

University of Massachusetts Boston

ScholarWorks at UMass Boston

Center for Social and Demographic Research on
Aging Publications

Gerontology Institute

10-2024

Aging in Maynard: A Community Needs Assessment

Caitlin E. Coyle

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

Mary Krebs

University of Massachusetts Boston, mary.krebs001@umb.edu

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



Part of the [Gerontology Commons](#)

Recommended Citation

Coyle, Caitlin E. and Krebs, Mary, "Aging in Maynard: A Community Needs Assessment" (2024). *Center for Social and Demographic Research on Aging Publications*. 92.

<https://scholarworks.umb.edu/demographyofaging/92>

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

Aging in Maynard: A Community Needs Assessment

October 2024

Commissioned by the Town of Maynard

Center for Social and Demographic Research on Aging
Gerontology Institute
Manning College of Nursing and Health Sciences
University of Massachusetts Boston





COUNCIL ON AGING

195 Main Street

Maynard, MA 01754

978-897-1009

www.townofmaynard-ma.gov

Dear Maynard Residents,

I am pleased to present the findings from *Aging in Maynard: A Community Needs Assessment Study*, produced by the UMASS Boston Gerontology Institute's Center for Social & Demographic Research on Aging. The intent of this study was to be proactive in obtaining data to assess the needs of residents living and aging in Maynard. Currently, there are over 3200 residents who are over the age of 60 (30% of the current population) and when including residents over the age of 55 the percentage of the total population increases to 38%.

This Needs Assessment Study was both comprehensive and exhaustive in scope. The focus areas included outdoor spaces; public buildings; broader transportation options; accessibility; diversity and social inclusion; communication and public information; housing; social and civic participation; employment; and mental and physical health services. This study also included demographic analysis, focus groups, key informant interviews and peer town comparisons.

On behalf of the Council on Aging and the Town of Maynard, I wish to thank our wonderful partners at the UMASS Gerontology Institute, Dr. Caitlin Coyle and Mary Krebs, for their expertise in gathering, analyzing and publishing this report, as well as Rep. Kate Hogan and the Town of Maynard for providing financial support for the study.

We are deeply grateful to Maynard's residents, municipal and community leaders, service providers, and business owners who shared their time and insights with us. While the Council on Aging continually strives to meet the needs of seniors in Maynard, the increased knowledge obtained from this study will enable us to be better prepared in planning and preparing for the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Loveless", is written in a cursive style.

Amy Loveless

Director

Maynard Council on Aging

Table of Contents

Contributors and Acknowledgements1

Executive Summary2

Introduction.....9

Methods..... 14

Results 16

 Demographic Profile of Maynard..... 16

 Insights from Key Informant Interviews and Focus Groups 25

 Results from Community Survey..... 31

Conclusions and Recommendations..... 70

Appendix A: Community Survey Results..... 77

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 Manning College of Nursing and Health Sciences. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies throughout the Commonwealth.

Caitlin Coyle and Mary Krebs are primarily responsible for the contents of this report. Other contributors include Ceara Somerville and undergraduate students Bowofoluwa Fahuwa, MaryJane Barron, Austin Jain, Rin Hurd, Taylor Carmody, Sabrin Zahid, Kyrie Chung, and Eli Roman Lima.

We would like to acknowledge the Town of Maynard for their support of this project. Specifically, we offer our appreciation to Amy Loveless, Director, Maynard Council on Aging and Mary Ann Shields, member of the Council on Aging (COA) Advisory Board who provided guidance and leadership that enabled the success of the project. Also, we are grateful for every Maynard resident who took time to participate in this endeavor.

For more information, contact:

The Center for Social and Demographic Research on Aging
Gerontology Institute
University of Massachusetts Boston
CSDRA@umb.edu | 617.287.7413

Recommended Citation

Coyle, C., & Krebs, M., "Aging in Maynard: A Community Needs Assessment" (October 2024)
Center for Social and Demographic Research on Aging Publications.

Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA), within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Town of Maynard. The report supports the Council on Aging's objective to identify and serve the needs of residents age 50 and older. The contents of this report are meant to inform the Town of Maynard, the Maynard Council on Aging (COA), the Senior Center, and organizations that work with and on behalf of older residents of Maynard for the purposes of COA mission fulfillment, alongside planning and coordination of services for current and future needs of residents. The report will also help to build awareness about issues facing Maynard among community members at large.

Over the coming years, the older adult population of Maynard is expected to grow substantially, accompanied by evolving needs and interests. For example, there were 2,671 adults age 60 and older living in Maynard accounting for 25% of the total population. Projections suggest that while Maynard's overall population size is projected to remain stable to 2030, the age composition of the population will undergo substantive changes. By the year 2030, there is expected to be 3,166 residents age 60 and older making up 30% of the total population. Local census counts from 2024 indicate that Maynard has already surpassed that projected total and is currently home to 3,247 older adult residents making up 31% of the total population.

In responding to demographic shifts and evolving needs, the Maynard Council on Aging (COA) 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 Town's residents age 50 and older. As part of this assessment, we conducted six key-informant interviews and three focus groups to learn from Town leaders, stakeholders, and residents. Data from the U.S. Census Bureau was analyzed and a comprehensive review of Town planning documents was conducted. In addition, a survey was developed and mailed to Maynard residents age 50 and older. A total of 1,305 surveys were returned, reflecting a strong return rate of 27%.

A broad range of findings are reported in this document, highlighting the many positive features of Maynard as well as concerns expressed by older residents. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Maynard 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 Town of Maynard:

Increases in demand for older adult services are expected. The capacity of the Maynard COA to respond to needs of the community is constrained by lack of space and by characteristics and quality of the current space.

- ❖ In 2010, about 19% of the Maynard population was age 60 and older; this percentage steadily increased by 2020 (25%). Projections suggest that by 2030, 3,166 residents, or 30% of Maynard's population will be age 60 and older.
- ❖ Among current users of the Maynard COA, 40% report that they would be more likely to use the services, and more frequently, if the space was more comfortable and inviting. For those who do not currently participate, 43% would be more likely to use the Maynard COA if they had more knowledge about what is available. This additional participation would further constrain the existing operations of the Maynard COA.
- ❖ Priorities for expansion of COA programs require larger and more accessible and appropriate space: 43% would like indoor fitness programs; 36% would like performances and arts programming; and 35% would prioritize expanding the number and types of lectures or educational opportunities for residents.
- ❖ When it comes to accessing services, survey respondents prioritized in-home supports and programs (29%), health insurance counseling and information (27%) and one out of four respondents would prioritize expanding the availability of onsite meals (25%).
- ❖ When asked about future arrangements for the Maynard COA, 30% of respondents reported preferring a multi-generational community center that has dedicated space and programming for residents 60 and older. Important to note that an additional 28% report not having a preference on the matter.

Recommendation: Increase the COA's capacity to serve

- Features of needed space identified by study participants include large spaces adequate to accommodate demand for exercise and other health promotion activities and private space for confidential conversations. A more accessible space was also identified as needed.
- Many residents are still working and engaged in caregiving responsibilities. Consider pilot-testing some evening or weekend programming to improve accessibility of programs and services.
- A key priority is to improve awareness of the programs and services available through the Maynard Senior Center. Multimedia approaches and refreshed messaging about the offerings are encouraged by study participants.

Recommendation: Expand programs to meet current interests

- Expand capacity of indoor exercise programs to invite new participants and meet demand of current participants.
 - Group fitness classes like yoga, Zumba etc.
 - Specialized programs like aerobics or strength training
- Mind-body wellness programs like meditation, stretching, and stress reduction practices.
- Performances and lectures.
 - Identify ways to deliver performances and lectures in a space with proper acoustics, seating and capacity to serve an older population.
- Expand capacity of day trips and excursions, perhaps engage a volunteer committee to plan and orchestrate.
- Consider ways to expand arts programming by renting a pottery wheel or other art tools for participants to try.
- Consider more multigenerational programs to erode ageism.

Recommendation: Focus on services that facilitate aging independently

- Obtain or plan for private meeting space or co-location of social worker, veterans' agent, food pantry etc. such that services can be met while privacy is protected.
- Explore the ability to connect residents with financial planning resources such that they can prepare financially for later life.
- Consider having staff that are trained as homecare workers who can provide services in emergent situations when home care is needed but unattainable.
- Additional grab-and-go and on-site meals are desired, explore ways to deliver these options.

Accessibility of current housing stock, including ongoing home repair and maintenance, are key features to being able to age well in Maynard.

- ❖ 47% of survey respondents do not have a bedroom and bathroom on the entry level of their home, such that they could meet their self-care needs as they age.
- ❖ One out of five (22%) survey respondents reported that a lack of affordable housing options would be a reason they would move out of Maynard.
- ❖ 36% of survey respondents would prefer to move to a single-story home or an independent living community if they should need to move from their current residence.
- ❖ 37% of respondents report needing a home repair that would improve the safety of their residence. Among them, 13% report not being able to afford these repairs and 4% report not being responsible for these repairs (e.g., they rent their home).
- ❖ Among those respondents who reported having financial concerns in the past year, the top concern was related to home maintenance and repair.

Recommendation: Support residents to stay in their homes

- Develop information to share with community members about home modifications that can make their homes safer to live in as they age, and programs that may help pay for modifications.
- Consider ways to connect residents with local handyman services or home repair services.
- Engage with fraternal and non-profit organizations to identify volunteers or low-costs resources for doing the work and to consider raising funds to supplement the needs that some older residents experience.
- Encourage the development of forming a “village” in Maynard to connect residents with peer support like transportation and friendship: [Home - Village to Village Network, Inc.](#)
- Consider the development of a snow shoveling network to help residents who need assistance. See the [Snow Angels program](#) in Melrose as an example:

Recommendation: Address alternative housing options

- Continue to advocate for the increase to affordable housing options for older adults.
- Convene residents for an interactive housing forum with planning experts to discuss housing needs and preferences; explore planning solutions.

Financial insecurity, driven largely by housing costs, is a concern and barrier for residents seeking to remain in Maynard as they age.

- ❖ 62% of survey respondents report that cost of property taxes is the cause of why they would leave Maynard.
- ❖ According to the American Community Survey (2018-2022), 54% of Maynard residents age 65+ are living on less than \$50,000 per year in household income. Compared to just 14% of those age 45-64 years old.
- ❖ Over 1,200 respondents (92%) took time to respond to the open-ended question “*What are your biggest concerns about being able to stay in Maynard as you get older?*”. About half of these comments can be categorized into the costs of property taxes in Maynard. As an example of this sentiment, one survey respondent wrote, “*The people are wonderful; however, the taxes are way too high, and we won’t be able to live here for very long if they keep going up.*”
- ❖ Among those who reported at least one financial security concern, the rates of food insecurity go up to 32%.

Recommendation: Continue exploring ways to facilitate financial security among older residents

- Engage with local businesses and organizations to create “senior discount” programs for a range of programs and services that can offset costs and improve quality of life for older residents.
- Consider a property tax freeze for residents of a certain age. See Maine’s [Property Tax Stabilization Program](#) as an example.
- Develop a “help a neighbor” fund that would allow for small grants to be given for home repair projects, subsidizing snow removal or lawn care for older adults who cannot afford it.
- Consider hosting a program like “How to Cut the Cord” to educate residents on how they can access streaming or other online media to eliminate or reduce their cable bill
- Continue to offer workshops on retirement planning and overall planning for later life. One example is the evidence-based program [Aging Mastery](#).
- Communicate that costs associated with COA programs and services are negotiable, based on need.

Caregiving is common and families could use support.

- ❖ 40% of survey respondents report having provided care to someone who is disabled or frail, either now or in the past five years.
- ❖ Among survey respondents, most reported that mobility limitations were the reason for providing this care (56%), followed by forgetfulness or confusion (28%).
- ❖ More than one-third of caregivers reported that their social life and their mental health have deteriorated as a result of providing this care.

Recommendation: Explore ways to provide direct support to caregivers

- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment with likeminded members of the community.
- Explore partnerships with volunteer groups and other aging service providers to offer respite care during the event.
- Create new ways of sharing information and assistance to caregivers. Include reaching out to support groups and provide information about referral resources available. Consider hosting a family caregiver “resource fair” as an opportunity to connect Maynard’s COA Senior Center with family and caregivers.

Recommendation: Consider ways to indirectly support for caregivers

- Encourage Town employees and resident volunteers to become “[dementia friends](#)” to learn more about communication and reduction of stigma around dementia.
- Develop a partnership with [Dementia Friendly Massachusetts](#) to hold a forum featuring both Purple Table, a dining reservation and training provider for restaurant staff, and with Dementia Friends, a training provider that promotes understanding and support for those living with dementia and their caregivers.
- Approach the faith communities about participating in the “Purple Pew” program. During Alzheimer’s and brain health awareness months (June and September), decorate the pews in purple to raise awareness about dementia in the community and to demonstrate that persons of all cognitive abilities are welcome.

Maynard is a car dependent community with challenges related to transportation and walkability.

- ❖ 31% of survey respondents would prioritize expanding transportation to medical appointments as provided by the Maynard COA
- ❖ 24% of those in their 70s and 56% of those in their 80s limit their driving in some way—or do not drive at all.
 - Among non-drivers, 23% report having had to miss, cancel or reschedule a medical appointment in the past year due to a lack of transportation.
- ❖ The second most selected reason for causing a respondent to leave Maynard was a lack of transportation options (28%).

Recommendation: Explore transportation alternatives

- Facilitate travel training to use local transportation options
 - Could be a volunteer who is trained as the “trainer”
- Pilot test a program like [Go Go grandparent](#) to connect people with on-demand rides
- Explore connectivity to key amenities like pharmacies, grocery stores, etc. for walkability
- Conduct an audit of connectivity in Maynard and review outdoor spaces for age friendly features
- Consider the development of a village to create a pathway for volunteer transportation options. See [Newton at Home](#) for an example.

An increasing risk of social isolation is a concern for Maynard residents as they age.

- ❖ 23% of survey respondents disagree that local policymakers consider the needs and preferences of older residents.
- ❖ 12% of survey respondents report that they do not know someone living nearby on whom they could rely for help if they needed it
- ❖ According to the American Community Survey (2018-2022), 34% of residents age 65 and older live alone.
- ❖ 36% of survey respondents report getting together in person with a friend, family member, or neighbor once per month, or less.

Recommendation: Continue to create spaces for social connection, across generations

- Work together with the Public Works Department to install new, or dedicate existing, “[Chat Benches](#)” to create public spaces where socializing is encouraged.
- For residents with family living out of town, consider creating an “Adopt-a-grandparent” program in which local residents can meet up with younger families and do things together like celebrate Grandparents Day with a luncheon, or bake cookies for the holidays.
- Consider celebrating National Good Neighbor Day (9/28) or Older Americans Month (May) with a series of “Let’s Talk, Maynard” [pop-up programs](#) in which residents come together to be in conversation with one another that are exhilarating, inspiring, and meaningful.

Introduction

Over the coming years, the older adult population of Maynard is expected to grow substantially, accompanied by evolving needs and interests. For example, there were 2,671 adults age 60 and older living in Maynard accounting for 25% of the total population. Projections suggest that while Maynard's overall population size is projected to remain stable to 2030, the age composition of the population will undergo substantive changes. By the year 2030, there is expected to be 3,166 residents age 60 and older making up 30% of the total population. Local census counts in 2024 indicate that Maynard has already surpassed that projected total and is currently home to 3,247 older adult residents making up 31% of the total population. This shift in age distribution warrants considerations as to how the Town can create a supportive and vibrant community for people to age.

In response to the changing size and needs of its older adult population, the Town of Maynard established a Senior Center Committee in December of 2023. Known as the Maynard "Senior Center Committee," it is as an advisory body to the Select Board tasked to offer recommendations for a suitable Senior Center to be operated under the authority of the Maynard Council on Aging, and its duly appointed director and board.

Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, that are offered through the Maynard Council on Aging (COA), primarily in the physical space at the Senior Center. As a municipal entity, Maynard's COA is an important and valued resource, operating as the Town'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 COA and increasing demand for its services and programs can be expected moving forward.

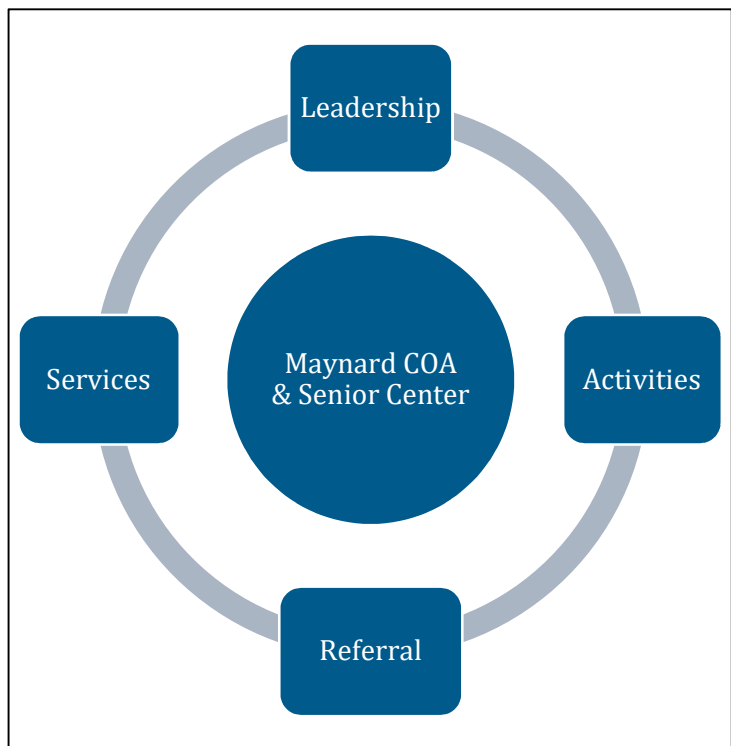
This report presents the results of a comprehensive review of issues relating to aging in Maynard. A needs assessment was undertaken in order to support planning on the part of the Town of Maynard, the Council on Aging (COA), and the community as a whole. Results presented here focus on the characteristics and needs of Maynard residents who are age 50 and older. While the primary goal of this report is to support COA planning, a secondary goal is to present information that will be useful to other Town departments and regional organizations interacting with older residents.

The Maynard Council on Aging and Senior Center

The Maynard Council on Aging (COA), a municipal department, and the municipally appointed COA Advisory Board, are meant to link older residents to needed resources and desired activities. Virtually every Town 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 these resources.

Mission of the Maynard COA

Maynard's COA is charged with providing services, programming, and support to the town's 60+ population so that they may live well and independently in the community. This work is done in concert with other local town departments and various area private and public providers and organizations, including Minute Man Senior Services—the regional Area Agency on Aging serving Maynard —the Massachusetts Council on Aging (MCOA) and the Executive Office of Elder Affairs (EOEA). The goal is to provide a welcoming environment that services the diversity of the Town's



older adult residents. The mission of the Maynard COA is to “to promote and support healthy aging for Maynard’s older adults, ages 60 and above. The mission states, “We assist seniors in maintaining dignity, independence, and physical and psychosocial well-being through programs and services designed for them and their caregivers.”¹ Working toward that end, the COA implements initiatives that shape and enrich the experiences of three generations of older adults.

In general, when considering the mission of COAs, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, lifelong learning programs, and informational programs are

¹ This mission statement was retrieved from <https://townofmaynard-ma.gov/164/Council-on-Aging>

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.

Maynard COA and Senior Center Operations

The Senior Center is currently housed in a 1,600 square foot conference room in the Maynard Golf Course clubhouse. This was thought to be a temporary home nearly a decade ago while efforts were made to create a new centralized Senior Center. The Council on Aging, COA, provides programs and services for Maynard's growing older adult population. Maynard's Senior Center is located 50 Brown Street and operates Monday through Friday from 9am to 3pm. The Maynard Senior Center is staffed by three full time employees: a director and a principal clerk. As well, the Senior Center employs a full-time van driver. Additionally, the Maynard Senior center relies on volunteers who worked more than 300 hours in FY22. **Complete information about Council on Aging programs and services, including a monthly schedule, are available online at <https://townofmaynard-ma.gov/164/Council-on-Aging>.** Based on the Annual Report from 2023, the Maynard COA served 300 unduplicated residents of Maynard, with many served in multiple ways. A description of the scope of the programs and services offered by the Maynard COA are described below:

Social Services

The COA provides information and referral to a wide array of resources including Minuteman Senior Services which provides health insurance counseling (SHINE), home health care assessments, Meals on Wheels, and caregiver supports, housing and legal resources, fuel assistance programs and local resources such as pantries and community organizations. The COA oversees the Senior Tax Work Off program and works with various town departments, South Middlesex Opportunity Council, and other supportive services. The COA facilitates the Salvation Army program.

The COA also assists residents under the age of 60 with fuel assistance applications and referrals to housing and legal support, transportation, and community resources.

The COA has a Durable Medical Equipment program which loans all types of equipment including walkers, shower chairs and benches, commodes and wheelchairs. It is a critical resource for transitions post-surgery.

Transportation

The COA van service is funded by the Massachusetts Department of Transportation through the Lowell Regional Transit Authority. The COA van service operates Monday through Friday, providing transportation to medical appointments, grocery stores, pharmacies, banks, and salons. The COA also provides transportation for special shopping trips to Walmart, Savers thrift store, Ocean State Job Lot and other locations. The Council on Aging offers transportation to Annual/Special Town meetings and voting on Election Day.

Fitness Classes

The COA offers fitness classes, such as Zumba Gold, Zumba Toning, yoga, and seated senior fitness for strength and mobility training. The Zumba and yoga classes are available in a hybrid format, and seated classes are taught in-person. Mindful Living (meditation) was offered in a virtual format. Senior pickleball started at the Boys & Girls Club and the Drums Alive class added an enthusiastic and energizing approach to fitness.

Social & Recreational Activities

The COA offers a variety of social activities which include knitting and crocheting, cribbage, crafts, cards, bingo, and monthly movies. Chinese Mahjong was added to the schedule. Social outings include “Mark’s Mystery Tours” with a scenic ride and lunch at an undisclosed location. Summer outings included visits to surrounding “dairy barns” and ice cream stores. Excursions are offered to places like Portsmouth Harbor, New Hampshire, and the Isle of Shoals. The COA sponsors bimonthly Grab-n-Go luncheons (hot meal via a drive through format at the Elks parking lot), which are attended by over fifty older adults on regular basis.

Arts & Cultural Programs

The Maynard COA offers acrylic and watercolor painting classes, taught by local artists. Also, special crafts like the felted animal workshops, and a mandala beach glass projects engage participants, in addition to options for creative writing classes. There is a holiday glass fused ornament class with an opportunity to create holiday centerpieces. The monthly COA Book Club is offered on a virtual platform with many intriguing titles and stimulating discussion. The band students from the Maynard Public Schools perform concerts just for Maynard’s older residents.

Educational Programs

Senior CPR instruction and a Fall Prevention workshops are offered through the Maynard Fire Department. As well, Assabet Valley Regional Technical High School students provided information sessions on assistance with federal programs and agencies and presentations on current scams affecting seniors. Several educational programs are offered in partnership with the Maynard Library including nationally known entomologist Doug Tallamy who

spoke on “The Nature of Oaks” and Doug Peck who gave a presentation on “Aging with Purpose.” Both were held in the evening at the Maynard Library to create an opportunity for increased attendance.

Newsletter

The COA newsletter is distributed to the residents of Maynard. In addition to promoting the programs at the COA, the newsletter mentions events at the Maynard Public Library as well as those hosted by community organizations. Information about resources such as fuel, food, home repairs and transportation are included. Town departments such as the Fire, Police and Assessor’s contribute important updates. State Representative Kate Hogan’s office provides a monthly article on a wide array of topics relevant to Maynard’s older residents. The Massachusetts Executive of Elder Affairs partially funds the printing of the newsletter. The Council on Aging hosts a Facebook account and promotes events and town department updates.

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 Maynard 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 Town.

Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses in order to capture a broad and deep understanding of Maynard and its older residents. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews and focus groups, and through a community survey. Additional information about Council on Aging Senior Services was retrieved from material drawn from Maynard’s 2023 Annual Report, the Town of Maynard Website, and the Town of Maynard official documents, as well as through communication with the Council on Aging Director.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Maynard’s older population through quantitative data, we generated a demographic profile of Maynard 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 (2018-2022), along with U.S. Census data for Maynard 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. Projections were made using data generated by the Donahue Institute at the University of Massachusetts.

Key Informant Interviews

In Spring 2024, we conducted interviews with six individuals who currently hold leadership positions in Maynard. We spoke with a Town Administrator, a member of the Fire Department, a Town board member, a member of the Police Department, a member of the Housing Authority, and a member of the Council on Aging. Interviews focused on the key informants’ perceptions relating to unmet, as well as foreseeable, community needs; and potential solutions that promote aging in place and wellness among residents. All interviews were conducted remotely via video conference. Interviews ranged from 45 to 75 minutes.

Focus Groups

We conducted three focus groups, with a total of twenty-one participants, recruited by the Council on Aging. Two focus groups were conducted in person in Maynard, in addition to one virtual session via Zoom. The focus groups consisted of municipal staff who are employees that work with Maynard’s older residents, representing town programs and departments. One resident focus group, consisted of seven residents over the age of 55, some

who use the Senior Center frequently and others who have attended only a few events. The second resident focus group, consisted of six residents between the ages of 40 and 55, some who use the Senior Center frequently and others who have not, or rarely attended programming or events. Participants in the focus groups and those who were interviewed were encouraged to share their thoughts regarding features that support successful aging and barriers that make it challenging to age in Maynard along with strategies regarding ways Maynard can be a strong and vibrant community for residents of all ages.

Community Survey

In collaboration with Maynard's Council on Aging and Town representatives that interact with older adults, a community survey was developed for this study and mailed to all residents age 50 and over (N=4,787). A mailing list was obtained from the Maynard Town 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 Maynard residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was made available via the Town's website and hard copies were available at the Senior Center. A total of 1,305 responses to the survey were obtained, representing a strong return rate of 27%. More than one-third (38%) of the surveys (N=491) was returned online, and the rest of the responses were returned by mail.

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 **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 Maynard as you get older?"). Detailed notes taken during the study's qualitative components (i.e., interviews, focus groups) were reviewed and used to characterize and categorize the ways in which aging issues are impacting older adults and individuals who work with older adults in Maynard. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Maynard

According to American Community Survey (ACS), there were 10,671 residents living in the Town of Maynard in 2022. About 38% of the population (individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,644 individuals) made up 15% of the population; residents age 60 to 79 (2,090 individuals) comprised around 20%, and 317 residents (3%) were age 80 and older.

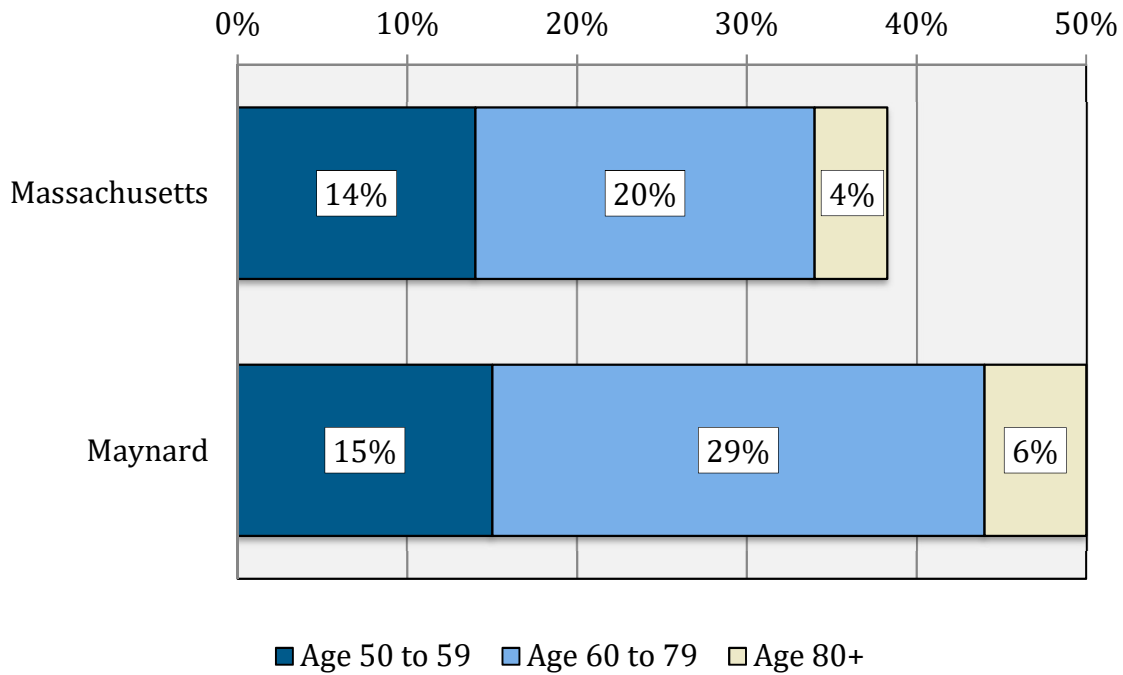
Table 1. Number and percentage distribution of Maynard’s population by age category, 2022

Age Category	Number	Percentage
Under age 18	2,404	22%
Age 18 to 49	4,216	40%
Age 50 to 59	1,644	15%
Age 60 to 79	2,090	20%
Age 80 and older	317	3%
Total	10,671	100%

Source: American Community Survey, 2018-2022, Table B01001. Numbers are calculated from 5-year survey estimates.

Comparatively, the share of Maynard population age 50 and older is markedly lower than the overall state of Massachusetts (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2022, compared to approximately 38% of the Maynard population. Compared to the Commonwealth, Maynard had a lower portion of residents age 60 and older. The share of Maynard residents age 80 and over (3%) is also lower than the one estimated for the state as a whole (4%). In 2022, Massachusetts residents age 60 and over comprised about 21% of the population, including 4% age 80 and over. In Maynard, about 23% of the population was 60 or older, including 3% who were 80 years or older.

