

9-2015

Needs Assessment for Littleton Elder and Human Services and the Council on Aging

Jan E. Mutchler

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

Bernard A. Steinman

University of Massachusetts Boston, bernard.steinman@umb.edu

Ceara Somerville

University of Massachusetts Boston, Ceara.Somerville001@umb.edu

Maryam Khaniyan

University of Massachusetts Boston, maryam.khaniyan001@umb.edu

Mai See Yang

University of Massachusetts Boston, mai.yang001@umb.edu

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

 Part of the [Demography, Population, and Ecology Commons](#), [Gerontology Commons](#), and the [Public Administration Commons](#)

Recommended Citation

Mutchler, Jan E.; Steinman, Bernard A.; Somerville, Ceara; Khaniyan, Maryam; and Yang, Mai See, "Needs Assessment for Littleton Elder and Human Services and the Council on Aging" (2015). *Center for Social and Demographic Research on Aging Publications*. Paper 11.

<http://scholarworks.umb.edu/demographyofaging/11>

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



Needs Assessment for Littleton Elder and Human Services and the Council on Aging

**COMMISSIONED BY THE TOWN OF
LITTLETON DEPARTMENT OF ELDER AND
HUMAN SERVICES**

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





Littleton Elder and Human Services
Council On Aging
33 Shattuck Street
Littleton, Massachusetts

Dear Littleton Residents,

In 2014, Town Meeting appropriated funding to conduct a comprehensive assessment of Littleton residents age 50 and older to investigate the needs, interests, preferences, and opinions with respect to living and aging in Littleton.

Results were to be used to inform and guide the Department of Elder and Human Services, the Council on Aging, and the Board of Selectmen in planning efforts into the future. The Gerontology Institute at the John W. McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston was engaged to design a survey strategy, develop and administer a survey instrument, analyze data, report findings, and create a final report. All work was done with the active involvement of EHS staff, COA Board members, the Needs Assessment Sub-Committee, and Littleton residents.

We focused on the issues of Housing, Transportation, Community Involvement, Health, Well-Being and Life-Style, and how the EHS and COA can improve current programs and services. In 2010 (U.S. Census), there were more than 1,746 residents age 60 and over, representing close to 19.6% of Littleton's population. Approximately 1,444 residents were between 50 and 59, representing another 16.2%. Since data from this survey shows that most respondents wish to remain in Littleton as they age, we can assume that our senior population will increase. Massachusetts state projections predict that the 60+ population of Littleton will exceed 3,332 by the year 2030 and 60+ persons are estimated to comprise over 36% of Littleton's residents by that time.

We have been asked why the survey was also distributed to residents age 50 – 60. The simple response is that today's fifty-somethings are our future "seniors", a description that is, perhaps, a difficult one for them to hear. "Boomers" were the generation that was never going to get old. "Sixty is the new forty!" Pragmatically, we must understand the needs and expectations of this group if we are to be prepared in 10 years to meet the needs of Littleton's mature residents and to do our utmost to help everyone "age well".

This report is unique in that it unites demographic information with what residents see as important to them as they age. We have learned a great deal from this project and the results are an important planning tool moving forward. It will likely be some time before another survey of this magnitude will be undertaken.

We are extremely proud of the results of this effort and are grateful for the wonderful work of the Gerontology Institute at the University of Massachusetts Boston. We thank all of the people who worked on this project. We also thank our Town Administrator,

Fire and Police Chiefs, and our Selectmen for their input and support to this process. And many thanks to all the Town Departments and Boards and service providers in the area that contribute to achieving the mission of the Department of Elder and Human Services and the work of the Council on Aging.

We are particularly indebted to the people who took the time to meet with us during this process, and to those who responded to the survey. Deep thanks to all of you. And I hope everyone who reads this is blessed with the opportunity to reach “old age”.

Sincerely,

Pamela Campbell

Director of Elder and Human Services

Needs Assessment for Littleton Elder and Human Services and the Council on Aging

Commissioned by the Town of Littleton
Department of Elder and Human Services

September 2015

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

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 efforts undertaken by the Town of Littleton Council on Aging, in partnership with the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, to investigate the needs, interests, preferences, and opinions of Littleton’s older population. The focus of this report was on two cohorts of Littleton residents—those aged 50 to 59 (referred to as “Boomers”), and the cohort of individuals who are currently aged 60 and over (“Seniors”). The content of this report is intended to inform the Town of Littleton, the Littleton Council on Aging and Senior Center, 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

We began the study 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. In 2010, the Town of Littleton had nearly 9,000 residents, 20% of whom were age 60 or older. An additional 16% of Littleton residents were age 50 to 59, individuals who will be moving into later life during the coming decade. Projections from the University of Massachusetts Donahue Institute suggest that by 2035, nearly four out of 10 Littleton residents will be age 60 or older.

