Assessing Current and Future Needs of Residents Aging in the Town of Andover

TOWN OF ANDOVER
DIVISION OF ELDER SERVICES
THE CENTER AT PUNCHARD

UMASS BOSTON

Dear Andover Residents,

In May, 2014, voters at the Annual Town Meeting approved a request for funding the Senior Needs Assessment requested by the Division of Elder Services and the Council on Aging Board. Our request was prompted in part by the dramatic increase in the number of residents age 60+ as illustrated in the 2010 Federal Census. The number of residents age 60+ increased by 27% from 2000 to 2010, growing from 5445 to 6447. Statistics indicate that 1 in 6 residents are over age 60 and another 1 in 6 is age 50 – 60; one third of Andover's residents are age 50+.

The U Mass Boston Gerontology Institute Center for Social and Demographic Research was engaged to design, develop, administer, analyze, create and report the results of the survey which was randomly distributed to 4,000 residents age 50+. The survey focused on several key areas: Housing, Transportation, Community Involvement, Health and Well-Being and Lifestyle. In addition to the survey, several focus groups and interviews were held to garner anecdotal information to both supplement and support the data. We were very excited by the response from the community; 28% of the surveys were returned.

We have been asked why the survey was distributed to residents age 50 – 60. The simple response is that the "Baby Boomers" are our future "seniors", a description that is perhaps a difficult one for them to hear. They were, after all, the generation that was never going to get old. In reality, I believe every generation thinks it will be someone else, not them. I hope that everyone who is reading this has the good fortune to become a "senior". More importantly, I think that many of the "boomers" may have moved to Andover because of the reputation of the Andover school system. Unlike many of today's "seniors" who moved here 40 years ago with the plan that this was now their home, many "boomers" may not have thought about whether they would remain in the community once their children were grown. As they look ahead, and if they are to remain in the community, we need to understand their needs and expectations which will be different from those who have already achieved "senior" status.

The results of this study, residents sharing their needs, interests and opinions, will guide us as we plan for the future. We are extremely grateful that so many responded. Know that our decisions, both for the present and the future are being made with your responses in mind. It will probably be some time before another survey of this magnitude will be undertaken, but let's keep the dialogue flowing. The success of our efforts is measured by how we are able to help you meet your needs through programs and services, as well as the sharing (and gathering) of information.

Thank you to all who made this project possible: the Council on Aging Board who advocated in support of this project, the staff and graduate students at UMass Boston for their outstanding work in Gerontology and Community Needs Assessments, the Town Manager, Board of Selectmen, Finance Committee and other Town Boards and Departments who serve the community every day, the Elder Services staff who work with our "senior" residents daily and to the taxpayers who supported the funding of this project.

Best Regards,

Katherine Urquhart
Director, Elder Services
Town of Andover

Donald Robb
Chair
Andover Council on Aging Board

Assessing Current and Future Needs of Residents Aging in the Town of Andover

Commissioned by the Town of Andover,
Division of Elder Services &
The Center at Punchard

April 2015

Bernard A. Steinman, PhD
Ceara R. Somerville, BS
Maryam Khaniyan, MS
Hayley Gleason, MSW, MS
Mai See Yang, MS
Jan E. Mutchler, PhD

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

Executive Summary

This report describes the collaborative efforts undertaken by the Town of Andover Division of Elder Services and the Center for Social and Demographic Research on Aging, within the McCormack Graduate School at the University of Massachusetts Boston. Beginning in Fall 2014, these organizations joined to conduct a needs assessment to investigate the needs, interests, preferences and opinions of the Town's older resident population, with respect to aging in Andover. The focus of this report is on two cohorts of Andover residents—those who are age 50 to 59 (referred to as "Boomers") and the cohort of individuals who are currently age 60 and older ("Seniors"). Within the older cohort of Seniors, we also conducted selected analyses on subgroups (e.g., ages 60 to 79; 60 to 69; 70 to 79; and 80 and older) to highlight important differences by age group.

During this assessment, several research methods were utilized in order to sketch a multidimensional image of the Town's older residents that could be used to plan and implement current and future services for older residents in Andover. We began the process by examining public data from the U.S. Census Bureau to describe basic demographic characteristics, as well as economic characteristics, disability status, and living situations of older people in the Town. Early in the project we invited Town residents to attend a community forum, to better understand how residents perceive current and future aging-related needs of the Town. We used information gathered at this meeting to develop a survey instrument to be administered to a randomly selected sample of residents from both age cohorts. We conducted two focus groups to obtain feedback from various stakeholders who regularly interact with older residents, regarding issues and concerns about aging in Andover. We conducted interviews with four key stakeholders to acquire input from local experts on the implications of the aging population, and the functioning of the Center at Punchard. We produced three maps depicting town resources that are perceived as assets to aging in place in Andover by older adult residents. Finally, we conducted a comparison of Senior Centers in three towns that are similar to Andover to assess how needs of older adults are met in other nearby communities. Collectively, the content of this report is intended to inform the Andover Division of Elder Services and the Center at Punchard, along with other offices within the Town with a stake in the aging of Andover, and organizations that provide services to older residents, as well as those who advocate for older people, and community members at large.

Summary of Demographic Profile

In 2010, Andover had more than 33,000 residents, a large number of whom were age 50 and older. According to the U.S. Census, there were 6,447 people age 60 and older living in Andover, and another 5,405 residents age 50 to 59, who will begin moving into later life during the coming decade. In addition, Andover has experienced substantial growth within its older population, with the number of persons age 60 and older increasing by about 28% between 2000 and 2010, compared to a net gain of just 6% in the Town overall. In general, Andover is becoming older by aging in

place, with many residents reporting having lived there for many years. Projections suggest that growth in the number and share of older adults in Andover will continue to increase: by 2030, it is expected that residents age 60 and older will make up more than a quarter of Andover's population.

The older population maintains a substantial presence within Andover's households. Census data suggest that in 2010, about 32% of Andover households were headed by individuals age 60 or older, and 37% of households contained at least one person age 60 or older. According to data from the American Community Survey, about 24% of residents who are age 65 and older live alone, and a large proportion of these live in homes that they own. Although many households headed by older residents are economically secure, about one in four report incomes under $25,000 annually. Many older people in Andover experience some level of disability, which could limit their functioning and impact their ability to live independently in their homes and community. Overall, almost half (48%) of residents age 75 and older experience at least one disability.

Summary of Community Forum Results

We conducted a community forum, as part of the process of developing key concepts and instruments to be used in the study. The discussion was structured on participants' perceptions of *opportunities*, *strengths,* and *challenges* with respect to aging optimally in the Town. As strengths, residents cited the Town's natural and municipal amenities, along with access to programs and services at the Center at Punchard. Challenges that were mentioned revolved around features of the Center at Punchard, including inadequate space and parking. Most participants in the forum viewed the aging of Andover's population optimistically, and recognized the opportunity for older people in the Town to forge collaborations with colleges and youth-oriented organizations that could benefit residents of all ages.

Summary of Survey Results

Results from the community survey suggest that a large proportion of older Andover residents have lived in the Town for many years—60% reported living in the Town for 25 years or more. By and large, when older people become settled in Andover, it is important to them to age in place there, as indicated by the nearly nine out of 10 older survey respondents who stated it is important to them to stay in Andover as long as possible. The majority of residents reported feeling very safe in Andover—a likely contributor to their desire to age in place there. Nevertheless, many respondents reported concerns about their ability to stay in Andover in the future, including high costs of living, difficulty maintaining their homes, concerns about the adequacy of transportation, and worry about whether there would be appropriate services available to help them live independently.

The vast majority of survey respondents (85%) reported that they lived in single-family homes. About 17% indicated that their homes required modifications to

facilitate their aging in place, and many of these indicated that they were not able to afford the modifications they needed.

The majority of survey respondents of all ages rated their emotional wellbeing as good or excellent. Yet results suggest there is a small percentage of residents— up to about 10%— who may be at risk for social isolation due to their limited social capital, and inadequate access to goods and services outside of their homes. For the most part, older people in Andover remain relatively well connected to family and friends, via forms of frequent communication including talking on the phone, emailing, or getting together with family, friends, relatives, or neighbors. Andover residents also stay connected by participating in various activities that link them with others in the community.

A relatively large percentage of all respondents (46%) indicated that they provided care or assistance to a person who is disabled or frail; and the majority (72%) in all age groups indicated that providing such care was very challenging or somewhat challenging for them. Burdens associated with providing care seem greatest to Boomers, who are more likely to work and/or have children for whom they also provide care.

The vast majority (90%) of survey respondents said that their health was excellent or good. Relatively few Senior respondents reported needing assistance with personal activities (3%) and doing errands outside the home (8%). A larger proportion of Seniors (22%) indicated that they needed help with household activities (such as doing yard work), and many indicated that they had difficulty acquiring needed assistance. The vast majority (97%) of all survey respondents indicated that they had visited a health care professional within the last 12 months, with more visits associated with older age groups.

Access to transportation is a key determinant of the ability to remain socially engaged in later life. The vast majority of all respondents (93%) indicated that they still drive themselves, although many noted that they use strategies to modify their driving and make their driving safer (such as avoiding driving at night). Almost half of all respondents—around 44%—reported being completely or very satisfied with transportation options that are available in Andover. Nevertheless, many transportation challenges remain, especially for those who do not drive, including public transportation options that are inadequate or inconvenient. Thus, a significant number of older residents, many who live alone, and who do not have reliable transportation or large social networks, may be at risk for isolation, which over time can influence their health, wellbeing, and quality of life.

A large share of Senior respondents (65%) indicated that they were already retired, though 34% indicated that they still worked at least part time. Among those who were still working, the largest share indicated that they would retire within the next three years. Most respondents had positive expectations regarding the adequacy of their financial resources, but many indicated that they did not anticipate having enough

resources for their retirement. Thus, survey results support evidence from the Census suggesting that a sizable number of older Andover residents may struggle with economic insecurity.

The Andover Division of Elder Services and the Center at Punchard provides a wide variety of services and programs that generate high levels of participation, especially among residents age 80 and older (45%). Among the oldest group who do not use services, the most common reason cited was that they are not interested. Nevertheless, large shares of Boomer (46%) and Senior (59%) respondents indicated that they were very likely or somewhat likely to use services in the future. Despite varying rates of utilization and planned utilization between individuals and age cohorts, all available services were rated as very important or important by large proportions of the sample, with small differences by age group. Among the oldest Seniors, the most important services offered were health and wellness services. Boomers placed highest value on fitness activities.

Overall, residents of all ages expressed high levels of satisfaction with programs and services offered through the Division of Elder Services and the Center at Punchard. Thus, expanded service demands associated with the growth of the older population may soon overwhelm the availability of programming space and parking, which are already deemed inadequate by many participants of the study. In addition, some programming priorities may shift, as utilization by Boomers increases, requiring continued development of appropriate programs and services that consumers desire and prefer.

Summary of Focus Groups

Participants in both focus groups shared many similar concerns. Among them, the importance of communication between departments and organizations that serve older people, and wide dissemination of information to members of the community were central. Focus group participants acknowledged the inadequacy of housing options that are affordable in the Town. According to participants, there are very few appropriate downsizing options for residents with medium or high incomes; and in many cases smaller housing units with accessibility features such as universal design are not available at all. The groups recommended seeking creative solutions to this problem, including reconsideration of zoning regulations, and exploring cutting-edge senior housing options, such as the Village Model, which supports the ability of older residents to stay in their homes and to age in place in the community. Alternative modes of transportation for older adults who do not drive are also in short supply in Andover. Focus group participants were aware of the Center at Punchard vans that provide much of the transportation to older people; however, options were discussed regarding how to better utilize this resource to serve a greater number of residents more efficiently.

Summary of Key Informant Interviews

Key informant interviews revealed that the increasing older population has prompted leaders in the community to rethink the ways in which they go about their work, and to make consideration of older residents a central component in their decision-making processes. Leaders understand that older residents contribute extensively to the vitality of the community, via volunteerism and civic activism, as well as by contributing significantly to the Town's tax base. Thus, interviewees recognized the importance of facilitating the engagement of older residents and activism in support of older residents for strengthening the community as a whole. Key informants recognized many of the concerns raised in other sections of this study. Transportation, isolation, service needs, and tensions that arise during efforts to address these issues given limited resources available are all important priorities among those interviewed.

Summary of Asset Mapping

We conducted an asset mapping exercise with volunteers from the community to identify and map assets of the Town that residents feel help them to age in place. We asked participants to identify places where they socialize, get involved in the community, or go for arts and recreation, to receive health care, or other aging-related services. We also identified and mapped town assets that are known to improve livability in communities, including public safety amenities, schools and libraries. Resulting maps suggest that many valued amenities are clustered in the downtown area of Andover, and are near where many older adults in the Town reside.

Summary of Peer Community Interviews

Finally, we compared attributes of the Center at Punchard to senior centers in Billerica, Chelmsford, and North Andover. With the exception of North Andover, the Center at Punchard is older (built in 1983) and smaller (just 9,000 square feet) than senior centers in other peer communities. Despite their somewhat newer and larger facilities, none of the directors in comparison towns felt that they had adequate space to conduct their programming and services. All of the senior centers had relatively limited paid staff. Chelmsford has the largest staff with 13 full-time and 8 part-time, compared to the Center at Punchard, which has 9 full-time and 6 part-time staff. Additionally, all of the senior centers in peer communities are highly dependent on volunteers to fulfill their missions—Chelmsford utilized the greatest number of volunteer hours with 700 logged per week—this compares to the 350 volunteer hours logged by residents at the Center at Punchard. All of the peer communities offer tax work-off positions to their older residents—Andover had the most positions with 300, followed by Chelmsford with 150 positions.

Collectively, these results guided recommendations developed to aid the Town of Andover Division of Elder Services and the Center at Punchard, as well as other Town offices as they continue to plan for the future. Foremost, the Town must approach issues associated with the aging of its population broadly and with a far-reaching vision. In considering the future need for services, staff, and infrastructure, planners

must bear in mind both projections of a rapidly growing older population and potential changes in needs and preferences of older residents in the Town. Planning for growth with built-in flexibility is appropriate. The goal of achieving a highly livable town for all residents, regardless of age, can be achieved by improving communication structures and encouraging collaboration between agencies and service providers that serve the Town's older residents. In this process, the Division of Elder Services and the Center at Punchard can serve as a hub to strengthen linkages between other Town offices and community organizations around issues relating to the older adult population.

Key Findings in Brief

Demographics

- Over the next few decades, the number of residents who are age 60 and older will increase to make up about 26% of Andover's population.
- More than one third (37%) of households have at least one person who is age 60 and over.
- Nearly one in four (24%) residents age 65 and older lives alone in their household.

Community & Neighborhood

- Sixty percent of survey respondents have lived in Andover for 25 years or longer.
- Eighty-eight percent of survey respondents who are age 60 and older say it is important to them to remain living in Andover as long as possible.
- Ninety-one percent of survey respondents who are age 60 and older feel completely/very safe in Andover.

Housing & Living Situation

- Most survey respondents (85%) live in single-family homes that require maintenance and may need home modifications to enhance their safety.
- Concerns about staying in Andover include the high cost of living, property taxes, and home maintenance expenses.
- Twenty-six percent of respondents age 60 to 69, and 20% of those 80+ are unable to afford home modifications they say they need.

Social Activities & Relationships

- Older residents enjoy a variety of activities including social activities (82%), individual/solitary activities (75%), food-related activities (69%), and travel (67%).
- Ninety-seven percent of survey respondents rate their emotional wellbeing as excellent or good.
- About 9% of survey respondents who are age 80 and older communicate with friends and family once a month or less.

Caregiving

- In the last 5 years 46% of survey respondents have provided caregiving to a person who is disabled or frail.
- Of those who provided care, the vast majority (97%) of respondents were not paid for their caregiving.

Your Health

- Ninety percent of respondents indicated their health was excellent or good.
- Seventeen percent indicated they needed help with activities around the house.
- A small share (3%) of survey respondents did not visit a doctor in the previous 12 months; whereas 28% visited a doctor five or more times.

Transportation

- Most respondents (93%) meet their transportation needs by driving themselves.
- Many older residents modify driving habits by not driving at night or in bad weather.
- Transportation challenges exist for those who do not drive, including walkability issues in the Town.

Current & Future Retirement Plans

- Twenty percent of survey respondents who are age 60 and older are still working full time.
- Of those respondents age 60 and older who are still working, 13% said they are not sure when or if they will ever retire.
- Sixty-one percent of survey respondents expect to have adequate resources to meet their financial needs in retirement.

Programs & Services at the Center at Punchard

- Forty-five percent of respondents 80 years and older participate in Center at Punchard activities.
- Reasons for non-participation include not being interested, not identifying with the word "senior", or going to activities elsewhere.
- All services were rated as highly important by all age groups.

Impact & Use

Findings will help the Andover Division of Elder Services and the Center at Punchard achieve its…

Vision

"To create an environment where age is a credential not a barrier"; …and its

Mission

"To provide individuals, regardless of background, the opportunity to seek and readily find fulfillment and growth through programs and services that nurture mind, body and spirit."

Acknowledgements

The authors wish to acknowledge the Town of Andover, which generously provided support for this project. We thank Kathy Urquhart, Director of the Division of Elder Services and the Center at Punchard and her staff who offered invaluable input and assistance as we defined research questions and recruited study participants. We also wish to thank the Council on Aging Board for providing feedback and support throughout the project's duration:

Council on Aging Board:

Kenneth DeBenedictis
Kathleen Devanna
Joan Fox
Ann Grecoe, *Vice Chair*
Jane Gifun
Stuart McNeil
Margaret O'Connor, *Secretary*
Joseph Ponti
Donald Robb, *Chair*
Michael Roli

In addition, we owe thanks to many residents of Andover who supported our data collection efforts, and who provided their thoughtful responses to our queries. We thank the hundreds of residents who took the time to complete our survey, and many who gave their time graciously to participate in focus groups and asset mapping sessions. We are also indebted to Mary Garrity Cormier (Senior Living Consultant); Tina Girdwood (Andover Coalition for Education), Don Robb (COA Chair), and Buzz Stapczynski (Town Manager) who each sat down with us in interviews to share their individual perspectives on aging in Andover.

We wish to acknowledge Donna Popkin (Director, Billerica COA), Debra Siriani (Director, Chelmsford COA), and Irene O'Brien (Director, North Andover COA) for each taking time from their very busy days to share with us details about their organizations.

Finally, we thank UMass Boston doctoral student, Wendy Wang, for sharing her expertise and helping us to craft and render our maps of Andover.

The authors, Bernard A. Steinman, Ceara R. Somerville, Maryam Khaniyan, Hayley Gleason, Mai See Yang, and Jan E. Mutchler from the University of Massachusetts Boston are responsible for the contents of this report; however, the project could not have been completed without the cooperation and efforts of all those mentioned above.

Table of Contents

Executive Summary ii
Key Findings in Brief viii
Acknowledgements x
Table of Contents xi
Introduction 1
Methods 6
Results 12
Demographic Profile of Andover 12
Community Forum 26
Resident Survey 28
Sample Demographics *28*
Section I: Community & Neighborhood *30*
Section II: Housing & Living Situation *35*
Section III: Social Activities & Relationships *39*
Section IV: Caregiving *42*
Section V: Your Health *43*
Section VI: Transportation *47*
Section VII: Current & Future Retirement Plans *51*
Section VIII: Programs & Services at the Center at Punchard *53*
Focus Groups 63
Key Informant Interviews 66
Asset Mapping 68
Community Comparison 72
Summary and Recommendations 74
References 78
Appendix A—Reprint of Resident Survey
Appendix B—Complete Survey Results

Introduction

As is true in many communities across Massachusetts, the population of the Town of Andover is becoming older. The Town's total population is projected to grow modestly during the next fifteen years; however, Andover will experience unprecedented growth in the number and proportion of residents who are age 60 and older. As the demographics of Andover continue to shift toward a population that is older and living longer, the demand for programs and services to address aging-related needs in the Town will likely increase as well.

Currently, many services for older adults are coordinated and provided by the Division of Elder Services via the Center at Punchard. These entities serve as important and valued resources, and are viewed as central points of contact for many older residents seeking programs and services to assist with their aging-related needs. Planning is necessary to ensure that the Town is adequately prepared to meet the challenges associated with a rapidly aging population, and to capitalize on opportunities this demographic shift will afford. In addition, it is increasingly relevant and necessary for those who provide services and amenities in the Town to understand different stakeholder perspectives with regard to the aging-related needs of Andover's older residents.

This report presents research findings from a study conducted by the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston (UMass Boston), in collaboration with the Town of Andover Division of Elder Services and the Center at Punchard. The purpose of this study was to investigate and document current and future needs and preferences of Andover's older residents. To this end, our primary methodology was a town-wide resident survey aimed at identifying concerns related to aging in Andover, with an emphasis on services and amenities that facilitate "aging in place", as well as qualities of the community that influence "livability" of the Town for residents of all ages.

Data collection was focused on two resident cohorts—those age 60 and older (referred to in this report as "Seniors") who are currently eligible to participate in programs and services provided by the Division of Elder Services and the Center at Punchard; and a younger cohort, age 50 to 59 (referred to hereafter as "Boomers") who will become eligible to participate during the next decade[1]. The contents of this report are intended primarily to inform planning by the Town of Andover's Division of Elder Services and other municipal departments. In addition, contents may be of interest to community stakeholders in other public and private organizations that

[1] In this report, we use the designations "Boomers" and "Seniors" to facilitate reporting of resident survey results by age groups that differ according to the respondents' current eligibility for Division of Elder Services programs. In a broader context, members of the "Baby Boomer" cohort are generally considered to have been born between 1946 and 1964; therefore, many of those in our "Senior" category are technically "Baby Boomers".

operate programs, provide services, and advocate for older adult residents in the Town, and as a resource for the community at large.

Background

The Town of Andover, Massachusetts is a medium-sized community located approximately 25 miles north of Boston. According to the U.S. Census, in 2010, the Town had slightly more than 33,000 residents, of whom nearly 19% were age 60 and older. The relative proportion of older Andover residents is projected to grow at a rate faster than the total population of the Town, and by 2030 about 26% of residents will be age 60 and older.

Andover is a Town where many residents have aged in place. Additionally, the Town's historic and highly livable character will likely have allure to many younger people looking for places to spend their retirement years. Given these demographic and civic traits, the growing number of older adults in the Town will likely be a diverse combination of individuals looking to, and expecting to "age in place" within the community. In proactive response to changes that are appearing on the horizon, entities within the Town have begun to examine ways to make aging in place possible for the majority of Andover's older residents.

Indeed, previous research in gerontology has documented an overwhelming preference among older adults to remain in their homes and communities as long as possible (AARP, 2005). Despite this growing trend, a number of common aging-related circumstances often challenge the ability of individuals to age successfully in their homes and communities, and strain the resources available within towns to address the broad range of services and amenities that are needed.

Many older adults experience physical and social changes that threaten their independence and wellbeing. In addition, older individuals who live on fixed incomes may experience financial constraints that limit their choices and reduce their quality of life in retirement. In communities that actively promote aging in place, older residents may be better able to retain their independence and maintain valued social relationships. Communities that support aging-related needs may also be more successful in retaining a larger share of their vital older residents, and in turn benefit from the experiences and the local commitment and civic engagement that older long-term residents often contribute.

The research described in this report was conducted in Fall 2014 and Winter 2015 to assess the specific aging-related needs of older adult residents in Andover, and to explore concerns of providers of goods and services to this segment of the population. Discussions with the Director of the Town of Andover Division of Elder Services and the Center at Punchard (hereafter, "the Director") steered the direction our study's focus, and guided our research protocols. Generally, primary stakeholders were interested in ways in which their community could become more "livable," with respect to aging in the Town. According to Nelson and Guengerich (2009), livable

communities have features that allow older adults to maintain their independence and quality of life as they age and retire.

Key components of livability that were central topics addressed in quantitative and qualitative components of this study included:

- Accessible and affordable ***housing*** choices;
- Adequate and appropriate ***transportation*** options; and
- Targeted community ***services*** that address specific needs of older people.

Housing

The ability of older adults to age in place depends on the availability of housing options designed to accommodate the changing physical, social, and financial circumstances that often accompany aging. As a result of these changes, the degree of "fit" between individuals and their homes can decrease, creating living situations that are impractical, unsafe, or undesirable for older people (Pynoos, Steinman, Nguyen, & Bresette, 2012).

Housing options that are affordable, especially those that include adaptive features that accommodate physical limitations, such as home modifications or universal design elements, can make it possible for older residents to remain independent in their homes and communities. Additionally, housing options that blend shelter and services, such as assisted living or continuing care retirement communities, may allow individuals to remain relatively independent and socially engaged with others, even if they are no longer able to stay in their original homes.

Unfortunately, many towns do not have adequate appropriate and affordable housing units available to meet the diverse, often changing preferences and needs of a large and growing number of older people. As a result, many older residents must sometimes relocate against their wishes to new communities where their needs can be met. Thus, towns such as Andover that are interested in promoting aging in place must prioritize housing options that accommodate these needs.

Transportation

In addition to housing that is accessible and affordable, reliable transportation options are required to support aging in place by providing individuals with access to work or volunteer activities, social supports, needed goods and amenities, and to promote engagement with others in the community. For many older adults, physical changes associated with aging may make continued driving unsafe. When transportation options are not available to replace driving or are extremely limited challenges in procuring transportation can increase the risk of isolation and unnecessarily reduce the individual's quality of life.

In Andover where local transportation options are relatively scarce, a large share of older residents could be frustrated by difficulties they have meeting their travel

needs. Communities such as Andover can promote quality of life and encourage social engagement among older people by supporting convenient, affordable, and reliable local transportation options for residents who are unable to drive safely themselves, or who prefer to travel using alternatives to driving.

Improving community attributes to facilitate walkability may supplement transportation options that are provided publically, or through organizations that specifically serve older people. Examples include safe, uninterrupted sidewalks, strategically placed benches, and clearly marked pedestrian crossings with signals that allow adequate time for older people to cross safely. In addition, the physical health of older adults and the public at large can be improved by encouraging alternate forms of transportation that increase physical activity (e.g., safe, conveniently located, well maintained bike trails and walking paths).

Town of Andover Division of Elder Services and the Center at Punchard

Finally, in highly livable communities, older adults need access to a variety of home and community based services, as well as public and commercial amenities that support aging in place. For instance, older adults who have mobility difficulties or who can no longer drive are likely to benefit from access to medical and social services that can be delivered directly to their homes. Programs that connect older residents to affordable assistance with home and yard maintenance can help protect property values and improve neighborhoods where older people live. Communities can also support opportunities for social engagement and participation in community events through provision of volunteer programs, learning opportunities, exercise programs, and social activities that help community members remain active and socially engaged, prolong independence, and improve quality of life.

The Town of Andover Division of Elder Services and the Center at Punchard are vital resources for safeguarding the wellbeing of older residents. As the Town's entities charged with coordinating and supporting activities that are appealing to the tastes of a wide range of older adults, they serve as key points-of-contact for older residents in the community who desire and need programs and services. The Center at Punchard offers programs in general areas such as fitness, health and nutrition services, education, music and arts, and entertainment. In addition, it supports access to social service programs through referrals to home care services, fuel assistance and utility discount programs, counseling services, and housing support programs. Other specific programs that older residents may access either directly or through referrals by the Town of Andover Division of Elder Services include:

- *Support Groups:* Provides opportunities to meet with individuals sharing common concerns in supportive setting via discussion groups for Alzheimer's disease, Parkinson's disease, grief support, and chronic pain;

- *Social Day Program – Senior Connections:* Provides a supportive environment for adults facing life changes, enabling them to live at home and to remain

active within the community setting. Daily programming includes companionship, socialization, individual and group activities, a noon-time nutrition program, health monitoring and supportive counseling;

- *SHINE Program:* Provides free health insurance information, assistance, and counseling to Medicare beneficiaries of all ages and their caregivers;

- *Housing Applications:* Provides assistance filling out applications for housing communities in the Town for older adults;

- *Outreach Services:* Provides one-on-one assessment of a resident's situation, explains community programs and benefits, assists with applications to needed programs, aids older residents in their search for services, and acts as an advocate and support source;

- *Legal/Professional Services:* Provides access to free individual meetings with a lawyer to discuss general legal concerns;

- *Nursing/Medical Services:* Provides health screening (e.g., blood pressure, blood sugar, tuberculosis), health and nutrition information and counseling, and adult immunization; podiatry clinic; and flu shots;

- *On-site Congregate Meals:* Provides hot lunch, cooked on site daily is available Monday through Friday at noon at The Center at Punchard for those age 60 and older;

- *Meals on Wheels:* Provides nutrition support to individuals 60 and older who are homebound, unable to leave home without help, unable to shop and have no reliable assistance to do their shopping;

- *Transportation Programs:* Provides essential transportation for those in the community who do not drive themselves and do not have family available to assist them. Includes volunteer medical transportation; door-to-door grocery shopping trips; shuttle trips to the Town Meeting; and fun trips (e.g., to the mall, or window shopping);

- *Physical Activity Programs:* Coordinates low-impact aerobics (e.g., water workout) and stretching classes (e.g., Tai Chi and Yoga); outdoor adventure programs for men and women;

- *Boomer Venture Program:* Coordinates a wide range of programming designed to appeal specifically to Baby Boomers, including exercise classes, lectures and workshops, and activities that promote health and wellness, financial independence, and new occupational opportunities;

- *Safety/Reassurance Programs:* Coordinates with public safety officials, including the Andover Police Department and the Essex County Sheriff's

Department to provide reassurance calls and other services to frail residents (e.g., *TRIAD* program);

- *Access to Public Programs:* Provides referrals to older residents who are eligible for fuel assistance, Supplemental Nutrition Assistance Program (formerly food stamps); homemaking/personal care; and to Elder Services of Merrimack Valley;

- *Senior Citizen Residential Property Tax Work-Off:* Allows homeowners age 60 and older to earn tax abatement after completing the required number of volunteer hours in The Center at Punchard, most Town departments, and in all of the schools;

- *Monthly Newsletter:* Provides local residents with information about available programs and services via the *News and Views* newsletter, which is written and published by COA and Center at Punchard staff; and

- *Website:* Maintains up-to-date website on the Town's server, listing current services and programs, and providing links to relevant state and national aging services.

In general, the Town of Andover Division of Elder Services and the Center at Punchard play an instrumental role in providing key services to older adults in the Town, or guiding older residents to those services. Currently, the Center at Punchard is able effectively to fill a crucial niche; however, as the number of older residents increases, the need for resources dedicated to this segment of the population will also continue to grow. Thus, it is crucial that the Division of Elder Services 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.

Purpose of Study

In this report, we have assembled information from a number of sources with the goal of identifying the service needs, preferences, and concerns of stakeholders affected by the Town's growing aging population. Formal community needs assessments are often employed to identify deficiencies and to improve services and programs provided by organizations that target older adults (Nolin, Wilburn, Wilburn, & Weaver, 2006). Throughout this report, we present a profile of the characteristics and concerns of the current older population of Andover. Knowledge of these attributes provides an important basis for planning by the Town of Andover Division of Elder Services and the Center at Punchard, as well as other Town offices and organizations within the community.

Methods

Mixed evaluation methods are often used to assess the needs of older residents and

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

Our goal early in this study was to prioritize the concerns of stakeholders and identifying research questions, which when approached systematically could shed light on the support needs of the older population, and identify services and town qualities that are most valued by Andover's residents. In addition, data collection instruments were developed with an eye toward identifying future needs and preferences of a younger cohort—specifically, those who will become eligible for services over the next decade.

In general, assessment goals identified at the outset of this study related to how the Town and the Division of Elder Services and the Center at Punchard could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting the independence and quality of life of older people as they age (Nelson & Guengerich, 2009). In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants, and a brief section on data analysis strategies.

Demographic Profile

As an initial step toward understanding characteristics of Andover's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a 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 (2009-2013), along with U.S. Census data for the Town of Andover 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.

Community Forum

Early in the needs assessment process (September 2014), we solicited participatory input from public stakeholders, including community members representing the Town of Andover's older population, via a forum conducted on the premises of the

Center at Punchard. Participation in the forum was open to all adult residents of Andover. In total, about 25 individuals participated in the session.

The specific purpose of the forum was to develop a better understanding of the need for aging programs as experienced by current and future consumers of services provided by the Town of Andover Division of Elder Services and the Center at Punchard, and to inform subsequent development of survey and interview instruments used in this assessment. Discussion at the forum focused on the perceived *strengths*, *challenges,* and *opportunities* available to community members in Andover to facilitate aging in place and wellbeing in later life. The lead researcher, Bernard Steinman, moderated the discussion, and two note-takers attended in order to capture key points raised by participants.

Resident Survey

The central component of our data collection effort was a resident survey instrument developed by the research team at UMass Boston in consultation with Andover's Division of Elder Services and its Council on Aging Board. The instrument included quantitative and open-ended questions chosen based on their importance with respect to the planning needs of the Division of Elder Services and the Center at Punchard as they relate to the Town's aging population. In addition to a paper/pencil version of the instrument, the survey was made available online via the Internet.

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

- Community & Neighborhood
- Housing & Living Situation
- Social Activities & Relationships
- Caregiving
- Health
- Transportation
- Current & Future Retirement Plans
- Programs & Services
- Demographics

Resident Survey Sampling and Rate of Response

At the request of the Director, the Town Clerk's Office provided the UMass Boston research team with a list of prospective study participants based on municipal census records that included names, addresses, and dates of birth for all residents of Andover who were age 50 and older on the date the list was requested. After removing residents who live in nursing homes from the list, we selected a simple random sample of 4,000 residents representing 43% of Andover's population in that age range.

We mailed a personally addressed postcard to selected residents intended to inform them that they would receive a mailed survey in the coming week. Approximately one week after the postcard, we sent the survey packet with a postage-paid return envelope and cover letter signed by the Director, which outlined the purpose of the survey and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMass Boston and the Town of Andover Division of Elder Services and the Center at Punchard as research partners in the project.