Figure 1. Age distribution in Maynard and Massachusetts

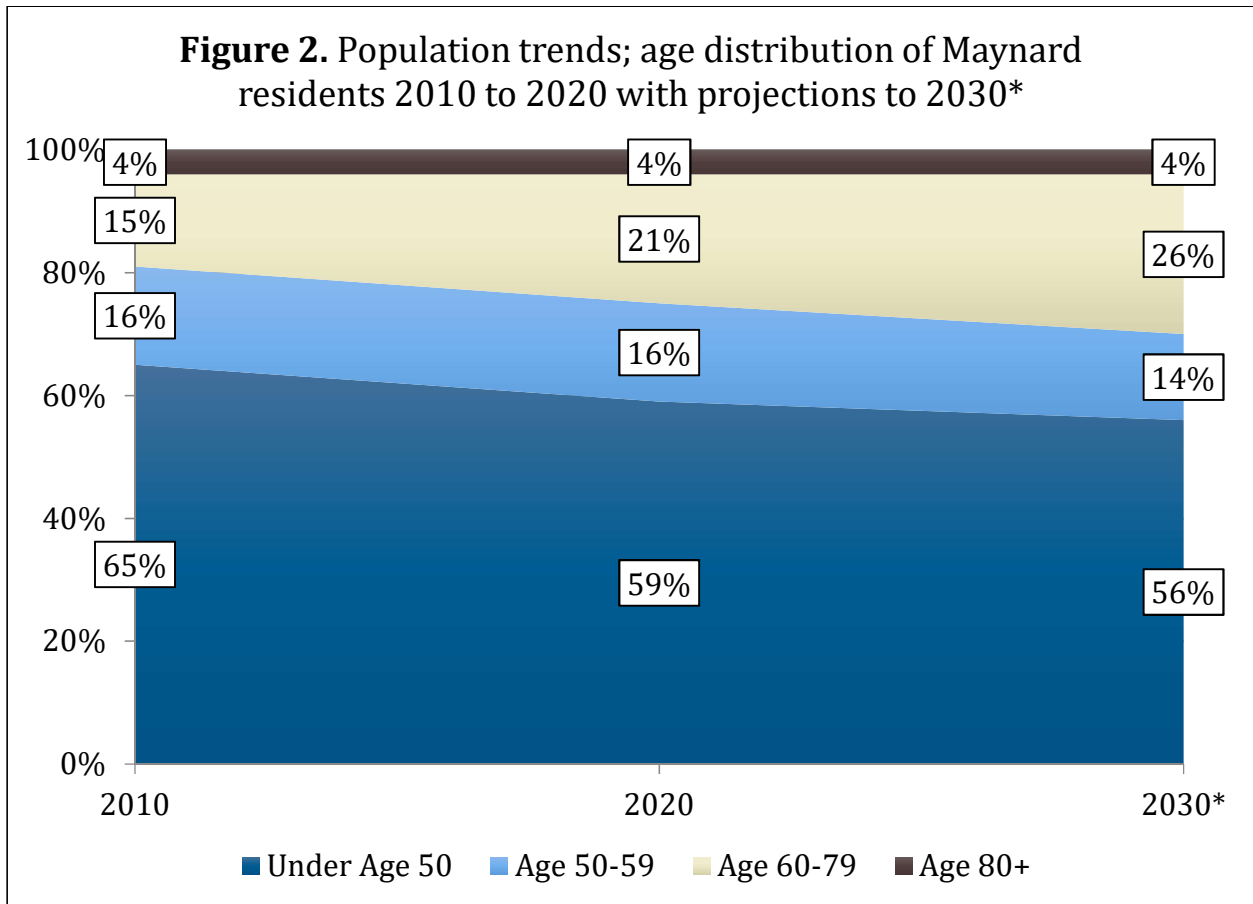


Source: American Community Survey, 2018–2022, Table B01001. Numbers are calculated from 5-year survey estimates.

Population growth in both Massachusetts and the Town of Maynard has been concentrated in older age groups. Between 2010 and 2020, the population of all ages increased by 20% in Maynard and 3% in the state as whole. In both Maynard and Massachusetts, the absolute numbers of residents age 60 and over also grew substantially during this time period from 2,866 in 2010 to 3,783 in 2020. The segment of Maynard’s population age 60 to 79 increased in size by 81%, a rate of growth higher than in Massachusetts overall (16%).

Figure 2 shows the age distribution of Maynard’s population from 2010 to 2020, and population projections for 2030². In 2010, about 19% of the Maynard’s population was age 60 and older; this percentage steadily increased by 2020 (25%). Moreover, 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 2030, 3,166 residents, or 30% of Maynard’s population will be age 60 or older—26% of Maynard’s population will be between the ages of 60 and 79, with an additional 4% age 80 and older.

² Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. 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 2010 and 2020 are from the U.S. Census. Figures for 2030 are from the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition of Maynard’s Older Population

Maynard is much less diverse than the state with respect to race. For all ages combined, about 95% of Maynard residents report their race as White non-Hispanic, compared to 71% in Massachusetts (ACS, 2018–2022, Table B01001A). However, among older adults, Maynard is also less diverse. **Table 2** displays the race and ethnicity of Maynard residents age 65 and older. The large majority of older residents report White race and ethnicity (95%). The remaining³ percentage of the population 65 and older reported Asian (4%) or two or more races (1%).

³ Other includes Hispanic, Black, and other race.

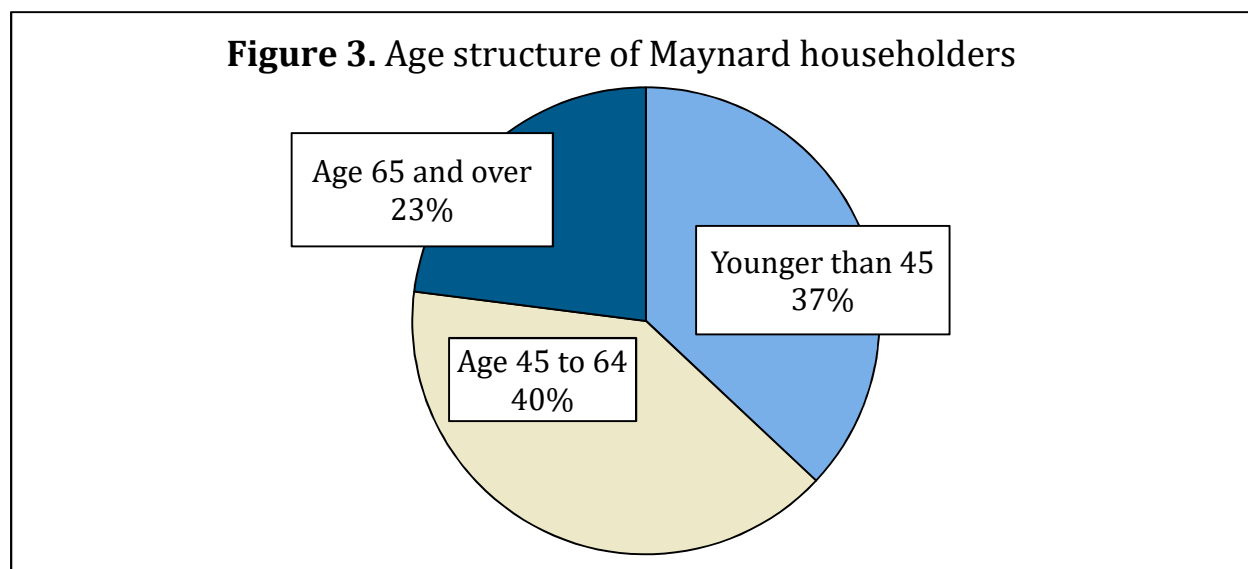
Table 2. Race distribution of residents who are age 65 and older in Maynard

Race	Number	Percent of 65+ Population
White	1,461	95%
Asian	62	4%
Two or More Races	12	1%
Hispanic	0	0%
Black or African American	0	0%
Total	1,535	100%

Source: American Community Survey, 2018–2022, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.

Currently, roughly 10% (N=673) of Maynard residents age 18-64 speak a language other than English. Similarly, 12% of older Maynard residents 65+ speak a language other than English at home (ACS, 2018–2022, Table B16004). Of those 18-64 years of age who speak another language, 6% speak an Indo-European language, 3% speak Asian or Pacific Island languages, and approximately 2% speak Spanish. Similarly, of those 65+ who speak another language other than English at home, 8% speak an Indo-European language, 4% speak an Asian or Pacific Island language, and none report speaking Spanish at home.

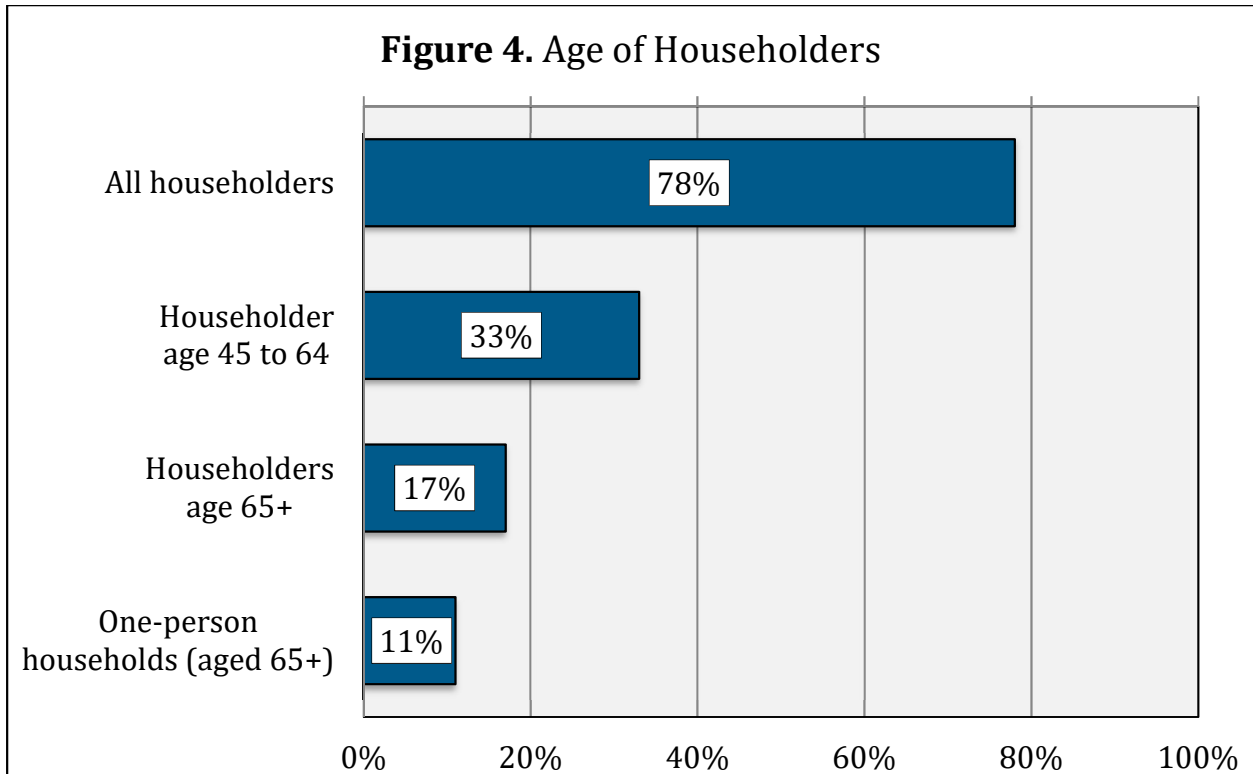
The vast majority of Maynard’s 4,416 householders are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older comprise 77% of all households in Maynard⁴ and residents age 65 and over comprise 23% of all households in Maynard (Figure 3).



Source: American Community Survey, 2018–2022, Table B25007. Numbers are calculated from 5-year survey estimates.

⁴ Many available Census data on the older population of Maynard are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

Approximately 78% of Maynard householders live in homes that they own or are purchasing (**Figure 4**). Nearly 33% of householders age 45 to 64 own their homes, and just 17% of householders 65 and older own their homes. A sizeable share of Maynard residents who are 65 and older and live alone, also own their home (11%). The 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.

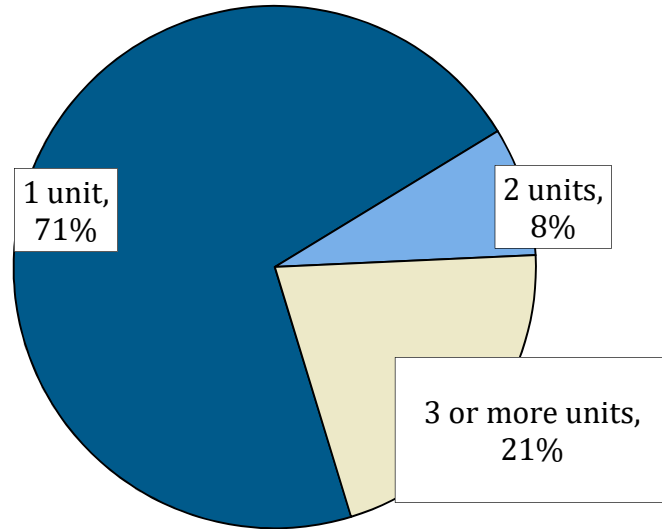


Source: American Community Survey, 2018–2022, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, more than one-third (39%) of Maynard’s 4,416 households have at least one individual who is age 60 or older (*ACS 2018–2022, Table B11006*). This proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Among the 4,653 housing structures in Maynard (**Figure 5**), 71% are single unit structures and the remaining 29% are housing structures that contain two or more housing units, which include apartment complexes.

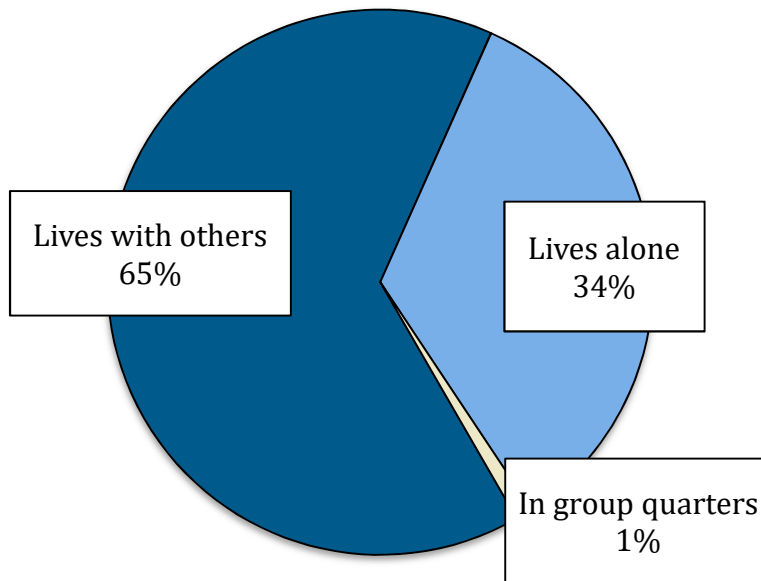
Figure 5. Number of units in Maynard housing structures



Source: American Community Survey, 2018–2022, Table B25024. Numbers are calculated from 5-year survey estimates.

Nearly one out of three Maynard residents who are age 65 and older (34%) live alone in their household whereas 65% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 6**). Additionally, under 1% of older Maynard residents live within group quarters.

Figure 6. Living arrangements of Maynard residents, age 65 and older



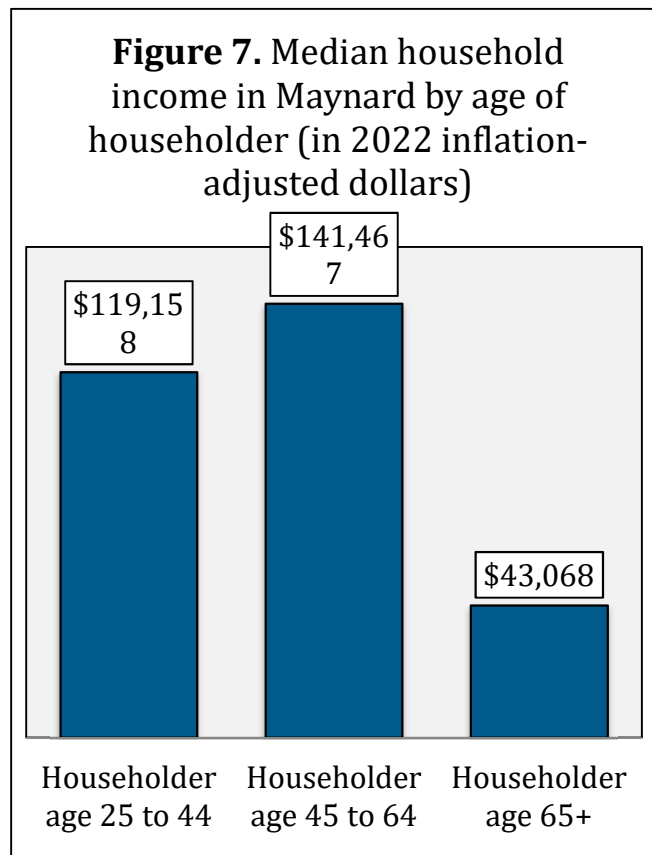
Source: American Community Survey, 2018–2022, Table B09020. Numbers are calculated from 5-year survey estimates.

American Community Survey estimates on education suggest that Maynard residents are well educated on average. Of note, the percent of educational attainment decreases as the age of residents increase. Specifically, about 60% of persons 65 and older have either a bachelor’s degree or a graduate/professional degree, including 9% having earned an associate degree (ACS, 2018–2022, Table B15001). Conversely, 5% of Maynard’s adult population age 25 to 64 have earned the same educational attainment. 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.

Like older adults living in communities throughout the U.S., a large proportion of Maynard residents aged 65 and over remain in the workforce. As four in five of Maynard’s adults age 25 to 59 (79%-100%) participate in the workforce, 50% of adults age 65 to 74 report participating in the labor force. Of those age 75 and older, more than 5% remain in the workforce (ACS, 2018–2022, Table S2301).

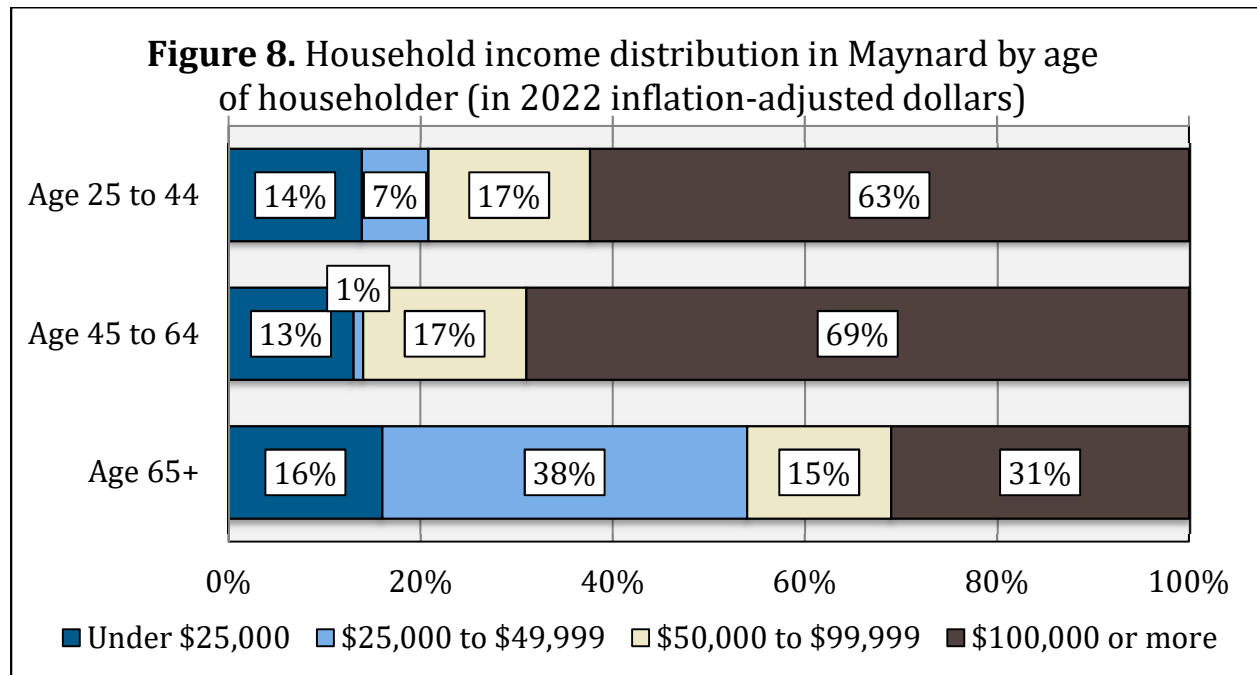
Nearly four hundred individuals in Maynard report Veteran status which includes eleven women over the age of 75. In total, roughly 5% of males age 65 and older. (ACS, 2018–2022, Table B21001). As a result, many of Maynard’s residents, both male and female, may be eligible to receive some benefits and program services based on their military service or that of their spouses.

With respect to household income, there is a comparative disadvantage of some older residents in Maynard. Residents’ median household income of \$112,524 is higher than the one estimated for Massachusetts as a whole, \$112,524 compared to \$94,505 (ACS, 2018-2022, Table B19049). Among Maynard’s householders those aged 45 to 64 have the highest median income at \$141,467— which is substantively higher than the statewide median for this age group (\$119,054) illustrated in **Figure 7**. Among householders 65 and older, the median income is \$43,068, which is substantively lower than the statewide median for this age group (\$61,624), while \$119,158 is the median income of younger Maynard householders. Generally, older residents living alone in Maynard are at the greatest disadvantage by far, in terms of household income.



Source: American Community Survey, 2018–2022, Table B19049. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters.

The economic profile of older Maynard residents, relative to younger residents, is further illustrated in **Figure 8**. Less than one in three Maynard residents age 65 and older report incomes of \$100,000 or more, whereas nearly two in three (63%) households headed by young adults report this income. By comparison, over two-thirds (69%) of households headed by residents aged 45-64 report this income. A substantive share of households headed by someone age 65 and older (16%) report annual incomes under \$25,000. This compares with 13% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is concern for the segment of Maynard’s older population that is at risk of financial insecurity or economic disadvantage.



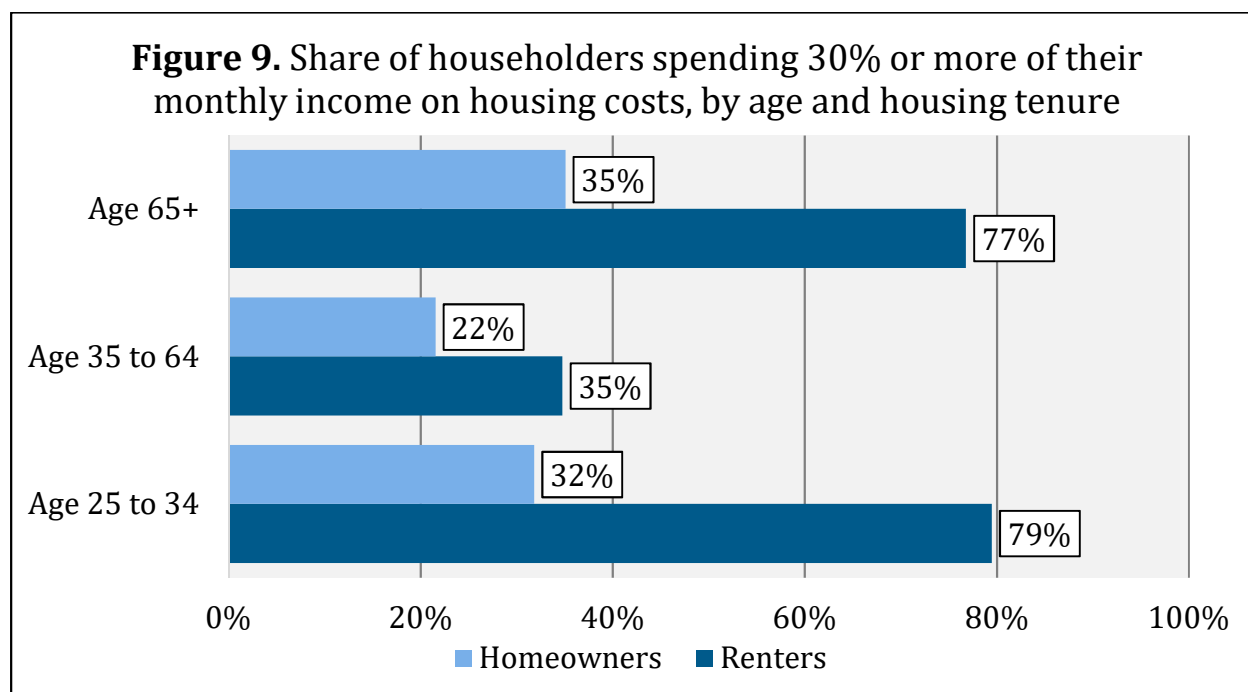
Source: American Community Survey, 2018–2022, Table B19037. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

Many homeowners and renters in Maynard experience housing cost burden, with 26% of all homeowners spending more than 30% of their income on monthly housing costs⁵ and 52% of renters spending 30% or more of their income on gross rent⁶. **Figure 9** shows the proportion of householders spending more than 30% of their income each month on housing costs by age and tenure. About 35% of older homeowners spend 30% or more of their income on housing costs each month, which is the largest share compared to younger homeowners. Similarly, about 77% of older renters spend 30% or more of their income on

⁵ Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)” ([2022 Subject Definitions](#), p. 36).

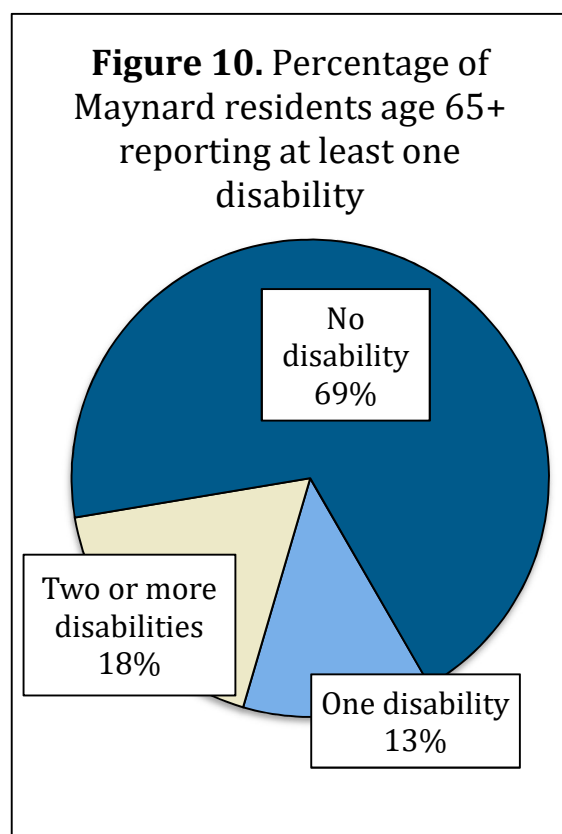
⁶ Monthly housing costs for renters is defined by gross rent, which is the “contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)” ([2022 Subject Definitions](#), p. 19).

housing costs—comparable to the share of renters age 25 to 34. The risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners, but older residents of Maynard are at risk no matter their housing tenure.



Source: American Community Survey, 2018–2022, Tables B25093 and B25072. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Maynard residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 18% of Maynard residents age 65 and older report having one disability, and another 13% report having two or more disabilities (**Figure 10**). Among the different types of disability that are assessed in ACS, the most commonly cited by Maynard residents 65 and older were ambulatory difficulties-difficulty walking or climbing stairs (19%), independent living limitations-difficulty doing errands alone, such as visiting a doctor’s office or shopping (13%), hearing problems (11%), cognitive limitations (11%), and self-care limitations (9%). In total, these difficulties were reported by between 13-18% of the older population in Maynard (ACS 2018–2022, Table S1810).



Source: U.S. Census Bureau; American Community Survey, 2018–2022, Table C18108.

Insights from Key Informant Interviews and Focus Groups

The combined insights from focus group discussions and key informant interviews highlight Maynard's community spirit while also illuminating gaps in services and crucial infrastructure to support aging in the community. These conversations revealed a broad community enthusiasm for fostering collaboration among community members, local organizations, and town departments, where there is a clear opportunity to enhance the quality of life for older residents and create a more inclusive environment for all. Maynard needs assessment participants were hopeful that a community center and improved services will promote healthy aging in Maynard, enriching the community's substantive social fabric for future generations. Through sustained efforts and the continued spirit of volunteerism, broad consensus revealed Maynard can improve and thrive as a place where all residents feel valued, connected, and supported as they age in their community.

Community spirit and local resources abound.

In each focus group discussion and interview, community members of Maynard celebrated the town's charm, citing its safety and close-knit atmosphere as key reasons for their long-term residency and focus of their efforts. Many were drawn to Maynard for its proximity to family and local amenities like the library and community trails. Events such as Maynard Fest were highlighted as essential for fostering community spirit, though attendance has declined over the years. Residents noted that newer generations often feel disconnected from traditional events, emphasizing a need for revitalized outreach strategies to engage a broader audience, particularly younger families.

The library emerged as a cornerstone of support, offering a wealth of programs designed to assist older residents. These programs include technology workshops to help seniors navigate digital platforms and book clubs that encourage social interaction. Additionally, initiatives like Open Table underscore the town's commitment to community service by providing meals and essential resources, reported as "delicious, with an elevated sense of social connection."

A cornerstone of the spirit driving activity in Maynard comes from the contributions of volunteers. Many consider their work to be an essential component of the social fabric and "secret sauce" of sustained engagement that creates the strong sense of belonging and community in Maynard.

Transportation and accessibility challenges persist.

Despite its many charms, focus group participants voiced significant concerns regarding infrastructure challenges that hinder accessibility. Limited sidewalks and poorly maintained roads create barriers for older residents, complicating their ability to navigate the town safely. For instance, icy sidewalks during winter can pose serious risks, with several residents recounting instances of falls. These physical hazards further isolate those without

reliable transportation, creating a cycle of dependency and disengagement from the larger community.

Participants expressed frustration over the lack of public transportation options, particularly for older residents who rely on these services to access healthcare and community activities. Many noted that the current transit schedule does not easily accommodate the needs of those with mobility challenges, making it difficult for them to attend vital appointments, maintain in-person friendships, or participate in local events.

Transportation challenges emerged as a recurring theme across the discussions, highlighting the urgent need for improved public transit options. As Maynard is MBTA adjacent, public transportation access is uneven, particularly for commuting. In interview and focus groups discussions, transportation remained a pressing concern for many residents, particularly those needing flexible scheduling options during evening hours and on the weekends. Residents emphasized that the limited availability of shuttle services isolates older adults, making it difficult for them to engage in community life.

Underscoring the critical need, community interviewee suggested identifying town-wide strategies for addressing the lack of adequate transportation services that complicates access to essential resources, in support of those who may not drive or have mobility challenges.

Residents pointed out that many older individuals, particularly those who do not drive, struggle to navigate Maynard. This limitation often prevents them from essential errands, banking, shopping, accessing grocery stores, or participating in essential wellness services. Conversations about transportation also intersected with broader discussions regarding community accessibility. Many noted that without a car, getting to vital appointments or engaging in social activities can become daunting tasks, emphasizing the need for more accessible routes and services to promote independence among older residents.

Lack of downsizing housing options and rising housing-related costs are pushing older residents out of Maynard.

A growing concern echoed among community leaders: many residents struggle to maintain their housing and financial stability. Interviews reveal a troubling trend, as individuals express fears about their ability to stay in their homes. One leader shared, “We've got several friends who have already sold their home in Maynard because they simply couldn't afford to stay.” This sentiment reflects a wider anxiety felt by many, as rising costs force difficult decisions and threaten the community's demographic diversity.

Economic pressures were also a point of focus in group resident discussions, highlighting the burden of high property taxes and rising water bills. Many called for more flexible payment options and tax relief initiatives, stressing the need for the town to be responsive to these financial pressures and enhance the affordability of living in Maynard.

Ongoing opportunities for volunteerism and civic participation can sustain sense of community.

According to focus group and interview participants, volunteerism remains strong in Maynard, with many residents dedicating their time and talents to local initiatives, ranging from community gardens to environmental projects. However, balancing work and volunteer commitments poses a challenge for many. Focus group participants highlighted the need for more flexible programming that accommodates diverse schedules, enabling a broader segment of the community to contribute their skills. Concern was voiced for the lack of civic engagement by newcomers to town and a seeming unwillingness to engage through civic participation and volunteerism. Multiple participants discussed concerns for the future of Maynard if new interest cannot be fostered. As one participant put it, “Maynard runs on volunteers, and without us, the future is uncertain.”