Most residences are owner-occupied in Littleton, and currently nearly one-third of homeowners are age 60 or older. A sizeable share (31%) of residents who are age 65 and older live alone. Littleton’s older households have substantially lower incomes on average than do younger households. For example, 38% of households headed by adults age 65+ report household income of less than \$25,000, compared to just 8% of householders age 45-64. Older men and women who live alone are at a particular disadvantage economically. Finally, many older Littleton residents experience some level of disability, which could limit their functioning and impact their ability to live independently in their homes and community. Four out of ten residents age 75 and older experience at least one disability.

Summary of Focus Group

Early in the project we conducted a focus group to obtain input from stakeholders who regularly interact with older residents, regarding issues and concerns about aging in Littleton. A focus group involving five individuals who work with Littleton seniors, plus the Director of the Littleton Senior Center, identified a number of strengths in Littleton for quality of life and aging in place. Programs and services offered through the Littleton COA and Minuteman Senior Services are among these assets. Challenges associated with availability and adequacy of services and supports were noted, especially in light of the increasingly complex needs presented by older adults. Because many Littleton

seniors do not have adult children or family members living nearby, meeting these complex needs often falls to the community more broadly. Relatively limited medical and mental health services in Littleton requires health-seeking out of town, which can pose a challenge for seniors who do not drive or who limit their driving. Many seniors live in homes that are not well suited for aging in place, but few options for downsizing are available locally. Opportunities for community education, volunteerism, transportation improvements and leadership were discussed.

Highlights of Survey Results

A community survey was administered to Littleton residents aged 50 and older, yielding a wealth of information on older adults' interests, needs, and concerns about aging in Littleton. Every Littleton resident age 50 or older was invited to participate in the survey, with paper and web responses available. Thirty percent of those invited to participate chose to do so, yielding a total of 1,087 responses. Survey results indicate that the typical Littleton Boomer or Senior has lived in Littleton for many years, and wishes to stay. Respondents recognize that aging in place requires appropriate housing, adequate health, appropriate and affordable services, and the ability to maintain connections with the community. Due to financial concerns, limited options for downsizing, few transportation alternatives and concerns about maintaining health and obtaining needed services, some Littleton Boomers and Seniors are concerned about their ability to age in place.

Housing issues are concerns for Littleton seniors. Many respondents report that their homes need modification to make them more safe to age in, and many of those needing repairs cannot afford them. Receptivity to downsizing options such as apartments or condos, independent living facilities, and assisted living facilities was expressed by a large share of respondents.

Many older Littleton residents modify their driving by avoiding night driving, and avoiding driving in bad weather or for long distances. More than one-quarter of the respondents age 80 or older do not drive at all. Transportation alternatives are limited in Littleton, and many respondents indicate that they experience challenges getting where they want to do. Indeed, 11% of respondents age 80+, 30% of nondrivers, and 8% of those who drive with modifications indicated that seeking medical care had been disrupted due to transportation limitations. More than one-third of seniors are not satisfied or only slightly satisfied with their transportation options in Littleton.

One out of six respondents age 80 or older report needing help with activities around the house, like paying bills or taking medications, or with personal care, like bathing or dressing. For these individuals in particular, in-home support is needed, and most rely on family members or friends. Some report unmet need for assistance, but relatively few have long-term care insurance that would help pay for this help. Nearly half of Boomers and four out of ten seniors have provided care or assistance to a disabled or frail individual within the past 5 years, and the majority of these individuals found this

experience challenging. Receptivity to a caregiver respite program or support group was reported by respondents.

Familiarity with the Littleton COA and Senior Center is relatively low among Boomers, but substantially higher among residents age 60+. Participation in COA activities occurs at a progressively higher rate among the older respondents. A majority of those who do not currently participate in the COA plan to do so in the future. The importance attached by the community to COA and Senior Center services is consistent, and typically very high, whether or not the respondent personally participates in COA activities and whether or not he or she is very familiar with the offerings. It is concluded that the importance rating is not exclusively a function of the respondent's own personal need or interest; rather, the COA is broadly regarded as a community asset. Although receptivity to electronic forms of publicity and information is higher among Boomers, the preference for print information sources such as the *Littleton Senior Broadcaster* newsletter remains high among today's seniors. Expansions and improvements in space, programming, transportation services, advocacy, and publicity were suggested by survey respondents.