Table 1. Andover resident survey sample description and rates of response

	Total Age 50+	Boomers Age 50 to 59	Seniors Age 60 to 79	Seniors Age 80+
Sampling Frame	**11,852**	**5,405**	**5,099**	**1,348**
Percent of Sampling Frame	100%	46%	43%	11%
Sample Size	**4,000**	**1,744**	**1,846**	**410**
Percent of Sample	100%	44%	46%	10%
Valid Responses	**1,219***	**361**	**696**	**154**
Response Representation	100%	30%	57%	13%
Response Rate	**31%**	**21%**	**38%**	**38%**
Returned Online	63*	33	26	2
Returned "Undeliverable"	2	1	0	1

**Includes individuals who did not provide an age.*

During the approximately month-long data collection period from late November to early January 2015, a total of 1,219 completed surveys were returned, resulting in an overall response rate of 31% (see **Table 1**). The response rate for Boomers (21%) was lower than that of Seniors age 60 to 79 (38%), and Seniors age 80 and older (38%). Compared to their representation in the sampling frame, Boomers were somewhat under-represented, making up 30% of responses. Seniors age 60 to 79 made up 57% of responses, and Seniors age 80 and older made up 13% of responses. Given that contents of the survey were oriented toward older people, bias toward over-representation of Senior residents is not surprising (Fowler, 2014); however, results that show totals for the entire sample should be examined and interpreted with consideration to this bias. Only 63 (5%) responses were submitted online— of those, 33 were submitted by Boomers, 26 were submitted by Seniors age 60 to 79, and 2 were submitted by residents age 80 or older. Just 2 surveys were returned in the mail as "undeliverable".

Due to the short timeline of this project we did not re-contact those who initially did not respond. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

Focus Groups

During the month of February 2015, we conducted two focus groups with a range of stakeholders who were hand-selected and recruited by the Director. Each focus group lasted approximately an hour and a half. Generally, discussions focused on attributes of the community that promote aging in place; perceived challenges to aging in place in Andover; and opportunities that an aging population affords the community to improve its livability for people of all ages. Specific topics for each discussion were developed beforehand in consultation with the Director.

> ***Focus Group #1*** consisted of public officials, public safety personnel, and representatives of service organizations within Andover who have regular interactions with older adult residents of the Town.
>
> ***Focus Group #2*** consisted of residents who were age 50 and older (most were 60 and older), and who are current or prospective consumers of programs and services offered by the Division of Elder Services and the Center at Punchard.

Most participants in both groups were longtime residents of Andover, and all were knowledgeable about the Town's programs and services that are available for older residents.

Key-Informant Interviews

We conducted telephone interviews with four individuals who serve in leadership roles in Andover. Questions focused on ways in which the Town has been shaped by the aging of its population; identifying challenges and opportunities for the Town associated with the aging population; and identifying ways in which the Town could respond more effectively to its aging population. The Director identified interviewees, and encouraged them to participate. Interviews lasting 30 to 45 minutes each were conducted with the following people: Mary Garrity Cormier (Senior Living Consultant); Tina Girdwood (Andover Coalition for Education), Don Robb (COA Chair), and Buzz Stapczynski (Town Manager).

Asset Mapping

We conducted an asset mapping exercise, which entailed two sessions attended by 16 community stakeholders who were recruited by the Director. In the first session, participants were introduced to the project, and given training in the data-collection format. Community participants used data collection notebooks to gather and record the geographic locations of community attributes that they perceived as assets to

older people in the community, as well as other observations (both positive or negative) about each resource.

After a two-week data collection period, the group was reassembled to discuss the assets that they recorded. The process of mapping a community's attributes has been likened to a "focus group around a map". Generally, the discussion focused on the contents of the data collection booklets.

We mapped the identified assets using geographic information system (GIS) software. Our goal was to create maps that depicted important networks of resources, and to help stakeholders visualize community capacities within wider contexts and in *new* combinations to reveal structures of opportunity, and new possibilities for service delivery.

Peer Community Questionnaire

We used a short online questionnaire to gather information from directors of Councils on Aging (COAs)/senior centers in Billerica, Chelmsford, and North Andover. With input from the Director, these similar "peer" communities were selected based primarily on population size, their number of residents age 60 and older, and proximity to Andover. Participants were asked about features of the senior center they administered, including programming and staffing. Requests for information were issued by email, which included a link to an online questionnaire where responses could be entered. Additional information on selected COAs was retrieved from websites and other publicly available documents.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and crosstabs, and are reported in full in tables contained in **Appendix B** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., responses to survey question 4: "What are your greatest concerns about your ability to continue living in Andover?"). Notes taken during the study's qualitative components (i.e., town forum, focus groups, key informant interviews, and asset mapping sessions) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Andover. Information collected from COA directors in peer communities were compared side-by-side with information collected from Andover's Division of Elder Services and the Center at Punchard Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Andover

Age Structure and Population Growth

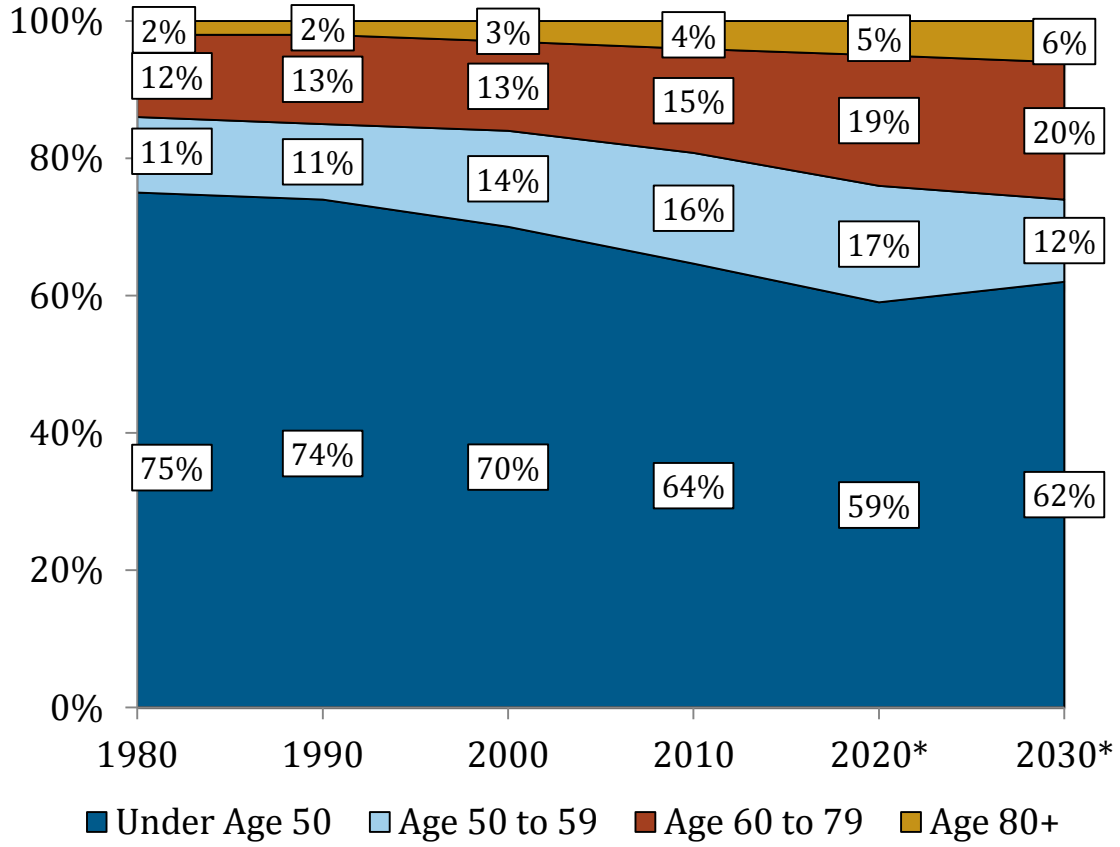
According to U.S. Census, there were 33,201 residents living in the Town of Andover in 2010. More than a third of these (11,852 individuals—35% of the population) were age 50 and older (See **Table 2**). Residents who were age 50 to 59 (5,405 individuals) made up 16% of the population; residents age 60 to 79 (5,099 individuals) comprised 15%, and another 1,348 (4%) residents were age 80 and older.

Table 2. Number and percentage distribution of Andover's population by age category, 2010

Age Category	Number	Percentage
Under age 18	8,754	26%
Age 18 to 49	12,595	38%
Age 50 to 59	5,405	16%
Age 60 to 79	5,099	15%
Age 80 and older	1,348	4%
Total	**33,201**	**100%**

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

Figure 1. Recent and future age distribution of Andover, 1980 to 2030



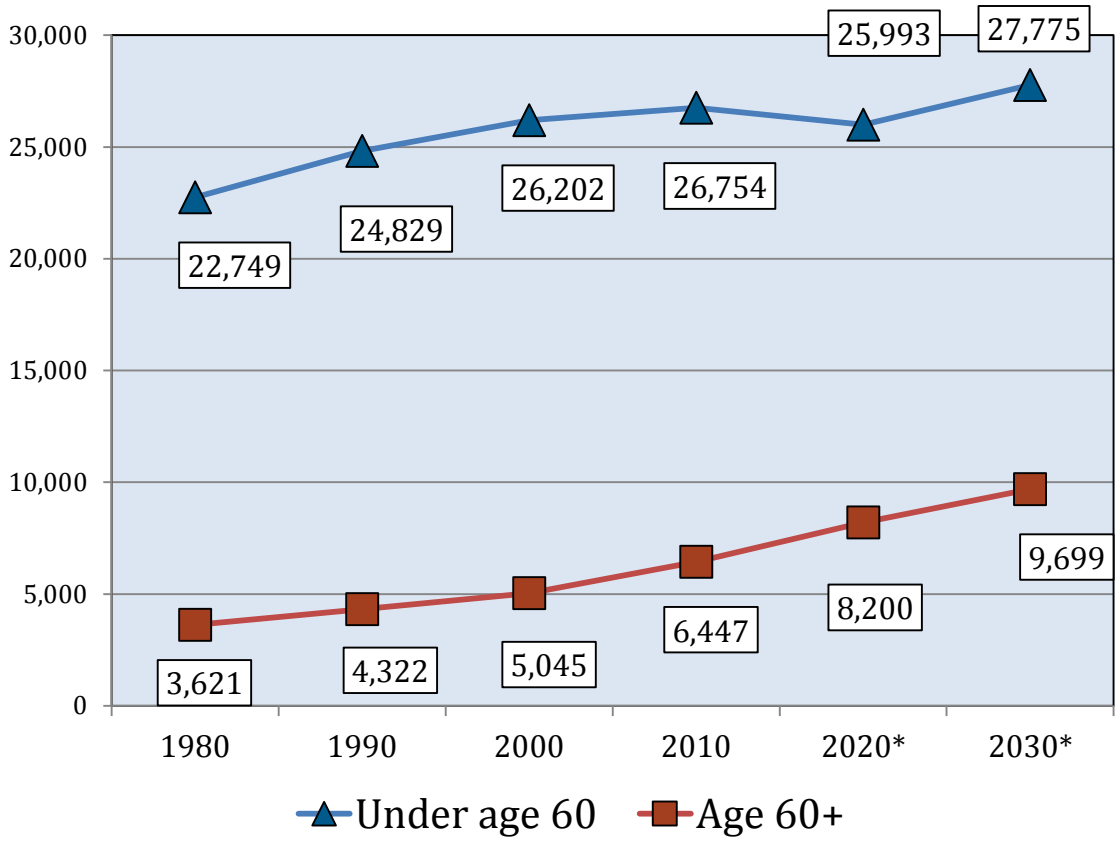
Source: U.S. Census Bureau, Census of Population for 1980 thru 2010.

** Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: http://pep.donahue-institute.org/*

Figure 1 shows the age distribution of Andover's population from 1980 to 2010, and population projections for 2020 and 2030[2]. In 1980, about 25% of the Town's population was age 50 and older; this percentage increased substantially to 35% by 2010. According to projections created by the Donahue Institute at the University of Massachusetts, this trend toward an older population is expected to continue. By 2020, about 41% of Andover residents will be age 50 and older. In 2030, the proportion of older adults will stabilize; however 38% of the population will be over age 50, including 12% age 50 to 59, 20% age 60 to 79, and 6% 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 (November 2013).

Figure 2. Population trends; number of Andover residents under age 60, and age 60 and older, 1980 to 2010 with projections to 2030*

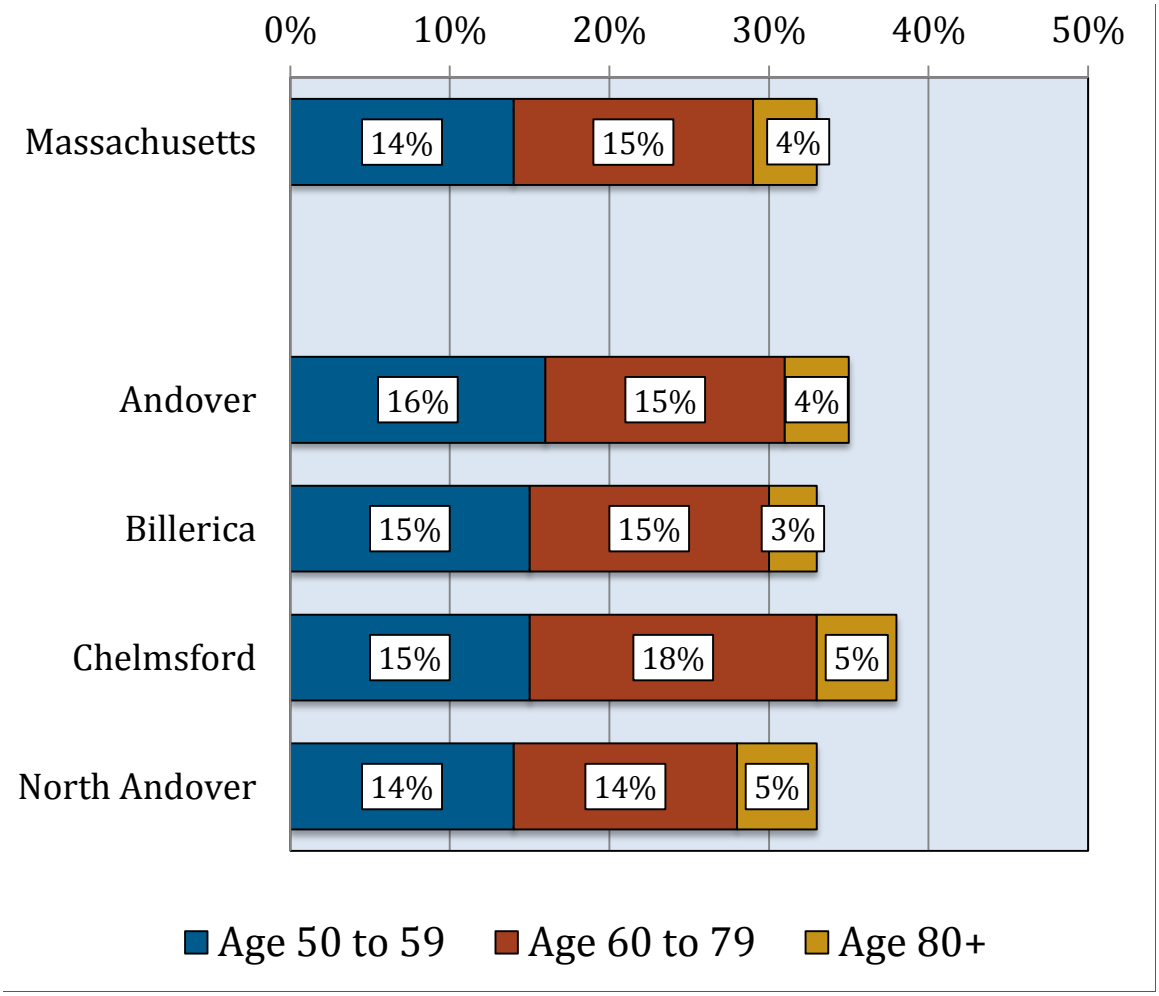


Source: Population figures for 1980-2010 are from the U.S. Census, 1980 thru 2010.

** Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: http://pep.donahue-institute.org/*

Since 1980, Andover has experienced slow and steady population growth. **Figure 2** shows the total number of Andover residents under age 60, and those age 60 and older from 1980 to 2010, along with population projections for 2020 and 2030. Combined, these lines total the population of all ages in the Town. Andover's population under age 60 increased by approximately 18% between 1980 and 2010, whereas the population age 60 and older increased by about 78% during that time period. By 2030, greater than one in four (26%) Andover residents will be age 60 and older, representing growth of about 50% in the total number of individuals in that age group compared to 2010.

Figure 3. Age distribution in Andover and comparison areas



Source: U.S. Census Bureau, 2010 Census. Table DP-1

Compared to the Commonwealth of Massachusetts overall, a slightly greater share of Andover's population is age 50 and older (**Figure 3**). In 2010, about 33% of the population in Massachusetts was in this age group, compared to 35% of Andover's population. In relation to comparison communities, Andover has a similar or slightly greater percentage of its population age 50 and older. Only Chelmsford (38%) has a greater share of residents in this age group. Nineteen percent of Andover's population was 60 and older in 2010, including a significant share (4%) that was age 80 and older. Currently, the percentage of Andover's population that is age 60 and older is comparable to Massachusetts overall.

Population growth in both Massachusetts and the Town of Andover has been concentrated in older age groups during the last decade. In the total population of all ages, Andover experienced just 6% growth between the 2000 and 2010 censuses; however, the absolute numbers of older residents grew substantially during this time period (**Table 3**). The segment of the population age 50 to 59 increased in size by 24%— a rate slightly lower than the 29% seen in Massachusetts overall. The population of residents who are age 60 and older increased by 28% in Andover, compared to a 16% increase for the state.

In general, substantial growth of the older population has occurred in many communities that are comparable to Andover. In Billerica, for example, the population age 60 and older grew by 49% between 2000 and 2010; in Chelmsford the number of residents who are age 60 and older grew by 25%; and in North Andover, that segment of the population grew by 18%. Over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of older residents in Andover, throughout the Boston Metropolitan area, and in the Commonwealth and the U.S. in general.

Table 3. Population growth between 2000 and 2010: Massachusetts, Andover, and comparison communities

	All Ages			Age 50 to 59			Age 60+		
Community	**Population 2000**	**Population 2010**	**% Growth**	**Population 2000**	**Population 2010**	**% Growth**	**Population 2000**	**Population 2010**	**% Growth**
Massachusetts	6,349,097	6,547,629	3%	721,410	929,823	29%	1,096,567	1,273,271	16%
Andover	**31,247**	**33,201**	**6%**	**4,350**	**5,405**	**24%**	**5,045**	**6,447**	**28%**
Billerica	38,981	40,243	3%	4,958	5,959	20%	4,881	7,262	49%
Chelmsford	33,858	33,802	0%	4,508	5,201	15%	6,036	7,552	25%
North Andover	27,202	28,352	4%	3,184	4,024	26%	4,519	5,345	18%

Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; and 2000 Census, Summary File 1, Table QT-P1

Socio-Demographic Composition of Andover's Older Population

Andover is slightly less diverse than the state with respect to race. For all ages combined, about 82% of Andover residents report their race as White, and do not report Hispanic ethnicity. In comparison, 76% of the Commonwealth's residents report White, non-Hispanic backgrounds (Census, 2010). **Table 4** displays the race and ethnicity of Andover and Massachusetts residents age 60 and older. The majority of Andover residents in this age group (91%) are White—compared to 90% in Massachusetts. The largest racial minority group among Andover residents age 60 and older is Asian (8%). There are fewer Hispanics (of any race) age 60 and older in Andover than in the state over all (2% and 4%, respectively).

Table 4. Race distribution of residents who are age 60 and older, in Andover and Massachusetts

	Andover		Massachusetts	
Race	**Number**	**%**	**Number**	**%**
White	6,519	91%	1,188,611	90%
Black	7	<1%	55,284	4%
Asian	541	8%	39,489	3%
Other	43	<1%	31,591	2%
Total	**7,110**	**100%**	**1,314,975**	**100%**
Ethnicity				
Hispanic	121	2%	47,387	4%

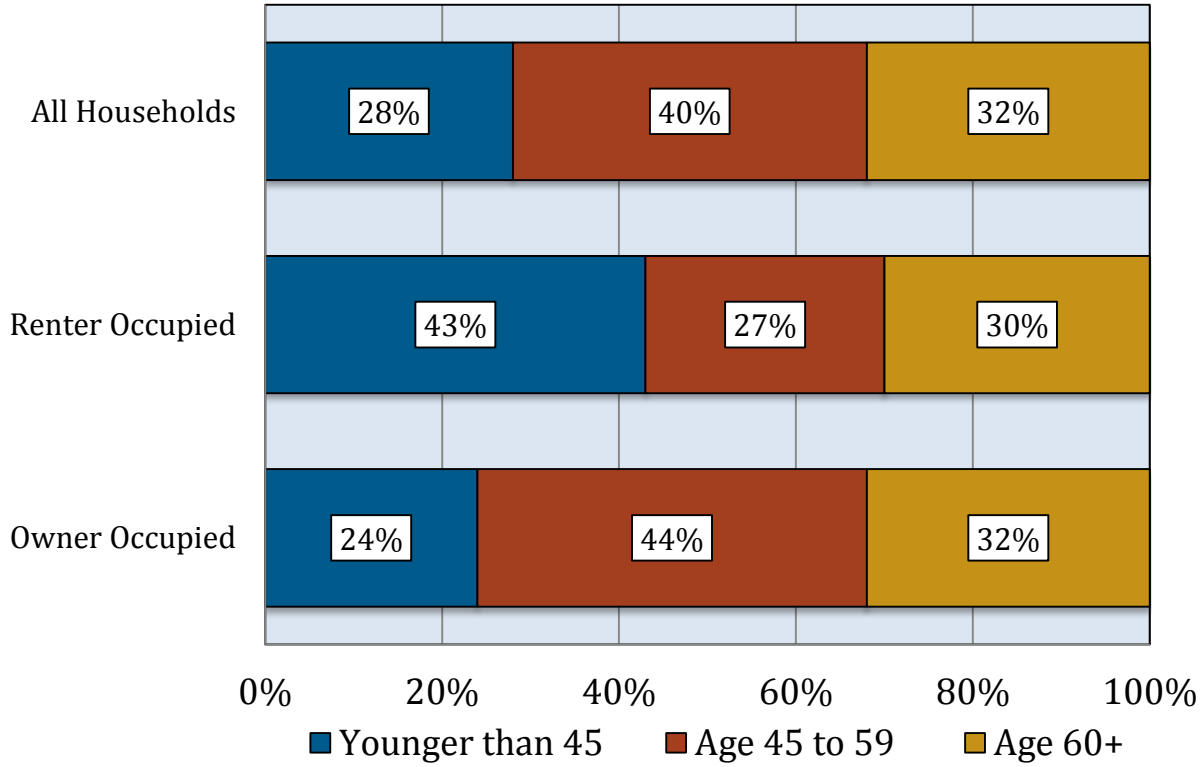
Source: American Community Survey, 2009-2013, Table S0102. Numbers are calculated from survey estimates.

The older Andover population is somewhat diverse with respect to the languages spoken. Among residents age 65 and older, 20% speak a language other than English at home (*ACS, 2009 – 2013, Table S1603*). Among those, languages commonly spoken include Indo-European languages other than Spanish (46%), Asian languages (38%) and Spanish or Spanish Creole (13%) (*ACS, 2009 – 2013, Table S1601*).

The gender distribution in Andover is similar to that of Massachusetts as a whole— a large majority of residents who are age 60 and older are women (58% and 56%, respectively; *ACS, 2009 – 2013, Table S0102*). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

Most of Andover's 11,851 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 72% of all households in Andover[3] (**Figure 4**). Among renter occupied households, residents younger than 45 are heads of 43%, compared to 27% for residents age 45 to 59 and 30% for residents age 60 and older. Only 24% of owner occupied households are headed by residents younger than 45; 44% of owner occupied homes are headed by residents age 45 to 59, and 32% by residents age 60 and older. The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community.

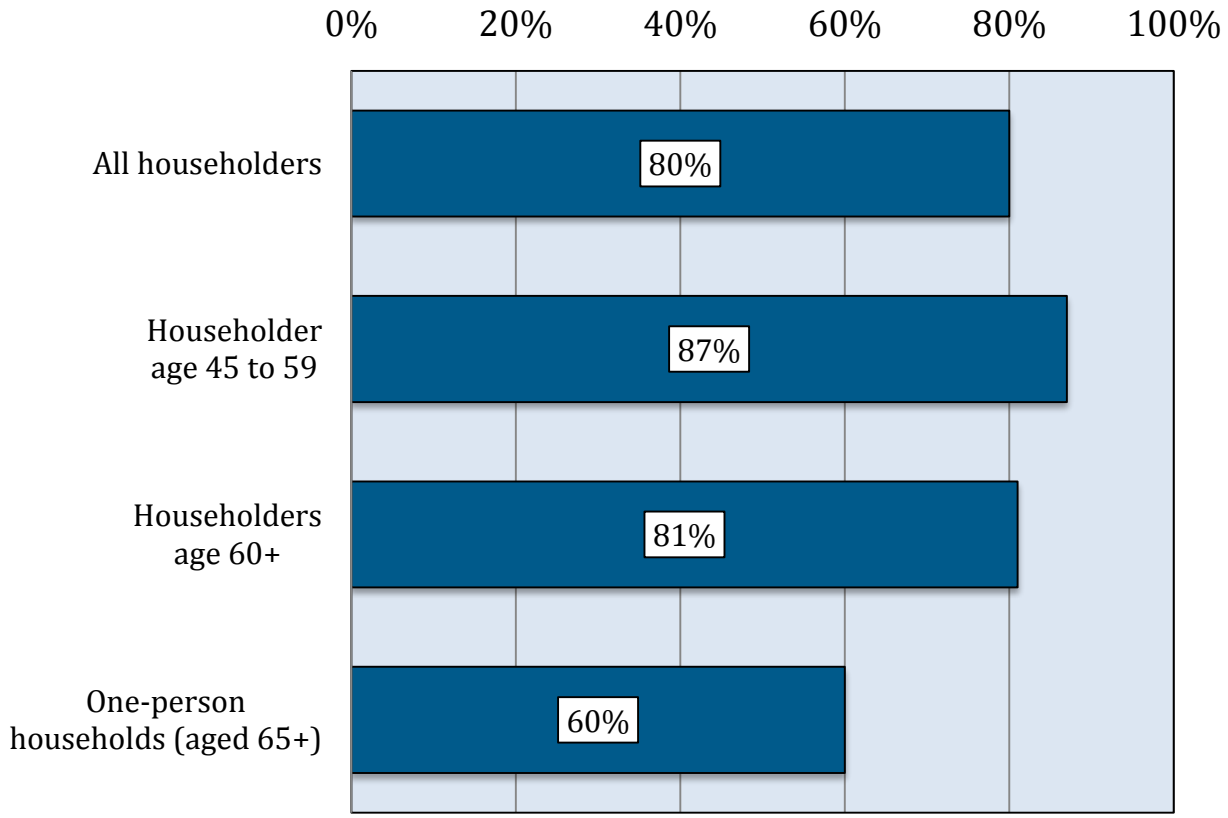
Figure 4. Age structure of householders by owner status, Andover 2010



Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.

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

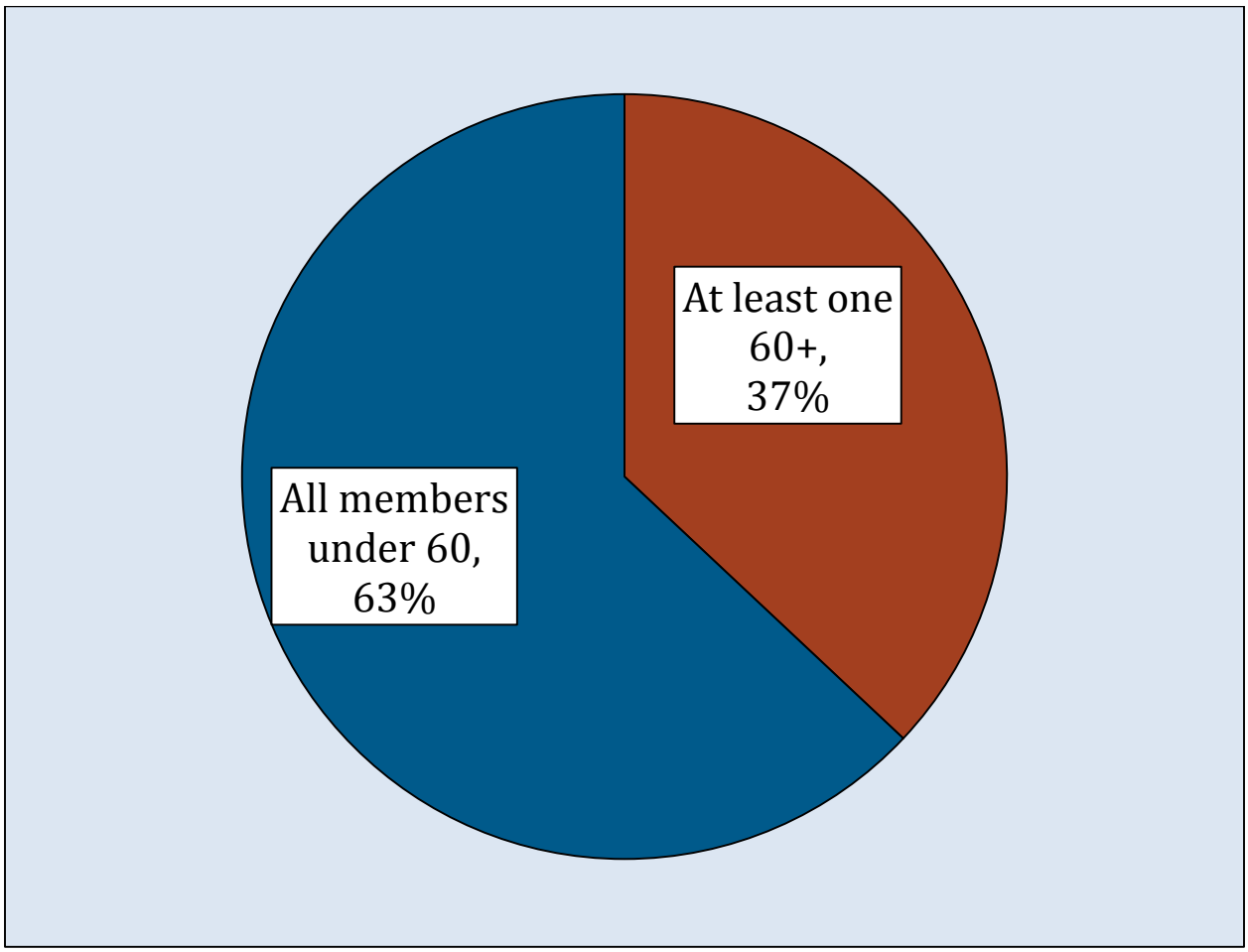
Figure 5. Percent of Andover householders who live in owner-occupied housing by age category



Source: U.S. Census Bureau. 2010 Census, Summary File 1, Tables H17 and H18.

The majority of all Andover residents live in homes that they own or are purchasing (80%; **Figure 5**). Nearly 87% of residents age 45 to 59 own their homes, and 81% of householders 60 and older own their homes. A large share (60%) of Andover residents who are 65 and older who live alone also own their home. 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.

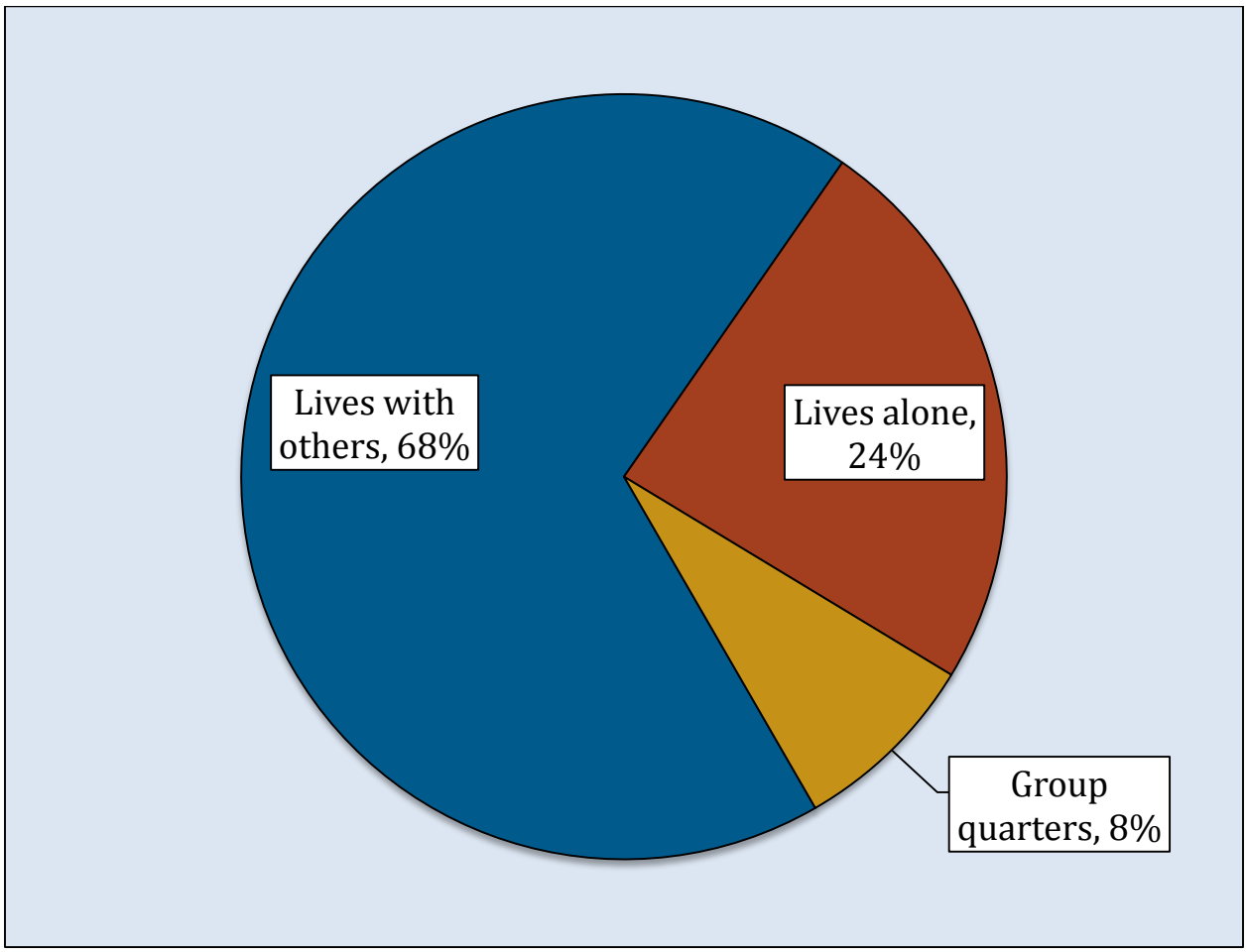
Figure 6. Households in Andover with at least one member age 60 or older



Source: American Community Survey, 2009-2013, Table B11006

According to data from ACS, an estimated 37% of Andover's 11,851 households have at least one individual who is age 60 or older (**Figure 6**). This high proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

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



Source: U.S. Census 2010; Table SF-1, P34.