Discussions also pointed to the potential for greater collaboration between private organizations and town departments. Many residents expressed a desire for more cohesive efforts to maximize resources and meet community needs effectively. For instance, partnerships with local nonprofits could enhance services for vulnerable populations, ensuring that critical resources reach those who need them most. Community gardens have already shown promise in engaging residents while promoting sustainability and expanding such initiatives could further bolster community ties.

Demand on emergency response services is increasing.

Weather events, such as extended heat waves and winter storms, have disproportionately affected the community’s most vulnerable demographics. The local emergency management officials emphasize the necessity of improving communication systems to reach residents during emergencies. Ultimately, key informants indicated the town’s role extends beyond typical emergency services; substantive need to provide cooling and charging stations during power outages is one means to showcasing Maynard’s commitment to community support. Furthermore, the potential for flooding in certain areas and the importance of preparedness and response plans to mitigate risks for the aging population was emphasized by community leaders.

As call volumes rise, Maynard town department faces significant staffing challenges, particularly during multiple medical emergencies. Key Informant interviewees indicated that the reliance on mutual aid ambulances highlights the need for a balanced approach to fire protection and medical services. Several of those interviewed noted the importance of quantifying community needs to inform staffing decisions and optimize resource allocation. Suggestions were offered for an analysis of data on call volume trends, for various departments to use as they aim to make informed decisions that enhance service delivery.

Disaster preparedness and resilience in the community runs deeper than planning for extreme weather events. During discussions with municipal leaders, interviewees suggested

the need for strategic planning to address the increasing demand for medical response services, both in the long-term, as well as to meet day-to-day demands.

Being informed and feeling connected foster inclusion and connection among residents of all ages.

Throughout conversations with community members, each interview and focus group discussion frequently touched on the need to develop improved communication strategies, which are vital to reach less engaged community members. This need was discussed in detail in broad terms, including information and engagement in the areas of events, Town communications, transportation options, the Council on Aging, health, and programming. Addressing these challenges is seen as an important step in ensuring that all residents are informed about available services and supports. Ultimately, discussion participants conveyed the suggestion that collaboration with community organizations and dedicated resources will be essential to effectively address the needs of the aging population, fostering a safer and more supportive environment for all residents.

While events like Maynard Fest and the farmers market play vital roles in fostering social connections, participants noted a significant gap in social services for older residents, particularly in housing and healthcare. Many older individuals face affordability challenges, with rising housing costs prompting fears of displacement. Some residents expressed a strong desire to remain in their homes as they age, but high costs and limited affordable housing options often force them to move to areas where they may feel less connected to their community.

Key informants emphasized the importance of strategic planning and proactive measures to address these ongoing unmet needs. Regular meetings with community organizations were identified as essential for enhancing collaboration and communication. Some participants discussed ideas around improved outreach efforts that could ensure that older residents are aware of available resources and services. Suggestions and ideas included hard-copy newsletters, door-to-door visits, and partnerships with local businesses could help bridge this gap.

The potential establishment of a dedicated community center was viewed as a crucial step toward improving the quality of life for all residents. Participants envisioned this center providing a welcoming environment for socialization, programming, and support services, ultimately enhancing community engagement. Focus group attendees stressed the importance of ensuring that this center is accessible and meets the diverse needs of the community, including those with mobility challenges.

Improvements to the existing senior center could create a hub for healthy aging and community gathering

A vital aspect of Maynard's commitment to its aging population is the role of the Council on Aging and its associated Senior Center space. Participants in the focus groups emphasized the importance of having an improved dedicated, accessible facility where older residents can gather, socialize, and engage in meaningful activities. Currently, the challenges to accessibility, limited space, and lack of a centralized senior center are felt acutely within the community, with many expressing that it exacerbates feelings of isolation and neglect among older adults in the community.

Key Informant interviewees and focus group participants detailed how the existing Council on Aging operates out of a smaller, less accessible space that limits the types and scale of programming available. Parking and accessibility were overwhelmingly reported as burdensome challenges to the facility's use by older adults in the community. Many residents alongside municipal leaders voiced concerns that this inadequate facility does not come close to serving the needs of the community, particularly given the increasing call for services and the rising population of older adults due to apartment developments like the Digital Way Complex. Discussants noted that a future dedicated senior center could not only provide a venue for daily activities but also serve as a hub for essential services like health screenings, fitness classes, and educational workshops.

Focus group participants shared examples of successful programming from other communities, such as advanced art classes, nutrition workshops, and tech literacy sessions, all of which are desired by focus group participants. Many expressed a desire for programs that promote social connections, citing the mental health benefits associated with regular interaction. The need for a dedicated space where older adults can gather for activities like game nights, exercise classes, and hobby groups was highlighted as crucial for combating social isolation.

Furthermore, the potential for intergenerational programming was a common theme in discussions. Many participants suggested a desire for additional intergenerational activities that bring together residents of all ages—like mentoring programs where younger individuals assist older adults with technology, or art projects that combine the talents of both groups. This would not only enrich the community but also strengthen bonds across generations.

Additionally, participants noted the logistical benefits of a centralized location, if given the opportunity to choose. Currently, many programs are scattered across different venues, making it difficult for older residents to access them consistently. Participants suggested that an improved COA center could provide an expanded array of reliable transportation options, ensuring that those without cars are able to attend activities and services without accessibility challenges. Focus groups participants suggested amenities such as health and

wellness resources, financial literacy workshops, and legal aid services tailored to older adults as additional program expansion options.

The discussion also touched upon the idea of a new COA facility and the importance of ensuring that a new center is equipped with the necessary resources to support mental health services. Many residents acknowledged the rising mental health challenges faced by older adults, exacerbated by social isolation and the pressures of aging. Participants signaled a belief that a dedicated space could provide an environment conducive to offering these vital services, while promoting overall well-being.

Residents advocated for looking ahead to a vision for a new Council on Aging Senior Center—they view this as an exercise of hope and opportunity. This “vision” was broadly shared by many municipal leaders who empathize with the Council on Aging’s current limitations and constraints in their current facility. Broad agreement exists that the state of the current facility is inadequate and when the COA was moved there, “no one expected the move to be a permanent home.” Conversely, one interviewee stated, “There is no easy solution for the senior center. There are not a lot of places to build a new center. There is no true answer.”

Broadly, focus group participants articulated their desire for this space to be inclusive, accessible, and vibrant—a true reflection of Maynard’s commitment to its older residents. They emphasized that this facility could serve as a “cornerstone for building community” offering a range of programs that address the diverse needs of the aging population while simultaneously fostering connections among all residents. Participants expressed a collective vision for a combined community and senior center facility, ideally located near the new fire station. Such a center could serve as a hub for intergenerational activities, offering programs tailored to the needs of both young people and older adults. Many attendees emphasized that inclusivity is crucial; this space could foster connections across generations, allowing for shared experiences and learning opportunities.

Ultimately, the establishment of an improved Council on Aging senior center facility solution is seen as a critical step toward enhancing the quality of life for older residents in Maynard. Key Informants interviewed, in addition to the vast majority of focus group discussants, overwhelmingly indicated a strong belief that providing a conveniently located, accessible, welcoming, and resource-rich environment can effectively address social isolation, promote health and wellness, and create a sense of belonging among all community members. As residents look to the future, the hope for a revitalized space reflects a shared commitment to creating a more inclusive and supportive community for everyone.

Results from 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**.

Respondent Characteristics

Respondents to the community survey included 1,305, amounting to a 27% response rate (**Table 3**). This is a strong response rate and reflects interest among community members. About 62% of respondents are female (**see Appendix A**), which is a higher proportion of females compared to the gender composition of Maynard’s 50+ population (45% female). Compared to the age distribution of the population, we heard from a larger share of residents in their 70s and 80s, and slightly smaller shares of residents in their 50s. Given the small number of respondents age 90 or older (n=27), results for age 80-89 and 90+ are combined and presented as one age group (Age 80+) for the remainder of this report. As well, only 3 respondents selected “under age 50,” and will be combined with the “Age 50 to 59” age group. Therefore, throughout this report, results will be reported for age groups 50-59, 60-69, 70-79, and 80+. Response distributions by these age groups are shown for all survey questions in **Appendix A**. A total of 97 respondents reported speaking a language other than English at home, and all surveys were completed in English.

Table 3. Community Survey Respondents

	Age Distribution of Maynard Residents age 50+		Survey responses	
	Count	Age distribution	Count	Age distribution
Age 50-59	1,644	41%	289	23%
Age 60 to 69	1,380	34%	458	36%
Age 70 to 79	710	18%	343	27%
Age 80+	317	8%	175	14%
TOTAL	4,051*	100%	1,265**	100%

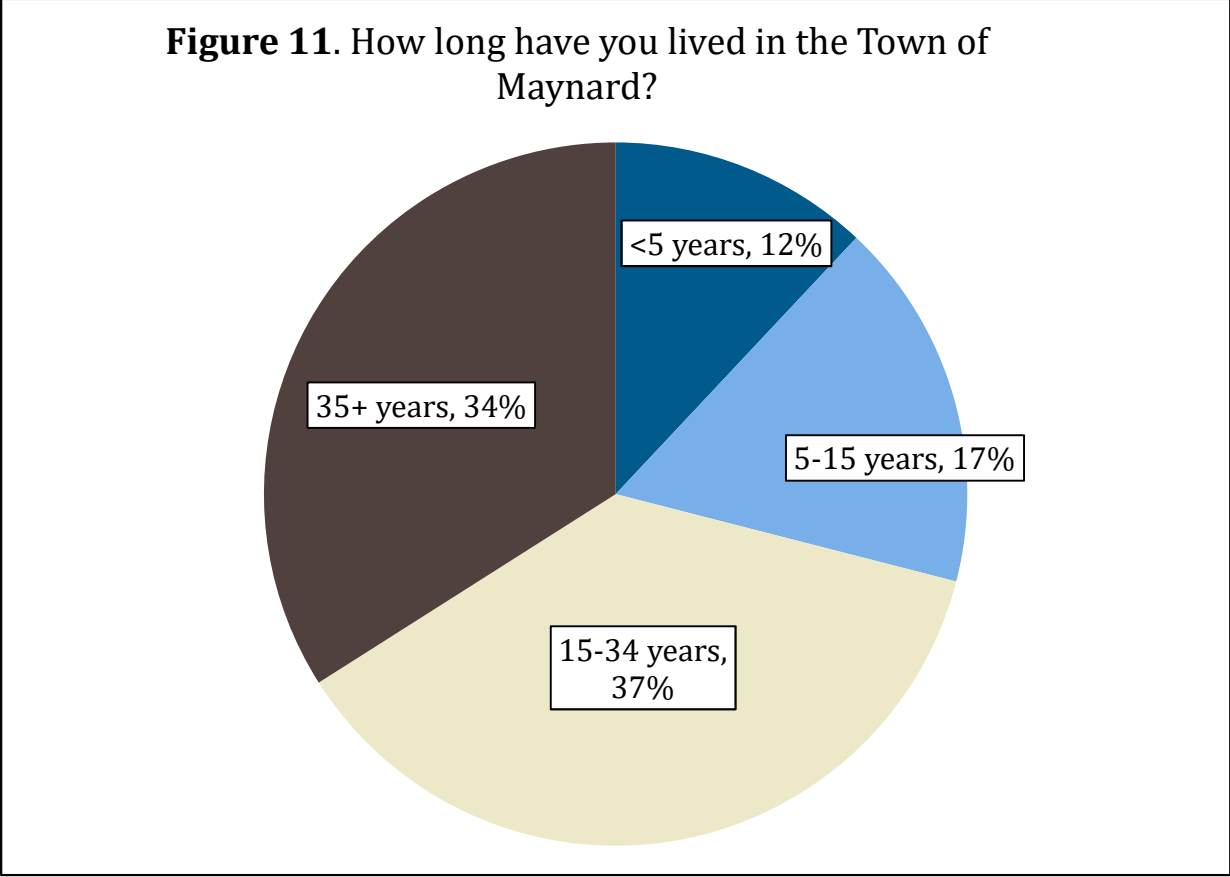
* Source: American Community Survey, 2018–2022, Table B01001

** (Excludes 40 surveys where participants did not report their age.

Community and Neighborhood

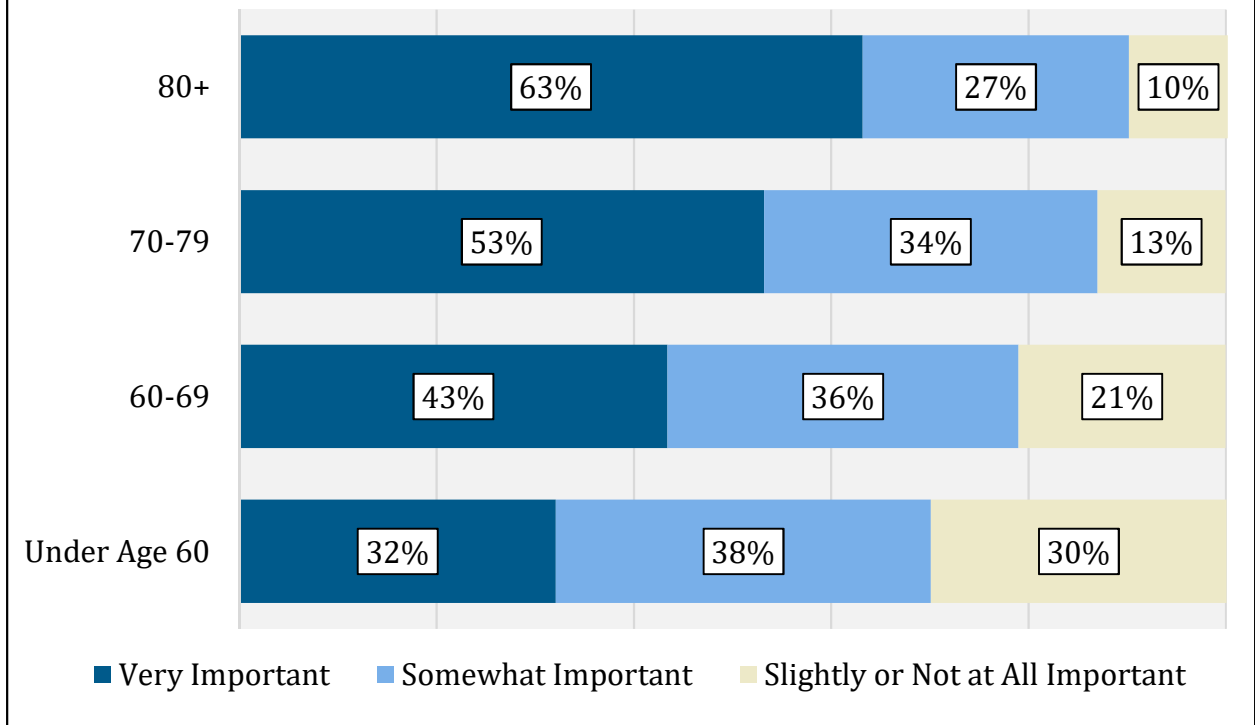
A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes. By aging in place, older adults can retain their independence, as well as maintain valued social relationships and engagement with the community.

Survey respondents include longtime residents as well as relative newcomers (**Figure 11**). About 34% of survey respondents have lived in Maynard for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living in the Town. Also, 29% of survey respondents have lived in Maynard for fewer than 15 years. Those who have lived in Maynard for a shorter duration of time also have valuable perceptions about aging in Maynard, and it is important to hear from both longtime residents and relative newcomers.



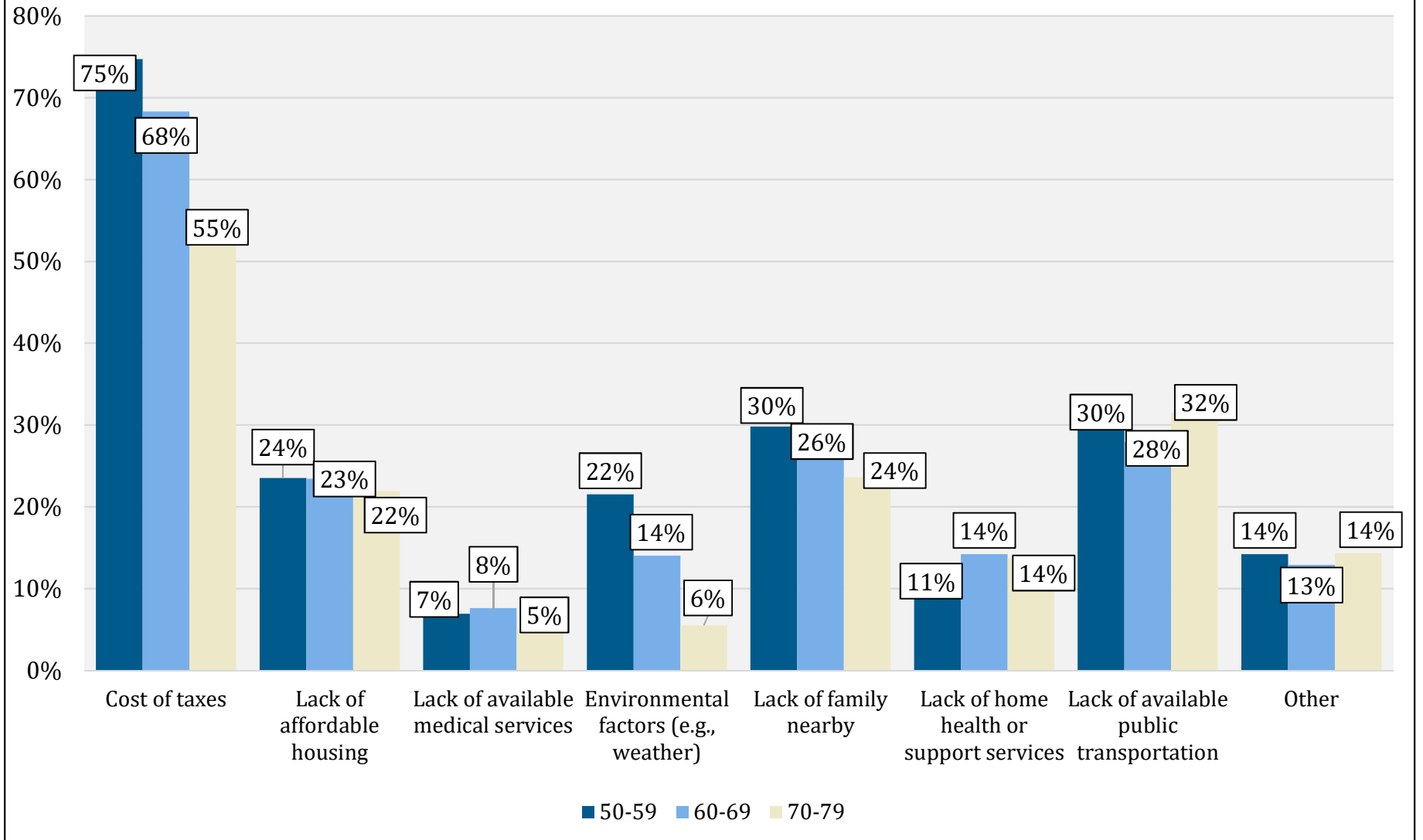
Given that more than one-third of respondents have lived in Maynard for at least 35 years, it is not surprising that a large share wants to remain living in Maynard as they get older. Nearly half of respondents (46%) reported that remaining in Maynard is *very* important (**Appendix A**). **Figure 12** presents responses by age group, demonstrating that the importance of remaining in the Town is stronger among older age groups.

Figure 12. How important is it to you to remain living in Maynard as you get older? By age

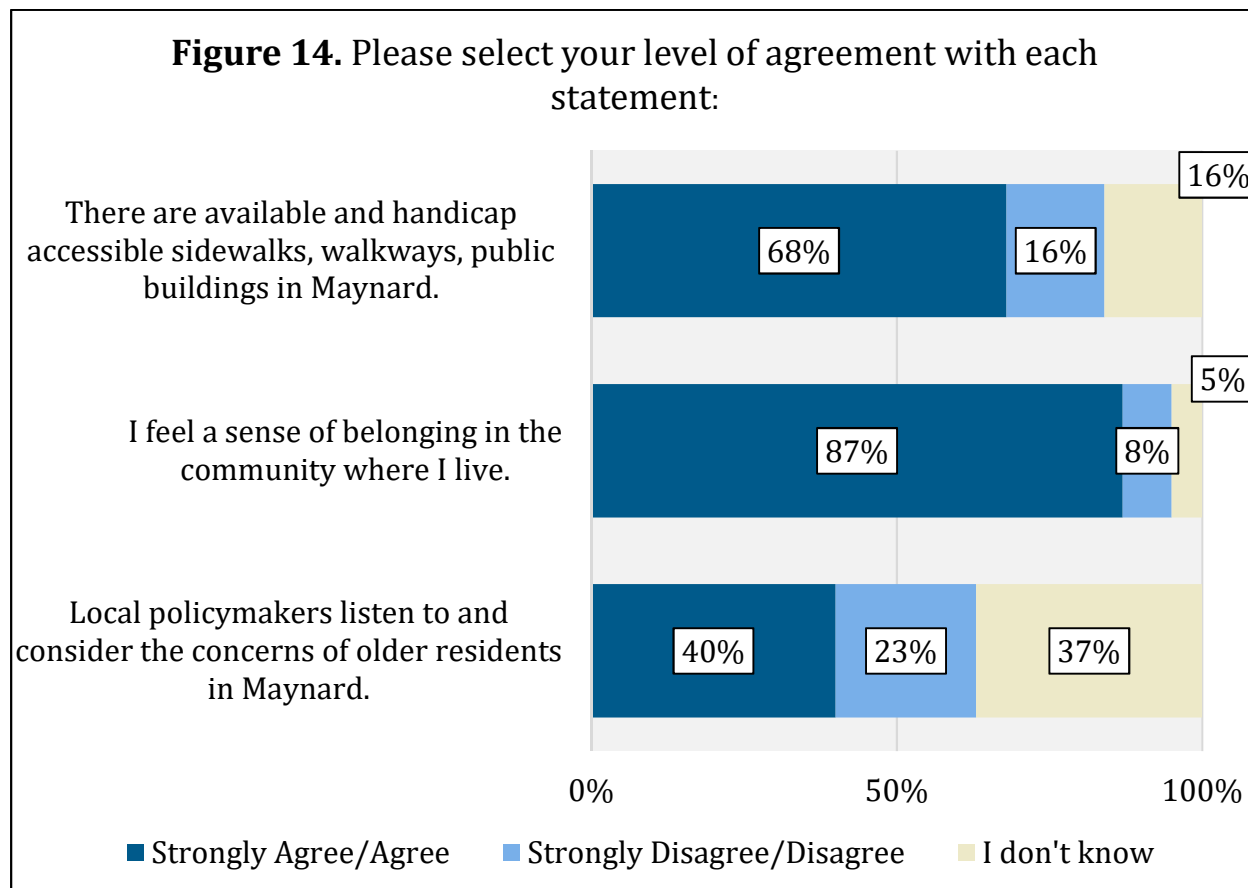


Survey participants were asked to reflect on the reasons that would cause them to leave Maynard in the future. The most commonly cited concern was cost of taxes. Responses ranged from 75% of respondents in their 50s who cited this as the most commonly reported reason they would leave compared to over half of those in their 60s and 70s and 40% of those in their 80s (see **Figure 13**), followed by a lack of available public transportation and lack of family nearby were also among the reasons that could cause residents to leave Maynard.

Figure 13. Which of the following would be reasons to cause you to leave Maynard?



Across all age groups, 23% reported disagreement with the statement “local policy makers consider the interests and concerns of older residents; and 37% of participants responded, “I don’t know” (see **Figure 14**). Most respondents feel a sense of belonging in the community where they live (87%). When it comes to availability of sidewalks and walkways in Maynard, 16% disagree that enough of these walkability features exist in Maynard (see **Figure 14**).



Respondents were asked if they have felt excluded in Maynard because of personal characteristics over the last five years. Although the majority (81%) have not felt excluded, some respondents cited political views (6%), income (5%), or other (5%) as reasons for feeling excluded (see **Appendix A**). Upon further investigation of the “other” write in comments, themes of feeling disconnected to the community due information or awareness of local happenings and isolated instances of inclusion were reported.

Over 1,200 respondents (92%) took time to respond to the open-ended question “What do you value most about living in Maynard?” Responses are summarized into major themes with verbatim quotes shown in **Table 4**. Most write-in responses emphasized the importance of Maynard’s aesthetic charms like size, location, as well as proximity to needed amenities. A large share of survey respondents also stated a sincere appreciation for cultural opportunities alongside a strong sense of community.

Table 4. Sample responses to the question, “What do you value most about living in Maynard?”

Size and location of the town
<i>“Small town vibe, with like-minded community members, and easy access to points of interest/cultural resources, good grocery stores, farmers' market, and nearby organic farms.”</i>
<i>“I enjoy the compact walkable downtown.”</i>
<i>“I like Maynard because it's a small town. On my street, people all know each other.”</i>
Culture and sense of community
<i>“The friends we've made, the small size, how people are involved in the community, family-friendly, inclusive of LGBTQ+, down to earth attitude, not snobby.”</i>
<i>“The people in town, feel welcomed wherever I go, and the closeness of neighbors.”</i>
<i>“Quiet, friendly neighbors, neighbors watch out for each other—it's safe.”</i>
<i>“Sense of community and small-town living. Staying connected to my neighborhood.”</i>
<i>“I value the many opportunities to engage in community like the Book Mill, Green Maynard, the Tree Corps, community concerts/events.”</i>
<i>“I value that it has a cultural district, good library, lots of wonderful small businesses - including the movie theater, rail trail, Assabet Wildlife Refuge, in the past three pollinator meadow behind the former Art Space.”</i>
Proximity to amenities
<i>“It's the center of the universe. :) Really - it is between 128 and 495, has 3 routes through it 62, 27 and 117 and is only miles from Rt. 2. Close enough to Boston, with a small-town cozy feel.”</i>
<i>“It's close to Boston, the airport...”</i>
<i>“I love my neighborhood—being able to walk so many places, the Coop, movie theater, the library, shops + restaurants.”</i>
<i>“I love that there is a walkable downtown area with a ton of small local businesses.”</i>

A similar level of replies was received with responses to the open-ended question, “What are your greatest concerns about your ability to continue living in Maynard as you get older?” Statements provided could readily be categorized into 4 key areas of concern: 1) property taxes; 2) cost of living more broadly; 3) transportation; and 4) limited senior center activities and services. Below, **Table 5** summarizes these concerns, drawing on verbatim responses from 1,200 (92%) survey responses.

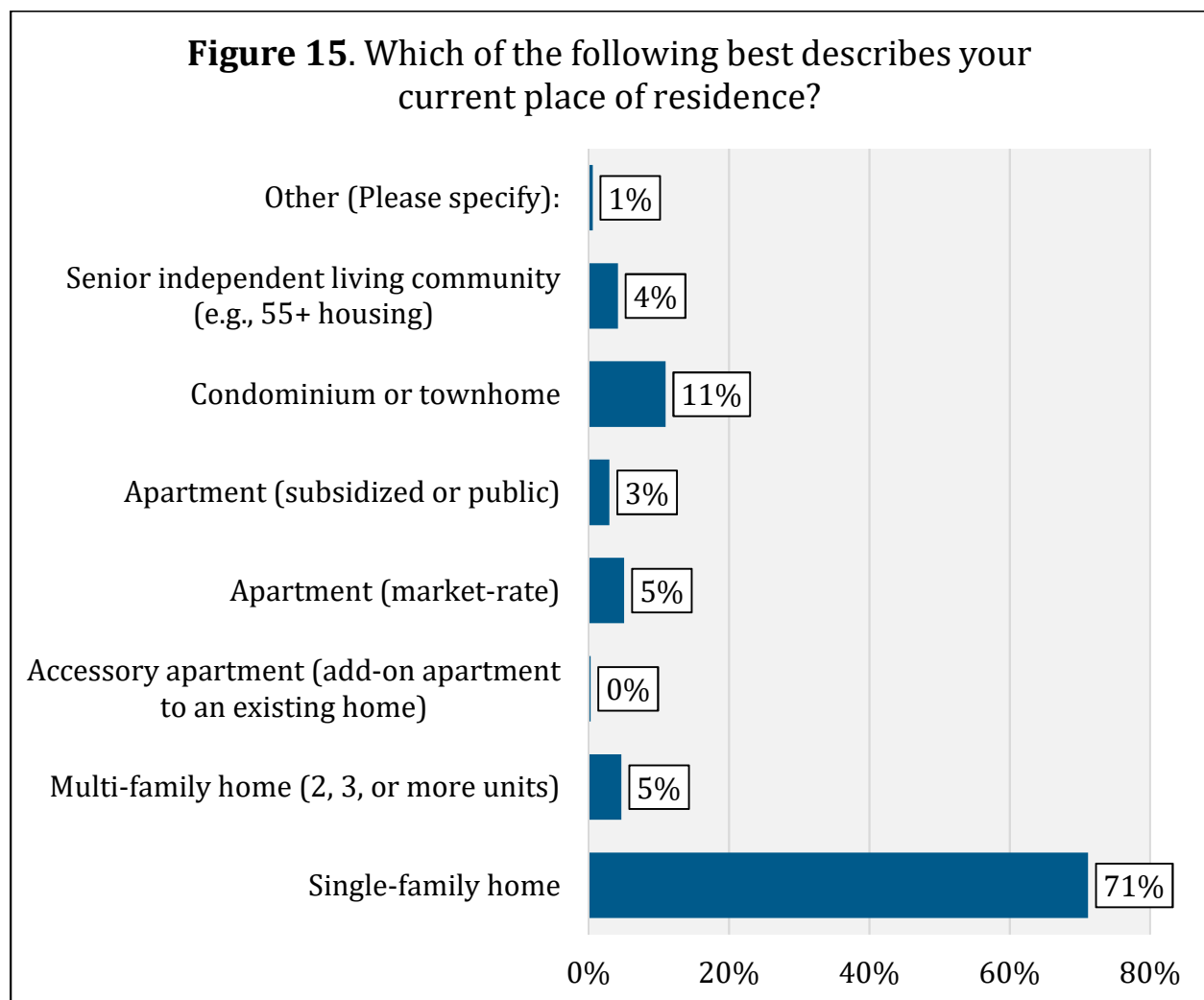
Table 5. Sample responses to the question, “What are your greatest concerns about your ability to continue living in Maynard as you get older?”

