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Aging in the City of Attleboro: A Community Needs Assessment

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Aging in the City of Attleboro: A Community Needs Assessment

June, 2020

Commissioned by The City of Attleboro &
The Attleboro 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



MADELEINE MCNIELLY
DIRECTOR

City Of Attleboro, Massachusetts

REV. LARSON SENIOR CENTER • COUNCIL ON AGING

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Attleboro, Massachusetts 02703
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Dear Attleboro Community,

In our effort to better serve and plan for the evolving needs of Attleboro's senior population (60 and over), the City of Attleboro and the Attleboro Council on Aging commissioned the Gerontology Institute at the John W. McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston to conduct a multi-phased research study.

Research by the Institute focused on the issues of housing, transportation and mobility, community involvement and engagement, health, well-being and life-style, and how the Attleboro Council on Aging can improve current programs and services and continue to develop itself as an innovative leader in meeting the needs of the ever increasing numbers of seniors in our community.

The Report will guide both short-term and long-term planning related to services, programming, space, staffing, city budgeting, public relations, and outreach. Feedback from the community forum, community and sample surveys, key informant interviews, focus groups, and peer community interviews, all shed light on the critical issues facing Attleboro's aging residents. Both planning and action must be taken on the key concerns in order for Attleboro as a whole to be prepared to successfully support the growing aging population. It is clear from the demographic data that Attleboro's population is aging exponentially. In 2010 (U.S. Census), there were more than **8,464** residents age 60 and over, representing close to **19%** of Attleboro's population. Our senior population is expected to increase to more than **30%** over the next few decades (by 2030, about **13,000** Attleboro residents will be age 60 or older).

Although we have been well aware of the growth in our senior population, this report is historic because it pulls together demographic information along with what residents see as important to them as they age, live, and thrive in Attleboro. A great deal will be learned from this project and the results will serve as an **important planning tool moving forward**. It is not, however, just about data and numbers. It is also about the city's values and vision. It is about what we all want for ourselves - the ability to live independently and to be in control of our own lives. Hopefully, our community will continue to consider the special needs of elders so that they can age in place with dignity, security, and purpose.

On behalf of The Attleboro Council on Aging, I would like to thank the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston for their hard work on this project. Thank you to the Attleboro Council on Aging Board, the Senior Center staff, and the Attleboro Community as a whole for their participation and support throughout this process. In particular, I would like to thank Mayor Paul Heroux and city officials who provided the needed funding to make this study possible. I look forward to joining with you in moving forward in a positive direction and creating a vision for the Attleboro community that promotes Healthy Aging and Quality of Life.

Sincerely,

Madeleine McNielly, Director

Contributors and Acknowledgements

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

Caitlin Coyle, PhD and Mary Krebs are primarily responsible for the contents of this report. Others contributing to the project include Nidya Velasco Roldan and Ceara Somerville. We offer our appreciation to Madeleine McNielly, Director of the Attleboro Council on Aging, for her leadership and guidance and to the Attleboro COA Board Members: Madeleine McNielly, Director, Joseph Feroce, Chair, Elena Clarke, Co-Chair, Ann Spinelli, Secretary, Dr. Raymond Guillette, Carol O'Connor, David Larson, John Lepper, Kurt Wheaton, Marion Aspinall, Vickie Nason, Frank Cook, and Diane Morris, Ex-Officio. We acknowledge with gratitude the City of Attleboro, which provided funding for the project. As well we are deeply grateful to the Attleboro leaders and the many residents who shared their thoughts as part of the data collection.

Thanks also to Peer Community directors: Madeline Noonan (Barnstable), Sherry Manyak (Chicopee), Mary Connolly (Haverill), Laurane Brooks (Leominster), Carolyn Wynn (Peabody), and Anne Bisson (Taunton) for sharing information about their respective senior centers.

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Attleboro Council on Aging. The goals of this project were to investigate the needs, interests, preferences, and opinions of Attleboro's residents age 60 or older. The contents of this report are meant to inform the City of Attleboro, the Attleboro Council on Aging and Senior Center, and organizations that work with and on behalf of older residents of Attleboro for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing Attleboro among community members at large.

A key finding of the report points to the substantial increase in the number of older adults expected to live in Attleboro in coming decades and the their desire to remain in Attlebor as they age. Currently, one out of five Attleboro residents is age 60 or older (21%); and projections suggest that by 2030 this proportion will increase up to 28% of the total population. Currently, many older residents benefit from programs and services designed to address aging-related needs and prolong independence in the community, offered through the Attleboro Senior Center. As a municipal entity, Attleboro's Senior Center is an important and valued resource, operating as the City's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives. Growth of the older population therefore has special significance for the Senior Center, and increasing demand for its services and programs can be expected moving forward.

The study was conducted over the course of 9 months (Fall 2019-Spring 2020). A demographic profile was completed, based on existing, publicly available data about Attleboro from the US Census Bureau and projections from the Donahue Institute at the University of Massachusetts and the Metropolitan Area Planning Council (MAPC). The project included a sample survey of residents age 60 or older that was conducted in the Fall of 2019. The survey generated 1,145 responses, yielding a response rate of 33%. A series of 7 key-informant interviews were conducted with leaders in the City of Attleboro to understand the many priorities facing the City and how population aging has infiltrated their work. A set of 6 peer communities were identified and were compared to Attleboro based on the capacity of their space, capacity, and services provided to older residents via the Council on Aging and one focus group was conducted with stakeholders in the community who work with or on behalf of older residents—particularly more vulnerable segments of the older population—to hear about the issues they encounter when working with Attleboro residents and to hear about key issues in more depth.

Recommendations for the City of Attleboro Council on Aging and Senior Center

We summarize key findings and make the following recommendations to the Attleboro Council on Aging:

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

- Estimates from the U.S. Census Bureau show that in 2018, there were 9, 253 residents age 60 or older living in Attleboro. Projections suggest that between by 2030, there will be between 12,000 and 13,000 residents age 60 or older in the City.
- 55% of survey respondents age 60-69 are still working full or part-time and among them, 53% expect to retire within the next 5 years.
- Not only is the size of the older population growing in Attleboro, but the complexity of their needs is increasing. In addition to basic needs (food, housing, health care), participants referred to the “untold story of mental health in Attleboro”.
- The number one reason (35%) that would draw more participants to the Senior Center is if they had more knowledge about what is offered.

Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
- Explore opportunities to acquire additional space to host programs or to build new space. Consider a site-study or evaluation of existing properties in Attleboro.
- Currently, the Attleboro Senior Center provides the only public social services in the City. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families.
 - Given the need for an increase in outreach staff perhaps a new hire might be an LICSW who could offer clinical guidance to residents and provide supervision to social work interns.
 - Having outreach staff dedicated to community outreach and education could widen awareness of the Senior Center’s offerings.
- As the space for additional programming becomes available, expand the programming staff to include additional “program coordinator” position that assists with scheduling and planning the programming aspects of the Senior Center.

- 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.

➤ **The physical space and location of the Attleboro COA does not currently meet the needs of the range of ages and interests of the Attleboro older adult population.**

- One out of five survey respondents reported that if it was easier to access the Senior Center building (e.g., more accessible parking), they would be more likely to attend.
- When asked what kinds of programs they would like to see expanded, 40% of respondents age 60-69 and 30% of respondents age 70-79 preferred health and wellness programming (e.g., exercise and chronic disease management). Physical space to expand exercise programming is clearly needed.
- Additionally, 36% of respondents age 70-79 and 22% of those age 80 or older would like additional lifelong learning courses to be offered. These types of programs may require technology capabilities and Internet connection.
- Compared to its peer communities, Attleboro's Senior occupies the smallest and oldest space.

Recommendations:

- Work with other City Departments to identify solutions to the parking shortage at the current Senior Center. Consider reserving street parking spots for Senior Center participants only or the implementation of a shuttle service that will pick residents up at their home and drop them off at the Senior Center to limit the number of vehicles. Could also encourage participants to car-pool by offering an incentive.
- Advocate for more dedicated space for older adult programming. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Attleboro residents.
- Make wireless Internet connection available at the Senior Center. Additionally, ensure that all programming space is equipped with the ability for residents to participate via video conferencing.
- If additional space becomes available, consider equipment for a small fitness center.
- Pilot-test Saturday scheduling of programs. Consider hosting volunteers to assist instructors or program attendees.
- Consider changing the name to be more inclusive. Consider soliciting ideas for new name by facilitating a City-wide contest.

- Consider ways to host satellite programming around the City to promote Senior Center programs and draw-in a wider range of residents. Of course, additional staffing would be needed to accommodate this change. Alternatively, partnerships with the Literacy Center, Library, and Senior Center could help meet the needs for additional programming opportunities targeted for older adults.
- **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Attleboro.**
 - 31% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.
 - 36% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 12-15% reported being unable to afford to make these changes.
 - When asked about preferences for type of housing, nearly half (48%) of respondents age 60-69 would prefer to live in a 55+ independent living community as would 40% of those respondents age 70-79. Among the oldest old (age 80 or older), assisted living or housing with supports is preferred.
 - When asked about their concerns about being able to remain in Attleboro as they age, one of the most commonly reported concerns was a lack of affordable downsizing options in the City.

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Attleboro residents to learn about home modifications that can promote safety in the home.
- Improve communication about and knowledge of the contractor list that the COA has available. Continue to keep that list updated and accessible for older adults in need of services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).
- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Attleboro. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.

- Work to ensure that newly developed senior housing comes with adequate support services (e.g., transportation, maintenance, or programming) or contributes to the necessary expansion of municipal senior services.
- Homelessness in Attleboro is an issue that is being monitored by the City and is potentially a source of additional utilization to the Senior Center. Seek legislative support to raise awareness of this issue and its potential impact on municipal services, particularly the Senior Center or the need for a year-round shelter.

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

- 29% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 10% report not driving at all. Among respondents age 80 or older, 25% report not driving at all.
- 7% of survey respondents reported having to miss or reschedule a medical appointment due to a lack of transportation, among those who do not drive, 29% reported having to do so.
- When asked about barriers to using existing transportation in Attleboro, the destination being too far and having physical mobility challenges that make accessing transportation difficult were the top barriers reported by non-drivers.

Recommendations:

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

➤ **Economic insecurity is a concern for many older adults in Attleboro.**

- The number one concern about being able to remain living in Attleboro is the cost of taxes and utilities.
- One out of four survey respondents (25%) disagreed that they have adequate resources to meet their basic needs.
- The median household income for residents age 45-54 is \$92,649 compared to the median household income for residents age 65 or older which is \$40,227 in 2018 inflated dollars.

Recommendations:

- Expand and formalize the network of support systems to strengthen the existing Senior Center/St. Vincent de Paul Society efforts can begin to bridge the gap in knowledge of available resources, financial assistance, and general support in navigating housing issues. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.
- Educate the community about currently available programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs).
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.

➤ **Fear of social isolation is a key issue facing Attleboro residents aging in place.**

- 29% of Attleboro residents age 60 or older live alone.
- Among survey respondents living alone 14% report not knowing someone within 30 minutes of them to call on for help, if needed.
- 28% of survey respondents report not knowing who to contact in Attleboro should they or someone in their family need help with social, health or municipal services.

Recommendations:

- Consider developing an initiative to reach out to older residents of Attleboro who are living alone. For example, a “Door Knock 600” project that would include a committee or group of volunteers that is tasked with contacting 600 single person households in Attleboro to identify them, their needs and request contact information.
- Facilitate a quarterly networking event for local organizations to come together. Could be led by the TRIAD group. These events would include community education about the

programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.

- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies. This could be integrated with the Frie
- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a bring a buddy” program to welcome new participants).
- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology, or making “friendly visits” by telephone. For example, a suggestion was made by key informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.

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

- 13% of all residents in Attleboro age 60 or older have been diagnosed with Alzheimer’s disease or related dementia.
- 38% of survey respondents reported having been a caregiver within the past 5 years, including 44% of respondents age 60-69.
 - Among caregivers, two-thirds reported that it is challenging to provide care and complete their daily responsibilities.
- 24% of survey respondents report having an impairment or condition that limits their ability to participate in the community.

Recommendations:

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available through the COA. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Attleboro COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Attleboro who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.

- Consider developing a Memory Café or providing resources of nearby Cafés for residents and their caregivers to attend.

Introduction

Over the coming years, the senior¹ population of Attleboro is expected to increase substantially, with growth rates far outpacing those of younger segments of the population. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the Attleboro Council on Aging and the Reverend Larson Senior Center. As a municipal entity, Attleboro's senior center is an important and valued resource, operating as the City's central point of contact for older residents who seek services to promote healthful and fulfilling lives. Growth of the older adult population therefore has special significance for the Senior Center, and increasing demand for its services and programs can be expected moving forward.

This report presents results of a comprehensive examination of issues relating to aging in Attleboro. A need assessment was undertaken in order to support planning on the part of the Attleboro Council on Aging (COA) and the community as a whole. Results presented here focus on the characteristics and needs of Attleboro residents who are age 60 and older, all of whom are age-eligible to participate at the Senior Center. While the primary goal of this report is to support planning on the part of the COA, a secondary goal is to present information that will be useful to other Attleboro offices and organizations interacting with older residents.

The Attleboro Council on Aging and Senior Center

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. The Attleboro Council on Aging is tasked with providing information and some direct services to Attleboro residents age 60 and older. The Attleboro Council on Aging is "dedicated to enabling older residents of Attleboro (60 and over) to live independently and with dignity within our community."²

¹ For the purposes of this report, "older adults" and "seniors" are defined as individuals age 60 and older. This is consistent with the Older Americans Act, the legislation authorizing many services meant for older adults, which also uses age 60 and over to define the population covered by its provisions.

² Mission statement retrieved from <https://www.cityofattleboro.us/351/Council-On-Aging-Department>

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

The Attleboro Council on Aging offers programs and services at the Reverend Gordon Larson Senior Center located in the heart of Attleboro on South Main Street. An array of services, resources, and programs are offered for free or at low cost to community members who are age 60 and older. Staff at the COA also refer eligible residents to services and programs available through other offices and organizations. The COA 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. COA services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources, gifts and donations, and nominal fees charged for some activities. For example, the Friends of the Reverend Larson Senior Center is a nonprofit 501(c)(3) organization whose purpose is to raise funds to support the programs and equipment for the Center.

The Attleboro Senior Center operates Monday through Friday from 8:00 a.m. to 4:00 p.m. Its staff includes a full-time Director and Assistant Director, two full-time outreach workers, two part-



time nutrition coordinators, a part-time program assistant, a senior tax program coordinator, a part-time SHINE director, 4 part-time office assistants, and a part-time custodian. The Attleboro COA Board of Directors is made up of City-appointed volunteers who live in the community. Its twelve members act as an advisory committee to the COA Director. Many others volunteer to support the senior center in a variety of ways.

Complete information about programs and services, including a monthly schedule, are available online at <https://www.cityofattleboro.us/351/Council-On-Aging-Department>. Data regarding number of participants served by the Attleboro Senior Center was gathered through the 2019 annual report, which covers July 1, 2018 through June 30, 2019. During this time, the Attleboro Senior Center served approximately 3,500 adults.

Programs and services offered through the Attleboro Senior Center include:

- *Outreach Services:* The Attleboro COA assists older adults and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals such as housing options, in-home services, and caregiver information.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the COA, assisting with many of the programs, activities, and administrative tasks such as delivering Meals on Wheels, front desk activities, and organizing the medical equipment loan closet. From July 2017 through June 2018, 120 volunteers donated their time and expertise to provide 7,018 hours of service through the Tax Work-Off Abatement Program.
- *Health & Wellness Services:* SHINE Counseling (Serving the Health Information Needs of Everyone) is offered to provide older residents assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. The COA loans Durable Medical Equipment such as walkers, wheelchairs, and shower chairs, as needed. Other health services such as walk-in blood pressure clinics, on-site podiatry appointments, free dental screenings, and nutrition programs. From July 2018 through June 2019, 2,477 older Attleboro residents received assistance from SHINE, 75 home-bound older adult residents benefited from over 500 deliveries of food supplies, 441 older adult residents received meals on-site or at home, and 5,000 were served by the food pantry.
- *Health and Wellness Activities and Programs:* Regularly scheduled drop-in fitness classes, such as yoga, Tai Chi, Zumba, meditation, line dancing, and strength and balance classes are offered at the Attleboro COA, as well as a walking club and “stroll” group. In addition, monthly health lectures occur throughout the year.

- *Social, Education, and Special Activities:* Many activities are offered on a weekly, monthly, or special occasion basis. These include games (e.g., bridge, chess), craft classes, movies, cultural activities (e.g., language classes), music programs (e.g., ukulele class) social groups (e.g., Short Story group), day trips (e.g., museums), specialty lunches, and overnight trips. In addition, the senior center has multiple spaces for socializing including a mobile cafe and “living room seating” in a dedicated TV area.

As the numbers of older residents increase, the need for resources dedicated to this segment of the population will also continue to grow and to change. Thus, it is crucial that the Attleboro COA 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 Attleboro COA as it moves ahead.

Methods

Methods used in compiling this report include analysis of existing data. Demographic material used in this report was drawn from the U.S. Census Bureau (the 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 Attleboro (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Attleboro COA was retrieved from material drawn from the COA’s 2019 Annual Report as well as original data collected for this study.

Demographic Profile

As an initial step toward understanding characteristics of the City of Attleboro’s older population through quantitative data, we generated a demographic profile of the City using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2014-2018), along with U.S. Census data for the City of Attleboro to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Key informant Interviews

In the Fall of 2019, we conducted individual interviews with seven individuals who currently hold leadership positions in Attleboro. We spoke with the Mayor, a State Representative, the Director of the Attleboro Senior Center, the chiefs of police and fire, and two members of Attleboro City Council. Interviews focused on the interviewees’ perceptions relating to unmet needs of older

adults in the community, and how the growing size of the older population is impacting Attleboro and the work that the key informants do. Six of the seven interviews were conducted in-person except the interview with the police chief, which was completed over telephone. Interviews ranged from 35-90 minutes.

Community Survey

In collaboration with the COA Board members, a community survey was developed for this study and mailed to a sample of Attleboro residents age 60 and older (N=3,500). A mailing list was obtained from the Attleboro City Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to the sample of Attleboro 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 1,145 responses to the survey were obtained, representing a strong return rate of 33% (see Table 3). Less than one percent of the responses (49 surveys) were returned online and the rest of the responses were returned by mail. In **Appendix A**, response distributions are shown by age group.

Peer Community Comparison

We conducted interviews with directors of Councils on Aging (COAs)/senior centers in Barnstable, Chicopee, Haverhill, Leominster, Peabody, and Taunton. Participants were asked about features of the senior centers they administer, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. The informal interviews lasted between 45 and 90 minutes. Additional information on selected COAs was retrieved from their websites.

Focus Group

During April 2020, we conducted one focus group with stakeholders who were recruited by the Director of the COA, with input from the COA board of directors. The focus group was conducted by video conference using the Zoom program. This focus group included seven representatives from local organizations, all of whom have regular interactions with Attleboro older adult residents. Participants in this focus group included three current volunteers at the Senior Center, including a COA board member, representatives from the St. Vincent de Paul Society in Attleboro and the Literacy Center in Attleboro, the Mayor of the City of Attleboro also participated in the focus group.³

³ Two additional focus groups scheduled with residents in April/May 2020 were cancelled due to the onset of COVID-19 and subsequent government orders prohibiting nonessential in-person gatherings..

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in Appendix A and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “What are your greatest concerns about your ability to continue living in Attleboro?”). Notes taken during the study’s qualitative components (e.g., focus group, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Attleboro. Information collected about the selected COAs was compared side-by-side with information collected from Attleboro’s COA Executive Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Attleboro

Age Structure and Population Growth

According to American Community Survey (ACS), there were about 44,548 residents living in the City of Attleboro in 2018. About 37% of the population (16,319 individuals) were age 50 and older and one out of five (21%) of residents were age 60 or older (See **Table 1**). Residents who were age 50 to 59 (6,866 individuals) made up 16% of the population; residents age 60 to 79 (7,312 individuals) comprised around 16%, and another 2,141 residents (5%) were age 80 and older.

Table 1. Number and percentage distribution of Attleboro’s population by age category, 2018

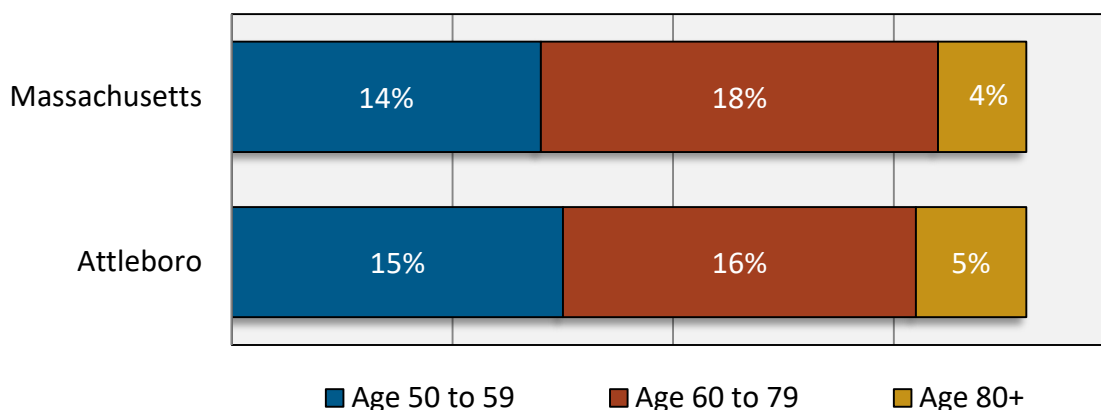
Age Category	Number	Percentage
Under age 18	9,942	22%
Age 18 to 49	18,287	41%
Age 50 to 59	6,866	16%
Age 60 to 79	7,312	16%
Age 80 and older	2,141	5%
Total	44,548	100%

Source: American Community Survey, 2014-2018, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of the Attleboro population age 50 and older is similar than the overall state of Massachusetts (**Figure 1**). About 36% of the Massachusetts and Attleboro populations were in the 50 and older age group in 2018. Compared to the Commonwealth, Attleboro had a slightly

smaller portion of residents age 60 and older. However, the share of Attleboro residents age 80 and over slightly larger than the one estimated for the state as a whole. In 2018, Massachusetts residents age 60 and over comprised about 22% of the population, including 4% age 80 and over. In Attleboro, about 21% of the population was 60 or older, including 5% who were 80 years or older.