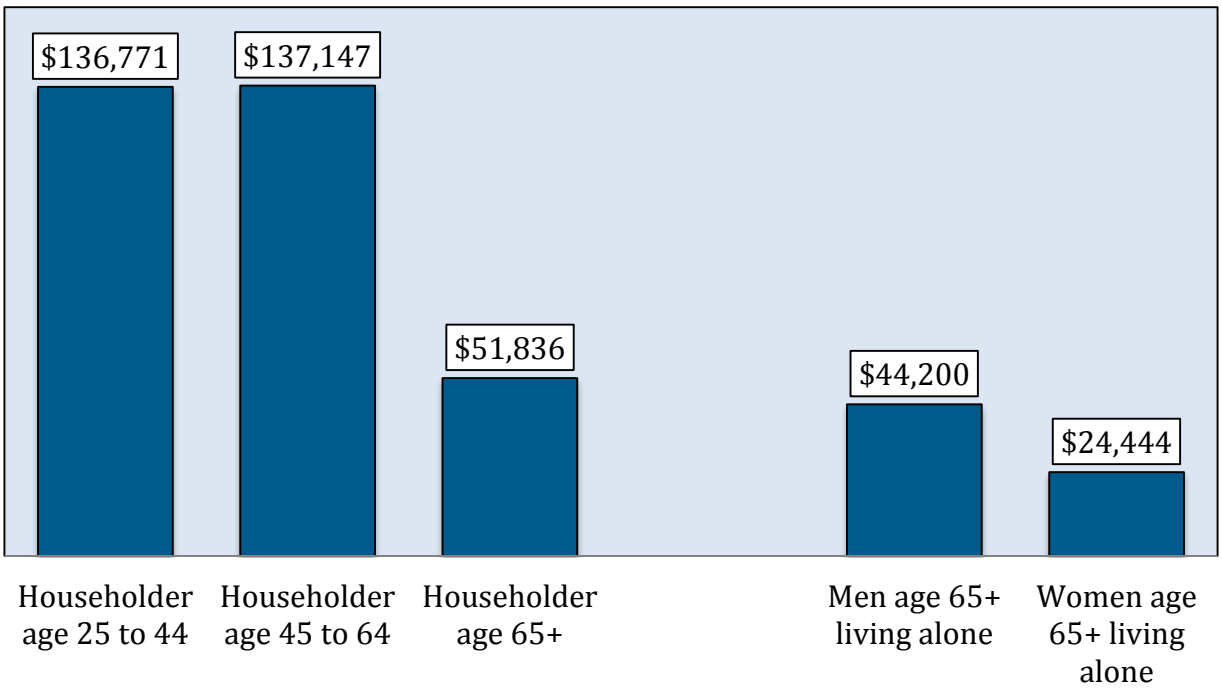
A large proportion of Andover residents who are age 65 and older—about one in four (24%)— live alone in their household (**Figure 7**); whereas, 68% live in households that include other people, such as a spouse, parents, children, or grandchildren. About 8% of older Andover residents live within group quarters; in Andover, these individuals live in nursing homes.

American Community Survey estimates on education suggest that Andover residents are well educated on average. About 65% of persons age 45 to 64 have either a bachelor's degree or a graduate/professional degree (*ACS, 2009-2013, Table B15001*). A large percentage of residents age 65 and older (49%) have also attained this level of education. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (33%) of Andover residents age 65 to 74 remain in the workforce— 7% of those age 75 and older are in the workforce (*ACS, 2009-2013, Table B23004*). A sizeable share (37%) of men age 65 and older report veteran status, as do a small percentage (1%) of Andover's older women (*ACS, 2009-2013, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

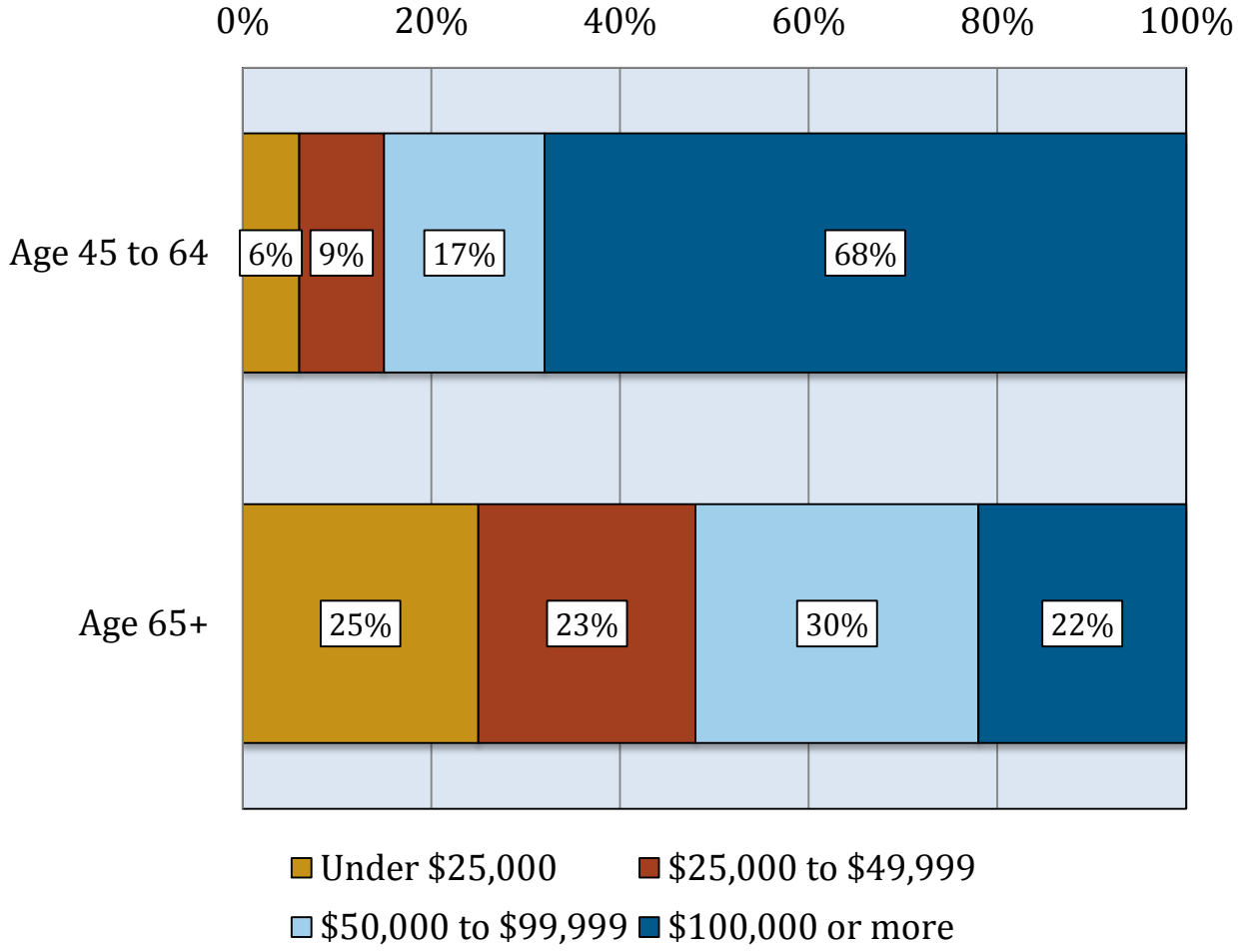
Although Andover is a relatively affluent community overall, **Figure 8** illustrates the comparative disadvantage of some older residents with respect to household income. Among all age groups, households headed by individuals who are age 45 to 64 have the highest median income at $137,147—this amount is substantially greater than the statewide median for this age group ($82,433). Among Andover households headed by persons age 65 and older, the median income is $51,836—this amount is also much greater than the statewide median of $38,325, but far less than for younger households in Andover. Older residents who live alone also have notably lower household incomes—the median income for older men who live alone is $44,200; whereas older women who live alone are substantially worse off, with a median income of $24,444. Insofar as nearly a quarter of older residents age 65 and older live alone in Andover, these figures suggest that a sizable number of older residents are at risk of economic insecurity.

Figure 8. Median household income in Andover by age and living situation of householder (in 2013 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Tables B19049 and B19215.
Note: Includes only community households, not group quarters such as nursing homes.

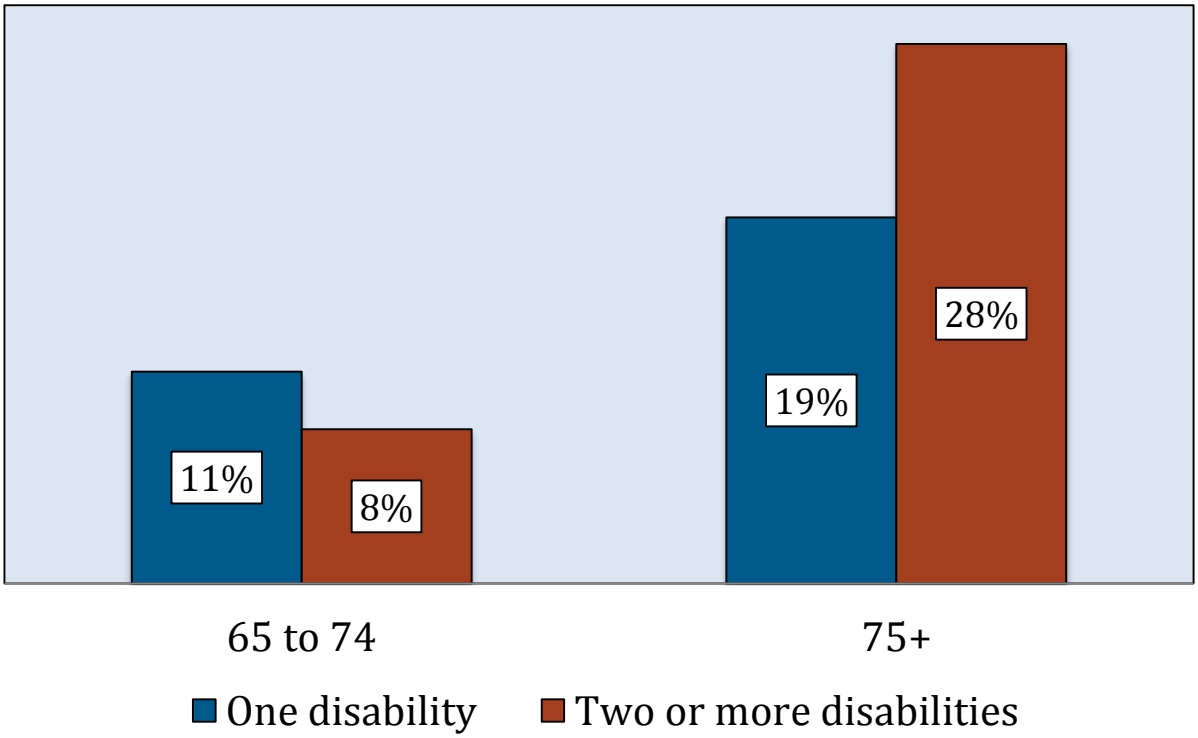
Figure 9. Household income distribution in Andover by age of householder (in 2013 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B19037.
Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older Andover residents relative to younger residents is further illustrated in **Figure 9**, which shows that a sizable percentage of the older adult population is quite affluent. Approximately 22% of Andover residents age 65 and older report incomes of $100,000 or more. By comparison, more than two thirds (68%) of households headed by younger residents report this level of income. Nevertheless, 1 in 4 households (25%) headed by someone age 65 and older report annual incomes under $25,000. This compares with just 6% of households headed by individuals age 45 to 64 having incomes under $25,000. Thus, there is a sizeable segment of Andover's older population that is at risk of financial insecurity or economic disadvantage.

Figure 10. Percentage of Andover residents reporting at least one disability by age group



Source: U.S. Census Bureau; American Community Survey, 2011-2013, Table B18108.

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Andover residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. **Figure 10** depicts the proportions of older residents who report some level of disability.[4] Among residents age 65 to 74, nearly one in five (19%) reports at least one disability. Moreover, the risk of acquiring disability more than doubles after age 75—in Andover, about 47% of individuals in this age group experience one or more disabilities. These rates of disability are comparable to those estimated for Massachusetts as a whole. At the state level, 22% of persons age 65 to 74 experience at least one disability, and 48% of persons age 75 and older report at least one disability (not shown).

Among the different types of disability that are assessed in ACS, the most commonly cited by older Andover residents was independent living limitations (difficulty doing errands alone such as visiting a doctor's office or shopping), reported by 17%. Other disabilities experienced by older Andover residents included ambulation (difficulty walking or climbing stairs; 15%)—sensory problems, such as difficulty hearing (12%) or seeing (6%), cognitive difficulty (8%), and self-care difficulty reported by 8% (*ACS, 2009-2013, Table S1810*).

[4] Data on disability are obtained from the three-year American Community Survey (2010-2012); disability data are not available from the five-year files used elsewhere in this report.

Individuals who have disabilities may have greater difficulty accessing transportation; thus limiting their ability to participate fully in the community.

Community Forum

Early in the study (September 2014), we conducted a community forum at the Center at Punchard to acquire a better understanding of the Town's residents and their priorities, with respect to current and future aging in Andover. The session was well attended, and participants were eager to share their thoughts and opinions with members of the UMass Boston research team. The forum was structured in three parts—participants were asked to consider the Town's *strengths*, its *challenges*, and to describe perceived *opportunities* that are available within the Town to improve the ability of residents to age optimally in the community. Key themes that emerged based on these three areas of focus are summarized below.

Strengths

Participants cited an array of strengths that regularly contribute to Andover's highly livable character, and influence the preference of many residents to age in place there. For instance, the Town's natural surroundings are viewed as very important in contributing to its degree of "livability". Access to well-maintained and ample walking paths, nature reserves, and parks provide many older residents with motivation to be active in the outdoors. In addition, the many shops and restaurants as well as the recently renovated Memorial Hall Library in the Town's historic downtown section are each viewed as important assets that increase quality of life for all residents. The Town's cultural and educational activities are also highly valued, including access to concerts in the park in summer, classes at the Addison Art Gallery on the Phillips Academy campus, and programs at the Town's Historical Society. According to forum participants each of these attributes makes Andover a pleasant place to live and age in place.

The Center at Punchard itself, as well as its director, staff, and volunteers are seen as one of the most valued resources available for older adults in Andover. Many forum participants attributed the successes of the Center at Punchard to a director and staff who are strongly engaged and committed to developing programs and services, and assuring they are well utilized through outreach efforts. Overall, the Center at Punchard is seen as being very proactive and innovative in developing a broad range programs and services that aim to draw in a diverse swath of the older adult population. Specifically, forum participants cited BoomerVenture as an example of the initiative to engage Andover's population age 50 and older in a series of activities and events aimed at stimulating interests and broadening their involvement not only with each other, but in Andover as a whole.

Challenges

Like most towns in the U.S., Andover currently faces many challenges associated with meeting the needs of its aging population. As reported by participants in the community forum, some of the most immediate challenges in providing adequate and appropriate services to older residents are related to qualities of the Center at Punchard. Many felt that the physical structure itself is inadequate, in terms of space. Some participants felt that access to programs and services is also hindered by inadequate availability of parking—

particularly, for people who have disabilities. Many cited budget constraints as a barrier to the development of needed programs, including offerings in the evening and weekends for individuals who still work and intergenerational programs. Some participants cited personal costs associated with participating in activities as a challenge associated with the Center at Punchard.

In addition to space and funding limitations, many forum participants mentioned challenges associated with accessing goods and services in the Town itself. Difficulties ranged from problems acquiring transportation (e.g., inadequate public transportation, especially at night), to poorly maintained civic amenities (e.g., poorly lit streets and sidewalks) and inaccessible private amenities (e.g., stores and restaurants). Many forum participants felt that downtown stores did not offer the types of goods and services that older people would often desire, and that many times, residents must travel out of the immediate downtown to get what they need. Additionally, forum participants cited the high cost of living in Andover—especially the high rate of taxation—as a major barrier that could affect their ability to stay in the Town.

Finally, many attendees of the community forum described difficulties they experienced making their voices heard and being engaged in civic decisions. Part of this problem was attributed to difficulties that some residents have in attending meetings at the times they occur; others cited poor transportation or lack of knowledge about transportation options offered by the Center at Punchard. Some participants stated that lack of organization among older residents, as a block, was partially responsible for their sense of decreased power in town decision-making.

Opportunities

Despite citing many challenges, most town forum participants viewed demographic changes and the aging of Andover's population as an opportunity to make their community a good location in which to age in place. Participants acknowledged the rich array of resources that are currently available in Andover that can be expanded and/or built upon to improve the wellbeing of older residents. One participant emphasized the continued importance of improving outreach to an increasingly diverse spectrum of older people. In the future, as Baby Boomers continue to enter retirement, there will be increased need to accommodate unique interests of residents who are relatively young and active, at the same time that the needs of older, potentially frailer people are addressed.

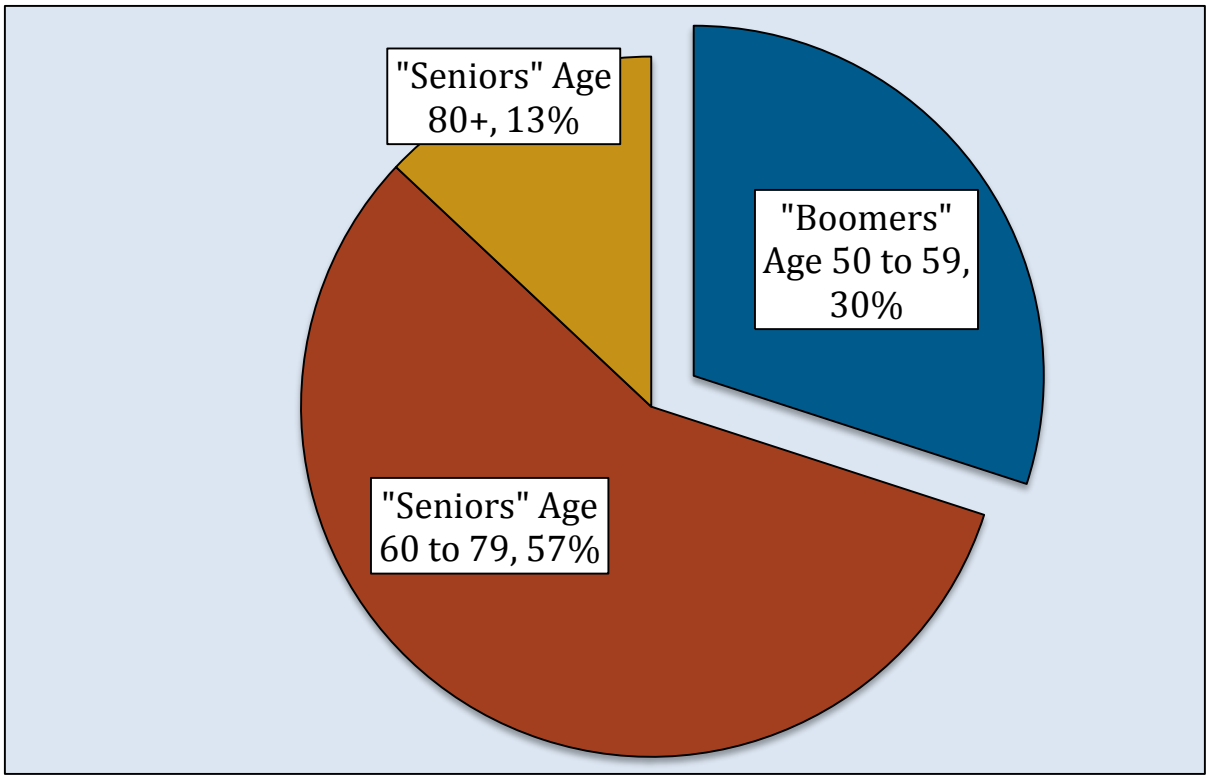
Participants also stated that the region's large number of academic institutions provided the opportunity for town residents to remain intellectually active and that the Town should move to forge relationships with colleges in the area. Similarly, many forum participants believed that the Andover's "youth-oriented" amenities (e.g., The Phillips Academy, and the Youth Center) provided opportunities for older residents to continue developing valued intergenerational relationships, which could benefit younger and older people alike. Finally, the perception of many forum participants was that the demographic imperative of aging in the community, above all, provides the Town with an opportunity to create a civic environment that promotes quality of life among older residents, through providing services and programs that are valued and appropriate for all older people in Andover.

Resident Survey

Sample Demographics

Of the original 4,000 residents who were sampled, 1,219 returned surveys with usable data, representing a response rate of about 31% (see **Table 1** above). Participants included 361 (30%) Boomers, 850 (70%) Seniors[5]. Eight respondents (<1%) did not indicate their age[6] (see **Figure 11**). Nearly six out of ten (57%) respondents were age 60 to 79, and 13% were age 80 and older. Relative to the population based on Census Bureau statistics, the age distribution of respondents is disproportionately skewed toward the age category of 60 to 79[7]. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for biased response rates in the survey data, we present selected results separately by age cohort (i.e., Boomers and Seniors) and/or by age category (i.e., age 50 to 59; age 60 to 79; and age 80 and older). Complete survey results are presented in tables in **Appendix B**.

Figure 11. Andover resident survey respondents by age cohort and category



Note: Excluded are 8 respondents who did not provide their age.

[5] In referring to survey results, we use the terms "Boomers" and "Seniors" to refer specifically to study cohorts. Three age categories (i.e., 50 to 59; 60 to 79; and 80 and older) are sub-categories of these cohort designations.

[6] Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures that depict "all ages" include all survey respondents.

[7] According to U.S. Census Bureau 2010 figures, the Andover population age 50 and older is composed of 46% individuals 50-59, 43% individuals age 60 to 79, and 11% individuals age 80 and older.

The majority of respondents to the Andover resident survey were women: 58% of Boomer respondents, 58% of respondents between the ages of 60 and 79, and 62% of respondents who were age 80 and older were women (see **Table A32, Appendix B**). By comparison, data from the 2010 U.S. Census indicate that just 51% of Andover residents age 50 to 59 are women; 53% who are age 60 to 79 are women, and 69% of residents age 80 and older are women, suggesting that our sample of Boomers and respondents 60 to 79 have greater representation of women than the population. Readers are urged to bear these discrepancies between the sample and the population in mind as they read and interpret the remaining results.

Finally, the vast majority (93%) of respondents to the Andover resident survey indicated that their race was White; 1% was Black, and 5% of respondents were Asian race. The proportion of Whites was slightly higher among the older age groups—93% of those age 60 to 79, and 97% of those age 80 and older reported White as their race (see **Table A35, Appendix B**). According to data from the U.S. Census Bureau, about 91% of Andover residents who are age 60 and older are White; whereas less than 1% is Black, and 8% is Asian (see **Table 4** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

Section I: Community & Neighborhood

One outcome of communities being highly livable is that once residents are established, they tend to place high priority on staying in their communities. A noteworthy characteristic of survey respondents is the length of time that most have resided in Andover. **Figure 12** shows that a large majority of respondents (83%) have been residents for 15 years or longer and 20% have lived in Andover for 45 years or longer. Just 17% of all respondents are relative "newcomers," indicating that they lived in Andover for fewer than 15 years, including 3% who lived in Andover for fewer than 5 years. Just 14% of Seniors age 60 and older indicated that they lived in Andover for fewer than 15 years (**Table A1, Appendix B**), highlighting the observation that the growth of Andover's older population is largely a result of long-term residents aging in place, rather than in-migration of older adults to Andover.

Figure 12. Number of years that respondents have lived in Andover, age 50 and older

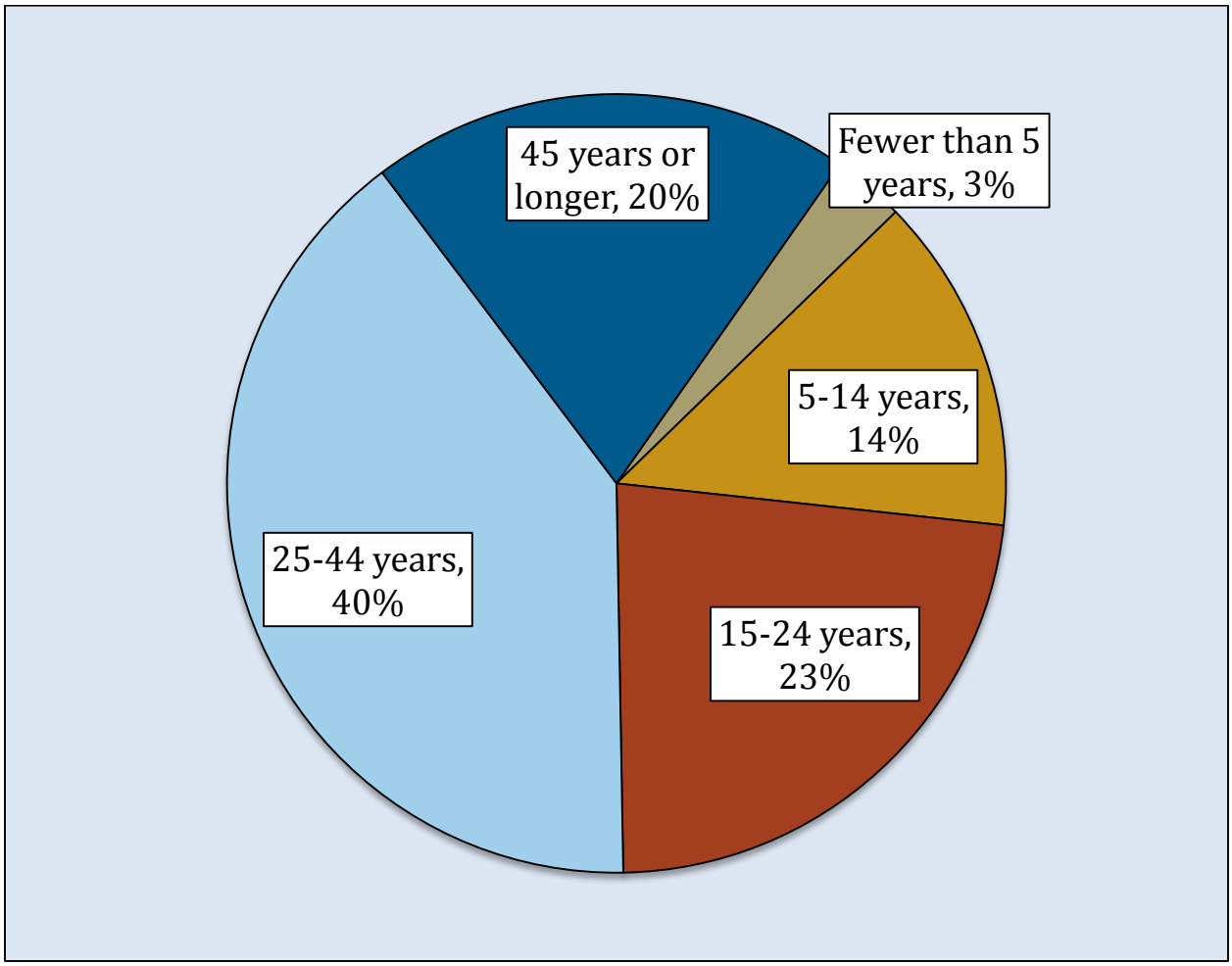
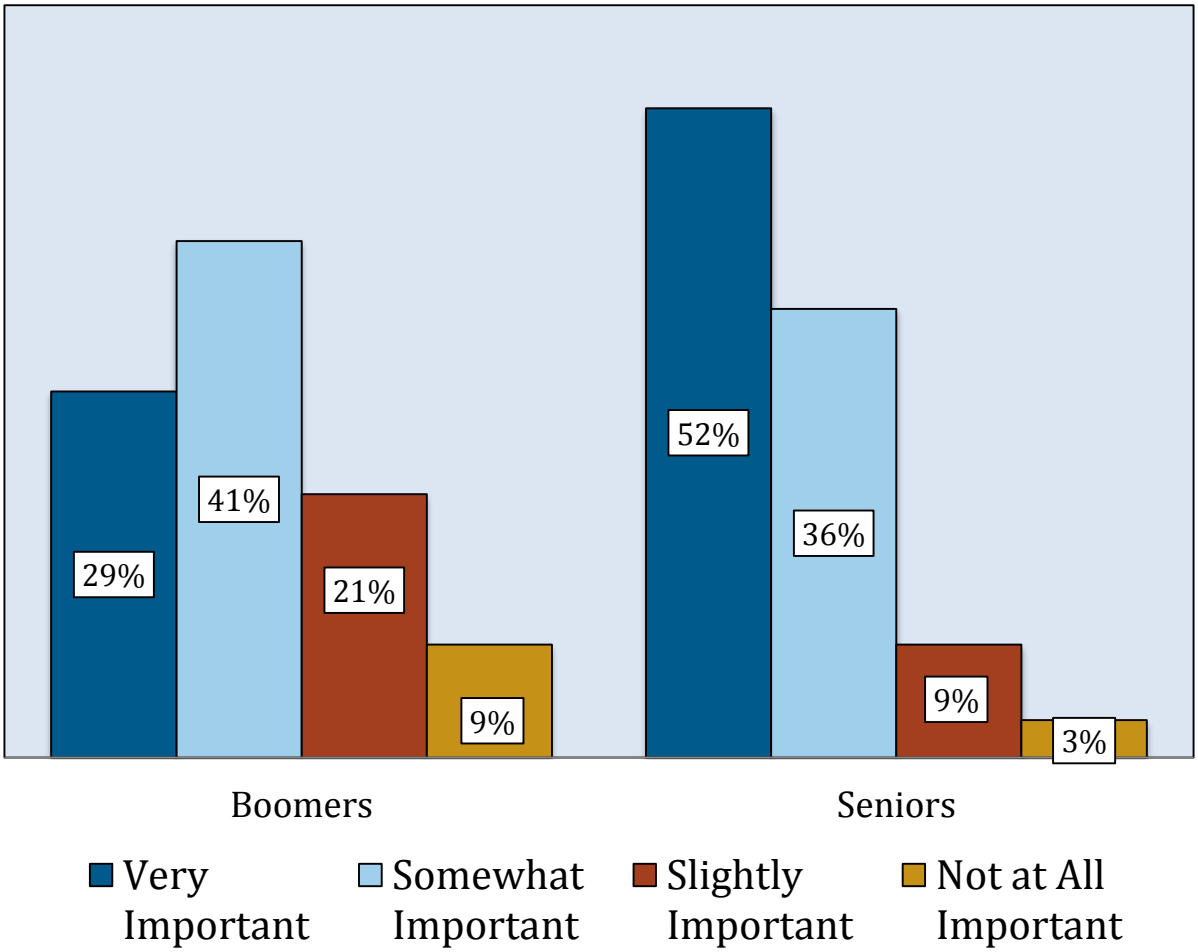
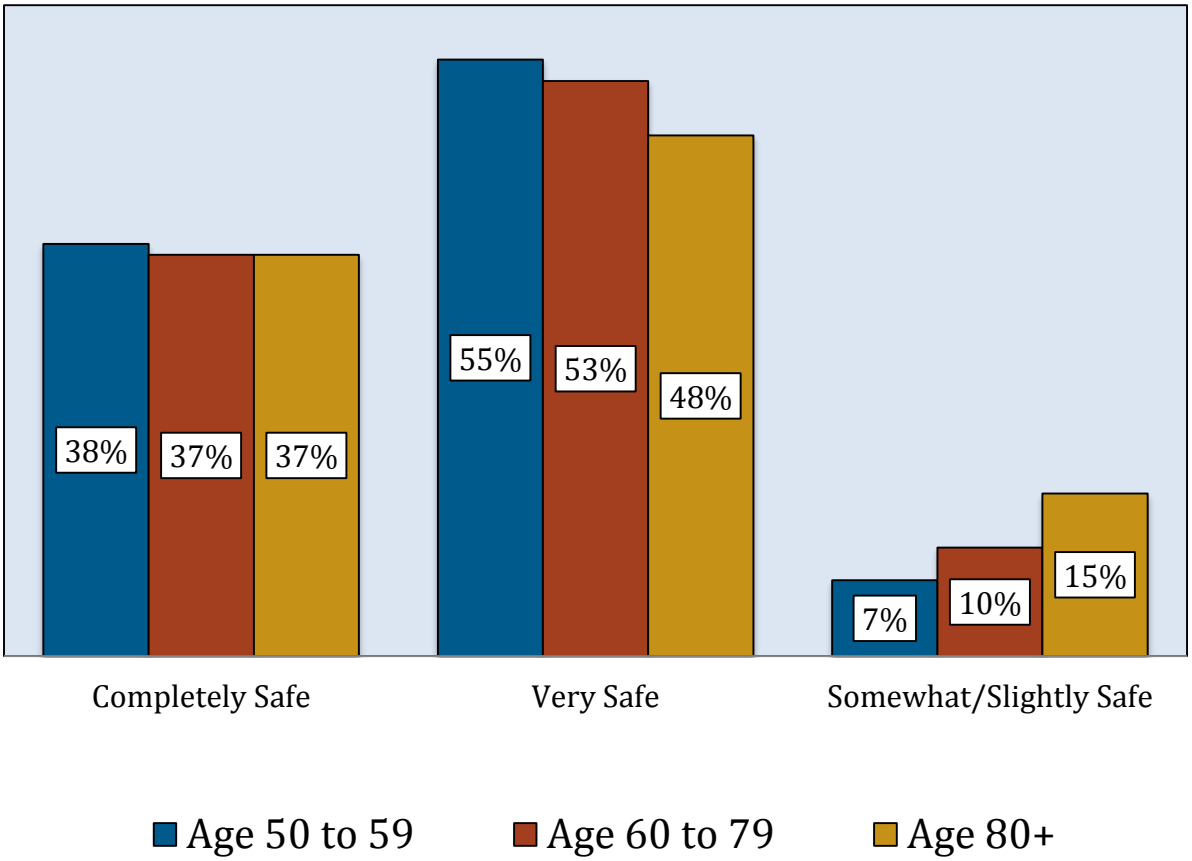


Figure 13. Rated importance of living in Andover as long as possible by age cohort



Given the tendency of older Andover residents to have been long-time residents of the community, it is not surprising that a large majority of Boomers (70%) and Seniors (88%) indicated that it was "very important" or "somewhat important" to remain living in Andover as long as possible in the future (**Figure 13**). **Table A2** (**Appendix B)** indicates that 86% of survey respondents age 60 to 79 shared this goal, and that the proportion of Andover residents who desired to age in the community is even greater among persons age 80 and older. In this age category, 96% of respondents said that staying in Andover was an important priority for them. Just 3% of all Seniors indicated that living in Andover as long as possible was not at all important to them.