Increasing costs of property taxes
<i>“Cost, the value received is fantastic, but the total cost is rising to heights I may not be able to meet.”</i>
<i>“The people are wonderful; however, the taxes are way too high, and we won’t be able to live here for very long if they keep going up”</i>
<i>“Currently, the cost of houses is too expensive, and taxes are too high. Would like to move out of our house that is too big but getting a smaller house in Maynard is almost impossible.”</i>
Costs of living threaten quality of life and ability to stay in Maynard
<i>“Costs! ...utilities (water, electric, gas) are very expensive; concern about drinking water quality of town water.”</i>
<i>“Generally, the cost of living keeps rising, though I don't know where I could live more reasonably than Maynard. It would be great if there were more affordable housing units.”</i>
<i>“I don't have any retirement plan + I don't know how I will live in the future after work.”</i>
Accessibility of services and programs for older adults
<i>“Being able to stay connected and have ways to get around once we no longer drive; potential for isolation that faces so many seniors.”</i>
<i>“My mobility seems to be decreasing. There needs to be a larger more accessible senior center with good & close parking.”</i>
<i>“Maynard needs a Senior Center that has level access and not an incline for an entrance! Dangerous!”</i>
<i>“Accessibility to the Council on Aging, which is now located at the country club, is a big concern for me.</i>
<i>“Able to walk to downtown, ambulance service in town, senior grab n Go lunches would be a big help if offered more frequently.”</i>
<i>“Lack of services through COA or ASAP.”</i>

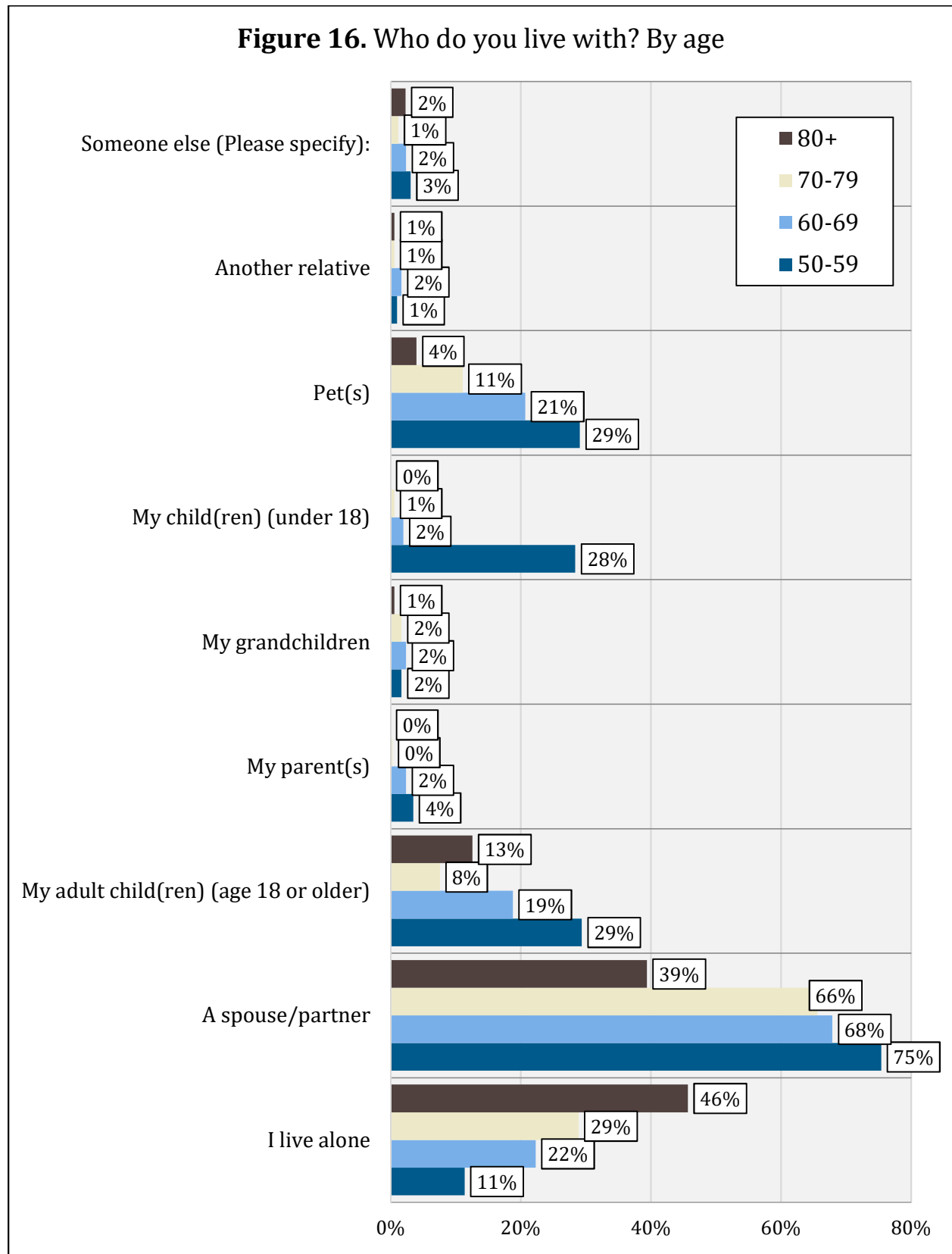
Housing

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases. 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. The availability of affordable housing options, especially those with accommodating features, including assisted living, may allow residents who are no longer able to stay in their existing homes to remain in their community.

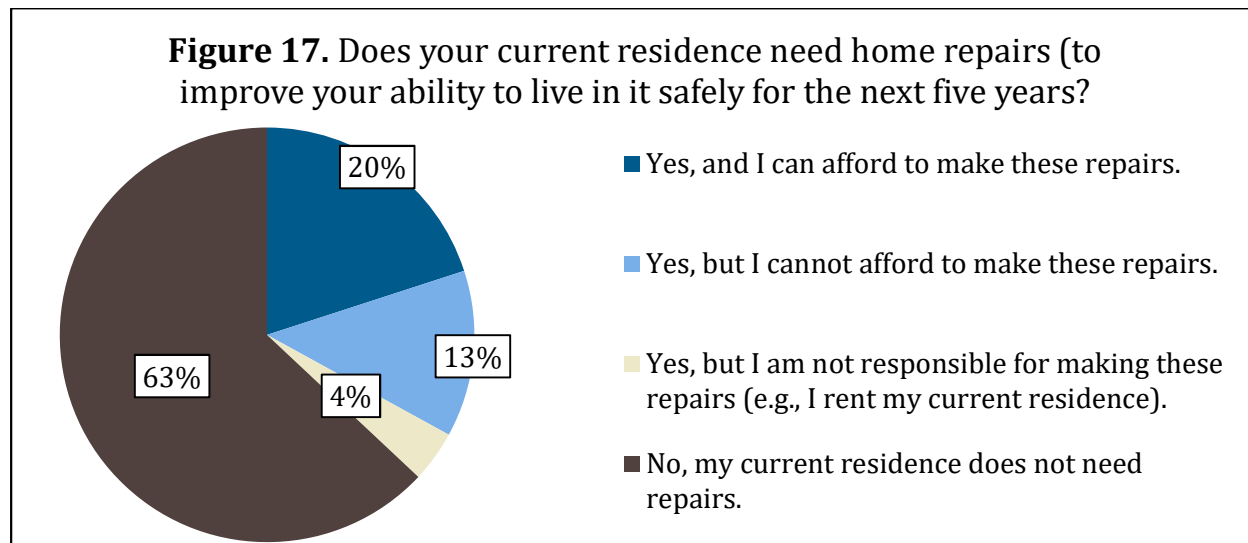
More than 70% of survey respondents report living in a single-family home, 11% report living in a condominium or town home and 8% report living in an apartment (either market rate; 5% or subsidized (3%))(see **Figure 15**).



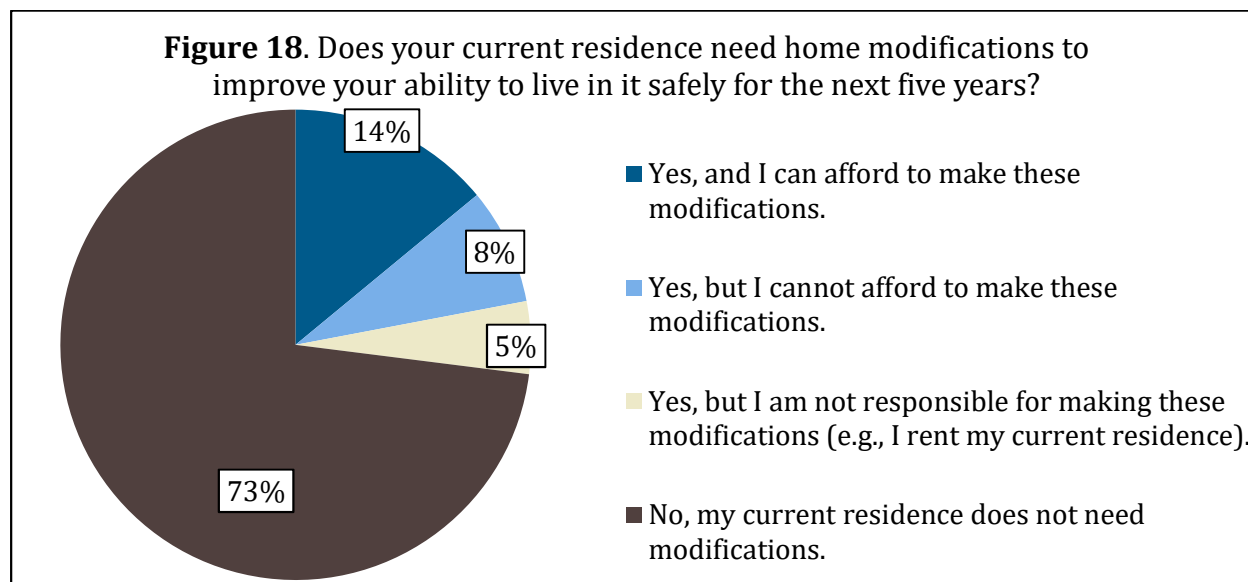
Most survey respondents live with at least one other person, but this figure decreases with age. About 22% of respondents in their 60s live alone; this increases to 46% of respondents age 80+ (Figure 16).



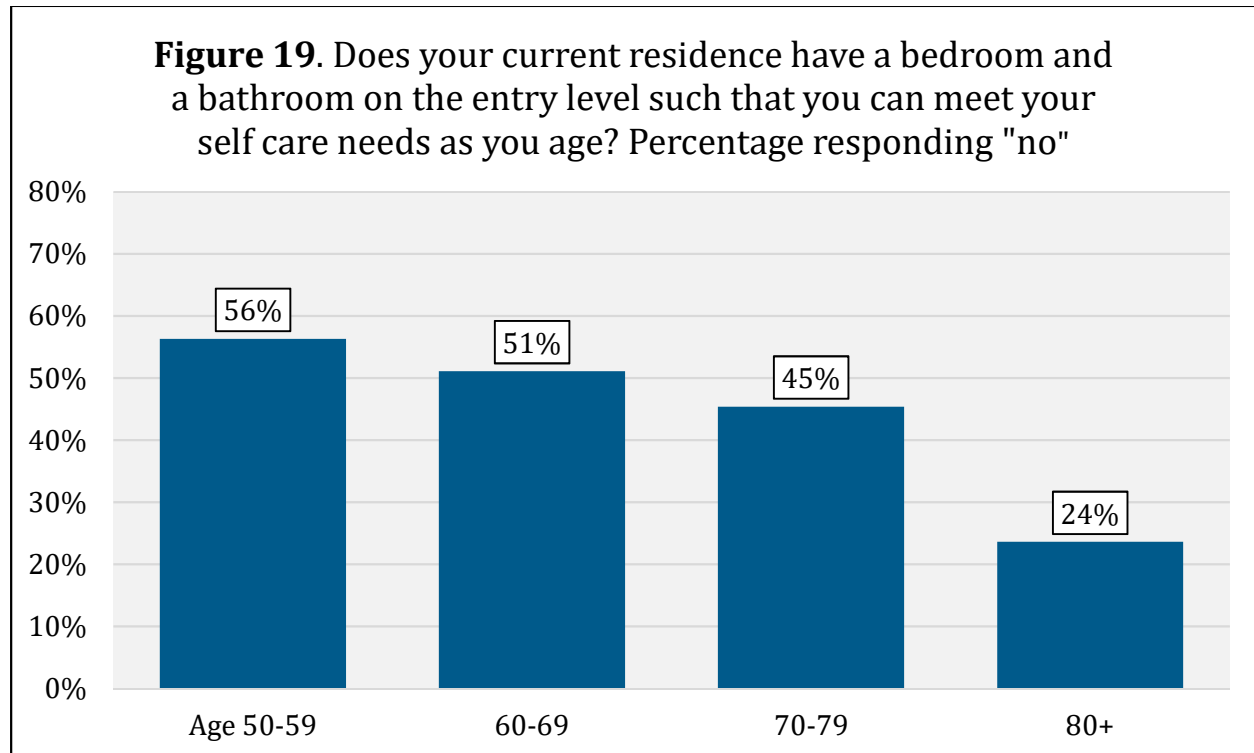
Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. Survey participants were asked, “Does your current residence need home repairs (e.g., a new roof, heating system etc.) to improve your ability to live in it safely for the next 5 years?” and 63% responded that their residence does not need repairs (**see Figure 17**). Among those whose homes do need repairs, 13% cannot afford to make repairs, and about a 4% are not responsible for making repairs (**Figure 17**). There is a sizeable segment of Maynard’s older population who need to make changes to their current housing that don’t have access to the appropriate information or support to make them.



Similarly, respondents were asked if their current home needed modifications that would improve their ability to live in it safely for the next 5 years. **Figure 18** shows that smaller shares need these modifications, compared to repairs, and that among those who need modifications, 8% cannot afford to make these changes and 5% report not being responsible for these changes (e.g., they rent their residence).

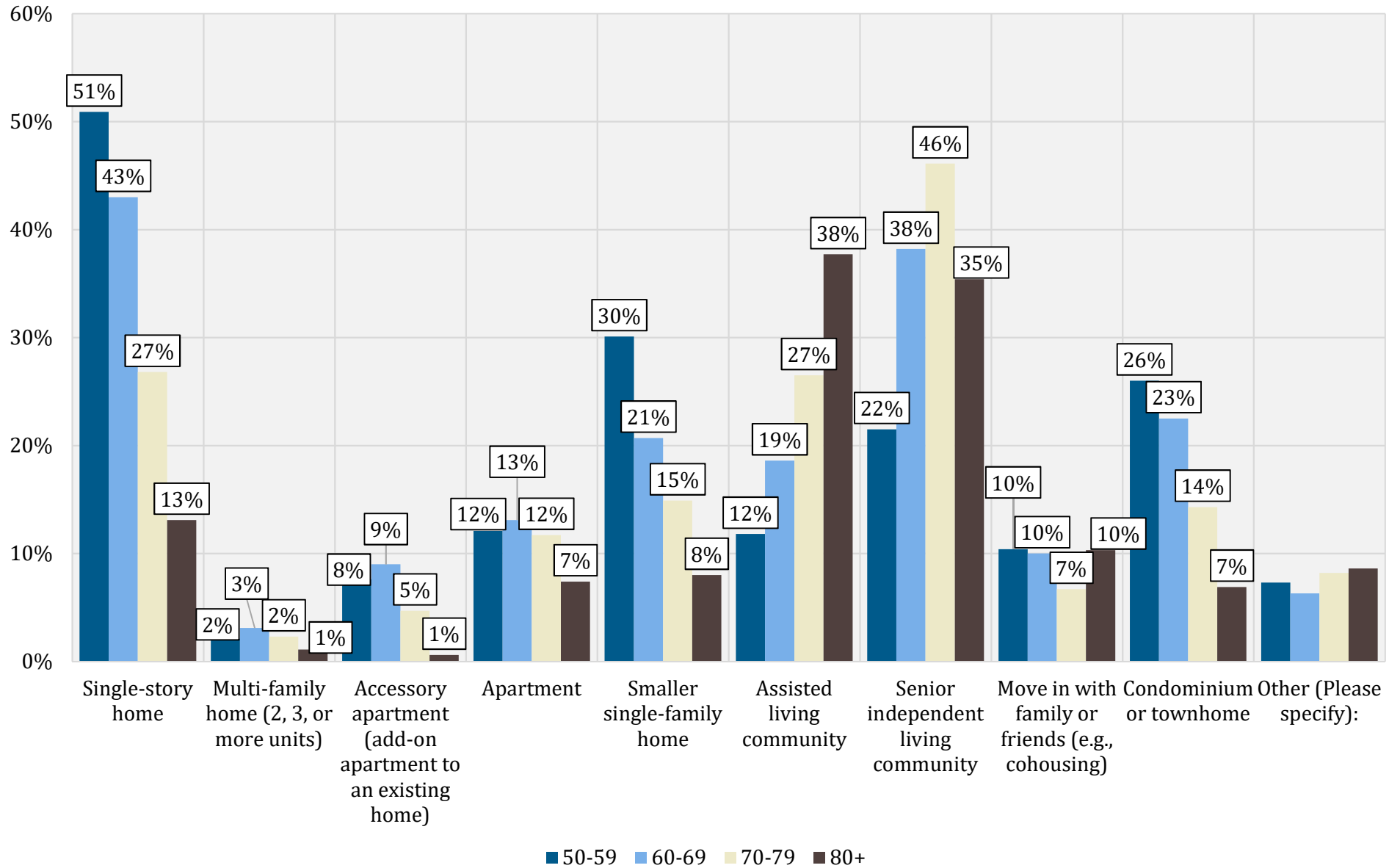


In order to assess the “age-friendliness” of the housing stock in Maynard, respondents were asked if they currently had a bedroom and bathroom on the entry-level of their home—an important feature as occupants age and mobility (e.g., climbing up and down stairs) becomes more challenging. Among all respondents, 47% do not have this feature in their home (See **Appendix A**). **Figure 19** shows that half of younger respondents, in their 50s and 60s, do not have this feature compared to only 24% of those in their 80s. Having living space that can be accessible as residents age is crucial for maintaining independence.



Survey participants were asked again to consider the next 5 years and to identify preferred types of housing if they or their partners’ health or physical ability required moving from their current residence. A senior independent living community was the most frequently reported type of preferred housing, selected by 36% of respondents (**see Appendix A**) and a single-story home (36%); however other preferences differed by age group, as presented in **Figure 20**. Respondents age 80 or older more frequently preferred housing that included some built-in community or supports, such as an assisted living community (38%), senior independent living community (35%). About half of respondents in their 50s would prefer a single-story home, and 30% would prefer to move to a smaller single-family home. The varied interest and need for different kinds of housing for older residents to age in Maynard has implications for housing stock needs in the Town.

Figure 20. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Maynard?



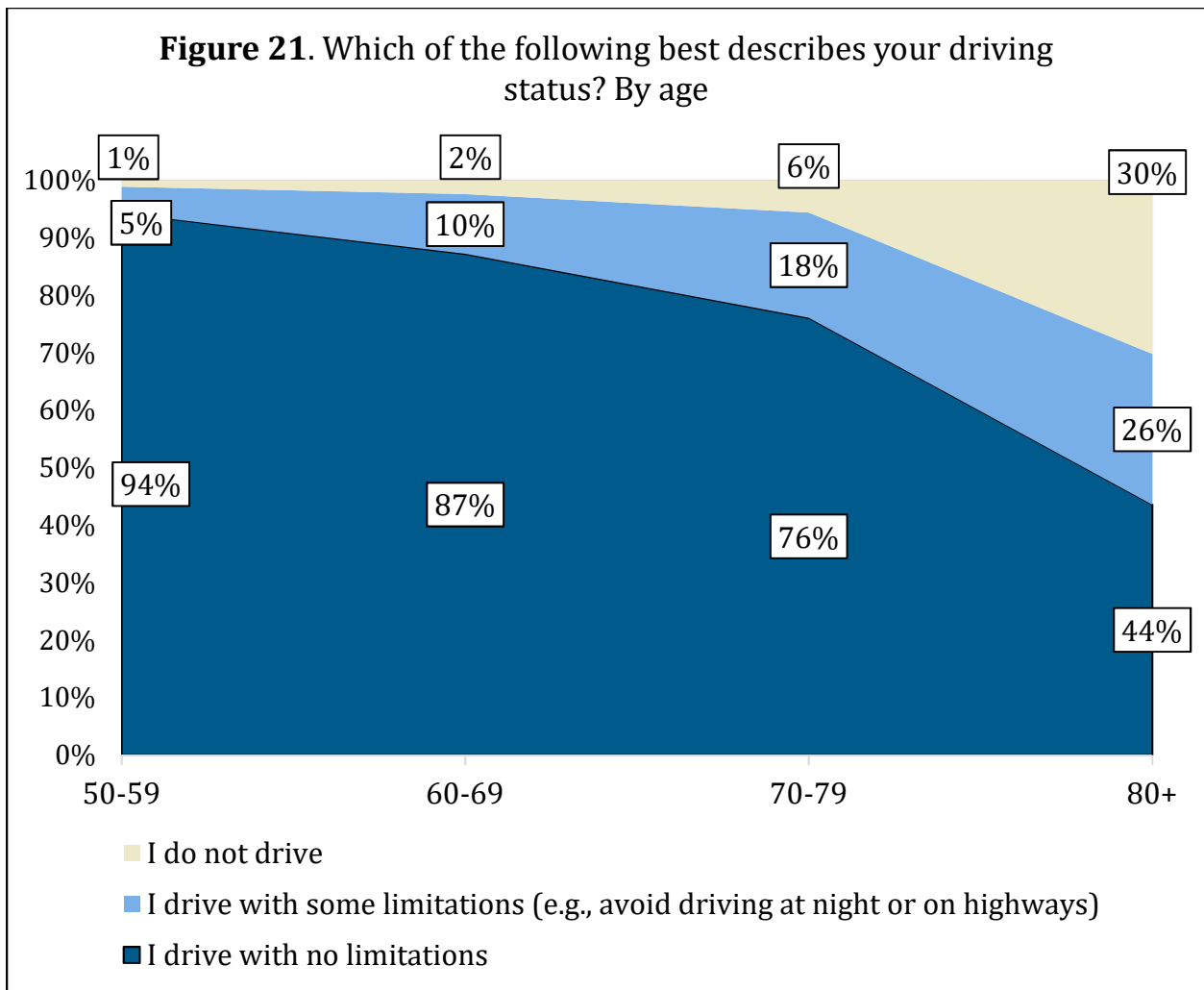
Transportation

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, compared to older drivers, non-drivers report lower quality of life and less community involvement.

Maynard is a suburban Town located approximately 22 miles west of Boston in the MetroWest region. Overall, transportation options beyond driving oneself are extremely limited. There is a small walkable downtown that is accessible by few options⁷. The older residents are served by Maynard Council on Aging contacted van transportation, and there is a nearby commuter rail in neighboring South Acton. The WRTA Worcester Regional Transit Authority bus routes are available nearby, in addition to taxi and ride share options.

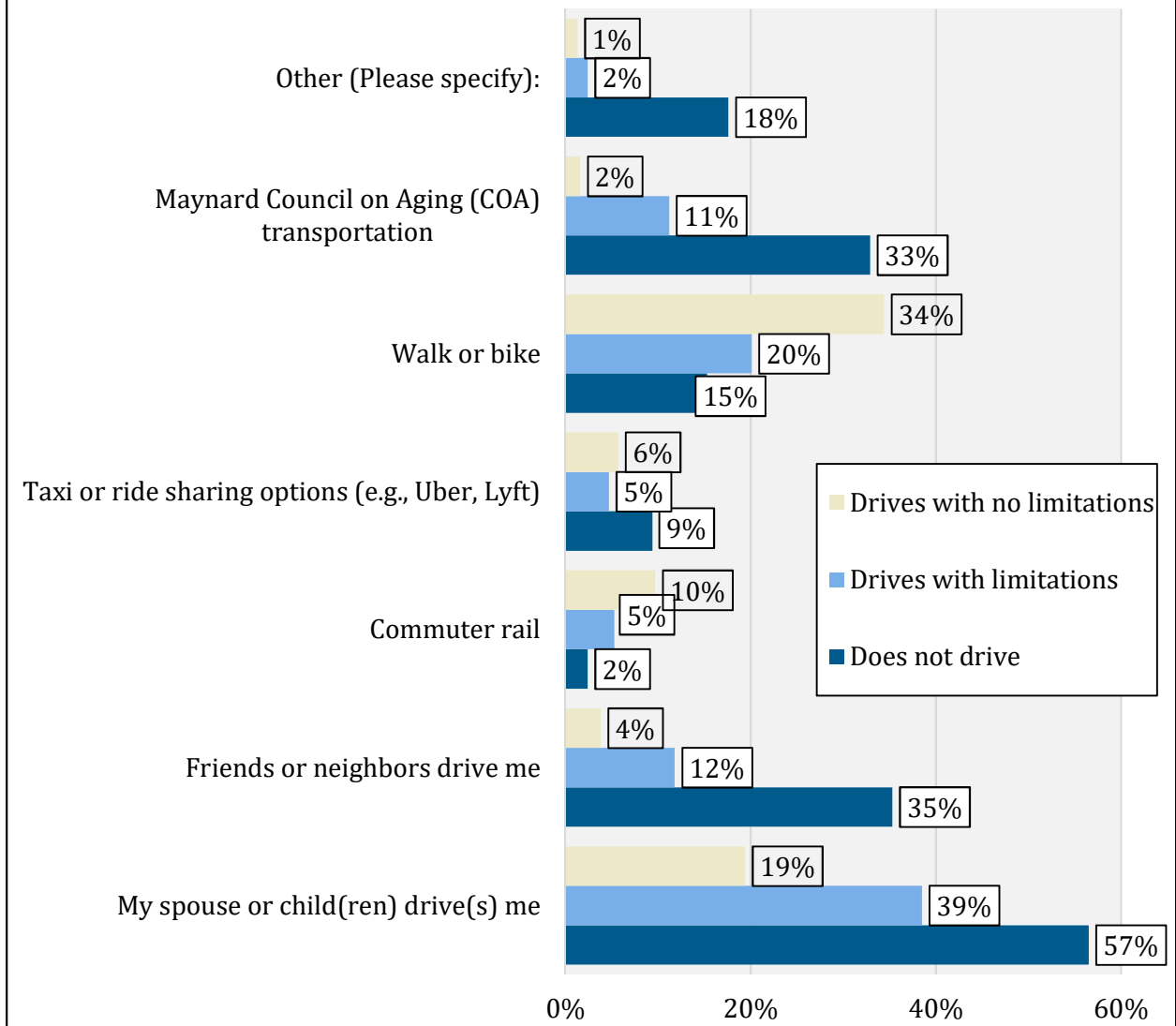
Survey results show that about 7% of respondents do not drive, and an additional 13% drive with some limitations (**Appendix A**). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in **Figure 21**. For example, 5% of those in their 60s report modifying their driving in some way compared to 18% of those in their 70s or 26% of those age 80 or older. Thirty percent of respondents age 80 or older reported not driving.

⁷ More details about getting around Maynard can be found here: <https://www.Maynardma.gov/departments/ospcd/transportation-and-infrastructure/getting-around-Maynard>.



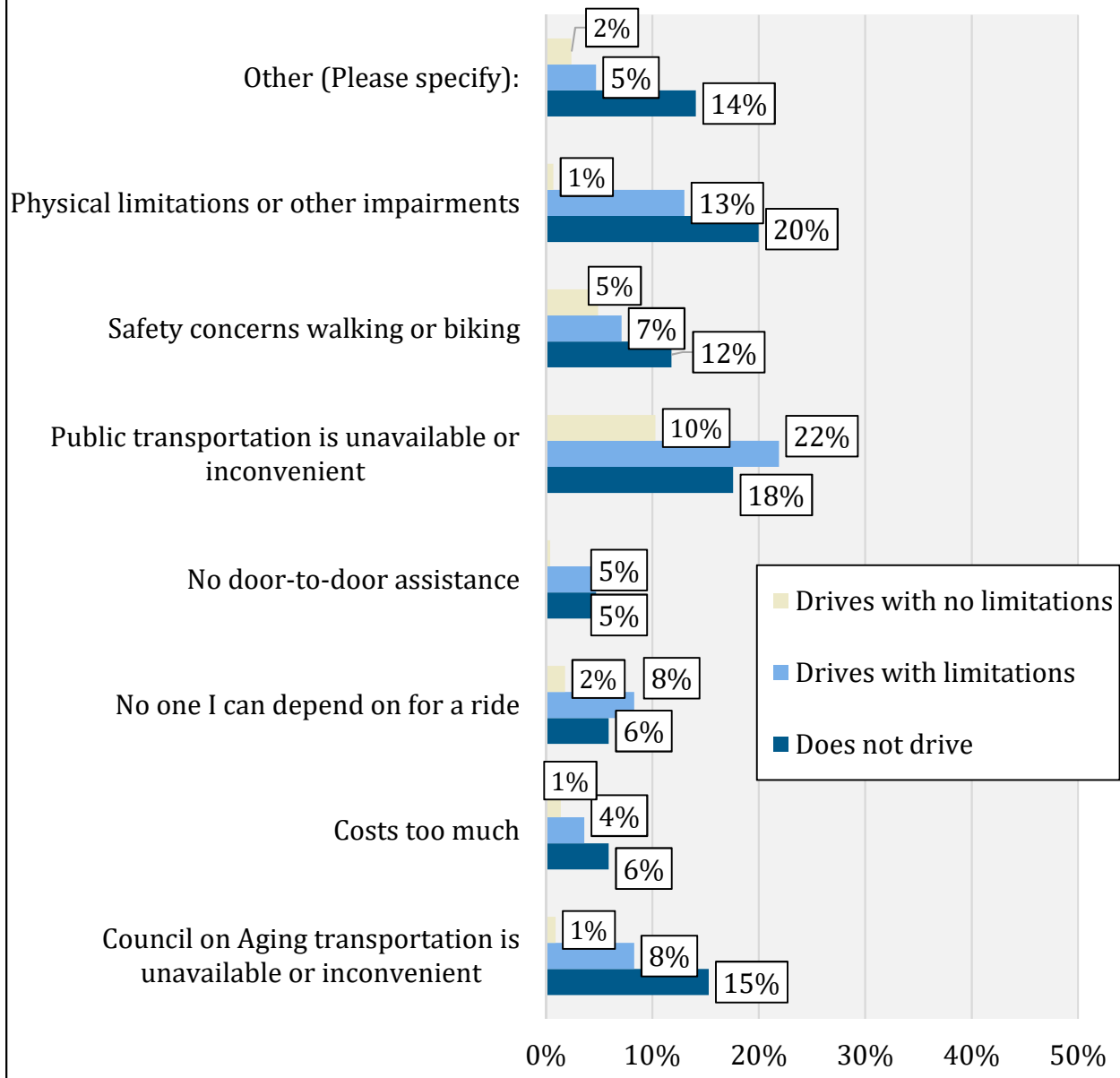
While driving is a primary mode of transportation for most survey respondents, walking and biking was selected as a mode of transportation for those who drive with no limitations (see **Figure 22**). Among those who do not drive at all, or limit their driving in some way, many rely on their spouse or children for their transportation needs. **Among those who do not drive at all**—one third report using the Maynard Council on Aging transportation, suggesting that it functions as a lifeline to those residents who may otherwise be home bound (see **Figure 22**).