Figure 1. Age distribution in Attleboro and Massachusetts

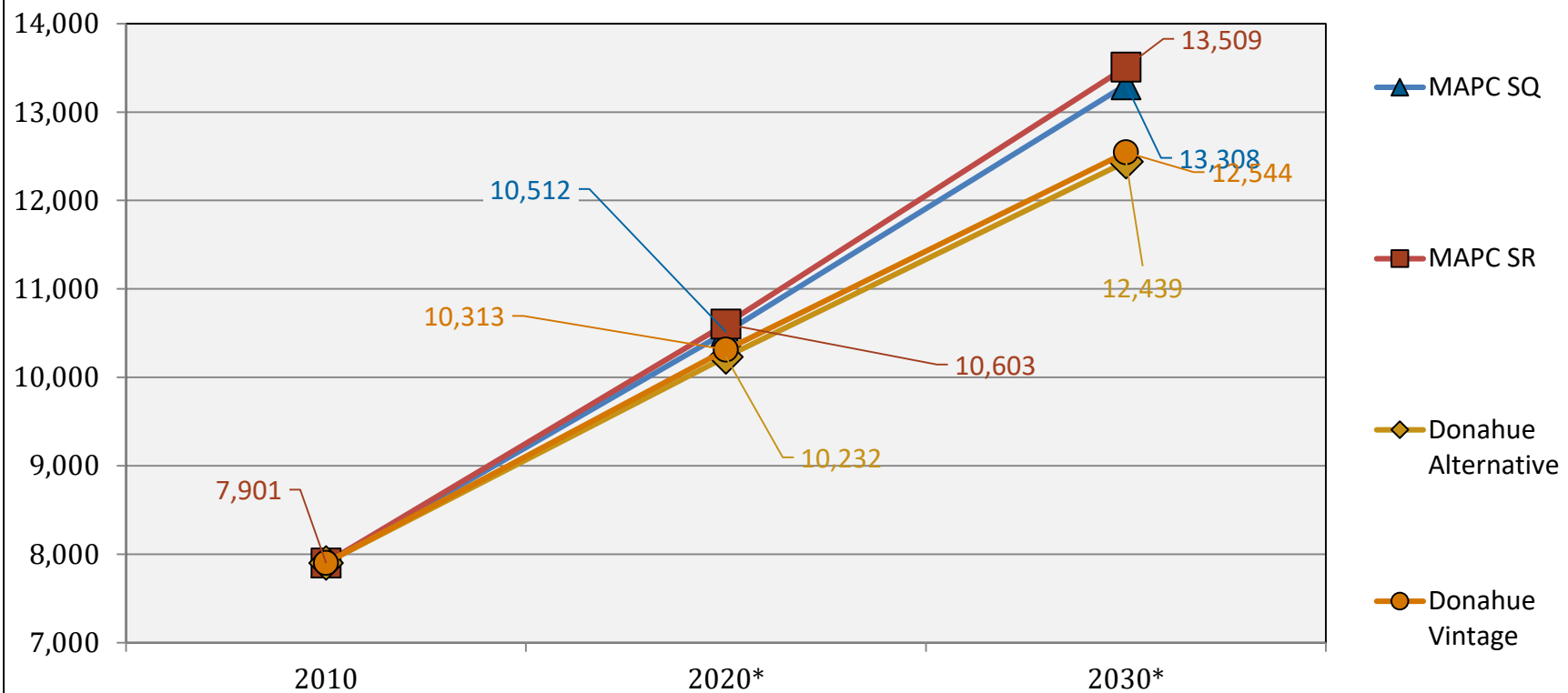


Source: American Community Survey, 2014-2018, Table B01001. Numbers are calculated from 5-year

Population growth in both Massachusetts and the City of Attleboro has been concentrated in older age groups. During 2000 and 2010, population of all ages increased by 4% in Attleboro and 3% in the state as whole. In both, Attleboro and Massachusetts, the absolute numbers of residents age 50 and over, also grew substantially during this time period (*US Census, Table QT-P1*). The segment of Attleboro's population age 50 to 59 increased in size by 40%, a rate of growth higher than in Massachusetts overall (29%). The population of residents who are age 60 and older increased by 14% in Attleboro, compared to a 16% increase for the state.

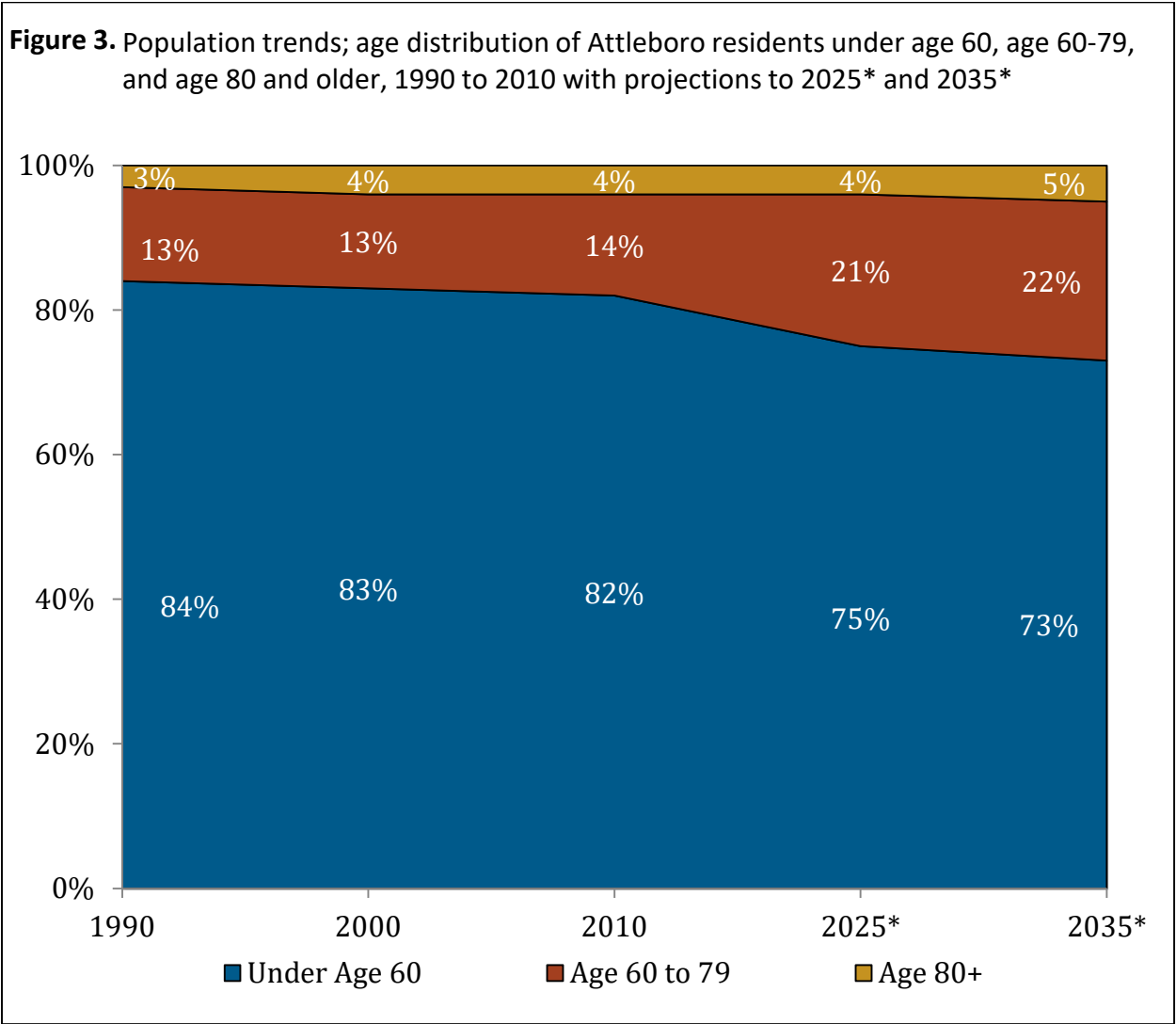
The increments in the share of older population are projected to continue in the following decades. **Figure 2** shows four sets of projections for Attleboro population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest steady increases in the share of older population between 2010 and 2030.

Figure 2. Alternative Attleboro projections; number of residents age 60 and older 2010 with projections to 2020* and 2030*



Source: Population figures for 2010 are from the U.S. Census. | The four sets of projections for 2020 and 2030 are from two different sources: 1. Donahue Alternative and Vintage projections are estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/> 2. MAPC Status Quo (SQ) and Stronger Region (SR) Scenarios projections are prepared by the Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Figure 3 shows the age distribution of Attleboro’s population from 1990 to 2010, and population projections for 2025 and 2035⁴. In 1990, about 16% of the City’s population was age 60 and older; this percentage steadily increased by 2000 (17%) and 2010 (18%). According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2035, more than one out of each four Attleboro’s residents will be age 60 or older—22% of the City’s population will be between the ages of 60 and 79, with an additional 5% age 80 and older.



⁴ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

Source: Population figures for 1990 thru 2010 are from the U.S. Census | Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition of Attleboro's Older Population

Attleboro is less diverse than the state with respect to race. For all ages combined, about 83% of Attleboro residents report their race as White non-Hispanic, compared to 72% in Massachusetts (ACS, 2014-2018, Table B01001). Among older adults, Attleboro is even less diverse. **Table 2** displays the race and ethnicity of Attleboro residents age 65 and older. The large majority of older residents report White race and ethnicity (96%). The remaining percentage of the population 65 and older reported Asian (3%), Hispanic (3%) and Black (less than 1%) race and ethnicity. About 1% report of Attleboro residents report other for race and ethnicity.

Table 2. Race distribution of residents who are age 65 and older in Attleboro

Race	Number	Percent
White	6,326	96%
Hispanic	213	3%
Asian	178	3%
Black	42	<1%
Other	70	1%
Total	6,616	100%

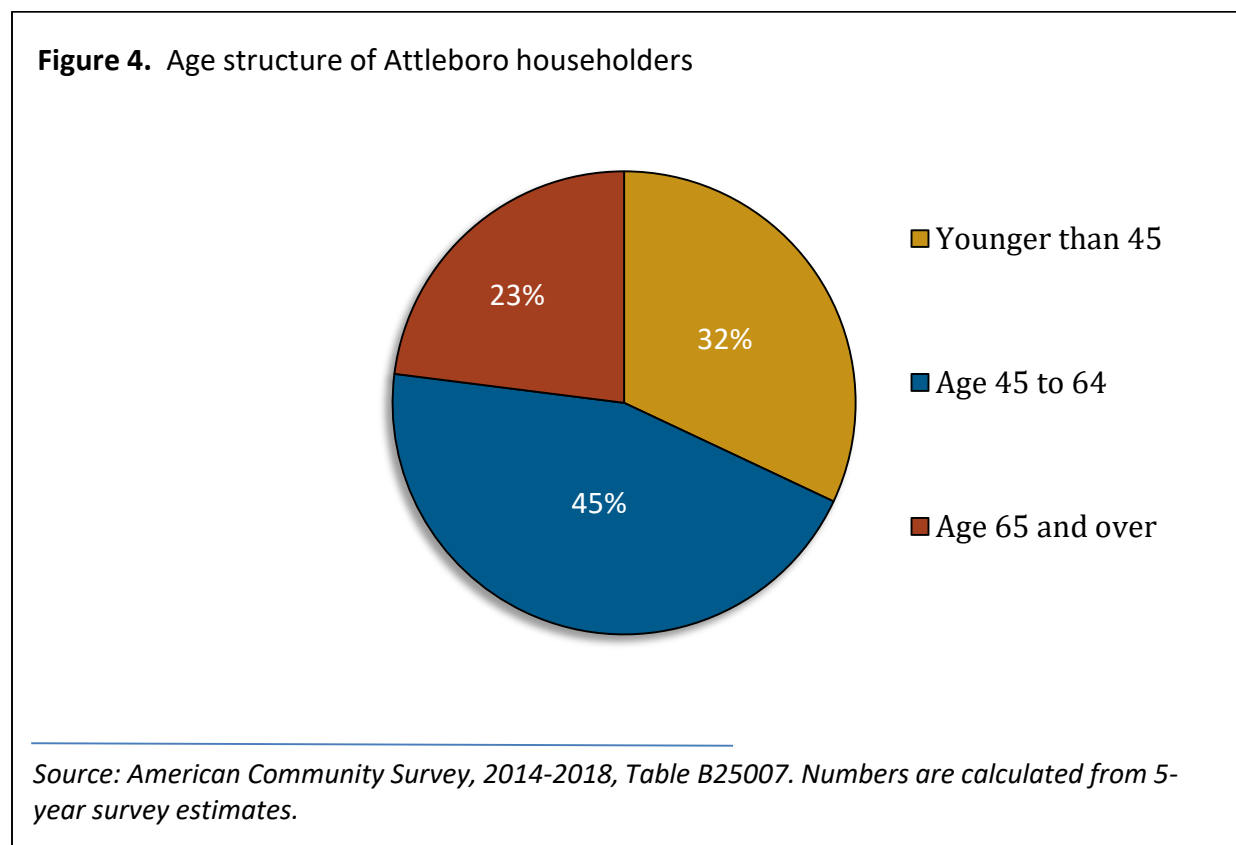
Source: American Community Survey, 2014-2018, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.

Additionally, almost 12% of older Attleboro residents speak a language other than English at home (ACS, 2014-2018, Table B16004). More than half of those who speak another language other than English at home, speak an Indo-European language (56%), 19% Spanish, and 14% an Asian and Pacific Island language. The remaining 11% of the population of older adults age 65 and over who speak a language other than English, speak other language.

A majority of Attleboro's 17,378 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45

and older are householders of 68% of all households in Attleboro⁵ including 23% of those who are age 65 and over (**Figure 4**).

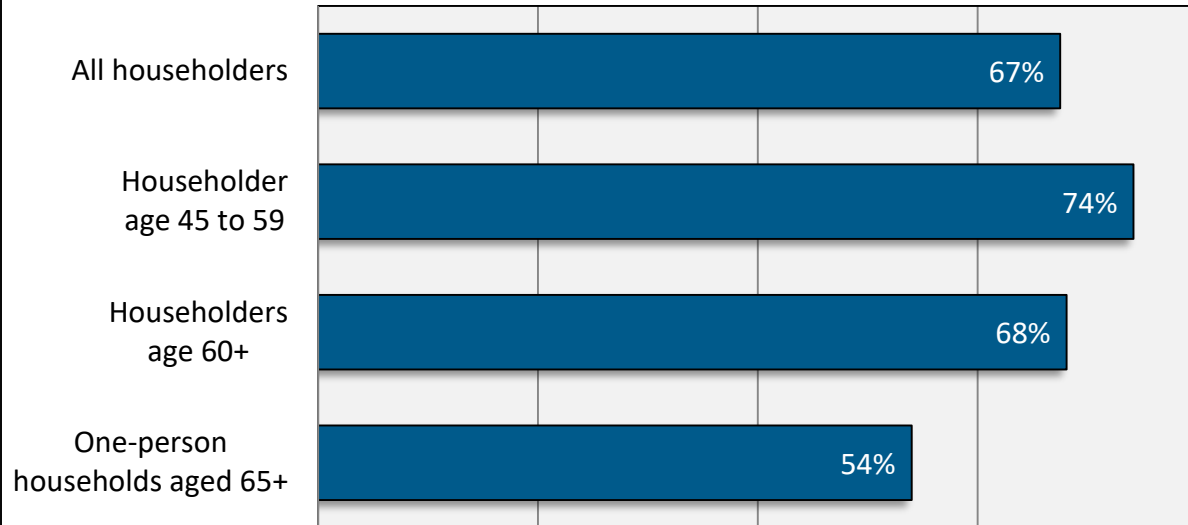
Figure 4. Age structure of Attleboro householders



Most of all Attleboro residents live in homes that they own or are purchasing (67%; **Figure 5**). Nearly 74% of residents age 45 to 64 own their homes, and 68% of householders 65 and older own their homes. A sizeable share of Attleboro residents who are 65 and older and live alone, also own their home (54%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

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

Figure 5. Percent of Attleboro householders who are homeowners by age category

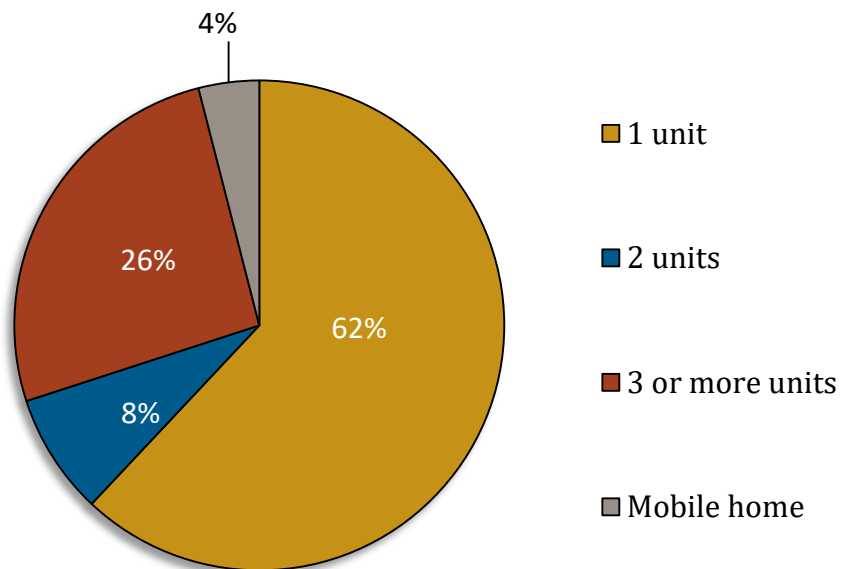


Source: American Community Survey, 2014-2018, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 37% of Attleboro's 17,378 households have at least one individual who is age 60 or older (ACS 2014-2018, Table B11006). This high proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Among the 18,755 housing structures in Attleboro (**Figure 6**), 62% are single unit structures, 34% are housing structures that contain two or more housing units, which include apartment complexes. The remaining 4% are mobile homes.

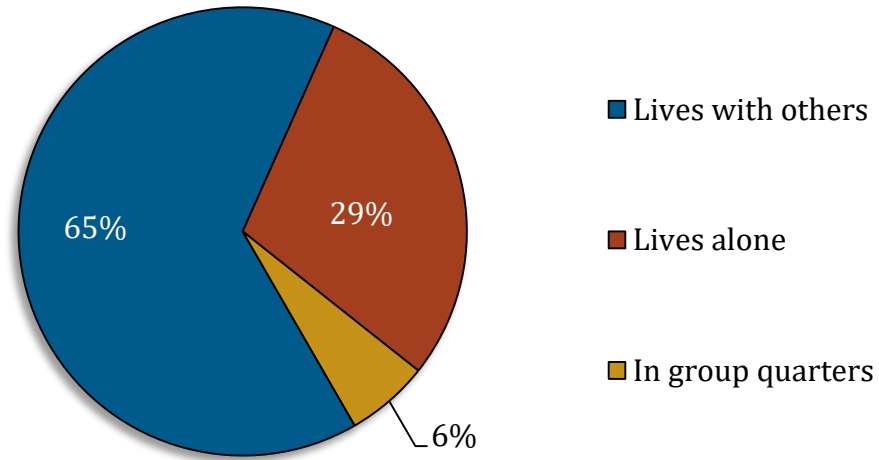
Figure 6. Number of units in Attleboro housing structures



Source: American Community Survey, 2014-2018, Table B25024. Numbers are calculated from 5-year survey estimates.

A large proportion of Attleboro residents who are age 65 and older (29%) live alone in their household whereas 65% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 7**). Additionally, around 6% of older Attleboro residents live within group quarters.

Figure 7. Living arrangements of Attleboro residents, age 65 and older



Source: American Community Survey, 2014-2018, Table B09020. Numbers are calculated from 5-year survey estimates.

American Community Survey estimates on education suggest that Attleboro residents are well educated on average. About 20% of persons 65 and older have at least a bachelor's degree, including 9% with a graduate/professional degree (ACS, 2014-2018, 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).

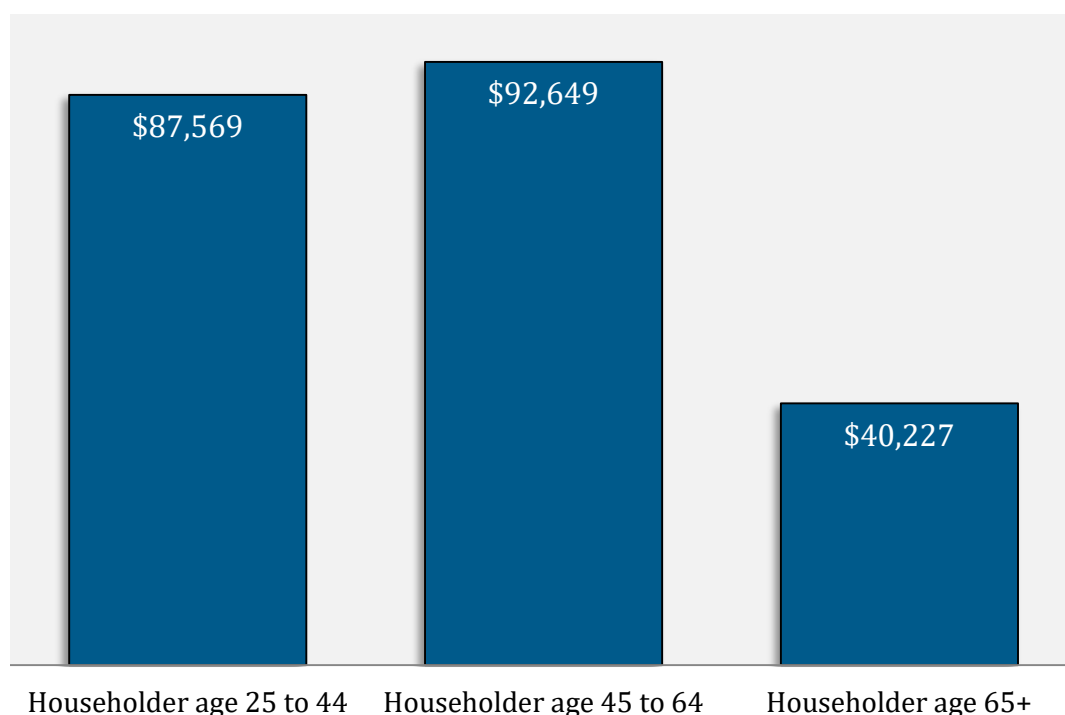
Similar to older adults living in communities throughout the U.S., a large proportion of Attleboro residents aged 65 and over remain in the workforce. Almost 34% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 3% remain in the workforce (ACS, 2014-2018, Table S2301).

Nearly 46% of men and 3% of women age 65 and older report veteran status (ACS, 2014-2018, Table B21001). As a result, many of the City's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage for some older residents in Attleboro (**Figure 8**). Attleboro residents' median household income is smaller than the one estimated for Massachusetts as a whole, \$74,255 compared to \$77,378. Among Attleboro's householders those aged 45 to 64 have the highest median income at \$92,649—which is smaller than the statewide median for this age group (\$96,031). Among householders

65 and older, the median income is \$40,227, also smaller than the statewide median for this age group (\$47,486), and much lower than the median income of younger Attleboro householders. Older residents living alone are at the greatest disadvantage in terms of household income.

Figure 8. Median household income in Attleboro by age and living situation of householder (in 2018 inflation-adjusted dollars)

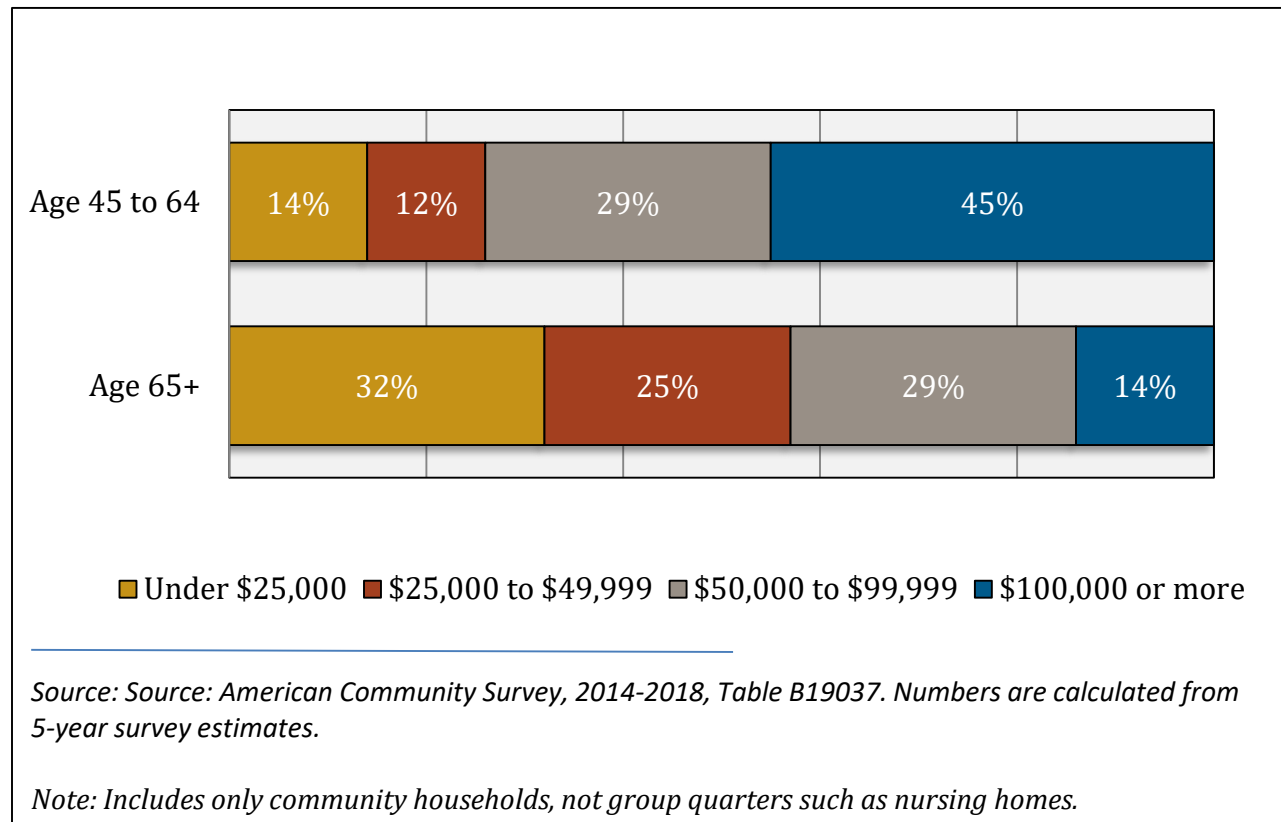


Source: American Community Survey, 2014-2018, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.

