse. Pairing these features with Easthampton's relatively rural surroundings make for an idyllic setting, as described by many interview participants. Several participants talked about rapid growth in the housing market, which is viewed as more affordable than in some surrounding communities. People reported feeling safe, involved, and connected. Respondents noted that Easthampton's older residents are engaged with the City and with their neighborhoods, strengthening the social fabric of the community.

Challenges in Easthampton. Yet the City of Easthampton has its challenges as well, according to key informants and focus group participants. Observers noted that traffic can be problematic, jeopardizing access and walkability. Some individuals reported that Easthampton seems less safe than it used to be, and they worry that this causes some older residents to limit where they go and when they leave their homes. Some respondents cited limited shopping in Easthampton as a concern, and others noted that medical services are in short supply within the City. The vibrancy that new residents bring to Easthampton also places demands on City services, including pressures on schools that may ultimately result in rising tax rates. Overall, a sense that cost of living is rising quickly in Easthampton was reported by many people with whom we consulted, with special concerns expressed about how this may impact older residents living on fixed incomes.

Extensive discussion focused on housing, transportation, and food access. Discussion of housing included some reports that Easthampton lacks a sufficient supply of senior housing and downsizing options. Recognizing that many older residents want to stay in Easthampton, yet currently live in homes that are too large, too expensive, or too difficult to maintain, a lack of options results in older people remaining in homes that may be poorly suited for their current lifestyle.

Most of the individuals and groups we talked with mentioned transportation as a concern. Few options are available in Easthampton for those who do not or cannot drive, with virtually no on-demand options available. Easthampton does not have taxi service, and has

limited ridesharing service (e.g., Uber). Concerns about roads, sidewalks, and snow removal were expressed, especially their impact on residents with mobility limitations. Transportation through the ECOA is available primarily for medical purposes, which is limiting. Overall, there was apparent agreement that Easthampton lacks adequate transportation options in the City, and that ECOA transportation is too limited to meet the needs of the community.

Food security is also a concern mentioned by multiple individuals. Those who work closely with older adults in Easthampton reported that many struggle to access adequate nutrition, jeopardizing their health and cutting food consumption to afford other things like fuel and medications. Food access is challenged in Easthampton by there being few food markets in Easthampton, while accessing out-of-town options requires transportation which, as noted, is a challenge for some. The recent decision to curtail the congregate lunch program at the ECOA was cited as contributing to food security concerns, although it was recognized that the program ended due to lack of participation.

Economic challenges were repeatedly mentioned by the people with whom we consulted, intersecting with virtually every other concern. Key informants and focus group participants reported that economic insecurity is a problem for many older residents, related in part to a rising cost of living. People who believed they were retiring with adequate pensions realize that rising cost of living, including property taxes and cost of medical care, place them in a financial squeeze.

In addition to features of the community challenging older adults, informants for this study noted that older residents are too often reluctant to ask for help, and often do not know who to ask for assistance. Representatives of the public safety units in Easthampton noted that older adults avoid calling emergency services, partly out of pride and partly due to concerns about privacy (for example, one informant notes that people will ask dispatchers if their request for assistance will appear in the newspaper). Representatives of EMS reported that some seniors delay their call for hours, until 7am, out of a sense of courtesy—saying “they don’t want to wake up the boys.”

Discussion of the ECOA and Senior Center. Observers believed that the ECOA is generally known in the community, and evaluated the staff as being of high quality. Programs offered through the ECOA, including especially the transportation services, the on-site gym, and programs designed to build health and social connections, were viewed positively.

Informants described ways in which the ECOA helps to address key issues in the community, and offered encouragement for doing more. For example, several informants expressed concerns about social isolation among older residents. Many were concerned about how the ECOA could help address this issue, possibly by expanding its offerings related to social opportunities. Special events and regularly scheduled programs or classes offer the

opportunity to learn something new, have fun, or engage in physical activity, for instance, while simultaneously building new relationships and potentially offsetting risk of isolation. Ensuring that the Senior Center has comfortable drop-in space is also useful in creating opportunities for older residents to informally socialize with peers.

Communication and awareness were identified as additional systemic concerns relating to older residents, and several informants identified improved communication as essential in better meeting the needs of older residents. Building a better relationship between residents and the City offices and organizations meant to serve them was viewed as a necessary step. While each organization needs to do its part, the ECOA is included in the list of organizations needing greater visibility and stronger communication. Informants encouraged improving public knowledge of the ECOA and what it offers, improving visibility of the ECOA and Senior Center, and expanding knowledge of the ECOA as a local resource.

Numerous challenges and limitations of the ECOA were also recognized, serving as barriers to its adequately meeting the needs of the community. Informants described the Senior Center building as too small and out of date. Some characterized the building as not accessible to those with mobility limitations. Parking was viewed as a problem. Some reported that expanded programming is needed, but staff is insufficient to support that expansion.

Several barriers to improving the Senior Center and ECOA were named by informants. Most significant, perhaps, is the lack of financial resources to expand services, with both City and State-level funding insufficient to meet demand. Communication and “PR” challenges also exist for the ECOA. Participants in one focus group reported that residents share the misperception that the Senior Center is meant just for very old people, and that it does not offer programs or services that most residents could enjoy or benefit from. This misperception is exacerbated by use of the words “senior” and “aging” in describing the ECOA organization and the building housing its programs.

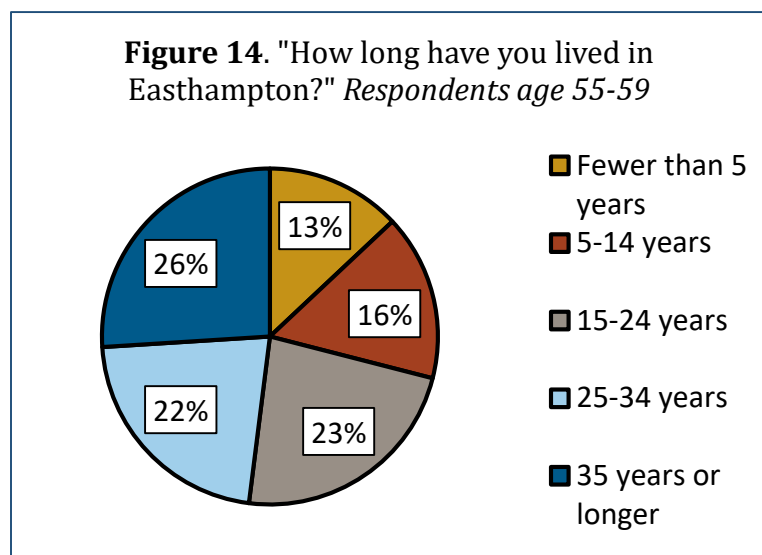
Respondents offered suggestions for improving Easthampton as a community for older residents, many of which focused on expanding programs at the ECOA. Ideas for expansion included programs that would help older adults find new employment; expanded exercise programs; additional transportation options; intergenerational programs; expanded volunteer opportunities; and expanded health promotion and screening opportunities at the Senior Center. Respondents noted that some people may not want to go to the Senior Center alone, but a friendly visitor or buddy program may help overcome that barrier to participation.

Hearing from Residents: Results from the Community Survey

The survey yielded 1,841 responses, reflecting a return rate of 33%. This is a very strong return rate and reflects interest among community residents. In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in the Appendix.

Community and Neighborhood

Survey respondents included a mix of long-term residents and recent arrivals. Over half of



the respondents age 60 and older have lived in Easthampton for at least 35 years, along with 26% of those age 55-59 (see **Figures 14 and 15**). Twelve to thirteen percent of respondents have lived in Easthampton for fewer than 5 years. Some of these recently arrived residents may have chosen Easthampton as a retirement destination, a factor that may contribute to growth in the number of older residents.

Respondents indicated it is important to them to stay in Easthampton as they get older. Over half of respondents age 60 and older said it is "very important" to remain living in Easthampton as they get older, and another 31% rated this as being "somewhat important" to them (see **Figure 16**). Younger respondents, those age 55-59, attached slightly less importance to staying in Easthampton; however, more than three-quarters of those age 55-59 indicated it is somewhat or very important to stay.

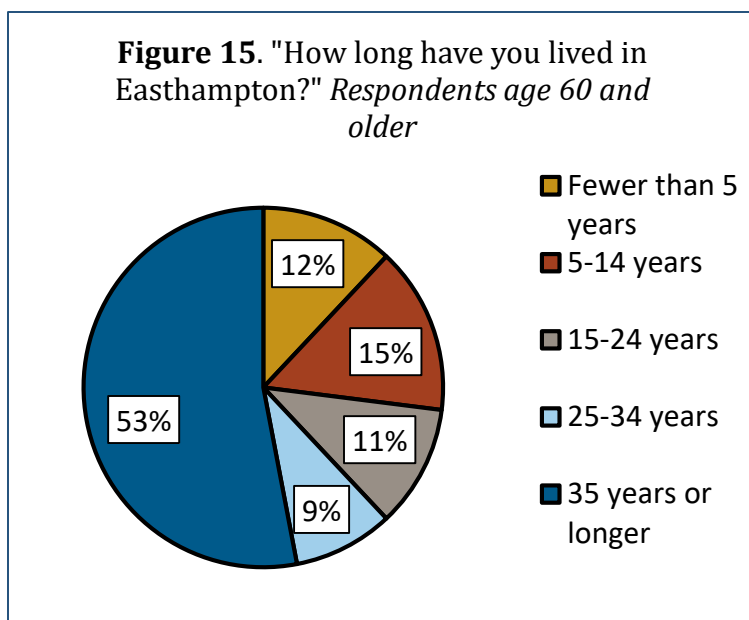
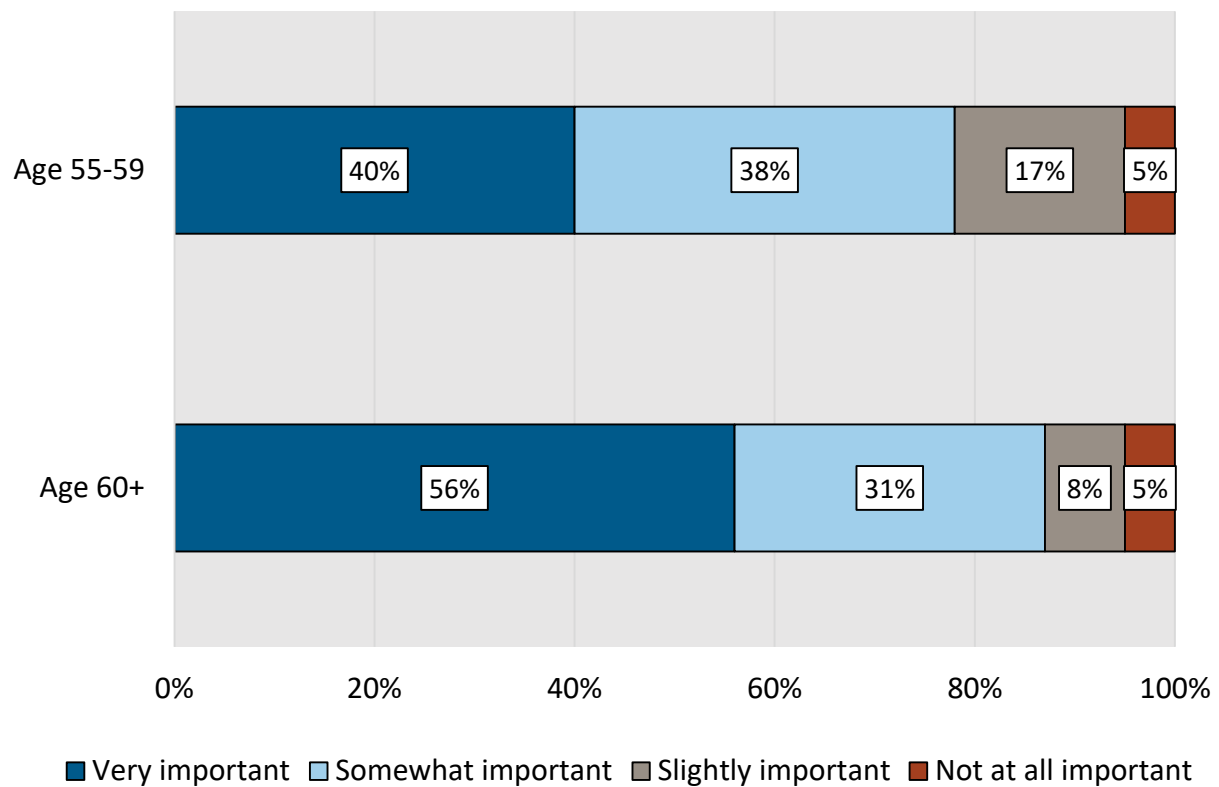
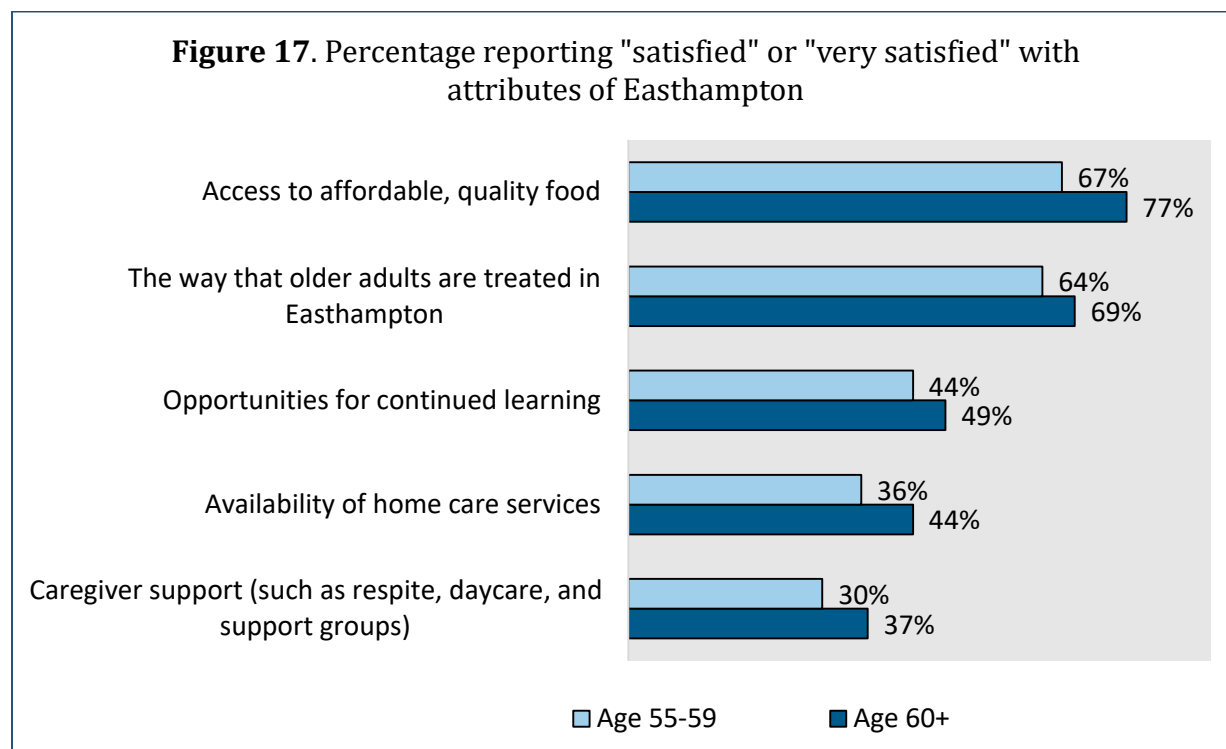


Figure 16. "How important is it to you to remain living in Easthampton as you get older?"



Respondents were asked to report their satisfaction levels with key aspects of Easthampton, including how older adults are treated; their access to affordable, quality food; availability of home care services in Easthampton; caregiver support; and opportunities for continued learning (see **Figure 17**). Across most of these dimensions, high levels of satisfaction were reported, with those age 60 and older reporting slightly higher levels of satisfaction. The highest satisfaction was recorded for access to affordable, quality food (77% of respondents age 60 or older reported being satisfied or very satisfied, along with 67% of those age 55-59), and with how older adults are treated in Easthampton (with 69% of those age 60 and older being satisfied or very satisfied, along with 64% of those age 55-59). Lower levels of satisfaction were reported on the other dimensions listed in Figure 17. Note that a large share of respondents reported being “neutral” in satisfaction levels for availability of home

care, caregiver support and opportunities for continued learning, which may indicate a lack of knowledge rather than dissatisfaction.⁵



In addition to reporting generally positive assessments of these broad attributes, respondents reported a strong sense of safety in Easthampton. Nearly all respondents—98%—reported feeling safe “always” or “most of the time” (see Appendix). As well, a large majority of respondents felt informed about what to do in the event of a weather or other local emergency, including 89% of those age 55-59 and 90% of those age 60 and older (see Appendix).

Respondents were asked to write in their concerns about their ability to continue living in Easthampton, and a large majority took the time to do so. The most frequently mentioned concerns relate to cost of living (see **Table 2**). Many respondents wrote concerns about rising property taxes in Easthampton, expressing concern that they would be “forced out” of their homes due to rising financial pressures. Expenses associated with other necessities were also highlighted, including utilities, food, and home upkeep.

Economic insecurity issues came up elsewhere in the survey as well. Respondents were asked if there was a time within the previous 12 months when they did not have money for

⁵ We note, however, that a similarly large share of respondents with recent or current caregiving experience also reported being “neutral” on caregiver support and availability of home care, suggesting that lack of awareness may extend even to those who may have needed the services.

necessities, and one out of five indicated that they had indeed experienced financial shortfalls. The most commonly named expense for which money was short was car repairs or home repairs, named by 10%, buying food (6%), and paying utility bills (6%). One out of ten respondents 55-59 said there was a time within the previous 12 months when they did not have money for food, and overall, that age group was somewhat more likely to report having experienced financial shortfalls.

Returning to the write-in concerns summarized in **Table 2**, a second area mentioned by many respondents related to concerns about declining health and being unable to obtain needed care. Mentions of health concerns in these responses were typically linked to other areas of concern—for example, being concerned that declining health would prevent the respondent from staying in her own home; concerns that the respondent would not be able to find or afford reliable home assistance if needed; or concerns that declining health would challenge efforts to maintain personal relationships.

Many concerns about transportation were expressed. These included worries about losing the capacity to drive, concerns about walkability, and concerns that not being able to drive would challenge the respondent's ability to stay in Easthampton. Many expressed the belief that alternatives to driving were not sufficient in Easthampton.

A number of concerns were expressed about housing. Many respondents expressed worry about the availability of housing options in Easthampton, including especially options designed for older people (e.g., one-floor living) at affordable prices. Many individuals wrote in concerns about their inability to secure home repairs, routine maintenance such as lawn care and snow removal, and home modifications that may be necessary as they age. In describing concerns about home maintenance and repair, respondents reported concerns about whether they could afford repairs; as well, some indicated that they did not know how to identify trustworthy assistance.

Many other concerns were also named, including concerns about being able to maintain relationships with family members and friends, associated concerns about isolation, and worries about the availability of activities and services through the ECOA and other organizations. Some individuals wrote in concerns about the City more broadly, including dissatisfaction with infrastructure, worries about green space, and concerns about the local political climate. Many wrote about the perceived tension between municipal expenses in support of the schools and their personal concerns about increasing property taxes. Additional information relating to many of these concerns was further obtained through questions elsewhere in the questionnaire.

Table 2: “What are your greatest concerns about your ability to continue living in Easthampton?”

Area of concern

High property taxes & cost of living

“I would like to stay in my home but I don’t know (if I can) as I get older with the taxes going up.”

“Rising cost of utilities, taxes...Easthampton is forcing seniors out of their homes.”

“(My concern is) keeping up with my home’s upkeep/routine maintenance and taxes. I’d like to retire in 10-12 years but not sure if I can afford this.”