Figure 22. What are the ways in which you meet your transportation needs? By driving status



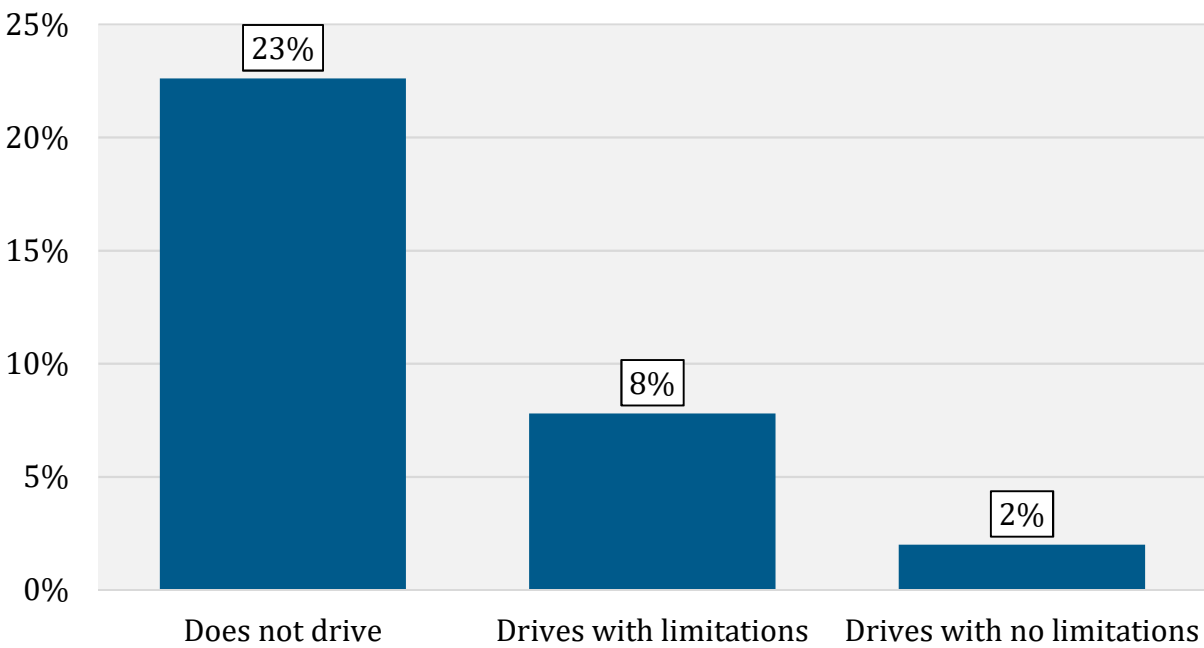
Eighteen percent of respondents reported at least one difficulty when getting needed transportation (see **Appendix A**), and challenges experienced differ slightly when compared by driver status (**Figure 23**). For example, only 1% of respondents who drive with no limitations reported having a mobility limitation or other impairment as a challenge, compared to 13% of those who drive with some limitations and 20% of those who do not drive. Similarly, 10% of those who drive without limitations cited unavailability or inconvenience of public transit as a challenge; this figure more than doubles to approximately 22% for both drivers with limitations and 18% of non-drivers.

Figure 23. What kind of difficulties do you have in getting the transportation that you need? By driving status



A small share of respondents (4%) reported “yes” when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (see **Appendix A**). When considering driving status, however, 8% of those who drive with limitations and 23% of those who do not drive reported “yes” to this question (see **Figure 24**). These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Maynard’s older resident community.

Figure 24. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation? Percent responding "yes"

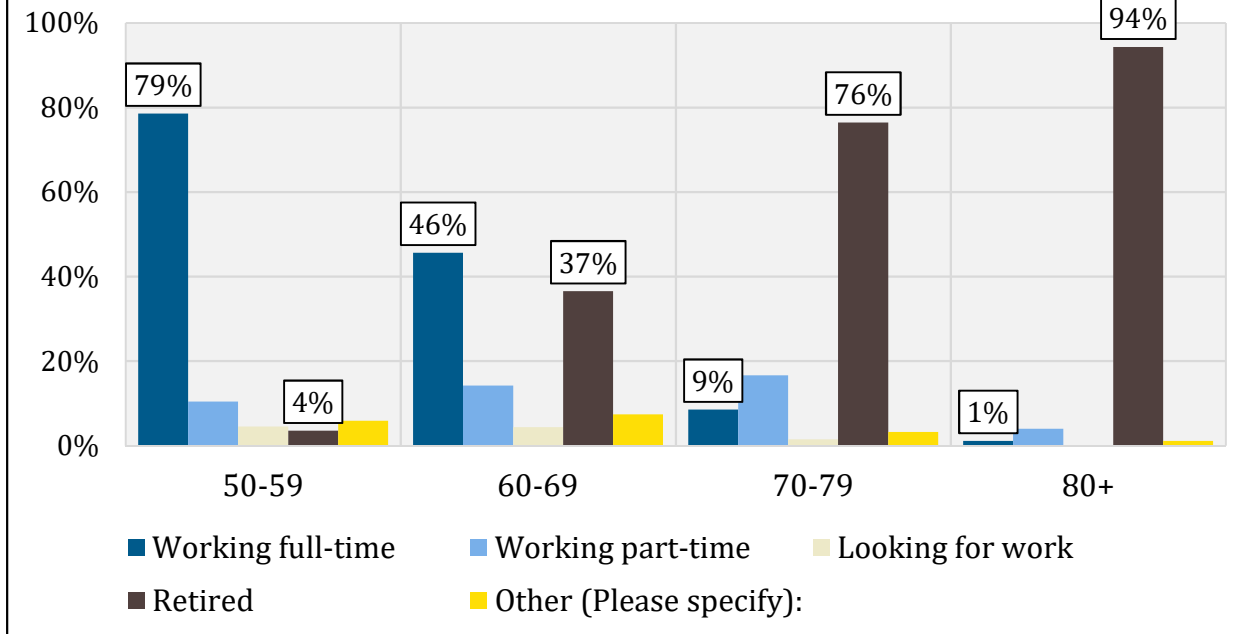


Employment, Retirement & Financial Security

Remaining in or reentering the workforce due to financial necessity or personal preference is a decision that shapes later life for most older people. For those still working, their experiences can mean less hours, different schedules, and an interest in maintaining professional relationships. For those who have chosen retirement, maintaining active lifestyles and contributing to the world around them can be important factors when considering how to spend their time. Regardless of employment status, the ability to pay for necessary expenses and maintain quality of life can be challenging due to age-related shifts in health, ability, costs, and streams of income.

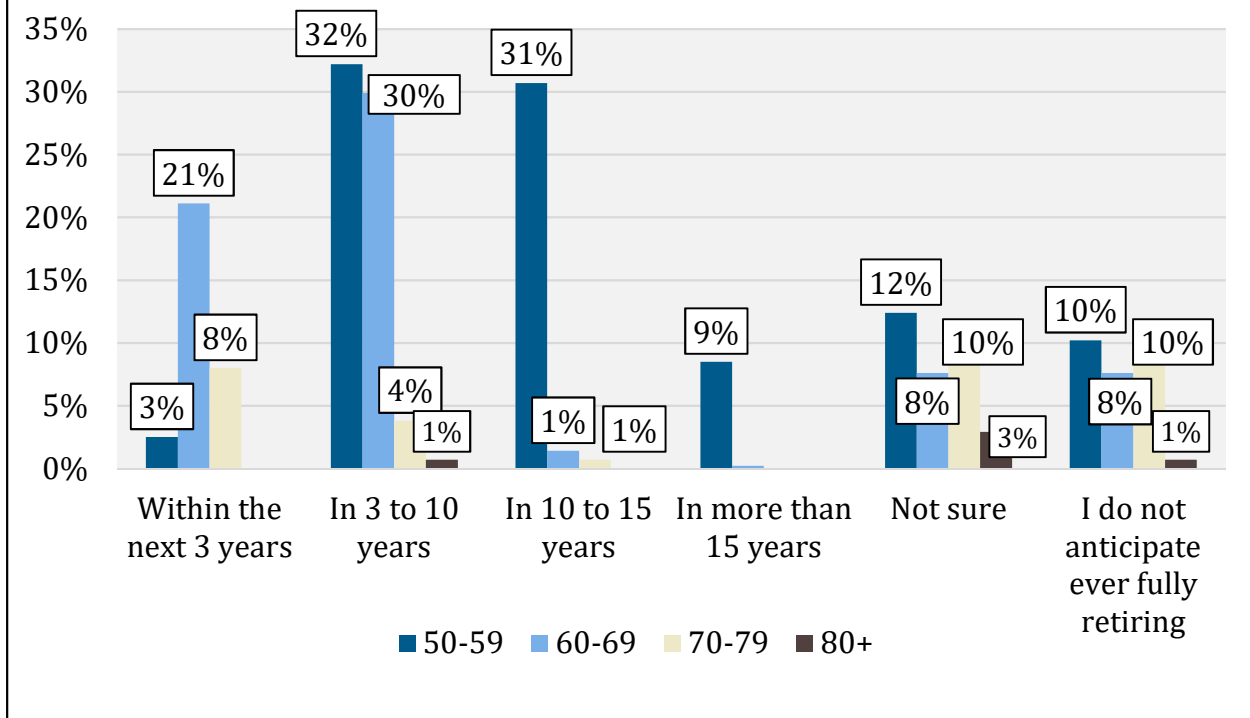
Among survey respondents in their 50s and 60s, many are still working. **Figure 25** shows that 79% of those in their 50s and 46% of those in their 60s are still working full time. As well, between 10% and 17% of respondents age 50-79 report looking for work, suggesting that for some Maynard resident's employment support could be useful.

Figure 25. What is your employment status? By age

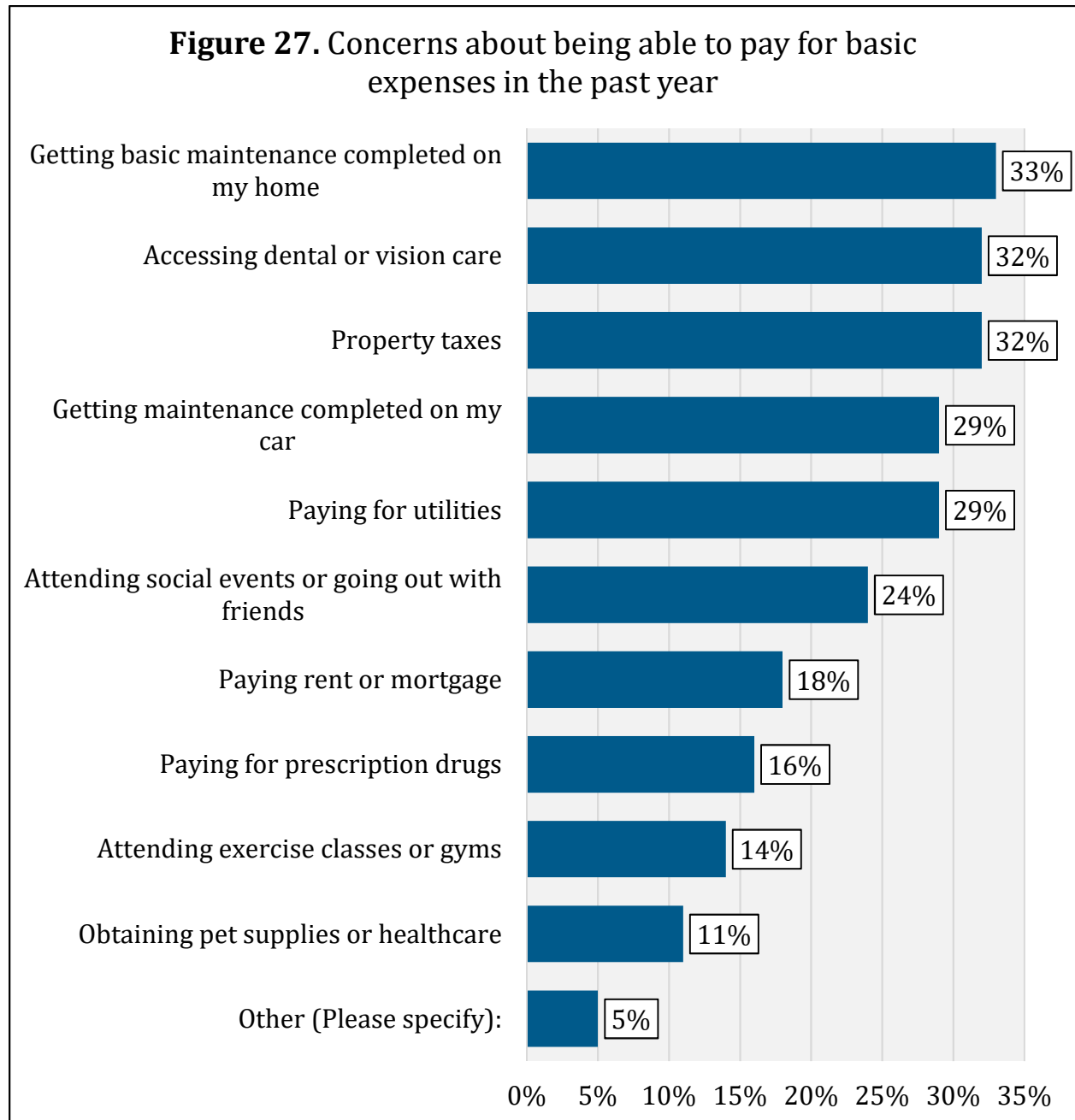


For those who responded that they are still working full or part-time, 30% expect to retire within the next 10 years (see **Appendix A**). **Figure 26** illustrates that 9% of respondents who are still working do not know when they expect to retire, and 8% do not anticipate ever retiring. Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

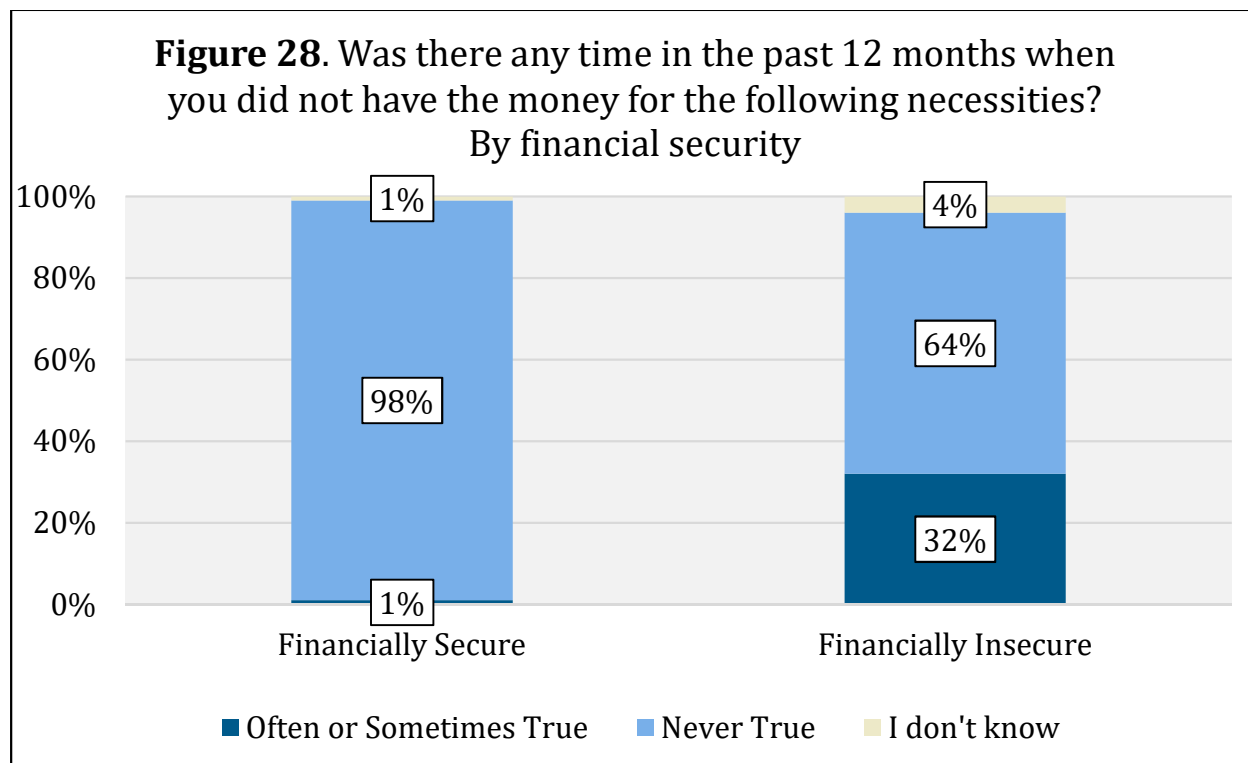
Figure 26. When do you plan to fully retire? By age



In addition to current employment, survey questions covered topics of financial security. For one, participants were asked if they have concerns about being able to pay for basic expenses in the past year and 22% of survey respondents reported having at least one financial concern (see **Figure 27**). Among those reported at least one concern, the most commonly cited concern was related to home maintenance (33%), accessing dental or vision care (32%) and property taxes (32%) and property taxes (32%).



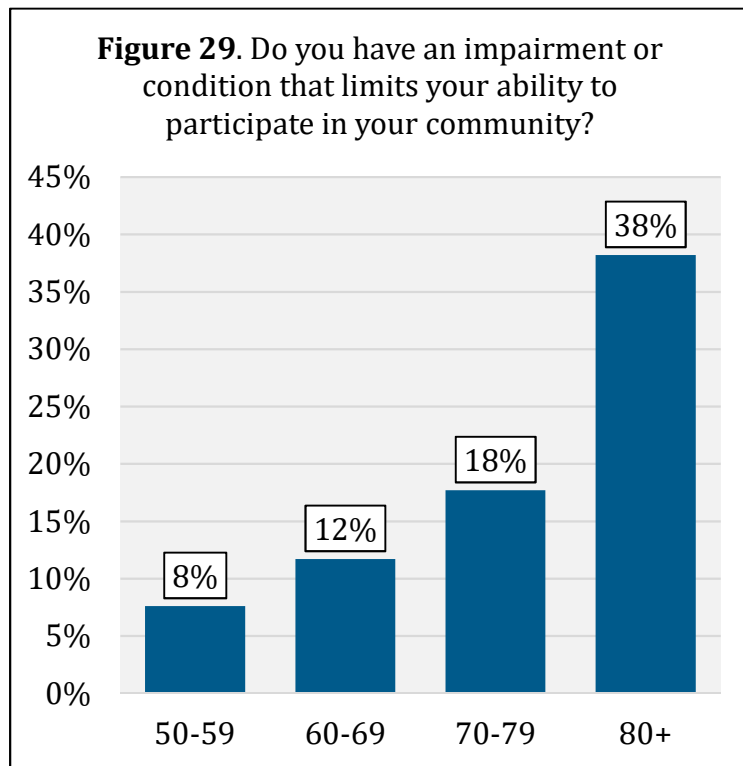
In response to the statement, “In the past 12 months, I worried whether my food would run out before I got money to buy more.” Among all respondents, 8% reported some level of worry about food security (see **Appendix A**). Among those who reported at least one financial security concern, the rates of food insecurity go up to 32% (see **Figure 28**). Access to food, in relation to financial security, is a concern for Maynard residents, particularly among those with financial concerns that may be in a position of making choices about spending limited resources on things like property taxes, utilities, medications or food.



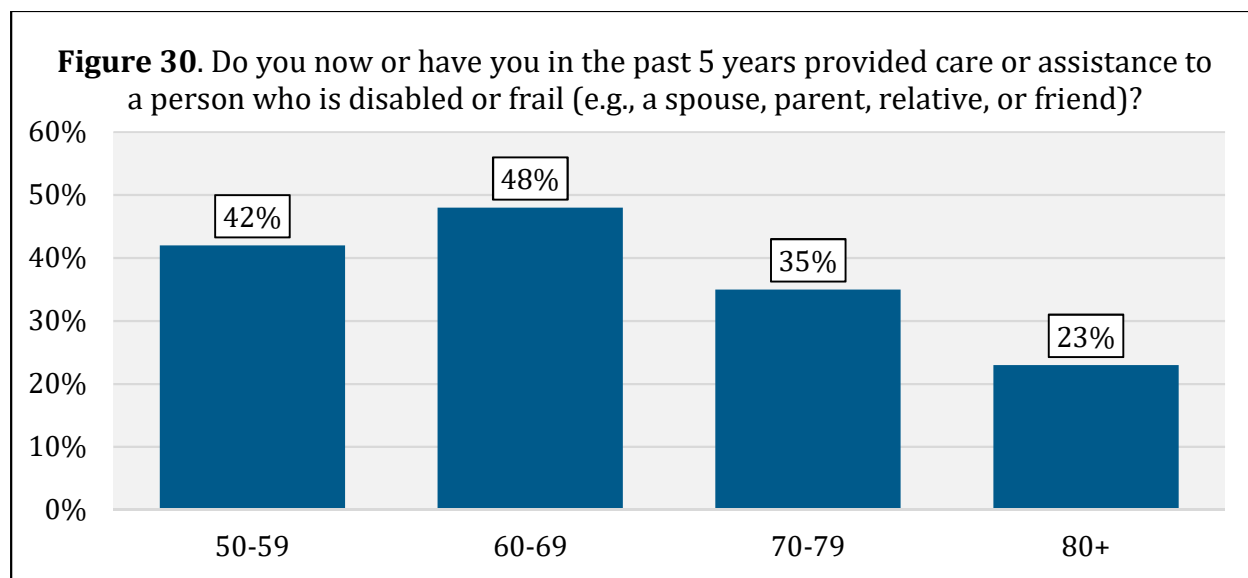
Health & Caregiving

Accessible and affordable community and health services are crucial in keeping seniors healthy, independent and active. This involves an appropriate supply of aged care services conveniently located close to where older people live. This includes the spectrum of health care services and in-home supports and services provided by professionals but also families. 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](#)).

Survey participants were asked to report whether they had an impairment that limits their ability to participate in community activities. Although 16% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 12% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share rises to 18% for respondents in their 70s, and increases to 38% of respondents age 80 or older (see **Figure 29**).

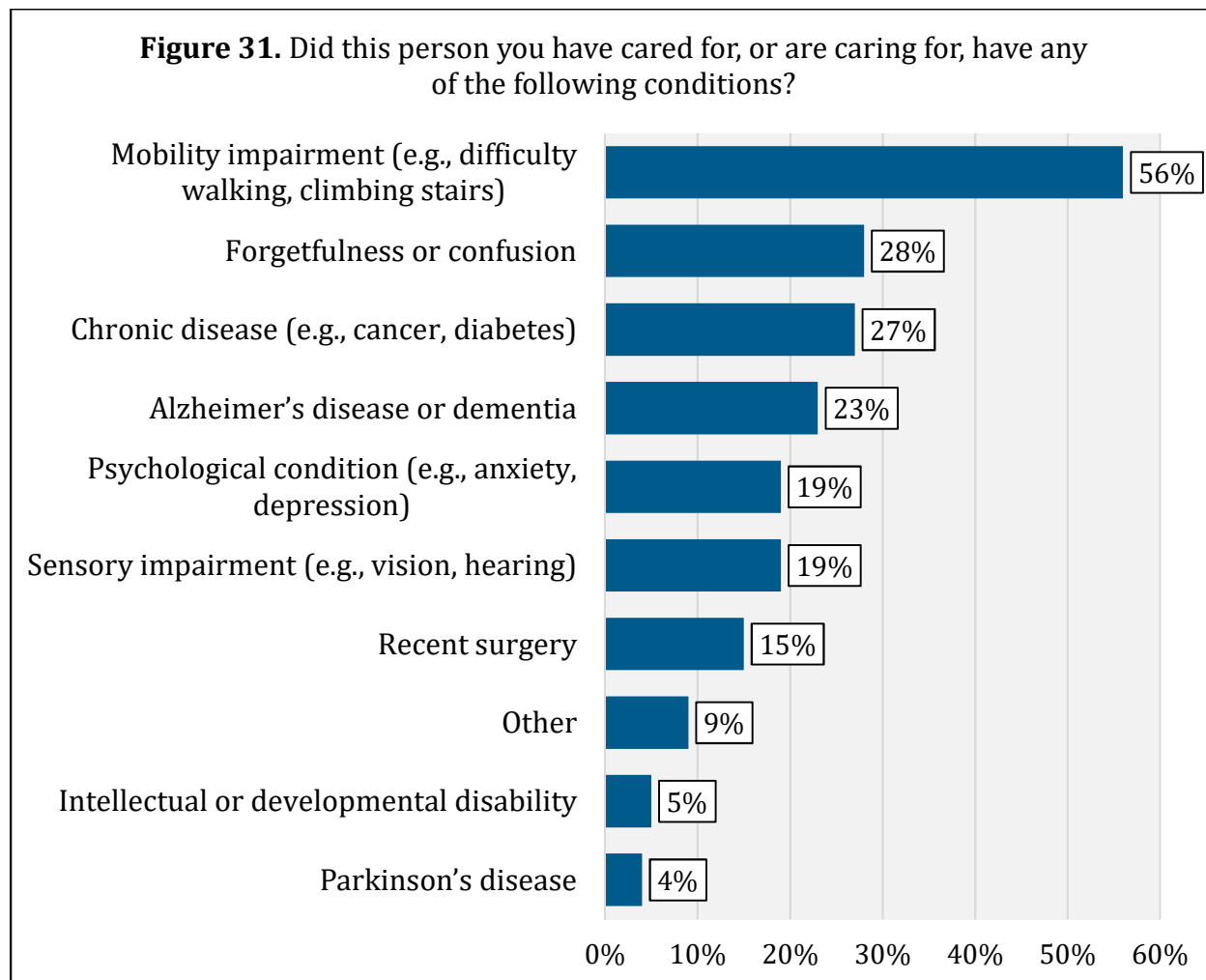


According to the Centers for Disease Control (CDC), the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older, and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals⁸. Among Maynard survey respondents, more than one third (40%) reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years (see **Appendix A**). That share is highest among respondents in their 60s (48%) (**Figure 30**).



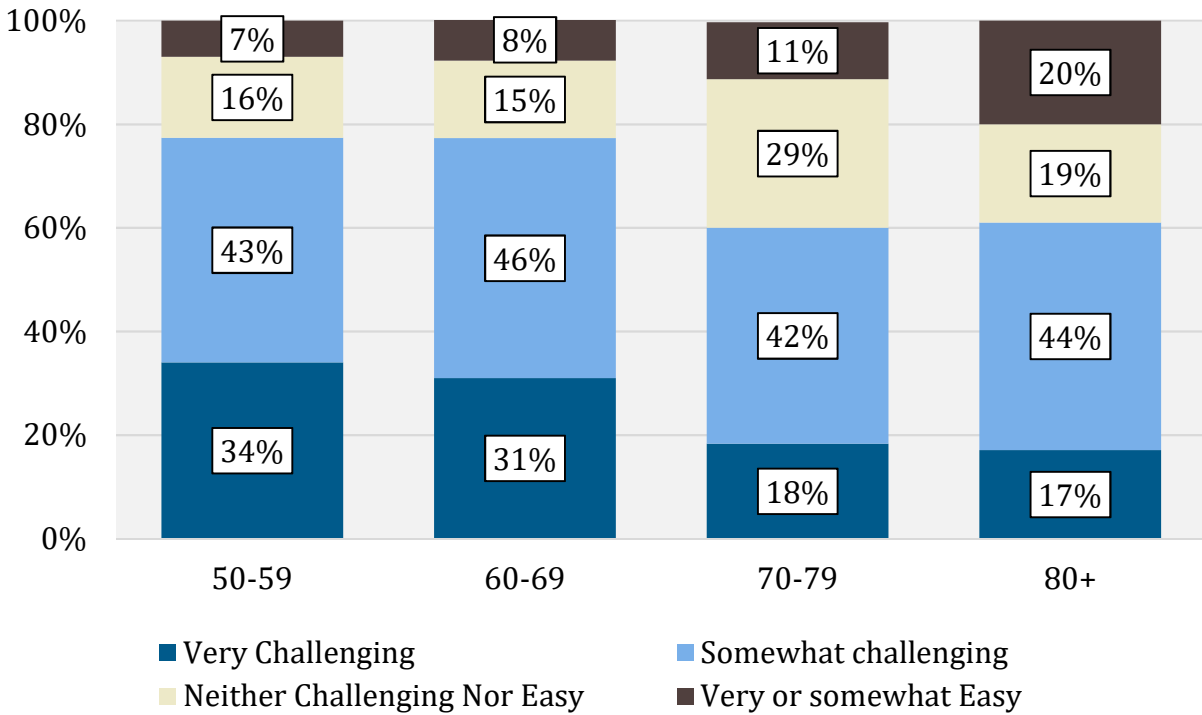
⁸ <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

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; 56%), while 28% of the people the survey respondents cared for were experiencing forgetfulness or confusion and 27% were living with a chronic disease such as cancer, diabetes, or asthma (**Figure 31**). Nearly one quarter of the caregivers reported caring for someone with Alzheimer’s disease or other dementias (23%), and 19% reported caring for someone with a psychological condition, such as depression or anxiety. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.



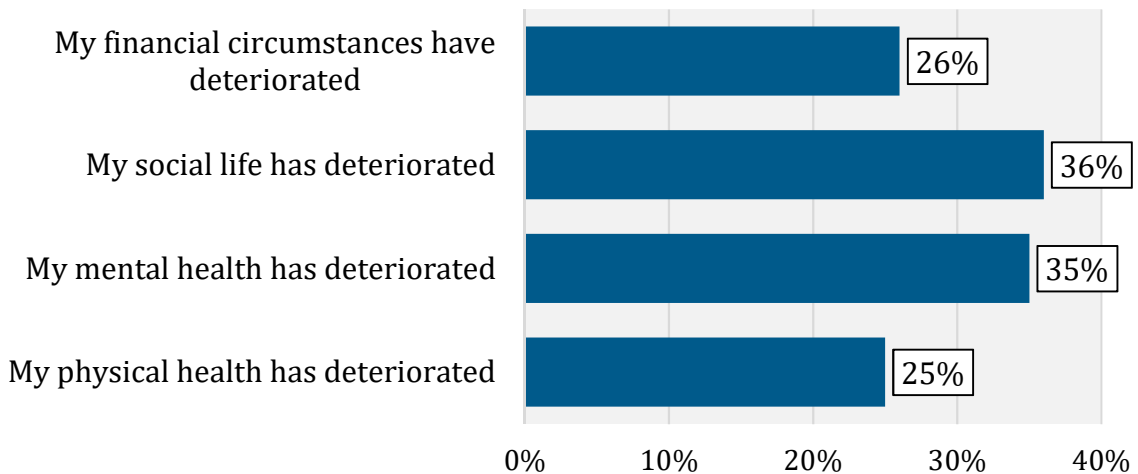
Among those in their 50s who have provided care or assistance to someone within the past 5 years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities (34%) (**Figure 32**). A slightly lower share of caregivers in their 60s (31%) reported their experience as somewhat or very challenging compared to 18% of respondents in their 70s and 17% of those age 80 or older. (**Figure 32**).

Figure 32. How challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work?