Figure 14. Ratings of perceived safety in neighborhood by age category



The sense of safety and security that individuals perceive in their neighborhoods is another important factor associated with quality of life, and the livability of one's community. Overall, survey results suggest that Andover is perceived as a safe and secure environment in which to age. The majority (90%) of survey respondents of any age reported feeling "completely safe" or "very safe" in their neighborhoods (see **Table A3, Appendix B**). Small percentages (15% or less in each age category) reported feeling only "somewhat" or "slightly" safe. Notably, none of the respondents stated that they did not feel safe at all in Andover (**Figure 14**).

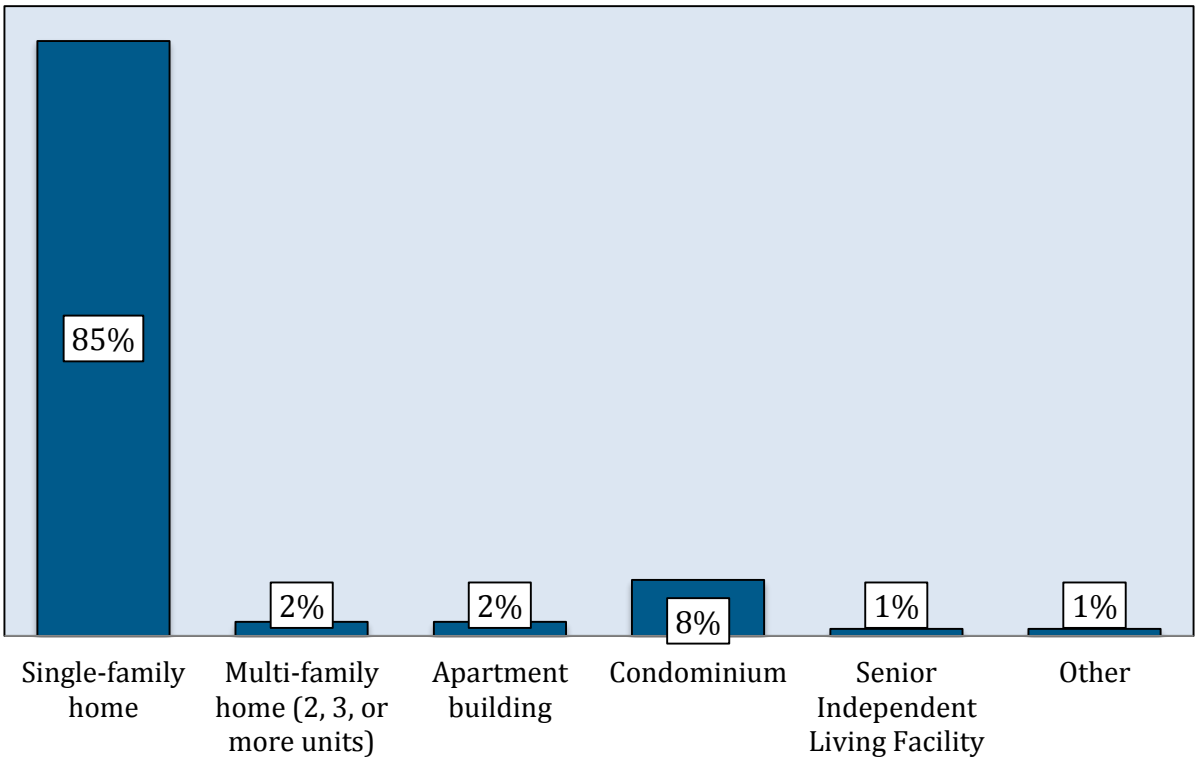
Survey participants were asked to reflect on their greatest concerns about their ability to continue living in Andover as they grow older. **Table 5** shows themes raised by respondents, as well as verbatim examples of each theme. Above all others, the most commonly cited theme was related to the affordability of living in Andover on a fixed income. Many respondents were concerned about keeping up with everyday expenses, including food, fuel, and other bills. Respondents also indicated concern about being able to afford property taxes and home insurance, as the values of their homes increase. Other themes frequently mentioned by respondents pertained to their ability to downsize when the time comes into desirable housing options within Andover; concerns about maintaining health and independence; safety considerations and avoiding isolation; transportation issues; implications of the winter climate in Andover; having access to adequate services; and the possibility of moving to take care of, or be taken care of by other family members.

Table 5. Most prevalent issues concerning the ability to age in place in Andover

Issue Mentioned
Affordability, cost of living, taxes • *"My fixed income - will I be able to afford to continue to live in my hometown and in my house?"* • *"I have been retired for many years, and watched my savings dwindle while taxes and other costs continue to climb."*
Availability of housing, downsizing • *"Housing that is affordable—middle-income people are often overlooked."* • *"The house is larger than we need and smaller places are not in our financial reach."*
Maintain good health, remain independent, needing assistance • *"I would only leave due to poor health. Being unable to access my current level of medical care after my husband retires."* • *"Availability of services that will help me live independently, including transportation for medical, food shopping, and other essential services."*
Safety and belonging • *"I'm concerned about poor lighting on the street, implemented by the Town as cost saving measure. Will Andover be a safe, crime-free environment?"* • *"Lack of community and isolation. I am not heavily involved in the Town, so I have few strong connections."*
Concerns about caregiving • *"How will I help my disabled son as we age?"* • *"If I should develop Alzheimer's disease, I don't know where I could go and receive care in Andover."*
Transportation concerns • *"Transportation that is timely, convenient, and reliable is a priority."* • *"I need a rental apartment that's 'walkable' to basic needs—Andover doesn't have much of that."*
Winter weather concerns • *"We have no garage, and we must move our car so that spaces can be ploughed—I worry a lot about future winters when I can no longer shovel myself."* • *"Snow and ice in winter, makes it difficult for me to get around, and makes me reluctant to attend activities. Winter weather could have us moving to Florida!"*
Access to and quality of services (medical and other) • *"If I become disabled, will I be able to get to services?"* • *"I am concerned about the distance from major medical facilities"*
Being close to family, family health and well-being • *"Location of the rest of our family—children live far beyond Andover, and we may move some day to be closer to them."* • *"Health concerns forcing my wife and me to move near our children in California."*

Section II: Housing & Living Situation

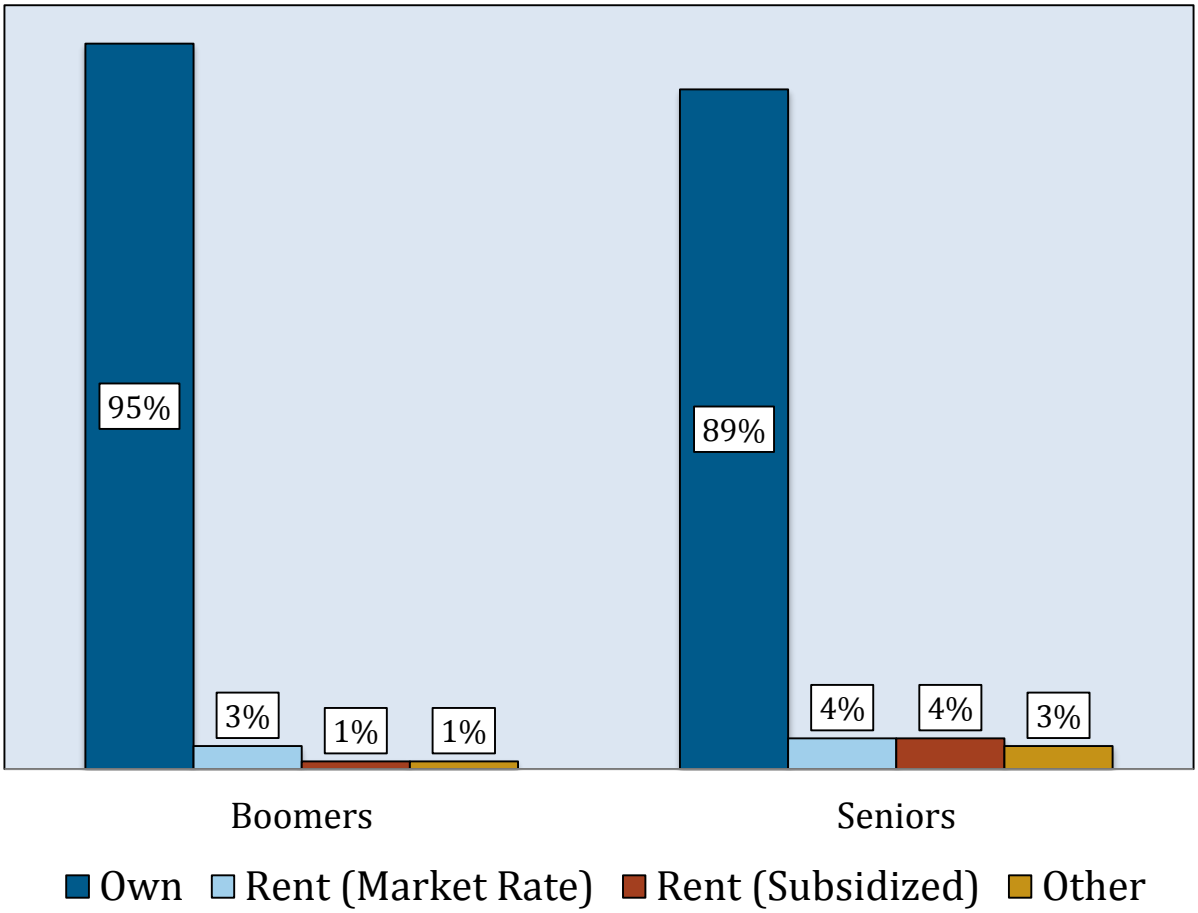
Figure 15. Current type of residence reported by respondents



According to the U.S. Census Bureau, the majority (75%) of all occupied housing units are single-family attached or detached homes; approximately 25% are apartment buildings or condominiums; and less than 1% are other types of housing (*ACS Table S2504, 2009-2013*). Similarly, **Figure 15** indicates that an overwhelming majority (85%) of survey respondents reported living in single-family homes. The remaining respondents lived in condominiums (8%), multi-family homes with 2 or more units (2%), apartments (2%), or senior independent living facilities (1%). One percent reported living in other types of residences including non-profit housing for seniors and people with disabilities. The majority of survey respondents who are age 80 and older (79%) also reported living in single-family homes (see **Table A5, Appendix B**).

For many older residents, living in a single-family structure may become a greater burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult on fixed incomes during retirement. Living in single-family homes may also become less practical, as family situations change. Thus, the process of aging in community may often require difficult decisions about whether to leave one's residence for housing alternatives that are a better fit with current and future health and social situations. The extent to which older people live in single-family houses because there are limited alternatives (e.g. available condominiums or other downsizing options) is not known.

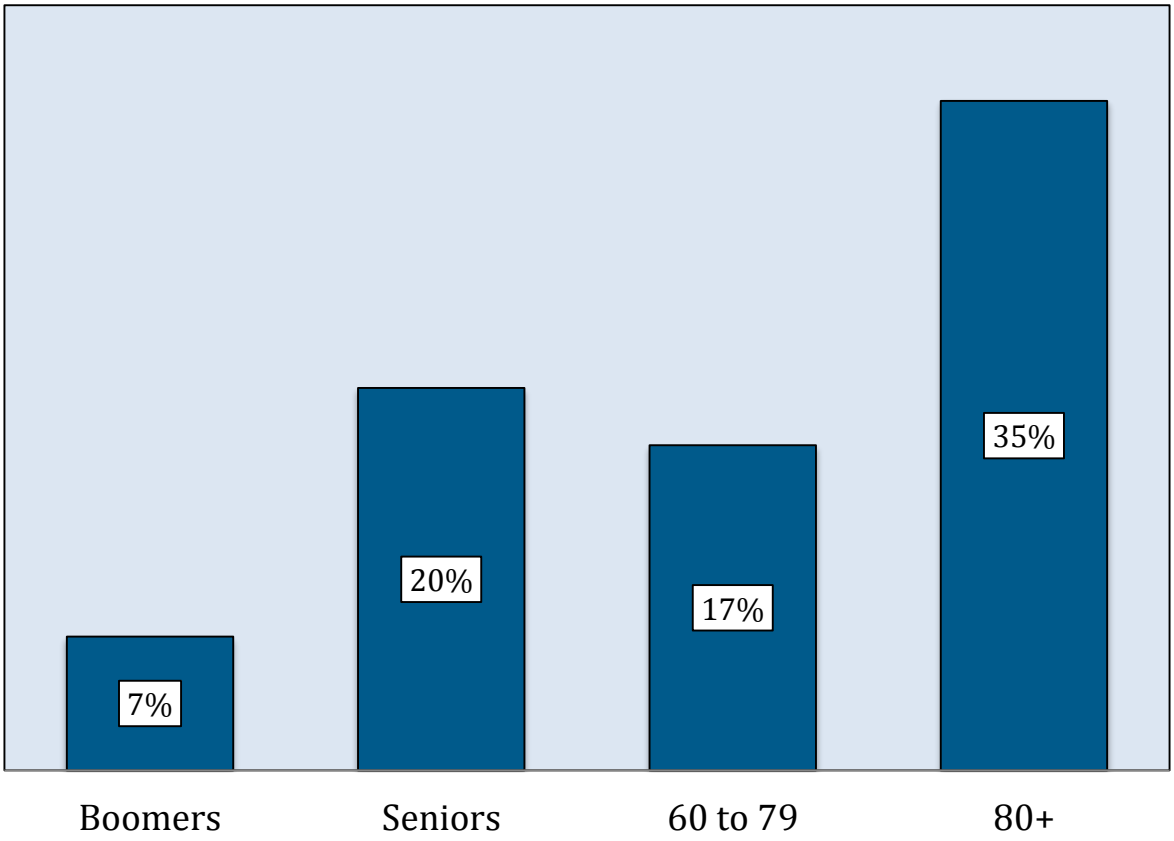
Figure 16. Percent of Andover respondents living in owned or rented homes by age cohort



Consistent with demographic data from the Census Bureau (see **Figure 5** above) most survey respondents (91%) indicated that they lived in homes that they owned, or on which they held a mortgage, including 95% of Boomers and 89% of Seniors (**Figure 16**). Only a small proportion of the sample (7%) indicated that they lived in rented homes, including a small percentage of residences where rents were subsidized (see **Table A6, Appendix B**).

An owned home is often seen as a valued economic asset among older adults. Nevertheless, some structural features (especially in older homes and homes that are poorly designed), as well as expenses associated with maintaining or modifying homes may make it difficult for some older adults to remain in their residences as they age.

Figure 17. Percent of Andover respondents who live alone by age cohort and category



Among survey respondents, the most common living situation for all age groups is to reside with a spouse or partner, including 86% of Boomers and 78% of Seniors (see **Table A7 Appendix B**). Other common living situations by survey respondents included living with adult children, grandchildren, and other relatives. **Figure 17** displays the percentage of survey respondents who lived alone by age cohort and age category. Compared to 7% of Boomers who indicated that they lived alone, about one in five Seniors (20%) lived alone.[8] Of the respondents who are age 80 and older, 35% lived alone. In general, people who live by themselves, especially older people, are more likely to experience health conditions and impairments that make travel into the community more difficult, and are associated with greater risk for isolation and economic insecurity (White, Philogene, Fine, & Sinha, 2009). These individuals will likely have greater need for support services (such as transportation and/or targeted outreach) that facilitate their continued involvement with friends and family in the community.

[8] Note that the percentage living alone among our sample of seniors (20%) is slightly lower than the 24% reported above based on U.S. Census Bureau data.

Table 6. Percent of Andover respondents who indicated needing home modifications, and being unable to afford them, by home ownership and age category

	Home needs modifications	Unable to afford modifications
All Respondents		
Boomers	8%	41%*
60 to 79	20%	26%
80+	23%	20%*
Home Owners		
Boomers	8%	42%*
60 to 79	21%	24%
80+	26%	19%*

** Percent based on 50 or fewer total cases*

Most individuals, regardless of age, could likely improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited. About 17% of survey respondents indicated that their homes required modifications to facilitate their aging in place, with a larger share of Seniors (21%) than Boomers (8%) reporting that modifications to their homes were needed (**Table 6**).

Among renters *and* owners whose homes needed modification, 41% of Boomers reported being unable to afford to make needed modifications, along with 26% of residents age 60 to 79, and 20% of those age 80 and older (**Table 6**). Among respondents who owned their homes, many in each age category reported that their homes needed modification to facilitate aging in place, including 8% of Boomers, 21% of respondents age 60 to 79, and 26% of respondents age 80 and older. Forty-one percent of Boomers who owned their homes were unable to afford the modifications they needed. Among respondents age 60 to 79, and age 80 and older, 26% and 20%, respectively, could not afford to make needed modifications to their homes. (See also **Table A8a, Appendix B.**)

Section III: Social Activities & Relationships

Older Andover residents participate in various activities that could facilitate their social connectedness with others in the community. Survey participants were asked to indicate which activities they currently participate in and enjoy. **Table 7** illustrates similarities in current activity preferences by age cohort and age category. The greatest proportions of both Boomers and Seniors indicated that they currently enjoy social activities (82%), individual/solitary activities (75%), media (69%), food-related activities (67%), and travel or outings (67%). The least popular activities for combined cohorts were intergenerational programs (13%), arts and crafts (26%), and faith-based activities (27%).

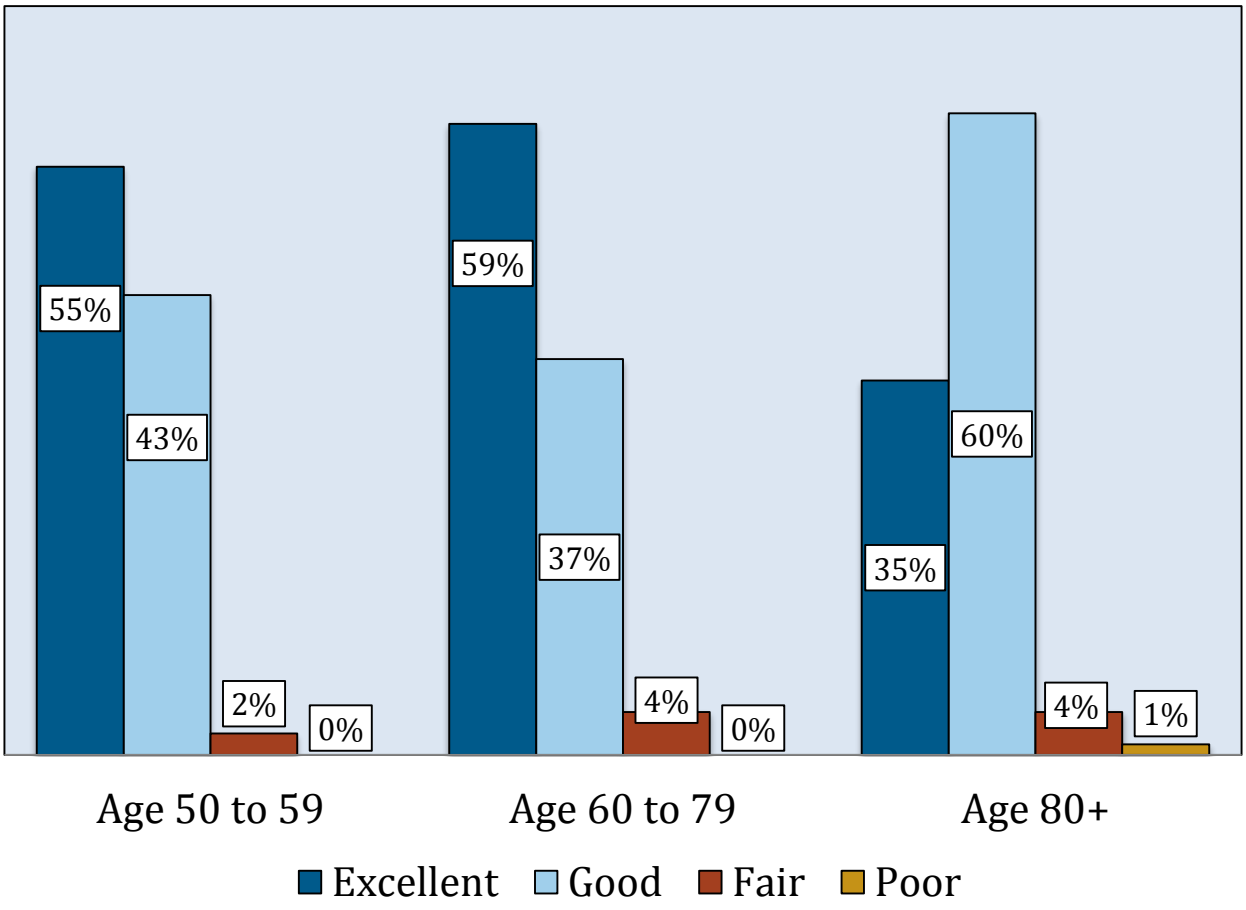
Table 7. Percent indicating activities they currently enjoy by age cohort and age category

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Volunteering	43%	48%	41%	44%	27%
Active indoor activities	51%	62%	46%	50%	29%
Individual/solitary activities	75%	75%	75%	76%	67%
Travel or outings	67%	75%	64%	69%	43%
Education	45%	50%	43%	47%	23%
Media	69%	70%	69%	70%	64%
Active outdoor activities	51%	70%	42%	49%	13%
Social activities	82%	84%	82%	83%	75%
Arts & crafts	26%	31%	24%	25%	23%
Food	67%	76%	64%	66%	53%
Intergenerational programs	13%	12%	13%	14%	7%
Faith-based programs	27%	27%	27%	26%	27%
Other	12%	8%	13%	13%	14%

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

Overall, survey respondents reported high levels of emotional wellbeing. This dimension of social/emotional health is broken down by age category in **Figure 18.** A greater proportion of respondents age 60 to 79 (4%) and age 80 and older (5%) reported "fair" or "poor" emotional wellbeing, compared to respondents age 50 to 59 (2%). Notably, large proportions of participants in all age categories rated their social and emotional health as "excellent" or "good", including 98% of Boomers, and 96% of respondents age 60 to 79, and 95% of respondents age 80 and older.

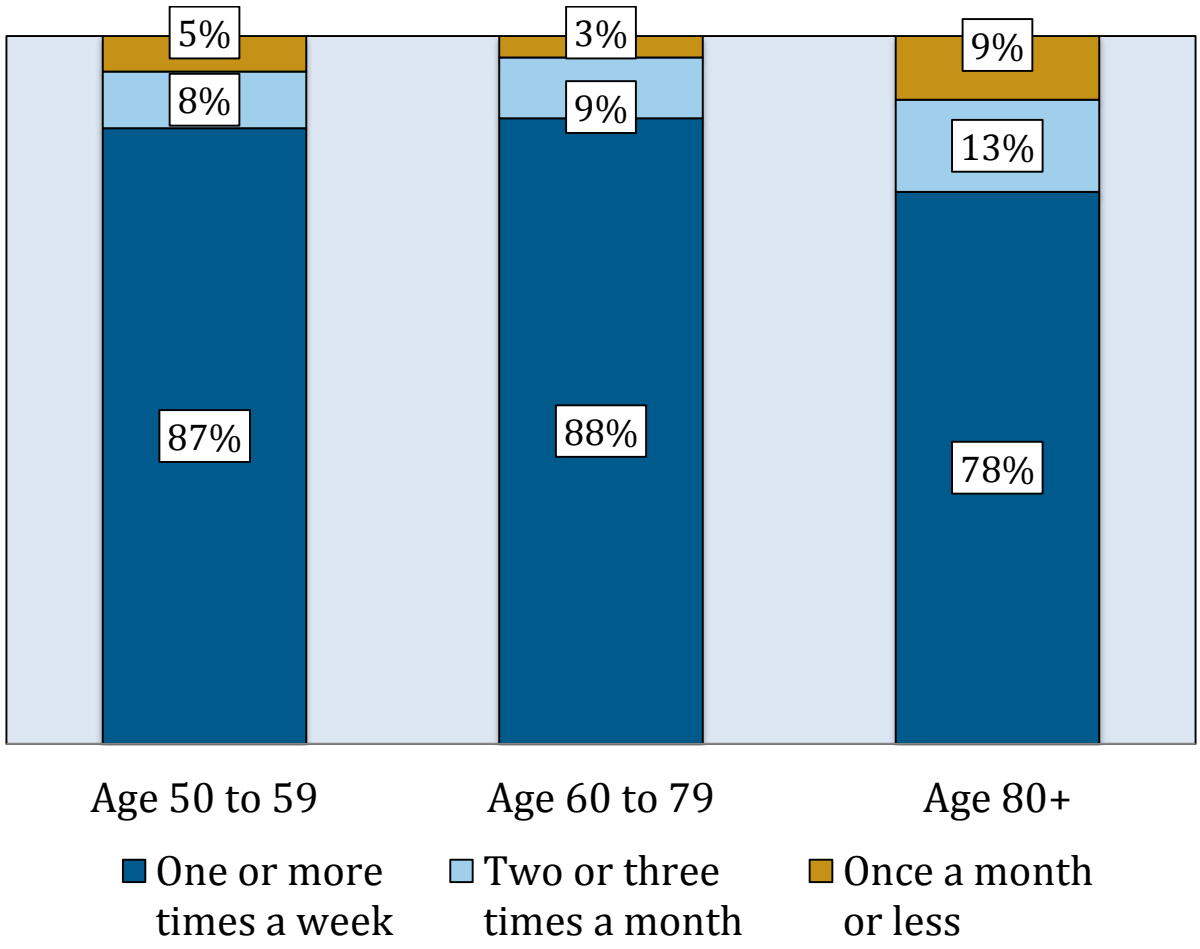
Figure 18. Self-ratings of emotional wellbeing by age category



Social/emotional health, as a dimension of wellbeing, is dependent on many factors. Among them is the degree of connectedness that individuals experience within their social networks of family and friends. In particular, many older adults are at high risk for social isolation, especially if their health and social networks begin to break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes.

Fortunately, the majority of older residents in Andover remain well connected via relationships with family, friends, relatives, and their neighbors according to survey results. For example, the vast majority of respondents (95%) reported talking on the phone, emailing, or getting together with family, friends, relatives, or neighbors at least two or three times a month (see **Table A11, Appendix B**). Even Andover's oldest residents, those age 80 and older, typically are well connected—78% of respondents in this age category communicated one or more times a week with friends or relatives (**Figure 19**). At particular risk of social isolation is the 3% to 9% of respondents who rarely or never communicate with friends or family. Although small, this proportion represents an important group to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing of Andover's more vulnerable older residents.

Figure 19. Frequency of contact with family, friends, relatives, or neighbors by age category

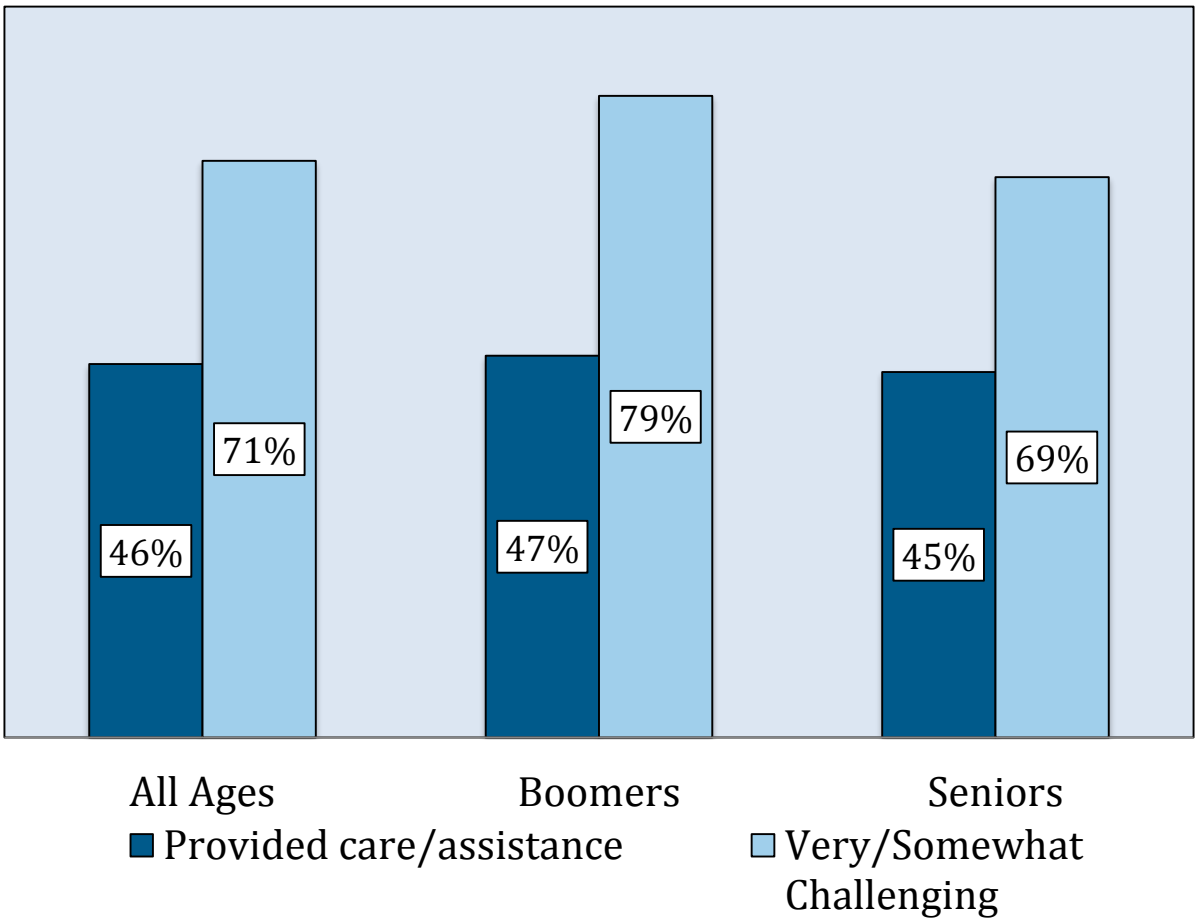


Section IV: Caregiving

In many cases, older Andover residents provide informal care and assistance to individuals who are frail or disabled while managing other aspects of their lives such as family and work. Indeed, 46% of all survey respondents said that they had provided care or assistance to a relative, friend, or neighbor who is disabled or frail within the past 5 years, including 47% of Boomers and 45% of Seniors (see **Figure 20**).

Overall, nearly three out of four (71%), including 79% of Boomers and 69% of Seniors found it "very challenging" or "somewhat challenging" to provide care and to meet their other responsibilities with family and/or work. Additionally, of those who provided care, the vast majority of respondents (97%) were not paid for it (see **Table A12a, Appendix B**).

Figure 20. Caregiving experience in the last 5 years and degree of challenge by age cohort



Section V: Your Health

Large shares of Andover residents who participated in the survey reported good physical health. The majority (90%) of all respondents rated their health as "excellent" or "good", whereas just 9% rated their health as "fair", and only 1% said their health was "poor" (see **Table A13, Appendix B**).

Below, self-ratings of physical health by age category are shown in **Figure 21**. Nearly all Boomers (96%) reported "excellent" or "good" physical health. Within the Senior age cohort, 91% of respondents age 60 to 79, and 73% of respondents age 80 and older said their physical health was "excellent" or "good". This suggests that most of Andover's older residents remain in good health into later life, though segments of the older population, especially the oldest old, appear to experience some declines in their health.