Health issues & obtaining needed care

“(I am concerned about) not being able to stay in my home due to poor health.”

“(My concern is) remaining in good health to be able to live independently.”

“(I’m concerned about) access to home-based health services as I age.”

“My spouse has Parkinson’s Disease and may need personal care that I cannot give.”

Transportation and walkability

“If I am unable to drive will there be access to other transportation for medical appointments and grocery shopping?”

“(My concern is) not driving myself. (There is a) lack of bus service; I have few friends left to assist if needed.”

“Medical services are too far away when driving is problematic.”

“(I am concerned about) the lack of sidewalks in many areas. I frequently walk to shop, bank, etc., and the inconsistent availability of sidewalks is problematic.”

Housing and maintaining home

“My major concern is being able to remain in my own home and the accessibility of my home: it needs modifications.”

“(My) biggest concern regarding being able to live in Easthampton for the long term is affordable housing.”

“As a homeowner, (I am concerned about obtaining) help with getting yard and home jobs done; e.g., lawn mowing, plowing, odd jobs in my home.”

“Availability to upkeep house and yard. Information on such services and others for seniors. Where does one go?”

Housing and Living Situation

Eight out of ten respondents to the community survey were homeowners, and most lived in a single-family home (see Appendix). Respondents were asked about the type of housing they would prefer if a change in health or physical ability required a move within the next five years. Results suggest that should a move be required, respondents age 60 and older would prefer either a senior independent living community or an assisted living community (see **Figure 18**). Younger respondents—those age 55-59—were most likely to prefer a senior independent living community, followed closely by a single family home, an apartment, condo, or townhome. Homeowners, including single-family homeowners (which makes up the largest share of all homeowners in Easthampton), were most likely to express interest in a senior independent living community (see **Figure 19**). These results suggest that there may be some level of demand for housing options in Easthampton, including supported settings such as independent living and assisted living, as well as smaller or more age-friendly single-family homes, condos, apartments or townhomes.

Figure 18. "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 Easthampton?" (percentage marking as a preference, with multiple responses allowed)

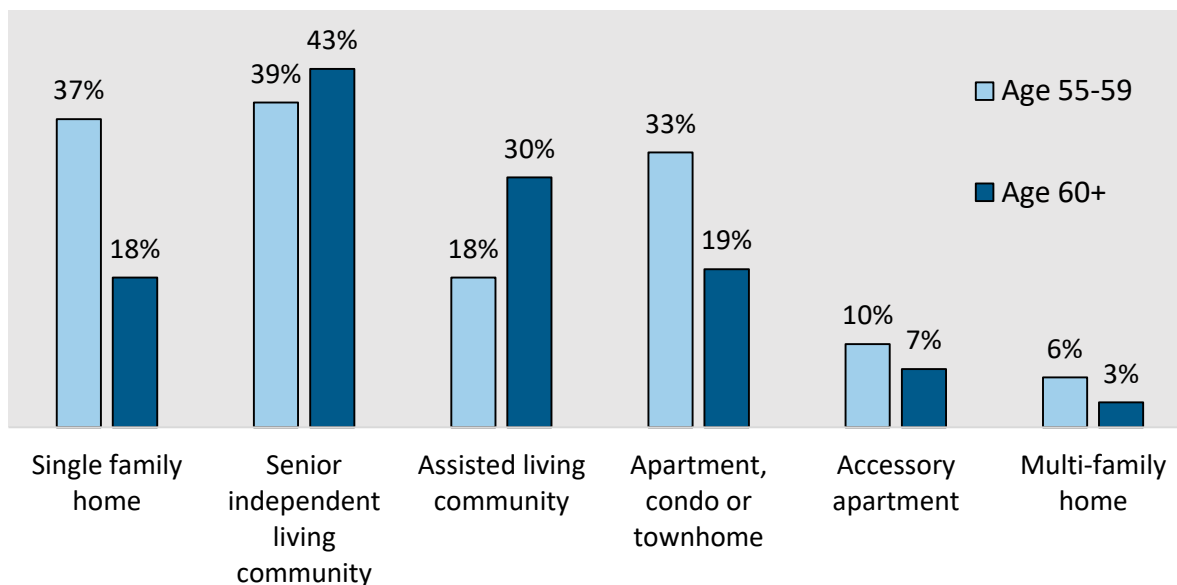
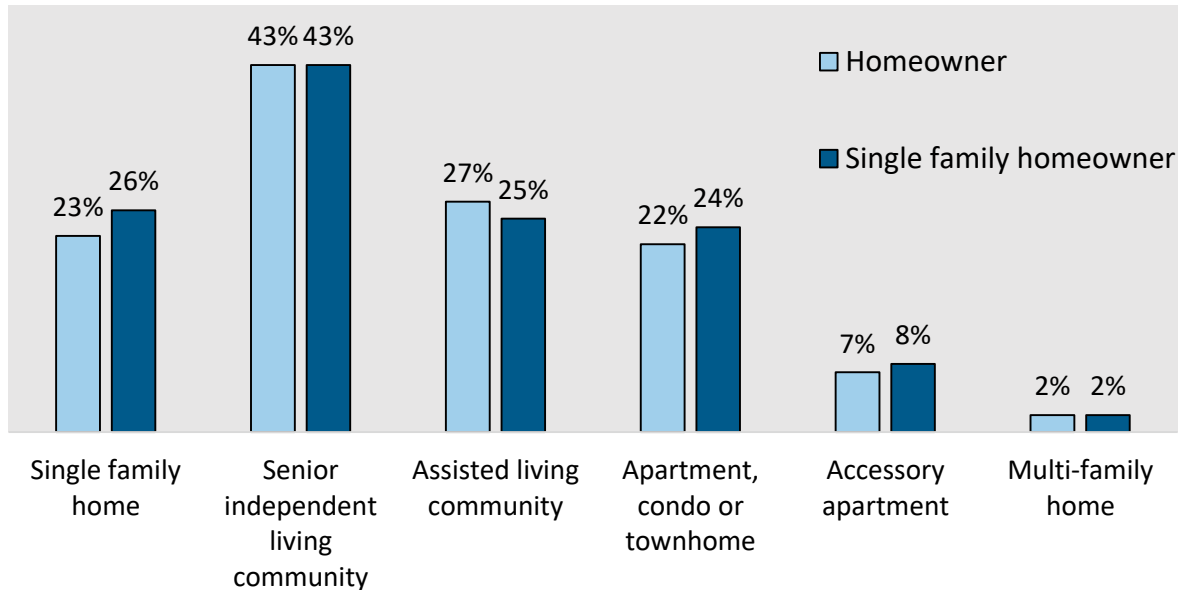
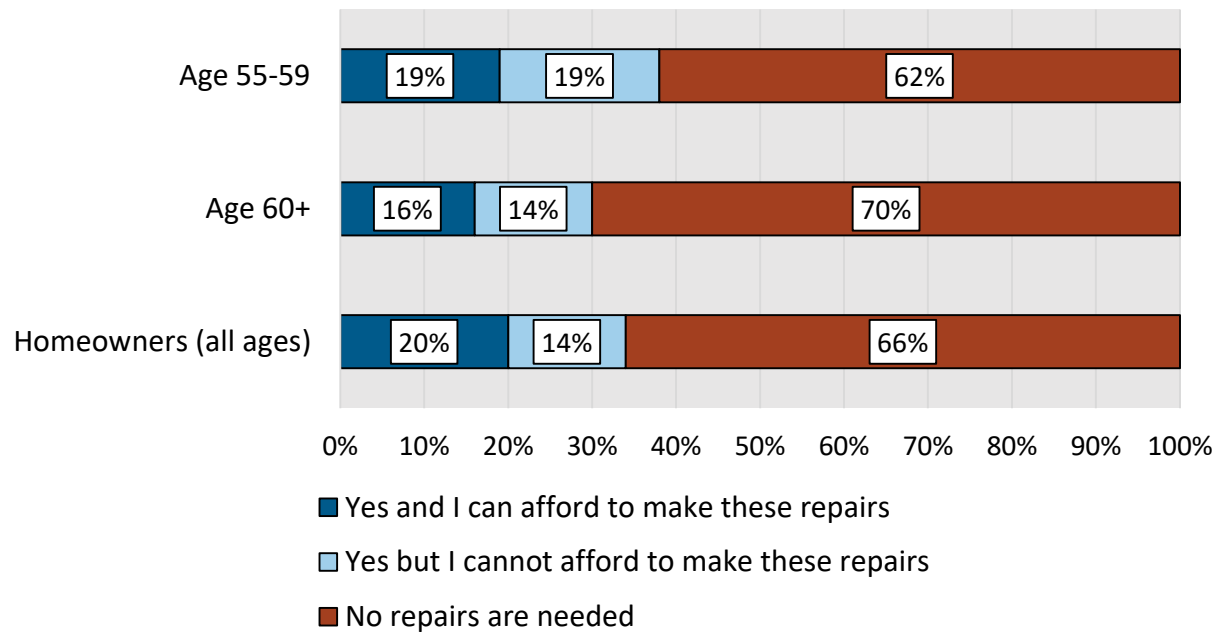


Figure 19. "In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Easthampton?" by homeowner status (percentage marking as a preference, with multip



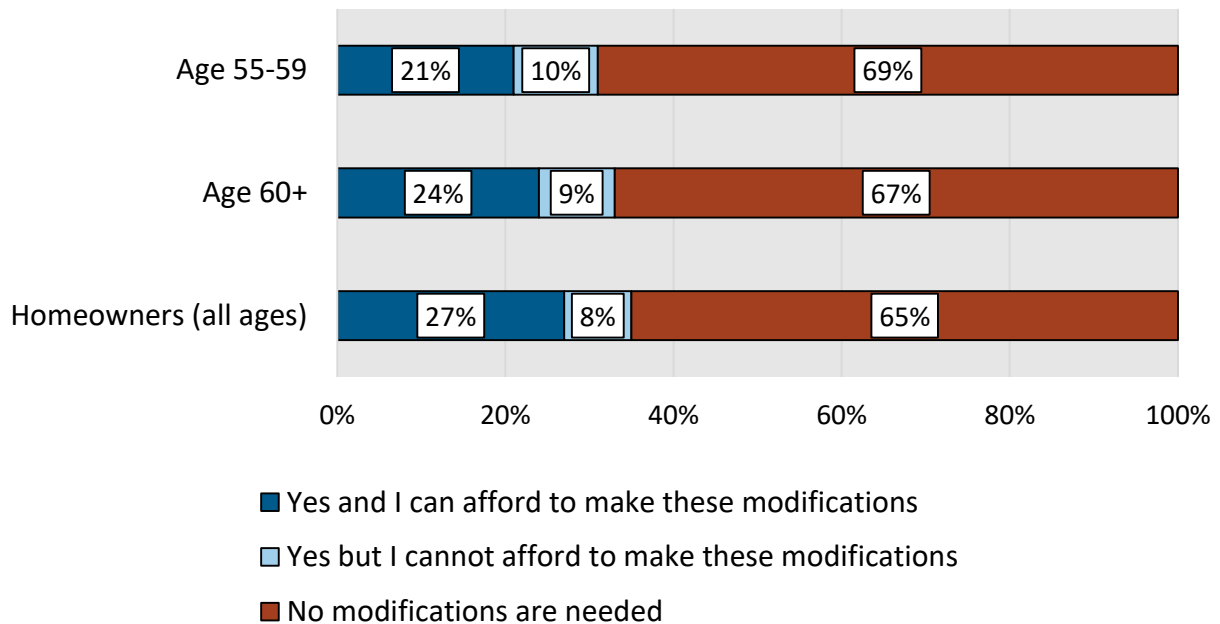
Respondents were asked about needed repairs for their current housing, such as a new roof, electrical work, or other home repairs. Thirty to forty percent of respondents, including 34% of homeowners, indicated that repairs were needed in order to live in the home safely for the next five years (see **Figure 20**). This level of repair need is not surprising, given that 62% of Easthampton homes owned by resident age 65 and over were built before 1970 (*ACS, 2012-2016, Table B25126*). A number of respondents indicated that they needed repairs that they could not afford, including 19% of respondents age 55-59, and 14% of homeowners. This aligns with the previous observation that one out of ten respondents had experienced a time in the previous 12 months when they were unable to afford a necessary repair to their home or vehicle.

Figure 20. "Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?"



Respondents were also asked about needed modifications to their homes, such as grab bars or railings, that are often helpful to people wishing to age in place. One-third of respondents age 60 and older, and a somewhat smaller share of those age 55-59, indicated that these were needed in their homes, with nine to ten percent indicating that they could not afford needed modifications (see **Figure 21**). Ensuring that Easthampton residents are aware of home modifications that can promote safety in the home, and making available information about reliable contractors and affordable options, may be a useful strategy.

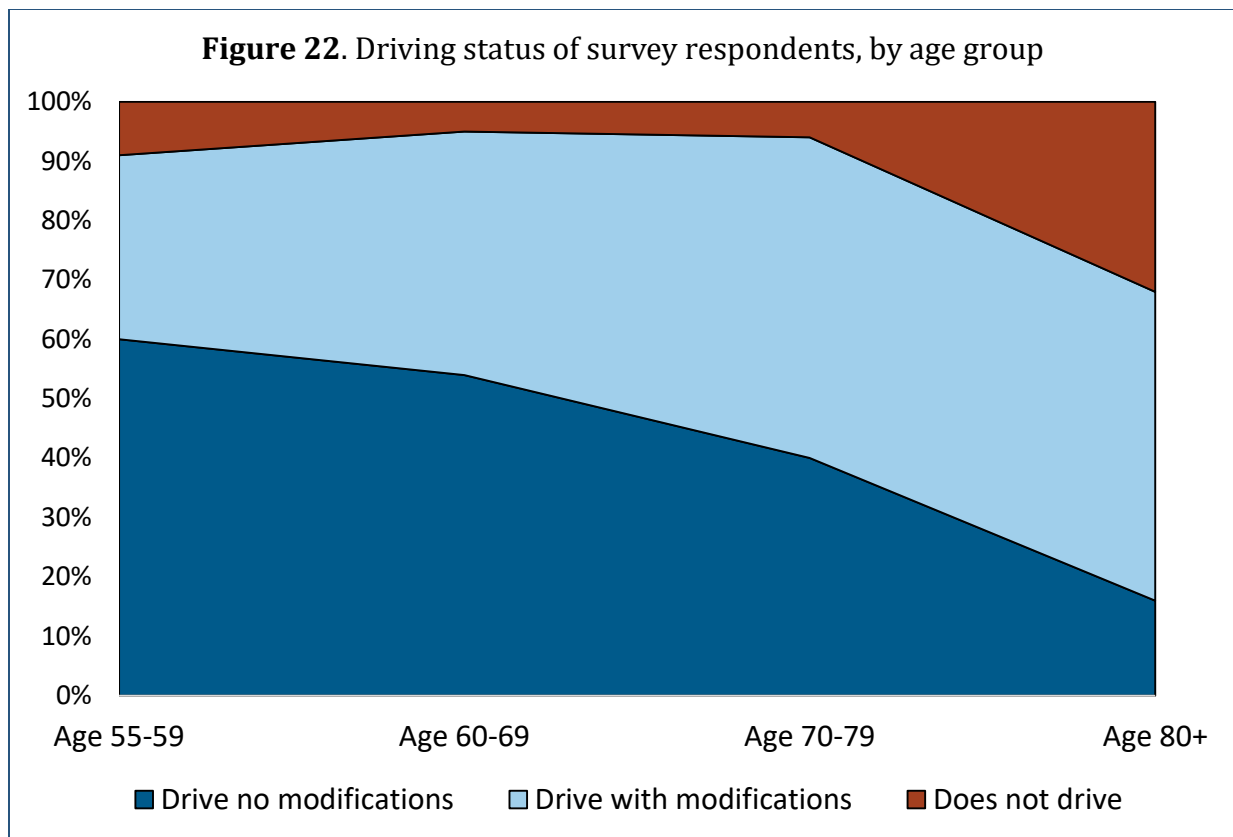
Figure 21. "Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?"



Transportation

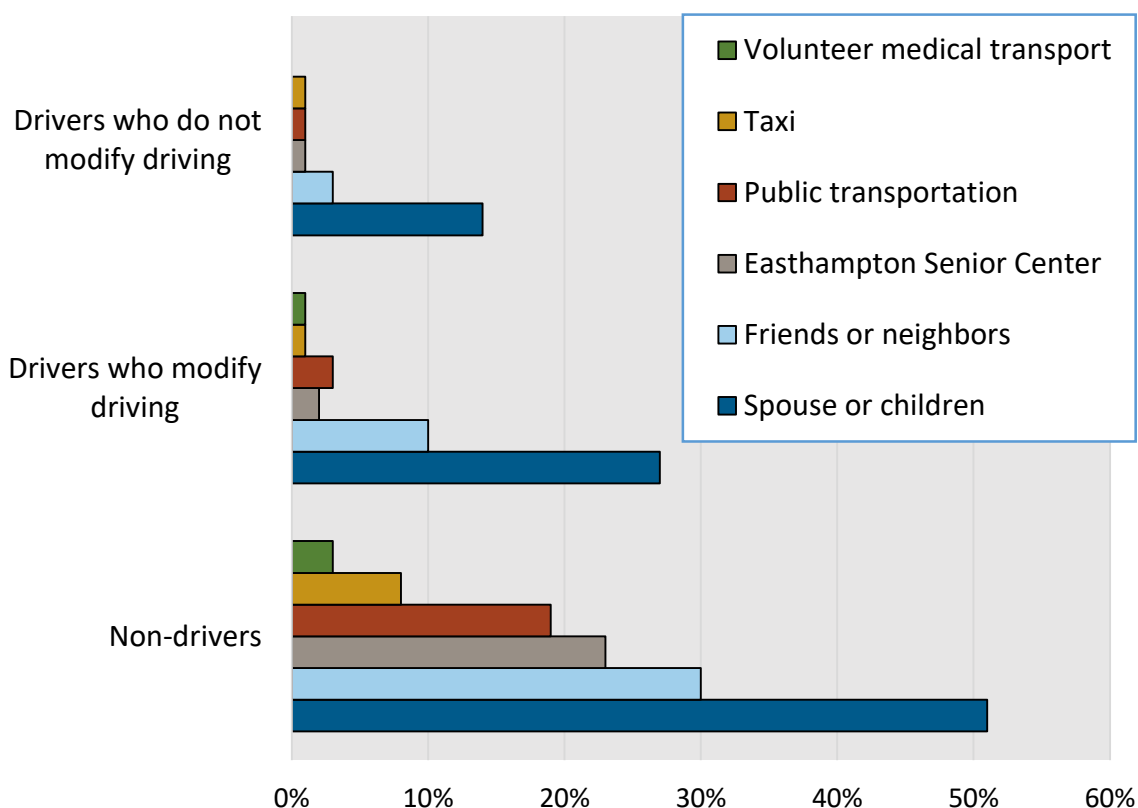
As noted above, many respondents wrote in concerns about transportation and their ability to get where they need to go. In the survey, several questions were asked about transportation in an effort to gauge the extent to which transportation needs are adequately met in the community.

Respondents were asked if they drive, and if they use any strategies to modify their driving behavior to make it easier or safer. As shown in **Figure 22**, a large majority of respondents drive, including more than 90% of those under the age of 80. Among respondents age 80 and older, just two-thirds drive themselves, suggesting a steep decline in capacity or willingness to drive among the oldest residents. Most drivers over the age of 70 reported modifying their driving in some way to promote safety, as did one-third of the younger drivers. The modifications mentioned most frequently include avoiding driving in bad weather or at night, and avoiding driving far distances or in unfamiliar areas. To the extent that alternatives to driving oneself are few in Easthampton, use of these strategies may promote safety, but limit involvement and participation.