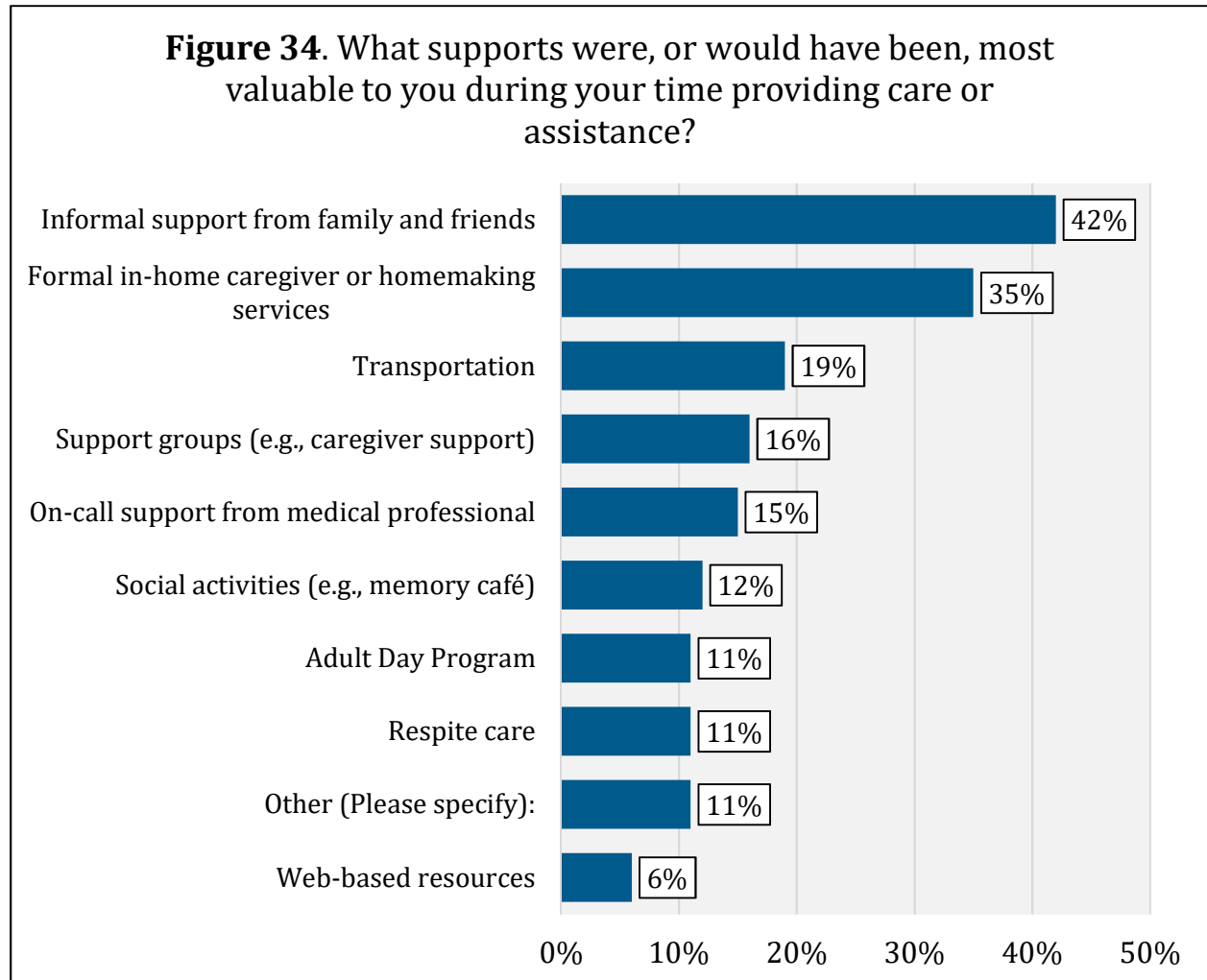


Many caregivers who responded to the Maynard survey reported deterioration in physical health, mental health, social life, and financial circumstances (see **Figure 33**). Across all ages 36% reported that their social life had deteriorated, 35% reported that their mental health had deteriorated, 26% reported that their financial circumstances had deteriorated, 25% reported that their physical health had deteriorated.

Figure 33. In your role as a caregiver, have you experienced any of the following?



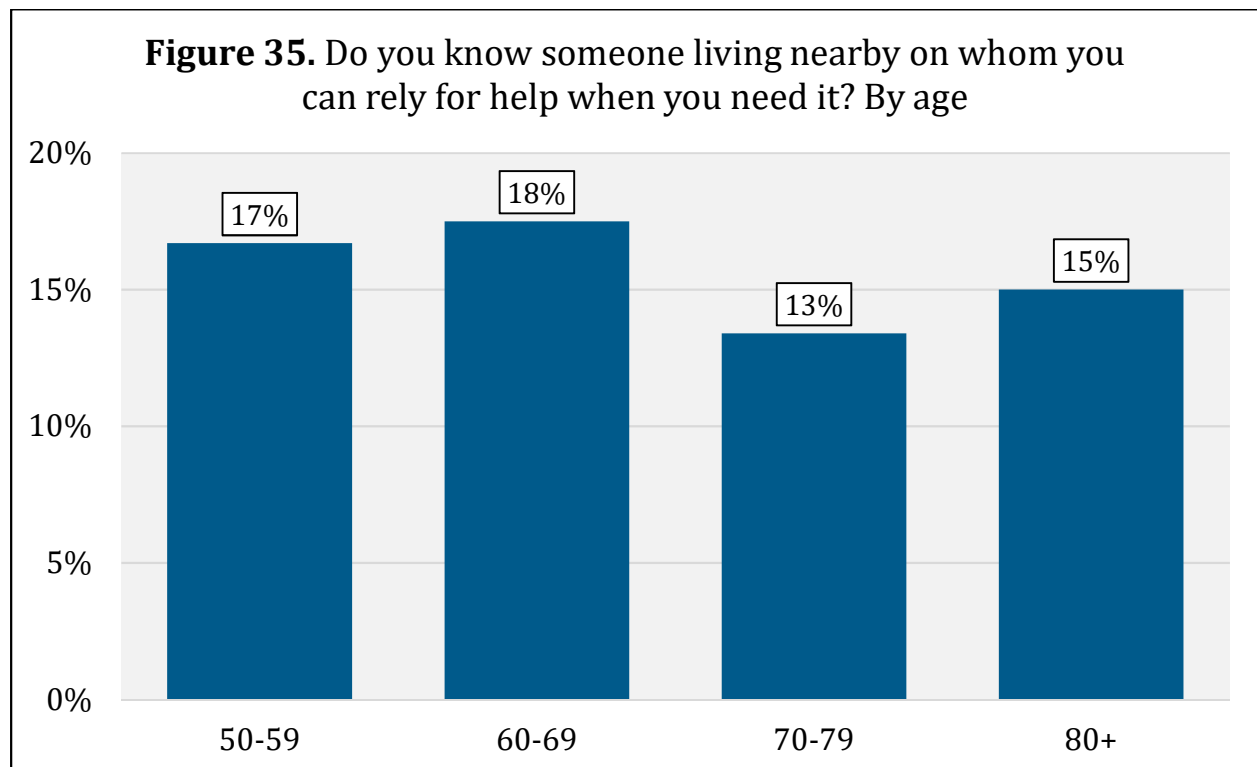
We then asked caregivers what supports were, or would have been, most valuable during their time as a caregiver, presented in **Figure 34**. Nearly half (42%) identified informal support from family and friends as valuable, followed by formal in-home caregiver or homemaking services, reported by 35% of caregivers, and transportation services 19% (e.g., transportation to adult day programs) and programming (e.g., support groups), as well as information about accessing services and programs, might be needed to support caregivers.



Volunteering & Social Relationships

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

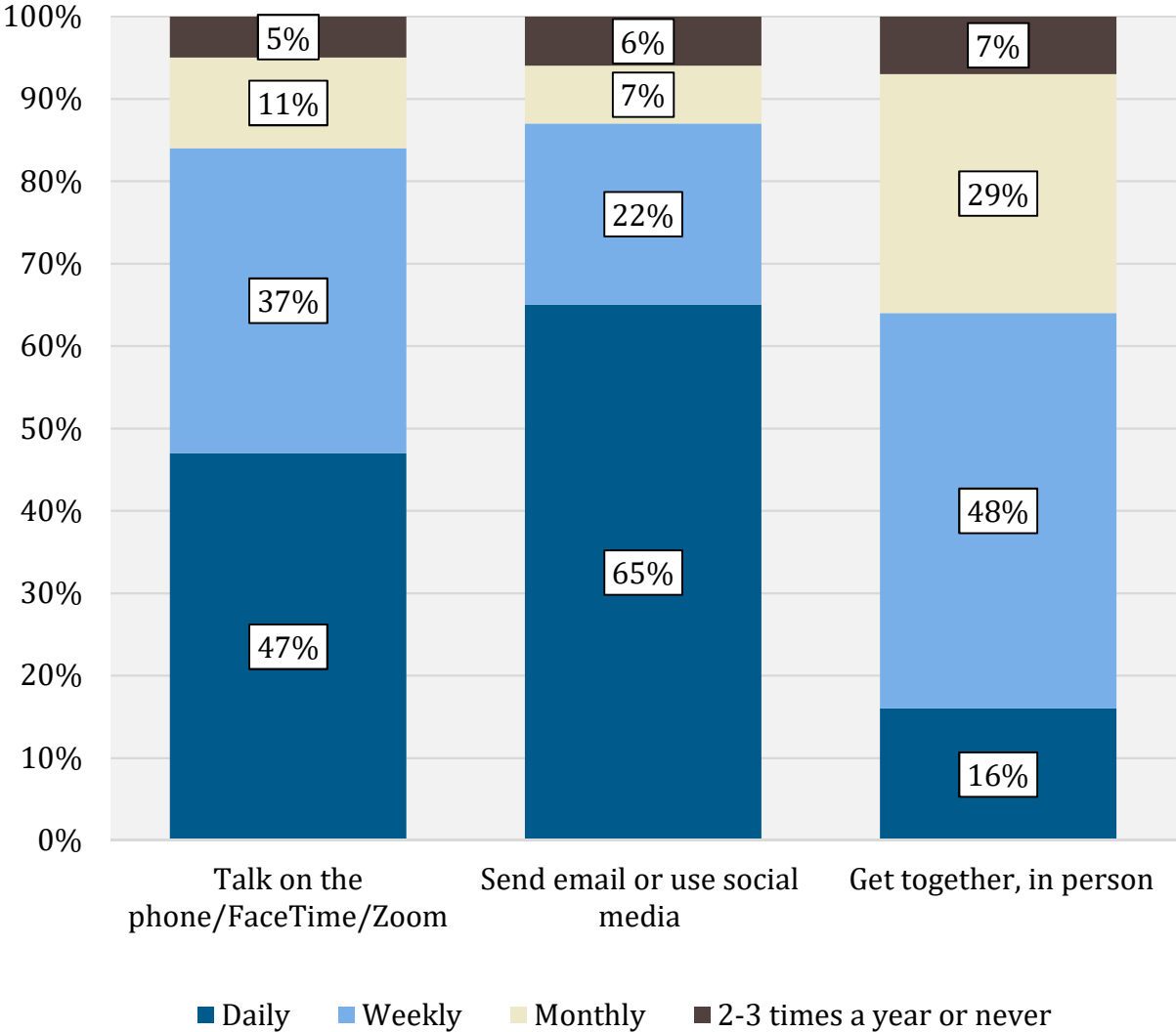
Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they can rely for help when needed, 12% of all respondents said they did not (see **Appendix A**). A small, but meaningful difference is that rates of not knowing someone nearby on whom to rely on for help was slightly higher among those in their 50s (17%) and 60s (18%) compared to those in their 70s (13%) and 80s (15%) (see **Figure 35**).



Most survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 36**). Although 90%

of the respondents get together in person with someone at least weekly, 10% only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

Figure 36. How often do you talk on the phone or video call, send email, use social media, or get together to visit with family, friends, or neighbors?



Among survey respondents, 71% report that they are not currently volunteering in local activities (see **Figure 37**). When asked why, those who are not currently volunteering report that they do not have time (see **Figure 38**) and 18% report being interested but not knowing about volunteer opportunities in Maynard. Combined with results about employment, it is clear that many Maynard residents are busy with work and families—suggesting a crunch for time to engage in recreational or volunteer activities. Considering ways to engage volunteers in flexible or non traditional formats could be an opportunity for exploration.

Figure 37. Which of the following volunteer activities in Maynard are you currently participating in?

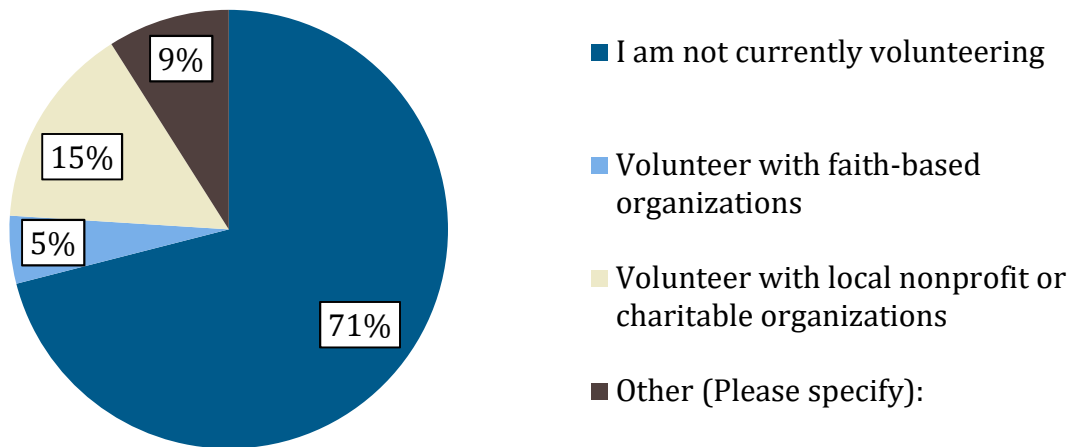
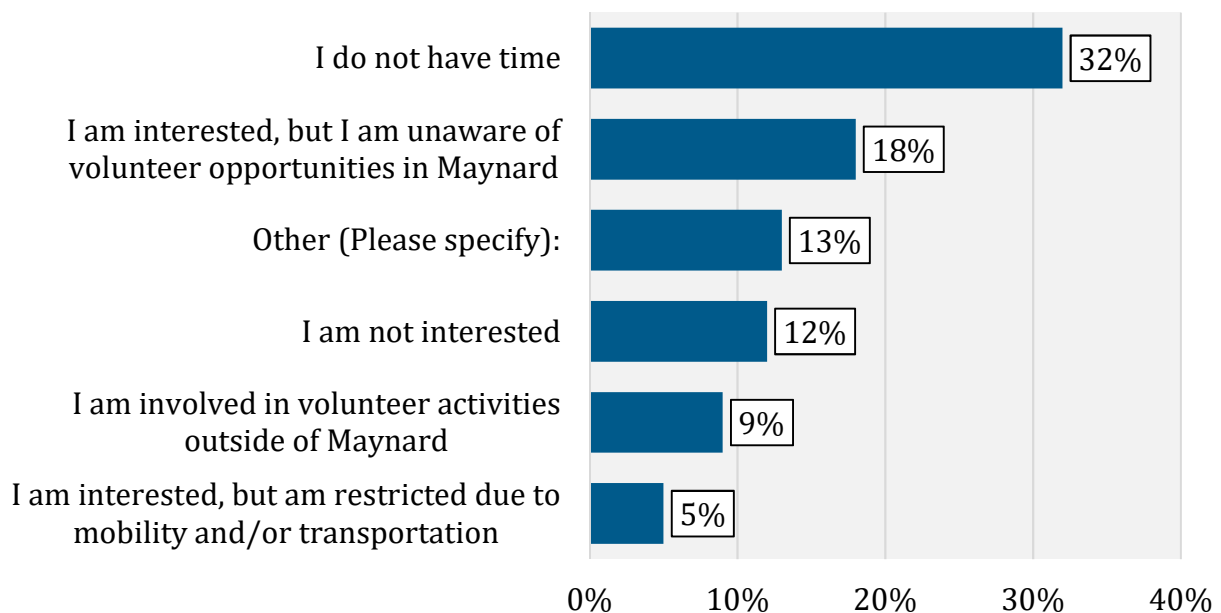


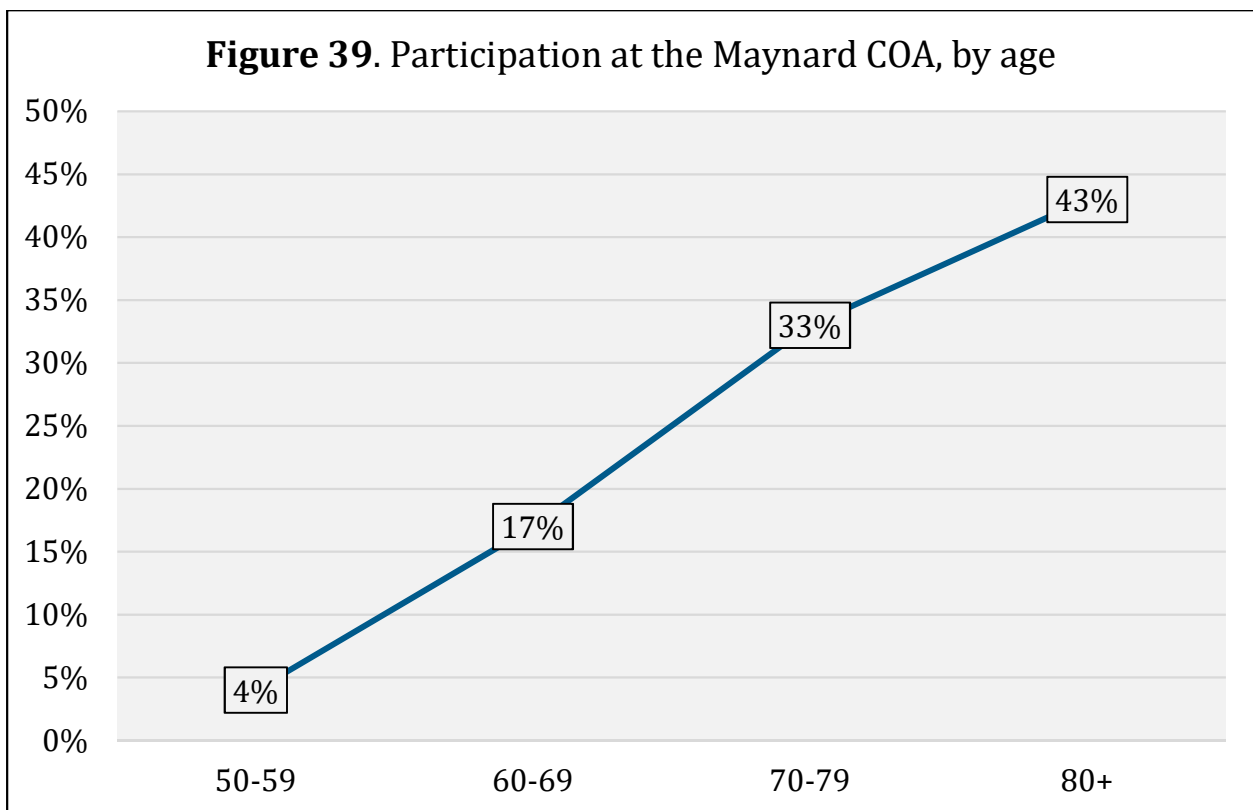
Figure 38. If you are NOT currently participating in volunteer activities, what is the reason why?



Current and Future Programs or Services Offered by the Maynard Council on Aging

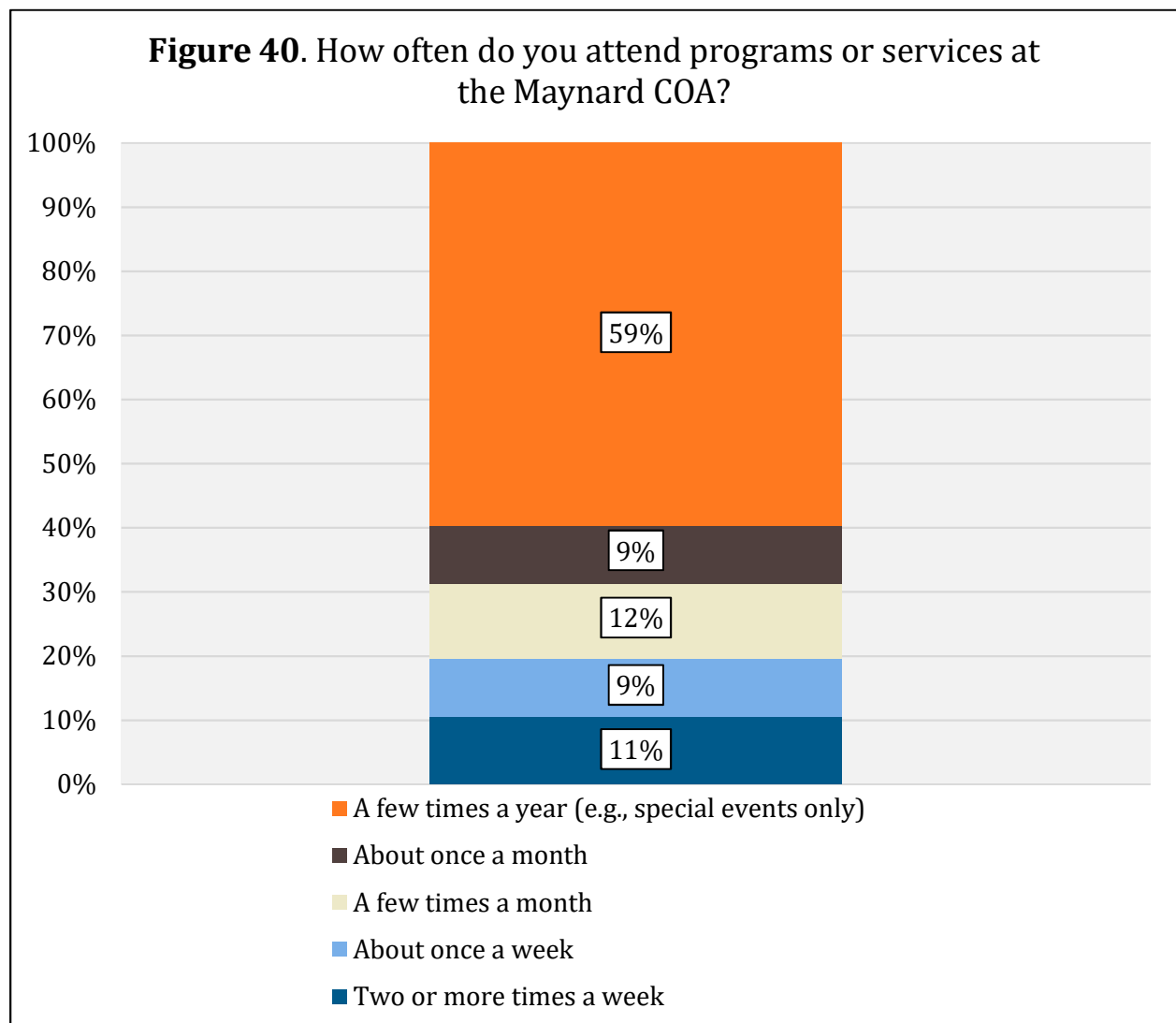
Local senior centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities 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.

Survey results suggest that participation in programs and use of services offered by the Maynard COA is more common among older residents. As shown in **Figure 39**, only 4% of those in their 50s and 17% of those age 60 to 69 have ever used programs or services offered by the Maynard COA, while 33% of those age 70 to 79 and 43% of those 80 and older indicated they have participated in programs or used services provided by the Maynard COA. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the Maynard COA as one ages. Overall, 22% of the survey respondents reported having ever been to the Maynard COA (see **Appendix A**).



Note that participation on a weekly or more frequent basis was reported by just 4% of participants who were age 60 to 69, 5% of those age 70 to 79, and 20% of those age 80 and older, suggesting that older participants attend more frequently over the course of a month or a year (See Appendix A).

Of those who do use the Maynard COA, 59% only participate a few times a year, while 20% of COA participants attend programs and services at least once a week (see Figure 40) This range of participation level highlights the broad continuum of affiliation with the Maynard COA, with many residents participating just periodically, while others include engagement with the Maynard COA as part of their regular weekly schedule. Considering ways to increase reach of the Maynard COA to those who never attend programs and services and exploring ways to increase participation of those who attend programs only a few times a year could be a worthwhile goal.



The following two figures present findings related to barriers and facilitators to participation at the Maynard Council on Aging. Results are presented for both participants and non-participants (respondents who never attend the COA). Results for all respondents and by age group can be found in **Appendix A**.

Figure 41 presents the factors that limit participation at the Maynard Council on Aging. The top factors limiting participation among those who never attend included still working (42%) not knowing what is offered (35%), followed by not needing the services offered by the Maynard COA (34%). Interestingly, the top factor limiting participation reported by respondents who do participate the COA was “not needing” the programs and services offered (24%) followed by “other” (22%). Review of these written responses were most commonly related to “not having a need” to attend the Maynard COA and not being able to access the current Maynard COA space. As well, not being interested in the programs being offered was reported by 18% of respondents (see **Figure 41**). These results suggest that there is a perception that one has to “need” to attend the COA, not just desire, and that programs that are more aligned with a working population. When asked to indicate what would make it more likely they would use the services offered by the Maynard COA, 40% reported that having more knowledge about the programs and services available would be helpful (**Appendix A**).

Figure 42 demonstrates differences in responses between participants and non-participants. Higher shares of non-participants reported that additional knowledge about the COA would increase the likelihood of attendance compared to participants (43% vs 25%). Among those who have used programs or services at the Maynard COA, 40% would be more likely to use the facility if the space was more welcoming and inviting and 29% would be more likely to participate if the building was easier to navigate. Having programs that better suit needs and interests was a top response for both participants (30%) and non-participants (20%) and having the space function as a community center was also prioritized by COA participants (24%) and non-participants (28%) alike. Programs and services being better suited to their needs and interested was a top response for both participants (35%) and non-participants (25%). Regardless of participation status, 25% of survey respondents would be more likely to use Maynard COA programs and services if it included residents of all ages and functioned as a community center (**Appendix A**).

Figure 41. Which of the following factors limit your use of the programs and services offered by the Maynard COA? By user status

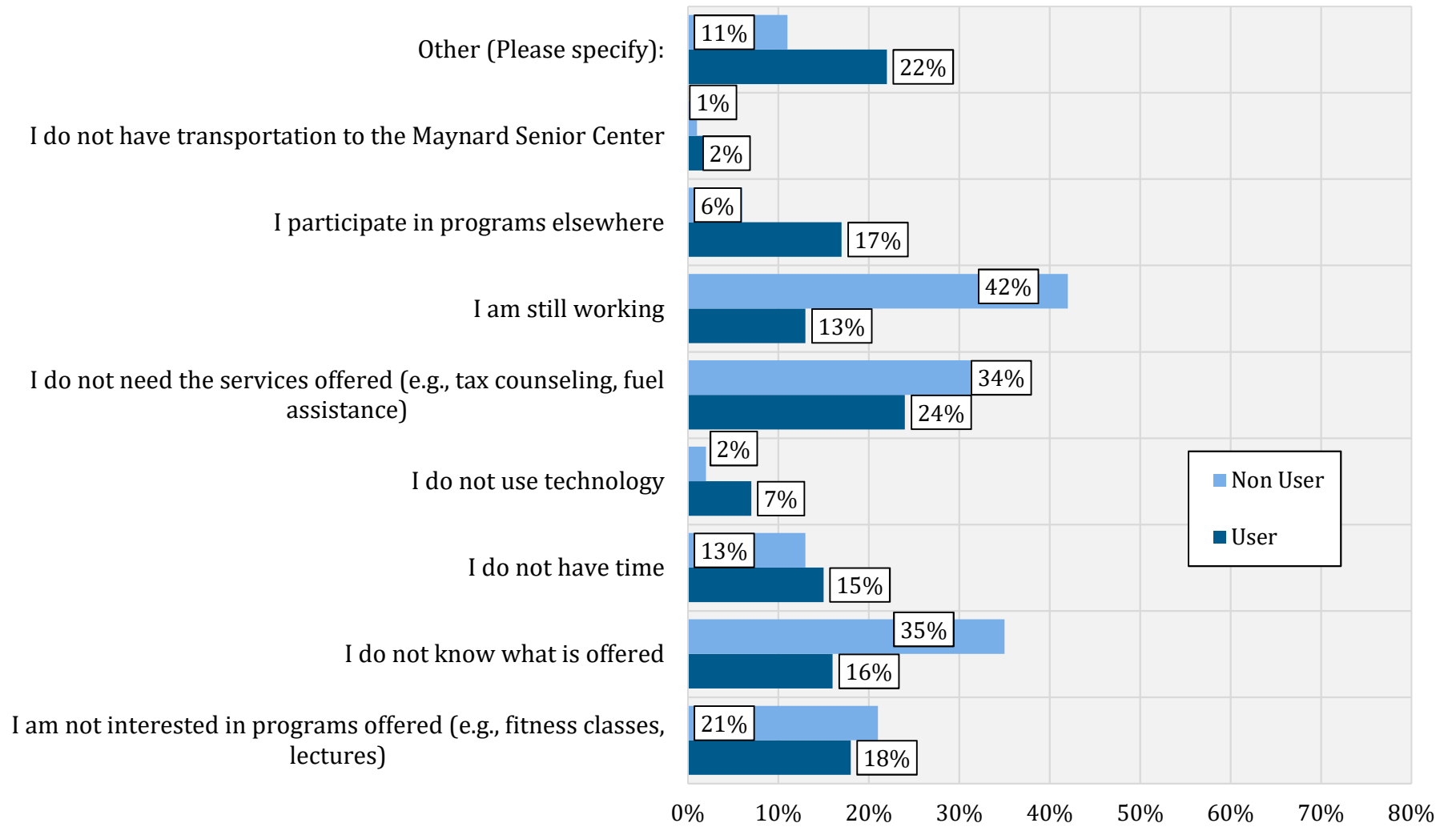
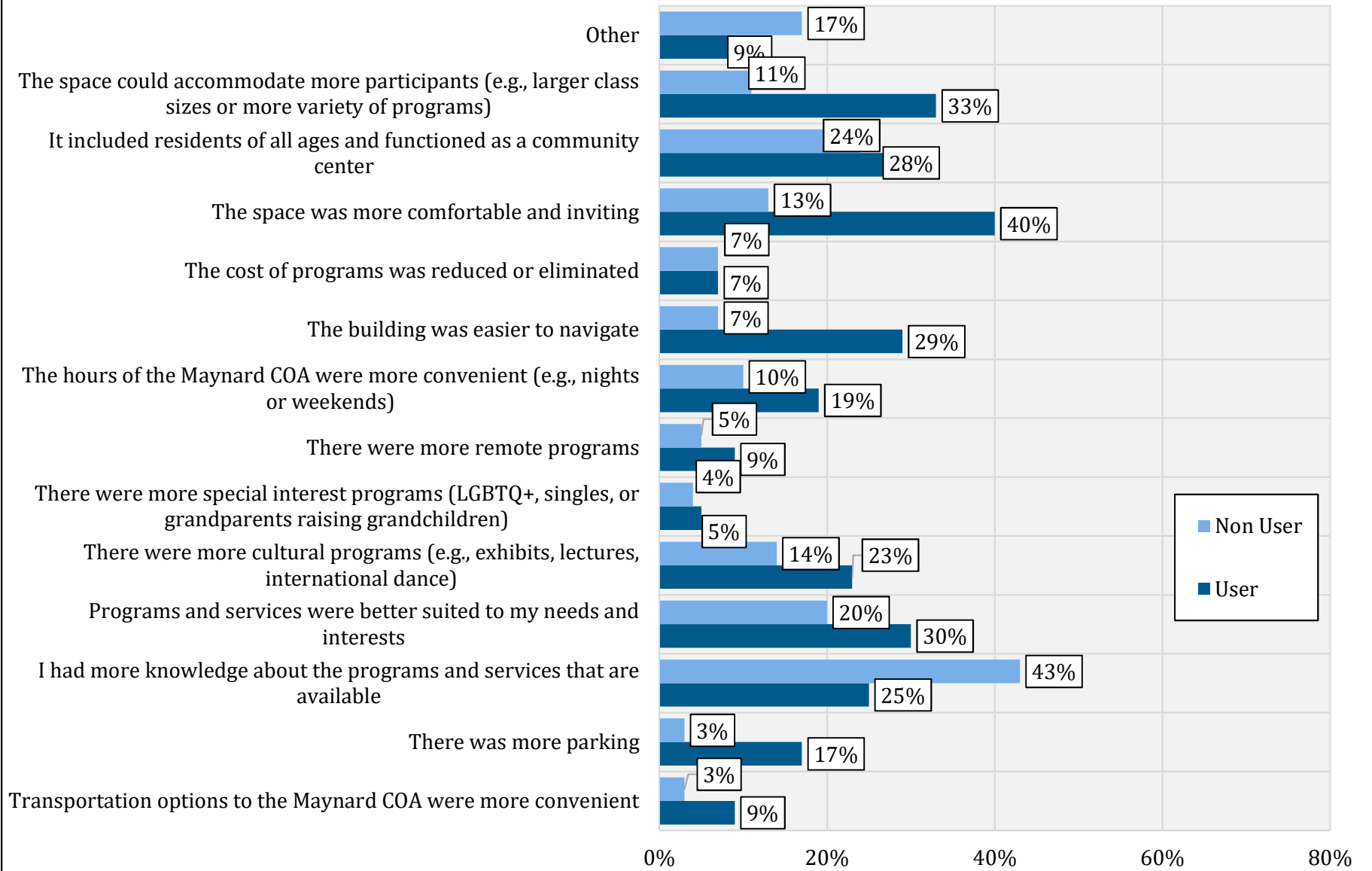


Figure 42. “I would be more likely to use the Maynard COA programs and services if...” By user status



There are two ways that respondents were asked to identify their preference for programs and services. First, survey respondents were asked to identify types of **programs** for which they would prioritize expanding through the Maynard COA. The most frequently selected areas among all respondents represent interests in active aging, including indoor fitness activities (43%), performances (36%), and lectures and other one-time education events (35%) (**Appendix A**). Similarities in interests aligned around these top areas as well as outdoor fitness, wellness programming, and weekend hours (see **Figure 43**).