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

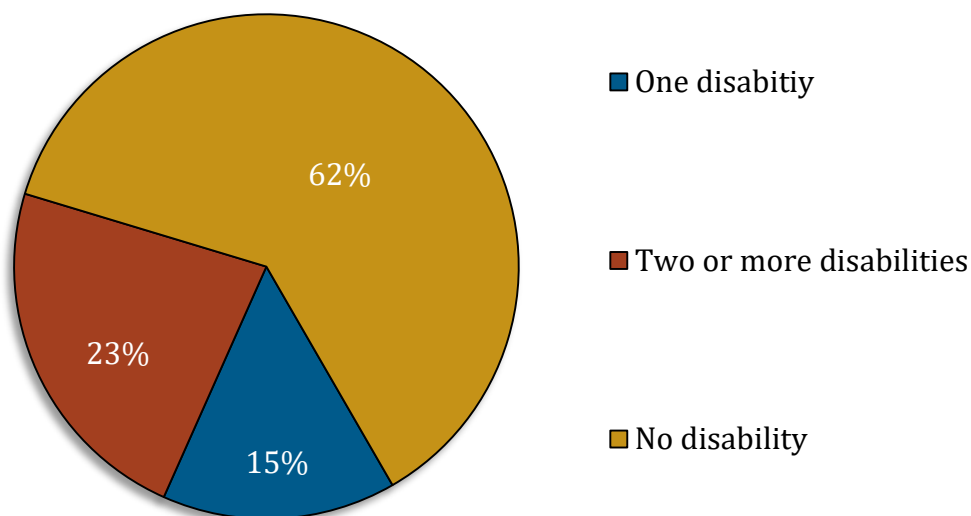
The economic profile of older Attleboro residents relative to younger residents is further illustrated in **Figure 9**, which shows that the older adult population lives on a modest income. About 14% of Attleboro residents age 65 and older report incomes of \$100,000 or more. By comparison, 45% of households headed by younger residents report this level of income. Nevertheless, a large share of households headed by someone age 65 and older (32%) report annual incomes under \$25,000. This compares with just 14% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Attleboro's older population that is at risk of financial insecurity or economic disadvantage.

Figure 9. Household income distribution in Attleboro by age of householder (in 2018 inflation-adjusted dollars)



The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Attleboro’s residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 15% of Attleboro’s residents age 65 and older have one disability, and nearly 23% report two or more disabilities (**Figure 10**). Additionally, the risk of having some type of disability increases with age. About 28% of Attleboro residents age 65 to 74 report disability, whereas half of residents age 75 and over have some type of disability (49%; ACS 2014-2018, Table B18101).

Figure 10. Percentage of Attleboro residents age 65 and older reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2014-2018, Table C18108.

Among the different types of disability that are assessed in ACS, the most commonly cited by older Attleboro residents 65 and older were ambulatory difficulties (e.g., difficulty walking or climbing stairs), reported by 25% of City's older adults (ACS 2014-2018, Table S1810). About one out of each five residents also report difficulty hearing. Independent living limitations-difficulty doing errands alone, such as visiting a doctor's office or shopping- was reported by 14% of City's older adults. Other disabilities experienced by older Attleboro residents include self-care difficulties (10%), cognitive difficulty (7%), and vision difficulties (7%). According to data from the Massachusetts Healthy Aging Collaborative and Tufts Health Plan Foundation, 13% of Attleboro residents age 60 and older have Alzheimer's disease or related dementia and 61% have 4+ chronic conditions.⁶

Hearing from Key Informants and Focus Group Participants

One-on-one interviews were held with seven key informants; and one focus group was conducted with a total of seven representatives of local organizations which all have regular interactions with Attleboro older adult's residents. The emphasis of these discussions was to obtain an assessment of key issues in Attleboro as they relate to how the City is and will be

⁶https://mahealthyagingcollaborative.org/wpcontent/themes/mhac/pdf/community_profiles/MA_Towncode16_Attleboro.pdf

impacted by and responding to the aging of its resident population. Taking all of these conversations into consideration, similar themes emerged from each group, including benefits of living in Attleboro, transportation, communication, programs/services, housing, and the current capacity of the Attleboro Senior Center, as described below.

Elements of living in Attleboro that promote healthy aging

When asked to describe the features of the City of Attleboro as a place to age, participants described a variety of community assets that provided outlets for social engagement, intellectual stimulation, and supports and services that support Attleboro's older adult population. For example, the library, the senior center,

"Folks walk into the Senior Center for activities, and they walk out smiling"

art museum and the YMCA were among the assets of the community that were mentioned as well as the nonprofit community—including the ARC, St. Vincent de Paul Society, the Literacy Center and the Attleboro Interfaith Collaborative. The Commuter rail stations that could take you to Providence or Boston as well as the GATRA busses and the Dial-a-Ride were also identified as crucial resources for residents of Attleboro. When it came to describing the unmet needs of the older adult population in Attleboro, the following themes emerged consistently across both interviewees and focus group participants.

Transportation ♦ Focus group participants and key informants acknowledged that there are limited transportation options in Attleboro. Those who cannot or would prefer not to drive experience challenges in getting around within and outside of Attleboro. Others share that although there are some transportation options in Attleboro, there is unevenness in levels of awareness and ability to access these services due to physical mobility or costs. In other words, access to information about transportation is a concern as is costs associated with transit. Using the GATRA buses in Attleboro required knowing the schedule and route as well as travel to/from the bus stops and waiting outside for the bus. For many seniors these travel requirements impede their ability to utilize these bus routes. Gaps in transportation that were identified include lack of on-demand services that are safe and accessible to all (e.g., taxis), evening and Sunday services, and medical transportation to out-of-town providers was described as an issue that is increasing in demand but the limited supply is underwritten by a grant and so has clear limitations in capacity. Currently, ride-sharing services are present in Attleboro but older residents are hesitant to avail themselves of these options. Additionally, a partnership is in place between Uber, the Literacy Center, YMCA, the ARC, Sturdy Hospital, St. Vincent de Paul, and the Interfaith Collaborative such that rides can be scheduled by phone via any of these organizations. It is uncertain how many residents are aware of this program. In order to address need for medical transport, one participant mentioned the possibility of the local hospital working with GATRA to develop phone-based, on-demand, medical transportation. This type of program would

supplement the medical transportation currently being provided by the Senior Center and aid in filling that gap. In addition, this model could be replicated with other organizations. Given the popularity of the Dial-a-Ride program, considerations for expanding its capacity to reduce the wait times and the amount of advance scheduling that is needed could make accessible transit more widely available to Attleboro residents age 60 and older.

Key informants and stakeholders emphasized the connections between limited access to transportation, decreased participation, and isolation. Social isolation was perceived as a crucial concern among Attleboro's residents—both young and old. Separate from transportation, but speaking to the isolation concern, residents stated that due to technology and services, people don't see their neighbors anymore. People enter homes using automatic garage door openers and have others shovel and do yard work, all of which decrease the opportunity to socialize with neighbors and can lead to isolation.

Social Isolation ♦ Given the array of community assets that have previously been described, there are a lot of ways for residents to be engaged in the community if they so choose. However, for those who are physically or mentally unable to participate in such activities, options are far more limited. Ideas for how to engage older residents who are not currently participating in the community was a point of

"More and more staying at home means more and more you need to connect with people."

discussion among focus group participants. For example, programs like friendly visiting, crafting for a cause (e.g., knitting scarves for homeless people), or educational talks given by telephone are among some possible solutions for engaging this more isolated segment of the community. A larger, more complicated, issue was raised by focus group participants in that oftentimes people who are isolated in Attleboro are unknown to the community organizations until a crisis arises. In other words, there is a segment of the community of older residents that are unknown to the network of service providers in the community and largely remain unseen—which is a concern to organizations and the City who are working to ensure quality of life and safety for their residents. Individual housing buildings may know their particular residents, and neighbors or friends may know of people on their street—but as for a systematic way of communicating or reaching out to isolated residents of Attleboro—there is none. Further, residents of Attleboro for whom English is not their primary language or they have other cultural preferences, outreach and communication can be difficult. Working collaboratively across organizations that have trusted relationships with these communities is essential. It could help to have focused topics to work together on—for example socially isolated older residents, so that the partnership can be productive and effective. Existing structures like the TRIAD collaborative, organized by the Sheriff's office, could also be focused on a more specific cause—like socially isolated older

residents and meet more regularly to brainstorm solutions. There was also discussion among participants about the use of data to inform decision making around emergency response and more “regular” crisis situations that occur in the lives of residents. Currently, a system exists for contacting residents about weather or other emergencies; but it is predominately done using “hard-copy” materials and relies on institutional knowledge to function. Key-informants talked about the need for on-demand electronic mechanisms for reaching vulnerable residents in the community. For example, an opt-in program that would include information that would be useful in prioritizing high risk areas of the City. Not just for older residents, but for all residents. Information could include mental illness, disability or specific communication needs (e.g., language, deafness or blindness). Another solution that was discussed focused on the use of technology to combat social isolation. Programs like “Grandpad” or “Tech Goes Home” are rental/subscription services that provide accessible pads to residents to be connected. Of course, there are costs associated with these programs and they typically require access to the Internet which an expense that not everyone can afford. That said, subsidies or grants can be used to get these devices into the hands of residents and potentially connect them not only with family and friends but with their healthcare and social service providers. One such grant is underway in Attleboro to begin a Grandpad program that includes cellular connectivity (no wi-fi required) and is expected to draw substantive participation from older residents. Another idea for action included the development of “intergenerational advocates” that could create a citizen support system connecting residents across generations with meaningful engagement.

Housing ♦ Perhaps the most pervasive unmet need cited among interviewees and focus group participants was the rising costs of housing in Attleboro. Specifically, property taxes are rising costs that, for people on a fixed income, are becoming insurmountable challenges to staying in Attleboro as they age. Further, for those who are willing to sell their homes to downsize to an apartment or condominium, no properties exist for a cost that is affordable to most Attleboro homeowners. In addition, subsidized senior housing in Attleboro has a waitlist that is years-long and current plans for developing downsizing options do not address the needs of most middle-income residents. According to interview and focus group participants, “zero downsizing options exist” in the City. The implications of this unmet need are many. For example, residents may end up staying in their single-family homes despite changes to their health or financial status that make that decision a safe and comfortable option (e.g., properties are not maintained adequately or barriers like stairs or flooring may limit resident’s ability to come and go as freely and safely as they would like). These residents may also need additional support to pay for medications, food, or transportation given that so much of their income goes to housing costs. Another foreseeable outcome related to this housing crisis is homelessness. In situations where residents are not financially able to stay in their homes or are evicted from rental properties and affordable housing is not readily available—homelessness could become a larger issue in the City of

Attleboro. Currently, there is not full-time shelter in the City and social services are already working at-capacity. Considering ways to alleviate the burden of property taxes and utility costs for older residents is paramount in making Attleboro a City that is good for growing up AND growing old. Other solutions include the development of downsizing options that are affordable to middle-income residents and increasing the number of subsidized senior housing units in the City.

As was discussed in interviews and the focus group, some programs exist to alleviate the burden of housing in Attleboro—but many of these programs are underutilized due to a lack of awareness and limits to eligibility. For example, the City operates a property tax-work off program, a tax deferral program, and a senior exemption program. Additional resources include a fuel assistance program that is administered out of the Senior Center and a small repairs grant program. These programs are limited in resources and therefore the number of residents that can be supported. Ideas for expansion include hosting fundraisers in the City to allow for more seniors to be served and to explore the possibility of a tax freeze for residents of a particular age or allocating a portion of senior tax revenue to go directly to supporting senior services, senior housing development or transportation options. One existing suggestion is to establish a tax abatement review committee to address this crucial need of property tax relief for Attleboro's older residents.

Current Capacity of the Senior Center ♦ Not only was it evident in conversations with key-informants and stakeholders that they are witnessing an increased demand for senior services and supports, there was consensus that the increased complexity of these older resident needs was also a factor. On one hand, the demographics of the City are shifting in age and also in racial and ethnic diversity. These changes prompt a review of capacity of City Departments and organizations. Another example is the increased number of requests for mental health services and rise in the number of 911 calls signal the need for additional social service resources for resident of Attleboro. One key informant referred to it as “the untold story of mental health issues in the City of Attleboro” and this person estimates that their unit received double the number of calls for mental health episodes this year as compared to past years. Increased demand for meals to be available 7 days a week and food pantry visits also indicates that older residents of Attleboro need more than an opportunity for socialization and that many are struggling to meet their basic needs. With age, changes to mental, physical, and cognitive functions can change quickly and these changes put older residents at risk for things like isolation, exploitation, falls, and food insecurity. One key-informant talked about the need for a “complete plan for the aging-in-place population”, including adequate social work services and accessible communication channels between public servants and safety officials and older residents.

It was clear from these conversations that current capacity of the Attleboro Senior Center is not prepared to deal with these increased demands. This conundrum is true both for the provision of recreational programs (e.g., increase in number of participants) and the level of information and referral and social work services that are being requested of the staff. When it comes to social programming, the current Senior Center does not currently have the physical space to accommodate this demand nor does it have enough parking. Further, things like a lack of wireless internet connection and the inability to have more than one large gathering at a given time make the space less than desirable as a place for residents to gather for socialization or just as a place to go to “get out of the house” for a few hours. These limits also mean that the variety of programs hosted by the Senior Center is slim. For example, being able to show free videos from the Internet or host large community events is limited. Not to mention that current programs like the tax preparation services have to be done by purchasing Internet “hot spots” so that this crucial service can be done. Although many survey respondents wrote-in about their desire for additional creative programming, it was clear from these qualitative conversations that those ideas are not going to be realized in the current space that the Attleboro Senior Center occupies. The other major capacity issue is the lack of social service staff that can accommodate the increasingly complex needs of Attleboro residents. As the most visible local resource for older adult and their families, it is not uncommon for senior centers to be first point of contact for social service needs. A major portion of what is needed can be described as “enhance information and referral”. This is more than just providing contact information but involves more personal connection to ensure that the resident receives the needed services and conducts follow-up to ensure that these supports continue to be beneficial. Outreach services are another important role for senior centers. This work involves making sure that residents are aware of the programs and services available to them as well as functioning as a liaison to other organizations to ensure that the senior center is working in concert with partner organizations and resources are being maximized. A final, and integral, issue that was evidenced by these conversations was the correlation between the crucial work that the Attleboro Senior Center does now and will do in the future and the resources allocated to this department. It was agreed by most of the participants that an updated and expanded senior center, in both space, parking, and staffing, is imminent for the City.

Hearing from Residents: Results from the Community Survey

In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in **Appendix A**.

Respondents to the community survey included 1,145 individuals age 60 and older, representing a response rate of 33% (see **Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Attleboro as a whole, we heard from slightly more residents in the 60-69 and 70-79 age groups and slightly fewer residents age 80 and older⁷. To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into three age groups; age group 55-59, age group 60-69 and age group 70 and older.

Table 3. Community Survey Respondents

	Number of Responses	% age distribution for responses
Age 60-69	487	44%
Age 70-79	438	39%
Age 80-89	166	15%
Age 90+	26	2%
TOTAL	1,145*	100%

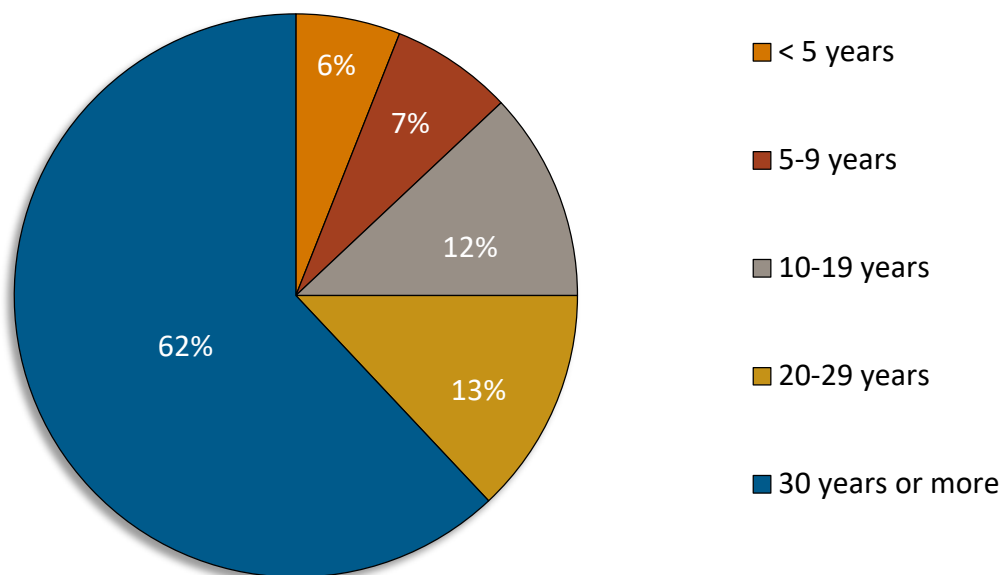
*Includes 28 surveys where people declined to provide their age

⁷ Among residents age 60+ in Attleboro, 52% are age 60-69, 25% are 70-79, and 23% are 80+ (Source: American Community Survey, 2014-2018, Table B01001. Numbers are calculated from 5-year survey estimates).

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.

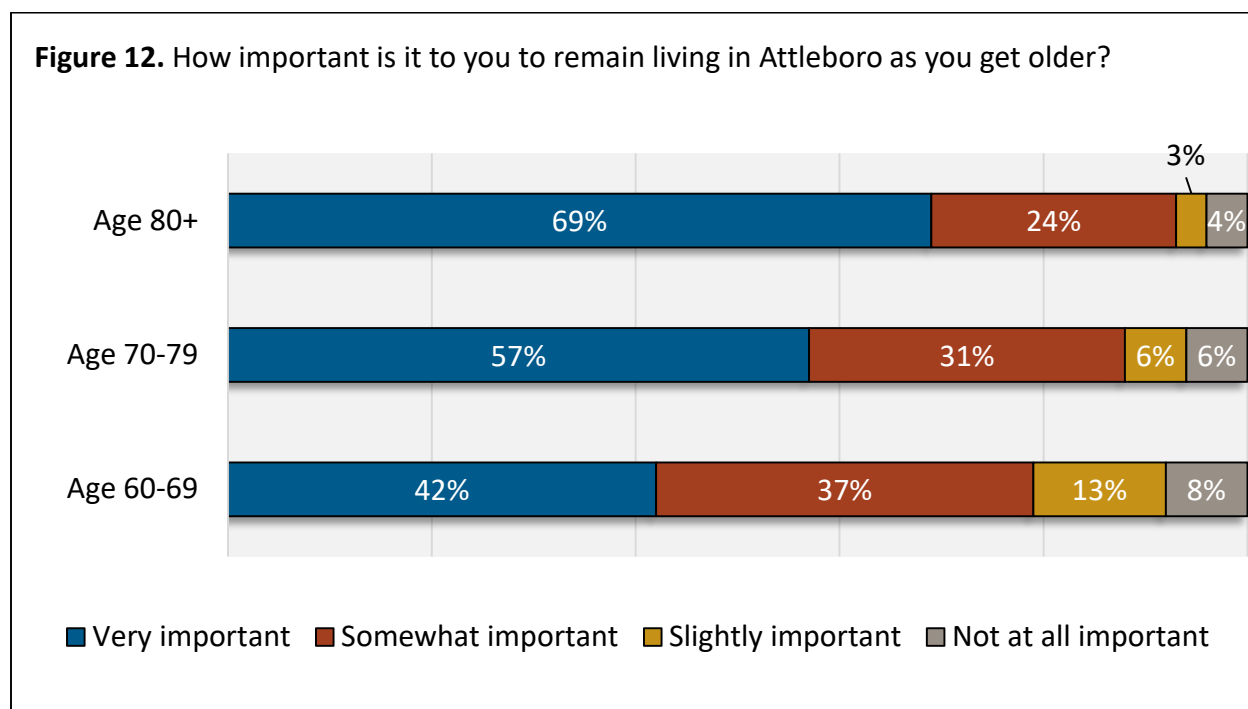
Survey respondents included residents who have lived in Attleboro for many years, as well as relative newcomers. The majority of respondents have been living in Attleboro for more than 30 years (see **Figure 11**). These individuals offer insight based on their years of experience of living in Attleboro. It is also helpful, however, to hear from those who are new to Attleboro. Overall, 13% of survey respondents have been living in Attleboro for less than ten years.

Figure 11. How long have you lived in Attleboro?



During the focus groups, Attleboro residents shared many benefits of living in Attleboro, discussing reasons why they love Attleboro and want to remain living in Attleboro as they age.

One reason is safety of the community, when asked about feeling safe in the neighborhood where they live, survey respondents 97% of respondents reported feeling safe “always” or “most of the time” (see **Appendix A**). This is reinforced by the survey data, especially those age 70 and older where more than 50% responded that it is very important to them to remain living in Attleboro as they get older (see **Figure 12**). Yet not all respondents are committed to remaining in Attleboro as they age. More than 20% of those age 60-69 and 12% of respondents age 70-79 stated that it is only slightly, or not at all important to them to remain living in Attleboro as they get older.



A large majority of survey participants took the time to respond to the open-ended question, “What are your greatest concerns about your ability to continue living in Attleboro?” Despite the high number of comments, they could readily be categorized into three key areas of concern: 1) cost of living; 3) transportation; and 4) availability of housing options. **Table 4** summarizes these. It is important to note that one out of 4 community survey respondents reported that they did NOT have adequate resources to meet their needs.

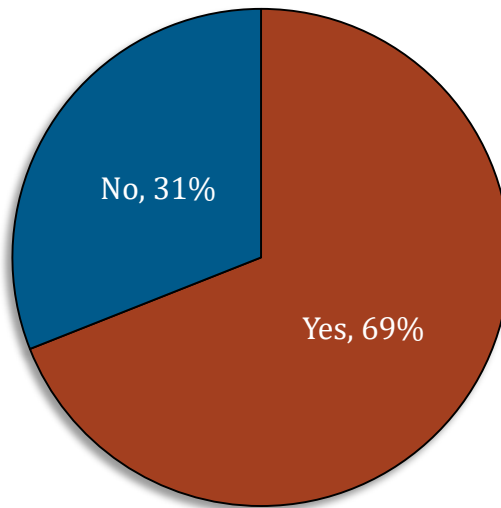
Table 4. Sample responses to question “What are your greatest concerns about your ability to continue living in Attleboro?”