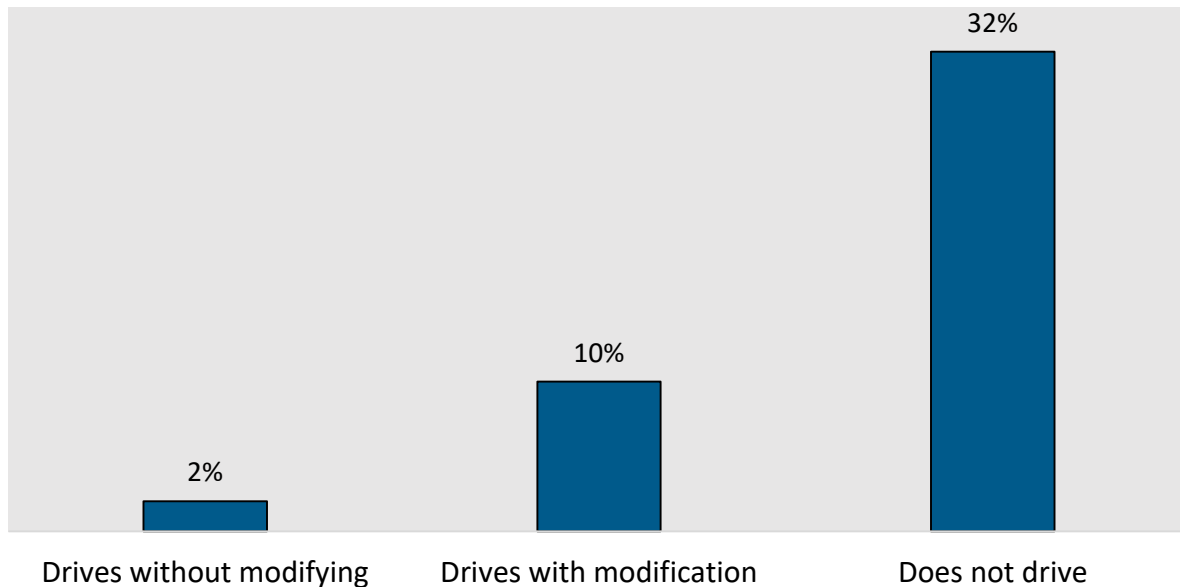
Few respondents who drive and do not modify their driving in any way reported using taxi, public transportation, or other types of travel support (see **Figure 23**). People who drive with selected modifications were somewhat more likely to report getting rides from family or friends, but the share reporting use of the other types of transportation available remained very low. Respondents who do not drive at all relied most heavily on informal supports, with half indicating they get rides from family members and 30% reporting they get rides from friends or neighbors. Nearly one-quarter of non-drivers in the Easthampton survey reported that transportation provided by the Easthampton Senior Center was a primary way in which they met their transportation needs, and 19% named public transportation as a primary source. Note that about half of non-drivers in the survey were age 80 and older, suggesting that this age group is most substantially impacted by the limited transportation options in Easthampton.

Figure 23. Percentage using transportation options by driver status
(percentage marking use, with multiple options allowed)



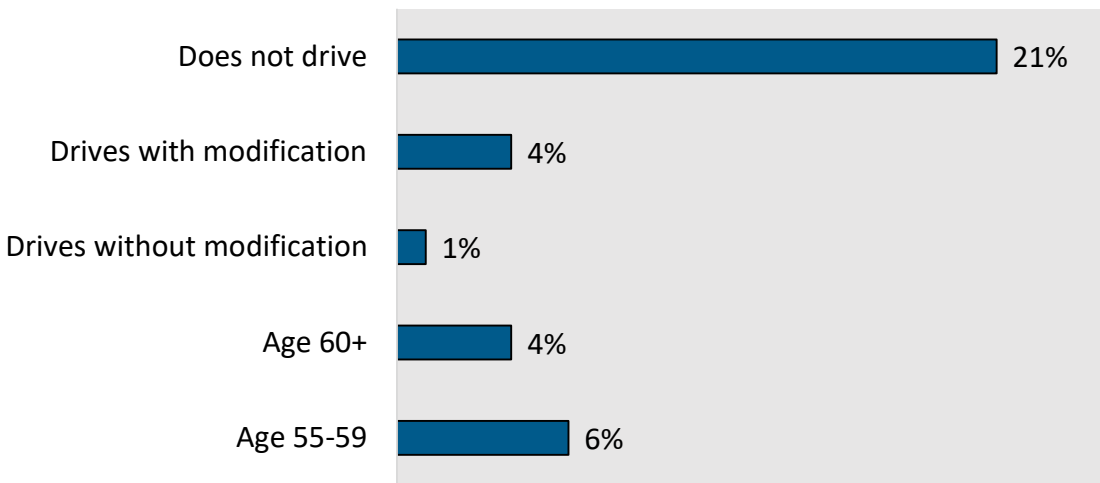
Despite the high levels of driving modification reported, most respondents reported that they do not experience difficulty in obtaining the transportation that they need. Fewer than 10% of those under age 80, and 15% of those age 80 or older, reported any difficulties (see Appendix). Those with driving limitations, however, were far more likely to report some difficulty, as 30% of those who do not drive at all, and 10% of those who drive with some modifications, reported difficulty getting transportation (see **Figure 24**). Among the respondents who do not drive at all, the most frequent difficulty reported is that public transportation is unavailable or inconvenient (reported by 11% of non-drivers), followed by their own physical limitations or other impairments (9%), and not having anyone they can depend on to provide a ride (7%). Six percent of the respondents who do not drive at all indicated that Senior Center transportation is unavailable or inconvenient.

Figure 24. Percentage reporting difficulty getting transportation



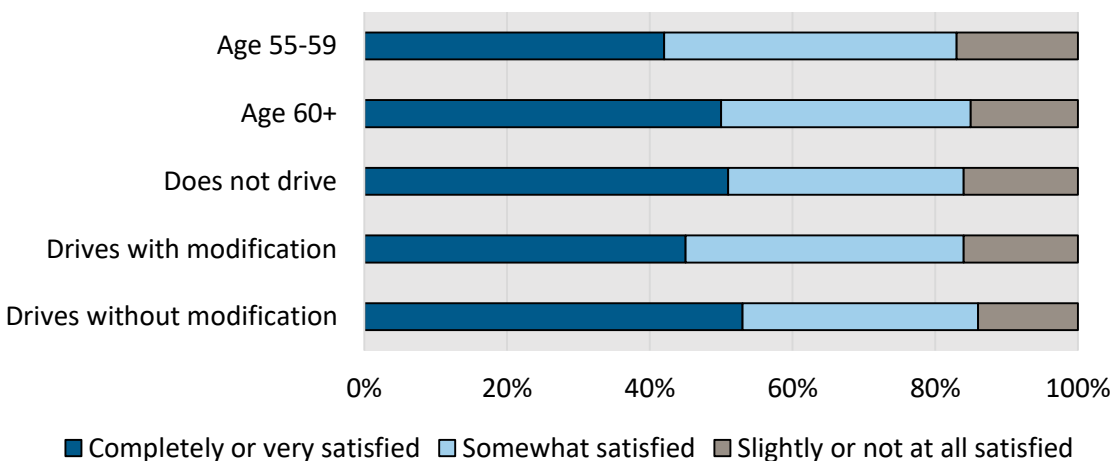
Transportation barriers can limit a person’s access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. Among respondents as a whole, just 4% reported this experience and even among those who drive with modification, few indicated that this had occurred (see **Figure 25**). However, fully 21% of respondents who do not drive reported that they had missed, cancelled or rescheduled a medical appointment because of transportation, indicating that for this segment of the community, transportation limitations are having significant implications for well-being. In additional tabulations (not shown), 12% of respondents who had a medical condition limiting their participation in the community, and ten percent of those rating their physical health as fair or poor, reported that they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Easthampton’s older resident community.

Figure 25. Percentage who have missed, cancelled or rescheduled a medical appointment because of a lack of transportation within the previous 12 months



Taking everything into account, transportation is an area that could benefit from improvement and innovation in Easthampton. As shown in **Figure 26**, about half of the respondents were completely or very satisfied with the transportation options available to them, but 15%-17% were only slightly or not at all satisfied. The remaining share reported being “somewhat satisfied.” Interestingly, in this global satisfaction assessment, respondents who do not drive expressed patterns of satisfaction that were very similar to those expressed by others in the study.

Figure 26. "How satisfied are you with the transportation options available to you in Easthampton?"

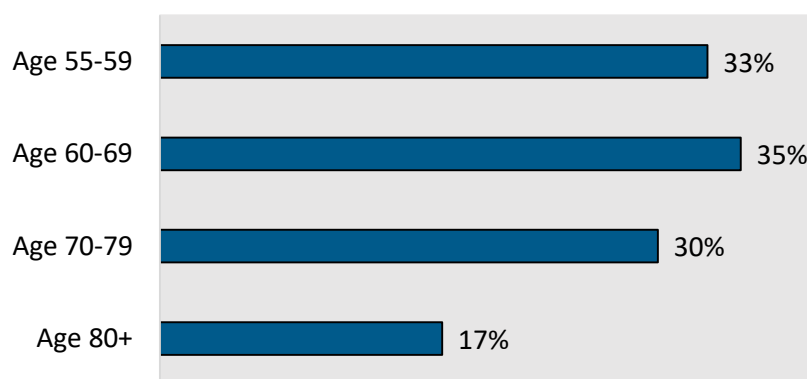


Caregiving

Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics available from the Family Caregiver Alliance). Respondents were asked if they provided care or assistance to a person who is disabled or frail either currently or within the past 12 months. Responses indicate that about one-third of those age 55-79, and smaller shares of the respondents

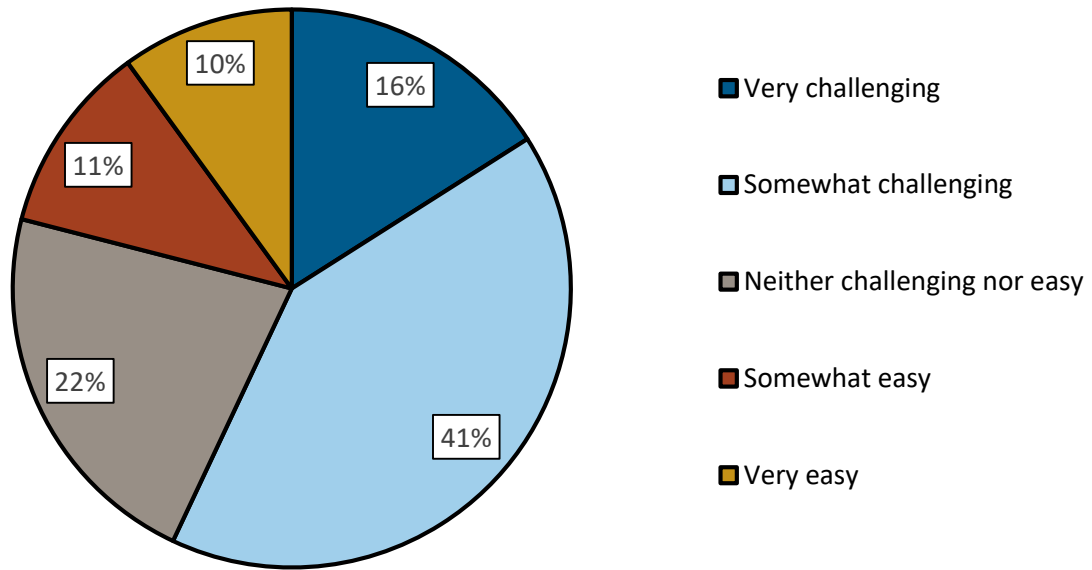
age 80 and older, were caregivers (see **Figure 27**). More than half of those providing care reported that it was somewhat or very challenging (see **Figure 28**), and these reports of challenge were similar by age group. Caregivers were asked to indicate the conditions experienced by their care recipient; the most frequently marked conditions were mobility

Figure 27: Percentage of Easthampton respondents who have provided care or assistance to a person who is disabled or frail, within the past 12 months



impairments (such as difficulty walking or climbing stairs), chronic disease (such as cancer), and sensory impairment (such as vision impairments). About one-quarter of caregivers indicated that their care recipient had Alzheimer's or dementia. A number of respondents wrote in other conditions, some indicating that they were providing care for an individual who was "just getting older" or had some other specific condition or circumstance. These findings suggest that in Easthampton, as in communities throughout Massachusetts and the United States, a very large share of adults provide support for family members and friends in the community and for many of these caregivers, time and personal resources are challenged.

Figure 28. "How challenging is/was it for you to care for this person and meet your other responsibilities with family and/or work?"
(caregivers only)



Health Status

Most respondents to the community survey reported that they were in good or excellent physical health (see **Figure 29**) and had good or excellent emotional well-being (see **Figure 30**). Respondents age 80 and older reported somewhat lower physical health than their younger counterparts, but 68% reported excellent or good health and just 4% said that their physical health was poor. Emotional well-being was similar across age groups, and positive overall. Note, however, that sizable segments of the Easthampton community reported physical health that was fair or poor, including 20% of respondents age 55-59 and over 30% of those age 80 and older; as well, segments reported emotional well-being that was fair or poor, including 16% of respondents age 55-59 and 15% of those age 80 and older.

Figure 29: "How would you rate your overall physical health?"

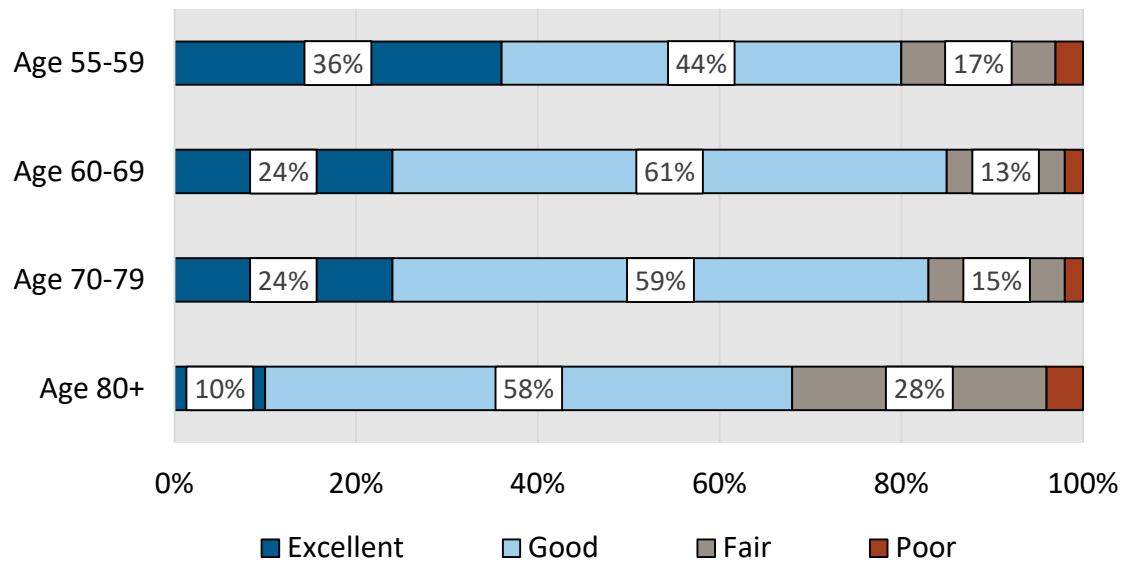
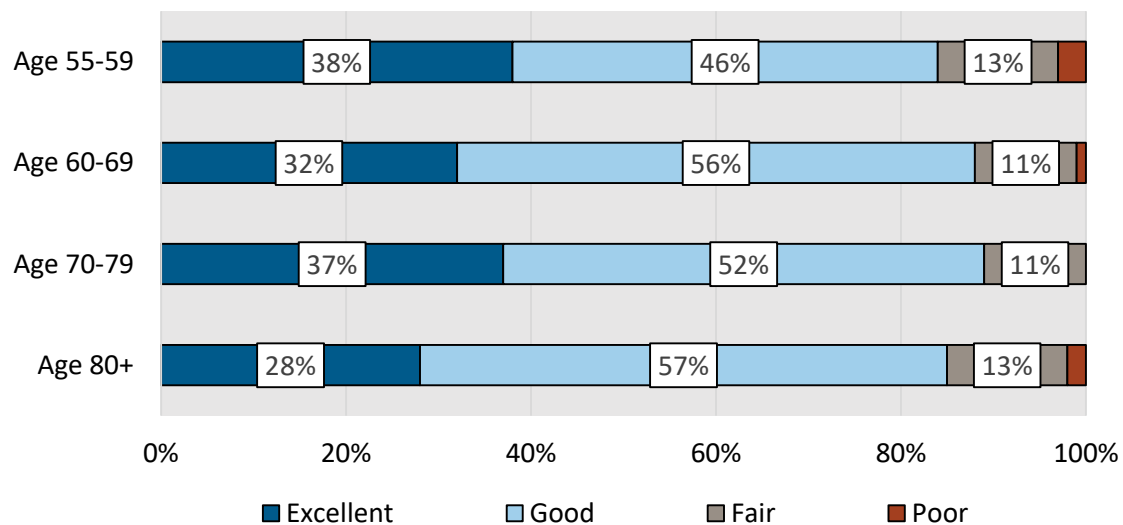
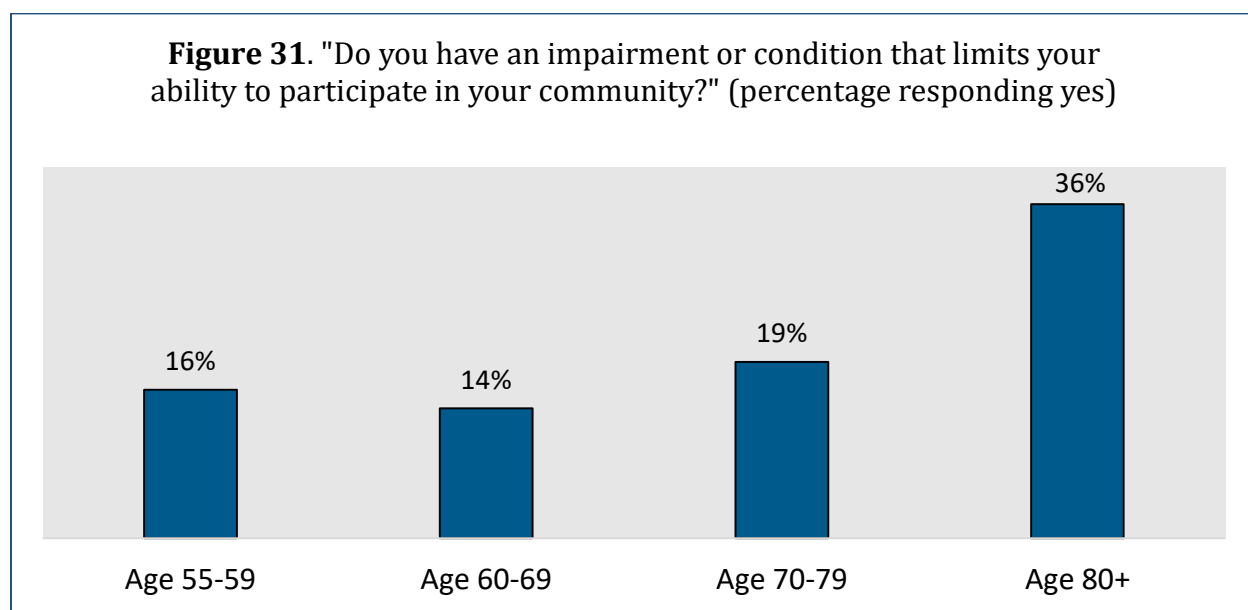


Figure 30: "How would you rate your overall emotional well-being?"