Figure 21. Self-ratings of physical health by age category

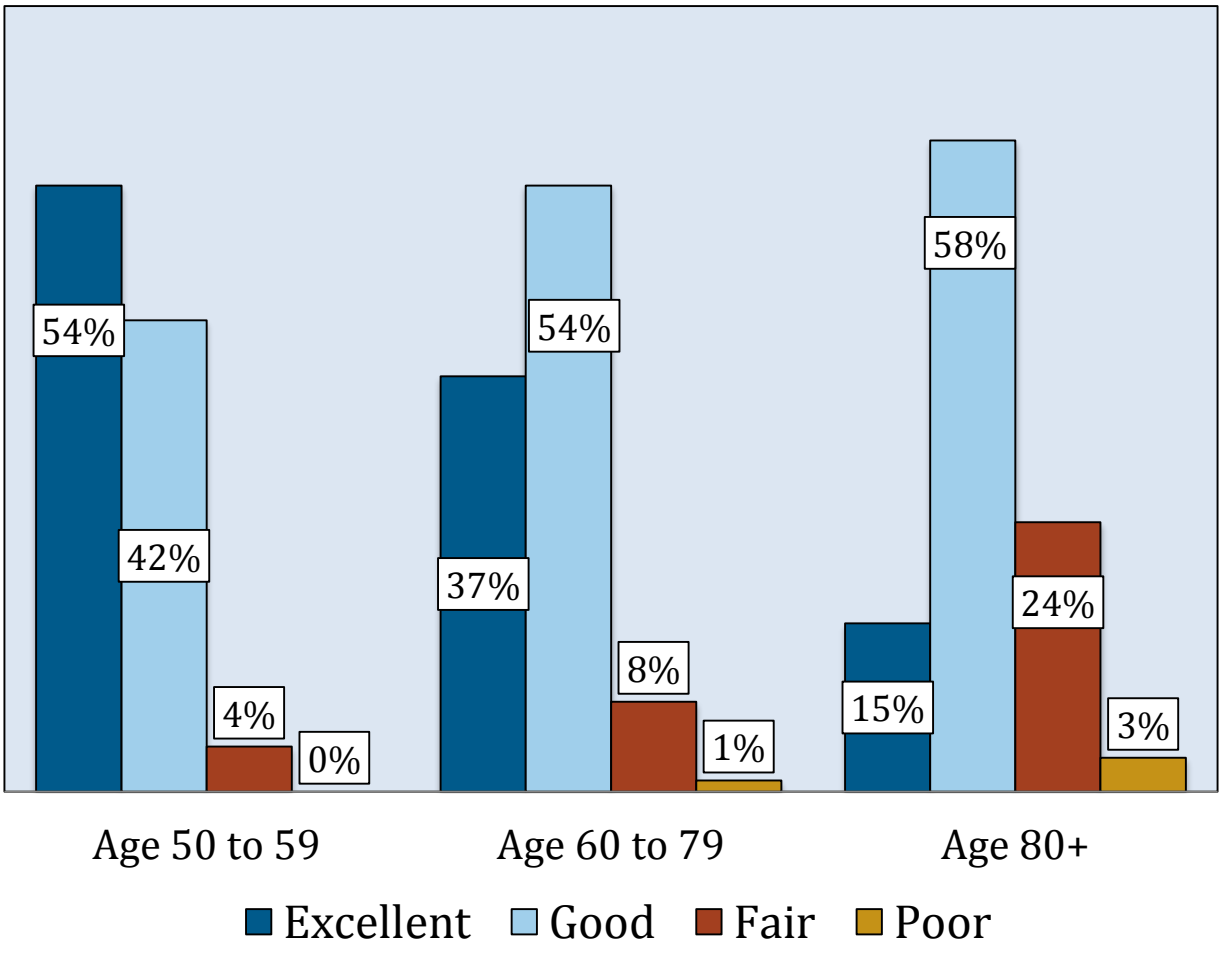
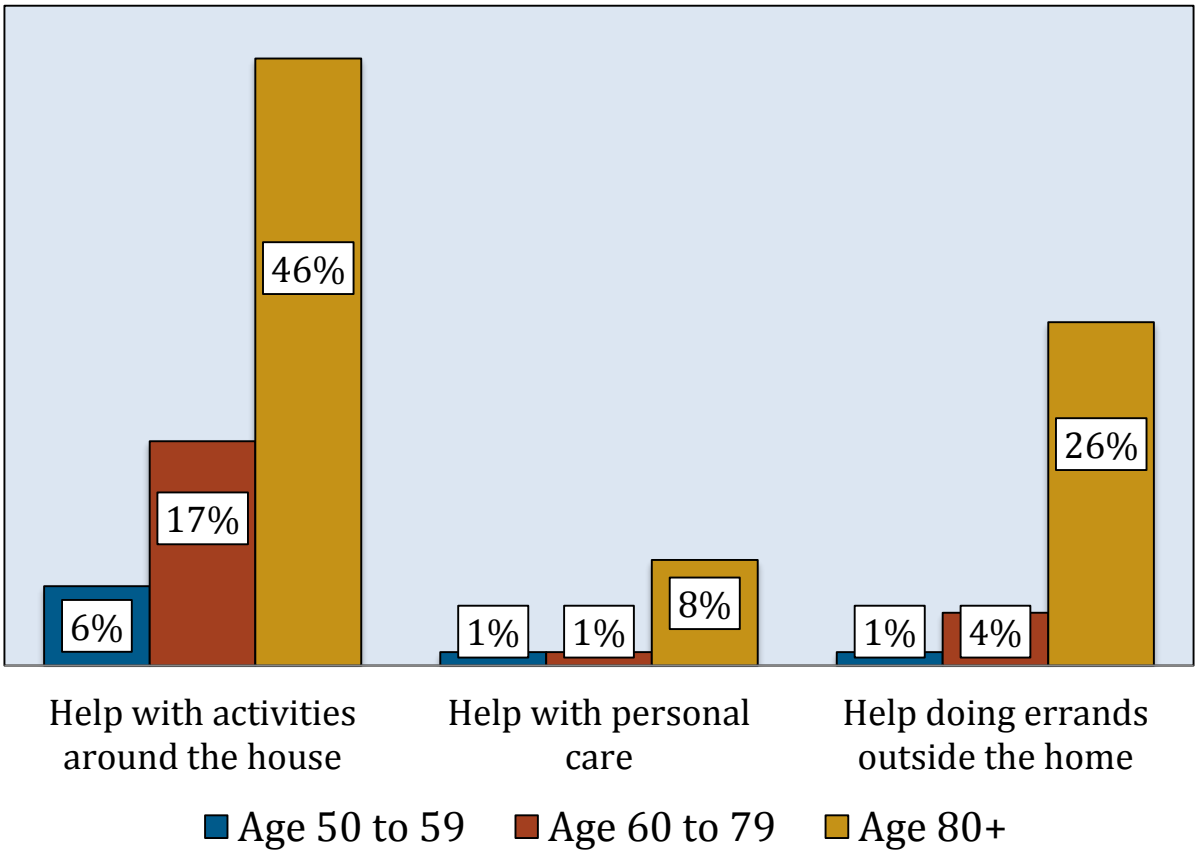


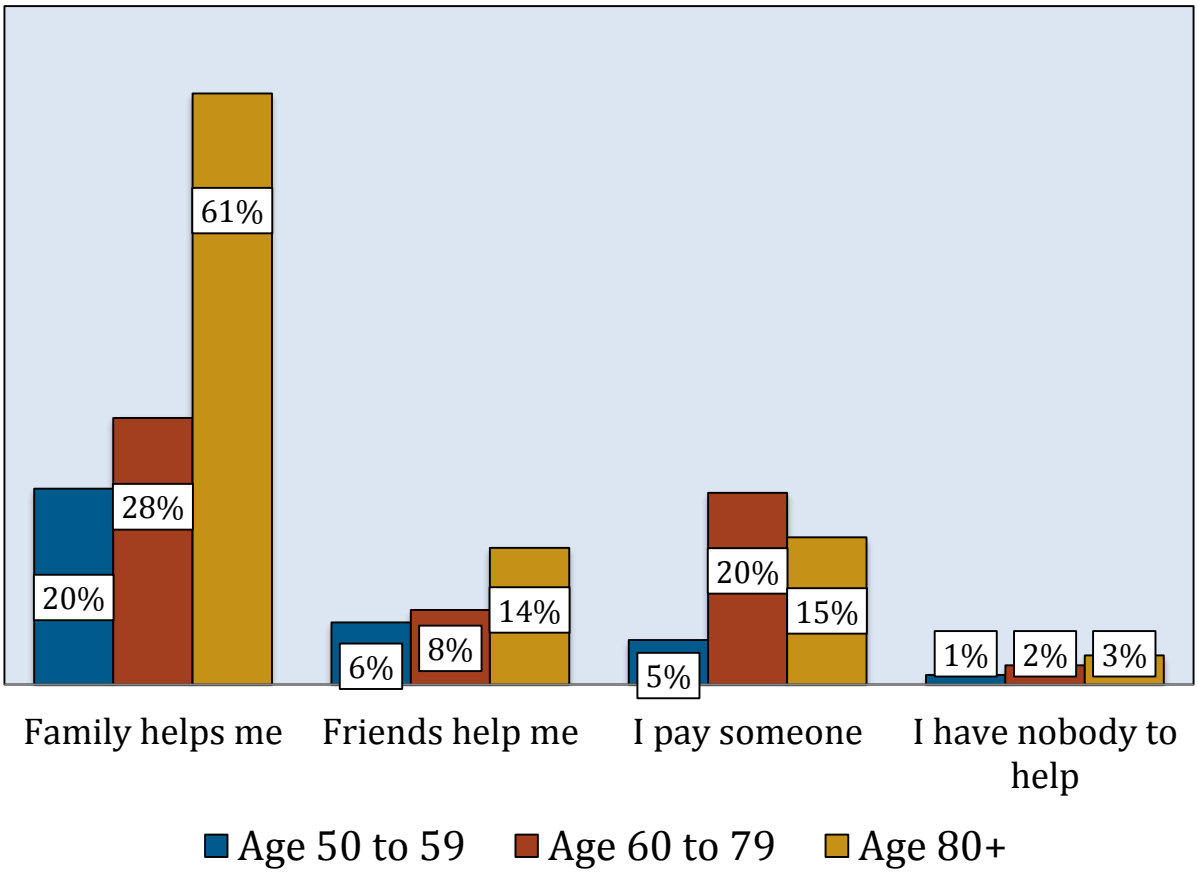
Figure 22. Percent who need assistance due to a health issue by age category



Beyond reflecting the potential need for medical care, self-ratings of physical health may also be indicative of the need for additional assistance with various activities in and around the home. **Figure 22** shows percentages of respondents in each age category who indicated that a health issue required them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), *personal care activities* (such as taking a bath or shower, or getting dressed), and *doing errands outside the home* (such as food shopping, or picking up a prescription). Needing help with these sorts of daily living activities was much more common among Andover residents who are 80 and older. Nearly half (46%) in the oldest age category required assistance with activities around the house; 8% required assistance with personal care; and 26% needed help with errands outside the home.

Figure 23 shows sources of assistance that older Andover residents may draw upon when extra help is needed. Among those who reported needing help sometimes, many respondents in all age categories have family members on whom they can rely (33%, not shown). For respondents who are age 80 and older, family members are the most common source of assistance (61%). Just two percent of the total sample, including 3% of Seniors age 80 and older, reported having nobody who could provide help if they needed it (also see **Table A17, Appendix B**).

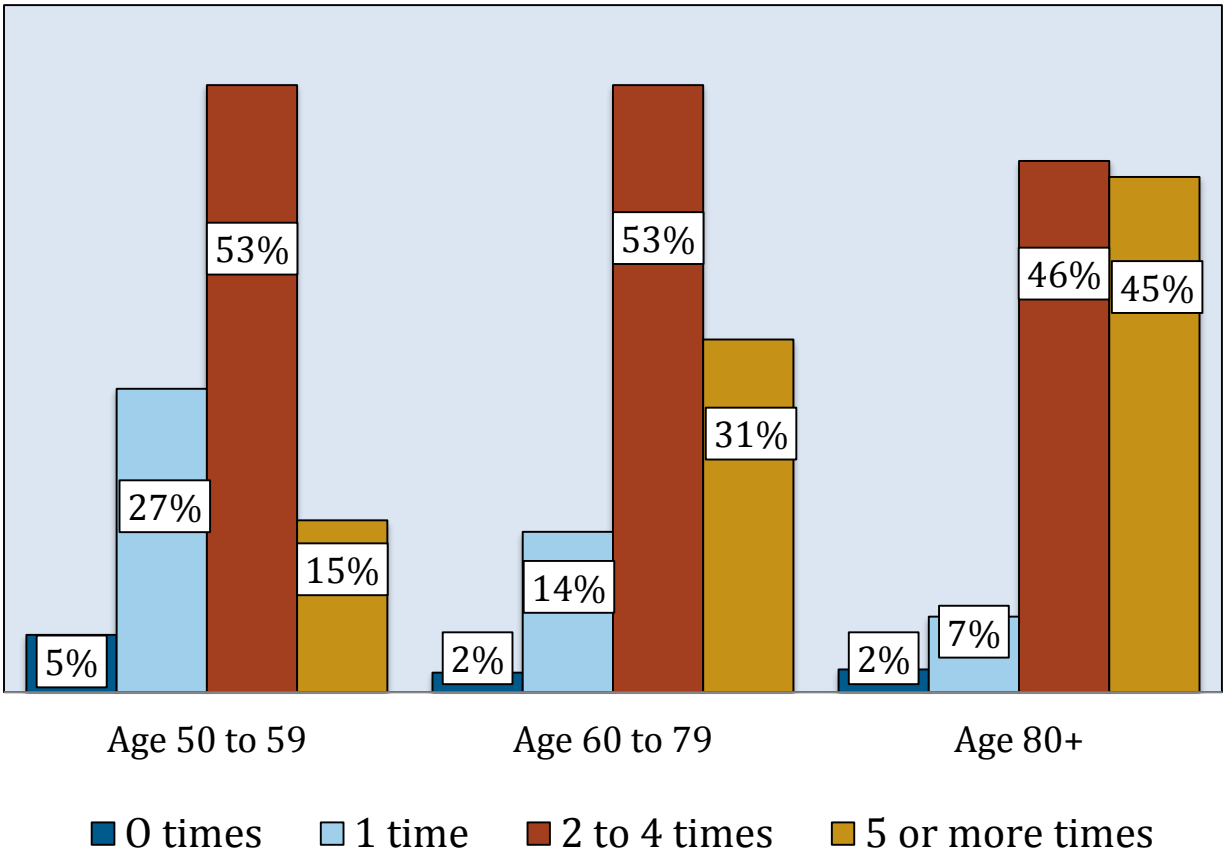
Figure 23. Source of assistance with activities by age category



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

One of the more common problems facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. Commonly cited issues expressed by many older people regarding their difficulty in gaining access to available services include not knowing where or who to contact for help and being unaware of what services exist. An important function of Andover's Division of Elder Services is to connect people to needed resources for caregiver support and home services, among other types of assistance.

Figure 24. Number of visits to a medical doctor or other health care professional in last 12 months by age category.



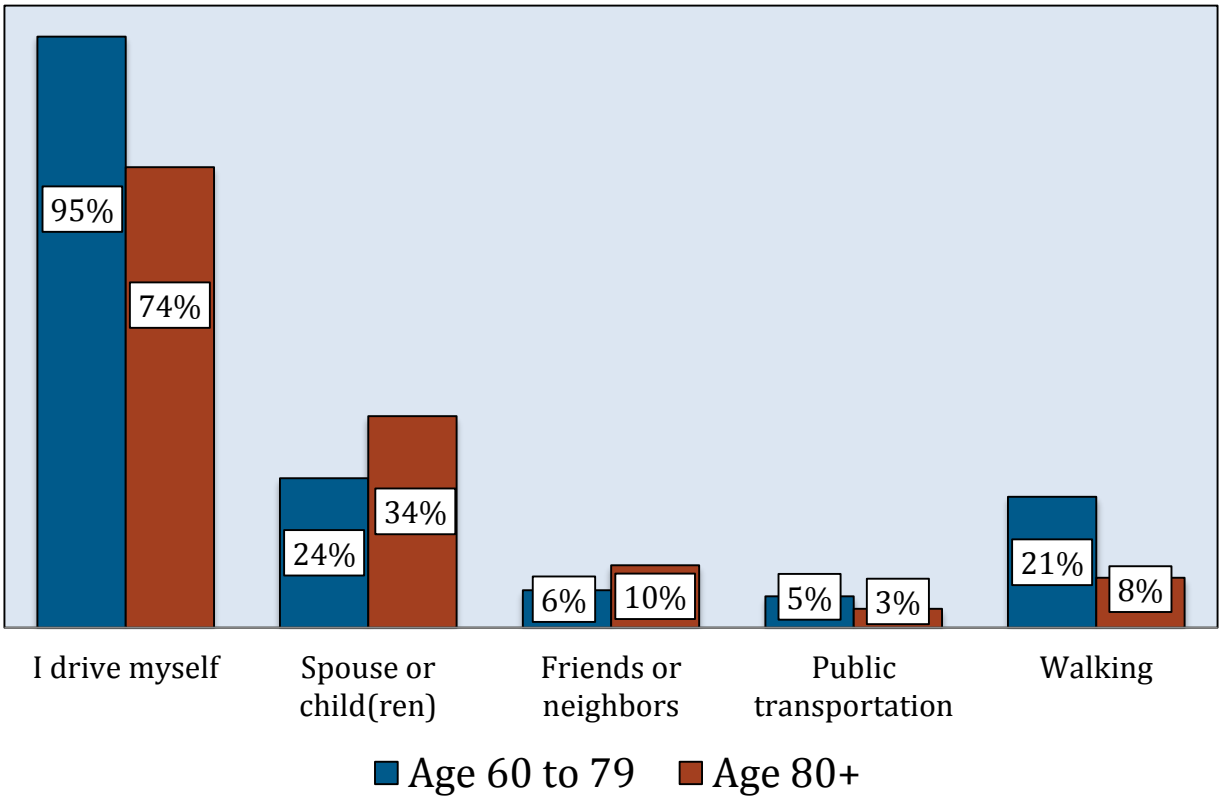
Access to health care is a strong determinant of health outcomes for residents of all ages. Having adequate access to care can result in detecting and treating disease and other health-related ailments before they worsen and become more difficult to treat. As suggested in **Figure 24**, all but a very small proportion of survey respondents have visited a medical doctor or other health care professional at least once in the previous 12 months. Only 5% of Boomers and 2% of Seniors reported no medical visits during the previous year; 15% of Boomers and one third of Seniors (33%) reported five or more visits in the previous year (see **Table A18, Appendix B**)

Section VI: Transportation

Transportation is a fundamental need for people of all ages who strive to lead independent, meaningful, and socially engaged lives. For older people in particular, lack of adequate and appropriate transportation can complicate their efforts to meet material and social needs and make it difficult to remain active participants in their communities.

Figure 25 suggests that older Andover residents rely on a wide variety transportation modes to meet their travel needs. By far, the most commonly cited means of transportation was driving themselves, though the percentage is somewhat smaller for respondents age 80 and older. Among respondents in the oldest age group, just 74% currently drive themselves, whereas 34% rely on spouses or children, 10% rely on friends or neighbors, 8% rely on walking, and 3% rely on public transporation (e.g., the Shuttle or EZ Trans) to meet their transportation needs. Thus, residents who are 80 and older are not especially drawn to public transportation, and may not view it as a good option for them, at least relative to younger adults. In addition, relatively large shares of respondents age 80 and older rely on volunteer medical transporation (7%) and other transporation services provided by the Center at Punchard (7%) to meet their transporation needs (not shown).

Figure 25. Modes of transportation by age category (Seniors)



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

Among those who depend on driving to meet their transportation needs, physical challenges associated with aging (e.g., poor vision status) may sometimes require that individuals modify their driving to increase ease and safety of community travel. **Table 8** shows strategies reported by respondents to make their driving easier and safer. More than four out of ten (42%) Seniors age 60 to 79 reported making at least one modification to their driving, including avoiding driving in bad weather (28%), avoiding driving at night (24%), and avoiding driving in unfamiliar areas (9%). Among Seniors age 80 and older, 75% reported using at least one strategy to make their driving safer and easier— the most commonly cited modifications were avoiding driving in bad weather (48%) and avoiding driving at night (42%). Other strategies that were mentioned included consciously scanning the field of view for prospective hazards, avoiding backing up, relying on a global positioning system (GPS) in unfamiliar locales, combining multiple errands into one driving trip, and generally driving slower and allowing more time to reach a destination.

Table 8. Modifications to driving by age category

Modifications to driving	Age 50 to 59	Age 60 to 79	Age 80+
I do not modify my driving at all	76%	58%	25%
I avoid driving at night	11%	24%	42%
I avoid making left hand turns	1%	2%	5%
I avoid driving in bad weather	13%	28%	48%
I avoid expressway driving	1%	3%	13%
I avoid driving far distances	2%	8%	31%
I avoid driving in unfamiliar areas	3%	9%	25%
Other	3%	3%	2%

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

The use of such strategies by many older adults likely contributes to their increased safety while driving; however, limiting driving could also place constraints on independence and options available to older people, especially when alternate transportation choices are not available, are inaccessible, or prohibitively costly or inconvenient.

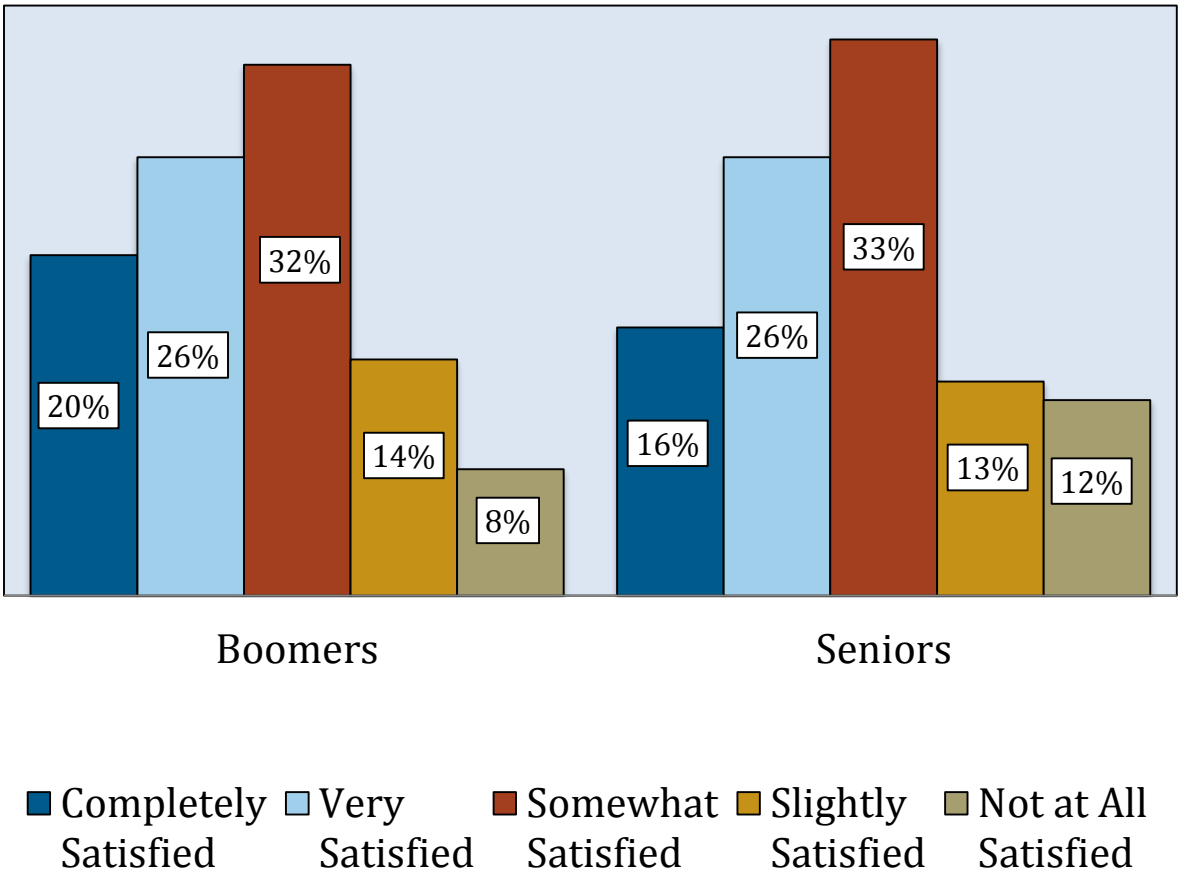
Table 9. Challenges getting around without a car by age category

Challenge	Age 50 to 59	Age 60 to 79	Age 80+
None	78%	71%	52%
Physical environment issues (e.g., signage, lighting)	7%	7%	8%
Physical challenges or other limitations (e.g., vision, hearing)	3%	5%	9%
Public transportation service not available where I need to go	4%	9%	10%
No door-to-door assistance	0%	2%	3%
Lack of public transportation services throughout the day and evening	3%	6%	6%
Lack of public transportation services on a reliable schedule	2%	4%	4%
Center at Punchard Transportation not available/inconvenient	1%	1%	3%
Walkability issues (e.g., lack of or interrupted sidewalks)	11%	12%	10%
Other	4%	4%	6%

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

Survey respondents were asked about the difficulties they experienced getting around Andover. Although nearly three-quarters (71%) of all respondents indicated that they had experienced no difficulties (see **Table A21, Appendix B**), many residents, especially those age 80 and older (48%) reported at least one difficulty meeting their transportation needs (**Table 9**). The most common issues were public transportation routes that did not go where residents needed to go (10%), and "walkability" issues such as poorly maintained sidewalks and interrupted or non-existent walkways where they are needed (10%). In addition, 6% of respondents age 80 and older mentioned other problems travelling in Andover, including the lack public transportation options nearby, safety issues (e.g., ice- and snow-covered walkways, crossing major thoroughfares safely, and poorly lit streets at night), as well as unpredictable motorists who do not observe rules of the road.

Figure 26. Satisfaction with transportation options in Andover by age cohort



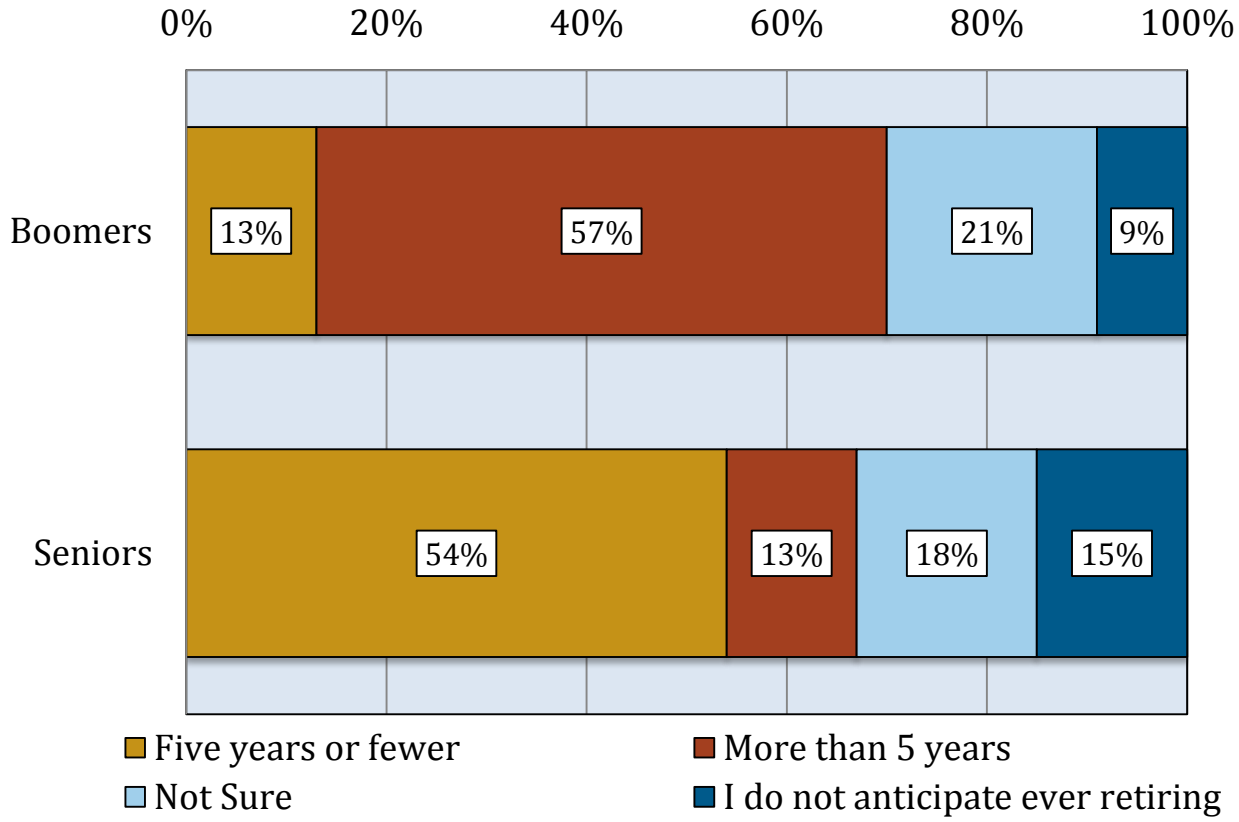
Despite the transportation problems reported by some older Andover residents, many survey respondents (44%) reported that they are "completely satisfied" or "very satisfied" with the transportation options they have available in the Town; another 45% are either "somewhat satisfied" or "slightly satisfied". Eleven percent of all survey respondents indicated that they are "not at all satisfied" with transportation options in Andover (see **Table A22, Appendix B**). **Figure 26** shows roughly comparable rates of satisfaction with transportation by age cohort.

Section VII: Current & Future Retirement Plans

A large majority (65%) of Seniors indicated that they were already retired; however, only 6% of Boomers were retired (see **Table A23, Appendix B**). Notably, 24% of Seniors age 60 to 79% said that they were still working full time, and 5% of Seniors age 80 and older said that they were working part time. About 7% of all respondents indicated "other" as their employment status—this response category included participants who were full time homemakers, individuals who were currently in the workforce but were currently unemployed, individuals who had been forced from the workforce, individuals who are disabled, and those who are working as caregivers.

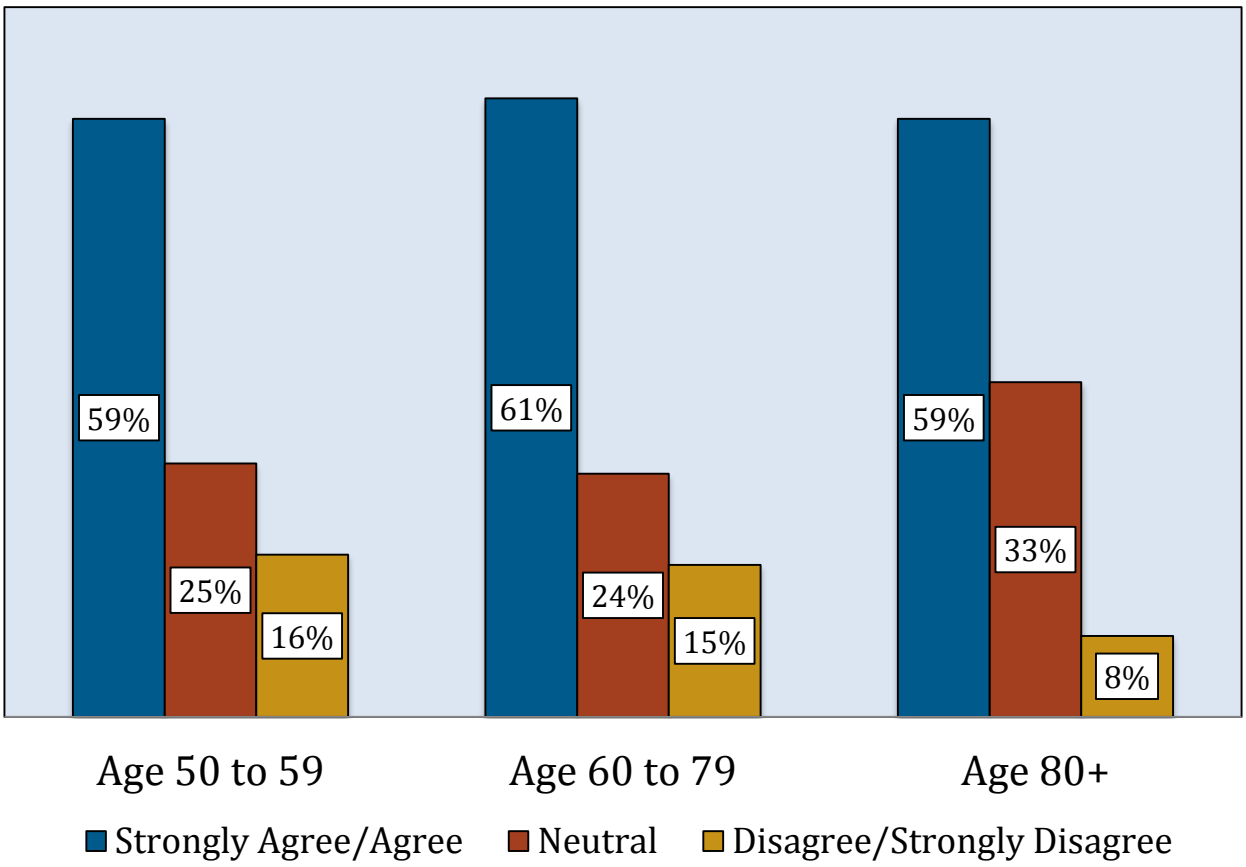
For respondents who are not yet retired, **Figure 27** shows the timeframe in which respondents said they planned to retire by age cohort. Few Boomers (13%) stated that they planned to retire within 5 years. By contrast, among Seniors who had not yet retired, the majority (54%) indicated that they planned to retire in five years or fewer. Notably, large combined proportions of both Boomers (30%) and Seniors (33%) indicated that they were not sure when they would retire, or did not anticipate ever retiring. These findings correspond with national trends suggesting that many older workers share concerns about the post-retirement resources they will have available, resulting in considerable uncertainty about the timing of retirement.

Figure 27. Timeframe for retirement of respondents not currently retired by age group



The majority of Andover survey respondents in all age groups expected to have sufficient assets to sustain them during their retirements (**Figure 28**). About 59% of respondents age 50 to 59 expected to have enough resources to afford home maintenance, real estate taxes, healthcare and other expenses. Similarly, 61% of Seniors age 60 to 79, and 59% of Seniors age 80 and older expected to have adequate resources. Although most reported positive expectations, a sizable share (16% of Boomers and 13% of Seniors) did not anticipate having sufficient resources in retirement (see **Table A25, Appendix B**). This finding points to the heightened risk of economic insecurity in later life for some. Many, especially Boomers, are concerned not only about their own savings but also about the future availability of other public resources that often supplement savings and other assets in retirement.