High property taxes and cost of living
I am concerned about my ability to afford city taxes, utility changes and other expense-related to home ownership. When no longer a homeowner, I would like to continue living in Attleboro in some convenient and affordable accommodations.
Living on a fixed income, will I be able to afford increased expenses (rent, utilities, food)?
My rent increases to the point that it is more than half of my SSI check and don't know how much higher it will go until I can no longer live here.
Our taxes keep going up my house is all paid for all the improvements have been done I am afraid I will run out of money.
Limited Transportation Options
Since I am now legally blind and can no longer drive I am dependent on friends to get around. Getting around is my biggest concern.
Transportation the nearest bus stop is 1 mile from home. If unable to drive I would probably be unable to walk that far.
All of my healthcare providers are in Boston - so finding new providers here or being able to get to Boston.
Transportation will become more important because outside of the city center sidewalks are often unavailable.
Availability of Appropriate Housing for Older Residents
We, my husband and I, need to be living in a one level house, or condo. I get listings from a (real estate) agent of homes but they are not suitable/too expensive. We want to stay in our home, mostly. We have a stairlift. This is our home, our sanctuary.
Safe living accommodations and affordable housing dedicated to a 55 and older seniors only.
Affordable senior housing, waitlists are at least 2 years long. Not enough senior housing apartments.

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

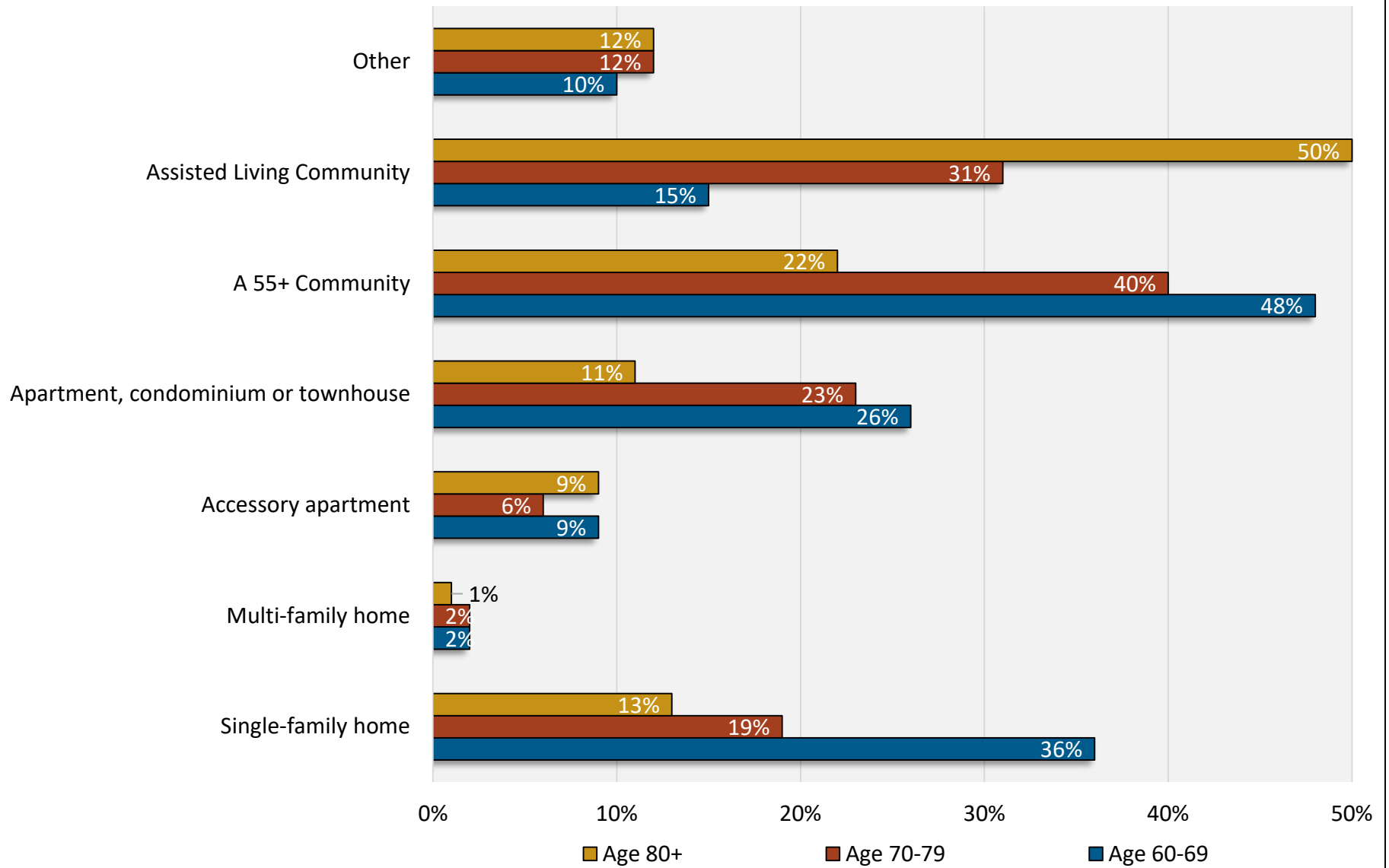
The large majority of survey respondents currently live in homes they own (85%), although this is less common among older survey respondents (**Appendix A**). In order to assess the “age-friendliness” of the housing stock in Attleboro, respondents were asked if they currently had a bedroom and bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 13** shows that although a majority of respondents do have this feature in their home---a significant share (31%) do not. This is particularly true for those in their sixties where 39% do not have this feature currently. This has implications for those individual’s ability to stay in the residence as they age and signals potential future demand on downsizing options or home modifications.

Figure 13. "Does your current residence have a bedroom and bathroom on the entry-level?"



Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. Nearly half (47%) of respondents age 60-69 chose a 55 and older community compared to other options, as did 40% of those age 70-79 (see **Figure 14**). Assisted living communities were considered by 50% of those age 80 and older. This interest in supportive housing options by those age 60 and older has implications for housing stock needs in Attleboro.

Figure 14. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (check all that apply)

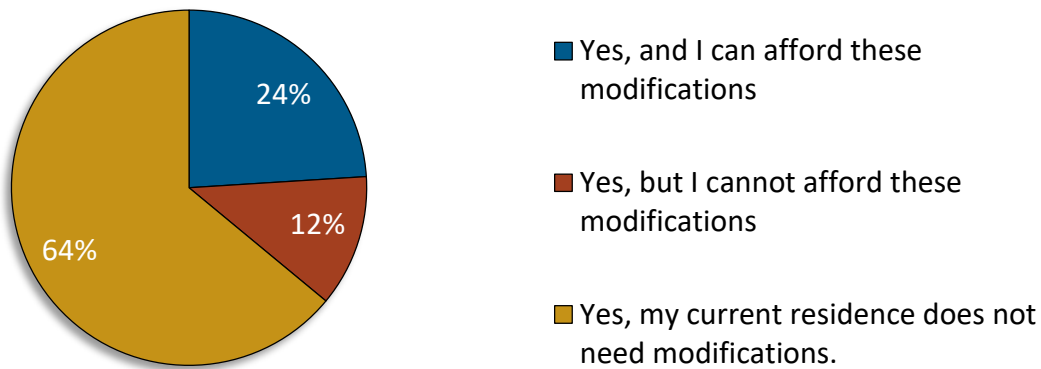


The majority of survey respondents live with at least one other person (80%), but not surprisingly, this number is smaller for the older cohorts. Eighty percent of participants age 60-69 live with someone else whereas about 61% of people age 80 and older do. In contrast, 20% of survey respondents age 60-69 report living alone and among respondents age 80 and older, this proportion is significantly higher (39%). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Attleboro population. Additionally, 4% (n=46) of respondents reported living with a child under the age of 18. This suggests that for a small percentage of Attleboro's older residents, significant childcare responsibilities could play a role in the lives of older residents of Attleboro.

Survey respondents were asked, "Is your preference to rent or own your next home?" A large share of respondents, including 34% overall and 60% of those age 80 and older, indicate that they do not plan on moving from their current residence. However, among those who did indicate a preference for owning or renting their next home, a majority (55%) prefer to own their own home. Receptivity to renting is evident among the older respondents, given that 15% of residents age 70 and older prefer to rent their next home. These results suggest that there may be a demand for rental properties as the demographics of Attleboro change.

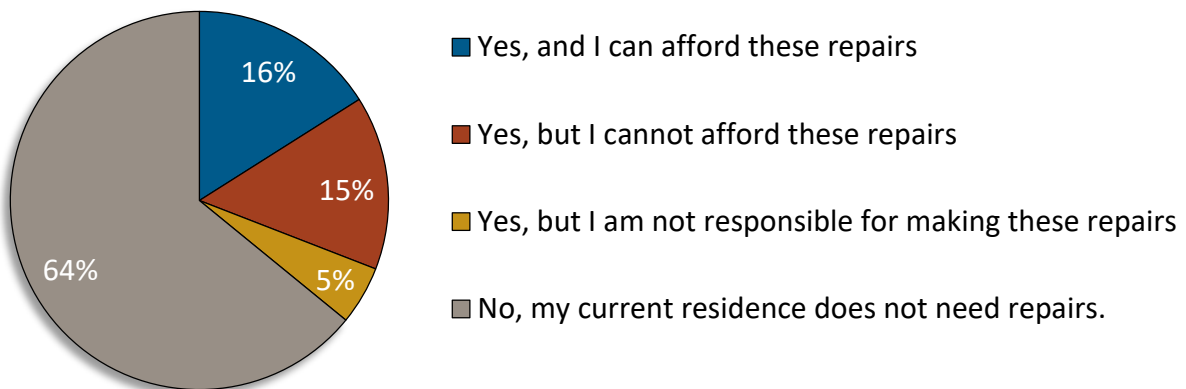
Thirty-eight percent of Attleboro survey respondents age 70 and older have a working generator, with a similar share of respondents age 60-69 having a generator. Younger respondents were slightly more likely to have a working generator (44%), but overall, fewer than half of respondents over age 55 have a working generator in their home (see **Figure 15**). In additional calculations, it is learned that over 60% of survey respondents who don't live in supportive housing (i.e., senior independent living communities and assisted living communities) are living without a working generator. Eliminating residents who leave Attleboro in the winter yields similar results (not shown). This has safety implications especially for the winter months, when power outages more frequently occur.

Figure 15. Ability to afford necessary home modifications



Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, “Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?” about one in every three (36%) respondents stated that their home would need repairs (**Appendix A**). Of those whose current residence needs repairs, 15% stated that they could not afford these repairs (see **Figure 16**).

Figure 16. Ability to afford necessary home repairs



Survey participants were also asked if their home needed modifications to support their ability to live in it safely, such as railings on stairs or grab bars in the shower. Similar to the responses to home repairs, about one in every three respondents stated that their home needed modifications

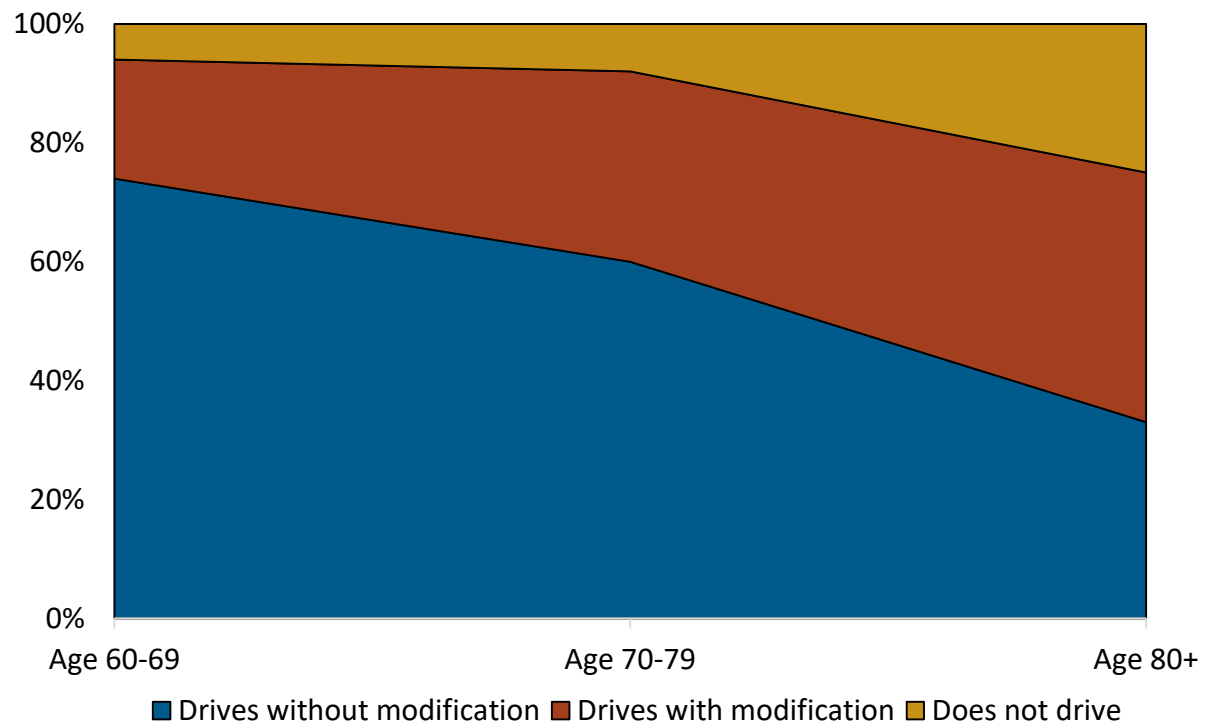
and the majority of residents who need home modifications can afford them. Eight percent of respondents who need modifications, however, are unable to afford to make the modifications. While this percentage of those unable to afford home repairs or modifications is small, for those individuals, not being able to make repairs or add modifications may impede their ability to live safely in their home.

Transportation

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

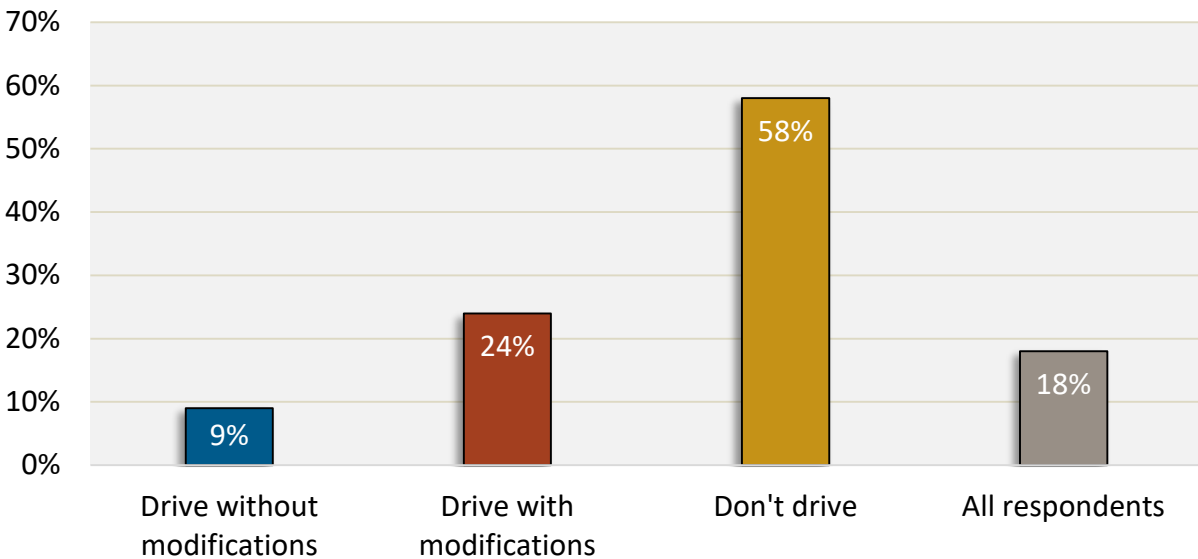
There were several questions on the survey related to transportation. Attleboro is a City with limited public transportation options. In addition to a commuter rail station, Attleboro has a Dial-a-ride paratransit system and few public bus routes. Survey results show that only 10% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 25% of this older segment of the population do not drive (see Appendix A). Many residents (29%) who do drive modify their driving to make it easier or safer. Modifications include avoiding driving at night, in rush hour, or during bad weather. While 74% of survey respondents age 60-69 and 60% of respondents age 70-79 drive without modification, only 33% of those age 80 and older drive without making any modifications (see **Figure 17**). Modifying driving habits promote safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.

Figure 17. Driving status by age



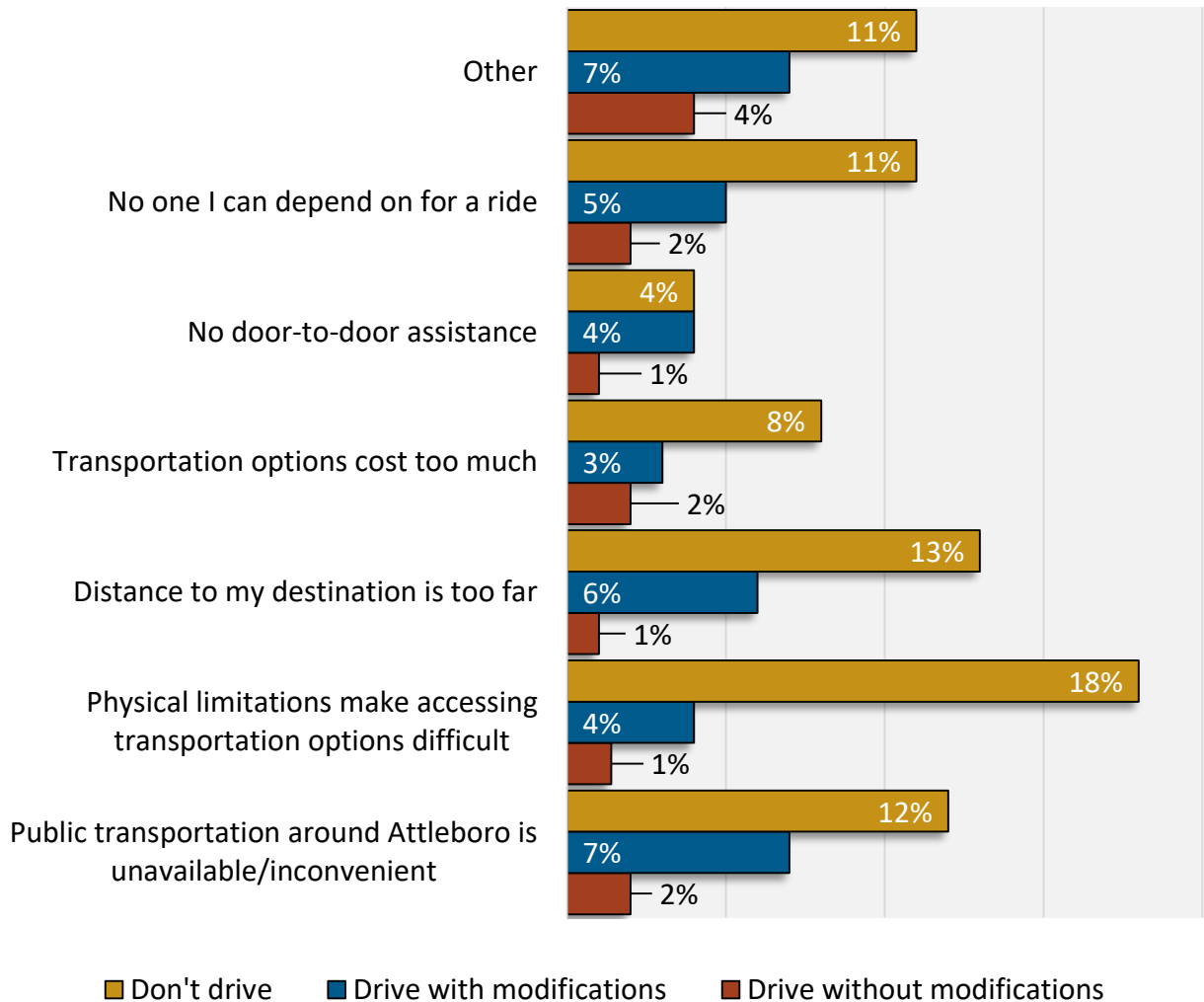
In response to the survey question, “What kind of difficulties do you have in getting where you want to go?” 18% of all survey participants reported at least one challenge (see **Figure 18**). Those who drive without modifications had the least difficulty getting where they want to go, while 58% of respondents who do not drive and 24% of those who drive with modifications mentioned at least one obstacle to them getting around.

Figure 18. Percentage reporting difficulty getting to where they want to go (check all that apply)



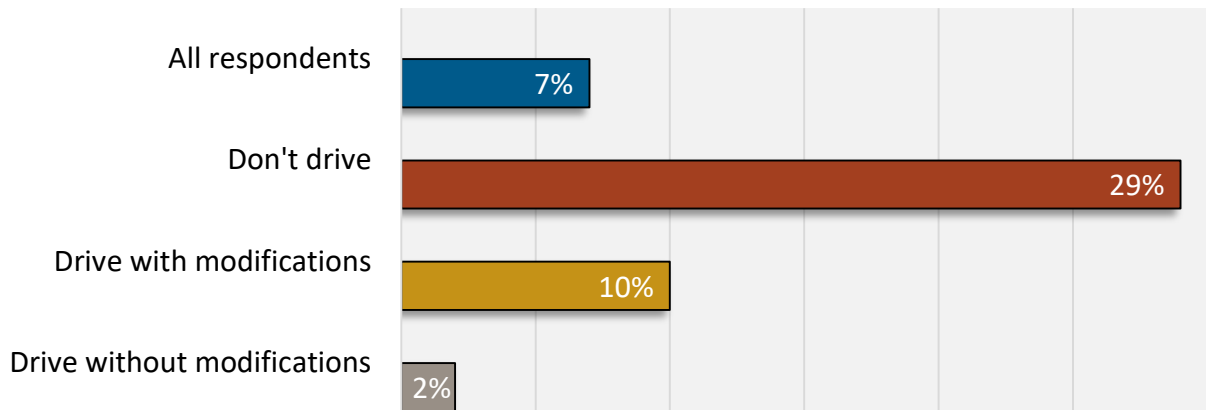
For those who do not drive, having physical limitations that impede access to transportation and for those who drive with some modifications, transportation being unavailable or inconvenient was the most common reasons for transportation difficulties (**Figure 19**). For this group of individuals who don't drive, where transportation options are critical, the second most common barrier was that the destination was too far (13%). This could include out-of-town travel to medical appointments—which for this population is crucial. Five percent of respondents marked “other” in response to the question regarding difficulties getting where they want to go and provided a reason. Write-in responses included depending on family or friends for transportation—which can be inconsistent, others wrote in that the Dial-a-Ride service requires so much advance notice that more spontaneous transportation is inaccessible. It is clear that transportation is a need for Attleboro residents who need it the most.

Figure 19. Difficulties getting where you want to go (check all that apply)



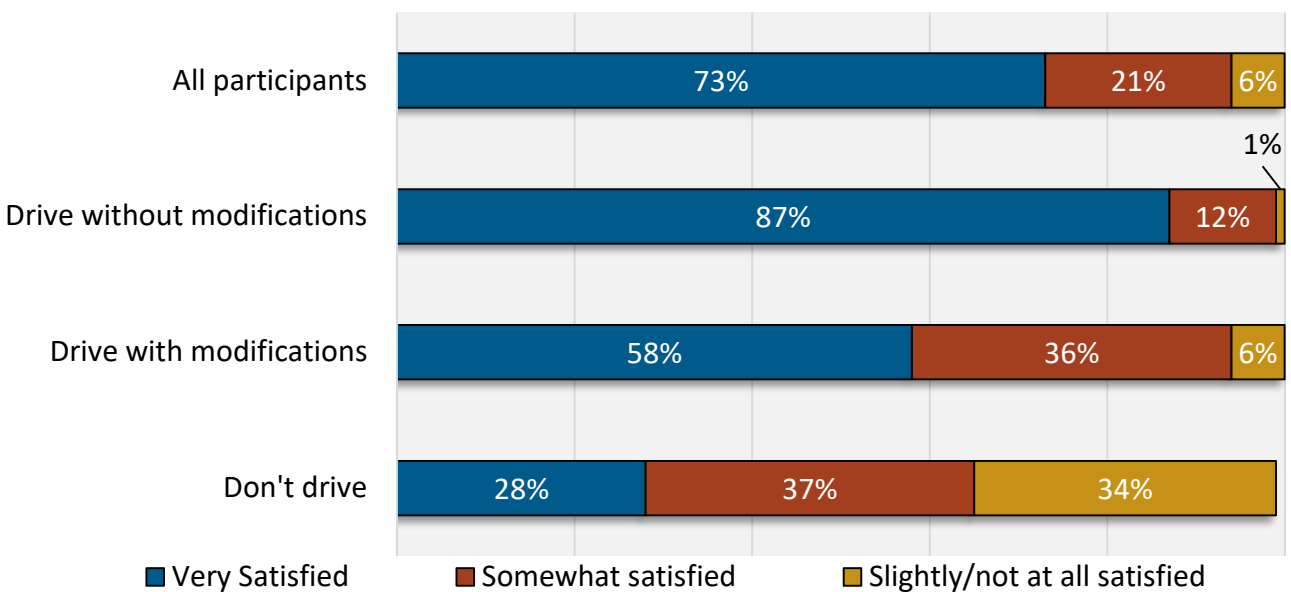
Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 7% reported this experience and even among those who drive with modification, few indicated that this had occurred (see **Figure 20**). However, 29% of respondents who don't drive missed, cancelled, or rescheduled a medical appointment within the past year. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Attleboro's older resident community.