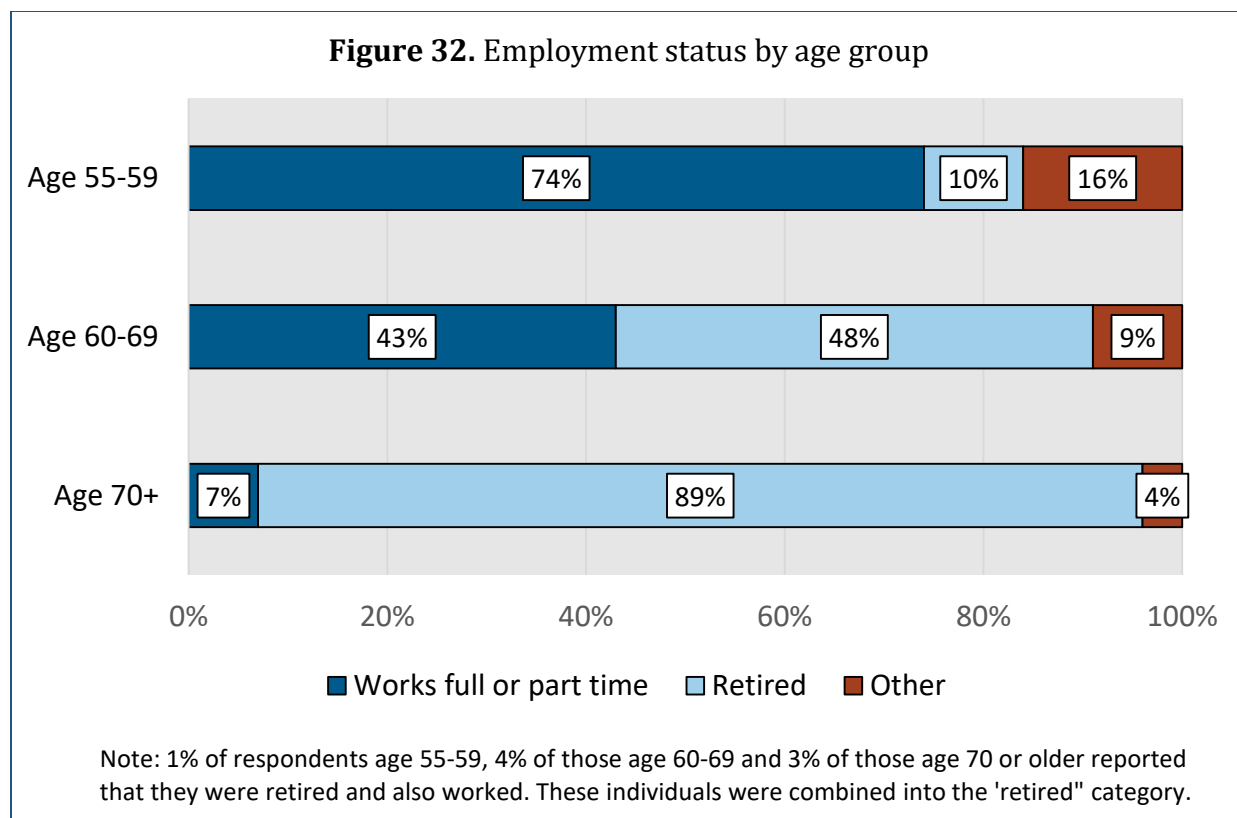
Health status may impact an individual's ability to participate in community activities. **Figure 31** shows the percentage of respondents in each age group who indicated that they lived with an impairment or condition that limits their ability to participate in the community. Among respondents younger than age 80, fewer than 20% of respondents reported having such an impairment or condition. However, over one-third of respondents age 80 and older reported having an impairment or condition that limits their participation.

Taken as a whole, the findings on physical health, emotional well-being, and impairments limiting participation all suggest that health status was typically good among most older respondents. However, significant segments of the Easthampton community reported fair or poor health, and residents who were age 80 and older experienced a notably higher risk of experiencing health challenges.

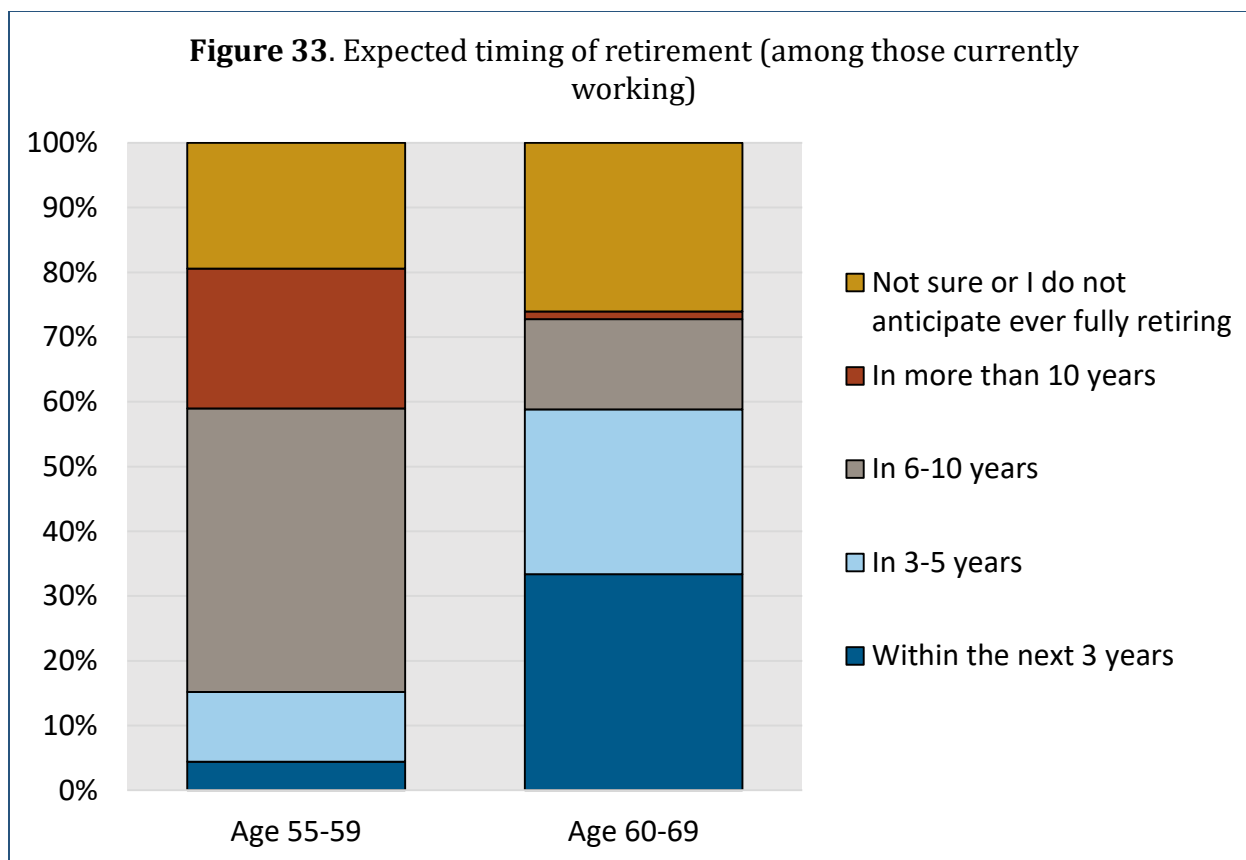


Employment and Retirement

Three out of four Easthampton respondents age 55-59 were working on a full- or part-time basis, while about one out of ten were retired (see **Figure 32**). Paid employment was substantially lower among respondents who were age 60-69, at 43%, and lower still among those age 70 and older, at less than 10%. A large majority of those age 70 and older indicated that they were retired. A share of each age group indicated that their work status was "other," with most writing in that they were disabled or on disability, or unemployed and looking for work. Other write-in responses included volunteer, homemaker, or "it varies."



We asked survey respondents about their plans for retirement moving forward (see **Figure 33**), and many respondents expressed uncertainty or ambivalence about retirement. Among those age 55-59 who were working, 19% said they were not sure, or do not anticipate ever retiring, and nearly 60% expected to retire within ten years. Among those age 60-69 who were working, 26% were not sure or do not anticipate ever retiring, and one-third expected to retire within the coming three years. Among workers age 70 and older, a majority said they are not sure or never expect to retire (not shown). These findings suggest that many Easthampton residents age 55 and older are either retired or on the precipice of retiring, but a share are likely to work well into later life.

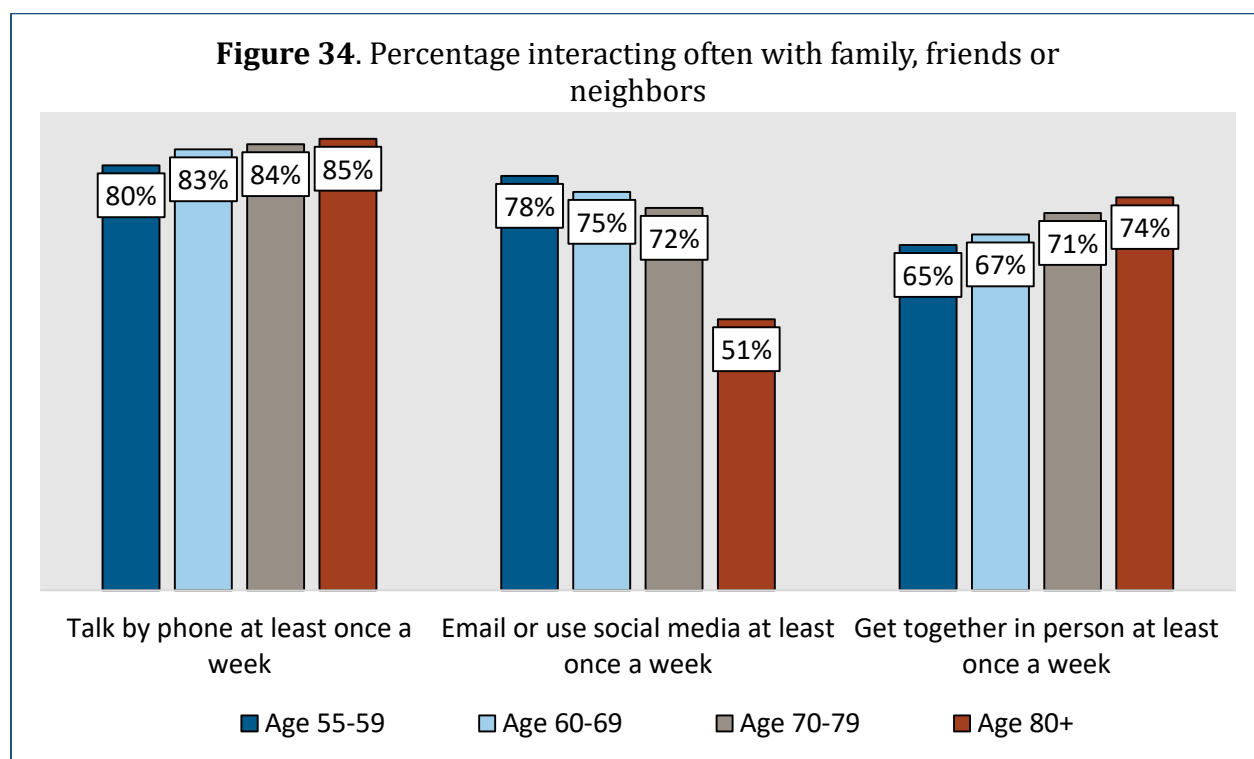


Social Activities and Relationships

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

One indicator of the strength of social relationships is how frequently one interacts with family or friends. In Easthampton, a majority of respondents said they talk on the phone with family, friends or neighbors at least once a week, and only 3% said that they do so just two to three times a year or never (see **Figure 34** and Appendix). Lower but still sizable shares reported getting together in person at least once a week, including 65% of respondents age 55-59 and 74% of those age 80 and older. Respondents under age 80 reported frequent use of email or social media, with 72% of those age 70-79 and larger shares of their younger counterparts reporting weekly or more frequent use. Note, however, that just 50% of respondents age 80 and older reported using email or social media at least once a week, and 31% reported that they never email or use social media (see Appendix). In additional

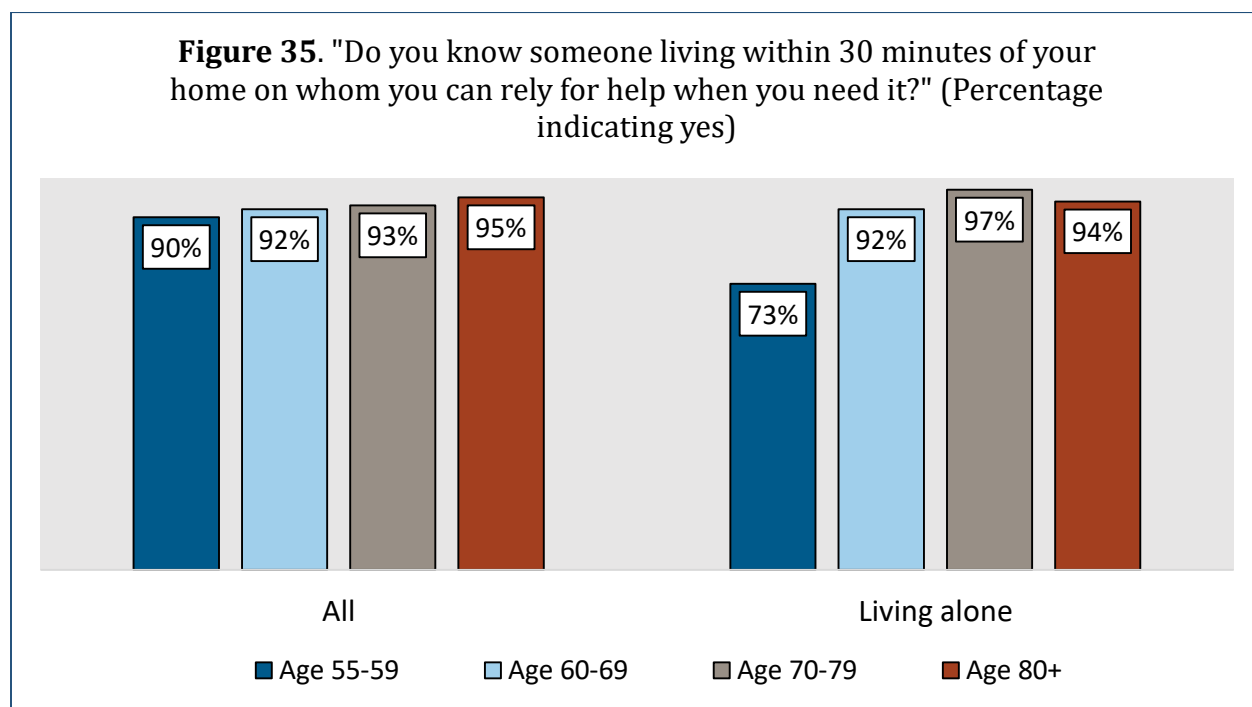
analysis (not shown), it is learned that respondents who live alone also reported frequent interaction: 87% talk on the phone at least once a week, 68% send email or use social media at least once a week, and 76% get together at least once a week.



Taken as a whole, survey results suggest that most Easthampton residents in these age groups, including those living alone, have some kind of frequent contact with family or friends. Most typical for all age groups was phone contact, and for the oldest residents, the second most common type of contact was in-person interaction. Only half of those age 80 and older have frequent email or social media contact, but for the other groups, this is the 2nd most common form of frequent contact. Despite relatively high frequencies of interaction, some Easthampton residents are isolated and do not communicate with or get together with others very frequently. For example, (see Appendix), six percent of survey respondents had phone contact with someone once a month or less frequently, and a larger share said they do not get together in person very often, with 12% getting together once a year or less.

A large majority of Easthampton residents have someone living nearby on whom they can rely for help if necessary. As shown in **Figure 35**, 90% of respondents age 55-59, and somewhat higher shares of respondents age 60 and older, said they have someone nearby who could help. The availability of a nearby helper is also typical for survey respondents who live alone—a group that may be at elevated risk of isolation—with 92-97% of those living

alone and age 60 and older having someone nearby to help. Risk of isolation may be higher among those age 55-59 who live alone, as 27% of these individuals indicated that they do not have someone they could count on living nearby. Because the number of respondents who are in this age group and live alone is quite small, these findings should be interpreted with caution.



Neighborliness of the community can add to quality of life for all residents, and may be especially valued by older adults and those living alone. Survey respondents were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand, such as changing a light bulb, shopping, or shoveling snow. As shown in **Figure 36**, a majority of respondents indicated that they would ask for help, including 77% of respondents who are age 80 and older. Willingness to ask a neighbor for help was similar among those who live alone, providing evidence that residents typically feel that their neighbors can be counted upon. The fact that 32% of respondents would not ask a neighbor for help is of some concern, and may be an indication that some segments of the community do not feel well connected with their neighbors. However, when respondents were asked if they themselves provide help to neighbors with minor tasks or errands, a large majority said that they do, or that they would if asked, including 90% or more of respondents under the age of 80 and 81% of those over age 80 (see **Figure 37**).