When it comes to expansion of **services** available through the Maynard COA, respondents reported highest priority for more medical transportation (31%), in-home supports (29%) and health insurance counseling (27%) (see **Appendix A**). Similarities in priorities for expanding services emerged, regardless of participation status, with the addition of 32% of attendees prioritizing grab and go meals and 22% of non-attendees prioritizing more health insurance counseling and enrollment assistance (see **Figure 44**).

Figure 43. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available in Maynard?

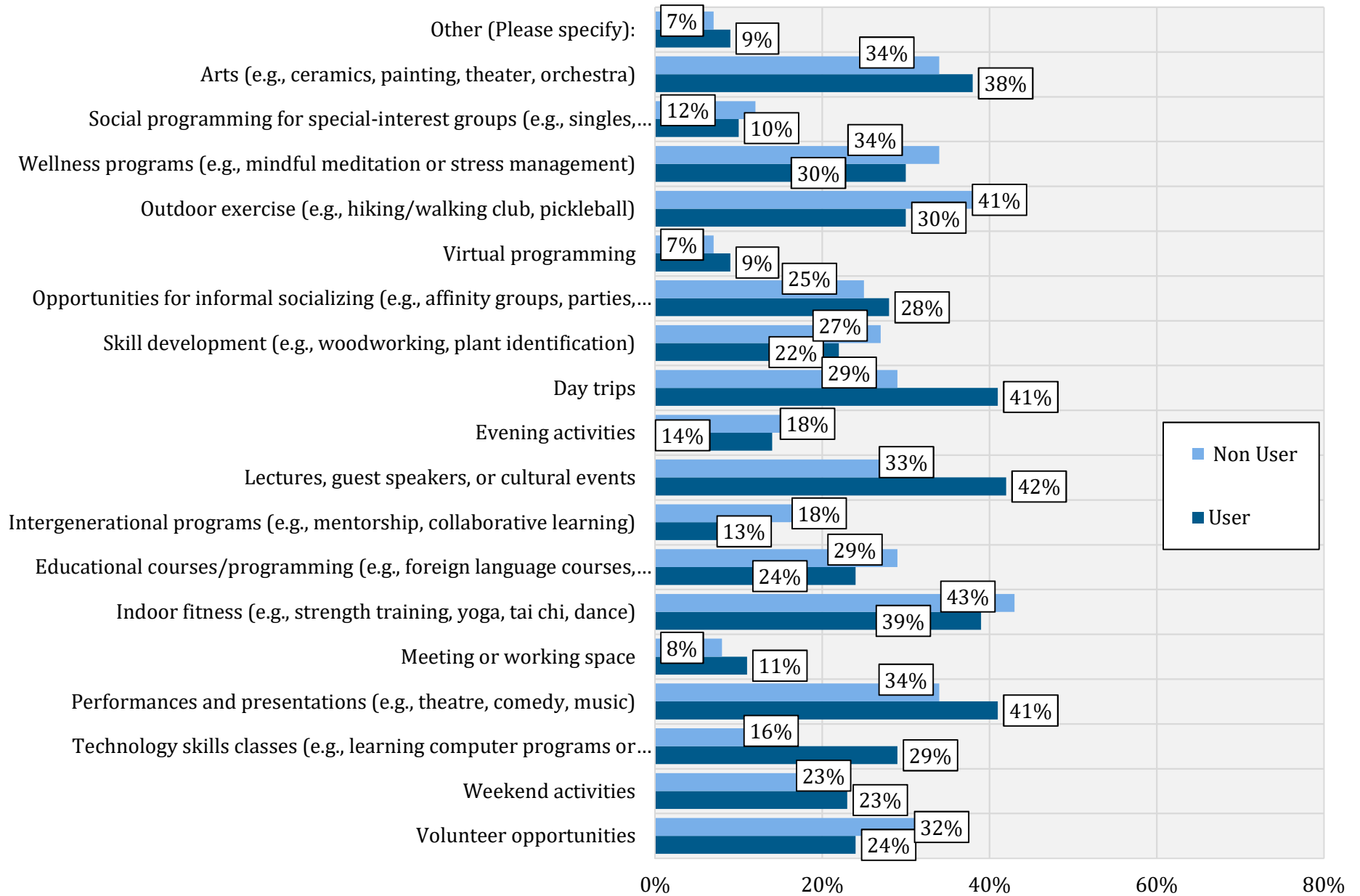
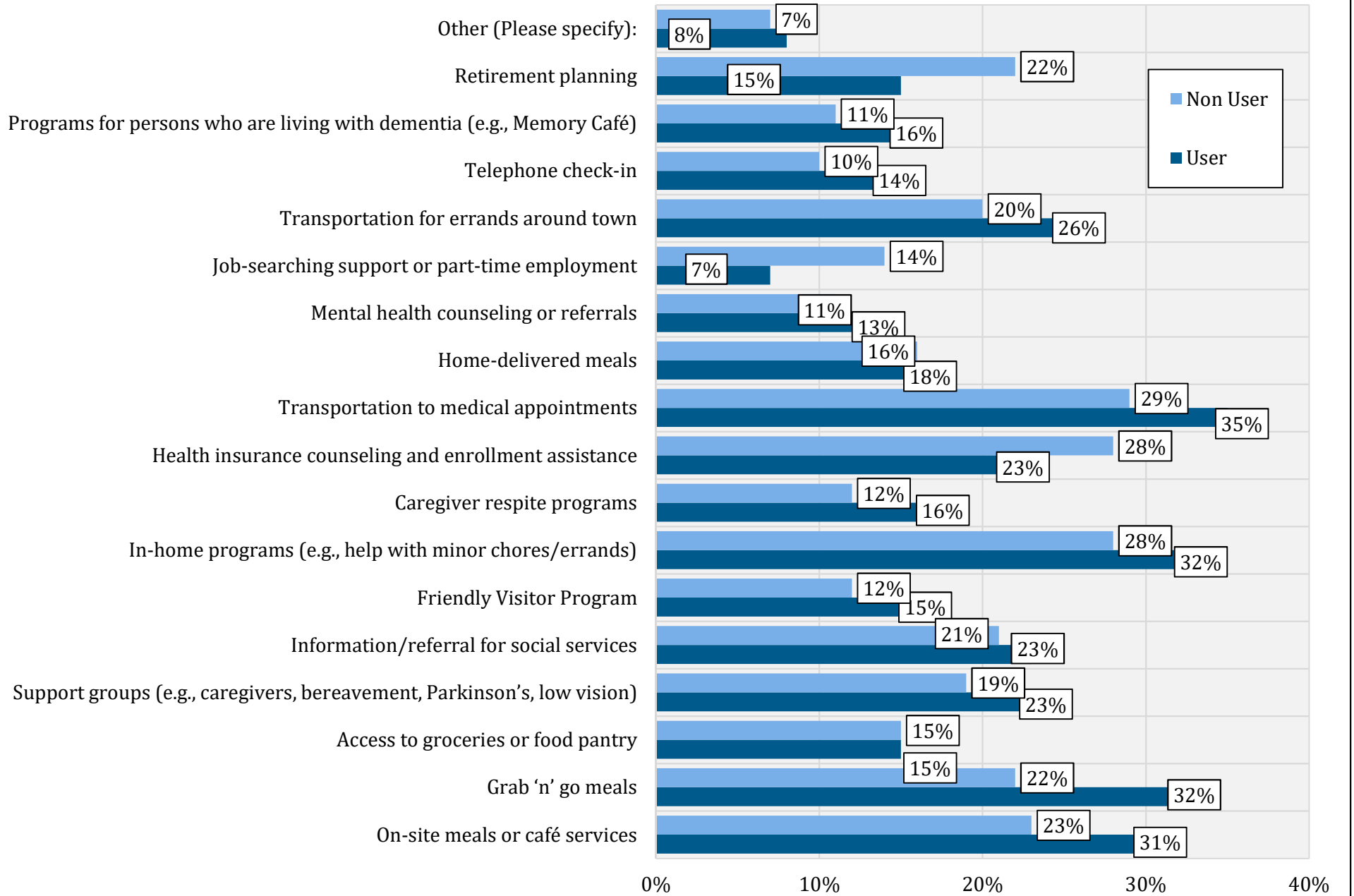
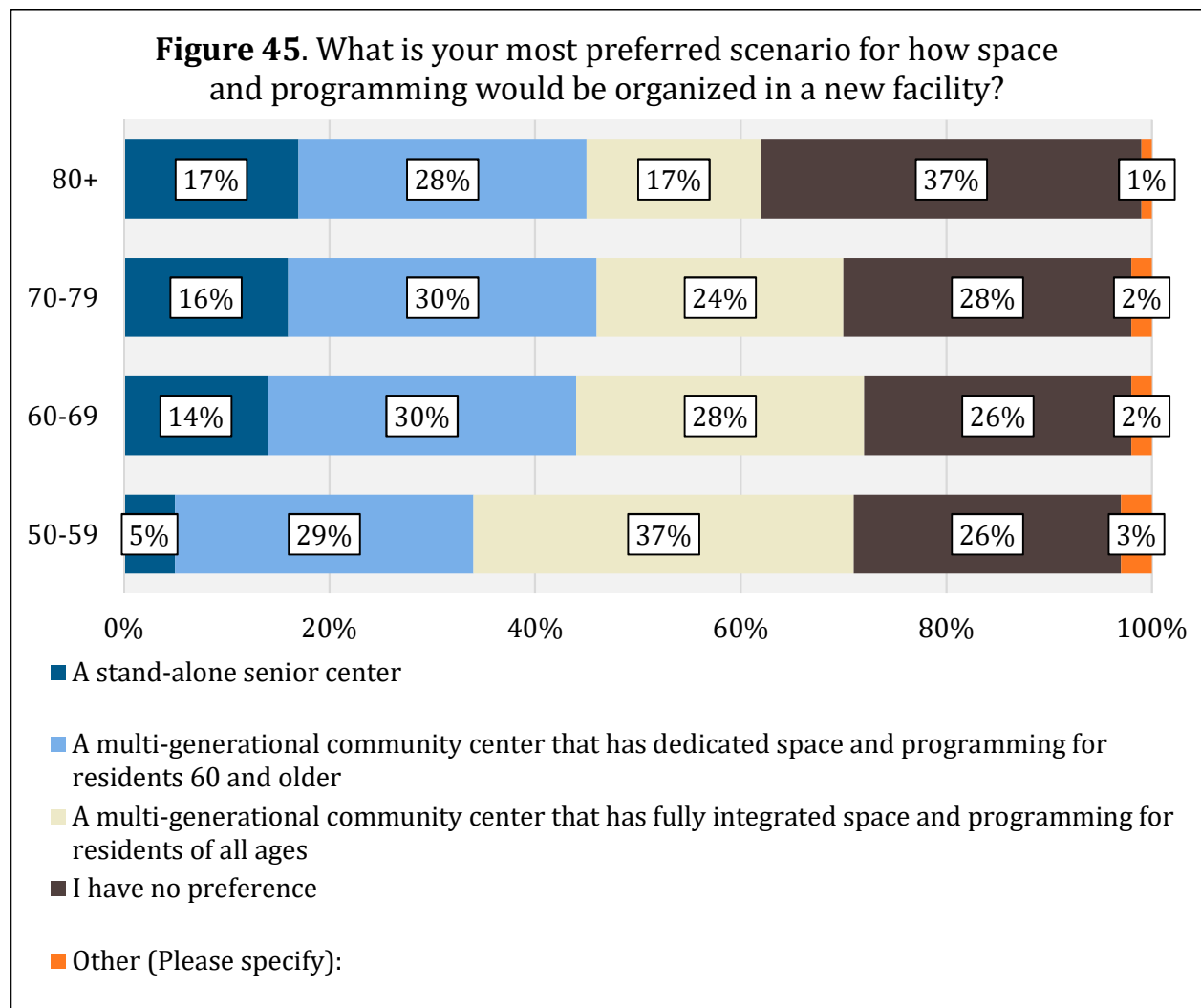


Figure 44. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services available in Maynard? By user status

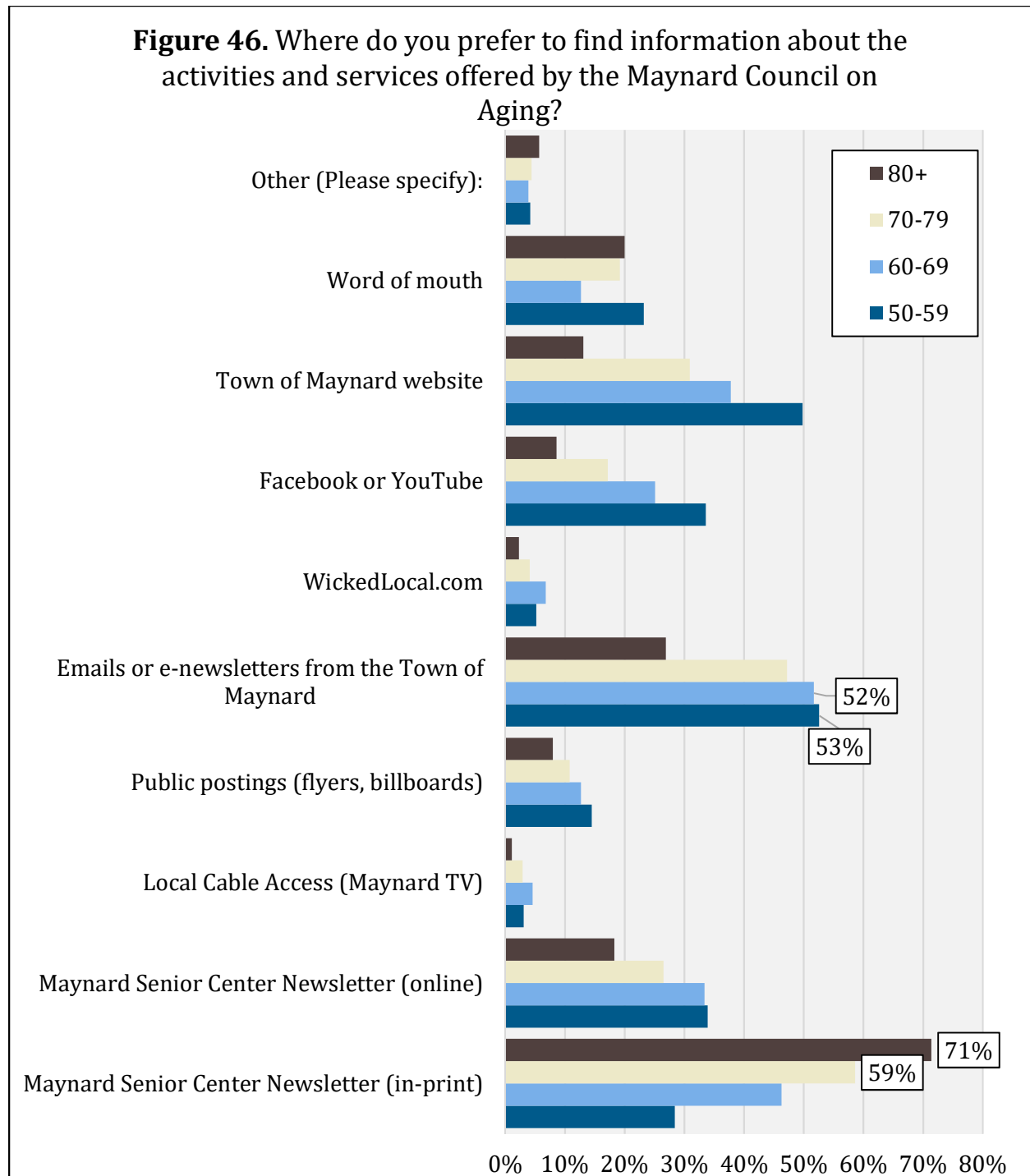


Survey respondents were asked to consider the current function of the Maynard Council on Aging and to rate their preferences for how programs and services should be provided (see **Figure 45**). Three scenarios were outlined, and respondents were asked to rate their preference for each: (1) a standalone senior center, (2) a multigenerational community center that has dedicated space and programming for residents age 60+, and (3) a multigenerational community center that has fully integrated space and programming for residents of all ages. Among all respondents, preference for a multigenerational community center with designated space and programming for residents age 60+ was the most commonly preferred scenario (30%), followed by a multigenerational community center with fully integrated space and programming for all ages (28%) (see **Appendix A**).

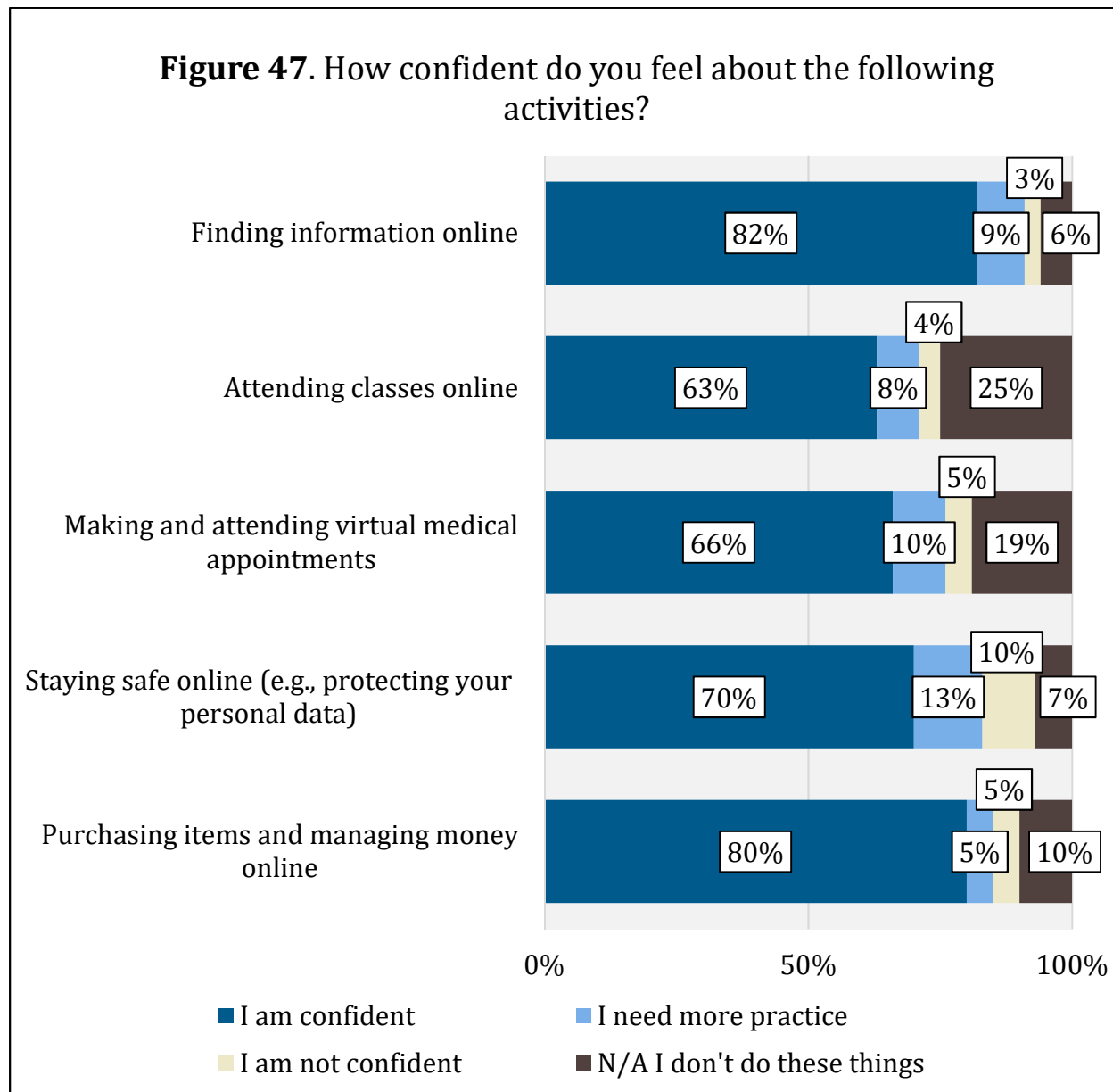
A few differences by age emerged, which are illustrated in **Figure 45**. The scenario most preferred by those in their 50s was a multigenerational community center with fully integrated programming and space for all ages (37%) compared to 30% of those age 60-69 and 70-79 and just 28% of those in their 80s. It is relevant to note that more than 1 out of 4 survey respondents also reported “I have no preference”, suggesting that some survey respondents don’t have strong opinions about the future layout of the Maynard COA.



Survey respondents were asked how they prefer to find information about what is going on at the Maynard COA, and about 49% of respondents identified the Maynard COA newsletter, and 47% reported preference for emails or newsletters from the Town. Thirty-five percent prefer to get information from the Town’s website (**Appendix A**). Comparisons by age (**Figure 46**) demonstrate that younger survey respondents prefer electronic modes of communication from the Town (e.g., Town website, or emails from the Town) compared to older respondents. Similarly, older respondents prefer more ‘traditional’ sources of information than younger respondents, such as printed COA newsletters.



To further illustrate the levels of engagement with electronic information, **Figure 47** shows the levels of confidence that respondents have for various online tasks. The majority of respondents report confidence across all online tasks—however 23% of respondents could use support in staying safe online and 15% with making and attending virtual medical appointments.



The 465 responses to the open-ended question, “Do you have thoughts or comments about current or future needs of residents 50+ in Maynard?” could readily be categorized into two key areas of concern: 1) physical, informational and social barriers to accessing the current COA offerings are a challenge; and 2) calls for more “age-friendly” spaces and policies in Maynard. There were also several comments regarding concerns about finances, budget and politics, specifically Maynard’s 50+ community feeling as though they are being driven out. **Table 6** summarizes these concerns, drawing on verbatim responses from the survey.

Table 6. Sample responses to the question, “Do you have thoughts or comments about current or future needs of residents 50+?”

Physical, informational and social barriers to accessing the current COA offerings are a challenge
<p><i>“Going to the COA now is a problem with the golfers, plus getting up the hill to the stairs is hard. The door and building should be on flat ground.”</i></p>
<p><i>“I am not aware of what is available, getting public transportation might become a factor but I do not know how to use it-- lie, is there a fixed schedule, like a bus? How do I contact?”</i></p>
<p><i>“A senior center centrally located would be nice. I like the idea of integration with other programs. A senior center in the same building as a child care center would be awesome!”</i></p>
<p><i>“I’ve lived in Maynard since the early 80s, I didn’t know about the Maynard COA until I got this survey. You need to advertise to inform.”</i></p>
<p><i>“Socialization is such a large part of aging “well” but it is NOT the only step to maintaining a healthy physical and mental self. Socialization is nothing if an elder can’t get to the COA center. Socialization is nothing if an elder doesn’t feel like they belong.”</i></p>
<p><i>“An accessible senior center would be a top priority for me as I age. Staying connected with the community is so important, and mixing the generations makes this town a great place!”</i></p>
Improving “age-friendliness” of Maynard’s spaces and policies
<p><i>“Imagine strolling down Main Street on a warm summer day, with outdoor restaurants bustling and families enjoying outdoor activities together. By expanding the number of times, we close Main Street like the Oktoberfest we could create a dynamic space for expanded outdoor dining and community gatherings.”</i></p>
<p><i>“Affordable town/community maintenance and repair at reduced prices. I feel many local contractors overpriced/unreliable. A reduced senior tax rate. I don’t have children and real estate taxes keep going up to pay for new schools fix the water system.”</i></p>
<p><i>“Get a recreational center that can give more to all ages in the community. The lack of health & fitness activities & events in this town is extremely poor. Not enough to do or participate in as a spectator or be a part of. It’s sad that these 2 areas of community services are so limited in Maynard. And keep things affordable not competitive. Thank you.”</i></p>
<p><i>“Any available financial “help” is dependent on not having been fiscally responsible. I.E saving, spending wisely, managing finances, as a result owning home, having a retirement plan puts us outside any Social/Town state assistance. So, I am penalized for being an accountable responsible adult before and during retirement.”</i></p>

Conclusions and Recommendations

Growth in the number of Maynard residents age 60 and older has occurred at a rapid pace in recent years, and continued growth is expected for at least another decade. Projections suggest that as many as 30% of Maynard residents will be age 60 or older by 2030. Responding to this demographic shift invites reflection about the extent to which features of the community environment and characteristics of municipal services meet older residents' needs, and making plans to improve alignment where appropriate. Planning is especially warranted with respect to the Council on Aging and Senior Center, which may be heavily impacted by aging of the Maynard population. In support of this planning process, the Town of Maynard and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study investigating the needs, interests, preferences, and opinions of the Town's residents age 50 and older.

During this assessment, a survey was developed and administered to Maynard residents age 50 and older. A total of 1,305 questionnaires were returned, reflecting a strong return rate of 27%. In addition, we collected insights from Maynard leadership and other key stakeholders in the community. Data from the U.S. Census Bureau and other sources were also examined in support of the project aims. A broad range of findings are reported in this document, highlighting positive features of Maynard as well as concerns expressed by older residents.

While many of our findings, and the recommendations that follow, intersect with the scope of responsibility held by the Maynard Council on Aging, it is understood that adequately responding to needs and concerns expressed in the community will require the involvement of other municipal offices and community stakeholders, and some will require substantial collaborative effort. Thus, this report is intended to inform planning by the Maynard Council on Aging as well as other Town offices, private and public organizations that provide services and advocate for older people within Maynard, and the community at large.

Each key finding is followed by recommendations and examples of action that can be taken to address the need identified.

Increases in demand for older adult services are expected. The capacity of the Maynard COA to respond to needs of the community is constrained by lack of space and by characteristics and quality of the current space.

- ❖ In 2010, about 19% of the Maynard population was age 60 and older; this percentage steadily increased by 2020 (25%). Projections suggest that by 2030, 3,166 residents, or 30% of Maynard's population will be age 60 and older.
- ❖ Among current users of the Maynard COA, 40% report that they would be more likely to use the services, and more frequently, if the space was more comfortable and inviting. For those who do not currently participate, 43% would be more likely to use

the Maynard COA if they had more knowledge about what is available. This additional participation would further constrain the existing operations of the Maynard COA.

- ❖ Priorities for expansion of COA programs require larger and more accessible and appropriate space: 43% would like indoor fitness programs; 36% would like performances and arts programming; and 35% would prioritize expanding the number and types of lectures or educational opportunities for residents.
- ❖ When it comes to accessing services, survey respondents prioritized in-home supports and programs (29%), health insurance counseling and information (27%) and one out of four respondents would prioritize expanding the availability of onsite meals (25%).
- ❖ When asked about future arrangements for the Maynard COA, 30% of respondents reported preferring a multi-generational community center that has dedicated space and programming for residents 60 and older. Important to note that an additional 28% report not having a preference on the matter.

Recommendation: Increase the COA's capacity to serve

- Features of needed space identified by study participants include large spaces adequate to accommodate demand for exercise and other health promotion activities and private space for confidential conversations. A more accessible space was also identified as needed.
- Many residents are still working and engaged in caregiving responsibilities. Consider pilot-testing some evening or weekend programming to improve accessibility of programs and services.
- A key priority is to improve awareness of the programs and services available through the Maynard Senior Center. Multimedia approaches and refreshed messaging about the offerings are encouraged by study participants.

Recommendation: Expand programs to meet current interests

- Expand capacity of indoor exercise programs to invite new participants and meet demand of current participants.
 - Group fitness classes like yoga, Zumba etc.
 - Specialized programs like aerobics or strength training
- Mind-body wellness programs like meditation, stretching, and stress reduction practices.
- Performances and lectures.
 - Identify ways to deliver performances and lectures in a space with proper acoustics, seating and capacity to serve an older population.
- Expand capacity of day trips and excursions, perhaps engage a volunteer committee to plan and orchestrate.
- Consider ways to expand arts programming by renting a pottery wheel or other art tools for participants to try.

- Consider more multigenerational programs to erode ageism.

Recommendation: Focus on services that facilitate aging independently

- Obtain or plan for private meeting space or co-location of social worker, veterans' agent, food pantry etc. such that services can be met while privacy is protected.
- Explore the ability to connect residents with financial planning resources such that they can prepare financially for later life.
- Consider having staff that are trained as homecare workers who can provide services in emergent situations when home care is needed but unattainable.
- Additional grab-and-go and on-site meals are desired, explore ways to deliver these options.

Accessibility of current housing stock, including ongoing home repair and maintenance, are key features to being able to age well in Maynard.

- ❖ 47% of survey respondents do not have a bedroom and bathroom on the entry level of their home, such that they could meet their self-care needs as they age.
- ❖ One out of five (22%) survey respondents reported that a lack of affordable housing options would be a reason they would move out of Maynard.
- ❖ 36% of survey respondents would prefer to move to a single-story home or an independent living community if they should need to move from their current residence.
- ❖ 37% of respondents report needing a home repair that would improve the safety of their residence. Among them, 13% report not being able to afford these repairs and 4% report not being responsible for these repairs (e.g., they rent their home).
- ❖ Among those respondents who reported having financial concerns in the past year, the top concern was related to home maintenance and repair.