Figure 20. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation? (Percentage responding yes)



Considering the results from the survey along with data from the focus groups and interviews, transportation is an area that could benefit from improvement and innovation in Attleboro. Noteworthy, those who don't drive were most satisfied with the transportation options available in Attleboro (see **Figure 21**). Fifty-two percent of those who don't drive reported they are completely or very satisfied with Attleboro transportation options. Transportation satisfaction patterns were otherwise similar across driving status.

Figure 21. How satisfied are you with your ability to get where you want to go in Attleboro?

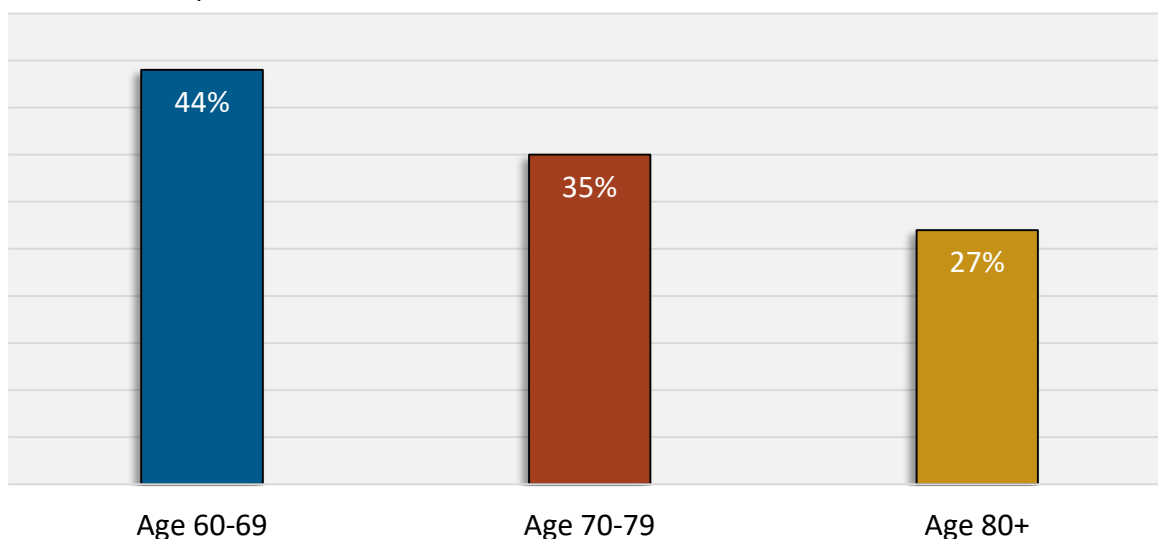


Caregiving

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 through the Family Caregiver Alliance).

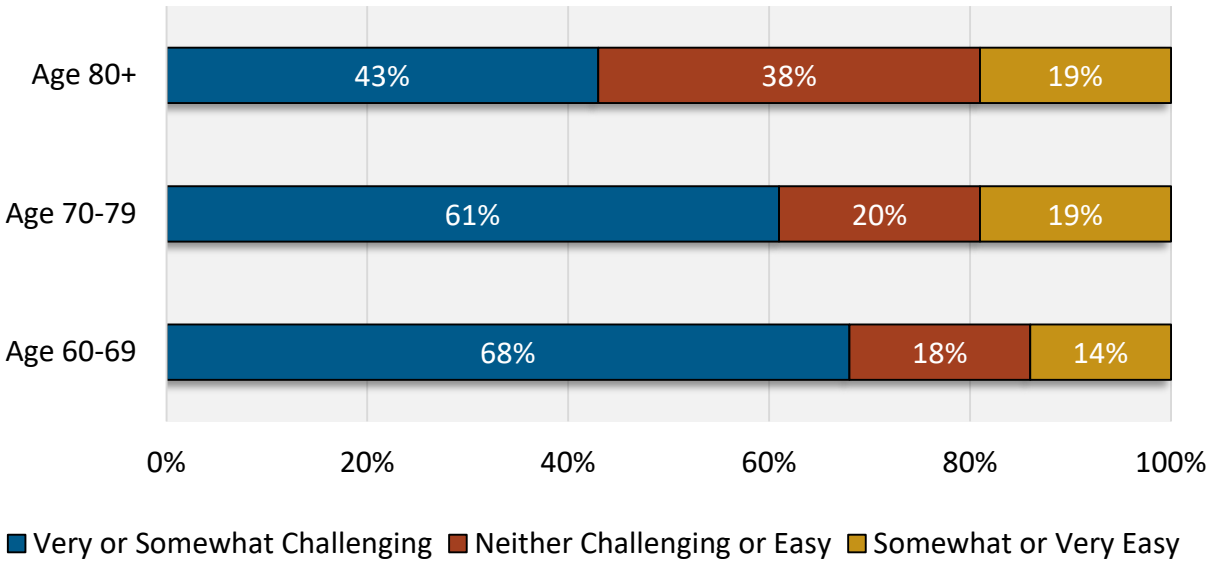
Thirty-eight percent of survey respondents stated that they currently or have in the past 5 years provided care or assistance to a person who was disabled or frail and that number is higher among those age 60-69 (see **Figure 22**).

Figure 22. Percentage having provided care or assistance to a person who is disabled or frail within the past 12 months



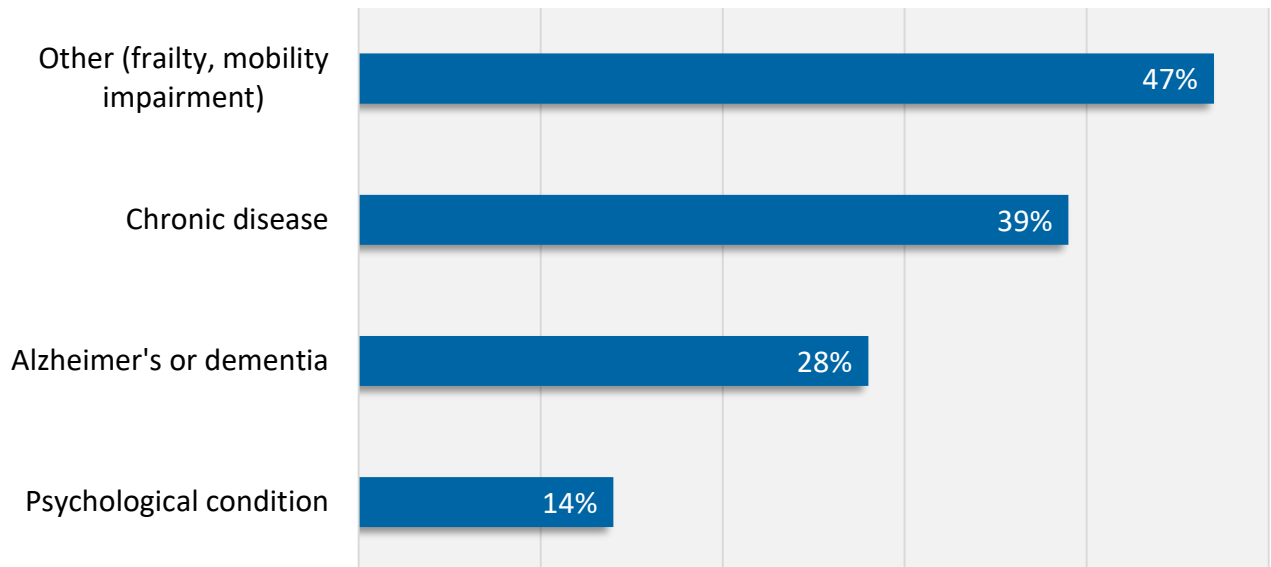
Many of those who have provided care or assistance to someone within the past 12 months stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 60-69, where 68% of those providing care reported this was very or somewhat challenging (see **Figure 23**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, between 43% and 61% of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be needed to support caregivers.

Figure 23. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs) (47%; see **Figure 24**), while 39% of the people the survey respondents cared for were living with chronic diseases like diabetes, arthritis, or heart disease, and 28% of care recipients had Alzheimer's or dementia. Separate from the more common age-related disabilities that were provided as options on the survey, about 50 survey respondents mentioned other disabilities including Parkinson's disease, pneumonia, stroke and traumatic brain injury. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

Figure 24. Did the care recipient have any of the following conditions (check all that apply)



Health

About half of the people who responded to the community survey reported they were in very good or excellent physical health (see **Figure 25**). Twenty-eight percent of respondents age 80 and older rated their overall physical health as fair or poor, however, indicating a sizable portion of the Attleboro older population is dealing with health issues. Similarly, the majority of respondents reported good or excellent emotional well-being while there is a small segment of the population, across all ages, who rate their emotional well-being as fair or poor, including 15% of those age 80 and older (see **Figure 26**).

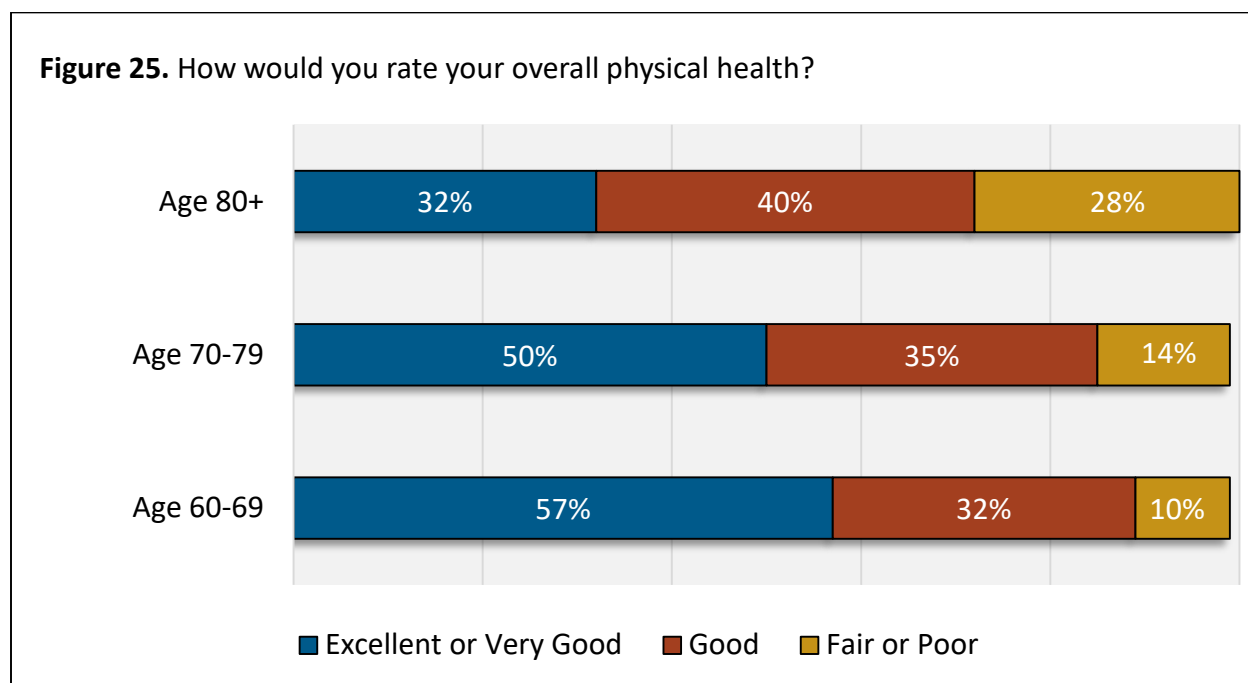
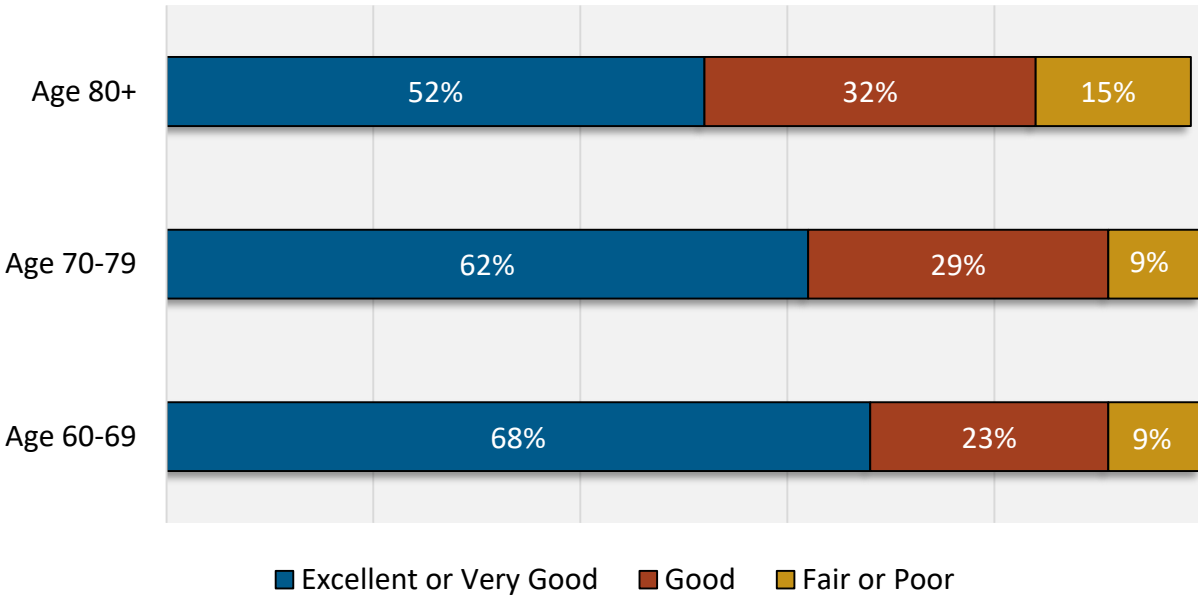
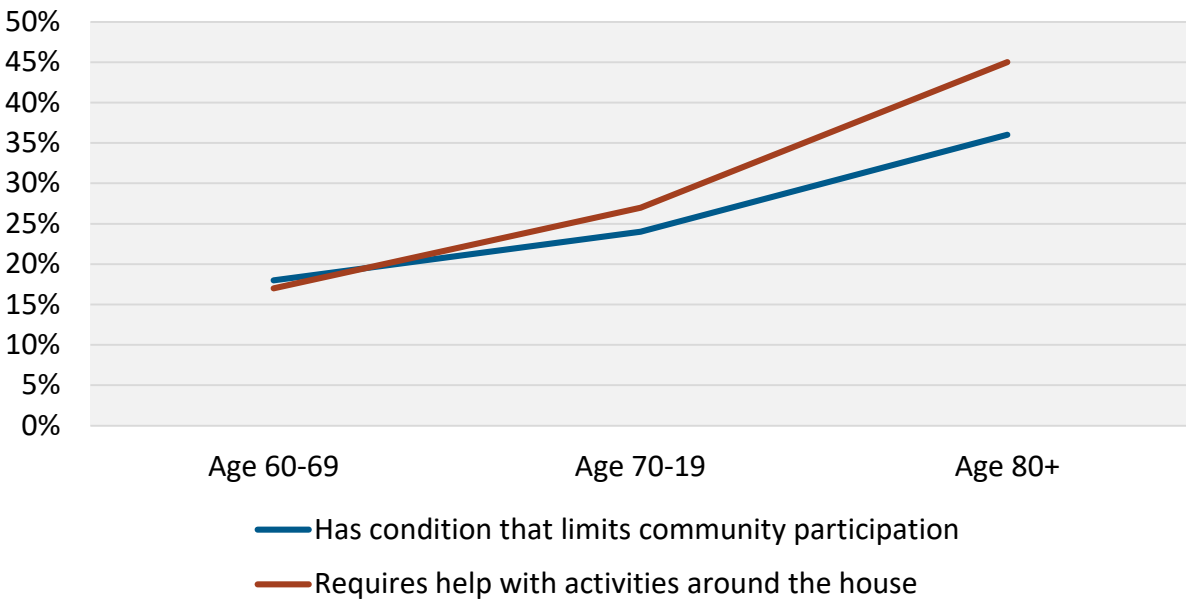


Figure 26. How would you rate your overall emotional well-being?



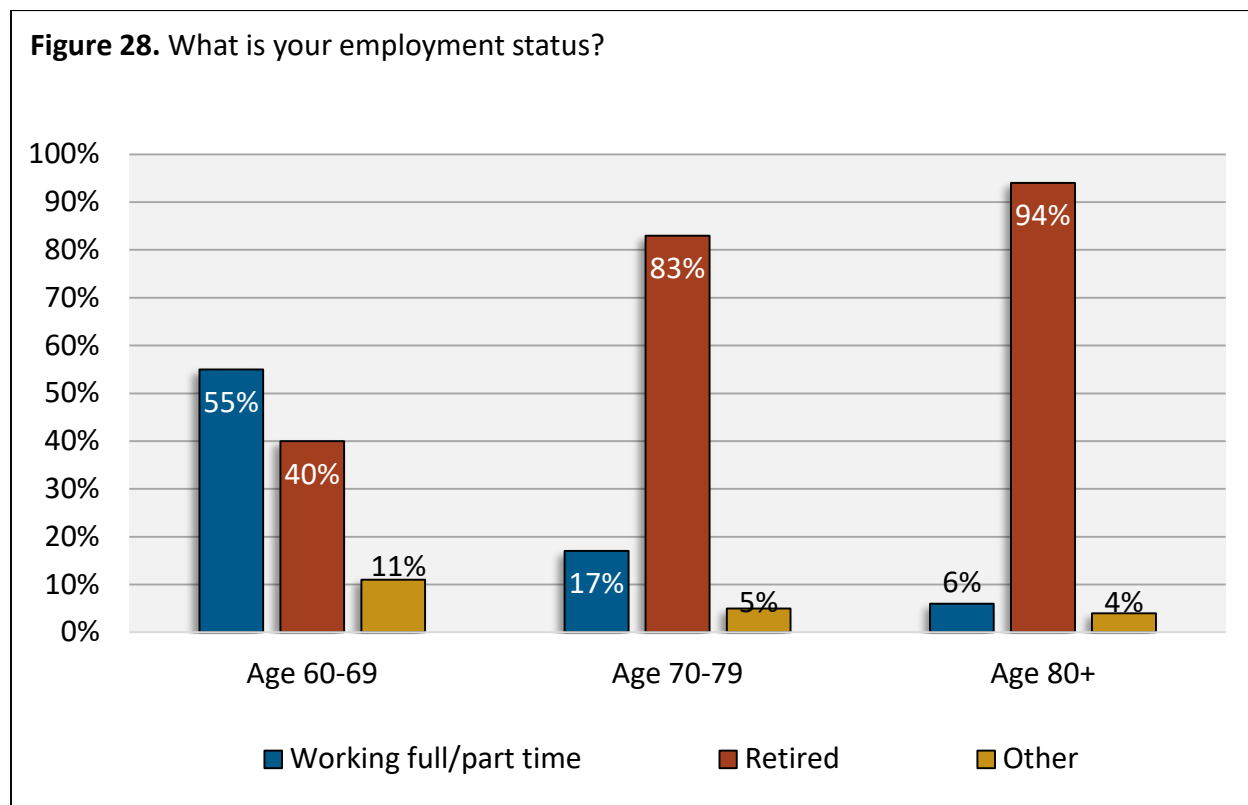
Health status can influence one's ability to perform household tasks or participate in community activities and clearly this is the case for many Attleboro older adults. Twenty-seven percent of those age 70-79 and 45% of those 80 and older responded that they require help with household activities (such as preparing meals, cleaning, or yard work) due to a health condition and 24% and 36% of these older age groups have a condition or disability that interferes with their ability to participate in the community (see **Figure 27**). Overall, the large majority of Attleboro residents are healthy and able to perform their household activities and participate in the community. However, there are a significant number of respondents who are dealing with health challenges which lead to difficulty in taking care of household tasks or participating in the community. When asked, far fewer community survey respondents (5%) reported needing help with daily activities like using the telephone or preparing meals (see **Appendix A**).

Figure 27. Percentage of respondents who have challenges with household activities or community participation due to a health issue or condition.



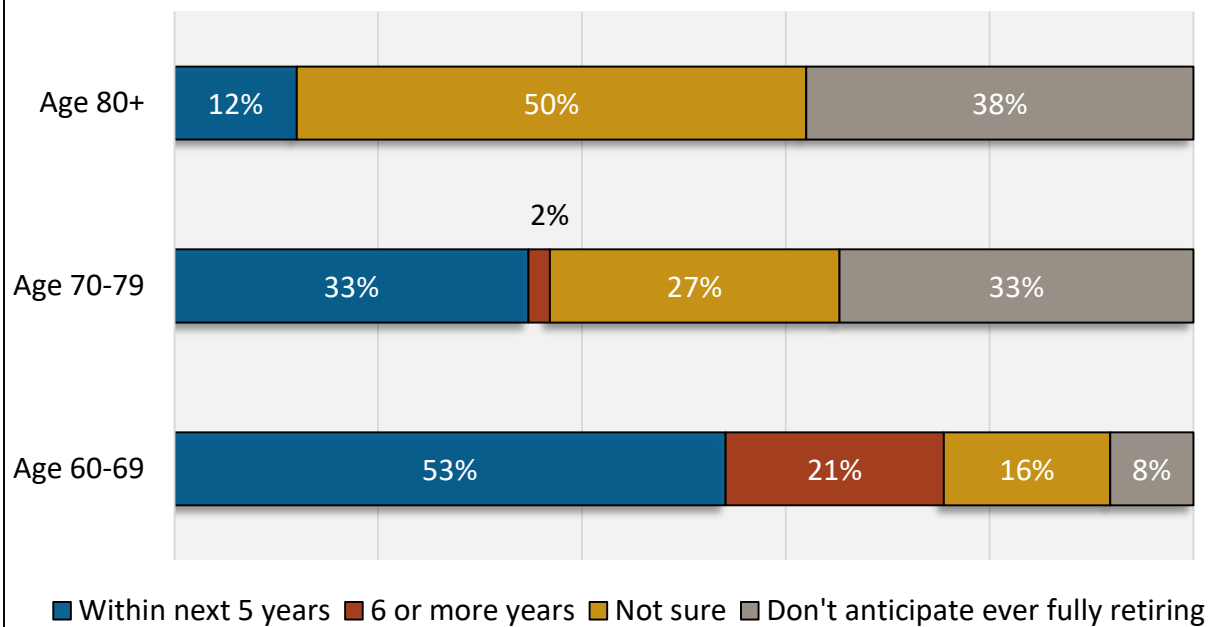
Employment and Retirement

Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in Attleboro survey results, as well. **Figure 28** shows that a majority of respondents in their 60s are still working, many responded “other” to the question about employment status and the large majority of write-in responses were volunteer or homemaker. These results are similar to results from the American Community Survey (presented on page 14 of this report) indicating that many of Attleboro’s residents over age 60 remain in the workforce.