Figure 36. "Would you ask a neighbor for help if you needed assistance with a minor task or errand?" (Percentage indicating yes)

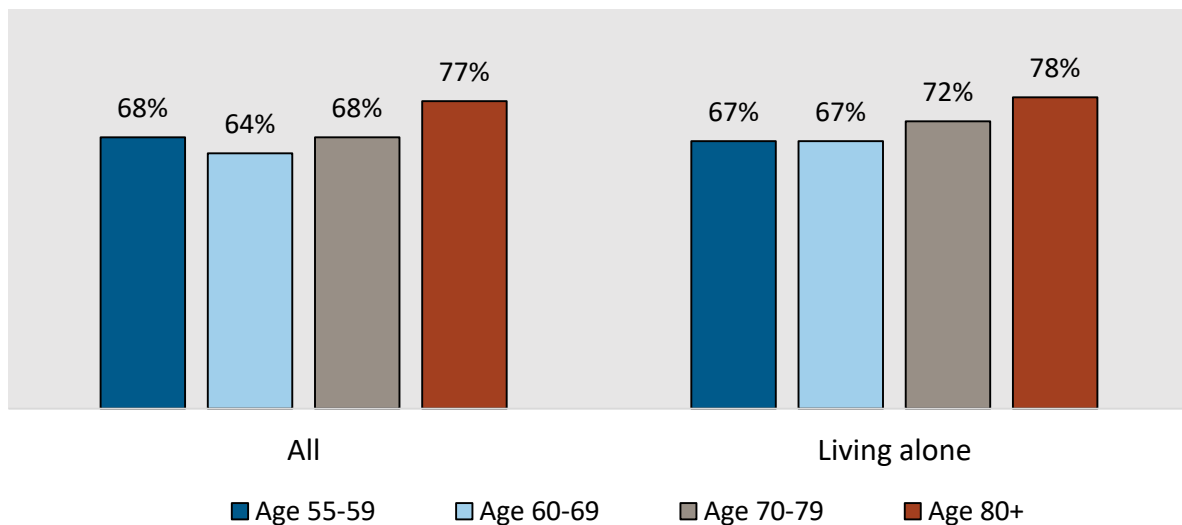
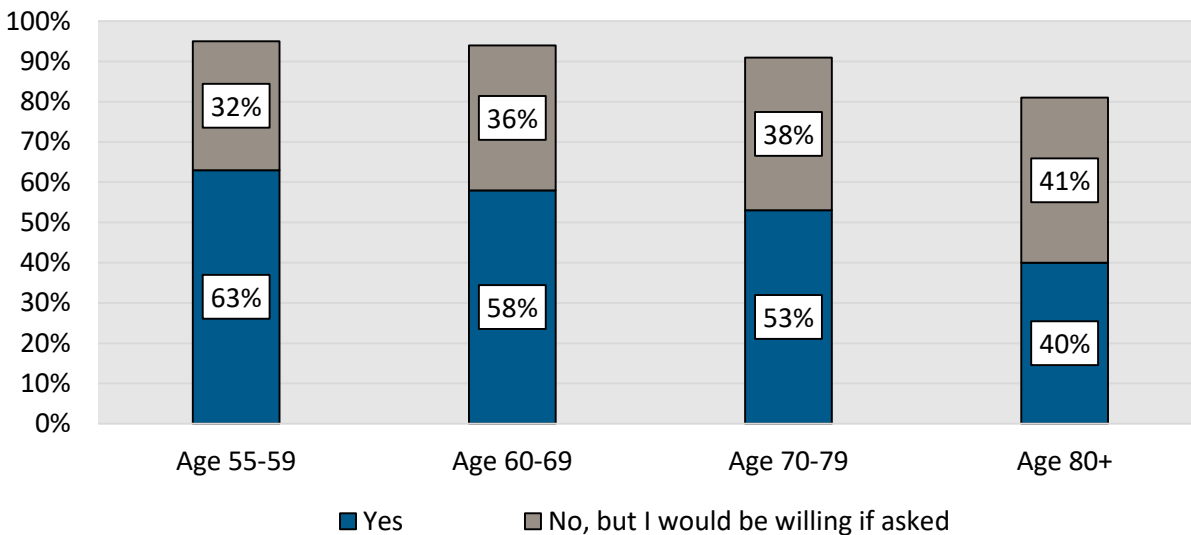


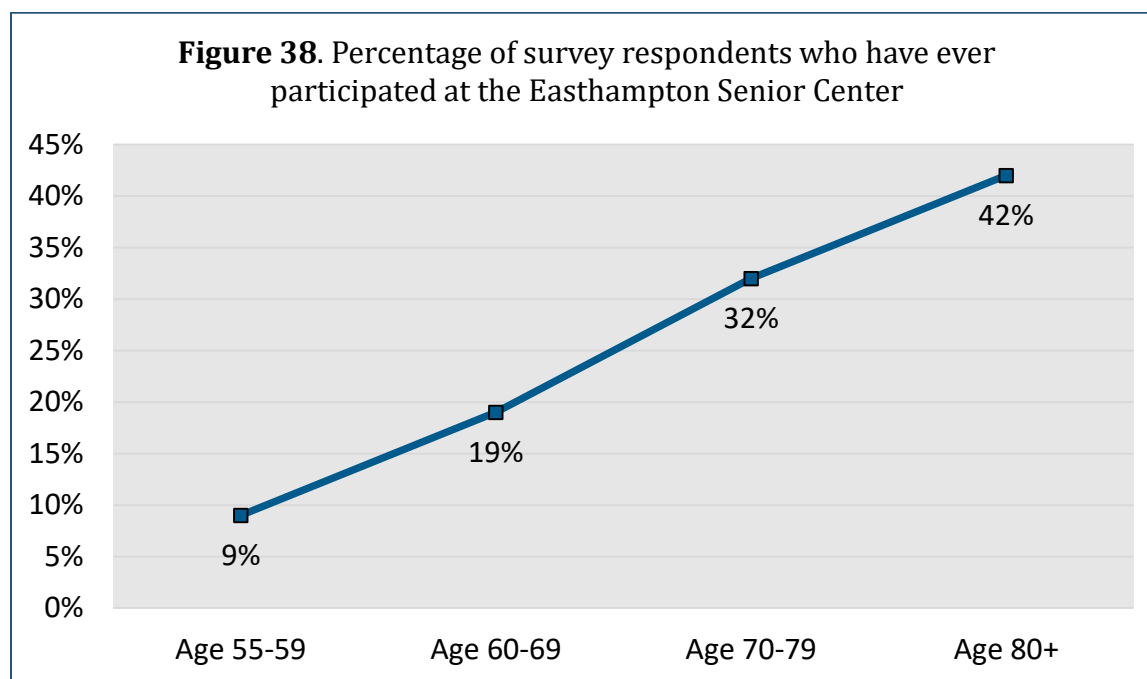
Figure 37. "Do you provide any help to neighbors with minor tasks or errands?"



Easthampton COA and Senior Center

Survey results suggest that participation in the Easthampton Senior Center is considerably more common among older residents. As shown in **Figure 38**, just about 10% of respondents age 55-59 indicated that they have ever used programs or services offered by the Easthampton Senior Center, while participation rates increased progressively with age. Nearly one out of five respondents age 60-69, 32% of respondents age 70-79 and 42% of

those age 80 and older indicated they have participated. This age-graded pattern of participation is not unusual in Senior Centers, and may reflect the increasing value of the ECOA to older residents and their families.



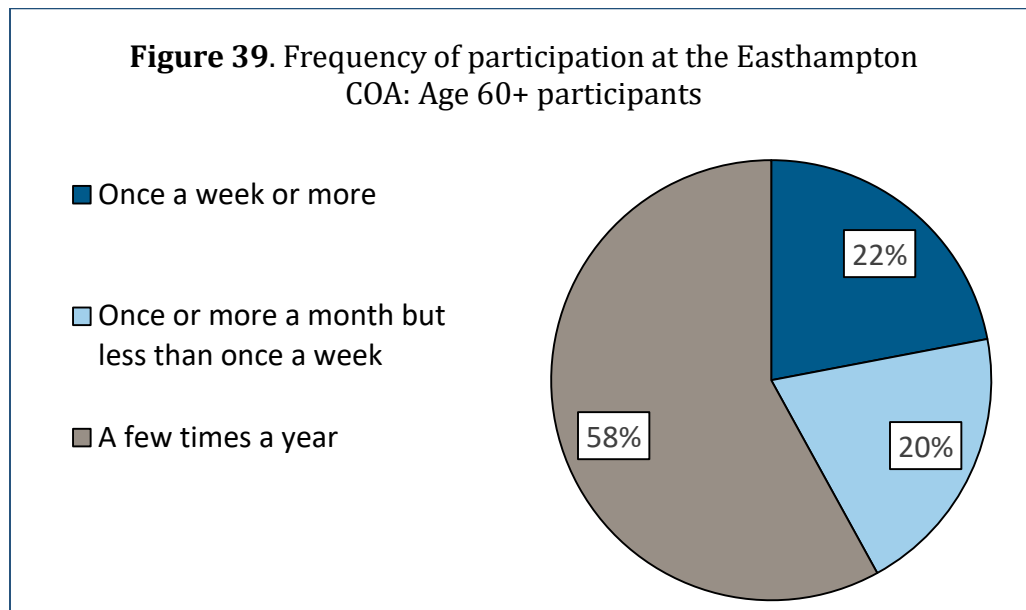
Respondents who said they never use the programs or services were asked to indicate the reason for their non-participation. Among those age 55-59, the most common reason given was “I am not old enough” (38%) or “not knowing what programs and services are available” (30%). Among those age 60 and older, the most common reasons provided were “I am not interested” (30%), “not knowing what programs and services are available” (25%), or “I do not have time” (23%). These responses make clear that although some residents are simply not interested in participating, many lack awareness of the available programs and services. Notably, a share reported that they do not participate because they do not know anyone there or are too shy to join in on their own. Overcoming the obstacle of unfamiliarity may be a goal for future effort by the ECOA.

Note that although the oldest respondents were more likely to participate, among the survey respondents who reported using the programs and services, most were in their 60s and 70s (see **Table 3**). Five percent of the survey respondents who had ever participated in Senior Center activities or programs were age 55-59, while over 70% were age 60-79 and 24% were age 80 or older. These figures illustrate that the Easthampton Senior Center is attracting a wide age range of residents, not just those age 80 and older. Accordingly, the Senior Center must consider all segments of the 55 and older age group in their programming and planning.

Table 3: Age distribution of Senior Center participants and non-participants, Easthampton survey

Age	Participate	Have never participated
55-59	5%	16%
Age 60-69	32%	46%
Age 70-79	39%	27%
Age 80 and older	24%	11%
Total	100%	100%

Among respondents who used the programs or services offered by the ECOA, 22% reported participating once a week or more frequently (see **Figure 39**). Over half indicated that they participate only a few times a year, primarily visiting the Senior Center for special events. This range of participation levels highlights the broad continuum of affiliation with the ECOA, with many residents participating just periodically while others include visits to the ECOA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by one-quarter of participants who were age 80 and older, 23% of those age 70-79, and less than 20% of participants under age 70, suggesting that older participants attend more frequently during the course of a month or a year (not shown).



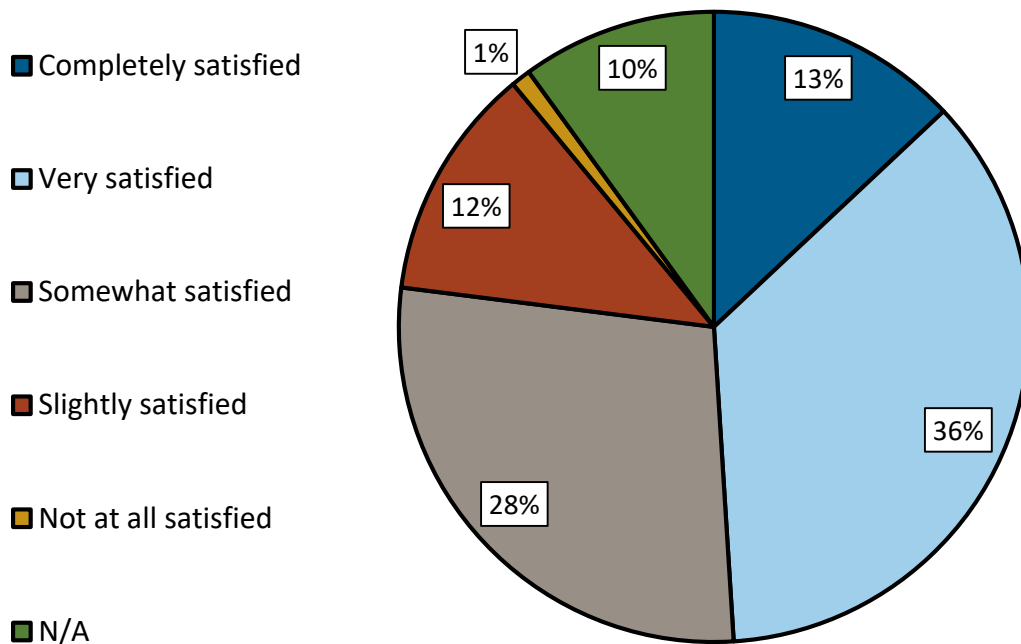
Survey respondents were asked to note any challenges they had encountered in accessing the Easthampton Senior Center; respondents were invited to mark more than one challenge if they wished. In **Table 4**, challenges are described based on those who indicated that they

had participated in the Easthampton Senior Center. Six out of ten reported that they had not experienced any issues. Among those who had experienced issues, the most common challenge, reported by 16% of respondents, was a lack of sufficient parking, and 15% indicated that the programs were not of interest. Smaller numbers reported challenges associated with not knowing what programs and services are available, inconvenient hours, feeling they would not fit in, the space being not comfortable or welcoming, and a number of other conditions and circumstances. Some people wrote in additional challenges they had experienced, many of which referred to problems with the building and its limitations.

Table 4. “Which of these issues have you encountered when accessing the Easthampton Senior Center or its programs?” (tabulated for those who have participated, all ages)	
I have not experienced any issues	60%
Lack of sufficient parking	16%
Programs don’t interest me	15%
Not knowing what programs and services are available	9%
Hours of the programs and services are inconvenient	8%
I don’t think I would fit in there	7%
Space is not comfortable or welcoming	7%
Other:	
➤ Building is not handicap accessible (2%)	
➤ Location of programs and services are inconvenient (1%)	
➤ Lack of transportation (3%)	
➤ Limited class size for events/activities (3%)	

Overall satisfaction with programming offered by the Easthampton Senior Center was gauged based on respondents being asked “How satisfied are you with the programs and services offered through the Easthampton Senior Center?” Sixty percent of the respondents indicated N/A on satisfaction, including a lack of knowledge among many. However, among those who had participated at least sporadically, satisfaction was generally good but showed some room for improvement (**Figure 40**). Among participants, half reported being completely satisfied or very satisfied, while another 28% reported being “somewhat satisfied.” However, 13% indicated that they were slightly or not at all satisfied, suggesting that adjusting programs or services may be beneficial to some segments of the community.

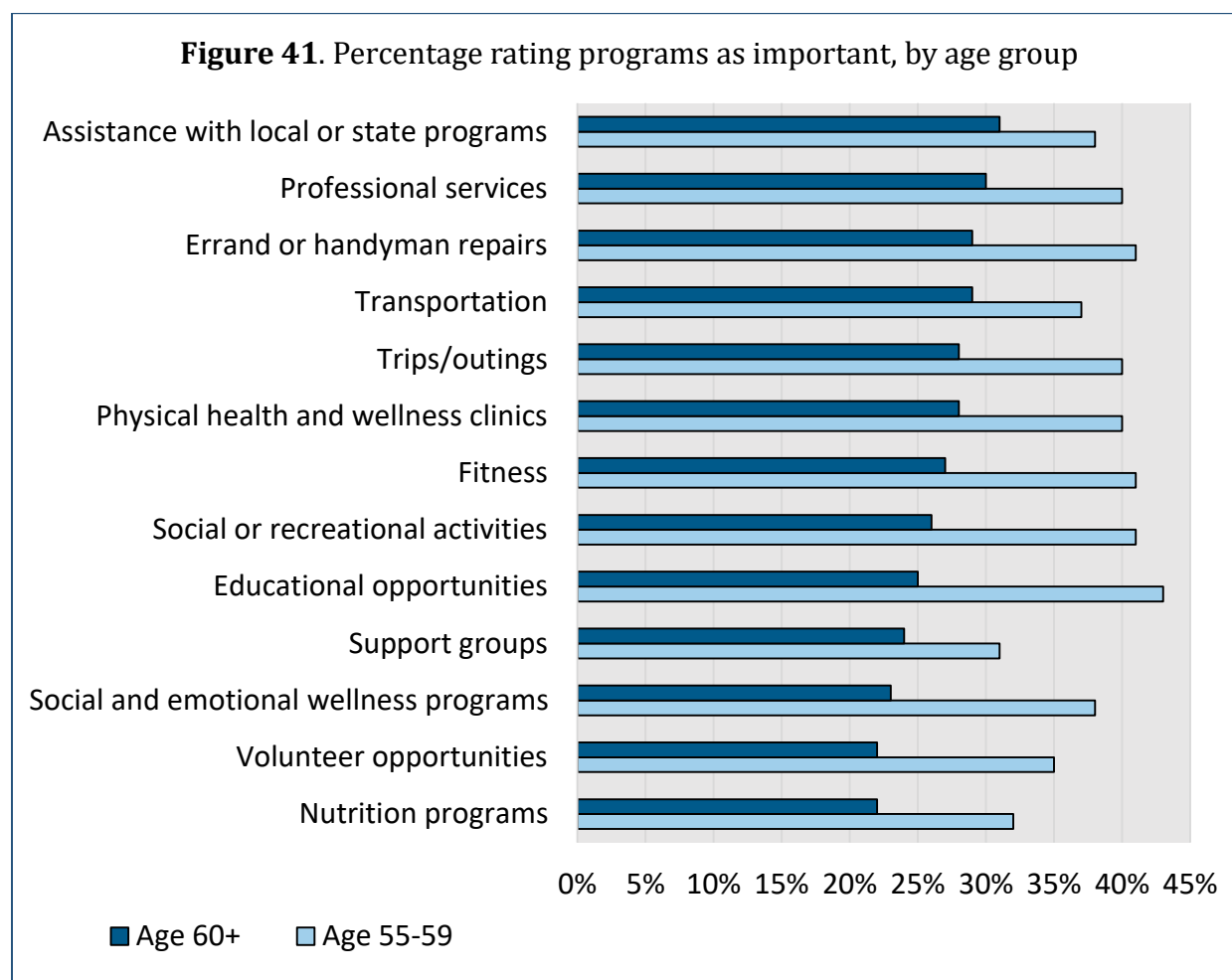
Figure 40. "How satisfied are you with the programs and services offered through the Easthampton Senior Center?" (participants only)



Respondents were asked to rate a number of programs and services currently offered through the Easthampton Senior Center in terms of importance to themselves or their family members. Response options ranged from (1) "very important," to (5) "not at all important." A rating of 3 is meant to capture "moderately important" and respondents could also choose a sixth category, corresponding to "I don't know." We note that across the programs and services considered, 18-20% of respondents indicated "I don't know," suggesting that a segment of the community is not well informed about the Easthampton Senior Center and how it may be helpful or enjoyable, even to members of their own networks.

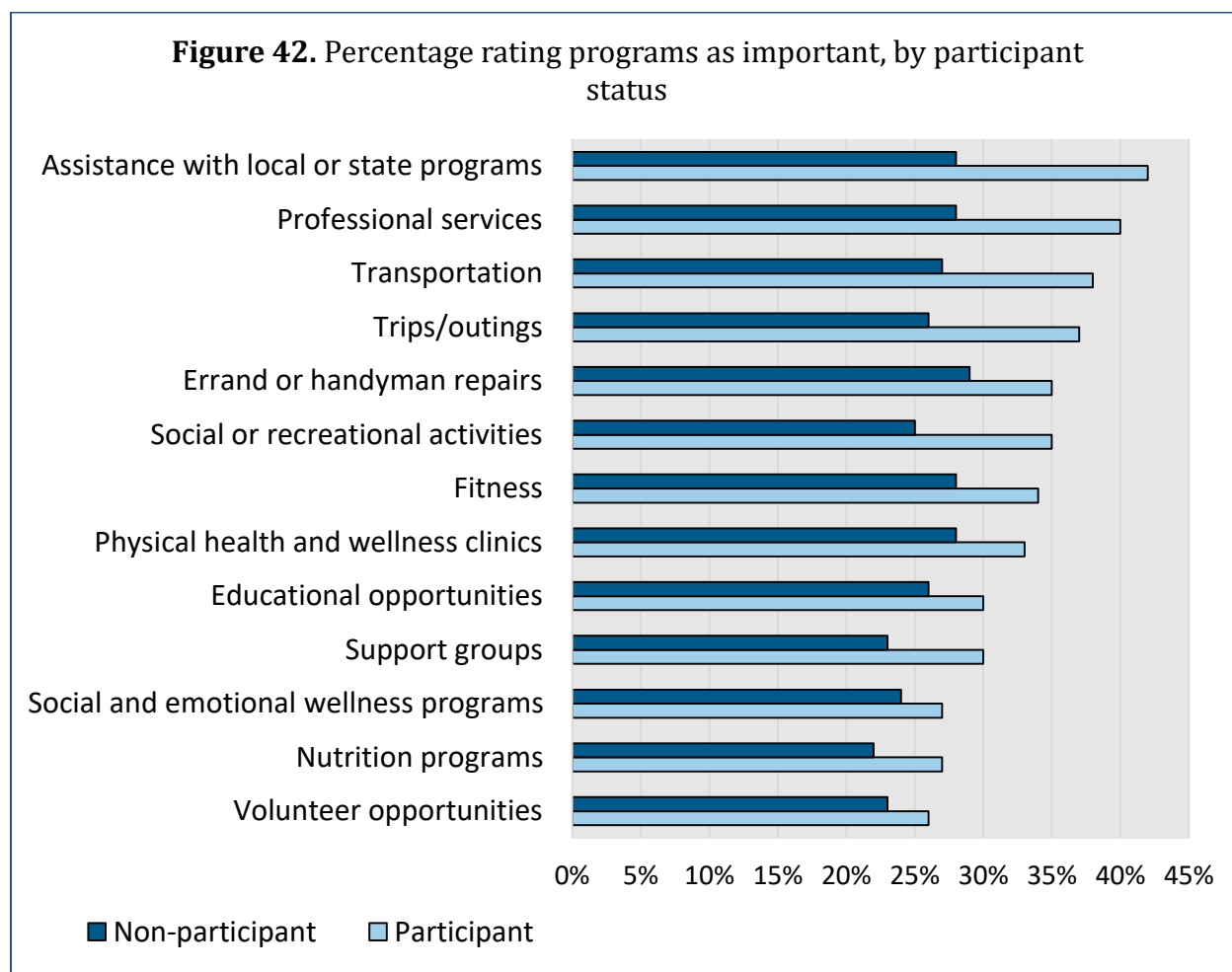
Results are shown in **Figure 41**, with the programs and services listed based on their ranking by respondents age 60 or older. The percentage values listed are the share of respondents scoring the given program as 1 or 2 on the 5-point scale described above, with a score of 1 corresponding to "very important." Among respondents age 60 and older, most programs were rated as having high importance to themselves or their family by 25-30% of respondents; among those age 55-59, most programs were rated as having high importance by at least 35%. Indeed, all of the programs were rated more highly by those age 55-59 than by their older neighbors. The program receiving the highest rating among respondents age 60 and older was "assistance with local or state programs" (such as the food pantry or fuel assistance), scoring 1 or 2 on the 5-point scale by 31%; this program was also rated as having

high importance by 38% of the respondents age 55-59. In general, the highest ratings were associated with services and supports (the top four listed in Figure 41 were assistance with local or state programs; professional services; errand or handyman repairs; and transportation services). At least one out of four seniors assigned high importance to trips/outings; physical health and wellness clinics; fitness; and social or recreational activities. Note that the program rated most highly by the youngest respondents (those age 55-59) was educational programs. These findings suggest that all of these programs are valued by some segments of the community. They also suggest that as younger cohorts begin to use the Senior Center, growing interest may be expressed in educational programs as well as other programs and services where the difference in rating between the respondents age 55-59 and those age 60 and older is sizable, including social and recreational activities, fitness, and wellness programs.⁶



⁶ Note that segments of the community also rated each program and service listed as being “not important” to themselves or their family members. For example, 32% of respondents indicated that assistance with local or state programs was important to themselves or family members, but 38% said these programs were not important (see Appendix for full listing).