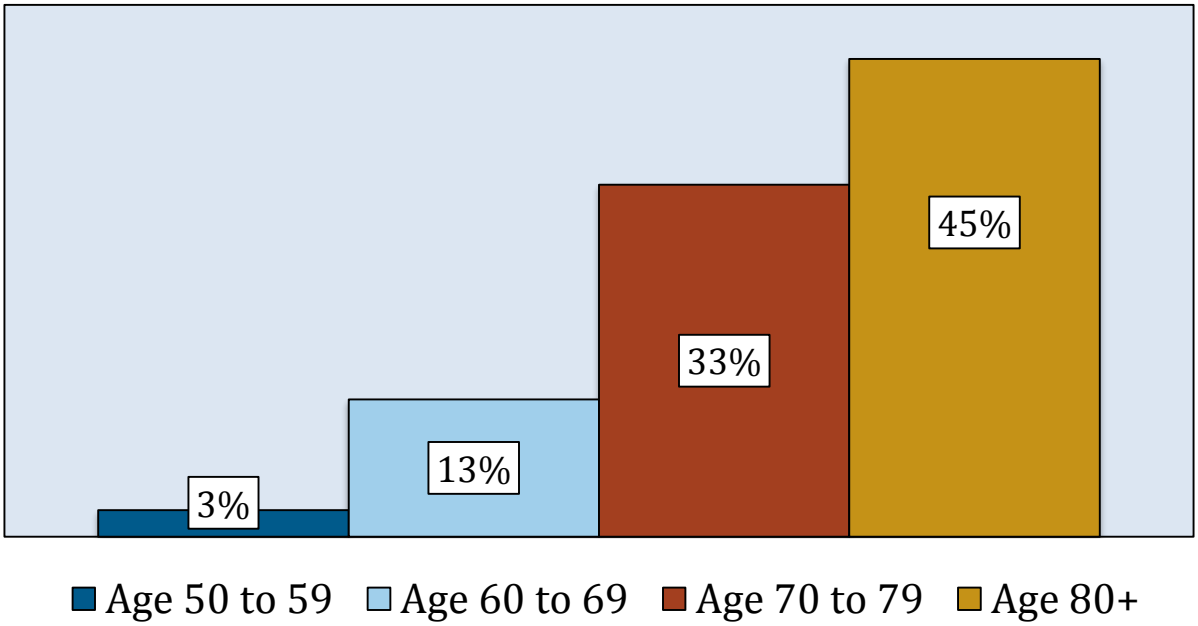
Figure 28. Expectations about having adequate resources to meet financial needs during retirement



Section VIII: Programs & Services at the Center at Punchard

The Town of Andover Division of Elder Services and the Center at Punchard is an important resource for many older residents striving to age in place in their homes and communities. Part of the Division's mission is to provide individuals the opportunity to seek and readily find fulfillment and growth through programs and services that nurture mind, body and spirit. Toward these worthy ends, a broad range of programs and services that target a diverse population of older residents are available, including services for information and referrals to other agencies in and around the community, outreach, health services, transportation, education and recreation programs and activities. These programs and services emphasize promotion of healthy aging and enhance quality of life for older adults and their supporting family members.

Figure 29. Percent of respondents who currently use programs and services offered by Andover Division of Elder Services and the Center at Punchard by age category

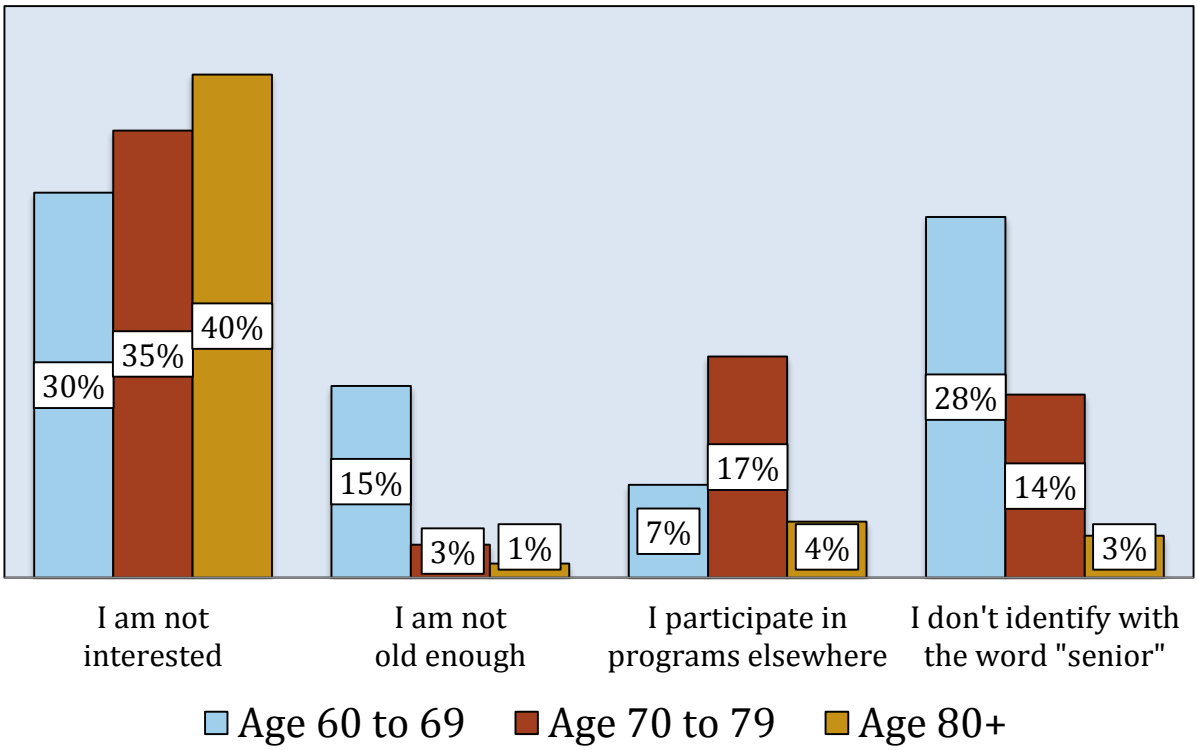


Note: In this figure, the age cohort of Seniors is stratified into three age categories, rather than the two categories used elsewhere in this report.

Despite the benefits that many older Andover residents could potentially realize by participating in programs and services provided, a relatively small percentage of survey respondents said that they currently used these resources (see **Table A26, Appendix B**). Among all Seniors, only 25% of respondents said that they currently use programs and services offered. A larger proportion of Seniors age 80 and older (45%) said they used programs and services, compared to Seniors age 60 to 69 (13%), and age 70 to 79 (33%) (**Figure 29**). Generally, respondents who are under age 60 are not yet eligible for services provided by the Division of Elder Services and the Center at Punchard.

Among Seniors who said that they do not currently participate in programs and services, 33% stated that they were "not interested"; 9% stated that they were "not old enough"; 10% said they "participated in programs elsewhere"; and 21% stated that they "don't identify with the word 'senior'" (see **Table A26a, Appendix B**). Below, **Figure 30** shows that Seniors who are age 80 and older most commonly stated that they did not participate in programs and services because they were not interested (40%). Among Seniors age 60 to 69, a large share (28%) also indicated that they did not participate because they did not "identify with the word 'senior'". Nearly 33% of all Senior respondents gave other reasons for not participating, such as being busy with other activities, including working; having health problems or disabilities that prevented them from participating; and having family responsibilities that take up a lot of time. In some cases, responses to this item may point to misperceptions about what services are provided by the Division of Elder Services and the Center at Punchard. For instance, many residents may feel that services are targeted only to Andover's oldest and most frail residents, and that they themselves are too "young" to participate.

Figure 30. Reasons for not currently using programs or services offered by the Andover Division of Elder Services or the Center at Punchard, by age category.



Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%. In this figure, the age cohort of Seniors is stratified into three age categories, rather than the two categories used elsewhere in this report.

All survey participants were asked to identify problems they or someone they know experienced when accessing the Center at Punchard or its programs and services. The largest proportion of all respondents (16%) stated that not knowing about the availability of programs and services was a barrier, followed by lack of sufficient parking (14%), and lack of interest in programs (14%) (See **Table A27, Appendix B**). Among Seniors age 80 and older, lack of sufficient parking (18%) and lack of interest in programs (16%) were the most commonly cited problems (**Table 10**). In addition, many Seniors age 60 to 79 thought that they would not fit in (10%) at the Center at Punchard. Additional barriers to accessing the Center at Punchard that were reported by respondents included perceived language barriers, the physical space (e.g., crowded, uncomfortable, or unappealing), not knowing others who participate, disabilities that restrict participation, and difficulties registering for programs.

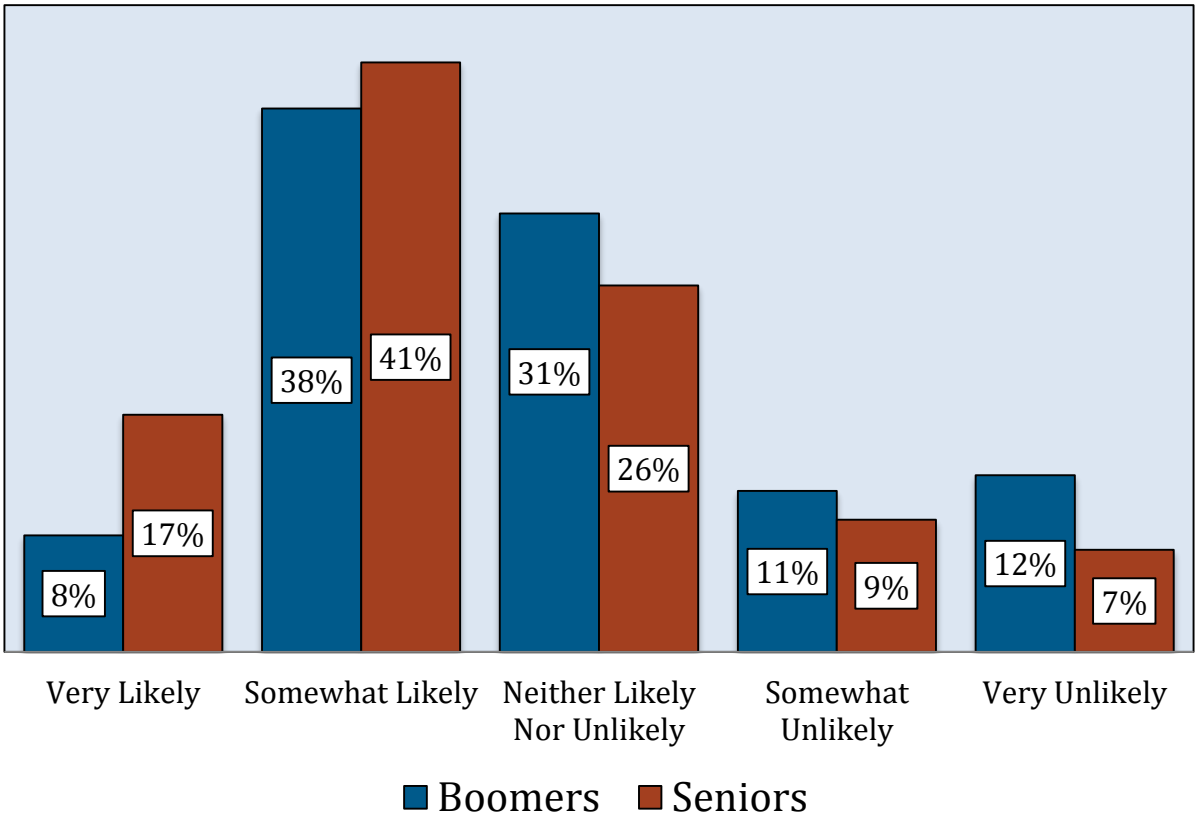
Table 10. Percent indicating problems encountered when accessing the Center at Punchard by age category

	Age 60 to 79	Age 80+
Lack of transportation	5%	8%
Lack of sufficient parking	16%	18%
Not knowing what programs and services are available	14%	8%
Programs don't interest me	17%	16%
Location of the Center at Punchard is inconvenient	1%	1%
Hours of the Center at Punchard are inconvenient	4%	2%
Limited class size for events/activities	4%	3%
I don't think I would fit in there	10%	8%
Cost for programs	6%	9%
Other	19%	15%

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

Many of Andover's residents are receptive to participating in programs and services offered by the Division of Elder Services and the Center at Punchard. Survey respondents were asked how likely they were to participate in programs and services in the future. **Figure 31** indicates that slightly fewer than half of Boomers and many Seniors (46% and 58%, respectively) are "very likely" or "somewhat likely" to use programs and services in the future. Additional analyses (not shown in figures and tables) suggest that among those who currently do not use services, about half (47%) are either "very likely" or "somewhat likely" to participate in programs and services in the future, and about a third (32%) do not know whether they will use services in the future.

Figure 31. Likelihood of participating in programs and services in the future by age cohort



Notably, about one in five (22%) respondents indicated that they were "somewhat unlikely" or "very unlikely" to participate in programs and services in the future (see **Table A28, Appendix B)**. Given the diversity of Andover's older population, many programs and services may not be universally needed or desired. In addition, the large degree of uncertainty about using services may point to the importance of marketing to a broader range of potential consumers who may not recognize the scope and value of activities provided at the Center at Punchard or who may have inaccurate perceptions about the programs and services provided by the Division of Elder Services and the Center at Punchard.

An important goal of the Andover survey was to assess the value and importance of programs and services that are currently offered to older adults and their families in Andover. **Table 11** shows the percentage of survey respondents who rated programs and services as "very important" or "somewhat important" to them or to someone in their families. In general, large proportions of respondents of all ages reported that programs and services were important. Among the 16 programs and services assessed, *health and* w*ellness activities* and *fitness activities* were rated most favorably (64% and 61%, respectively). Also rated highly among all age groups were *educational opportunities (*58%)— *social activities* and *volunteer opportunities* were each rated at "very/somewhat important" by 48% of respondents.

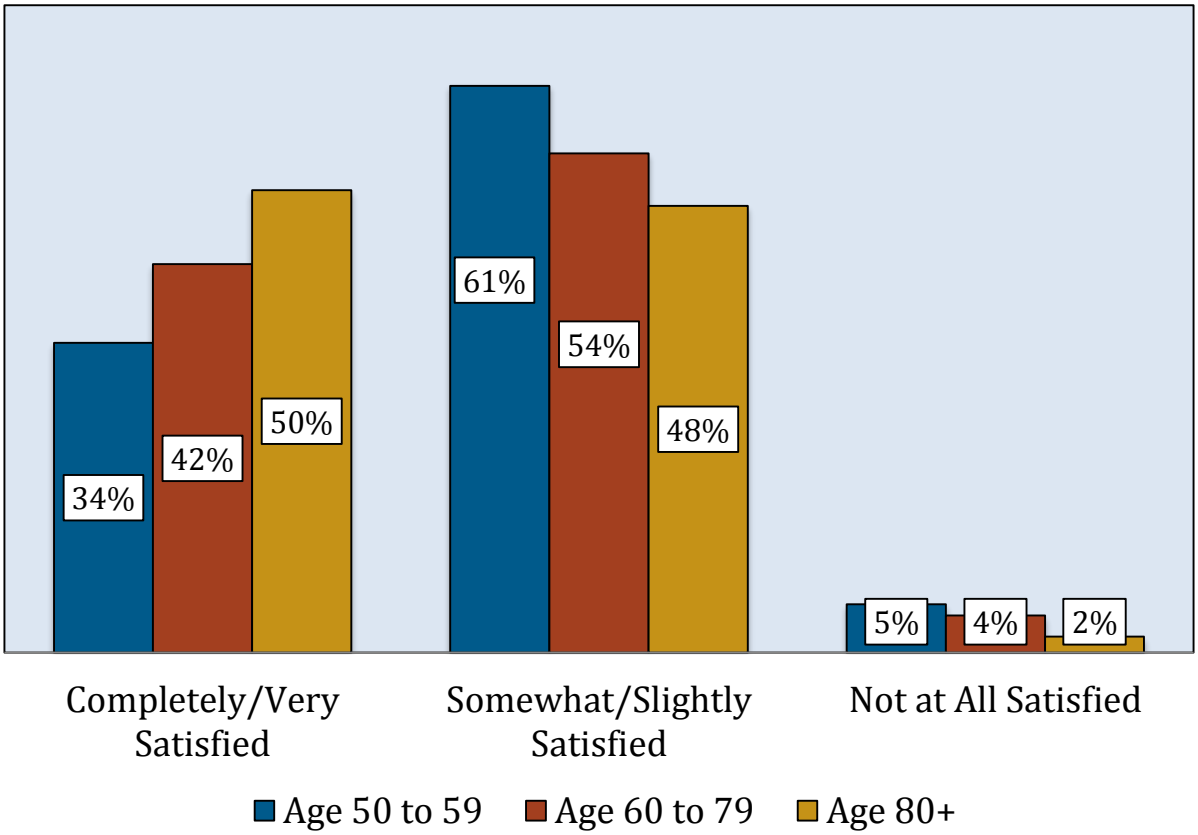
Somewhat different priorities were evident when examining differences by age category. For example, whereas nearly half (48%) of Boomers rated *health insurance counseling* highly, only 25% of respondents age 80 and older thought these services were highly important. *Volunteer opportunities* were highly rated by 53% of Boomers, but only 35% of respondents age 80 and older rated them as "very/somewhat important". (See also **Table A29, Appendix B**)

These differences likely reflect differences in the priorities attached to specific programs and services as people age—for instance, during their transition into retirement Boomers are likely to have greater variability in the number and types of insurance plans that they have available to them, and could benefit greater from assistance in sorting out their many options. Observed differences may also reflect inter-cohort differences in tastes and interests. As Baby Boomers age, many gerontologists believe they will transform programs and services by operating as proactive consumers who are less likely to accept services passively, or without registering their preferences (Pruchno, 2012). Therefore, it remains important for the Center at Punchard to maintain an open, proactive approach to planning and development to assure that programs and services remain appropriate and desired by current and evolving cohorts.

Table 11. Percent of respondents who say programs/services are either "Very Important" or "Somewhat Important" to them personally and/or their families by age cohort and category.

	All Ages	Boomers	Seniors	Age 60 to 79	Age 80+
Assistance with local or state programs (e.g., financial, fuel)	34%	38%	32%	32%	33%
Boomer-Venture Programs	33%	39%	31%	33%	14%
Educational opportunities	58%	56%	58%	61%	42%
Fitness activities	61%	66%	59%	61%	51%
Health and wellness	64%	65%	63%	65%	56%
Health insurance counseling	44%	48%	42%	45%	25%
Information, referral & outreach	42%	44%	41%	41%	40%
Mental health counseling	23%	28%	21%	21%	17%
Nutrition/Meals on Wheels	25%	29%	24%	22%	35%
Professional services (e.g., tax, legal, & financial)	40%	45%	37%	38%	32%
"Senior Connections" Supportive Day Program	23%	27%	20%	20%	27%
Social activities	48%	51%	47%	46%	52%
Support groups	31%	39%	27%	27%	27%
Transportation	35%	39%	33%	32%	42%
Trips/Outings	47%	51%	47%	46%	51%
Volunteer opportunities	48%	53%	47%	48%	35%

Figure 32. Satisfaction with programs and services offered by the Town of Andover Division of Elder Services and the Center at Punchard by age category



Survey respondents were asked to report their level of satisfaction with the programs and services offered by the Andover Division of Elder Services and the Center at Punchard, without regard to their current usage. In **Figure 32**, satisfaction levels are reported by age categories. Among Seniors age 80 and older, 50% were either "completely satisfied" or "very satisfied" with programs and services. Satisfaction levels were slightly lower among younger Seniors age 60 to 79, with 42% reporting being "completely satisfied" or "very satisfied". Only 2% to 5% of respondents stated that they were "not at all satisfied" with the programs and services provided by the Andover Division of Elder Services and Center at Punchard. (Also see **Table A30, Appendix B**).

Figure 33. Satisfaction with programs and services offered by the Town of Andover Division of Elder Services or the Center at Punchard by participation

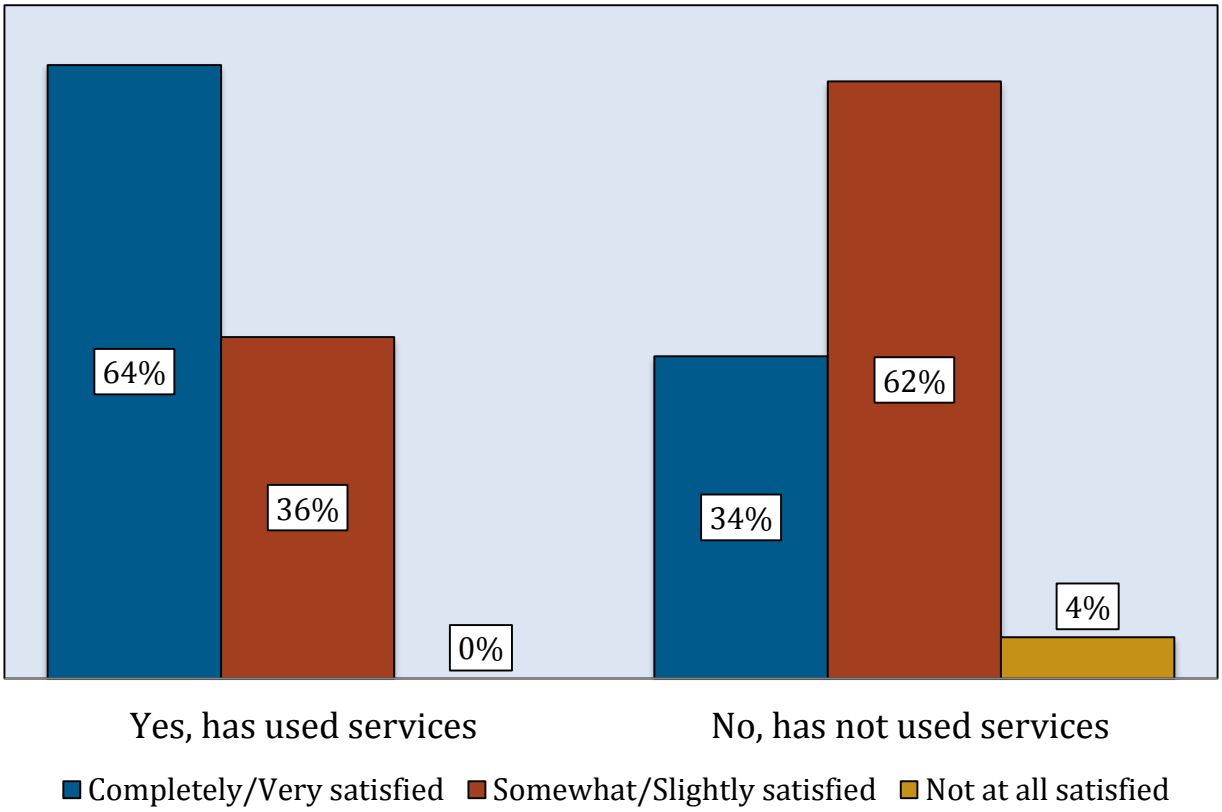


Figure 33 shows satisfaction levels by participation (i.e., whether or not respondents currently use programs and services offered by the Andover Division of Elder Services and the Center at Punchard). Among those who reported using programs and services, 64% reported being "completely satisfied" or "very satisfied", whereas only 34% of respondents who do not use services reported this level of satisfaction. None of the respondents who use programs and services said they were "not at all satisfied," compared to about 4% of non-participants who reported dissatisfaction with programs and services.

In an open-ended question survey participants were asked what other programs and services not currently offered through the Division of Elder Services and the Center at Punchard they would like to see available. Survey respondents offered a mix of recommendations including increasing transportation options (e.g., providing shuttle runs to the MBTA commuter rail station); improving opportunities to advocate for issues important to older people (e.g. housing issues); and programs that target age specific cohorts (e.g., programs for younger residents or new retirees).

Finally, survey participants were given the opportunity to offer open-ended comments about the Andover Division of Elder Services and the Center at Punchard. **Table 12** shows common themes mentioned by respondents, as well as verbatim examples of each. One of the more frequently raised themes reflected the appreciation that residents have for staff at the Center at Punchard and the programs and services they provide. Many respondents explicitly acknowledged the dedication and planning that goes into providing programs and services to the Town's older adult population. As well, many respondents stated their beliefs that staff genuinely cared for their wellbeing, and perceived a strong sense of belonging at the Center.

Many survey participants recommended that the Division of Elder Services and the Center at Punchard continue to be proactive in implementing programs and services that are appropriate and attractive to its evolving user-base. Several respondents felt that the Center at Punchard could increase utilization through better "marketing" of their programs to a range of prospective users. Indeed, many survey participants stated that they were not very knowledgeable about what was available, and felt that services were not really for them. Although, several younger respondents reported that they were open to the possibility of using programs and services in the future, many felt that they did not currently have need for them. Thus, marketing to the segment of the older population that is relatively, young, healthy and active is important to establish accurate perceptions of services from which younger users often can benefit. On the other hand, some commenters suggested that many prospective users could be confused by the Center's name, which purposefully avoids including the term "senior center". These participants wondered whether the name should be changed to better reflect the older age group to whom services are targeted and who use its services most frequently. This range of responses highlights the challenges associated providing services to a diverse older population whose needs and preferences can vary widely.

Table 12. Open-ended thoughts relating to Andover Division of Elder Services and the Center at Punchard

Issue Mentioned
Programs and the Center at Punchard staff • *"I don't use the Services but I strongly support the Center, because I know it offers important programs and services to many seniors."* • *"All in all, the Center at Punchard is a well-run and friendly place. Every time I have gone, helpfulness and happiness abound."* • *"I use the Center at Punchard on a weekly basis. The staff is truly interested in my wellbeing and the director is excellent."*
Physical environment at the Center at Punchard • *"I find the facility cramped and uninviting."* • *"They do a good job with the space they have, but they need a larger facility to meet the growing need."* • *"It's a shame that Andover doesn't have a large multi-functional stand-alone Senior Center like so many other small towns."*
My future need for programs and services • *"I don't currently use many 'elder services' but this could rapidly change if my situation changed."* • *"At this time in my life I can still get around and do things without assistance—as I get older I will make more use of these services."* • *"Sounds like a great resource, but we just don't need the services just yet."*
Hours and costs of programs and services • *"Most programs are offered during work hours which means I can't participate until after I retire."* • *"I have found some exercise programs interesting, but I don't like the afternoon times.* • *"Some programs at the Center at Punchard are not easily accessed due to fees and regulation: Why do we have to pay fees to play Mahjong?"*
Advocacy for housing and transportation needs • *"Andover desperately needs rental apartments that are not overly expensive and are walkable to basic needs."* • *"We need more transportation options for those who don't drive or don't have cars."*
Marketing the Center at Punchard • *"It is somewhat confusing to call it 'The Center at Punchard'—The terminology is inconsistent with other towns."* • *"I really don't know what is available for services. My impression is that this is for housebound individuals that need a place to go."* • *"I think it is very important to inform people about the services and at what age they can begin to use them."*

Focus Groups

Focus Group #1: Representatives of Agencies and Organizations

Focus Group #1 was comprised of 13 individuals representing public officials, public safety personnel, and representatives of service organizations who have regular contact with older residents in Andover. Specifically, participants represented the Town's Public Library, Police and Fire Departments, Public Health and Housing Departments, Town planning and Management, Veterans Services, a social day program, social work and transportation services provided through the Center at Punchard, and the Town's Council on Aging.

Participants in Focus Group #1 began by emphasizing the importance of teamwork between agencies to address the needs of older residents in Andover. Many felt that service providers in the Town must share a "collaborative spirit" that is conducive to meeting their common goals. Some participants of Focus Group #1 believed that communication and teamwork among entities that serve Andover's older residents could be improved by involving a more diverse pool of organizations, including members of the chamber of commerce and representatives from faith services. Given the complexity of problems faced by many older residents, participants in Focus Group #1 stated a need for a strong network of service providers that are "on the same page," and who are knowledgeable and aware of various service options available in the community.

According to participants in Focus Group #1, one major challenge facing residents who wish to age in place in Andover is the scarcity of adequate housing options that meet the changing physical and personal needs of many older adults. Representatives from the Town's Housing and Planning Departments described difficulties associated with downsizing in Andover. Most participants agreed that there is a lack of sufficient housing options for older residents who wish to downsize to remain in the community. Many older residents are subject to the private market and often must compete with younger families who are looking for similar features in "starter homes". When asked to recommend solutions to these barriers, some participants in Focus Group #1 encouraged changes to zoning regulations that would allow subdividing larger homes, and greater flexibility to construct in-law apartments or accessory units. Other participants cited a "not in my backyard" mentality, which persists and could make these types of changes difficult to implement in the Town. Nevertheless, representatives from both the Housing and Planning Departments expressed openness to discussing new housing opportunities.

Another concern that participants overwhelmingly agreed on was the relatively poor quality of the Town's transportation options—particularly for older adults who do not drive. All participants recognized the importance of transportation services that are accessible and convenient for supporting the wellbeing of older residents in the Town. For many, the MBTA commuter rail represents an important link used for accessing amenities that are available in nearby Boston. Unfortunately, the train is not easily accessible for many residents because its stops are not located conveniently in relation to the surrounding downtown area. Thus, some participants in Focus Group #1 thought it was necessary to prioritize greater access to this important resource via regular shuttles, which could originate near or at the Center at Punchard.

Additionally, the transportation coordinator for the Center at Punchard described medical transportation that is available as a vital and positive resource for older adults in the community. Currently, medical transportation is offered through the Center at Punchard by volunteer drivers who provide rides to and from medical appointments in the Merrimack Valley and the Greater Boston area. The program is necessarily subject to limitations associated with the availability of drivers and expenses. Riders are required to provide at least 7 days advanced notice, and are expected to pay costs for tolls and parking, and donations are encouraged to cover mileage. Thus, for many older people in Andover, a variety of circumstances may prohibit maximizing transportation options that the Center at Punchard makes available. Therefore, participants in Focus Group #1 generally agreed that, in moving forward, improving transportation options for those who do not drive should continue to be a priority as the Town plans to accommodate its older residents.

Participants in Focus Group #1 also cited access to public and private buildings in the Town as a concern for residents with disabilities or mobility difficulties. According to the Town Manager, the Facilities Division is cognizant of the need for physical attributes that facilitate use and there is a concerted effort in this department to assure that all public buildings are accessible. There remains some concern about accessibility of private properties and their interface with public areas. Participants noted that in order to improve accessibility among private businesses, it is necessary for the Town to encourage and support accessible features in new construction, and through modifications of existing structures.

Many participants in Focus Group #1 acknowledged the changing demographic profile of Andover as a factor that has influenced the types of services and skill-sets that are needed in their jobs. For instance, representatives from the Police and Fire Departments emphasized the impact of a growing number of older residents on emergency response in the Town. They noted that many of the calls they receive regarding older residents often pertain to situations that have escalated to a point of emergency. These participants cited new challenges in responding to calls that increasingly require skills not specifically provided in their professional training, including interpersonal skills that relate directly to working with and addressing the needs of older people in the community. In addition, to "head off" situations before they become public safety issues, both of these participants expressed a need for stronger linkages between organizations and agencies in the Town, as well as encouraging greater public awareness about the changing roles of first responders.

Finally, many concerns remain about the increasing number of older people, the greater number of issues that providers of services will be expected to address, and the Town's ability to keep up with increasingly diverse demand for programs and services in the future. According to one participant in Focus Group #1, a factor that exacerbates difficulty in providing services to older residents who could benefit from them, is refusal by many to accept help even when it is available. According to this participant, the unwillingness to accept assistance may be a function of both pride and inability to recognize there is a problem. Another participant stated that many older residents often refuse help because they fear that acknowledging their difficulties may call into question their ability to remain living in their homes independently. Although some participants cited a shift in attitudes about programs and services, participants in Focus Group #1 acknowledged the continued need to "market" services in order to "normalize" and "de-stigmatize" their usage.

Despite the widely acknowledged need to continue developing a town-wide response to the aging of Andover, participants in Focus Group #1 felt overwhelmingly positive about the services and programs that *are* available for older adults in the Town. One participant believed that most needs could be met through existent programs and services as long as residents had adequate knowledge about their availability. It was noted that although services and programs are often available in the Town to address specific needs, they are not always exploited to the fullest potential. For example, one participant cited the underutilization of the Town's tax work-off program. According to most participants in Focus Group #1, property taxes in Andover represent one of the greatest threats to aging in the community. Thus, participants recommended that efforts to advertise and raise awareness about the tax work-off program as well as other available resources be prioritized in the future.

Focus Group #2: Representatives of the Older Population in Andover

Focus Group # 2 was comprised of 12 community members with a direct stake in programs and services targeting the Town's older population. Participants ranged in age from 50 to 90, and most were long-term or life-long residents of Andover—all participants had lived in the Town for at least 20 years.

Many themes that were raised in Focus Group #1 were also apparent in Focus Group #2. For example, the latter group noted the importance of improving communication and access to information from Town agencies and service providers. Generally, participants agreed that the Town's website, the monthly newsletter published by the Center at Punchard, and the Town's cable TV channel were all very good sources of information for older adults in the community. Nevertheless, participants also acknowledged the need for additional advertising media that are appropriate to reach the wide range of residents that could potentially benefit from services. For instance, one participant believed that younger residents often do not read the newsletter because of its connotations of being for "old people". Participants stated that the Division of Elder Services and the Center at Punchard should continue seeking innovative means for disseminating information about the programs and services that are available.

Participants in Focus Group #2 also agreed that housing opportunities for older adults in Andover are extremely limited. The problem of downsizing is compounded by the lack of options for medium income people. Although some options exist for low-income residents, older residents with medium incomes often are faced with limited availability and competition from younger buyers who often have similar needs for smaller houses. Participants mentioned a variety of housing options that could be implemented to address this need, including co-housing options, "granny flats" or accessory units, and new housing developments that incorporate services and continuing care into their structures. Several participants in Focus Group #2 embraced the Village model concept for housing, in which a cooperative of residents pay an annual fee to receive selected services that they may need to remain independent. It was noted however, that a version of the Village model had been implemented previously in the Town but ultimately failed due to lack of buy-in from the community. Some participants in Focus Group #2 thought that a similar effort could be more successful if awareness were raised within the Town, and if the movement had support from the Center at Punchard.