For those who responded they are still working, 53% of those 60-69 and 33% of those age 70-79 are considering retiring within the next 5 years (see **Figure 29**). This has implications for the Attleboro Senior Center that could experience and increase in attendance as a result. Interestingly, many older adults do not know when they expect to retire. Implementing evening and weekend programming might be one way to engage these older workers with the Attleboro Senior Center. Additionally, developing new programs that would particularly attract older workers would be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

Figure 29. Plans for retirement among those currently working



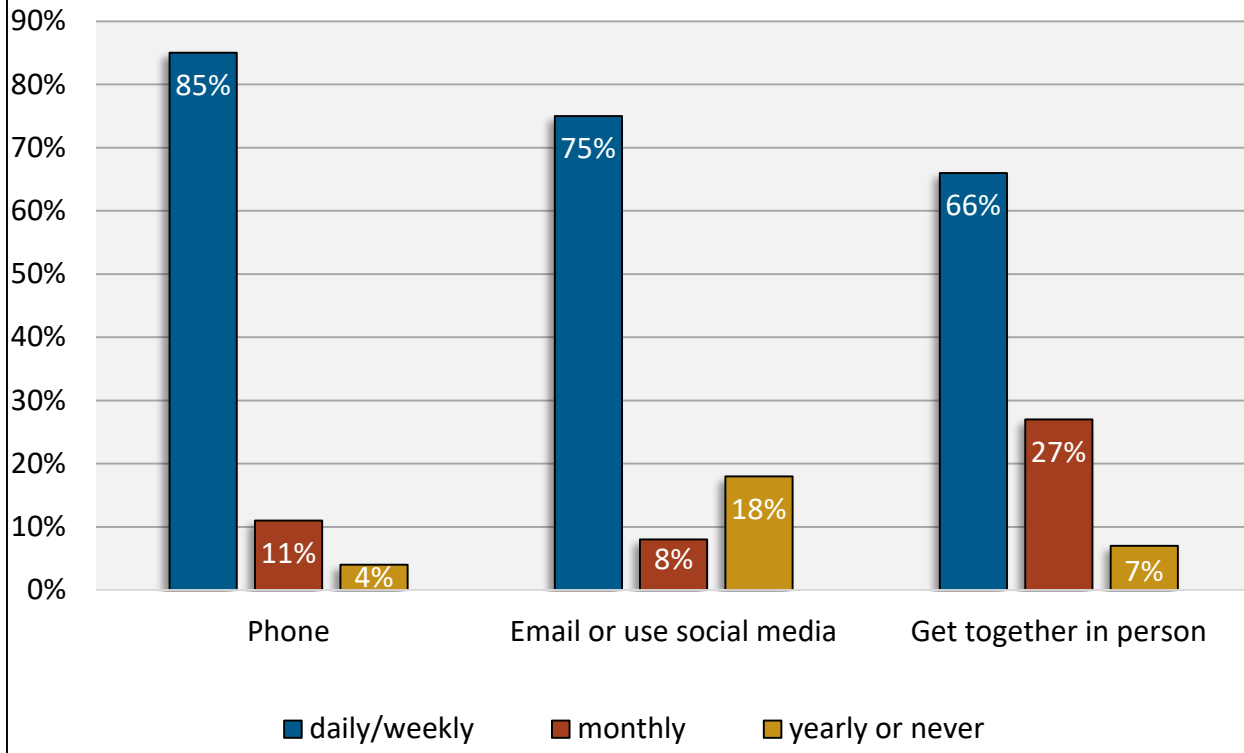
*Due to eight people responding that they are still working and also fully retired, the figures do not add up to 100%

Social Activities and Relationships

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

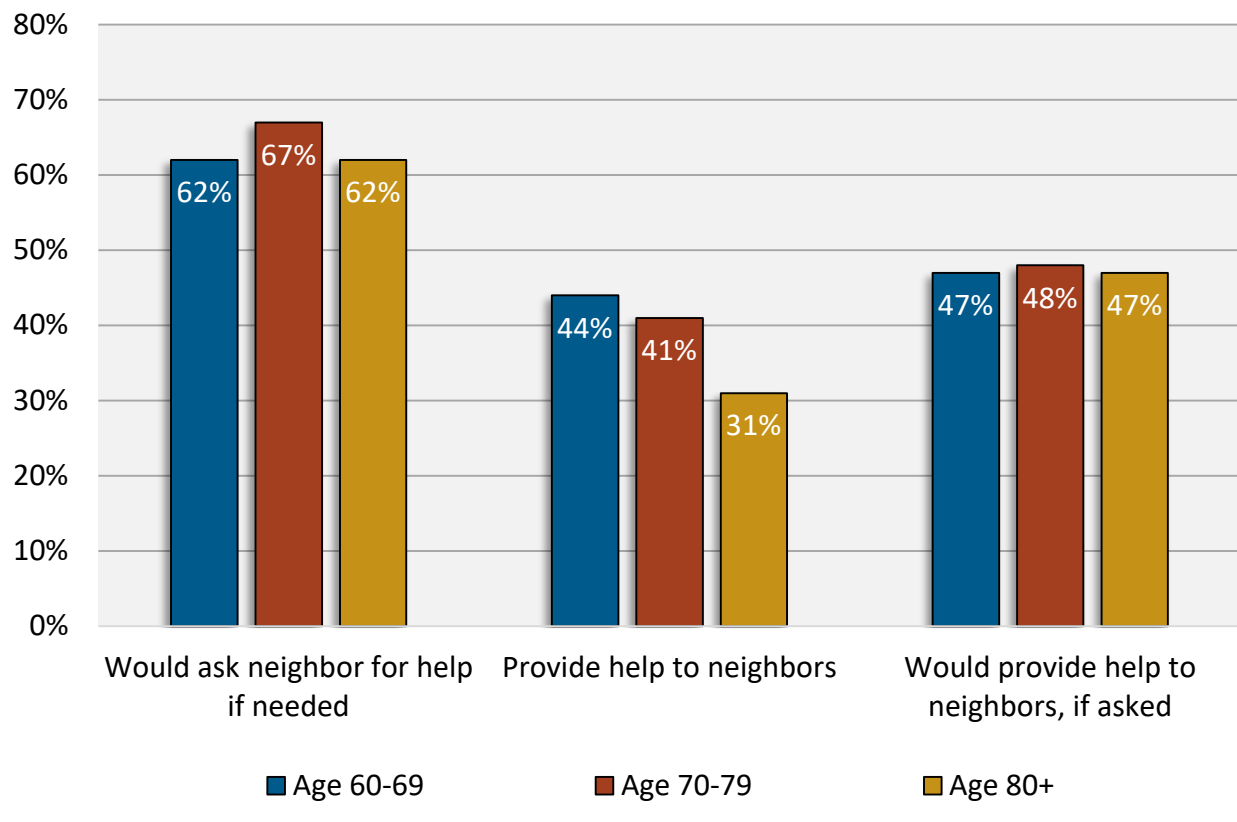
The majority of survey respondents speak with someone and use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 30**). Although 66% of the respondents get together in person with someone at least weekly, more one-third only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing. It is also worth noting that 18% of respondents never use email or social media, or use it very infrequently, to connect with people. This finding has implications for strategies to communicate with the oldest segment of the Attleboro population.

Figure 30. How often do you talk on the phone, send email/use social media, or get together to visit family, friends, or neighbors?



Survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand and over 60% of respondents of all ages said they would. In response to the survey question, “Do you provide any help to neighbors with minor tasks or errands?”, between 31% and 44% responded yes and almost half of those who do not provide help responded that they would help if asked (see **Figure 31**). These findings illustrate a possible opportunity to strengthen neighbor-to-neighbor relations in Attleboro as a way of supporting older residents wishing to age in place.

Figure 31. Percent of respondents who would ask a neighbor for help, provide help, or would provide help if needed.



A vast majority (90%) of survey participants responded yes to “Do you know someone living close by on whom you can rely for help when you need it?” (Appendix A). Notably, over 10% of respondents don’t know someone nearby who they can ask for assistance and this is similar across all age groups (see **Figure 32**). However, for those living alone, we observe higher rates (14%) of respondents reporting that they do not know someone living close by on whom they can rely. Taken together, these findings highlight that in lieu of availability of family or friends to help in a time of need, some residents of Attleboro may be at risk of social isolation or crises.

Figure 32. Do you know someone living close by on whom you can rely for help when you need it? (Percentage indicating no)

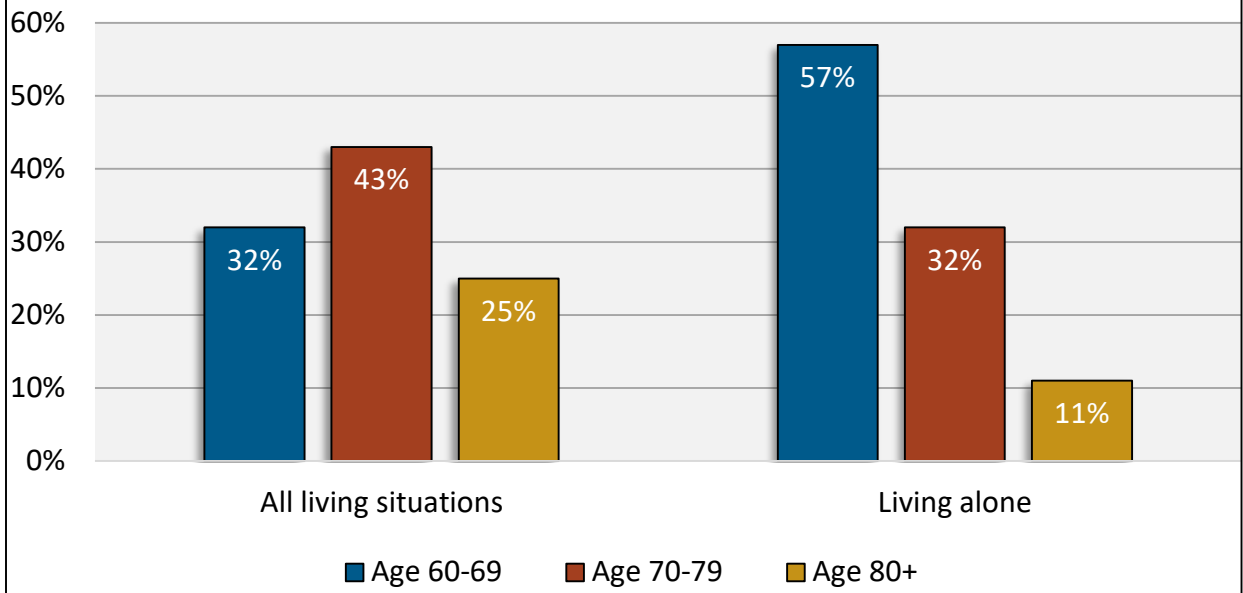
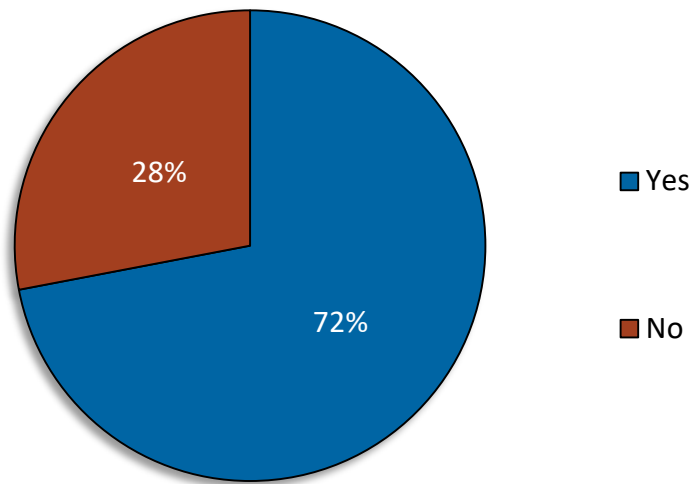


Figure 33. Would you know who to contact in Attleboro should you or someone in your family need help accessing social services, health services, or other municipal services?



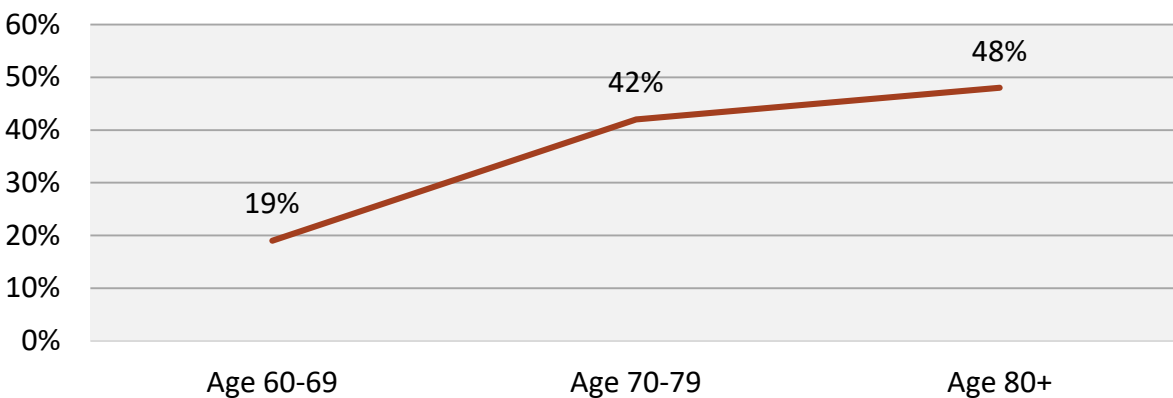
In order to understand survey respondent's awareness of local resources, we asked them if they would know who to contact in the City if they or someone in their family needed assistance (see **Figure 33**). While a majority said yes, more than 1 out of 4 respondents reported not knowing who to contact in Attleboro. Interestingly, among younger respondents (age 60-69), this rate was

higher with 33% reporting that they did not know who to contact should their family need assistance (see Appendix A). While it may be that these survey respondents have never had the need for services—and therefore have not looked into the matter, it may also be indicative of a need for continued outreach about basic functions of both municipal departments but also local organizations. And to consider targeting some outreach to younger residents or newcomers to the City.

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).

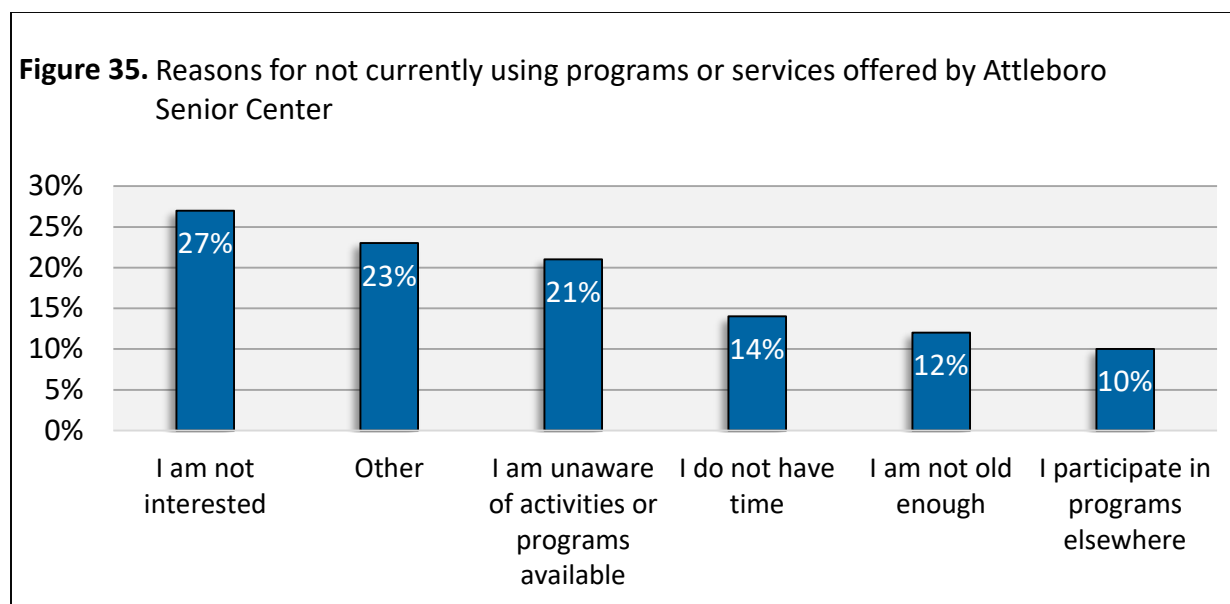
More than two-thirds of survey respondents report that the Attleboro Senior Center plays a role in their lives or the lives of their loved ones, neighbors or friends—making it clear that the Attleboro Senior Center is a revered community asset for many. Survey results suggest that participation in the Attleboro Senior Center is considerably more common among older residents. As shown in **Figure 34**, 19% of those age 60-69 have ever used programs or services offered by the Attleboro COA, while nearly half of the respondents age 80 and older indicated they have participated in the Attleboro Senior Center. This age-graded pattern of participation is not unusual in Senior Centers and may reflect the increasing value of the Attleboro Senior Center to older residents.

Figure 34. Percentage of survey respondents who have ever attended programs or used services offered by the Attleboro COA.



Of those who do use the Attleboro COA, 70% only visit the Center a few times a year, while 12% of COA users participate at least weekly (tabulations not shown). This range of participation levels highlights the broad continuum of affiliation with the Attleboro COA, with many residents participating just periodically, while others include visits to the Attleboro COA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by just 1% of participants who were age 60-69, 4% of those age 70-79, and 8% of those age 80 and older, suggesting that older participants attend more frequently during the course of a month or a year (Appendix A).

Of survey respondents who never use the Attleboro COA, 27% of all ages state it is because they are not interested and 21% state it is because they are unaware of activities or programs available (see Figure 35). Interesting to note that 23% of respondents in their 60s report not being old enough to use the Senior Center. (Appendix A). Other common reasons for non-participation include “do not have time” (14%), and “other” (23%).



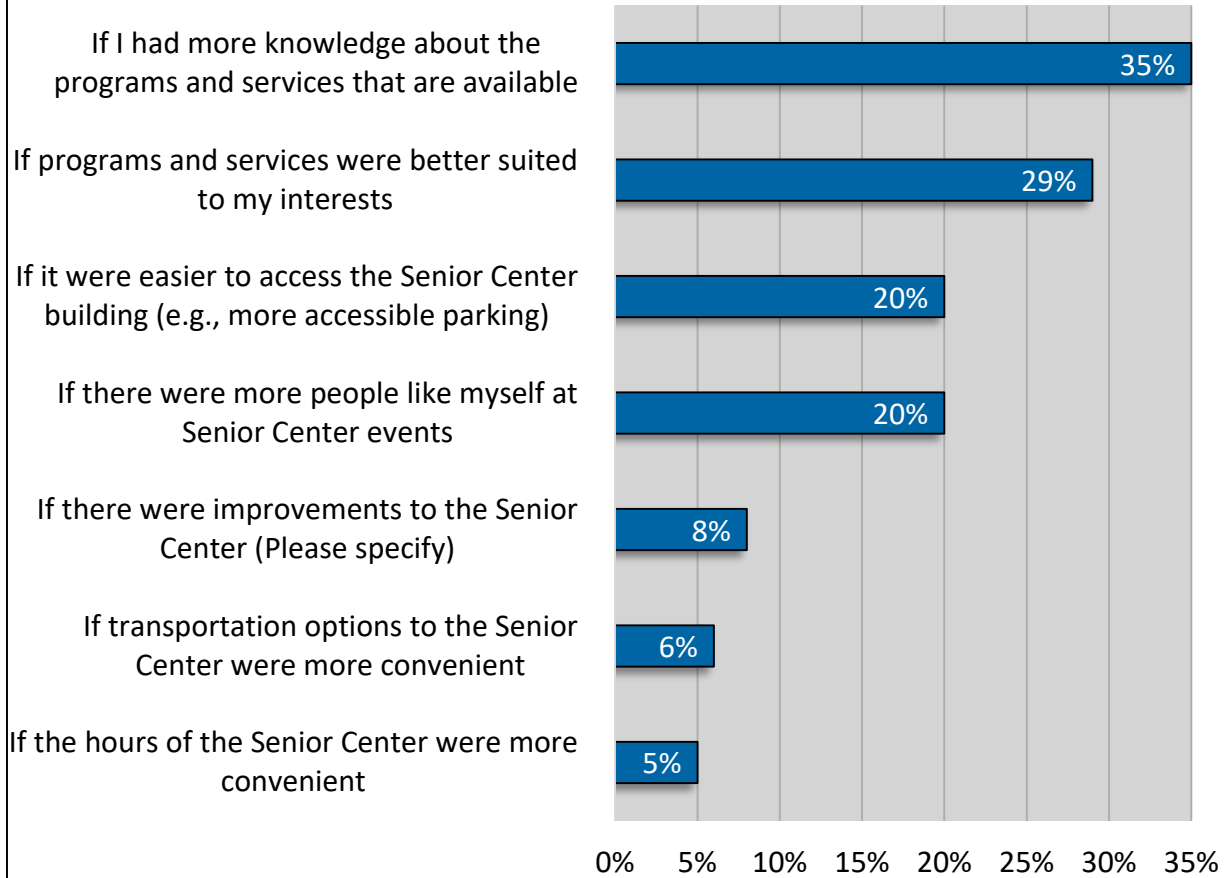
For those who wrote in a response, the most common responses centered around not having time and still working. In addition, the perception of “not needing” to visit the Senior Center or “not knowing” what goes on at the Senior Center was extracted from these write-in responses, suggesting that communicating the purpose of the Senior Center and defining its target audience is a possible future step that would allow a wider range of residents to be drawn in. See **Table 5** with sample comments regarding why survey respondents don’t use the COA.

Table 5. Sample responses to question “What is the reason that you do not currently use programs or services offered by the Attleboro Senior Center”

Not needed
I have no need for them at this time but anticipate the need in the future.
I feel no urgent need yet.
Too busy
I am busy enough with family, friends, church.
I am busy with my grandkids.
I am still working 55 hours a week. Work full time.
Facility Deters Participation
Don't like the title "seniors" should be called "Attleboro Community Center" also, parking is challenging.
Facility OLD and small!
Lack of parking, unattractive facility, poor selection of programs.
Senior Center very outdated and depressing
Have not yet explored opportunities
Never checked out programs
Never heard of any
Never paid attention to it
Never really looked into them

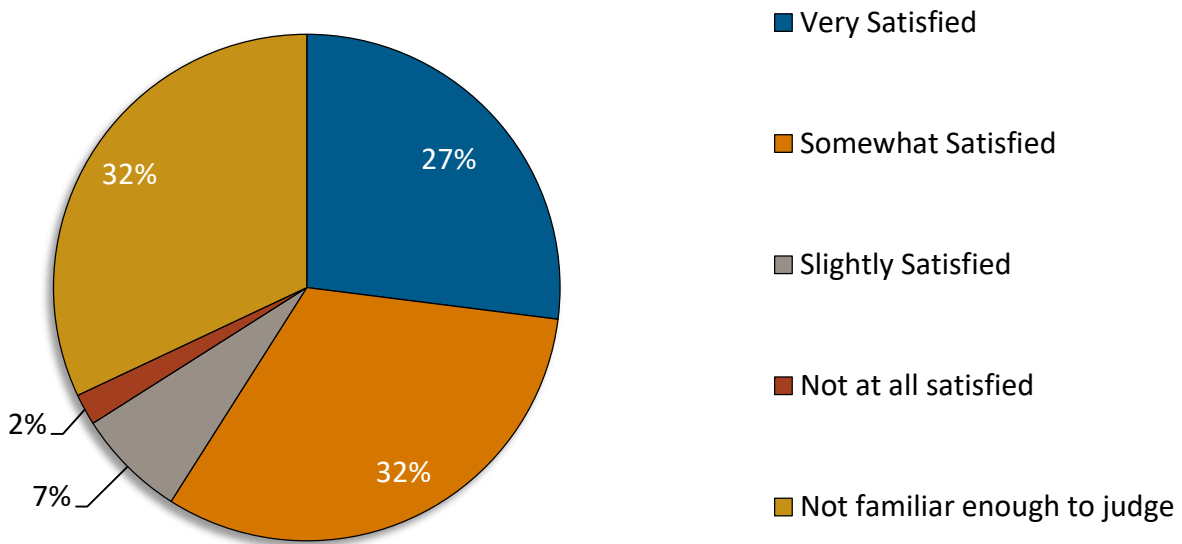
We asked respondents to select the reasons that would increase likelihood of participating at the Attleboro Senior Center (Figure X). Among the respondents age 60-69, the top reason was “If I had more knowledge about the programs and services that are available”, for those age 70-79, the top reason was “If programs and services were better suited to my interests”, and for those age 80 and older the major factor that would increase their likelihood of participating was “If it were easier to access the Senior Center building (e.g., more accessible parking”. Understanding reasons for lack of participation provides direction and opportunities for change. Overcoming the obstacle of unfamiliarity, increasing outreach, adapting programming to meet the broad interests of the older adult population, and exploring strategies to update the image and space of the Senior Center may be areas to consider as future Attleboro COA goals.