Figure 42 provides parallel information on rated importance, this time comparing respondents who say they have ever participated in Senior Center programs with those who have not, ranking in order of rating among participants. Not surprisingly, people who had never participated consistently rated programs at levels that are lower than the ratings provided by participants. For example, assistance with local or state programs was rated as important by 42% of respondents who had ever participated in any Senior Center programming, but by only 28% of non-participants. All programs were rated as important by 22% to 29% of non-participants. Among participants, who would be expected to have more first-hand awareness of the Senior Center and its offerings, a wider range of support was expressed across programs. However, each program was rated as important by at least 25% of respondents who had participated in the Senior Center, suggesting that among those with the greatest familiarity, the programs largely have high value.



Many respondents wrote in programs and services that they would like to see made available at the Easthampton Senior Center moving forward. The most frequently mentioned addition

was for expanded educational opportunities. Other frequently mentioned programs or services were professional help (e.g., assistance with legal, tax, or employment issues) and sports, fitness, and wellness activities. Responses to these questions highlight the value attached to the services and supports function of the Senior Center, as well as the programs and activities features. For example, while many wrote in that they needed more programs that would help with caregiving or financial needs, others wrote in exercise activities, specific educational activities, or entertainment programs that they wished were in place.

Some survey respondents wanted to note that although they do not currently participate, the programs offered through the Easthampton Senior Center were important to them. For instance:

“I didn’t answer the above questions (referring to the ranking of importance). It is very important to me that these services are offered! My family and I have not made use of any of them so they have not been important in our own lives.”

Preferred sources of information. As planning for the ECOA moves forward, expanding awareness and strengthening communication are central tasks. Currently, the ECOA uses a number of different type of media in an effort to reach residents (see **Figure 43**)⁷. The ECOA produces a monthly newsletter (*The Silver Circle*) that is posted online and made available in paper format. Survey respondents were asked where they prefer to find information about the activities and services offered by the ECOA. Responses suggest that for those most likely to currently participate (that is, those age 70 and older) the newsletter was far and away the most preferred source. The newsletter was also preferred among those who had participated in ECOA activities and programs, regardless of age (see **Figure 44**). The newspaper was a potentially important outlet, as 35-50% of each age group named it, along with 42% of nonparticipants and 45% of participants. Digital distribution—through email, websites, or social media—was a preferred source for younger residents, but is unlikely to reach those who are older. Only 31% of respondents age 70-79 and 10% of those age 80 and older indicated that these digital outlets were among their preferred mechanisms. Given that current ECOA participants are somewhat older, we conclude that continuing to make information about the ECOA and Senior Center available through print media remains important. However, findings suggest that at some point, the ECOA may need to expand its digital presence to effectively reach its younger residents. In addition, including more content in the local newspapers may be an option that would be accessible to many, while reaching a broad audience.

⁷ Radio was provided as an option in the questionnaire, but fewer than 10% of any group named radio, so it was removed from charts in this section.

Figure 43. "Where do you prefer to find information about the activities and services offered by the Easthampton Senior Center?" (by age group; percentage marking as a preference, with multiple preferences allowed)

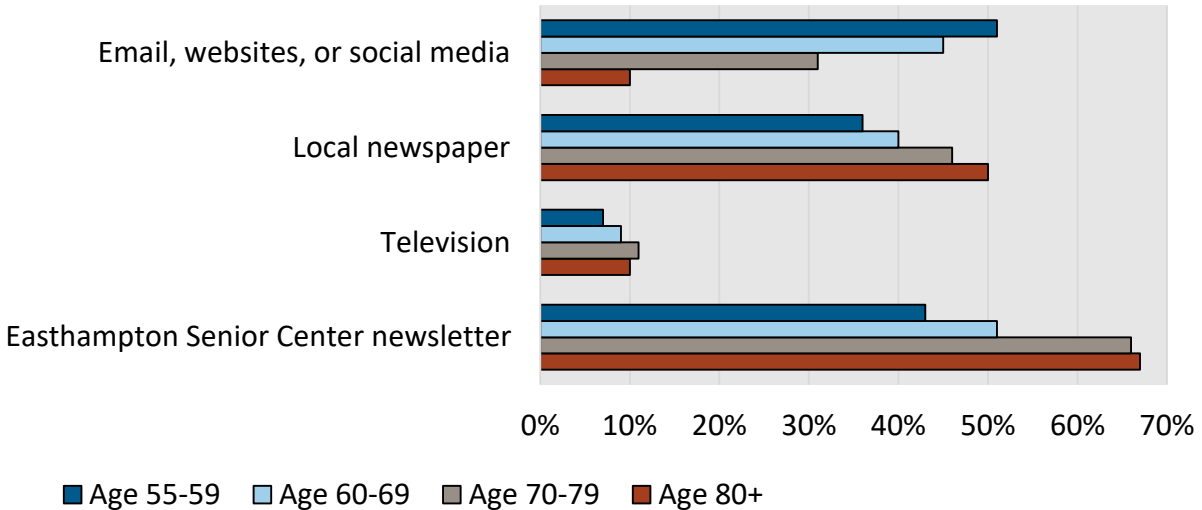
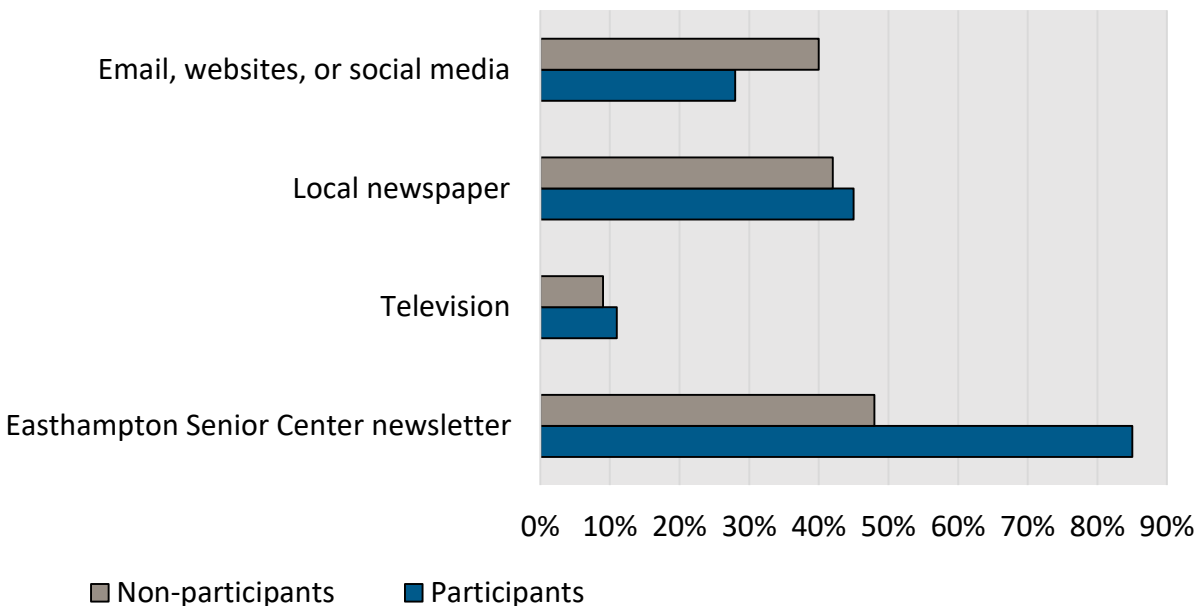


Figure 44. "Where do you prefer to find information about the activities and services offered by the Easthampton Senior Center?" (by participation status; percentage marking as a preference, with multiple preferences allowed)



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments they wished to share about the ECOA and Senior Center. Selected comments are included in **Table 5**, illustrating key themes that emerged from these comments.

The most frequently offered comments were compliments about or thanks for the ECOA and Senior Center. Positive comments were offered about the staff, the services and the programs. Many people expressed thanks to the ECOA for conducting the survey—for asking residents for their input on issues relating to aging in Easthampton.

The second most frequent comments were concerns about the Senior Center building. Numerous respondents indicated dissatisfaction with the space, reporting that the building is old, dark, and unwelcoming. Dissatisfaction was also expressed with the parking situation. A number of respondents noted that several nearby communities had substantially nicer buildings, and some wrote in that they prefer to attend programs in those communities.

Suggestions for improving programs and services were offered by many respondents. Some wrote in specific programs they would like retained or expanded, such as travel programs and support groups. Others expressed dissatisfaction with the programming for younger residents, noting that in their view, current programming was better suited for the oldest Easthampton residents and did not broadly appeal to Baby Boomers.

A fourth area generating many comments related to improved outreach and communication. Many respondents made clear throughout the survey that they knew very little about the ECOA or Senior Center. Some indicated that they have never seen any information about the programming and a few indicated they were not aware that Easthampton even had a Senior Center. Many people wrote in that they have not seen the newsletter but would like to.

Table 5. Other thoughts or comments about the City of Easthampton Senior Center

Compliments about the Easthampton COA and Senior Center

“As a whole I believe the Center and the people who are involved there do a terrific job—well done!”

“Easthampton Senior Center is a vital part of our community and the services and supports offered are essential for a healthy community. I look forward to greater participation as I age in place here in Easthampton.”

Concerns about the Senior Center building

“Find a nice location! Current location is old, dark, and depressing!”

“Improve building, parking, and privacy of staff offices.”

“The building is not welcoming. I prefer going to Northampton Senior Center, as do other friends of mine.”

“I think the building and its location is the biggest drawback. The building is old, the rooms are dark and small and inconvenient. Lack of parking severely limits programs and events unless they can be held elsewhere. I would also like to note that everyone at the COA has a wonderful attitude and is more than willing to help, the space -- not so much. It just doesn't say welcome.”

Suggestions for improving programs and services of the Easthampton Senior Center

“It would be nice to have a support group, led by a medical professional, for Alzheimer’s and dementia. So that we could understand what is going on and be able to vent with other caregivers.”

“I wish the Senior Center felt like a more vital place for anyone over 55. It feels geared to people more impaired or compromised, especially the limited classes, workshops offered.”

“I hope they don’t take away our outings. They are very important to people who don’t have cars.”

“I have recently begun going to the Easthampton Senior Center for club meetings. I am a baby boomer and there isn’t much of interest for me at the center now. I feel a gap in age and interests. That may change when I am older.”

Suggestions for improving outreach and information

“I have not seen any information on the Senior Center anywhere.”

“I think all seniors should get the Senior Center newsletter. It would help us know what is going on a little more. (They could ask for) a small donation for it.”

“I was not aware that I was old enough to participate in any of the Center’s services or activities. I never get newsletters or any information.”

Peer Community Comparison

To obtain Senior Center-related information, including programming and staffing features and characteristics, directors of COAs/Senior Centers in Easthampton and each of seven nearby communities were interviewed. The communities chosen for this comparison were selected jointly by the ECOA Director and research staff at UMass Boston. An initial email was sent out, and directors had the option of providing the information either electronically or over the phone. Additional information on selected COAs was retrieved from a database compiled for the Massachusetts Association of Councils on Aging (MCOA).

Easthampton and its peer communities share some commonalities with respect to key demographic and socioeconomic features (see **Table 6**). The population size of these eight communities ranges from 14,516 in Wilbraham to more than 56,000 in Chicopee. Easthampton is the third smallest among these communities. Median household income also varies among these communities and ranges from approximately \$46,000 in Amherst to over \$96,000 in Wilbraham; Easthampton's median household income, at \$58,552, is third lowest among these communities. With the exception of Amherst at 10%, the percentage of the population 60 and older is relatively high in each of these communities; at 26%, Easthampton's population share age 60 and older is third largest. Similarly, many of these communities have high educational attainment, as noted by the percentage of older residents with at least a Bachelor's degree. Older adults in most of the comparison communities are somewhat more highly educated than observed in Easthampton.

Table 6. Demographic features, Easthampton and peer comparison communities

	All-age population	# age 60+	% 60+ years	Median Household Income	% 65+ years with at least a Bachelor's degree
Easthampton	16,042	4,204	26%	\$58,552	23%
Amherst	39,724	4,030	10%	\$45,999	69%
Belchertown	14,888	3,108	21%	\$80,502	35%
Chicopee	56,100	13,405	24%	\$49,005	14%
East Longmeadow	16,063	4,624	29%	\$83,003	31%
Northampton	28,534	6,275	22%	\$61,813	46%
South Hadley	17,753	4,450	25%	\$62,004	37%
Wilbraham	14,516	4,093	28%	\$96,076	37%

Source: American Community Survey, 2012-2016. Numbers are calculated from 5-year survey estimates

The majority of these communities are equipped with standalone Senior Centers, although Amherst uses dedicated space within a shared municipal building, and Wilbraham operates

out of community space. The Senior Centers vary in age and available space. While East Longmeadow's Senior Center was built more than 50 years ago, Chicopee's Senior Center was recently built in 2014 (**see Table 7**). Available space varies, with Wilbraham and Amherst reporting less than 5,000 square feet of available space, while South Hadley and Chicopee report over 15,000 square feet. However, staff contacted in each of the communities report insufficient space for their current needs. Calculating the number of square feet per resident age 60 and older shows a wide range of space available on a per-senior basis. Wilbraham's senior center includes space equivalent to less than 1 square foot per senior, while South Hadley's space is equivalent to 3.7 square feet per senior. At 1.7 square feet per senior, Easthampton falls in the middle of these comparison communities.

Each community employs at least one full-time staff member, and paid staff among these COAs range from 4 in Wilbraham to 23 in Belchertown. All the COAs have a full-time director, as well as other staff members such as outreach coordinator, administrative assistant, social worker, program coordinator, and van driver. Except for East Longmeadow, Easthampton and its peer communities have a "Friends of the COA" group that hosts fundraising events and activities such as craft fairs, raffles, mailings, summer concert series, and more.

Each COA relies on volunteer staff to varying degrees. The MCOA database indicates that in Northampton and Amherst, 75-99% of all programs are run by volunteers. Belchertown and Wilbraham volunteers administer 50-74% of programs, and 25-49% of programs are directed by volunteer staff in South Hadley. In Easthampton and East Longmeadow, less than 25% of programs are conducted by volunteers. All of these COAs offer or provide access to transportation services and, with the exception of South Hadley and Belchertown, each uses volunteers for some transportation services.

While there is typically no membership fee to join these Senior Centers, fees are sometimes associated with special classes or events (e.g., fitness classes, medical clinics) to help pay for instructors or supplies. Most of the selected communities offer a property tax work-off program; however, along with South Hadley and Belchertown, Easthampton does not offer this type of program.

The COAs described here offer a wide variety of programs and activities for seniors in the community. The majority of these COAs offer some type of program or activity designed specifically to target isolated seniors such as companion programs, home delivered meals, and outreach coordinator efforts. Caregiver support and respite is a commonly observed need in most communities, yet Belchertown is the only COA out of this group of communities to offer its own adult day program. Easthampton and its peers may have access to adult day programs in other surrounding areas.

Table 7. Senior Center features, Easthampton and comparison communities

	Senior Center Space in Square Feet	Square feet/senior	Year Senior Center Opened	Adequate space?*	Staff FT/PT	# Tax Work Off Program Positions*	Volunteer involvement*
Easthampton	8,000	1.7	2002	No	2/7	NA	1-24% programs volunteer run
Amherst	4,773	1.2	1978	No	4/3	31-40	75-99% programs volunteer run
Belchertown	10,000	3.2	2000	No	7/16	NA	50-74% programs volunteer run
Chicopee	21,209	1.6	2014	No	7/13	31-40	NP
East Longmeadow	14,600	3.2	1968 or earlier	No	7/9	10-20	1-24% programs volunteer run
Northampton	NP	NP	2007	No	6/6	10-20	75-99% programs volunteer run
South Hadley	16,500	3.7	1977	No	4/11	NA	25-49% programs volunteer run
Wilbraham	3,462	0.8	NP	No	3/1	21-30	50-74% programs volunteer run

Conclusions & Recommendations

Substantial growth in the number of older Easthampton residents is expected over the next two decades. Preparing for this demographic shift invites reflection about the extent to which features of the community environment and characteristics of municipal services meet older residents' needs and interests, and making plans to improve alignment where appropriate. In support of this planning process, the City of Easthampton Council on Aging and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the City's residents age 55 and older. During this assessment, a survey was developed and administered to Easthampton residents age 55 and older. A total of 1,841 questionnaires were returned, reflecting a strong return rate of 33%. In addition, we collected insights from Easthampton leadership and other key stakeholders in the community. Data from the U.S. Census Bureau and other sources were also examined in support of the project aims.

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

Key findings are as follows:

➤ **Easthampton will experience growth in the number and share of older residents**
Demographically, Easthampton is already "older" than Massachusetts as a whole. At the last federal census (2010), Easthampton's population included 3,500 residents age 60 and older; by 2035 this number is expected to swell to 5,200-6,200, and residents age 60 and older are expected to make up more than 35% of the population. Among respondents to the community survey, more than one out of ten moved to Easthampton within the last five years, and a large majority report that it is important to them to stay in Easthampton as they get older, reinforcing expectations of growth based on these projections. Already, considerably more Easthampton residents are age 60 and older than under age 18, and 45% of Easthampton homeowners are age 60 and older. This central, overarching observation—that the older population of Easthampton is already large and will continue to expand—makes clear the importance of considering how well features of the City, the services and

amenities available, and virtually every aspect of the community align with the age demographic moving forward.