Summary of Key Informant Interviews

In-person interviews were held with individuals who work on behalf of Littleton residents, including the Town Administrator, a member of the Board of Selectmen, representatives of the Police and Fire departments, and a staff member of the Littleton Elder and Human Services department responsible for outreach. All interviewees highlighted that the absence of housing options in Littleton is problematic for seniors. Transportation challenges were also mentioned by interview subjects. Littleton housing is spread out, alternatives to self-driving are limited, and residents with driving limitations can become isolated. Expanded transportation options for the community as a whole is recognized as a goal for Littleton, including bus or shuttle service to and from the Commuter Rail station.

Each of the individuals interviewed recognized that the increasing number of seniors in Littleton has implications for the entire community, not just the Council on Aging. Implications for the Police and Fire departments were identified by all interviewees, recognizing that larger numbers of seniors in the community requires rethinking how public safety and emergency services are delivered. These departments rely on staff at the COA as partners when older residents have been identified as needing longer-term supports to remain safe at home.

Some key informants indicated that the broader community may have limited understanding of what the Council on Aging does, and its value added to the community. Stronger outreach activity was recommended—both broadly in terms of community education and advocacy, and also targeted around specific needs. All key informants highlight the importance of being proactive in responding to changing needs of the community, including those prompted by aging of the population. Maintaining

good communication with residents and with other Town offices and local organizations is a priority in accomplishing this goal.

Summary of Peer Community Interviews

We provided a brief overview of Senior Centers in four communities that are similar to Littleton—specifically, Groton, Hopkinton, Maynard and Tyngsborough—in order to assess resources available and how needs of older adults are met in nearby municipalities. All Centers offer diverse programming including activities to promote healthy aging and socialization, as well as outreach that connects older residents to services and supports for which they are eligible. Volunteers are essential to the mission of the COA in all communities considered, although Littleton makes stronger use of volunteers than is evident in the other communities. Center directors in each of these communities share with the Littleton Director the observation that programming space falls short of what is needed for current and future demand. In comparison to these communities, Littleton has roughly similar staff size, but considerably less dedicated space and a smaller budget from the municipality.

These results guided recommendations developed to aid the Littleton Council on Aging and Senior Center, 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, the community 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. 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 providers that serve the Town’s older residents. In this process, the Council on Aging and Senior Center can play a leadership role in strengthening linkages between other Town offices and community organizations around issues relating to the older adult population.

Key Findings in Brief

Demographics

- Projections suggest that by 2035, the number of Littleton residents age 60 or older will more than double, and the share of Littleton’s population that is in this age group will approach 40%.
- Currently, seniors own nearly one-third of Littleton’s owner-occupied homes.
- Thirty percent of Littleton residents age 65 and older lives alone; 65% of these individuals are homeowners.
- Thirty-eight percent of Littleton senior households (age 65+) have incomes below \$25,000 a year; 40% of Littleton seniors (age 75+) have at least one disability.

Community & Neighborhood

- More than half of survey respondents who are age 60 and older have lived in Littleton for at least 35 years.
- Eight-five percent of survey respondents who are age 60 and older say it is very or somewhat important to them to remain living in Littleton as long as possible, as do 71% of respondents age 50-59.
- More than 90% of survey respondents feel completely or very safe in Littleton.
- Most Littleton residents lack awareness of the adequacy of services in Littleton to identify and meet the needs of abused elderly people.
- Top-named concerns about staying in Littleton include diminished affordability as expenses rise, especially property tax increases; limited options for downsizing in Littleton; concerns about developing disability or mobility limitations that would challenge ability to live independently; and threats to independence and socialization resulting from limited transportation options.

Housing & Living Situation

- Up to a third of Littleton respondents report that their homes need modifications to facilitate aging in place; 25% or more of these respondents say they are unable to afford needed modifications.
- Senior respondents are receptive to senior independent living developments if a change in health or physical ability required a move from current residence. Respondents age 60-79 are also receptive to moving to an apartment or condominium. Those in their 80s would be receptive to an assisted living residence.

Transportation

- Most respondents drive, although one out of four respondents age 80 or older are non-drivers.
- Many residents modify their driving activity by not driving at night, in bad weather, or to unfamiliar destinations. Driving with modification includes 27% of respondents age 50-59, 42% of those 60-79, and half of those who are age 80+.
- More than half of Littleton respondents who drive with modifications or do not drive at all report having experienced challenges in traveling locally. Eleven percent of respondents age 80+, and 30% of nondrivers, have missed, cancelled or rescheduled a medical appointment in the previous year due to lack of transportation.