Figure 36. Which of the following would increase the likelihood of your participating at the Attleboro Senior Center?



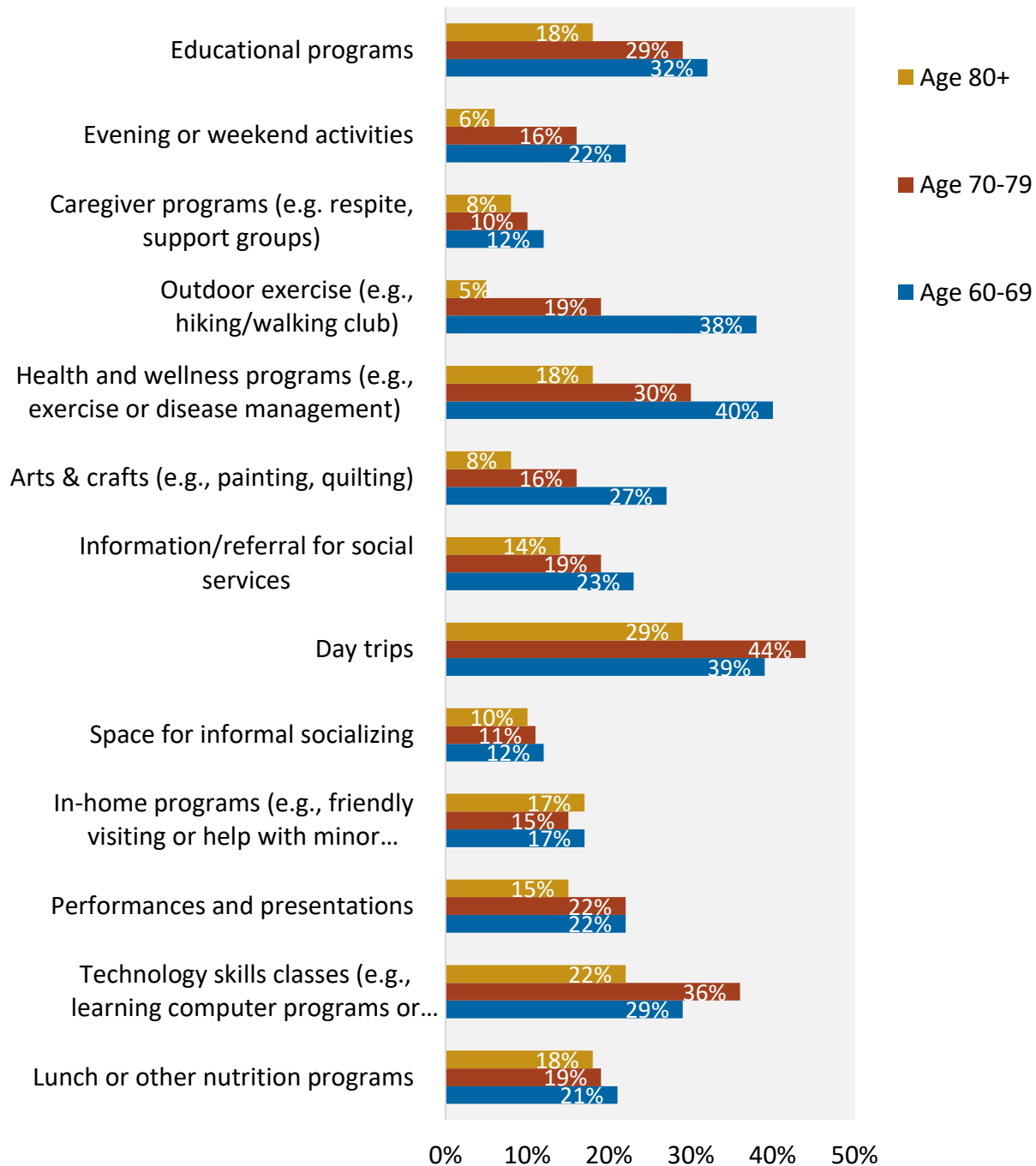
Overall satisfaction with programming offered by the Attleboro Senior Center was gauged based on respondents being asked, “How satisfied are you with the programs and services offered through the Attleboro Senior Center?” A large majority of those who responded they had no opinion were people who didn’t use the Attleboro COA. Of those who use the Attleboro COA, almost two-thirds of users are very or somewhat satisfied with the programs and services offered (see **Figure 37**). Satisfaction with the programs and services of the Attleboro COA is higher with the older users. Among users age 60-69, 13% are very or somewhat satisfied and of those age 70-79 28% are very or somewhat satisfied and among those age 80 and older, 45% are very or somewhat satisfied (tabulation not shown).

Figure 37. How satisfied are you with the programs and services offered through the Attleboro Senior Center



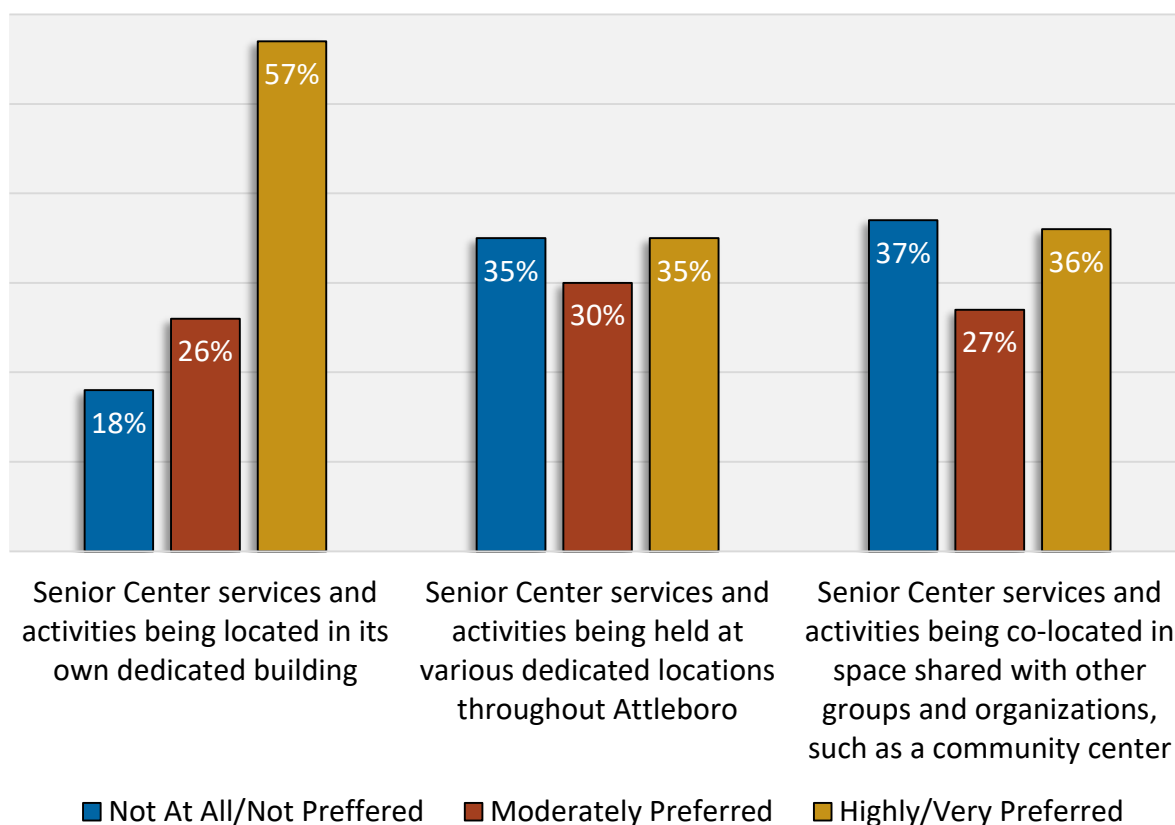
Respondents were asked to indicate the types of programming they would prioritize in expanding the programs and services available through the Attleboro Senior Center (**Figure 38**). Preferences varied slightly by age. For example, among those age 60-69, health and wellness programming (40%), day trips (39%), and outdoor activities (38%) were the top rated preferences for future expansion. For those in their 70s, day trips (44%), technology training (36%), and health and wellness programming (30%) were most commonly rated as priorities; and for those 80 and older, day trips (29%), technology training (22%), and things like nutrition, lunch programs, educational opportunities, and health and wellness programming all were rated as priorities by about 18% of respondents in this age category. These results point to a need for the Attleboro Senior Center to consider its current capacity to provide things like technology training and trips.

Figure 38. Thinking about your own future needs and interests, which of the following interests, which of the following areas would you prioritize in expanding the programs available through the Attleboro Senior Center?



Respondents were asked rate their preference for multiple future arrangements of senior services in Attleboro (see Figure 39). Response options ranged from (1) “Not at all Preferred,” to (5) “Highly Preferred.” A rating of 3 is meant to capture “moderately preferred”.

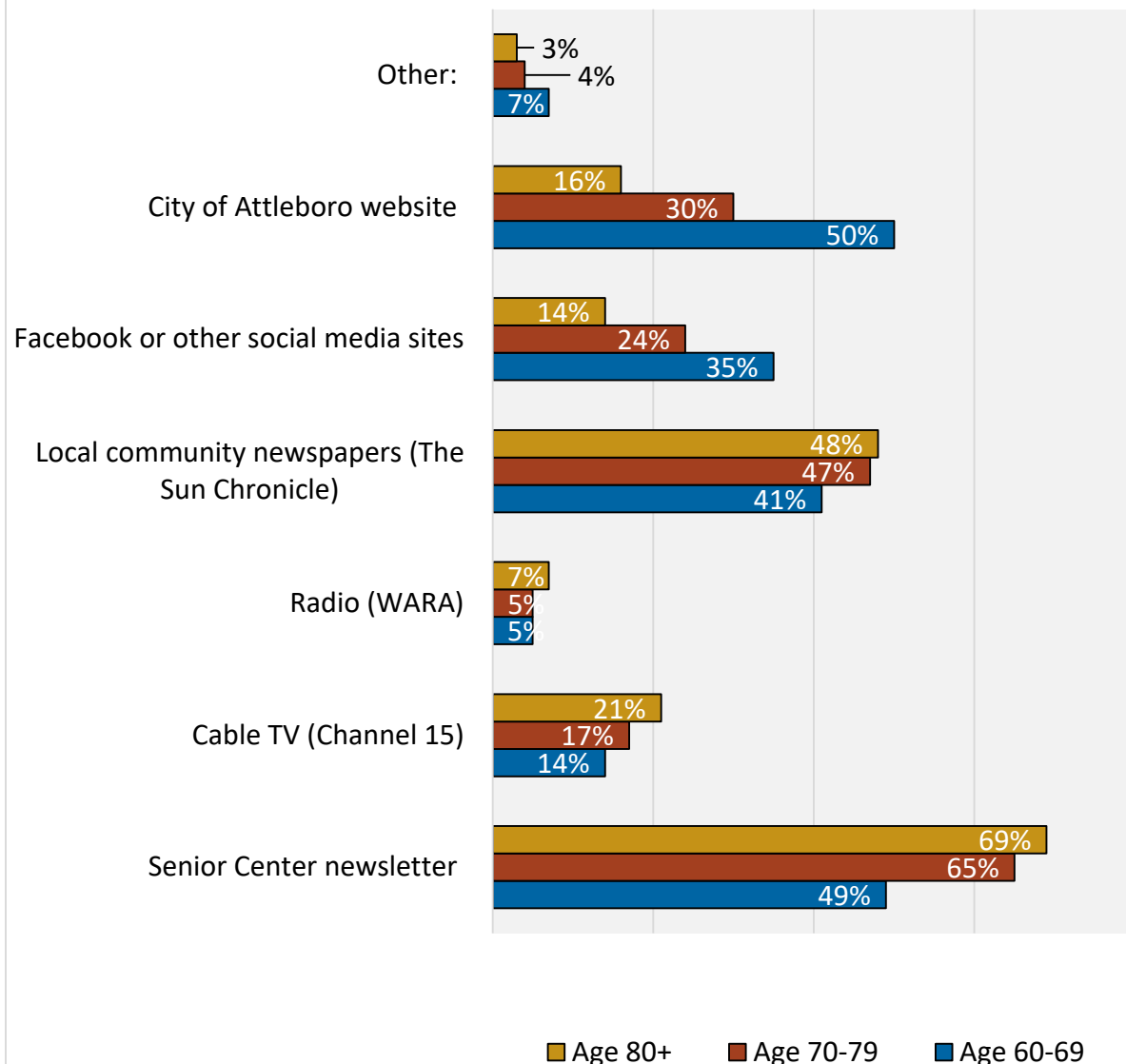
Figure 39. Thinking about the activities and services offered through Attleboro Senior Center, please rate your preference for each arrangement:



Accessing Attleboro Senior Center information: Communication and accessing information regarding activities and programs emerged as a theme from the focus groups. There was one question included in the survey related to preferred method of getting information. Preference for email, website, or social media communication varied by age (see **Figure 40**). Half of respondents age 60-69 prefer to find information about activities and services offered by the Attleboro COA through the City of Attleboro website, whereas only 30% of those age 70 and older and 16% of those 80 and older do. Conversely, 65-69% of those age 70 and older prefer the Senior Center as a method for communication. Very few people get information about the Attleboro Senior Center from the television and radio although between 41-48% do access information from the local newspaper. Given that current Attleboro Senior Center participants are somewhat older, we conclude that continuing to make information about the Senior Center available

through print media remains important. Considering ways to amplify the distribution of the Senior Center Newsletter could be useful as well as planning for expansion of existing digital presence to will aid in effectively reaching younger residents.

Figure 40. Where do you prefer to find information about the activities and services offered by the Attleboro Senior Center?



While most community survey respondents do have access to the Internet from their home (via a smartphone, computer, or tablet), It is important to note that 15% of respondents age 70-79 and 34% of those age 80 and older do not (see Appendix A). This is important information both

for outreach mechanisms but also to highlight the need for public access to Internet services for those who do not have connectivity in their homes.

At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the City of Attleboro and almost one third of all participants took the time to provide additional feedback. The majority of the comments were positive, about the City of Attleboro in general, and about the Attleboro Senior Center, more specifically. It is evident from the comments that while some of those who complimented the Senior Center take advantage of the programs and services, others do not at this time, but are comforted to know that the Senior Center is available for their future needs.

In addition, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas, such as evening socials, handy-man services, dog-walking clubs, or flower arranging. Other suggestions focused on broader issues such as reaching a more diverse population of residents. Many commented on the limited, affordable options for downsizing and the costs of property taxes that burdens older residents in particular. As for services, the most mentions included a call for better transportation options in Attleboro, including transportation to and from the Senior Center and more on-demand transportation services (e.g., taxis or ride-sharing service). Medical transportation to Boston was a key concern for many respondents.

Many survey respondents commented on the capacity of the current Attleboro Senior Center—both building and staff. Parking at the Senior Center is something that clearly deters residents from participating. While many suggestions included ways to increase the number of residents who participate at the Senior Center, others recognized that the current space and staffing are not adequate to accommodate the growing number of older residents in Attleboro. When asked why they do not currently attend the Senior Center, one person wrote “Lack of parking, unattractive facility” and another wrote “more parking -having to park on the street is not acceptable neither is walking and crossing the busy streets”. Many respondents wrote-in about the building being too small to accommodate a lot of residents and the types of programming that they would be interested in. More outreach to the community and more mental health support are things that respondents identified as needs—but would require additional workforce capacity. A sample of additional comments are presented on **Table 6**.

Table 6. Additional thoughts or comments about the City of Attleboro

Positive feedback regarding the Attleboro COA
The YMCA, the Senior Center + the library are resources that I rely on. It is important that they are available to me when I am unable to drive. The senior center provided a wheelchair when I became disabled for 10 mos. I am very grateful.
When I was able to visit the Attleboro COA I found the people working there very friendly and always willing to help in any way they could. The activities are great for many interests. The lunches are very good.
Wonderful, friendly people. They helped us with our Medicare med choices and taxes. Very grateful.
The advocacy of the Attleboro COA is unsurpassed in Bristol County. More full-time staff and outreach workers are needed.
The director and associates are very pleasant and accommodating. We need to reach out to seniors to become more involved. Best medicine is friends and laughter.
Programs and services
The programs need to be updated with programs that are geared toward baby boomers. Would love evening socials, need to have programs that attract diverse audiences. senior center is too white and too old fashioned.
Please include Spanish-speaking programs.
Healthy foods for seniors in need.
Want more educational opportunities-work with Bridgewater State, Bristol Community College, Wheaton, Brown, Providence College, Rhode Island College, Johnson and Whales, etc.
Want more age-in-place programs.
Want more legal aid help.
Transportation was difficult to find when I had a cast on my arm and couldn't drive. No taxi service in-town anymore and bus pickup is not always on time so can't be used for doctor or dentist appointments. See #28 - had to rely on many friends who are elderly too.
Transportation to + from council on Aging events seems to be a concern for many participants.
Capacity of Existing Senior Center
The building is small- all activities appear to be in areas of dining room- no quiet place for socializing with TVs going, exercise class. Upstairs offices- not a place to meet with friends for casual conversations or xxx. Should one day like to see separate arts and crafts room, game room, so more than one program going on at a time.
Senior center would have to be larger facility in the future if more programs are added and more people attended these and present programs.
(I would be more likely to attend if...) it was a one level building with large parking lot and function room.
Need to change the perception of the Attleboro Senior Center as a place focused primarily on low income seniors who need assistance to survive. They city needs to increase their budgetary level of the COA to provide programs that will meet the future needs of this steadily growing segment of the city.

Peer Community Comparison

In a final step to obtain insight about the Senior Center and its future role, directors of six COAs/Senior Centers in nearby communities were interviewed. The communities chosen for this comparison were selected jointly by the Director of Attleboro's Council on Aging and research staff at UMass Boston. In January 2020, interviews were conducted by phone with Council on Aging Directors in Barnstable, Chicopee, Haverhill, Leominster, Peabody, and Taunton for comparison with the city of Attleboro and its Senior Center resources. An overview summary of analogous characteristics, peer highlights and dissimilarities are detailed below.

Attleboro and its peer communities share some commonalities with respect to key demographic and socioeconomic features (see **Table 7**). The population size of these six communities ranges from 41,578 in Leominster to 63,280 in Haverhill. Attleboro is roughly in the middle of the size distribution among these communities. The percentage of the population 65 and older ranges between 13% (Haverhill) and 24% (Barnstable); the percentage of adults over 65 in Attleboro falls in a position in this range at 15%, just slightly larger than the share age 65 and older in Haverhill. Median household income across all-age households in these communities is highest in Attleboro, at \$74,255, with Chicopee having the lowest median income (\$49,434). The age 65 and older population is better educated in Barnstable, Haverhill, Leominster, and Peabody compared to Attleboro's 65 and older population.

Table 7. Demographic features, Attleboro and peer comparison communities

	All-age population	# age 65+	% 65+ years	Median Household Income	% 65+ years with at least a Bachelor's degree
Attleboro	44,548	6,616	15%	\$74,255	20%
Taunton	56,963	8,674	15%	\$62,185	13%
Chicopee	55,661	9,762	17%	\$49,434	16%
Haverhill	63,280	8,051	13%	\$67,579	23%
Barnstable	44,314	10,506	24%	\$68,919	42%
Peabody	52,865	11,492	22%	\$68,387	27%
Leominster	41,579	6,683	16%	\$58,205	21%

Source: American Community Survey, 2014-2018. Numbers are calculated from 5-year survey estimates

Almost all of the comparison communities are equipped with standalone senior centers. In Haverhill, the senior center is connected to the Health and Human Services Department, and in Taunton the senior center shares a building with the Housing Authority. In Leominster, the center shares parking with Veteran's Services but maintains a stand-alone space. The senior centers vary

considerably in age and available space. Attleboro and Taunton's senior centers are the oldest, both opening in the early 1970s and continuing service to their respective communities through the present. Barnstable and Chicopee have newer centers, build in 1999 and 2001 respectively. Attleboro's senior center moved to its current location in 1991 (**see Table 8**). Available space varies, with Peabody reporting 37,000 dedicated square feet, while Chicopee reports 21,000 dedicated square feet, with additional access to a large outdoor patio. Barnstable reports 17,500 square feet. Conversely, Leominster reports 8,000 square feet, with Attleboro reporting the smallest center at 6,600. The Haverhill Senior Center reports having space that is between 10 and 15 thousand square feet, and indicated that their conference rooms, cafeteria, and multiple event rooms could accommodate many individual classes simultaneously. The Taunton Senior Center reported that their building is between 3 and 10 thousand square feet, and indicated a four-room facility. Taken together, the Attleboro senior center offers the least square footage and the oldest building of communities surveyed.

The number of paid staff among these COAs ranges from 48 in Peabody (41 full-time and 7 part-time) to 3 in Leominster (1 full-time director and 2 part-time). Attleboro has 5 full-time and 12 part-time paid staff members. Each COA relies on volunteer staff to varying degrees. The number of active volunteers reported by these COAs range from 300 in Peabody to 160 in Barnstable; Attleboro reports that 85 volunteers contributed to the operation of the Senior Center in FY 2019. Across the senior centers, volunteers appear to be heavily used to staff meals programs, including both on-site and home-delivered meal programs, for administrative support, and for selected other activities. All of these COAs offer transportation services, with the exception of Attleboro. These other communities utilize a combination of volunteer and paid drivers. COAs typically supplement van service by facilitating other transportation options, such as attempts to contract internet-driven ride sharing services to fill gaps created by over-taxed resources and limited weekday transport schedules. Additionally, Taunton engages Dial-a-Ride while Haverhill refers to NEET drivers and Elder Transport services.

Except for Taunton and Leominster, Attleboro and its peer communities each has a "Friends of the COA" group that hosts fundraising events and activities. The groups in Attleboro, Chicopee, and Barnstable were described as being especially active holding silent auctions, calendar raffles, golf tournaments, concerts, clothing drives, bake sales, breakfast fundraisers, and holiday events.

Table 8. Senior Center features, Attleboro and comparison communities

	Senior Center Space in Square Feet	Year Senior Center Opened	Supportive Day Care Program on-site?	Staff FT/PT	# Tax Work Off Program Positions	Volunteer involvement
Attleboro	6,600	1971	No	5/12	150	85 volunteers
Barnstable	17,500	1999	Yes	10/7	0	160 volunteers
Chicopee	21,000	2001	No - intown referral	7/16	15	150 volunteers
Haverhill	10,000-14,999*	1990s	No - intown referral	2/2	0	<25% of programs are volunteer run*
Leominster	8,000	1987	No - intown referral	1/2	20	50%-74% of programs are volunteer run*
Peabody	37,000	1991	Yes	41/7	0	300 volunteers
Taunton	3,000-9,999*	Late 1970s	No - intown referral	6/12	50	<25% of programs are volunteer run*

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

While there is typically no membership fee to join these senior centers, fees are often associated with classes or events (e.g., fitness classes, medical clinics) to help pay for instructors or supplies, and most charge a fee or ask for a donation for special events. Some of the comparison communities offer a property tax work-off program, a mechanism by which an older resident can work in a Town office in order to defray part of his or her property tax bill; however, directors in Barnstable and Peabody report the program is not yet activated. Haverhill indicates no planning for a tax work-off program.