➤ **Economic insecurity is a concern for older Easthampton residents.**

Concerns about economic insecurity among older residents are evident from many sources consulted for this study. Data from the US Census Bureau suggests that median household income for Easthampton householders age 65 and older is lower than the statewide median, and that nearly one-third of householders age 65 and older report household income under \$25,000 annually. Key informants consulted for the study are aware of the financial strains present in the community, and note special concern about housing affordability and food security. Easthampton residents who participated in the survey express substantial concerns about affordability, and cost of living was the most frequently mentioned concern named by survey participants. Many respondents reported special concern about escalating property taxes, and some wrote that they feel taxes are “forcing them out” of Easthampton. Because an estimated seven out of ten of Easthampton’s older householders are homeowners, this issue impacts a large majority of the City’s older population. Financial strain may be substantial for segments of the Easthampton community: one out of five respondents to the community survey indicated that they lacked finances for one or more necessities over the previous 12 months.

➤ **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as problematic in Easthampton.**

Many older adults who wish to remain in their communities will need to adapt their current homes to better suit their changing lifestyles and physical capacities, or move to a different environment that is in better alignment with those needs. In Easthampton, one-third of the surveyed homeowners say their current residence needs home repairs (such as a new roof) and 35% say they need home modifications (such as grab bars or railings). Survey respondents express concerns not only about their ability to afford needed repairs, modifications, and maintenance but also about their ability to identify trustworthy assistance as they get older. When asked about the type of housing they would prefer if they had to move due to a change in health or physical ability, many respondents indicated preference for a senior independent living community or assisted living community. However, key informants report a lack of senior housing and downsizing options in Easthampton and note that leaving Easthampton may be the only option for some older adults seeking these types of housing.

➤ **Obtaining necessary transportation is a concern, especially for Easthampton’s oldest residents.**

Transportation, including walkability, is an essential aspect of any community. When travel is limited, one’s ability to obtain necessary goods and services, and to remain involved with networks and the broader community, is impeded. In Easthampton, travel concerns and

limited transportation options were noted by key informants as well as by community survey respondents. Key informants reported concerns about traffic and walkability, and noted that because local shopping and medical services are limited, expanding travel options are essential. Many survey respondents reported similar concerns, indicating that they were worried about their ability to stay in Easthampton if they lose the ability to drive. Results from the survey suggest that many Easthampton residents reduce their driving as they get older, and a large share of those age 80 or older do not drive at all. Those who do not drive appear to be impacted in important ways: one-third say they have difficulty getting the transportation that they need, and one out of five report having missed, cancelled or rescheduled a medical appointment due to a lack of transportation. Transportation services through the ECOA are valued by the community, and nearly one out of four non-drivers in the survey report using these services. However, key informants believe that the ECOA transportation is too limited, and other transportation options in the community need to be improved.

➤ **Some Easthampton residents are at risk of isolation.**

Isolation is recognized as a significant public health hazard, and study results suggest that a segment of Easthampton's older residents is at risk of isolation and its negative consequences. Fortunately, most survey respondents are well integrated with the community, and report strong support and interaction with family and friends. Most respondents to the survey report interacting often with family, friends or neighbors—by phone, in person, or via social media. However, six percent of survey respondents say they rarely have phone contact with family or friends, and a larger share (12%) report getting together in person with family or friends just once a year or less frequently. Over 90% of respondents say they have someone nearby on whom they can rely for help when needed; but as many as one out of ten do not. People who both live alone and also do not have potential helpers nearby are a special concern. Survey respondents indicate a sense of helpfulness among neighbors, but the fact that one out of three respondents would not ask a neighbor for help may indicate that some segments of the community do not feel well connected locally. It is difficult to know how many of these less-connected people are currently socially isolated. However, key informants shared the belief that the ECOA could be instrumental in addressing isolation through social programs, expanded drop-in opportunities, and outreach.

➤ **Many Easthampton residents need support due to physical or cognitive conditions, and many caregivers need help.**

While not all older people will experience poor health or disability, the likelihood of acquiring chronic disease or a disabling condition increases with age. In Easthampton, nearly four out of ten residents age 65 and older report one or more disability and as many as 11% require assistance with self-care, such as dressing, bathing, or getting around the house. An estimated 13% of Easthampton residents age 65 and older have Alzheimer's disease or a

related dementia. Physical health challenges reported among Easthampton survey respondents are especially frequent among residents age 80 and older: among community survey respondents in that age group, 32% report fair or poor health. More than one-third of Easthampton respondents age 80 and older say they have an impairment or condition that limits their ability to participate in the community. For these individuals, accessing health care and other needed services, obtaining transportation, and remaining engaged may be significant challenges. Needs for care and support due to chronic conditions are frequently met informally, through family members and friends. Indeed, one-third of survey respondents under the age of 80 have recently or are currently providing care or assistance to a person who is disabled or frail, along with 17% of those age 80 and older. Most of these caregivers report the experience as challenging. In Easthampton as throughout Massachusetts, information and support is available for caregivers and care recipients alike, yet generally low satisfaction is reported in this study with the availability of home care and caregiver support in Easthampton. Results suggest as well that awareness of available services may be low. Many survey respondents wrote in concerns about finding and paying for reliable home assistance for themselves or loved ones.

➤ **Community awareness of the Easthampton Council on Aging and Senior Center is uneven.**

A priority for any successful COA is to make sure that residents know what the Senior Center does, and to “get people in the door” as a means of spreading awareness. Data generated for this report suggest that although a large share of older Easthampton residents participate in ECOA programs, many do so on an infrequent basis. A large share of Easthampton residents is not familiar with the ECOA, or has misperceptions about its focus. Many community survey respondents who have never participated in the Easthampton Senior Center say their reason for nonparticipation is that they don’t know what’s available. Some survey respondents indicate that they did not know that Easthampton had a Senior Center. Many respondents who do not use the ECOA services or programs indicate that they “do not need their services,” potentially suggesting a stronger awareness of the service function of the ECOA than of the activities offered. Key informants report the belief that residents think it the ECOA is meant for the oldest Easthampton residents, rather than for the entire 55 and older population.

➤ **Demands on the Easthampton COA and Senior Center may outstrip capacity in the near future.**

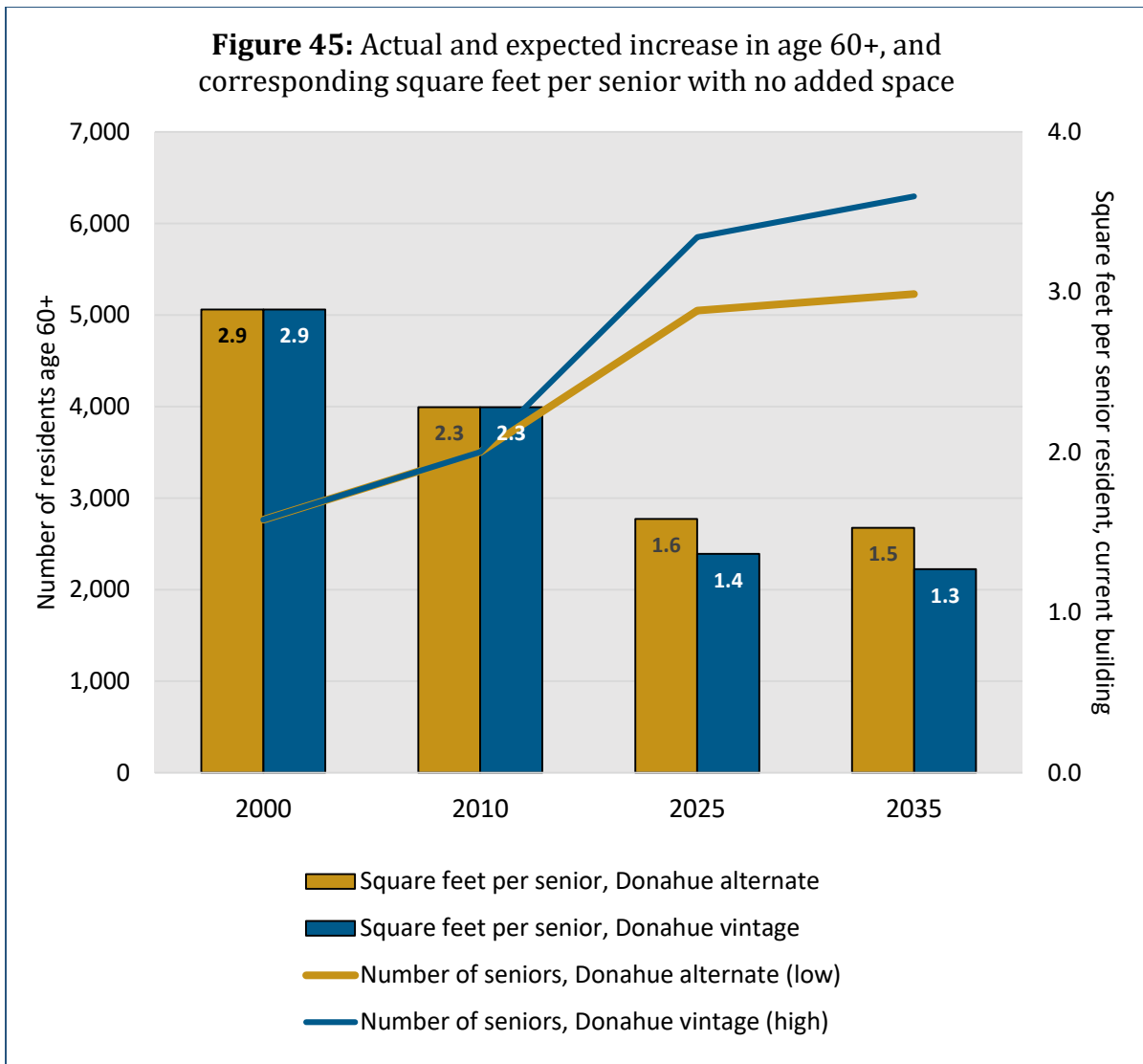
Through population growth alone, as documented in this report, demand for ECOA services and programs would be expected to rise in the future. Moreover, because likelihood of participation increases among those who are age 70 and older, demand may increase on an escalating basis as growth in number of residents beyond the age of 70 expands.

A positive finding of this study is that half of current Easthampton Senior Center participants report being “very” or “completely” satisfied with programs and services offered by the

ECOA. Yet study results suggest that the impact of the ECOA could be stronger moving forward, with appropriate adjustments to programming and resources. Meeting community expectations for services in light of growing demands will be a challenge with current resources. Responding to expressed interests in life-long learning, fitness, and other programs that support health and strengthen socialization would require an adjustment of space and resources. Because these types of programs are especially valued by younger residents, strengthening programming in these areas are key to expanding relevance of the ECOA. Key informants consulted for this study believe that the current programs and staff are of high quality. They indicate that the ECOA could have greater impact, but that they lack staffing and resources to do so.

Key informants and many survey respondents report that features of the Senior Center building are currently problematic, and restrict opportunities for expanding or improving programs and services. Some respondents indicate that the building is not handicap accessible, restricting access for some who may wish to participate. Many refer to the building as being dark, unwelcoming, poorly laid out, and lacking key amenities. Parking is viewed as inadequate.

Many study participants feel that capacity of the Senior Center is already stretched thin. Understanding that the population age 60 and older continues to increase in Easthampton, it is instructive to consider how the space available at the Senior Center aligns with population figures at the time the current building was converted from a post office to its current use as a Senior Center. **Figure 45** plots the number of Easthampton residents age 60 and older counted in the most recent two federal censuses (2000 and 2010) and projected by the Donahue projections. These figures are shown by the line graph embedded in Figure 45, with values anchored on the left-hand vertical axis. For example, the figure suggests that by 2035 the Easthampton 60 and older population is expected to be 5,200-6,300 residents. The bar graph embedded in Figure 45 reflects the square feet per senior at each of these time points, calculated by dividing the current square footage of space at the Easthampton Senior Center (8,000) by the actual and projected number of seniors. These calculations suggest that by 2035 the current building will offer **1.3-1.5 square feet per senior**, down from the 2.9 square feet per senior at its opening in 2002. Given that the building is already viewed as insufficient for program needs by many participants, these trajectories suggest that population growth will exacerbate the current pressure on the Easthampton Senior Center.



Recommendations for the Easthampton Council on Aging and Senior Center

As noted above, addressing many of the issues identified through the needs assessment process will require cooperation between the ECOA and other City offices and local organizations, and some issues may fall beyond the scope of the ECOA altogether. In developing recommendations, our focus has been to prioritize ways in which the ECOA may contribute to addressing community needs, understanding that additional efforts may productively occur outside of the ECOA.

Devise and strengthen programs that address economic insecurity concerns among older Easthampton residents

- Strengthen efforts to make residents aware of resources that are available to them, such as programs supporting food security (e.g., SNAP), fuel assistance, and the like.
- Ensure that the ECOA offers sufficient outreach to the community. Consider expanding staff time devoted to outreach, including potentially hiring additional staff
- Consider establishing a property tax work-off program in Easthampton.
- Ensure that Easthampton seniors are aware of available opportunities to defer their property taxes.
- Rethink ways in which the ECOA and Senior Center can support food security. One option may be to explore alternatives to the traditional congregate meal format (which was recently discontinued), such as offering a “café” style program that simultaneously offers nutrition access and socialization.
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement or finding new employment.

Consider strategies and partnerships that will address seniors’ housing concerns

- Distribute educational materials, hold workshops, or offer other opportunities for Easthampton residents to learn about home modifications that can promote safety in the home.
- Consider making information available about reliable contractors and affordable options for implementing safety features in the home.
- Advocate for expanded downsizing options, affordable housing for seniors, and housing with services in Easthampton or nearby communities.

Strengthen transportation options in Easthampton

- Expand transport available through the ECOA, including medical trips but also “amenity trips” for social participation.
- Advocate for expanded transportation service throughout the Easthampton area.
- Ensure that segments of the community at high risk of experiencing travel barriers are aware of available options: residents age 80 and older; non-drivers; and those with significant mobility limitations.

Strengthen services and programs addressing caregiving and isolation

- Evaluate the adequacy of existing home care and caregiver support programs in the area.
- Expand outreach efforts to ensure that residents are aware of home care and caregiver support opportunities that are already available.

- Establish the ECOA as a trustworthy source of information about options for receiving assistance in the home.
- Consider ways to address isolation among older Easthampton residents. Some opportunities may be to host more events that will draw community members into the Senior Center; create and promote a “café” style food program on-site; improve drop-in space at the Senior Center; and consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a buddy program to welcome new participants).

Expand programming to appeal to a broader segment of the community, including programs that appeal to the entire age range of the target audience (55+)

- Expand educational offerings. This was the most highly rated type of programming identified by younger survey respondents, and aligns with high educational attainment of many residents.
- Expand fitness and health promotion offerings. Easthampton has an abundance of amenities (e.g., the paved rail trail, hiking opportunities, others): consider ways to take advantage of these amenities. Selectively offer more fitness programs on-site.
- Expand and refresh intergenerational activities linking the ECOA and its participants to younger residents. Many residents value these types of activities; as well, these types of programs can be mechanisms for fostering good relationships and partnerships across the community.
- Consider strategies for usefully expanding the volunteer program at the Easthampton Senior Center.

Improve communication and expand awareness of ECOA programs and services

- Work to improve awareness of the ECOA and implement a plan to address barriers to knowledge.
- Explore opportunities to make a printed newsletter readily available to residents who want or need print format.
- Explore expanded opportunities to improve visibility of the ECOA and Senior Center through the local newspapers as well as through digital platforms.
- Consider hosting community events that will draw residents into the Senior Center as a basis for expanding awareness.

Develop improved space available for programs and services

- Improve the availability of private space for confidential conversations such as needs for help with caregiving, health or home care concerns, needs for financial assistance, and the like.

- Address accessibility barriers at the Senior Center relating to stairs, location of restrooms, and other features that discourage participation by those with mobility or cognitive limitations.
- Consider opportunities to reconfigure existing space so that activities and events can be held during overlapping time periods without interfering with one another.
- Explore opportunities for addressing parking challenges at the Senior Center.

Plan for escalating demand for Senior Center programs and services

- Explore opportunities to acquire additional space to host programs.
- Address the need for additional staff as programs and services are improved and expanded and participation increases.
- Consider selectively increasing the involvement of volunteers in staffing the Senior Center. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.

References

- AARP (2005). *Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington DC: AARP Public Policy Institute. Retrieved May 26, 2014 from http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf
- Family Caregiver Alliance (n.d.). Selected Long-term Care Statistics. Available online: <https://www.caregiver.org/print/45>
- Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26, 1-18.
- Hudson, R. (2017). Lack of social connectedness and its consequences. *Public Policy & Aging Report*, 27(4), 121-123.
- Massachusetts Healthy Aging Collaborative (n.d.) Massachusetts Healthy Aging Data Report. Available online: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>
- Nelson, B. M. & Guengerich, T. (2009). *Going from good to great: A livable communities survey in Westchester County, New York*. Washington DC: AARP.
- Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, 26, 136 – 154.
- Qualls, S.H. (2014). What social relationships can do for health. Available online through the American Society on Aging website at <http://www.asaging.org/blog/what-social-relationships-can-do-health>
- Pardasani, M. & P. Thompson (2012). Senior centers: Innovative and emerging models. *Journal of Applied Gerontology*, 31(1), 52-77.
- Renski, H. & Strate, S. (March 2015). *Section IV. Technical discussion of methods and assumptions*. Report prepared by the Donahue Institute. Retrieved from <http://pep.donahue-Institute.org/downloads/2015/new/UMDI LongTermPopulationProjectionsReport SECTION 4.pdf>
- Salomon, N. (2010). *Housing Solutions to Support Aging in Place*. AARP Fact Sheet 172, AARP Public Policy Institute. Washington DC: AARP.
- U.S. Census Bureau (2010). *American fact finder*. <http://www.Census.gov>

Appendix: Community Survey Results

Note: Appendix tables are based on 1,841 responses to the Easthampton Community Survey, conducted in Spring, 2018. 60 responses were received online with the rest responding by mail. Total response rate was 33%. See text for additional details.