Recommendation: Support residents to stay in their homes

- Develop information to share with community members about home modifications that can make their homes safer to live in as they age, and programs that may help pay for modifications.
- Consider ways to connect residents with local handyman services or home repair services.
- Engage with fraternal and non-profit organizations to identify volunteers or low-costs resources for doing the work and to consider raising funds to supplement the needs that some older residents experience.
- Encourage the development of forming a “village” in Maynard to connect residents with peer support like transportation and friendship: [Home - Village to Village Network, Inc.](#)
- Consider the development of a snow shoveling network to help residents who need assistance. See the [Snow Angels program](#) in Melrose as an example:

Recommendation: Address alternative housing options

- Continue to advocate for the increase to affordable housing options for older adults.
- Convene residents for an interactive housing forum with planning experts to discuss housing needs and preferences; explore planning solutions.

Financial insecurity, driven largely by housing costs, is a concern and barrier for residents seeking to remain in Maynard as they age.

- ❖ 62% of survey respondents report that cost of property taxes is the cause of why they would leave Maynard.
- ❖ According to the American Community Survey (2018-2022), 54% of Maynard residents age 65+ are living on less than \$50,000 per year in household income. Compared to just 14% of those age 45-64 years old.
- ❖ Over 1,200 respondents (92%) took time to respond to the open-ended question *“What are your biggest concerns about being able to stay in Maynard as you get older?”*. About half of these comments can be categorized into the costs of property taxes in Maynard. As an example of this sentiment, one survey respondent wrote, *“The people are wonderful; however, the taxes are way too high, and we won’t be able to live here for very long if they keep going up.”*
- ❖ Among those who reported at least one financial security concern, the rates of food insecurity go up to 32%.

Recommendation: Continue exploring ways to facilitate financial security among older residents

- Engage with local businesses and organizations to create “senior discount” programs for a range of programs and services that can offset costs and improve quality of life for older residents.
- Consider a property tax freeze for residents of a certain age. See Maine’s [Property Tax Stabilization Program](#) as an example.
- Develop a “help a neighbor” fund that would allow for small grants to be given for home repair projects, subsidizing snow removal or lawn care for older adults who cannot afford it.
- Consider hosting a program like “How to Cut the Cord” to educate residents on how they can access streaming or other online media to eliminate or reduce their cable bill
- Continue to offer workshops on retirement planning and overall planning for later life. One example is the evidence-based program [Aging Mastery](#).
- Communicate that costs associated with COA programs and services are negotiable, based on need.

Caregiving is common and families could use support.

- ❖ 40% of survey respondents report having provided care to someone who is disabled or frail, either now or in the past five years.
- ❖ Among survey respondents, most reported that mobility limitations were the reason for providing this care (56%), followed by forgetfulness or confusion (28%).
- ❖ More than one-third of caregivers reported that their social life and their mental health have deteriorated as a result of providing this care.

Recommendation: Explore ways to provide direct support to caregivers

- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment with likeminded members of the community.
- Explore partnerships with volunteer groups and other aging service providers to offer respite care during the event.
- Create new ways of sharing information and assistance to caregivers. Include reaching out to support groups and provide information about referral resources available. Consider hosting a family caregiver “resource fair” as an opportunity to connect Maynard’s COA Senior Center with family and caregivers.

Recommendation: Consider ways to indirectly support for caregivers

- Encourage Town employees and resident volunteers to become “[dementia friends](#)” to learn more about communication and reduction of stigma around dementia.
- Develop a partnership with [Dementia Friendly Massachusetts](#) to hold a forum featuring both Purple Table, a dining reservation and training provider for restaurant staff, and with Dementia Friends, a training provider that promotes understanding and support for those living with dementia and their caregivers.
- Approach the faith communities about participating in the “Purple Pew” program. During Alzheimer’s and brain health awareness months (June and September), decorate the pews in purple to raise awareness about dementia in the community and to demonstrate that persons of all cognitive abilities are welcome.

Maynard is a car dependent community with challenges related to transportation and walkability.

- ❖ 31% of survey respondents would prioritize expanding transportation to medical appointments as provided by the Maynard COA
- ❖ 24% of those in their 70s and 56% of those in their 80s limit their driving in some way—or do not drive at all.
 - Among non-drivers, 23% report having had to miss, cancel or reschedule a medical appointment in the past year due to a lack of transportation.
- ❖ The second most selected reason for causing a respondent to leave Maynard was a lack of transportation options (28%).

Recommendation: Explore transportation alternatives

- Facilitate travel training to use local transportation options
 - Could be a volunteer who is trained as the “trainer”
- Pilot test a program like [Go Go grandparent](#) to connect people with on-demand rides
- Explore connectivity to key amenities like pharmacies, grocery stores, etc. for walkability
- Conduct an audit of connectivity in Maynard and review outdoor spaces for age friendly features
- Consider the development of a village to create a pathway for volunteer transportation options. See [Newton at Home](#) for an example.

An increasing risk of social isolation is a concern for Maynard residents as they age.

- ❖ 23% of survey respondents disagree that local policymakers consider the needs and preferences of older residents.
- ❖ 12% of survey respondents report that they do not know someone living nearby on whom they could rely for help if they needed it
- ❖ According to the American Community Survey (2018-2022), 34% of residents age 65 and older live alone.
- ❖ 36% of survey respondents report getting together in person with a friend, family member, or neighbor once per month, or less.

Recommendation: Continue to create spaces for social connection, across generations

- Work together with the Public Works Department to install new, or dedicate existing, [“Chat Benches”](#) to create public spaces where socializing is encouraged.

- For residents with family living out of town, consider creating an “Adopt-a-grandparent” program in which local residents can meet up with younger families and do things together like celebrate Grandparents Day with a luncheon, or bake cookies for the holidays.
- Consider celebrating National Good Neighbor Day (9/28) or Older Americans Month (May) with a series of “Let’s Talk, Maynard” [pop-up programs](#) in which residents come together to be in conversation with one another that are exhilarating, inspiring, and meaningful.

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,305 responses to the Town of Maynard Survey of residents, conducted in Spring 2024. Of all the respondents, 491 completed the survey online and the other 814 were returned by mail. See text for additional details.

SECTION I: COMMUNITY & NEIGHBORHOOD

Q1: How long have you lived in the Town of Maynard?

	All Ages	Age 50-59*	Age 60-69	Age 70-79	Age 80+
Fewer than 5 years	12%	9%	10%	15%	15%
5-14 years	17%	23%	18%	13%	9%
15-24 years	19%	37%	17%	14%	8%
25-34 years	18%	20%	23%	12%	13%
35-44 years	14%	3%	19%	19%	9%
45 years or longer	20%	8%	13%	27%	46%
Total	100%	100%	100%	100%	100%

**Here and throughout the report and these tables, 3 participants who noted their age as <50 are included with the age 50-59 age group.*

Q2: How important is it to you to remain living in Maynard as you get older?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important	46%	32%	43%	53%	63%
Somewhat Important	35%	38%	36%	34%	27%
Slightly Important	12%	21%	13%	6%	4%
Not at All Important	7%	9%	8%	7%	6%
Total	100%	100%	100%	100%	100%

Q5: Please select your level of agreement with the following statements:

5a. "I feel a sense of belonging in the community where I live."

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	35%	34%	33%	39%	36%
Agree	53%	54%	53%	49%	52%
Disagree	6%	7%	7%	7%	3%
Strongly Disagree	1%	1%	2%	1%	1%
Neither Agree/Disagree	5%	4%	5%	4%	8%
Total	100%	100%	100%	100%	100%

5b. “Local policy makers listen and consider the concerns of older residents in Maynard.”

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	5%	2%	4%	8%	10%
Agree	35%	32%	33%	37%	39%
Disagree	15%	16%	15%	15%	15%
Strongly Disagree	8%	7%	8%	8%	10%
Neither Agree/Disagree	37%	43%	40%	32%	26%
Total	100%	100%	100%	100%	100%

5c. “There are available and handicap accessible sidewalks, walkways, public buildings in Maynard.”

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	14%	10%	14%	15%	17%
Agree	54%	50%	55%	57%	55%
Disagree	12%	14%	13%	11%	9%
Strongly Disagree	4%	7%	3%	4%	4%
Neither Agree/Disagree	16%	19%	15%	13%	16%
Total	100%	100%	100%	100%	100%

Q6: In the past 5 years, have you ever felt excluded in Maynard because of any of the following? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Age	4%	2%	3%	5%	3%
Disability	3%	3%	3%	3%	2%
Gender	1%	1%	1%	1%	1%
Income	5%	3%	7%	5%	2%
Political views	6%	8%	7%	6%	3%
Sexual orientation	1%	1%	1%	<1%	0%
Skin color, race, or ethnicity	1%	2%	1%	1%	1%
Religion or cultural background	1%	3%	1%	1%	2%
No, I have never felt excluded	81%	80%	81%	81%	81%
Other (Please specify):	5%	6%	5%	4%	6%

**Figures do not sum to 100%*

SECTION II: HOUSING & LIVING SITUATION

Q7: Which of the following best describes your current place of residence?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Single-family home	71%	86%	75%	60%	61%
Multi-family home (2, 3, or more units)	5%	2%	6%	6%	3%
Accessory apartment <i>(add-on apartment to an existing home)</i>	1%	0%	0%	1%	1%
Apartment (market-rate)	5%	2%	6%	6%	4%
Apartment (subsidized or public)	3%	2%	1%	5%	5%
Condominium or townhome	11%	8%	10%	16%	9%
Senior independent living community <i>(e.g., 55+ housing)</i>	4%	0%	1%	6%	16%
Other <i>(Please specify):</i>	0%	0%	1%	0%	1%
Total	100%	100%	100%	100%	100%

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I live alone	23%	11%	22%	29%	46%
A spouse/partner	65%	75%	68%	66%	39%
My adult children <i>(age 18 or older)</i>	17%	29%	19%	8%	13%
My parent(s)	2%	4%	2%	1%	0%
My grandchildren	2%	2%	2%	2%	1%
My child(ren) <i>(under age 18)</i>	7%	8%	2%	1%	0%
Pet(s)	18%	29%	21%	11%	4%
Another relative	1%	1%	2%	1%	1%
Someone else <i>(Please specify):</i>	2%	3%	2%	1%	2%

**Figures do not sum to 100%*

Q9: Does your current residence need home modifications (e.g., ramp, auto-open door, doorbell modifications) to improve your ability to live in it safely for the next 5 years?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these modifications.	14%	12%	15%	12%	20%
Yes, but I cannot afford to make these modifications.	8%	6%	8%	9%	9%
Yes, but I am not responsible for making these modifications (e.g., I rent my current residence).	5%	2%	5%	7%	6%
No, my current residence does not need modifications.	73%	80%	72%	72%	65%
Total	100%	100%	100%	100%	100%

Q10: Does your current residence need home repairs (e.g., a new roof or heating system) to improve your ability to live in it safely for the next 5 years?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these modifications.	20%	21%	22%	19%	14%
Yes, but I cannot afford to make these modifications.	13%	14%	15%	13%	7%
Yes, but I am not responsible for making these modifications (e.g., I rent my current residence).	4%	2%	5%	4%	4%
No, my current residence does not need modifications.	63%	63%	58%	64%	75%
Total	100%	100%	100%	100%	100%

Q11: Does your current residence have a bedroom and bathroom on the entry level such that you could meet your self-care needs as you age?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	53%	44%	49%	55%	76%
No	47%	56%	51%	45%	24%
Total	100%	100%	100%	100%	100%

**Q12: Which of the following could be potential reasons that you would leave Maynard?
(Check all that apply)**

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Cost of taxes	62%	75%	68%	55%	41%
Lack of affordable housing	22%	24%	23%	22%	13%
Lack of available medical services	6%	7%	8%	5%	5%
Environmental factors (e.g., weather)	12%	22%	14%	6%	3%
Lack of family nearby	25%	30%	26%	24%	20%
Lack of home health or support services	14%	10%	14%	14%	20%
Lack of available public transportation	28%	30%	28%	32%	28%
Other (Please specify):	13%	14%	13%	14%	10%

**Figures do not sum to 100%*

Q13: In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Maynard? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Single story home	36%	51%	43%	27%	13%
Multi-family home (2, 3, or more units)	2%	2%	3%	2%	1%
Accessory apartment (add-on apartment to an existing home)	6%	8%	9%	5%	1%
Apartment	12%	12%	13%	12%	7%
Smaller single-family home	20%	30%	21%	15%	8%
Assisted Living community	22%	12%	19%	27%	38%
Senior independent living community	36%	22%	38%	46%	35%
Move in with family or friends (e.g., cohousing)	9%	10%	10%	7%	10%
Condominium or townhome	19%	26%	23%	14%	7%
Other (Please specify):	7%	7%	6%	8%	9%

**Figures do not sum to 100%*

SECTION III: TRANSPORTATION

Q14: What are the ways in which you meet your transportation needs? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I drive myself	92%	98%	97%	92%	67%
My spouse or child(ren) drive(s) me	25%	25%	19%	25%	37%
Friends or neighbors drive me	7%	4%	6%	8%	13%
Commuter Rail	9%	13%	8%	9%	3%
Taxi or ride sharing options (e.g., Uber, Lyft)	6%	8%	6%	6%	3%
Walk or bike	31%	45%	34%	26%	12%
Maynard Council on Aging (COA) transportation	5%	1%	2%	7%	14%
Other (Please specify):	3%	<1%	2%	3%	7%

**Figures do not sum to 100%*

Q15: Which of the following best describes your driving status?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I do not drive	7%	1%	2%	6%	30%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	13%	5%	11%	18%	26%
I drive with no limitations	80%	94%	87%	76%	44%
Total	100%	100%	100%	100%	100%

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I have no difficulties	82%	86%	86%	79%	74%
Council on Aging transportation is unavailable or inconvenient	3%	<1%	2%	4%	7%
Cost too much	2%	2%	2%	3%	1%
No one I can depend on for a ride	3%	1%	4%	2%	5%
No door-to-door assistance	1%	<1%	2%	1%	3%
Public transportation is unavailable or inconvenient	12%	12%	10%	15%	13%
Safety concerns walking or biking	6%	9%	3%	6%	7%
Physical limitations or other impairments	4%	<1%	2%	5%	11%
Other (Please specify):	4%	1%	3%	5%	6%

**Figures do not sum to 100%*

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	4%	4%	3%	5%	8%
No	96%	96%	97%	95%	92%
Total	100%	100%	100%	100%	100%

Q18: How satisfied are you with the transportation options available to you?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Completely Satisfied	28%	32%	33%	24%	21%
Very Satisfied	28%	25%	27%	29%	31%
Somewhat Satisfied	29%	29%	27%	31%	28%
Slightly Satisfied	9%	7%	8%	11%	12%
Not at all Satisfied	6%	7%	5%	5%	8%
Total	100%	100%	100%	100%	100%

SECTION IV: CAREGIVING

Q19: Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled or frail (e.g., a spouse, parent, relative, or friend)*?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	40%	42%	48%	35%	23%
No	60%	58%	52%	65%	77%
Total	100%	100%	100%	100%	100%

Q20: If Yes on question 19: How challenging is/was it for you to care for this person and meet your other responsibilities with family your personal health, and/or work?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Challenging	27%	34%	31%	18%	17%
Somewhat Challenging	44%	43%	46%	42%	44%
Neither Challenging nor Easy	19%	16%	15%	29%	19%
Somewhat Easy	6%	4%	5%	5%	15%
Very Easy	4%	3%	3%	6%	5%
Total	100%	100%	100%	100%	100%

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

Q21: If Yes on question 19: In your role as a caregiver, have you experienced any of the following? (Check all that apply)

	All Ages
My physical health has deteriorated	25%
My mental health has deteriorated	35%
My social life has deteriorated	36%
My financial circumstances have deteriorated	26%

**Figures do not sum to 100%. This table only includes respondents who reported providing care to someone now or in the last five years.*

Q22: If Yes on question 19: Did this person you have cared for, or are caring for, have any of the following conditions? (Check all that apply)

Condition	All Ages
Alzheimer's disease or dementia	23%
Parkinson's disease	4%
Psychological condition (e.g., anxiety, depression)	19%
Intellectual or developmental disability	5%
Sensory impairment (e.g., vision, hearing)	19%
Chronic disease (e.g., cancer, diabetes)	27%
Forgetfulness or confusion	28%
Mobility impairment (e.g., difficulty walking, climbing stairs)	56%
Recent surgery	22%
Other (Please specify):	12%

**Figures do not sum to 100%. *This table only includes respondents who reported providing care to someone now or in the last five years.*

Q23: If yes to Q19: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)

Supports	All Ages
Informal support from family and friends	42%
Adult Day program	11%
Respite care	11%
Social activities (e.g., memory cafe)	12%
Formal in-home caregiver or homemaking services	35%
Web-based resources	6%
Support groups (e.g., caregiver support)	16%
On-call support from medical professionals	19%
Transportation	19%
Other (Please specify):	11%

**Figures do not sum to 100%*

SECTION V: CURRENT AND FUTURE PROGRAMS & SERVICES AT THE COUNCIL ON AGING (COA)

Q24: Currently, how frequently do you use programs or services offered by the Maynard COA? (Check only one)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Two or more times a week	2%	0%	1%	5%	5%
About once a week	2%	0%	1%	3%	5%
A few times a month	3%	0%	2%	2%	8%
About once a month	2%	1%	2%	3%	2%
A few times a year (e.g., special events only)	13%	3%	10%	20%	23%
Never, I do not use programs or services offered by the Maynard COA	78%	96%	84%	67%	57%
Total	100%	100%	100%	100%	100%

Q25: Which of the following factors limit your use of the programs and services offered by the Maynard COA? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am not interested in programs offered (e.g., fitness classes, lectures)	20%	14%	18%	27%	25%
I do not know what is offered	31%	34%	30%	29%	23%
I do not have time	14%	16%	17%	11%	7%
I do not use technology	3%	1%	2%	4%	10%
I do not need the services offered (e.g., tax counseling, fuel assistance)	32%	33%	31%	33%	29%
I am still working	36%	70%	42%	14%	3%
I participate in programs elsewhere	9%	4%	7%	14%	11%
I do not have transportation to the Maynard Senior Center	2%	0%	1%	1%	6%
Other (Please specify):	14%	12%	13%	14%	19%

**Figures do not sum to 100%*

Q26: “I would be more likely to use the Maynard COA programs and services if...”
(Check all that apply)

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Transportation options to the Maynard COA were more convenient	5%	3%	4%	5%	8%
There was more parking	6%	2%	6%	8%	10%
I had more knowledge about programs and services that are available	40%	41%	43%	40%	25%
Programs and services were better suited to my needs and interests	22%	14%	24%	26%	22%
There were more cultural programs (e.g., exhibits, lectures, international dance)	17%	13%	17%	20%	15%
There were more special interest programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	4%	5%	5%	5%	0%
There were more remote programs	6%	4%	7%	6%	5%
The hours of the Maynard COA were more convenient (e.g., nights or weekends)	12%	7%	15%	14%	10%
The building was easier to navigate	12%	4%	11%	14%	23%
The cost of programs was reduced or eliminated	7%	5%	8%	8%	4%
The space was more comfortable and inviting	19%	12%	19%	22%	26%
It included residents of <u>all ages</u> and functioned as a community center	25%	30%	25%	23%	18%
The space could accommodate more participants (e.g., larger class sizes or more variety of programs)	16%	8%	16%	20%	24%
Other (Please specify):	16%	8%	16%	20%	24%

**Figures do not sum to 100%*

Q27: Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available in Maynard (*Check all that apply*)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Volunteer opportunities	30%	38%	40%	23%	7%
Weekend activities	23%	29%	29%	16%	10%
Technology skills classes (e.g., learning computer programs or smartphone applications)	19%	12%	19%	25%	19%
Performances or presentations (e.g., theater, comedy, music)	36%	38%	38%	36%	28%
Meeting or working space	9%	13%	8%	6%	8%
Indoor fitness (e.g., strength training, yoga, tai chi, dance)	43%	47%	51%	37%	25%
Educational courses/programming (e.g., foreign language courses, creative writing)	28%	36%	31%	25%	11%
Intergenerational programs (e.g., mentorship, collaborative learning)	17%	27%	17%	13%	6%
Lectures, guest speakers, or cultural events	35%	35%	38%	37%	29%
Evening activities	17%	20%	23%	12%	5%
Day Trips	32%	31%	34%	26%	37%
Skill development (e.g., woodworking, plant identification)	26%	37%	31%	19%	7%
Opportunities for informal socializing (e.g., affinity groups, parties, hang out space)	26%	30%	27%	21%	23%
Virtual programming	7%	9%	9%	5%	5%

Outdoor exercise (e.g., hiking/walking club, pickleball)	39%	51%	48%	30%	11%
Wellness programs (e.g., mindfulness meditation or stress management)	33%	45%	37%	25%	19%
Social programming for special-interest groups (e.g., singles, parents raising grandchildren)	12%	20%	13%	7%	2%
Arts (e.g., ceramics, painting, theater, orchestra)	36%	45%	38%	33%	20%
Other (Please specify):	8%	6%	7%	9%	10%

*Figures do not sum to 100%

Q28: Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services available in Maynard (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
On-site meals or café services	25%	23%	28%	23%	21%
Grab 'n' go meals	24%	23%	28%	20%	25%
Access to groceries or food pantry	15%	15%	19%	11%	15%
Support groups (e.g., caregivers, bereavement, Parkinson's, low vision)	20%	26%	21%	19%	12%
Information/referral for social services	22%	25%	25%	20%	11%
Friendly Visitor Program	13%	18%	14%	11%	7%
In-home programs (e.g., help with minor chores/errands)	29%	35%	30%	26%	25%
Caregiver respite programs	13%	19%	14%	9%	9%
Health insurance counseling and enrollment assistance	27%	37%	32%	20%	11%

Transportation to medical appointments	31%	34%	30%	28%	35%
Home-delivered meals	17%	19%	20%	11%	20%
Mental health counseling or referrals	11%	18%	13%	7%	5%
Job-searching support or part-time employment	13%	20%	16%	8%	2%
Transportation for errands around town	22%	25%	21%	21%	23%
Telephone check-in	10%	10%	11%	9%	11%
Programs for persons who are living with dementia (e.g., Memory Café)	12%	15%	11%	11%	10%
Retirement planning	20%	36%	28%	6%	2%
Other (Please specify):	7%	4%	7%	9%	7%

*Figures do not sum to 100%

Q29: What is your most preferred scenario for how space and programming would be organized in a new facility? (Check only one)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
A stand-alone senior center	12%	5%	13%	16%	17%
A multi-generational community center that has dedicated space and programming for residents 60 and older	30%	29%	30%	30%	28%
A multi-generational community center that has fully integrated space and programming for residents of all ages	28%	37%	29%	24%	17%
I have no preference	28%	26%	26%	28%	37%
Other (Please specify):	2%	3%	2%	2%	1%
Total	100%	100%	100%	100%	100%

SECTION VI: SOCIAL ACTIVITIES & RELATIONSHIPS

Q30: How often do you talk on the phone or video call, send email, use social media, or get together to visit with family, friends, or neighbors?

Talk on the phone / FaceTime / Zoom

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	47%	51%	46%	43%	49%
One or more times a week	37%	33%	40%	40%	35%
A few times a month	7%	6%	7%	9%	7%
About once a month	4%	6%	3%	3%	5%
A few times a year (<i>e.g., holidays</i>)	3%	3%	2%	4%	1%
Never	2%	1%	2%	1%	3%
Total	100%	100%	100%	100%	100%

Send email or use social media

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	65%	73%	66%	63%	49%
One or more times a week	22%	20%	25%	21%	21%
A few times a month	6%	4%	5%	7%	8%
About once a month	1%	1%	1%	1%	2%
A few times a year (<i>e.g., holidays</i>)	1%	1%	1%	3%	2%
Never	5%	1%	2%	5%	18%
Total	100%	100%	100%	100%	100%

Get together in person

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	17%	18%	17%	14%	18%
One or more times a week	47%	45%	48%	49%	50%
A few times a month	22%	23%	21%	23%	16%
About once a month	7%	7%	7%	7%	6%
A few times a year (<i>e.g., holidays</i>)	6%	6%	6%	6%	7%
Never	1%	1%	1%	1%	3%
Total	100%	100%	100%	100%	100%

Q31. Do you know someone living nearby on whom you can rely for help when you need it?

	All Ages	Age 18-49	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	88%	90%	81%	85%	92%	92%
No	12%	10%	19%	15%	8%	8%
Total	100%	100%	100%	100%	100%	100%

Q32: Which of the following volunteer activities in Maynard are you currently participating in?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Volunteer with boards or committees for the Town of Maynard (e.g., Council on Aging)	7%	7%	7%	8%	5%
Volunteer with faith-based organizations	5%	3%	4%	9%	4%
Volunteer with local nonprofit or charitable organizations	15%	17%	14%	20%	6%
I am <u>not</u> currently volunteering	29%	29%	27%	37%	20%
Other (Please specify):	9%	8%	8%	10%	8%

**Figures do not sum to 100%*

Q33: If you are NOT currently participating in volunteer activities what is the reason why?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am not interested	12%	6%	8%	14%	12%
I am interested, but am restricted due to mobility and/or transportation	5%	1%	2%	6%	16%
I am involved in volunteer activities outside of Maynard	9%	7%	10%	11%	7%
I do not have time	32%	48%	40%	18%	13%
I am interested, but I am unaware of volunteer opportunities in Maynard	18%	18%	19%	19%	11%
Other (Please specify):	13%	9%	14%	13%	17%

**Figures do not sum to 100%*

SECTION VII: CURRENT EMPLOYMENT & FUTURE RETIREMENT PLANS

Q34: What is your employment status?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Working full-time	37%	79%	46%	9%	1%
Working part-time	13%	10%	14%	17%	4%
Looking for work	3%	5%	4%	2%	0%
Retired	48%	4%	37%	76%	94%
Other	5%	6%	7%	3%	1%

**Figures do not sum to 100%*

Q35: When do you plan to fully retire? (Check only one)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
N/A, I am already fully retired	42%	4%	32%	68%	5%
Within the next 3 years	10%	3%	21%	8%	0%
In 3 to 10 years	20%	32%	30%	4%	1%
In 10 to 15 years	8%	31%	1%	0%	0%
In more than 15 years	2%	9%	0%	0%	0%
Not sure	9%	12%	8%	10%	3%
I do not anticipate ever fully retiring	8%	10%	8%	10%	1%
Total	100%	100%	100%	100%	100%

SECTION VIII: COMMUNICATION

Q36: Where do you prefer to find information about the activities and services offered by the Maynard Council on Aging? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Maynard Senior Center Newsletter (in-print)	49%	28%	46%	59%	71%
Maynard Senior Center Newsletter (online)	30%	34%	33%	27%	18%
Local Cable Access (Maynard TV)	3%	3%	5%	3%	1%
Public postings (flyers, billboards)	12%	15%	13%	11%	8%
Emails or newsletters from the Town of Maynard	47%	53%	52%	47%	27%
WickedLocal.com	5%	5%	7%	4%	2%
Facebook or YouTube	23%	34%	25%	17%	9%
Town of Maynard website	35%	50%	38%	31%	13%
Word of mouth	18%	23%	13%	19%	20%
Other (Please specify):	4%	4%	4%	4%	6%

**Figures do not sum to 100%*

Q37: How confident do you feel about the following activities?

Finding information online

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	82%	95%	86%	78%	52%
I need more practice	9%	4%	7%	14%	16%
I am not confident	3%	1%	3%	3%	8%
N/A I don't do these things	6%	0%	4%	5%	24%
Total	100%	100%	100%	100%	100%

Submitting information or applications online

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	75%	92%	79%	69%	43%
I need more practice	10%	5%	12%	12%	13%
I am not confident	6%	3%	4%	9%	9%
N/A I don't do these things	9%	0%	5%	10%	35%
Total	100%	100%	100%	100%	100%

Purchasing items and managing money online

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	80%	93%	86%	74%	51%
I need more practice	5%	5%	5%	5%	9%
I am not confident	5%	2%	4%	8%	5%
N/A I don't do these things	10%	0%	5%	13%	35%
Total	100%	100%	100%	100%	100%

Staying safe online (e.g., protecting your personal data)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	70%	88%	75%	60%	42%
I need more practice	13%	8%	14%	18%	13%
I am not confident	10%	4%	8%	14%	15%
N/A I don't do these things	7%	0%	3%	8%	30%
Total	100%	100%	100%	100%	100%

Making and attending virtual medical appointments

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	66%	84%	69%	60%	38%
I need more practice	10%	8%	11%	18%	10%
I am not confident	5%	2%	6%	14%	7%
N/A I don't do these things	19%	6%	14%	8%	45%
Total	100%	100%	100%	100%	100%

Attending classes online

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am confident	63%	86%	69%	52%	25%
I need more practice	8%	4%	9%	9%	10%
I am not confident	4%	1%	4%	6%	6%
N/A I don't do these things	25%	9%	18%	33%	59%
Total	100%	100%	100%	100%	100%

SECTION IX: DEMOGRAPHIC & HEALTH INFORMATION

Q38: Do you have an impairment or condition that limits your ability to participate in your community?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	16%	8%	12%	18%	38%
No	84%	92%	88%	82%	62%
Total	100%	100%	100%	100%	100%

Q39: In the past 12 months, I worried whether my food would run out before I got money to buy more.

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Often true	1%	1%	1%	1%	0%
Sometimes true	7%	8%	7%	8%	4%
Never true	90%	89%	91%	89%	94%
I don't know	2%	2%	1%	2%	2%
Total	100%	100%	100%	100%	100%

Q40: Please select your gender.

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Female	62%	63%	65%	56%	67%
Male	37%	36%	35%	44%	33%
Non-binary	1%	1%	<1%	<1%	0%
Total	100%	100%	100%	100%	100%

Q41: Do you speak a language other than English at home?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes (Please specify):	8%	11%	6%	7%	9%
No	92%	89%	94%	93%	91%
Total	100%	100%	100%	100%	100%

Q42: Was there a time in the past 12 months when you did not have the money for the following necessities? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Paying rent or mortgage	4%	6%	6%	2%	2%
Getting basic maintenance completed on my home	7%	8%	8%	7%	6%
Paying for utilities	7%	7%	8%	5%	5%
Accessing dental or vision care	7%	5%	8%	10%	4%
Paying for prescription drugs	4%	1%	4%	6%	5%
N/A I have not been concerned about my finances in the past 12 months	68%	71%	67%	68%	66%
Getting maintenance completed on my car	7%	7%	9%	6%	3%
Attending social events or going out with friends	6%	6%	7%	5%	2%
Property taxes	7%	6%	8%	7%	9%
Obtaining pet supplies or healthcare	3%	2%	4%	3%	0%
Attending exercise classes or gyms	3%	4%	4%	3%	0%
Other (Please specify):	5%	3%	6%	5%	3%

**Figures do not sum to 100%*

Q43: What is your age range?

Age	%
18 to 24	0%
25 to 39	0%
40 to 49	0%
50 to 59	23%
60 to 69	36%
70 to 79	27%
80 to 89	12%
90 +	2%
Total	100%