All participants in Focus Group #2 were concerned about the availability of transportation in the community. Again, it was noted that public transportation options are very limited, and those that exist are often difficult to access or are inconvenient. As an example, participants cited the MBTA commuter rail, which has limited stops, and runs very infrequently. Generally, participants expressed satisfaction with transportation services that are offered through the Center at Punchard, though some discussants noted limitations that made it difficult to fully utilize the options that are available. For example, because medical transportation must be arranged at least a week in advance, it may be inconvenient for older residents who have minor health emergencies, or who cannot arrange appointments in that timeframe. Some participants in Focus Group #2 suggested that volunteer transportation services could be expanded, to address other more general transportation needs. In some towns, volunteer drivers are used much more widely with the positive impact of encouraging social relationships, as well as providing transportation.

Programs and services offered through the Division of Elder Services and the Center at Punchard were well regarded by participants in Focus Group #2. All participants agreed that staff at the Center at Punchard should be commended for the quality of services and quantity of programing options that are provided given the limited resources that are available. Participants expressed gratitude for the staff, which is widely perceived as being genuinely caring for the wellbeing of older people in the community.

Some participants in Focus Group #2 had ideas for additional services that could be implemented to improve connections between the Center at Punchard and other organizations in the Town. For example, one discussant thought that the addition of a Youth Center in the Town afforded the opportunity for more intergenerational programming based in the community. Participants emphasized the importance of accommodating the diversity of the older population, noting that the needs of a 60 year-old can often be quite different from those of a 90 year-old. The *Boomer Venture* program was mentioned as an innovative and effective example of efforts by the Center at Punchard to involve relatively younger residents in activities that they desire and enjoy.

Key Informant Interviews

Key informant interviews were conducted to explore the perspectives of four individuals who hold leadership positions in the Town or who work as advocates on behalf of older adults in Andover. Specifically, we spoke with Mary Garrity Cormier (Senior Living Consultant), Tina Girdwood (Andover Coalition for Education), Don Robb (COA Chair), and Buzz Stapczynski (Town Manager). These participants were encouraged to share their insights both as professionals in the community and as long-time residents of the Town. We conducted one-on-one interviews, lasting between 30 and 45 minutes, with each participant over the telephone. With feedback from the Director, the UMass Boston research team developed several broad, open-ended questions to direct each conversation with key informants. We were interested in common themes that would emerge between participants in response to our questions. The following discussion presents salient points that arose across the four interviews.

At the start of each interview, we asked key informants how, in their opinion, the aging of Andover's population had impacted the Town. All key informants had noticed changes

associated with the Town's shifting demographic profile and expressed concerns about how resources would be allocated and stretched to meet the needs of current and future older residents. According to the Town Manager, local government offices are committed to supporting a highly livable community where it is possible and desirable to age in place. Mr. Stapczynski stated that he recognized the dramatic increases in the need for services during his tenure, but also noted the effectiveness with which the Division of Elder Services and the Center at Punchard are able deliver activities and programs to older residents in the Town. Citing the Town's "Meals on Wheels" program as an example, Mr. Stapczynski is appreciative of the proactive approach that the Division has consistently taken to improve delivery of superior services. He lauded the Center's staff, and communicated an openness that exists across Town offices to discuss innovative solutions to the issues that are raised throughout this report.

According to some key informants, one notable change that has occurred as a result of the aging of the population is the raised imperative to utilize and disperse resources fairly. Although having limited resources is certainly not a new predicament, the changing demographic profile of Andover has raised questions about how to distribute resources most equitably. Like most other towns, Andover has many stakeholders vying for a share of the limited resources that are available, and it is challenging to strike a perfect balance with respect to resource allocation.

According to the current COA Board chairman, there is expanding need for older residents to make their voices heard within the community to assure that programs and services for older people continue to have support in the Town. Mr. Robb noted that currently, the Town spends approximately $100 per senior, compared to the $17,000 per student that is allocated to the schools. While Mr. Robb expressed his appreciation for the outstanding quality of Andover's school system; he questioned whether the wide disparity in funding levels was not at least slightly inequitable—especially considering that while the number of school-aged residents has remained relatively stable over the decades, the number of older residents has grown substantially, and is expected to continue to grow. Additionally, Mr. Robb noted the inherent value to the Town in supporting services that promote aging-in-place. Since older residents have a smaller impact on the Town's constrained budget, encouraging and facilitating the ability of older residents to remain in Andover can improve the Town's financial standing. According to Ms. Girdwood, who serves on the Andover Coalition for Education to raise funds for schools outside of the Town's budget, the challenge to reach an equitable balance affords an opportunity for residents of all ages to discuss their perspectives and have their voices heard. In fact, the block of younger Andover voters who have children in the school system wield significant political influence in the Town. Mr. Robb emphasized the importance of encouraging similar involvement by senior residents, and the need to make older residents aware of the potential impact their combined voices could have.

Key informants were asked about unmet needs of older residents in the community. According to Ms. Garrity Cormier, who provides consultation to organizations with respect to senior living issues in the Town, unmet needs of older residents vary, primarily, as a function of age. Whereas relatively younger residents who are age 50 to 70 are likely to have needs that are specific to their stage in life, such as caregiving needs for children or parents, or needs associated with financial planning; the needs of older residents tend to be oriented

toward their health, living situation, and their ability to remain involved and active in the community. Other key informants cited other specific needs that are similar to those reported throughout this study. For example, Mr. Robb cited issues associated with the tax burden on older residents in the Town; the dearth of housing options that would facilitate downsizing for individuals whose homes are no longer appropriate for their needs; and the extremely limited transportation options that are available for residents who do not drive. According to Ms. Garrity Cormier, the wide variety of needs identified in this report, highlights the challenges associate with providing the breadth and depth of services that are needed. Thus, it is important that offices in the Town, including the Division of Elder Services remain attuned to the types of services that people need and prefer, in order to utilize resources most effectively and efficiently.

Finally, key informants were asked about strategies that they would like to see implemented to better address the needs of the Town's older residents. According to Mr. Stapczynski, he encourages a "coordinated approach" in which town offices and organizations work together to share resources, and to find solutions to aging-related issues that arise. For instance, the Center at Punchard could work closely with the Planning Division to explore solutions to the widely acknowledged housing problem. This approach is similar to the "integrated" approach described by Ms. Garrity Cormier, in which the Division of Elder Services and Center at Punchard would operate in an administrative capacity, offering expertise and defining priorities, as programs and services themselves are integrated within the infrastructure of the Town. As an example, Ms. Garrity Cormier described a potential collaboration between the Memorial Hall Library and the Center at Punchard to provide a financial planning seminar. In addition to dispersing responsibility for the provision of services more widely to organizations across the Town, it is Ms. Garrity Cormier's belief that collaborations such as this could also reduce some of the perceived stigma associated with using services provided by the Center at Punchard.

According to some key informants, the combining of resources to improve and expand services is likely as the demand for services increases in the future. At the current time, a new facility dedicated specifically to older adult residents is unlikely to be built; therefore, Town leaders encourage residents to make maximal use of the community's resources that are in the works. For instance, Mr. Stapczynski described two new buildings—a nearby youth center, and a new YMCA being built in the Town—that older residents are encouraged to use. In lieu of a new senior facility, these buildings can provide valuable space for programming, as well as opportunities for multigenerational interactions that enrich the lives of all residents.

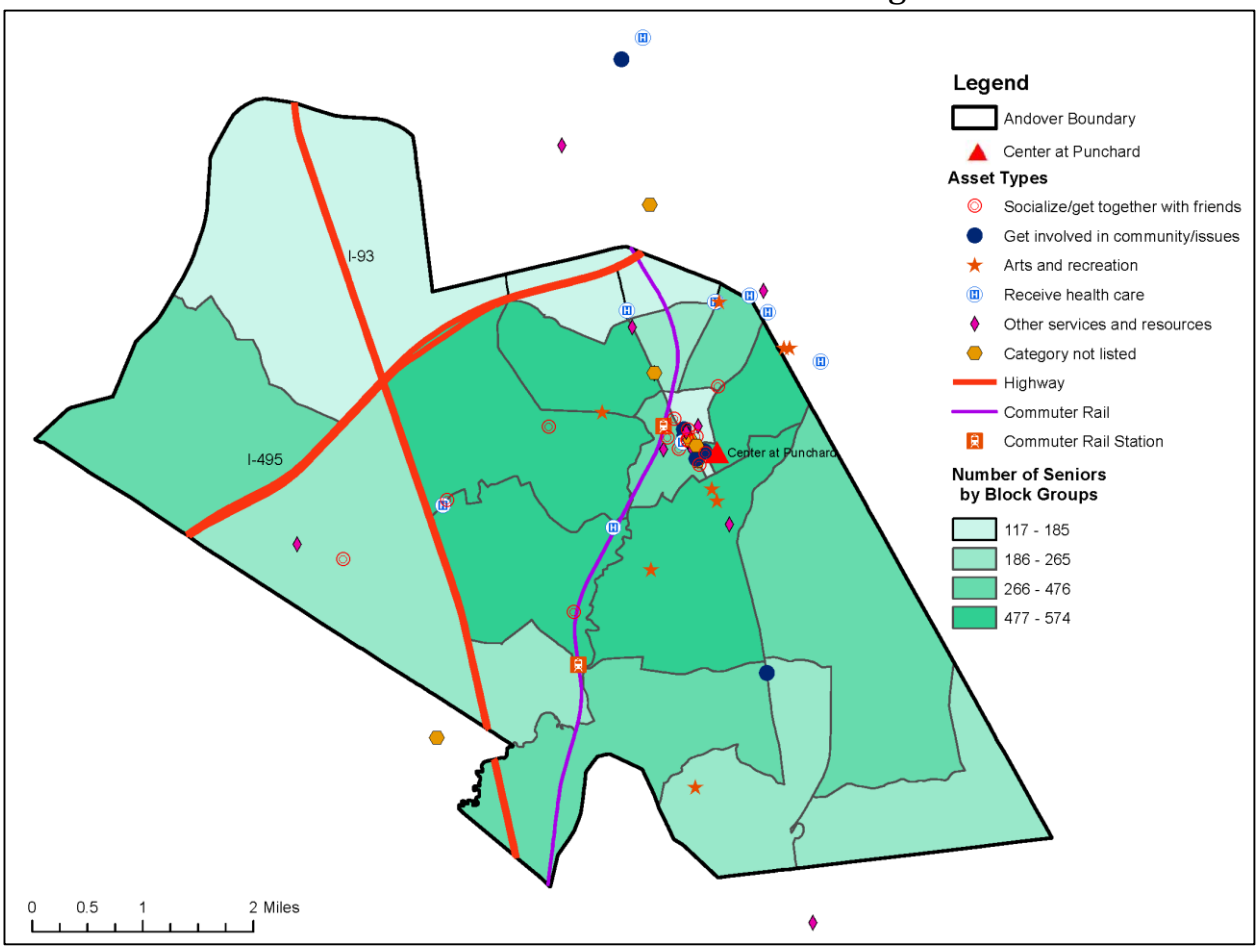
Asset Mapping

Ideally, needs assessments in towns such as Andover help to identify gaps in programs and services within the context of existing strengths and resources that are available to residents in communities. Asset mapping represents a logical extension of needs assessment projects in that it provides information about resources available to address specific areas of need. During the process of asset mapping, researchers can conduct inventories of assets that address areas that facilitate aging in place, such as those related to community safety, health and wellness, lifelong learning, volunteer or recreation opportunities, or citizen associations and local institutions.

Asset mapping techniques are especially helpful in depicting the resources and assets across relatively large and complex geographic spaces, relative to the distribution of older residents. When community resources are viewed on asset maps, it is often easier to identify networks and to visualize community capacities within wider contexts and in new combinations (Kretzmann & McKnight, 1993), to reveal structures of opportunity, and new possibilities for economic production and service delivery.

Following are three examples of asset maps showing resources that are currently available in the Town of Andover. The maps depict 1) assets identified by older residents, 2) public safety; health facilities; and 3) schools; libraries. Assets are each shown along with the distribution of older adults in each neighborhood.

Map 1. Assets in Andover identified by older residents relative to the Center at Punchard and number of older residents in Andover neighborhoods

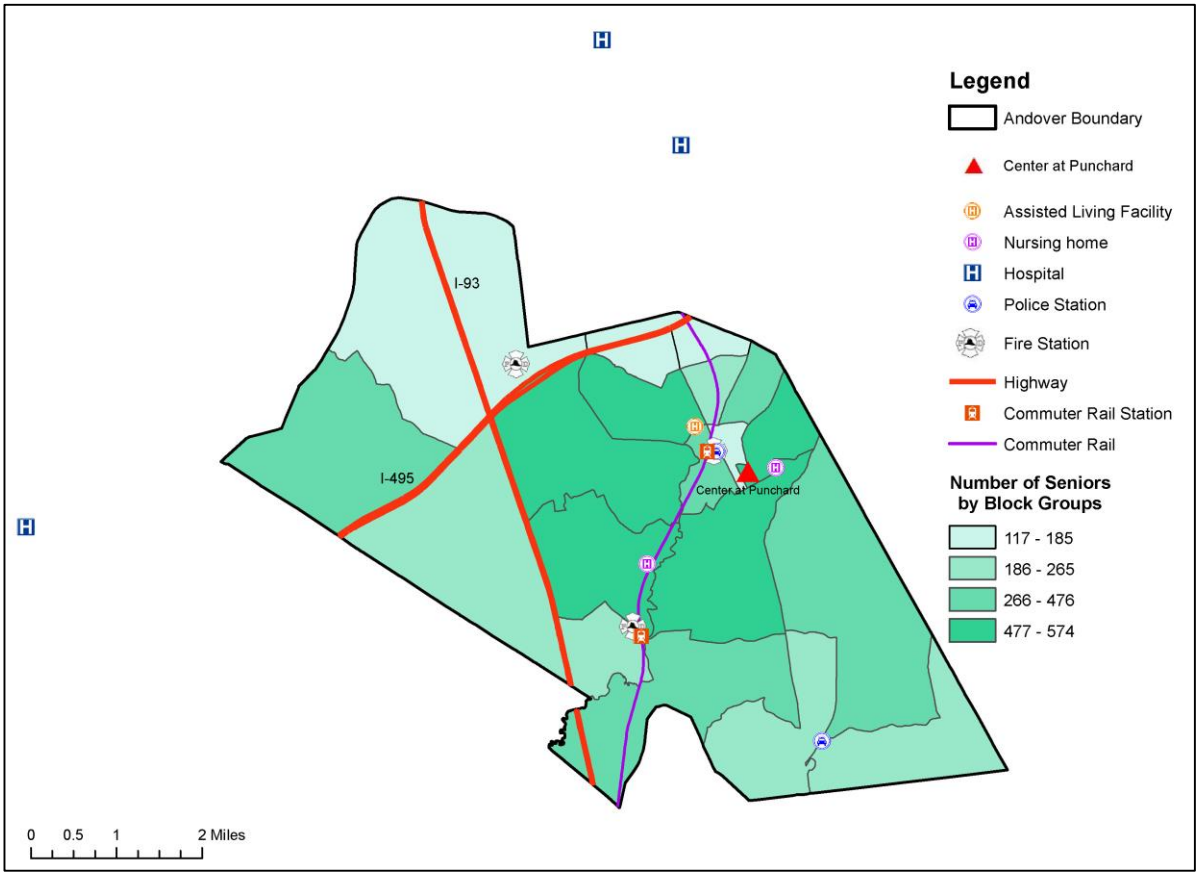


Map 1 shows six categories of assets identified during a mapping exercise that took place at the Center at Punchard. Stakeholders in the community were asked to identify places that they believed were assets to the Town and that contributed to their ability to age in place in Andover. Types of assets included places residents go to 1) socialize and get together with friends; 2) get involved in the community; 3) enjoy arts and recreation; 4) receive health care; and 5) seek other services and resources.

With respect to socializing and getting together with friends, study participants identified 19 locations, which included restaurants (e.g., McDonalds), churches, and entertainment facilities (e.g., a bowling alley). Participants cited 12 locations in and around the Town where they went to get involved in community issues. Examples included the Memorial Hall Library, Town Offices, and the Chamber of Commerce. Participants located 13 assets where they went to enjoy arts and recreation, including the Addison Gallery, the YMCA community center, Merrimack College (where many older residents go to take classes), and the Andover Historical Society. Participants identified 21 healthcare locations that they believed were assets, including a local doctor's park, surrounding hospitals, and several local pharmacies. Finally, participants identified 16 locations where they went to receive other services. These included several local handyman businesses that provided assistance around the home, and the local Area Agency on Aging.

In viewing **Map 1**, it is apparent that assets that facilitate aging in place are dispersed widely across the Town, and even into neighboring communities. Nevertheless, residents particularly value many assets that are clustered in the downtown region, near the Center at Punchard, and where the greatest numbers of older residents are distributed.

Map 2. Distribution of public safety providers (police/fire), and health and long-term care facilities relative to the Center at Punchard and number of older residents in Andover neighborhoods

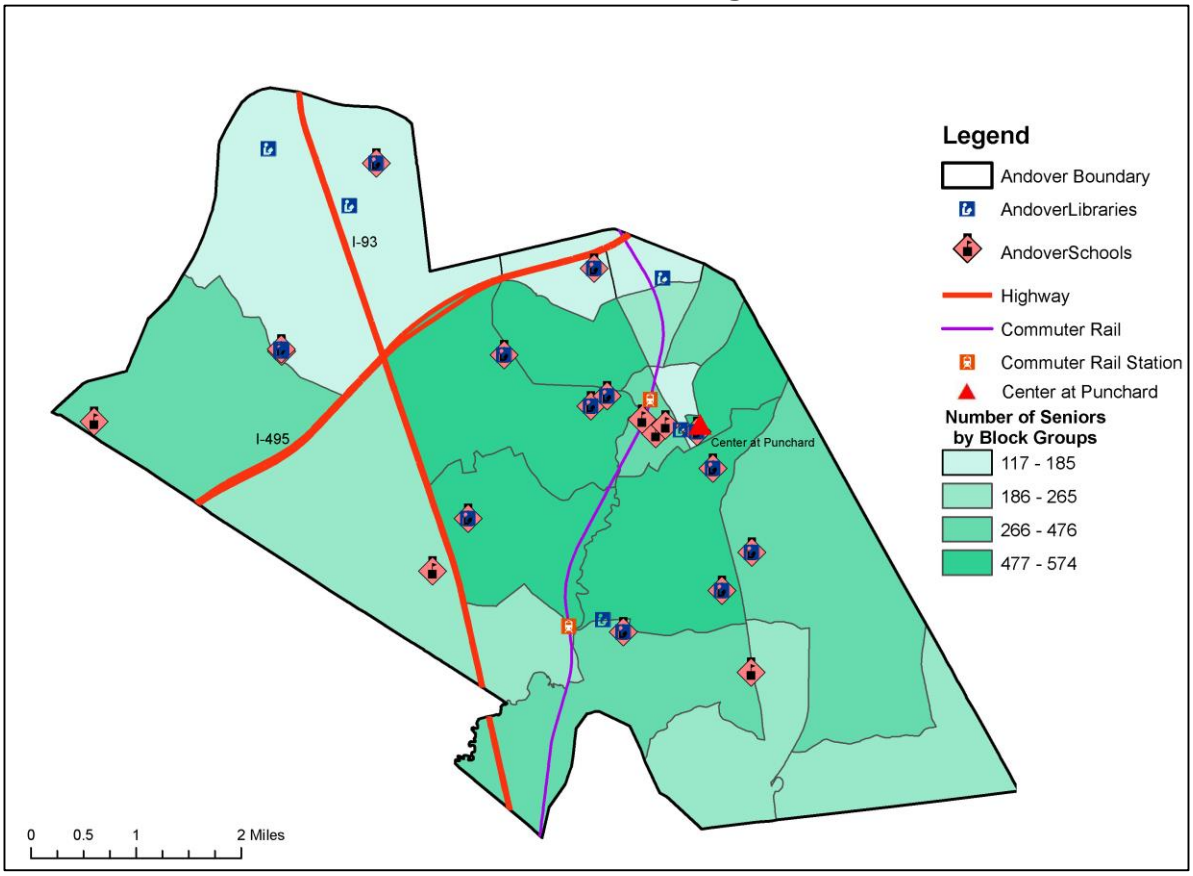


Source: *Accessed via Office of Geographic Information (MassGIS) website, http://maps.massgis.state.ma.us/map_ol/oliver.php*

Map 2 shows the distribution of police and fire stations and the distribution of older residents within Andover. According to a study conducted by AARP (2014), increasing police presence ranked first among actions that communities could take to make them more "livable". Fire stations are also valued as amenities that contribute to feelings of safety and security in neighborhoods. Low rates of crime and neighborhoods where individuals feel they can walk safely (especially after dark) are likely attributes of communities that are age friendly. In Andover, there are 2 police stations, and 3 fire stations within the town boundaries.

The distribution of health services that are available in and around the Town are also represented on **Map 2**. The map displays the placement of hospitals and health centers, as well as long-term care facilities, such as assisted living, and nursing homes. According to the study conducted by AARP, a large majority of people age 50 and older (72%) said they prefer to live within five miles of medical facilities. Andover residents are fortunate to have access to three hospitals in surrounding towns, and to a large number of very high quality facilities in the Boston region. In addition, long-term care options— assisted living facilities in particular—often afford older adults the chance to stay relatively independent in the community while receiving the healthcare and other assistance they may need. In Andover there are three long-term care facilities, including one assisted living facility, and two nursing homes.

Map 3. Distribution of schools and libraries relative to the Center at Punchard, and number of older residents in Andover neighborhoods



Source: *Accessed via Office of Geographic Information (MassGIS) website. http://maps.massgis.state.ma.us/map_ol/oliver.php*

Finally, **Map 3** shows schools and libraries and the distribution of older residents within Andover. According to AARP (2014), improving schools ranked second (after increasing police presence) among actions that communities could take to make them more livable. In addition, schools often afford opportunities for towns to arrange interactions between older and younger people in the community. Public libraries are also valued amenities, and serve in many communities as places where residents can come together and socialize, and participate in programs. In lieu of other nearby organizations that target older residents specifically, libraries can also serve as a vital resource for disseminating information, and may often provide space for senior-specific activities.

In Andover, there are 18 schools attended by students in pre-kindergarten through high school, including public, private, charter, collaborative programs, and approved special education. Andover has 17 libraries that are registered with the Massachusetts Board of Library Commissioners, including public, private, and college/university libraries. As shown in **Map 3**, these highly valued amenities are distributed more or less evenly throughout the Town.

Community Comparison

In order to compare Andover's Division of Elder Services and Center at Punchard with other comparable COAs, we included a peer comparison of three towns with the Town of Andover. The towns were selected because of similarities in their older adult populations demographically, and on the basis of each municipality's proximity to Andover. The communities selected were Billerica, Chelmsford, and North Andover. Data were collected through an online survey completed by directors of COAs/senior centers in each municipality. Questions on the survey focused on several key areas including staffing, the senior center's physical space, programming, and marketing.

Table 13. Demographic traits of Andover and comparison communities

Town	Population All Ages	Population Age 60+	% Age 60+	Median Household Income	% w/ Bachelor's Age 65+
Andover	33,201	6,447	19%	$112,681	46%
Billerica	40,243	7,262	18%	$88,296	17%
Chelmsford	33,802	7,552	22%	$96,336	34%
N. Andover	28,352	5,345	19%	$96,002	48%

Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; ACS 5 year files, 2009 – 2013, tables S1901 & S1501.

As **Table 13** illustrates, the three comparison towns range in terms of population size, the number and percent that is age 60 and older, median household incomes, and the percent of residents age 65 and older that have bachelor's degrees. Of these four towns, Billerica has the largest population (40,243), followed by Chelmsford (33,802), Andover (33,201), and North Andover (28,352). All of the towns have comparable percentages of their population that is age 60 and older, ranging between 18% and 22%. Median household incomes in the

four municipalities are all high relative to the state median ($66,866). Andover has the highest median household income of $112,681. Among the four towns, Andover has the second highest percentage of residents age 65 and older with bachelor's degrees (46%), slightly behind North Andover (48%).

Size and Staffing of Peer Comparison Senior Centers

Table 14 shows characteristics of senior centers in Andover and in each of the three peer communities. The senior centers vary in terms of how long they have been open and their size. The Center at Punchard opened in 1983, and is about 9,000 square feet. Among the comparison communities, the oldest senior center is in North Andover, which opened in 1970. This facility has just 7,400 square feet, and is the smallest of the four that were compared. In contrast, the Chelmsford senior center (built in 1997) has 18,000 square feet. The Billerica senior center is comparable in size to Chelmsford, with nearly 14,000 square feet. None of the directors who were contacted believed that they had adequate space per user to conduct day-to-day activities. Limited space is also a problem at the Center at Punchard. According to the Director, most rooms are used for multiple purposes and are constantly being set up and broken down depending on what activities are scheduled.

The number of full- and part-time paid staff varies somewhat across senior centers. The Center at Punchard has 9 full-time and 6-part-time staff. By comparison, Billerica and North Andover both employ 13 staff members with comparable numbers of full-time and part-time staff. Chelmsford has a total of 21 staff, including 13 full-time and 8 part-time staff members. Senior centers are often limited by their budgets for staffing, thus many utilize volunteers in support positions to complete essential day-to-day tasks. All communities reported using volunteers, with a range of hours committed by residents to each senior center per week. In Andover, volunteers on a weekly basis log about 350 hours. The senior center at Chelmsford logs the greatest number of volunteer hours, utilizing at least 700 hours per week. Volunteers at the senior centers are assigned similar jobs, including office work (data entry or front desk duties), kitchen assistance, leading programs, providing rides, organizing special events, and serving on boards and committees. Volunteers are critical to the continued functioning of most senior centers in supporting paid staff and maintaining essential programs and services.

Table 14. Comparison community Senior Center characteristics

Town	Year Opened	Square Feet	Adequate Space per Senior	Tax Work Off Program Positions	Staff FT/PT	Vol. Hours
Andover	1983	9,000	No	300	9/6	350
Billerica	NP	13,900	No	35	5/8	100
Chelmsford	1997	18,000	No	150	13/8	700
N. Andover	1970	7,400	No	125	6/7	15

Note: NP = Not Provided; FT = Full time; PT= Part time

Both Andover and the peer communities offer a wide variety of programs and services to the residents they serve. Common among all the senior centers were exercise groups, card games, arts and crafts classes, and support groups for caregivers. Hours of service vary, with Chelmsford offering night programming, while Billerica and North Andover offer both night and weekend programming for older residents. The hours of the Center at Punchard are somewhat more limited by comparison. It is open Monday thru Friday from 8:00 a.m. to 4:00 p.m. In all towns, extended hours would likely appeal to younger residents who may be eligible for services and may wish to participate, but who may have work or other responsibilities during day-time hours.

Additionally, senior centers in the three peer communities offer programs, supervised by outreach coordinators, which target isolated residents. In Billerica, the senior center utilizes "tele-care" calls for at-risk individuals age 80 and older. Residents are checked on regularly through phone calls. By contrast, Chelmsford and North Andover each emphasize in-person interactions via programs such as the *Respite Companion Care* program or *Friendly Visitor* program. Each of the senior centers offer traditional programs and services, although directors and program planners look constantly to expand and improve upon what they can offer to better meet the needs of older residents in their communities.

All of the senior centers utilize both print and electronic media to advertise their programs and services to the community. Each distributes a newsletter and relies on social media (such as Facebook) as a marketing tool to inform residents of events and programming, and to draw in new users. Directors are interested in advertising their senior centers efficiently to inform older residents of programs and events, and to allure new users including younger Boomers who may be newly exposed to the senior center and its offerings.

Senior center directors are also concerned with the ability of residents to age in place in the community. When asked whether there are adequate opportunities for older residents to downsize and remain in the community, only the Chelmsford director responded positively. In North Andover and Billerica, the availability of housing options, such as apartments, condos, and in-law apartments are perceived as limited for older residents. Town-wide plans to facilitate aging in place are limited in every community.

Summary and Recommendations

The Town of Andover's older population has grown significantly during the last decade. The number of residents age 50 and older increased by about 26% between 2000 and 2010, and today, more than one third of Andover residents are included among that age group. On the basis of this unprecedented growth demand for programs and services that are offered by the Town of Andover Division of Elder Services and the Center at Punchard is greater today than ever before. Moreover, demographic projections suggest that the need for services will continue to increase for years to come as the Town's "Baby Boomers" become eligible to participate.

The purpose of this study was to assess needs and describe preferences of two cohorts of Andover's older residents. To inform its planning process the Division of Elder Services and Center at Punchard, along with the research team from UMass Boston solicited input from

residents age 60 and over, who are currently eligible to participate in programs and services; and a cohort of younger residents age 50 to 59, who will become eligible for services during the next decade. Methods were designed to assess whether programs and services are appropriate and adequate to address specific current and future aging-related needs of the Town's population of older residents.

Study results suggest that older Andover residents are committed to aging in their community. Many are long-time residents who have a vested interest in maintaining Andover as a safe and highly livable locale in which to grow older. Additionally, older residents of Andover perceive the Town to be a very safe place to live. Therefore, it is not surprising that many respondents reported a strong desire to remain living in Andover as long as they can. Many older residents perceive Andover as a resource-rich community, where it is possible and desirable to successfully age in place. Indeed, the Town's allure, as a community in which older people choose to live long-term, may stem in part from programming and services that are offered through the Division of Elder Services and the Center at Punchard.

Despite many positive findings across the areas we assessed, there remain significant segments of Andover's older population who may be at risk due to declining health, inadequate and/or diminishing social networks, transportation limitations, and economic insecurity. Most notably, survey participants age 80 and older reported being less likely to drive themselves, and more likely to report problems in getting around Andover without a car. Additionally, the Town's oldest residents were more likely to report lower levels of physical health and social wellbeing. As well, many older residents who are financially secure, healthy, and active participants in the community at present still maintain concerns about the future. The Division of Elder Services can continue to support older residents and target outreach to Seniors, especially those age 80 and older, who are at high risk for social isolation or who are particularly vulnerable to economic insecurity and uncertainties related to housing.

In this study we reported some differences between age cohorts that may be helpful in planning for the future. For example, in developing new programs and expanding existing ones, Andover's Division of Elder Services may wish to focus on the significant proportion of younger respondents who have caregiving responsibilities. The Division of Elder Services can support current older residents of Andover by serving as a resource for caregivers, including those who are not yet age 60. Boomers in this study could benefit from receiving information and referrals to supplemental care support, such as adult day care and respite care. By reaching out to Boomers and offering services that they currently need, and that they find important and valuable, the Division of Elder Services and the Center at Punchard could also achieve the goal of raising awareness among younger people who may need services themselves as they grow older.

The Division of Elder Services and the Center at Punchard are central in the larger network of agencies and organizations that support the Town's older residents as they strive to age in place. Results from this study suggest that a barrier to utilization of services is lack of knowledge about what is available or how to access services. Many residents, especially those under age 60 are not well informed about services and programs for which they and their families may be eligible. Therefore, Andover's Division of Elder Services and the Center

at Punchard may wish to seek new in-roads to reach younger people to make them aware of its programming. Strategies for achieving this aim could include outreach supplementing the current newsletter and advertising through media that are likely to be accessed by these target groups (such as social media platforms or targeted print media).

Older residents of Andover are fortunate to live in a community that recognizes its ongoing commitment to strengthen services, and to provide opportunities for older residents to participate and remain engaged in the community through activities supported by the Division of Elder Services. Nevertheless, planning must continue, with an eye toward addressing many issues raised in this report, including increasing availability of transportation options; cultivating adequate, desirable, supportive, and affordable housing options; improving access to appropriate services and assistance when needed; and supporting facilities that can accommodate a growing older adult population. In addition, we offer the following recommendations, based on our research, to assist the Andover Division of Elder Services and the Center at Punchard in planning to achieve their mission and to meet their goals.

- Plan for substantial growth of the number of older residents in coming years. By 2030, residents who are age 60 and older will constitute 26% of the entire population of Andover. Recognize that expanding numbers of older residents will impact virtually every aspect of the community, not just the Division of Elder Services.

- Promote quality of life and social engagement among older people by supporting and expanding convenient, affordable, and reliable local transportation options for residents who are unable to drive safely or who prefer alternatives to driving themselves, including walking and cycling.

- Explore and encourage the development of accessible neighborhoods and community structures for older residents that incorporate attributes such as universal design to facilitate aging in place.

- Arrange for opportunities to develop creative solutions to address the dearth of supportive and affordable housing for older residents, including reviewing zoning regulations, and exploring the viability of implementing cutting-edge senior housing options (e.g., The Village model, accessory units, and group living options).

- Use planning for the expanding older population as an opportunity to promote livability of the community for all residents. Protecting natural amenities, facilitating walkability, and promoting programs that help older residents maintain their property are ways in which the entire community may benefit by making Andover even more "livable".

- Recognize as a significant priority the need for the Center at Punchard to expand knowledge of existing programs and services within the community. Engage in aggressive outreach to make residents of all ages more aware of the Division of Elder Services and its mission.

- Capitalize on already existing programs that are available through different departments and organizations throughout the Town—and strive to raise awareness of stakeholders,

including other service providers and older residents (and their families) about what is already available.

- Although many older residents are financially secure, healthy, and socially engaged, significant segments are not. The Division of Elder Services is charged with serving all segments of the community, with widely varying needs. Targeting those with limited or inadequate resources for programs and services can ensure that resources are optimized to achieve the broader goals set forth in the Older Americans Act.

- Continue seeking ways to strengthen programs and services that support the active, healthy-aging goals of older adult residents in Andover. Prioritize the most valued and needed programs and services and let those programming needs direct discussions about changes in space and staffing requirements.

- Plan to expand services to accommodate the increased number of Andover residents who will seek services to help them age in place. Improvements in space, staffing, services and programming will generate even *higher* rates of participation, with the result that an overly modest allocation of resources will be outgrown quickly.