The COAs described here offer a wide variety of programs and activities for seniors in the community. All of these COA directors described at least one program or activity meant to target isolated seniors, such as home delivered meals and outreach.

Caregiver support and respite is a commonly observed need in most communities, yet Barnstable and Peabody are the only COAs among these communities to offer their own Supportive Day Care programs. Barnstable's program offers full-day week day services. Peabody offers day health services in addition to an onsite social supportive adult day program. Most other comparison communities do not offer an on-site Supportive Day Care Program and instead, refer residents needing these services to programs in neighboring communities.

All of the Senior Center directors interviewed recognize that many residents are not aware of the services and programs that they offer. Directors and other staff make efforts to reach residents using traditional hard copy newsletters and eNewsletters, supplemented by other mechanisms such as a website, radio announcements, social media posts, cable TV notices and local newspaper notifications. Many directors strategically circulate hard copy newsletters to area merchants and medical provider offices to facilitate communication and awareness for center offerings.

Staff contacted in each of the communities reported space concerns limiting community participation, with Taunton and Attleboro indicating substantive challenges, with lack of drop-in space and need for scheduling events external to center reported, respectively. Directors of the smaller senior centers—Taunton, Leominster, Attleboro—said that they do not have sufficient space for their current needs. Directors of the three larger centers—Peabody, Chicopee and Barnstable—said that in general their space is adequate, but that their programming is constrained by lack of space. The senior center directors consulted for this study reported using a variety of strategies to continue to provide a high quality of service to residents. The Attleboro director seeks to build opportunities for off-site activities and events to offset challenges created by inadequate space. Taken together, the overwhelming theme reported by directors is turning

away younger seniors or not offering targeted programming for this younger generation of older adults as resources of space and staffing cannot meet the needs of residents.

Conclusion and Recommendations

Substantial growth in the number of older Attleboro residents is expected within the next decade. This central, overarching observation—that the older population of Attleboro 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.

In preparing for this demographic shift, the Attleboro 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 60 and older. As part of this assessment, we conducted interviews and focus groups to hear from Attleboro leadership, key stakeholders in the community, and specific cohorts of residents. In addition, a survey was developed and administered to Attleboro residents age 60 and older. A total of 1,145 questionnaires was returned, reflecting a strong return rate of 33%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims. Information from peer community senior centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of Attleboro as well as concerns expressed by older residents. The report is intended to inform planning by the Attleboro COA as well as other City offices, private and public organizations that provide services and advocate for older people within Attleboro, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Attleboro 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.

We summarize key findings and make the following recommendations to the Attleboro Council on Aging:

- **The demand for Senior Center programs and services is expected to escalate in coming years.**
 - Estimates from the U.S. Census Bureau show that in 2018, there were 9, 253 residents age 60 or older living in Attleboro. Projections suggest that between by 2030, there will be between 12,000 and 13,000 residents age 60 or older in the City.

- 55% of survey respondents age 60-69 are still working full or part-time and among them, 53% expect to retire within the next 5 years.
- Not only is the size of the older population growing in Attleboro, but the complexity of their needs is increasing. In addition to basic needs (food, housing, health care), participants referred to the “untold story of mental health in Attleboro”.
- The number one reason (35%) that would draw more participants to the Senior Center is if they had more knowledge about what is offered.

Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
 - Explore opportunities to acquire additional space to host programs or to build new space. Consider a site-study or evaluation of existing properties in Attleboro.
 - Currently, the Attleboro Senior Center provides the only public social services in the City. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families.
 - Given the need for an increase in outreach staff perhaps a new hire might be an LICSW who could offer clinical guidance to residents and provide supervision to social work interns.
 - Having outreach staff dedicated to community outreach and education could widen awareness of the Senior Center’s offerings.
 - As the space for additional programming becomes available, expand the programming staff to include additional “program coordinator” position that assists with scheduling and planning the programming aspects of the Senior Center.
 - 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.
- **The physical space and location of the Attleboro COA does not currently meet the needs of the range of ages and interests of the Attleboro older adult population.**
- One out of five survey respondents reported that if it was easier to access the Senior Center building (e.g., more accessible parking), they would be more likely to attend.
 - When asked what kinds of programs they would like to see expanded, 40% of respondents age 60-69 and 30% of respondents age 70-79 preferred health and

wellness programming (e.g., exercise and chronic disease management). Physical space to expand exercise programming is clearly needed.

- Additionally, 36% of respondents age 70-79 and 22% of those age 80 or older would like additional lifelong learning courses to be offered. These types of programs may require technology capabilities and Internet connection.
- Compared to its peer communities, Attleboro's Senior occupies the smallest and oldest space.

Recommendations:

- Work with other City Departments to identify solutions to the parking shortage at the current Senior Center. Consider reserving street parking spots for Senior Center participants only or the implementation of a shuttle service that will pick residents up at their home and drop them off at the Senior Center to limit the number of vehicles. Could also encourage participants to car-pool by offering an incentive.
- Advocate for more dedicated space for older adult programming. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Attleboro residents.
- Make wireless Internet connection available at the Senior Center. Additionally, ensure that all programming space is equipped with the ability for residents to participate via video conferencing.
- If additional space becomes available, consider equipment for a small fitness center.
- Pilot-test Saturday scheduling of programs. Consider hosting volunteers to assist instructors or program attendees.
- Consider changing the name to be more inclusive. Consider soliciting ideas for new name by facilitating a City-wide contest.
- Consider ways to host satellite programming around the City to promote Senior Center programs and draw-in a wider range of residents. Of course, additional staffing would be needed to accommodate this change. Alternatively, partnerships with the Literacy Center, Library, and Senior Center could help meet the needs for additional programming opportunities targeted for older adults.

➤ Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Attleboro.

- 31% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.

- 36% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 12-15% reported being unable to afford to make these changes.
- When asked about preferences for type of housing, nearly half (48%) of respondents age 60-69 would prefer to live in a 55+ independent living community as would 40% of those respondents age 70-79. Among the oldest old (age 80 or older), assisted living or housing with supports is preferred.
- When asked about their concerns about being able to remain in Attleboro as they age, one of the most commonly reported concerns was a lack of affordable downsizing options in the City.

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Attleboro residents to learn about home modifications that can promote safety in the home.
- Improve communication about and knowledge of the contractor list that the COA has available. Continue to keep that list updated and accessible for older adults in need of services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).
- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Attleboro. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.
- Work to ensure that newly developed senior housing comes with adequate support services (e.g., transportation, maintenance, or programming) or contributes to the necessary expansion of municipal senior services.
- Homelessness in Attleboro is an issue that is being monitored by the City and is potentially a source of additional utilization to the Senior Center. Seek legislative support to raise awareness of this issue and its potential impact on municipal services, particularly the Senior Center or the need for a year-round shelter.

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

- 29% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 10% report not driving at all. Among respondents age 80 or older, 25% report not driving at all.

- 7% of survey respondents reported having to miss or reschedule a medical appointment due to a lack of transportation, among those who do not drive, 29% reported having to do so.
- When asked about barriers to using existing transportation in Attleboro, the destination being too far and having physical mobility challenges that make accessing transportation difficult were the top barriers reported by non-drivers.

Recommendations:

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

➤ **Economic insecurity is a concern for many older adults in Attleboro.**

- The number one concern about being able to remain living in Attleboro is the cost of taxes and utilities.
- One out of four survey respondents (25%) disagreed that they have adequate resources to meet their basic needs.
- The median household income for residents age 45-54 is \$92,649 compared to the median household income for residents age 65 or older which is \$40,227 in 2018 inflated dollars.

Recommendations:

- Expand and formalize the network of support systems to strengthen the existing Senior Center/St. Vincent de Paul Society efforts can begin to bridge the gap in knowledge of

available resources, financial assistance, and general support in navigating housing issues. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.

- Educate the community about currently available programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs).
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.

➤ **Fear of social isolation is a key issue facing Attleboro residents aging in place.**

- 29% of Attleboro residents age 60 or older live alone.
- Among survey respondents living alone 14% report not knowing someone within 30 minutes of them to call on for help, if needed.
- 28% of survey respondents report not knowing who to contact in Attleboro should they or someone in their family need help with social, health or municipal services.

Recommendations:

- Consider developing an initiative to reach out to older residents of Attleboro who are living alone. For example, a “Door Knock 600” project that would include a committee or group of volunteers that is tasked with contacting 600 single person households in Attleboro to identify them, their needs and request contact information.
- Facilitate a quarterly networking event for local organizations to come together. Could be led by the TRIAD group. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.
- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies. This could be integrated with the Frie
- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a bring a buddy” program to welcome new participants).
- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology, or making “friendly visits” by telephone. For example, a suggestion was made by key

informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.

- **Many Attleboro residents need support due to physical or cognitive conditions, and many caregivers need help.**
 - 13% of all residents in Attleboro age 60 or older have been diagnosed with Alzheimer’s disease or related dementia.
 - 38% of survey respondents reported having been a caregiver within the past 5 years, including 44% of respondents age 60-69.
 - Among caregivers, two-thirds reported that it is challenging to provide care and complete their daily responsibilities.
 - 24% of survey respondents report having an impairment or condition that limits their ability to participate in the community.

Recommendations:

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available through the COA. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Attleboro COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Attleboro who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Consider developing a Memory Café or providing resources of nearby Cafés for residents and their caregivers to attend.

Appendix A: Survey Results

Section I: Community & Neighborhood

Q1. How long have you lived in the City of Attleboro?

	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	6%	6%	5%	6%
5-9 years	8%	6%	5%	7%
10-19 years	11%	14%	13%	13%
20-29 years	17%	11%	7%	13%
30 years or longer	58%	63%	70%	61%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	42%	57%	69%	52%
Somewhat Important	37%	31%	24%	32%
Slightly Important	13%	6%	3%	9%
Not at all Important	8%	6%	4%	7%
Total%	100%	100%	100%	100%

Q3. On the whole, what do you value most about living in the City of Attleboro?

Open ended question. See text for results

Q4. What are your greatest concerns about your ability to continue living in the City of Attleboro as you get older?

Open ended question. See text for results

Q5. How often do you feel safe in the neighborhood where you live?

	Age 60-69	Age 70-79	Age 80+	All Ages
Always	46%	51%	56%	50%
Most of the time	50%	45%	42%	47%
Sometimes	3%	3%	2%	3%
Rarely	1%	1%	--	--
Never	--	--	--	--
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	67%	74%	78%	72%
No	33%	26%	22%	28%
Total%	100%	100%	100%	100%

Section II: Housing & Living Situation

Q7. Do you live alone or do you live with other people?

	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone	20%	30%	39%	27%
I live with others	80%	70%	61%	73%
Total%	100%	100%	100%	100%

Q8. How many adults live in your home, including yourself?

Open ended question. See text for results

Q9. How many children age 17 or younger live in your home?

Open ended question. See text for results

Q10. Do you own or rent your current residence?

	Age 60-69	Age 70-79	Age 80+	All Ages
The residence is owned by me or someone with whom I live	87%	85%	81%	85%
The residence is rented by me or someone with whom I live	13%	15%	19%	15%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	61%	72%	85%	69%
No	39%	28%	15%	31%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these modifications.	22%	27%	25%	24%
Yes, but I cannot afford to make these modifications.	13%	12%	10%	12%
No, my current residence does not need modifications.	65%	61%	65%	64%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs.	16%	17%	17%	16%
Yes, but I cannot afford to make these repairs.	14%	17%	11%	15%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).	5%	6%	5%	5%
No, my current residence does not need repairs.	65%	60%	67%	64%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Single family home	36%	19%	13%	26%
Multi-family home (2, 3, or more units)	2%	2%	1%	2%
Accessory apartment (Add-on apartment to an existing home)	9%	6%	9%	8%
Apartment, condominium or townhome	26%	23%	11%	22%
A 55+ community	48%	40%	22%	40%
Assisted Living community	15%	31%	50%	27%
Other	10%	12%	12%	11%

Note: Responses do not sum to 100%, multiple responses could be provided.

Section III: Social Activities & Relationships

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

Talk on the phone with family, friends, or neighbors

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	54%	51%	51%	53%
One or more times a week	31%	35%	30%	32%
A few times a month	8%	9%	11%	9%
About once a month	3%	2%	3%	2%
A few times a year (e.g., holidays)	3%	2%	3%	3%
Never	1%	1%	2%	1%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	59%	46%	30%	49%
One or more times a week	24%	26%	23%	25%
A few times a month	4%	7%	9%	6%
About once a month	2%	3%	1%	2%
A few times a year (e.g., holidays)	4%	3%	5%	4%
Never	7%	15%	32%	14%
Total%	100%	100%	100%	100%

Get together in person with family, friends, or neighbors

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	20%	20%	25%	21%
One or more times a week	45%	47%	41%	45%
A few times a month	19%	21%	14%	19%
About once a month	9%	7%	8%	8%
A few times a year (e.g., holidays)	6%	4%	9%	6%
Never	1%	1%	3%	1%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	87%	92%	93%	90%
No	13%	8%	7%	10%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	62%	67%	62%	64%
No	38%	33%	38%	36%
Total%	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	44%	41%	31%	41%
No	9%	11%	22%	12%
No, but I would be willing if asked	47%	48%	47%	47%
Total%	100%	100%	100%	100%

Section IV: Your health

Q19. In general, how would you describe your physical health?

	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	19%	11%	5%	13%
Very Good	38%	39%	27%	37%
Good	32%	36%	40%	35%
Fair	9%	12%	24%	13%
Poor	2%	2%	4%	2%
Total%	100%	100%	100%	100%

Q20. In general, how would you describe your emotional well-being?

	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	30%	23%	15%	24%
Very Good	38%	39%	37%	38%
Good	23%	29%	32%	27%
Fair	7%	8%	14%	9%
Poor	2%	1%	2%	2%
Total%	100%	100%	100%	100%

Q21. Do you have an impairment or condition that limits your ability to participate in your community?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	18%	24%	36%	24%
No	82%	76%	64%	76%
Total%	100%	100%	100%	100%

Q22. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	17%	27%	45%	26%
No	83%	73%	55%	74%
Total%	100%	100%	100%	100%

Q23. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	3%	5%	14%	5%
No	97%	95%	86%	95%
Total%	100%	100%	100%	100%

Section V: Caregiving

Q24. Do you now or have you in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	44%	35%	27%	38%
No	56%	65%	73%	62%
Total%	100%	100%	100%	100%

Q25. If Yes on question 24: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Challenging	26%	18%	12%	21%
Somewhat Challenging	42%	43%	31%	41%
Neither Challenging Nor Easy	18%	20%	38%	21%
Somewhat Easy	11%	13%	19%	13%
Very Easy	3%	6%	--	4%
Total%	100%	100%	100%	100%

Q26. If Yes on question 22: Did this person have any of the following conditions? (Check all that apply)

	All Ages
Alzheimer's disease or dementia, Parkinson's disease	28%
Chronic disease (e.g., cancer, diabetes, asthma)	39%
Psychological condition (e.g., anxiety, depression)	14%
Other	47%

Note: Responses do not sum to 100%, multiple responses could be provided.

Section VI: Transportation

Q27. How satisfied are you with your ability to get where you want to go in your daily activities?

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Satisfied	82%	73%	54%	73%
Somewhat Satisfied	15%	21%	32%	21%
Slightly Satisfied	1%	4%	8%	3%
Not at All Satisfied	2%	2%	6%	3%
Total%	100%	100%	100%	100%

Q28. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	6%	7%	8%	7%
No	94%	93%	92%	93%
Total%	100%	100%	100%	100%

Q29. What kind of difficulties do you have in getting the transportation that you need?

	Age 60-69	Age 70-79	Age 80+	All Ages
Public transportation around Attleboro is unavailable or inconvenient	4%	6%	4%	4%
Transportation options cost too much	3%	2%	4%	2%
Physical limitations or other impairments make accessing transportation options difficult	3%	4%	3%	4%
No door-to-door assistance	1%	2%	3%	2%
Distance to my destination is too far	3%	4%	3%	4%
No one I can depend on for a ride	4%	3%	4%	4%
I have no difficulties	84%	80%	75%	81%
Other	5%	5%	7%	5%

Note: Responses do not sum to 100%, multiple responses could be provided.

Q30. How satisfied are you with the transportation options available to you in Attleboro?

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Satisfied	16%	19%	22%	18%
Somewhat Satisfied	22%	24%	23%	23%
Slightly Satisfied	9%	9%	7%	8%
Not at All Satisfied	4%	5%	5%	5%
Not applicable	49%	43%	43%	46%
Total%	100%	100%	100%	100%

Q31. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Not applicable— I do not drive	6%	8%	25%	10%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	20%	32%	42%	29%
I drive with no limitations	74%	60%	33%	61%
Total%	100%	100%	100%	100%

Section VII: Programs & Services at the Attleboro Senior Center

Q32. Do you see the Attleboro Senior Center as playing a role in the lives of yourself, loved ones, friends, or neighbors?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	59%	61%	69%	62%
No	41%	39%	31%	38%
Total%	100%	100%	100%	100%

Q33. Over the last 12 months, how frequently have you used services or attended programs offered by the Attleboro Senior Center?

	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times a week	1%	3%	2%	2%
About once a week	1%	1%	6%	2%
A few times a month	1%	3%	4%	2%
About once a month	2%	4%	8%	3%
A few times a year (e.g., special events only)	15%	31%	29%	24%
Never	80%	58%	51%	67%
Total%	100%	100%	100%	100%

Q34. If “Never” on Question 33: What is the reason that you do not currently use programs or services offered by the Attleboro Senior Center?

	Age 60-69	Age 70-79	Age 80+	All Ages
I am not interested	25%	29%	31%	27%
I am not old enough	23%	2%	--	12%
I am unaware of activities or programs available	24%	21%	12%	21%
I participate in programs elsewhere	3%	18%	15%	10%
I do not have time	16%	13%	11%	14%
Other	22%	25%	26%	23%

Note: Responses do not sum to 100%, multiple responses could be provided.

Q35. Have you ever traveled to senior centers in other towns to participate in their programs?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	7%	16%	18%	12%
No	93%	84%	82%	88%
Total%	100%	100%	100%	100%

Q36. If “Yes” on Question 35, which town(s) have you traveled to for programs?

Open ended question. See text for results

Q37. Below, please check all factors that would increase the likelihood of your using the Attleboro Senior Center programs and services more often: (Check all that apply)

I would be more likely to use Attleboro Senior Center programs and services...

	Age 60-69	Age 70-79	Age 80+	All Ages
If transportation options to the Senior Center were more convenient	5%	5%	9%	6%
If I had more knowledge about the programs and services that are available	47%	32%	13%	35%
If programs and services were better suited to my interests	28%	33%	19%	29%
If the hours of the Senior Center were more convenient	6%	3%	6%	5%
If it were easier to access the Senior Center building (e.g., more accessible parking)	13%	26%	23%	20%
If there were more people like myself at Senior Center events	23%	20%	14%	20%
If there were improvements to the Senior Center (Please specify)	5%	10%	7%	8%

Note: Responses do not sum to 100%, multiple responses could be provided.

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Satisfied	6%	12%	19%	11%
Somewhat Satisfied	7%	16%	26%	13%
Slightly Satisfied	2%	6%	4%	4%
Not at All Satisfied	2%	2%	1%	2%
Not familiar enough to judge	83%	64%	50%	70%
Total%	100%	100%	100%	100%

Q39. How satisfied are you with the programs and services offered through the Attleboro Senior Center?

	Age 60-69	Age 70-79	Age 80+	All Ages
Lunch or other nutrition programs	21%	19%	18%	20%
Technology skills classes (e.g., learning computer programs or smartphone applications)	29%	36%	22%	30%
Performances and presentations	22%	22%	15%	21%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	17%	15%	17%	16%
Space for informal socializing	12%	11%	10%	11%
Day trips	39%	44%	29%	40%
Information/referral for social services	23%	19%	14%	20%
Arts & crafts (e.g., painting, quilting)	27%	16%	8%	19%
Health and wellness programs (e.g., exercise or disease management)	40%	30%	18%	32%
Outdoor exercise (e.g., hiking/walking club)	38%	19%	5%	25%
Caregiver programs (e.g. respite, support groups)	12%	10%	8%	8%
Evening or weekend activities	22%	16%	6%	17%
Educational programs	32%	29%	18%	28%
Overnight trips	18%	19%	11%	17%
Other	7%	7%	9%	8%

Note: Responses do not sum to 100%, multiple responses could be provided.

Q40. Thinking about the activities and services offered through Attleboro Senior Center, please rate your preference for each arrangement:

Senior Center services and activities being located in its own dedicated building

	Age 60-69	Age 70-79	Age 80+	All Ages
Not at all preferred (1)	10%	9%	19%	11%
(2)	7%	8%	3%	7%
(3)	26%	18%	19%	21%
(4)	17%	15%	15%	16%
Highly Preferred (5)	40%	50%	44%	45%
Total%	100%	100%	100%	100%

Senior Center services and activities being held at various dedicated locations throughout Attleboro

	Age 60-69	Age 70-79	Age 80+	All Ages
Not at all preferred (1)	21%	21%	30%	22%
(2)	10%	16%	16%	13%
(3)	30%	31%	27%	30%
(4)	20%	19%	13%	19%
Highly Preferred (5)	19%	13%	14%	16%
Total%	100%	100%	100%	100%

Senior Center services and activities being co-located in space shared with other groups and organizations, such as a community center

	Age 60-69	Age 70-79	Age 80+	All Ages
Not at all preferred (1)	24%	23%	35%	25%
(2)	10%	13%	13%	12%
(3)	30%	26%	23%	27%
(4)	16%	21%	12%	18%
Highly Preferred (5)	20%	17%	17%	18%
Total%	100%	100%	100%	100%

Q41. Where would you prefer to find information about the activities and services offered by the Attleboro Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Senior Center newsletter	49%	65%	69%	59%
Cable TV (<i>Channel 15</i>)	14%	17%	21%	16%
Radio (<i>WARA</i>)	5%	5%	7%	5%
Local community newspapers (<i>The Sun Chronicle</i>)	41%	47%	48%	44%
Facebook or other social media sites	35%	24%	14%	27%
City of Attleboro website	50%	30%	16%	36%
Other:	7%	4%	3%	5%

Note: Responses do not sum to 100%, multiple responses could be provided.

Section VIII: Demographic Information

Q42. Please select your gender.

	Age 60-69	Age 70-79	Age 80+	All Ages
Female	58%	46%	48%	44%
Male	42%	54%	52%	56%
Other	--	--	--	--
Total%	100%	100%	100%	100%

Q43. What is your age range?

Age 60-69	44%
Age 70-79	39%
Age 80-89	15%
Age 90+	2%
Total%	100%

*28 respondents did not provide their age.

Q44. Are you able to access the internet from your home?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, using a smartphone (that is, a cellular phone that provides access to the internet).	63%	44%	19%	48%
Yes, using a home computer, laptop, or tablet.	82%	77%	55%	75%
No, I do not have internet access at home.	6%	15%	34%	14%

Note: Responses do not sum to 100%, multiple responses could be provided.

Q45. What is your employment status? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Working full time	39%	5%	1%	19%
Working part time	16%	12%	5%	13%
Retired	40%	83%	94%	66%
Other	11%	5%	4%	8%

Note: Responses do not sum to 100%, multiple responses could be provided.

Q46. When do you plan to fully retire?

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A, I am already fully retired	39%	78%	92%	63%
Within the next 3 years	15%	4%	1%	9%
In 3 to 5 years	17%	2%	--	8%
In 6 to 10 years	11%	1%	--	5%
In more than 10 years	1%	1%	--	1%
Not sure	11%	7%	5%	8%
I do not anticipate ever fully retiring	6%	7%	2%	6%
Total%	100%	100%	100%	100%

**Q47. Please indicate your level of agreement or disagreement with the following statement:
 “I have adequate resources to meet my financial needs, including home maintenance,
 personal healthcare, and other expenses”.**

	Age 60-69	Age 70-79	Age 80+	All Ages
Strongly Agree	23%	19%	19%	21%
Agree	53%	54%	63%	54%
Disagree	17%	22%	14%	19%
Strongly Disagree	7%	5%	4%	6%
Total%	100%	100%	100%	100%