How long have you lived in Easthampton?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Fewer than 5 years	12%	13%	13%	11%	9%	12%
5-14 years	15%	16%	14%	17%	14%	15%
15-24 years	13%	23%	13%	9%	12%	11%
25-34 years	11%	22%	12%	6%	4%	9%
35-44 years	14%	6%	19%	15%	8%	16%
45 years or longer	35%	20%	29%	42%	53%	37%
Total	100%	100%	100%	100%	100%	100%

How important is it to you to remain living in Easthampton as you get older?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very important	54%	40%	51%	59%	67%	56%
Somewhat important	32%	38%	34%	30%	27%	31%
Slightly important	9%	17%	10%	6%	3%	8%
Not at all important	5%	5%	5%	5%	3%	5%
Total	100%	100%	100%	100%	100%	100%

How often do you feel safe in the community where you live?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Always	49%	51%	47%	46%	56%	48%
Most of the time	49%	47%	51%	52%	42%	50%
Sometimes	2%	1%	2%	2%	1%	2%
Rarely	<1%	1%	<1%	0%	<1%	<1%
Never	<1%	0%	0%	0%	<1%	<1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	89%	89%	88%	90%	94%	90%
No	11%	11%	12%	10%	6%	10%
Total	100%	100%	100%	100%	100%	100%

Please rate your level of satisfaction with the following statements about aspects of your community:

The way that older adults are treated in Easthampton

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very satisfied	20%	14%	16%	21%	37%	21%
Satisfied	48%	50%	48%	49%	46%	48%
Neutral	26%	32%	30%	23%	14%	25%
Dissatisfied	5%	4%	5%	6%	2%	5%
Very dissatisfied	1%	<1%	1%	1%	<1%	1%
Total	100%	100%	100%	100%	100%	100%

Access to affordable, quality food

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very satisfied	28%	21%	23%	29%	43%	29%
Satisfied	47%	46%	50%	46%	45%	48%
Neutral	18%	23%	21%	16%	8%	17%
Dissatisfied	6%	9%	5%	7%	2%	5%
Very dissatisfied	1%	1%	1%	2%	2%	1%
Total	100%	100%	100%	100%	100%	100%

Availability of home care services

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very satisfied	14%	9%	10%	12%	37%	15%
Satisfied	29%	27%	28%	32%	28%	29%
Neutral	53%	59%	58%	49%	34%	51%
Dissatisfied	4%	5%	3%	5%	1%	4%
Very dissatisfied	<1%	0%	1%	1%	0%	1%
Total	100%	100%	100%	100%	100%	100%

Caregiver support (such as respite, daycare, and support groups)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very satisfied	11%	8%	8%	10%	24%	11%
Satisfied	25%	22%	22%	26%	36%	26%
Neutral	58%	63%	64%	56%	40%	57%
Dissatisfied	5%	7%	5%	7%	0%	5%
Very dissatisfied	1%	<1%	1%	1%	0%	1%
Total	100%	100%	100%	100%	100%	100%

Opportunities for continued learning (such as lifelong learning programs, workshops, or lectures)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very satisfied	14%	13%	11%	13%	27%	14%
Satisfied	35%	31%	33%	37%	35%	35%
Neutral	42%	46%	47%	39%	34%	42%
Dissatisfied	8%	10%	8%	9%	4%	8%
Very dissatisfied	1%	<1%	1%	2%	<1%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	68%	68%	64%	68%	77%	67%
No	32%	32%	36%	32%	23%	33%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	55%	63%	58%	53%	40%	54%
No	8%	5%	6%	9%	19%	9%
No, but I would be willing if asked	37%	32%	36%	38%	41%	37%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Single family home	70%	75%	74%	68%	55%	69%
Multi-family home (2, 3, or more units)	10%	12%	10%	8%	12%	9%
Accessory apartment (add-on apartment to an existing home)	<1%	<1%	<1%	<1%	<1%	<1%
Apartment building, condominium or townhome	13%	10%	12%	16%	12%	13%
Senior independent living community	5%	1%	2%	5%	16%	5%
Assisted living community	<1%	<1%	<1%	<1%	2%	<1%
Other	2%	2%	2%	3%	3%	3%
Total	100%	100%	100%	100%	100%	100%

Do you rent or own your current place of residence?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I own	80%	79%	82%	82%	70%	80%
I rent	17%	19%	17%	16%	21%	17%
Other	3%	2%	1%	2%	9%	3%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I live alone	28%	22%	24%	27%	49%	29%
A spouse/partner	65%	68%	70%	66%	38%	63%
My adult child(ren) (age 18 or older)	10%	20%	9%	6%	11%	8%
My child(ren) (under age 18)	2%	8%	1%	<1%	<1%	1%
My grandchildren	3%	2%	3%	3%	1%	3%
My parent(s)	1%	4%	2%	<1%	<1%	1%
Another relative	2%	3%	3%	1%	<1%	2%
Someone else	2%	4%	2%	1%	1%	2%

***Figures do not sum to 100%**

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 Easthampton?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Single family home	20%	37%	23%	13%	15%	18%
Multi-family home (2, 3, or more units)	3%	6%	4%	3%	<1%	3%
Accessory apartment (add-on apartment to an existing home)	7%	10%	8%	7%	4%	7%
Senior independent living community	42%	39%	47%	44%	26%	43%
Assisted living Community	29%	18%	26%	29%	47%	30%
Apartment building, condominium or townhome	21%	33%	25%	18%	6%	19%
Other	10%	8%	10%	11%	10%	10%

***Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, and I can afford to make these modifications	23%	21%	25%	24%	20%	24%
Yes, but I cannot afford to make these modifications	9%	10%	10%	9%	5%	9%
No, my current residence does not need modifications	68%	69%	65%	67%	75%	67%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, and I can afford to make these repairs	16%	19%	17%	16%	12%	16%
Yes, but I cannot afford to make these repairs	15%	19%	16%	13%	9%	14%
No, my current residence does not need repairs	69%	62%	67%	71%	79%	70%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I drive myself	88%	90%	94%	92%	62%	88%
Friends or neighbors drive me	9%	10%	7%	8%	13%	8%
Taxi	1%	3%	2%	1%	0%	1%
Transportation provided by the Easthampton Senior Center	4%	1%	2%	3%	11%	4%
My spouse or child(ren) drive(s) me	23%	18%	19%	25%	37%	24%
Public transportation	4%	7%	4%	3%	2%	3%
Volunteer medical transportation	1%	0%	<1%	1%	1%	1%
Walk or bike	16%	23%	19%	14%	4%	14%
Other	4%	4%	2%	2%	13%	4%

*Figures do not sum to 100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Not applicable—I do not drive	9%	9%	5%	6%	30%	9%
I do not modify my driving at all	48%	60%	56%	46%	16%	46%
I avoid driving at night	26%	15%	21%	33%	37%	28%
I avoid making left hand turns	3%	5%	2%	3%	2%	3%
I avoid parallel parking	11%	7%	12%	13%	8%	12%
I avoid driving in bad weather	32%	21%	29%	39%	40%	34%
I avoid highway driving	7%	3%	5%	9%	12%	8%
I avoid driving far distances	14%	8%	10%	16%	27%	15%
I avoid driving in unfamiliar areas	13%	7%	10%	16%	19%	13%
Other	3%	3%	3%	3%	3%	3%

*Figures do not sum to 100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I have no difficulties	89%	89%	91%	90%	80%	89%
No door-to-door assistance	1%	2%	<1%	<1%	1%	1%
Public transportation is unavailable or inconvenient	5%	5%	5%	4%	6%	5%
Costs too much	2%	3%	1%	1%	2%	1%
Physical limitations or other impairments	2%	1%	1%	1%	3%	2%
No one I can depend on for a ride	1%	3%	2%	1%	2%	1%
Senior center transportation is unavailable or inconvenient	1%	2%	<1%	<1%	3%	1%
Other	3%	4%	3%	2%	6%	3%

*Figures do not sum to 100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	4%	6%	4%	2%	6%	4%
No	96%	94%	96%	98%	94%	96%
Total	100%	100%	100%	100%	100%	100%

How satisfied are you with the transportation options available to you in Easthampton?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Completely satisfied	16%	14%	14%	15%	25%	16%
Very satisfied	33%	28%	33%	36%	32%	34%
Somewhat satisfied	36%	41%	37%	35%	29%	35%
Slightly satisfied	9%	12%	11%	7%	10%	9%
Not at all satisfied	6%	5%	5%	7%	4%	6%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	31%	33%	35%	30%	17%	30%
No	69%	67%	65%	70%	83%	70%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very challenging	16%	11%	17%	17%	12%	17%
Somewhat challenging	41%	47%	44%	35%	37%	40%
Neither challenging nor easy	22%	22%	20%	23%	24%	22%
Somewhat easy	11%	9%	12%	12%	15%	12%
Very easy	10%	11%	7%	13%	12%	9%
Total	100%	100%	100%	100%	100%	100%

If Yes: Did this person have any of the following conditions? (check all that apply)

	All ages	Age 55-59	Age 60+
Sensory impairment (e.g., vision, hearing)	25%	20%	26%
Mobility impairment (e.g., difficulty walking, climbing stairs)	71%	81%	69%
Recent surgery	19%	24%	18%
Chronic disease (e.g., cancer, diabetes, asthma)	28%	26%	29%
Alzheimer's or dementia	25%	23%	25%
Psychological condition (e.g., anxiety, depression)	17%	16%	17%
Intellectual or developmental disability	4%	3%	4%
Other	12%	16%	11%

***Figures do not sum to 100%**

How would you rate your overall physical health?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Excellent	24%	36%	24%	24%	10%	22%
Good	58%	44%	61%	59%	58%	60%
Fair	16%	17%	13%	15%	28%	16%
Poor	2%	3%	2%	2%	4%	2%
Total	100%	100%	100%	100%	100%	100%

How would you rate your overall emotional well-being?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Excellent	33%	38%	32%	37%	28%	33%
Good	54%	46%	56%	52%	57%	55%
Fair	12%	13%	11%	11%	13%	11%
Poor	1%	3%	1%	<1%	2%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	19%	16%	14%	19%	36%	19%
No	81%	84%	86%	81%	64%	81%
Total	100%	100%	100%	100%	100%	100%

What is your employment status? (check all that apply)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Working full-time	23%	65%	30%	4%	1%	16%
Working part-time	13%	10%	18%	11%	3%	13%
Retired	62%	11%	50%	87%	97%	70%
Other	7%	16%	9%	4%	2%	6%

***Figures do not sum to 100%**

When do you plan to fully retire?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
N/A, I am already fully retired	59%	12%	47%	83%	97%	67%
Within the next 3 years	9%	4%	17%	3%	0%	10%
In 3 to 5 years	7%	8%	12%	2%	0%	7%
In 6 to 10 years	8%	35%	7%	<1%	0%	3%
In more than 10 years	3%	18%	1%	0%	0%	<1%
Not sure	9%	15%	10%	7%	2%	8%
I do not anticipate ever fully retiring	5%	8%	6%	5%	1%	5%
Total	100%	100%	100%	100%	100%	100%

How often do you talk on the phone with family, friends, or neighbors?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	41%	41%	40%	42%	43%	42%
One or more times a week	42%	39%	43%	42%	42%	43%
More than once a month	10%	11%	10%	9%	8%	9%
Once a month	4%	6%	5%	4%	3%	4%
2-3 times a year (e.g., holidays)	2%	2%	1%	2%	3%	2%
Never	1%	1%	1%	1%	1%	1%
Total		100%	100%	100%	100%	100%

How often do you send email or use social media with family, friends, or neighbors?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	45%	55%	48%	43%	23%	43%
One or more times a week	27%	23%	27%	29%	28%	27%
More than once a month	7%	7%	8%	4%	9%	7%
Once a month	3%	6%	3%	3%	4%	3%
2-3 times a year (e.g., holidays)	2%	3%	2%	1%	5%	2%
Never	16%	6%	12%	20%	31%	18%
Total	100%	100%	100%	100%	100%	100%

How often do you get together in person with family, friends, or neighbors?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	18%	18%	16%	20%	18%	18%
One or more times a week	51%	47%	51%	51%	56%	52%
More than once a month	17%	20%	18%	15%	13%	16%
Once a month	7%	5%	8%	7%	6%	7%
2-3 times a year (e.g., holidays)	6%	9%	6%	6%	6%	6%
Never	1%	1%	1%	1%	<1%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	93%	90%	92%	93%	95%	93%
No	7%	10%	8%	8%	5%	7%
Total	100%	100%	100%	100%	100%	100%

Outside of the Easthampton Senior Center, where do you spend your free time in Easthampton? (Check all that apply)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Library	20%	24%	20%	20%	17%	19%
Parks or outdoor space	51%	65%	60%	45%	23%	49%
Restaurant or café	56%	65%	58%	56%	46%	55%
Museum or cultural center	6%	6%	6%	6%	3%	5%
Easthampton Community Center	7%	5%	4%	9%	10%	7%
A gym or fitness class	13%	19%	13%	13%	6%	12%
City meetings or other civic activities	6%	9%	6%	6%	3%	5%
Church or faith-based organization	21%	15%	20%	21%	28%	22%
Volunteering with charitable organizations	11%	12%	12%	11%	8%	11%
Other	26%	26%	23%	29%	29%	26%

***Figures do not sum to 100%**

How frequently do you use programs or services offered by the Easthampton Senior Center?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Two or more times a week	3%	<1%	3%	5%	4%	4%
About once a week	2%	1%	1%	3%	6%	2%
A few times a month	2%	1%	1%	4%	3%	3%
About once a month	3%	<1%	3%	2%	5%	3%
A few times a year (e.g., special events only)	14%	6%	11%	18%	24%	15%
Never, I do not use programs or services offered by the Easthampton Senior Center	76%	91%	81%	68%	58%	73%
Total	100%	100%	100%	100%	100%	100%

If never: What is the reason that you do not currently use programs or services offered by the Easthampton Senior Center? (Check all that apply)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I am not interested	29%	19%	26%	34%	37%	30%
I do not have time	24%	27%	28%	20%	11%	23%
Hours of the programs and services are inconvenient	8%	7%	8%	8%	4%	8%
I participate in programs elsewhere	11%	3%	9%	18%	15%	12%
I am not old enough	11%	38%	9%	2%	1%	6%
Not knowing what programs and services are available	25%	30%	32%	17%	11%	25%
Other	21%	16%	19%	25%	26%	22%

***Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I have NOT experienced any issues when accessing the Easthampton Senior Center	38%	34%	35%	40%	45%	39%
Building is not handicap accessible	2%	3%	1%	3%	2%	2%
Not knowing what programs and services are available	16%	21%	21%	12%	5%	16%
I don't think I would fit in there	12%	10%	13%	14%	6%	12%
Hours of the programs and services are inconvenient	7%	10%	8%	6%	3%	6%
Programs don't interest me	14%	6%	12%	19%	18%	15%
Location of the programs and services are inconvenient	1%	0%	1%	2%	1%	2%
Lack of transportation	2%	3%	1%	1%	5%	2%
Space is not comfortable or welcoming	5%	1%	3%	10%	3%	6%
Lack of sufficient parking	11%	1%	10%	17%	8%	12%
Limited class size for events/activities	2%	0%	1%	3%	1%	2%
Other	13%	19%	11%	15%	9%	12%

*Figures do not sum to 100%

How satisfied are you with the programs and services offered through the Easthampton Senior Center?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Completely satisfied	5%	1%	3%	6%	9%	5%
Very satisfied	15%	7%	13%	16%	27%	16%
Somewhat satisfied	12%	10%	10%	15%	17%	13%
Slightly satisfied	6%	3%	4%	9%	8%	7%
Not at all satisfied	3%	1%	3%	4%	1%	3%
N/A	59%	78%	67%	50%	38%	56%
Total	100%	100%	100%	100%	100%	100%

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

Assistance with local or state programs (i.e., Food Pantry, or fuel assistance)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	32%	38%	34%	29%	28%	31%
Moderate (3)	11%	12%	11%	11%	9%	11%
Not important (4 or 5)	38%	32%	35%	42%	44%	39%
I don't know	19%	18%	20%	18%	19%	19%
Total	100%	100%	100%	100%	100%	100%

Transportation (i.e., senior center shuttle or PVTa)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	30%	37%	30%	25%	33%	29%
Moderate (3)	12%	14%	12%	11%	12%	12%
Not important (4 or 5)	40%	31%	39%	48%	38%	42%
I don't know	18%	18%	19%	16%	17%	17%
Total	100%	100%	100%	100%	100%	100%

Fitness activities (i.e., yoga, Tai Chi, hiking)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	29%	41%	32%	23%	19%	27%
Moderate (3)	20%	19%	22%	20%	14%	20%
Not important (4 or 5)	33%	23%	28%	38%	50%	35%
I don't know	18%	17%	18%	19%	17%	18%
Total	100%	100%	100%	100%	100%	100%

Physical health and wellness clinics (i.e., foot care, massage therapy)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	30%	40%	32%	24%	25%	28%
Moderate (3)	19%	19%	20%	20%	16%	19%
Not important (4 or 5)	34%	24%	31%	38%	44%	36%
I don't know	17%	17%	17%	18%	15%	17%
Total	100%	100%	100%	100%	100%	100%

Social and emotional wellness programs (i.e., meditation or self-improvement classes)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	25%	38%	27%	19%	17%	23%
Moderate (3)	18%	21%	19%	17%	15%	18%
Not important (4 or 5)	38%	23%	35%	45%	47%	40%
I don't know	19%	18%	19%	19%	21%	19%
Total	100%	100%	100%	100%	100%	100%

Nutrition programs (i.e., weekly nutrition program)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	24%	32%	26%	18%	17%	22%
Moderate (3)	16%	22%	16%	16%	11%	15%
Not important (4 or 5)	40%	26%	38%	47%	49%	43%
I don't know	20%	20%	20%	19%	23%	20%
Total	100%	100%	100%	100%	100%	100%

Professional services (i.e., computer services and legal services)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	31%	40%	35%	25%	24%	30%
Moderate (3)	18%	17%	18%	19%	18%	19%
Not important (4 or 5)	32%	25%	29%	37%	38%	33%
I don't know	19%	18%	18%	19%	20%	18%
Total	100%	100%	100%	100%	100%	100%

Social or recreational activities (i.e., art class, music groups)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	28%	41%	29%	23%	22%	26%
Moderate (3)	19%	20%	21%	16%	17%	18%
Not important (4 or 5)	35%	22%	32%	42%	40%	37%
I don't know	18%	17%	18%	19%	21%	19%
Total	100%	100%	100%	100%	100%	100%

Support groups (i.e., caregiver support)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	25%	31%	26%	21%	23%	24%
Moderate (3)	14%	16%	15%	12%	14%	14%
Not important (4 or 5)	41%	32%	39%	46%	42%	42%
I don't know	20%	21%	20%	21%	21%	20%
Total	100%	100%	100%	100%	100%	100%

Educational opportunities (i.e., retirement preparation, history presentations)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	27%	43%	30%	19%	17%	25%
Moderate (3)	18%	19%	20%	18%	13%	18%
Not important (4 or 5)	35%	21%	30%	43%	47%	37%
I don't know	20%	17%	20%	20%	23%	20%
Total	100%	100%	100%	100%	100%	100%

Trips/outings (i.e., trips and travel)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	30%	40%	31%	24%	24%	28%
Moderate (3)	19%	18%	19%	22%	14%	19%
Not important (4 or 5)	33%	23%	32%	36%	44%	35%
I don't know	18%	19%	18%	18%	18%	18%
Total	100%	100%	100%	100%	100%	100%

Volunteer opportunities (i.e., volunteer driving, companion programs)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	23%	35%	24%	21%	16%	22%
Moderate (3)	15%	17%	17%	14%	11%	15%
Not important (4 or 5)	40%	28%	38%	43%	47%	41%
I don't know	22%	20%	21%	22%	26%	22%
Total	100%	100%	100%	100%	100%	100%

Errand or handy-man/minor repairs program (i.e., snow removal, home repair)

Importance on a five-point scale:	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Important (1 or 2)	31%	41%	31%	29%	23%	29%
Moderate (3)	15%	18%	15%	15%	14%	15%
Not important (4 or 5)	34%	22%	33%	38%	40%	36%
I don't know	20%	19%	21%	18%	23%	20%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Easthampton Senior Center newsletter	56%	43%	51%	66%	67%	59%
Television	9%	7%	9%	11%	10%	10%
Radio	4%	4%	4%	3%	5%	4%
The local newspaper	43%	36%	40%	46%	50%	44%
Email, websites, or social media	36%	51%	45%	31%	10%	35%
Other	6%	8%	7%	4%	3%	5%

*Figures do not sum to 100%

Please select your gender

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Female	59%	58%	60%	58%	61%	60%
Male	40%	41%	39%	42%	36%	39%
Do not care to respond	1%	1%	1%	<1%	3%	1%
Total	100%	100%	100%	100%	100%	100%

What is your age range?

	All ages	Number
55 to 59	13%	242
60 to 69	42%	775
70 to 79	29%	543
80 to 89	12%	213
90+	3%	53
No response	1%	15
Total	100%	1,841

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I did not lack money	76%	72%	77%	77%	77%	77%
Pay rent or mortgage	2%	5%	2%	2%	2%	2%
Pay for real estate taxes	5%	3%	5%	5%	5%	5%
Pay for medical needs (e.g., prescriptions)	5%	8%	5%	4%	5%	5%
Pay utility bills (e.g., oil or electricity)	6%	12%	6%	5%	5%	5%
Buy food	6%	10%	6%	5%	4%	6%
Pay for car repairs or home repairs	10%	15%	11%	8%	6%	9%
Other	5%	5%	5%	5%	5%	5%

*Figures do not sum to 100%