- Consider and encourage new and innovative ways within the Town to support the Division of Elder Services and the Center at Punchard, to ensure their vitality into the future, and to facilitate the mission to be a place of opportunities, a focal point in the community where services support positive aging and where educational, recreational and cultural programs enrich the lives of elders and the community.

References

AARP (2005). *Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging.* Washington DC: AARP Public Policy Institute. Retrieved May 26, 2014 from http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf

AARP (2014). *What Is Livable? Community Preferences of Older Adults.* Washington DC. AARP Policy Institute.

Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy, 26,* 1-18.

Fowler Jr., F. J. (2014). *Survey research methods* (5th ed.). Los Angeles, Sage.

Kretzman, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Chicago: ACTA Publications.

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14,* 6-23.

Metropolitan Area Planning Council (2014). *Scituate economic development study: Current conditions.* Reported prepared for the Town of Scituate Economic Development Commission (March).

Nelson, B. M. & Guengerich, T. (2009). *Going from good to great: A livable communities survey in Westchester County, New York.* Washington DC: AARP.

Nolin, J., Wilburn, S. T., Wilburn, K. T., & Weaver, D. (2006). Health and social service needs of older adults: Implementing a community-based needs assessment. *Evaluation and Program Planning, 29,* 217-226.

Pruchno, R. (2012). Not your mother's old age: Baby Boomers at age 65. *The Gerontologist, 52,* 149–152.

Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, *26,* 136 – 154.

Renski, H., Koshgarian, L. & Strate, S. (November 2013). *Section IV. Technical discussion of Methods and assumptions.* Report prepared by the Donahue Institute. Retrieve from http://pep.donahue-institute.org/SectionIV_Methods.pdf

Royse, D., Thyer, B. A., & Padgett, D. K. (2010). *Program evaluation: An introduction* (5th edition). Belmont, CA: Wadsworth.

U.S. Census Bureau (2010). *American fact finder.* http://www.Census.gov

White, A. M., Philogene, , G. S., Fine, L., & Sinha, S. (2009). Social support and self-reported health status of older adults in the United States. *American Journal of Public Health, 99,* 1872- 1878.

Appendix A—Reprint of Resident Survey

PLEASE RETURN SURVEY BY DECEMBER 15, 2014!!!!!!!!! **Key Code: #####**
!

!

Town of Andover Division of Elder Services/Center at Punchard
University of Massachusetts Boston
Survey of Residents Age 50 & Over

The Town of Andover Division of Elder Services and the Center at Punchard (i.e., the *Senior Center)* request that residents age 50 and over share their views in order to assess the needs of the Town's older population and improve programs and services. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.** If you prefer to respond online, please go to our secure site at: *https://www.surveymonkey.com/s/Center_at_Punchard*. If you would like assistance completing this survey please call 617-287-7413 to arrange a time. We thank you in advance for your participation.

Please Return Your Survey by December 15, 2014.

Section I: Community & Neighborhood

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

☐ Fewer than 5 years
☐ 5-14 years
☐ 15-24 years
☐ 25-34 years
☐ 35-44 years
☐ 45 years or longer

2. How important is it to you to remain living in Andover? (Check only one)

☐ Very Important ☐ Somewhat Important ☐ Slightly Important ☐ Not at All Important

3. How safe do you feel in the neighborhood where you live? (Check only one)

☐ Completely Safe ☐ Very Safe ☐ Somewhat Safe ☐ Slightly Safe ☐ Not at All Safe

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

_____
_____
_____
_____

PLEASE CONTINUE TO THE NEXT PAGE

!

Section II: Housing & Living Situation

5. Which of the following best describes your current place of residence? (Check only one)
   - ☐ Single family home
   - ☐ Multi-family home (2, 3, or more units)
   - ☐ Accessory apartment (add-on apartment to an existing home)
   - ☐ Apartment building
   - ☐ Condominium
   - ☐ Senior Independent Living Facility
   - ☐ Assisted Living Facility
   - ☐ Other (Please specify) _____

6. Do you rent or own your current place of residence? (Check only one)
   - ☐ I own
   - ☐ I rent (Market rate)
   - ☐ I rent (Subsidized)
   - ☐ Other (Please specify) _____

7. Who do you live with? (Check all that apply)
   - ☐ I live alone
   - ☐ A spouse/partner
   - ☐ My adult child(ren) (age 18 or older)
   - ☐ My child(ren) (under age 18)
   - ☐ My grandchildren
   - ☐ My parent(s)
   - ☐ Another relative
   - ☐ Someone else (including housemates or caretakers)

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

   ☐ Yes (**Continue to question 8a**) ☐ No (**Skip to question 9**)

   8a. If Yes on question 8: Are you able to afford to make the modifications your home needs?

   ☐ Yes ☐ No

PLEASE CONTINUE TO THE NEXT PAGE

!

Section III: Social Activities & Relationships

9. Which activities do you currently enjoy doing? (Check all that apply)

- ☐ Volunteering
- ☐ Active indoor activities (e.g., exercise, water activities)
- ☐ Individual/solitary activities (e.g., reading)
- ☐ Travel or outings (e.g., day-trips)
- ☐ Education (e.g., cultural activities, lifelong learning)
- ☐ Media (e.g., film, television, concerts, lectures)
- ☐ Active outdoor activities (e.g., hiking, cycling)
- ☐ Social activities (e.g., spending time with family and friends)
- ☐ Arts & crafts (e.g., painting, knitting)
- ☐ Food (e.g., cooking, dining out, nutrition)
- ☐ Intergenerational programs
- ☐ Faith-based activities
- ☐ Other (Please specify) _____

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- ☐ Never
- ☐ Very rarely (e.g., only on holidays)
- ☐ Once a month
- ☐ Two to three times a month
- ☐ One or more times a week

Section IV: Caregiving

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

☐ Yes (**Continue to question 12a**) ☐ No (**Skip to question 13**)

12a. **If Yes on question 12:** Are/were you ever paid to provide this care?

☐ Yes ☐ No

12b. **If Yes on question 12:** How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

☐	☐	☐	☐	☐
Very Challenging	Somewhat Challenging	Neither Challenging Nor Easy	Somewhat Easy	Very Easy

PLEASE CONTINUE TO THE NEXT PAGE

!

Section V: Your Health

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ Yes ☐ No

15. Due to a health issue, do you require help with personal care (e.g., taking a bath or shower, or getting dressed)?

☐ Yes ☐ No

16. Due to a health issue, do you require help doing errands outside the home (e.g., food shopping, picking up prescriptions, or going to appointments)?

☐ Yes ☐ No

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

☐ N/A: I don't require any help
☐ I have no one to assist me when I need help
☐ I need help but can't afford to pay someone to help me
☐ I pay someone to help me
☐ A family member helps me
☐ A friend helps me
☐ Someone else helps me (Please specify) _____

18. How many times did you visit a medical doctor or other health care professional for any reason **in the last 12 months**? (Check only one)

☐ 0 times ☐ 1 time ☐ 2 to 4 times ☐ 5 or more times

Section VI: Transportation

19. How do you meet your transportation needs? (Check all that apply)

☐ I drive myself
☐ My spouse or child(ren) drive(s) me
☐ Friends or neighbors drive me
☐ Public transportation/The Shuttle/EZ Trans
☐ Taxi
☐ Volunteer medical transportation
☐ Transportation provided by the Center at Punchard
☐ Bicycle
☐ Walking
☐ Other (Please specify) _____

PLEASE CONTINUE TO THE NEXT PAGE

!

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

- ☐ Not applicable— I do not drive
- ☐ I do not modify my driving at all
- ☐ I avoid driving at night
- ☐ I avoid making left hand turns
- ☐ I avoid driving in bad weather
- ☐ I avoid expressway driving
- ☐ I avoid driving far distances
- ☐ I avoid driving in unfamiliar areas
- ☐ Other (Please specify) _____

21. Which of the following challenges have you experienced while getting around locally? (Check all that apply)

- ☐ None
- ☐ Physical environment issues (e.g., signage, lighting)
- ☐ Physical challenges or other limitations (e.g., vision, hearing)
- ☐ Public transportation service not available where I need to go
- ☐ No door-to-door assistance
- ☐ Lack of public transportation services throughout the day and evening
- ☐ Lack of public transportation services on a reliable schedule
- ☐ Center at Punchard transportation not available/inconvenient
- ☐ Walkability issues (e.g., lack of or interrupted sidewalks)
- ☐ Other (Please specify) _____

22. How satisfied are you with the transportation options available to you in Andover? (Check only one)

☐	☐	☐	☐	☐
Completely Satisfied	Very Satisfied	Somewhat Satisfied	Slightly Satisfied	Not at All Satisfied

Section VII: Current & Future Retirement Plans

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

- ☐ Working full time
- ☐ Working part time
- ☐ Retired
- ☐ Other (Please specify) _____

24. When do you plan to fully retire? (Check only one)

- ☐ N/A, I am already fully retired
- ☐ Within the next 3 years
- ☐ In 3 to 5 years
- ☐ In 6 to 10 years
- ☐ In more than 10 years
- ☐ Not sure
- ☐ I do not anticipate ever fully retiring

PLEASE CONTINUE TO THE NEXT PAGE

!

25. Please indicate your level of agreement with the following statement: "*During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses*." (Check only one)

☐	☐	☐	☐	☐
Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

Section VIII: Programs & Services at the Center at Punchard

26. Do you currently use programs or services offered by the Andover Division of Elder Services, including those provided by the Center at Punchard? (Check only one)

☐ Yes (**Skip to question 27)** ☐ No (**Continue to question 26a**)

26a. **If No on question 26:** What is the reason that you do not currently use programs or services offered by the Andover Division of Elder Services or the Center at Punchard? (Check all that apply)

☐ I am not interested
☐ I am not old enough
☐ I participate in programs elsewhere
☐ I do not identify with the word "senior"
☐ Other (Please specify) _____

27. Below is a list of problems one could encounter when accessing the Center at Punchard or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

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

28. In the future, how likely are you to participate in programs and services offered by the Andover Division of Elder Services and/or the Center at Punchard? (Check only one)

☐	☐	☐	☐	☐
Very Likely	Somewhat Likely	Neither Likely Nor Unlikely	Somewhat Unlikely	Very Unlikely

PLEASE CONTINUE TO THE NEXT PAGE

!

29. The following items refer to programs and services that are currently offered through the Andover Division of Elder Services and/or the Center at Punchard. Please rate how important each program/service is to you and/or your family. (Check only one box per item)

	Very Important	Somewhat Important	Neither Important Nor Unimportant	Somewhat Unimportant	Very Unimportant
Assistance with local or state programs (e.g., financial, fuel)	☐	☐	☐	☐	☐
Boomer-Venture programs	☐	☐	☐	☐	☐
Educational opportunities	☐	☐	☐	☐	☐
Fitness activities	☐	☐	☐	☐	☐
Health and wellness	☐	☐	☐	☐	☐
Health insurance counseling	☐	☐	☐	☐	☐
Information, referral & outreach	☐	☐	☐	☐	☐
Mental health counseling	☐	☐	☐	☐	☐
Nutrition/Meals on Wheels	☐	☐	☐	☐	☐
Professional services (e.g., tax, legal, & financial)	☐	☐	☐	☐	☐
"Senior Connections" Supportive Day Program	☐	☐	☐	☐	☐
Social activities	☐	☐	☐	☐	☐
Support groups	☐	☐	☐	☐	☐
Transportation	☐	☐	☐	☐	☐
Trips/Outings	☐	☐	☐	☐	☐
Volunteer opportunities	☐	☐	☐	☐	☐

30. How satisfied are you with the programs and services offered through the Division of Elder Services and/or the Center at Punchard? (Check only one)

☐	☐	☐	☐	☐
Completely Satisfied	Very Satisfied	Somewhat Satisfied	Slightly Satisfied	Not at All Satisfied

PLEASE CONTINUE TO THE NEXT PAGE

31. What other programs and services not currently offered through the Division of Elder Services and/or the Center at Punchard would you like to see available?

_____

_____

Section IX: Demographic Information

32. Please select your gender. ☐ Female ☐ Male

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

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

34. What is your marital status? (Check only one)

☐ Married ☐ Widowed ☐ Divorced/ Separated ☐ Never Married ☐ Living with partner

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

☐ White/Caucasian
☐ Black/African American
☐ Asian
☐ Hispanic/Latino
☐ Other (Please specify) _____

36. What is the primary language spoken in your home? _____

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

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

38. If you have any other thoughts or comments about the Town of Andover Division of Elder Services and/or the Center at Punchard, please include them here:

_____

_____

_____

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

Bernard A. Steinman, PhD
University of Massachusetts Boston
Email: Bernard.Steinman@umb.edu
Phone: 617-287-7413

YOU HAVE COMPLETED THE SURVEY. THANK YOU ☺

Appendix B—Complete Survey Results

Section I: Community & Neighborhood

Table A1. How long have you lived in Andover? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Fewer than 5 years	3%	3%	3%	3%	3%
5 to 14 years	14%	23%	11%	10%	13%
15 to 24 years	23%	47%	12%	14%	6%
25 to 34 years	22%	18%	23%	26%	8%
35 to 44 years	18%	3%	25%	27%	15%
45 years or longer	20%	6%	26%	20%	55%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1215**	**359**	**848**	**694**	**154**

*Includes respondents who did not provide their age category.

Table A2. How important is it to you to remain living in Andover? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Important	45%	29%	52%	48%	68%
Somewhat Important	37%	41%	36%	38%	28%
Slightly Important	13%	21%	9%	11%	3%
Not at All Important	5%	9%	3%	3%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1213**	**359**	**846**	**693**	**153**

*Includes respondents who did not provide their age category.

Table A3. How safe do you feel in the neighborhood where you live? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Completely Safe	37%	38%	37%	37%	37%
Very Safe	53%	55%	53%	53%	48%
Somewhat Safe	10%	7%	10%	10%	14%
Slightly Safe	0%	0%	0%	0%	1%
Not at All Safe	0%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1216**	**361**	**847**	**693**	**154**

*Includes respondents who did not provide their age category.

Section II: Housing & Living Situation

Table A5. Which of the following best describes your current place of residence? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Single-family home	85%	90%	83%	84%	79%
Multi-family home	2%	1%	2%	2%	2%
Accessory apartment	0%	0%	1%	0%	1%
Apartment building	2%	1%	3%	3%	3%
Condominium	8%	7%	8%	8%	9%
Independent Living Facility	1%	0%	1%	1%	3%
Assisted Living Facility	0%	0%	0%	0%	0%
Other	2%	1%	2%	2%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1210**	**360**	**843**	**694**	**149**

*Includes respondents who did not provide their age category.

Table A6. Do you rent or own your current place of residence? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I own	91%	95%	89%	90%	82%
I rent (Market rate)	4%	3%	4%	4%	4%
I rent (subsidized)	3%	1%	4%	4%	5%
Other	2%	1%	3%	2%	9%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1207**	**358**	**842**	**694**	**148**

*Includes respondents who did not provide their age category.

Table A7. Who do you live with? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I live alone	16%	7%	20%	17%	35%
A spouse/partner	77%	86%	73%	78%	50%
My adult child(ren) (age 18 or older)	18%	32%	12%	11%	12%
My child(ren) (under age 18)	9%	26%	1%	1%	0%
My grandchildren	2%	0%	2%	2%	1%
My parent(s)	1%	2%	1%	1%	0%
Another relative	1%	1%	1%	1%	1%
Someone else	1%	0%	1%	1%	1%

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

Table A8. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it over the next 5 years?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	17%	8%	21%	20%	23%
No	83%	92%	79%	80%	77%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1199**	**358**	**834**	**686**	**148**

*Includes respondents who did not provide their age category.

Table A8a. If Yes on question 8: Are you able to afford to make the modifications your home needs?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	73%	59%	75%	74%	80%
No	27%	41%	25%	26%	20%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***190**	**27**	**162**	**132**	**30**

*Includes respondents who did not provide their age category.

Section III: Social Activities & Relationships

Table A9. Which activities do you currently enjoy doing? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Volunteering	43%	48%	41%	44%	27%
Active indoor activities	51%	62%	46%	50%	29%
Individual/solitary activities	75%	75%	75%	76%	67%
Travel or outings	67%	75%	64%	69%	43%
Education	45%	50%	43%	47%	23%
Media	69%	70%	69%	70%	64%
Active outdoor activities	51%	70%	42%	49%	13%
Social activities	82%	84%	82%	83%	75%
Arts & crafts	26%	31%	24%	25%	23%
Food	67%	76%	64%	66%	53%
Intergenerational programs	13%	12%	13%	14%	7%
Faith-based programs	27%	27%	27%	26%	27%
Other	12%	8%	13%	13%	14%

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

Table A10. How would you rate your overall emotional well-being? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Excellent	55%	55%	55%	59%	35%
Good	42%	43%	40%	37%	60%
Fair	3%	2%	4%	4%	4%
Poor	0%	0%	1%	0%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1204**	**359**	**839**	**691**	**148**

*Includes respondents who did not provide their age category.

Table A11. How often do you talk on the phone, send email, use social media, or get together to visit with family, friends, relatives, or neighbors? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Never	0%	1%	1%	0%	1%
Very rarely	2%	1%	2%	1%	5%
Once a month	3%	3%	2%	2%	3%
Two to three times a month	9%	8%	9%	9%	13%
One or more times a week	86%	87%	86%	88%	78%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1206**	**359**	**842**	**691**	**151**

*Includes respondents who did not provide their age category.

Section IV: Caregiving

Table A12. 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	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	46%	47%	45%	48%	31%
No	54%	53%	55%	52%	69%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1194**	**359**	**828**	**687**	**141**

*Includes respondents who did not provide their age category.

Table A12a. *If Yes on question 12*: Are/were you ever paid to provide this care?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	3%	4%	3%	3%	2%
No	97%	96%	97%	97%	98%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***541**	**168**	**369**	**327**	**42**

*Includes respondents who did not provide their age category.

Table A12b. *If Yes on question 12:* How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Challenging	25%	27%	24%	22%	34%
Somewhat Challenging	46%	52%	45%	46%	33%
Neither Challenging Nor Easy	20%	13%	22%	23%	19%
Somewhat Easy	7%	7%	6%	6%	8%
Very Easy	2%	1%	3%	3%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***478**	**151**	**323**	**287**	**36**

*Includes respondents who did not provide their age category.

Section V: Your Health

Table A13. How would you rate your overall physical health? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Excellent	39%	54%	33%	37%	15%
Good	51%	42%	55%	54%	58%
Fair	9%	4%	11%	8%	24%
Poor	1%	0%	1%	1%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1206**	**358**	**842**	**692**	**150**

*Includes respondents who did not provide their age category.

Table A14. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	83%	6%	22%	17%	46%
No	17%	94%	78%	83%	54%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1200**	**360**	**834**	**686**	**148**

*Includes respondents who did not provide their age category.

Table A15. Due to a health issue, do you require help with personal care (e.g., taking a bath or shower, or getting dressed)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	2%	1%	3%	1%	8%
No	98%	99%	97%	99%	92%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1211**	**360**	**844**	**692**	**152**

*Includes respondents who did not provide their age category.

Table A16. Due to a health issue, do you require help <u>doing errands outside the home</u> (e.g., food shopping, picking up prescriptions, or going to appointments)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	6%	1%	8%	4%	26%
No	94%	99%	92%	96%	74%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1203**	**359**	**838**	**690**	**148**

*Includes respondents who did not provide their age category.

Table A17. If you require help with any of these activities, who helps you? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A: I don't require any help	60%	70%	56%	61%	36%
I have no one to assist me when I need help	2%	1%	3%	2%	3%
I need help but can't afford to pay someone to help me	2%	1%	2%	2%	2%
I pay someone to help me	15%	5%	19%	20%	15%
A family member helps me	33%	20%	37%	28%	61%
A friend helps me	9%	6%	9%	8%	14%
Someone else helps me	5%	2%	5%	4%	10%

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

Table A18. How many times did you visit a medical doctor or other health care professional for any reason <u>in the last 12 months</u>? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
0 times	3%	5%	2%	2%	2%
1 time	17%	27%	13%	14%	7%
2 to 4 times	52%	53%	52%	53%	46%
5 or more times	28%	15%	33%	31%	45%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1209**	**359**	**845**	**694**	**151**

*Includes respondents who did not provide their age category.

Section VI: Transportation

Table A19. How do you meet your transportation needs? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I drive myself	93%	99%	91%	95%	74%
My spouse or child(ren) drive(s) me	23%	15%	26%	24%	34%
Friends or neighbors drive me	5%	3%	6%	6%	10%
Public transportation/The Shuttle/EZ Trans	5%	6%	5%	5%	3%
Taxi	3%	2%	3%	2%	5%
Volunteer medical transportation	2%	0%	2%	1%	7%
Transportation provided by the Center at Punchard	1%	0%	2%	0%	7%
Bicycle	5%	9%	3%	3%	0%
Walking	19%	19%	18%	21%	8%
Other	2%	1%	3%	2%	6%

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

Table A20. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Not applicable— I do not drive	6%	2%	7%	5%	19%
I do not modify my driving at all	59%	76%	52%	58%	25%
I avoid driving at night	22%	11%	27%	24%	42%
I avoid making left hand turns	2%	1%	2%	2%	5%
I avoid driving in bad weather	26%	13%	32%	28%	48%
I avoid expressway driving	4%	1%	5%	3%	13%
I avoid driving far distances	9%	2%	12%	8%	31%
I avoid driving in unfamiliar areas	9%	3%	12%	9%	25%
Other	3%	3%	3%	3%	2%

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

Table A21. Which of the following challenges have you experienced while getting around locally? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
None	71%	78%	68%	71%	52%
Physical environment issues	7%	7%	7%	7%	8%
Physical challenges or other limitations	5%	3%	6%	5%	9%
Public transportation service not available where I need to go	8%	4%	9%	9%	10%
No door-to-door assistance	2%	0%	3%	2%	3%
Lack of public transportation services throughout the day and evening	5%	3%	6%	6%	6%
Lack of public transportation services on a reliable schedule	4%	2%	4%	4%	4%
Center at Punchard transportation not available/inconvenient	1%	1%	1%	1%	3%
Walkability issues	12%	11%	12%	12%	10%
Other	4%	4%	4%	4%	6%

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

Table A22. How satisfied are you with the transportation options available to you in Andover? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Completely Satisfied	17%	20%	16%	16%	17%
Very Satisfied	27%	26%	26%	27%	23%
Somewhat Satisfied	32%	32%	33%	34%	29%
Slightly Satisfied	13%	14%	13%	12%	16%
Not at All Satisfied	11%	8%	12%	11%	15%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***958**	**292**	**661**	**557**	**104**

*Includes respondents who did not provide their age category.

Section VII: Current & Future Retirement Plans

Table A23. What is your employment status? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Working full-time	34%	68%	20%	24%	0%
Working part-time	15%	20%	14%	16%	5%
Retired	47%	6%	65%	60%	92%
Other	7%	8%	6%	6%	4%

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

Table A24. When do you plan to fully retire? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A, I am already fully retired	44%	6%	61%	54%	92%
Within the next 3 years	10%	5%	12%	14%	1%
In 3 to 5 years	9%	8%	9%	11%	1%
In 6 to 10 years	12%	30%	4%	5%	0%
In more than 10 years	8%	22%	1%	1%	0%
Not sure	11%	20%	7%	8%	2%
I do not anticipate ever fully retiring	7%	9%	6%	7%	4%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1158**	**358**	**794**	**660**	**134**

*Includes respondents who did not provide their age category.

Table A25. Please indicate your level of agreement with the following statement: "*During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses*." (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Strongly Agree	20%	20%	21%	21%	17%
Agree	41%	39%	41%	40%	42%
Neither Agree Nor Disagree	25%	25%	25%	24%	33%
Disagree	10%	11%	10%	11%	7%
Strongly Disagree	4%	5%	3%	4%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1183**	**357**	**820**	**680**	**140**

*Includes respondents who did not provide their age category.

Section VIII: Programs & Services at the Center at Punchard

Table A26. Do you currently use programs or services offered by the Andover Division of Elder Services, including those provided by the Center at Punchard? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	18%	2%	25%	21%	45%
No	82%	98%	75%	79%	55%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1201**	**360**	**835**	**688**	**147**

*Includes respondents who did not provide their age category.

Table 26a. If No on question 26: What is the reason that you do not currently use programs or services offered by the Andover Division of Elder Services or the Center at Punchard? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I am not interested	31%	27%	34%	33%	44%
I am not old enough	25%	55%	10%	11%	1%
I participate in programs elsewhere	8%	7%	10%	11%	5%
I do not identify with the word "senior"	28%	43%	21%	24%	3%
Other	32%	21%	40%	39%	44%

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

Table A27. Below is a list of problems one could encounter when accessing the Center at Punchard or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Lack of transportation	6%	7%	6%	5%	8%
Lack of sufficient parking	14%	9%	17%	16%	18%
Not knowing what programs and services are available	16%	24%	13%	14%	8%
Programs don't interest me	14%	7%	17%	17%	16%
Location of the Center at Punchard is inconvenient	1%	1%	1%	1%	1%
Hours of the Center at Punchard are inconvenient	3%	3%	3%	4%	2%
Limited class size for events/activities	3%	2%	4%	4%	3%
I don't think I would fit in there	11%	14%	10%	10%	8%
Cost for programs	6%	3%	7%	6%	9%
Other	17%	14%	19%	19%	15%

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

Table A28. In the future, how likely are you to participate in programs and services offered by the Andover Division of Elder Services and/or the Center at Punchard? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Likely	14%	8%	17%	15%	26%
Somewhat Likely	40%	38%	41%	42%	38%
Neither Likely Nor Unlikely	27%	31%	26%	26%	19%
Somewhat Unlikely	10%	11%	9%	10%	8%
Very Unlikely	9%	12%	7%	7%	9%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1195**	**357**	**834**	**685**	**149**

*Includes respondents who did not provide their age category.

Table A29. The following items refer to programs and services that are currently offered through the Andover Division of Elder Services and/or the Center at Punchard. Please rate how important each program/service is to you and/or your family. (Check only one box per item)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Assistance with local or state programs (e.g., financial, fuel)					
Very Important	17%	20%	15%	14%	20%
Somewhat Important	17%	18%	17%	18%	13%
Neither Important Nor Unimportant	28%	26%	29%	30%	25%
Somewhat Unimportant	10%	11%	10%	9%	14%
Very Unimportant	28%	25%	29%	29%	28%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1014**	**322**	**688**	**585**	**103**
Boomer-Venture Programs					
Very Important	9%	11%	9%	9%	5%
Somewhat Important	24%	28%	22%	24%	9%
Neither Important Nor Unimportant	36%	33%	37%	38%	33%
Somewhat Unimportant	10%	7%	12%	11%	14%
Very Unimportant	21%	21%	20%	18%	39%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***955**	**311**	**642**	**557**	**85**
Educational opportunities					
Very Important	21%	21%	20%	21%	17%
Somewhat Important	37%	35%	38%	40%	25%
Neither Important Nor Unimportant	23%	24%	23%	23%	24%
Somewhat Unimportant	8%	6%	8%	7%	17%
Very Unimportant	11%	14%	11%	9%	17%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1024**	**323**	**697**	**598**	**99**

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Fitness activities					
Very Important	25%	27%	24%	24%	30%
Somewhat Important	36%	39%	35%	37%	21%
Neither Important Nor Unimportant	21%	16%	23%	23%	23%
Somewhat Unimportant	6%	4%	7%	6%	9%
Very Unimportant	12%	14%	11%	10%	17%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1039**	**324**	**712**	**609**	**103**
Health and wellness					
Very Important	27%	27%	27%	26%	36%
Somewhat Important	37%	38%	36%	39%	20%
Neither Important Nor Unimportant	19%	17%	20%	20%	23%
Somewhat Unimportant	6%	4%	7%	7%	7%
Very Unimportant	11%	14%	10%	8%	14%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1029**	**322**	**703**	**603**	**100**
Health insurance counseling					
Very Important	19%	22%	17%	18%	12%
Somewhat Important	25%	26%	25%	27%	13%
Neither Important Nor Unimportant	25%	22%	26%	26%	25%
Somewhat Unimportant	10%	8%	12%	11%	18%
Very Unimportant	21%	22%	20%	18%	32%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1005**	**321**	**680**	**589**	**91**

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Information, referral & outreach					
Very Important	14%	16%	14%	12%	21%
Somewhat Important	28%	28%	28%	29%	19%
Neither Important Nor Unimportant	30%	29%	30%	31%	27%
Somewhat Unimportant	9%	7%	10%	10%	13%
Very Unimportant	19%	20%	18%	18%	20%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***991**	**315**	**673**	**572**	**101**
Mental health counseling					
Very Important	10%	11%	9%	9%	10%
Somewhat Important	13%	17%	12%	12%	7%
Neither Important Nor Unimportant	34%	34%	34%	34%	33%
Somewhat Unimportant	13%	12%	14%	14%	10%
Very Unimportant	30%	26%	31%	31%	40%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***982**	**316**	**663**	**573**	**90**
Nutrition/Meals on Wheels					
Very Important	12%	13%	12%	10%	22%
Somewhat Important	13%	16%	12%	12%	13%
Neither Important Nor Unimportant	30%	31%	30%	31%	28%
Somewhat Unimportant	15%	11%	16%	16%	14%
Very Unimportant	30%	29%	30%	31%	23%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1008**	**319**	**685**	**584**	**101**

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Professional services (e.g., tax, legal, & financial)					
Very Important	15%	17%	13%	13%	15%
Somewhat Important	25%	28%	24%	25%	17%
Neither Important Nor Unimportant	28%	25%	29%	29%	27%
Somewhat Unimportant	10%	9%	11%	11%	14%
Very Unimportant	22%	21%	23%	22%	27%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1015**	**324**	**688**	**593**	**95**
"Senior Connections" Supportive Day Program					
Very Important	9%	11%	8%	8%	14%
Somewhat Important	14%	16%	12%	12%	13%
Neither Important Nor Unimportant	34%	37%	34%	34%	29%
Somewhat Unimportant	12%	9%	14%	13%	15%
Very Unimportant	31%	27%	32%	33%	29%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***981**	**314**	**663**	**573**	**90**
Social activities					
Very Important	16%	17%	16%	15%	21%
Somewhat Important	32%	34%	31%	31%	31%
Neither Important Nor Unimportant	27%	25%	27%	29%	21%
Somewhat Unimportant	8%	6%	9%	8%	10%
Very Unimportant	17%	18%	17%	17%	17%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1025**	**321**	**700**	**600**	**100**

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Support groups					
Very Important	10%	10%	10%	9%	16%
Somewhat Important	21%	29%	17%	18%	11%
Neither Important Nor Unimportant	34%	30%	36%	36%	36%
Somewhat Unimportant	11%	9%	12%	11%	13%
Very Unimportant	24%	22%	25%	26%	24%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***992**	**316**	**673**	**580**	**93**
Transportation					
Very Important	16%	18%	15%	13%	28%
Somewhat Important	19%	21%	18%	19%	14%
Neither Important Nor Unimportant	30%	29%	30%	31%	24%
Somewhat Unimportant	11%	9%	13%	13%	13%
Very Unimportant	24%	23%	24%	24%	21%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1011**	**320**	**687**	**585**	**102**
Trips/Outings					
Very Important	15%	15%	16%	15%	22%
Somewhat Important	32%	36%	31%	31%	29%
Neither Important Nor Unimportant	28%	25%	29%	31%	20%
Somewhat Unimportant	7%	5%	7%	7%	5%
Very Unimportant	18%	19%	17%	16%	24%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1029**	**323**	**703**	**601**	**102**

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Volunteer opportunities					
Very Important	18%	18%	19%	18%	19%
Somewhat Important	30%	35%	28%	30%	16%
Neither Important Nor Unimportant	29%	26%	30%	30%	30%
Somewhat Unimportant	7%	5%	7%	8%	4%
Very Unimportant	16%	16%	16%	14%	31%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	**1003**	**318**	**682**	**592**	**90**

*Includes respondents who did not provide their age category.

Table A30. How satisfied are you with the programs and services offered through the Division of Elder Services and/or the Center at Punchard? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Completely Satisfied	8%	9%	8%	7%	12%
Very Satisfied	33%	25%	36%	35%	38%
Somewhat Satisfied	47%	53%	44%	46%	38%
Slightly Satisfied	9%	8%	9%	8%	10%
Not at All Satisfied	3%	5%	3%	4%	2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***849**	**212**	**635**	**515**	**120**

*Includes respondents who did not provide their age category.

Section IX: Demographic Information

Table A32. Please select your gender.

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Female	59%	58%	59%	58%	62%
Male	41%	42%	41%	42%	38%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1195**	**1195**	**835**	**685**	**150**

*Includes respondents who did not provide their age category.

Table A33. What is your age range? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Age Group	100%	30%	70%	57%	13%
Number of respondents	***1219**	**361**	**850**	**696**	**154**

*Includes respondents who did not provide their age category.

Table A34. What is your marital status? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Married	76%	83%	72%	77%	52%
Widowed	10%	2%	14%	8%	41%
Divorced/Separated	8%	6%	9%	10%	4%
Never Married	4%	5%	4%	4%	2%
Living with partner	2%	4%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of respondents	***1209**	**359**	**846**	**693**	**153**

*Includes respondents who did not provide their age category.

Table A35. Which of the following best describes your race/ethnicity? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
White/Caucasian	93%	91%	93%	93%	97%
Asian	5%	6%	4%	5%	3%
Black/African American	1%	1%	1%	1%	0%
Hispanic/Latino	1%	2%	1%	1%	1%
Other	1%	1%	1%	1%	0%

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

Table A37. Was there any time <u>in the past 12 months</u> when you did not have money for the following necessities? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A, I did not lack money	86%	87%	86%	86%	84%
Pay rent, mortgage, real estate taxes	3%	5%	3%	3%	3%
Pay for medical needs (e.g., prescriptions)	3%	4%	3%	3%	2%
Pay for car repairs or home repairs	5%	5%	4%	5%	1%
Pay utility bills (e.g., oil or electricity)	2%	2%	2%	2%	1%
Buy food	2%	2%	2%	2%	1%
Other	3%	2%	3%	3%	3%

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