Health

- A majority of respondents rate their health as excellent or good.

- Sixty percent of respondents age 80+ need help with activities around the house (e.g., cleaning or yard work) due to health or poor stamina. Sixteen percent of this age group needs help with daily or personal care activities (e.g., using the telephone, preparing meals, taking medications, keeping track of bills, taking a shower or getting dressed).
- Needs for assistance are typically met by family or friends, but a sizable share pay for assistance and some need assistance but cannot afford it. Long-term care insurance is one means by which needs for assistance may be met, but less than one-quarter of Littleton seniors have long-term care insurance coverage.

Social Activities & Relationships

- Over ninety percent of survey respondents rate their emotional well-being as excellent or good, but 13% of respondents age 80 and older say their emotional health is fair or poor, and 5% of seniors report feeling sad or depressed often or more frequently during the previous month.
- Most seniors get out of the house often during a typical week; however, 8% of respondents age 80 or older report leaving home less than one day per week. Five to 8 percent of all respondents indicate they use phone, email or get together with friends or relatives less than 1 day a week or never. These individuals may lack adequate social support, and be at risk of social isolation.

Caregiving

- In the last 5 years 49% of Boomer survey respondents have provided caregiving to a person who is disabled or frail, along with 40% of respondents age 60-79 and 37% of those age 80+.
- The majority of survey respondents who provided help indicated that it was challenging given their other responsibilities.
- Forty-four percent of caregivers age 50-59, and 36% of caregivers age 60+, indicated that a caregiver respite program or support group would be helpful to them or their family.

Programs & Services at the Senior Center

- Fifty-two percent of respondents 80 years and older participate in Senior Center activities.
- 60% of Boomers and 70% of Seniors who do not currently participate in activities indicate it is “very likely” or “somewhat likely” that they will participate in the future.
- Nearly all listed services and programs were rated as important by all age groups, with the highest rating associated with transportation services, assistance with local or state programs, and caregiving services.

Acknowledgements

The authors wish to acknowledge the Town of Littleton, which generously provided support for this project. We thank Pamela Campbell, Director of Elder and Human Services, and her staff who offered invaluable input and assistance as we defined research questions, recruited study participants, and carried through our research plan.

In addition, we owe thanks to the many residents of Littleton 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. We are also indebted to Keith Bergman (Littleton Town Administrator), Joseph Knox (Member, Littleton Board of Selectmen), Scott Wodzinski (Fire Chief), Tom Clancy (EMS Coordinator), Matthew King (Chief of Police), Jeffrey Patterson (Deputy Chief of Police), and Tina Maeder (Elder and Human Services Outreach) who each sat down with us in interviews to share their perspectives on aging in Littleton.

We wish to acknowledge Kathy Shelp (Director, Groton COA), Cindy Chesmore (Director, Hopkinton Senior Center), Amy Loveless (Director, Maynard COA), and Barbara Roche (Director, Tyngsborough COA) for each taking time from their very busy days to share with us details about their organizations.

The authors, Jan E. Mutchler, Bernard Steinman, Ceara R. Somerville, Maryam Khaniyan, and Mai See Yang, 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	v
<i>Summary of Demographic Profile</i>	v
<i>Summary of Focus Group</i>	v
<i>Highlights of Survey Results</i>	vi
<i>Summary of Key Informant Interviews</i>	vii
<i>Summary of Peer Community Interviews</i>	viii
Key Findings in Brief	viii
Acknowledgements	xi
Introduction	1
Background.....	1
<i>Housing</i>	3
<i>Transportation</i>	3
<i>Community Features & Services</i>	4
The Littleton Council on Aging & Senior Center.....	4
Purpose of the Study	7
Methods	7
Demographic Profile.....	8
Resident Survey.....	8
Focus Group.....	9
Key Informant Interviews.....	10
Peer Community Questionnaire.....	10
Data Analysis	10
Results	11
Demographic Description of Littleton	11
Resident Survey.....	22
<i>Respondent Demographics</i>	22
<i>Section I: Community & Neighborhood</i>	24
<i>Section II: Housing & Living Situation</i>	28
<i>Section III: Transportation</i>	31
<i>Section IV: Your Health</i>	35
<i>Section V: Caregiving</i>	41
<i>Section VIII: Programs & Services at the Senior Center</i>	43
<i>Section VII: Other Information</i>	54
Focus Group.....	56
Key Informant Interviews.....	58
Community Comparison.....	60
<i>Size and Staffing of Peer Comparison Senior Centers</i>	61
Key Findings and Recommendations	63
References	67
Appendix A—Reproduction of Survey	68
Appendix B: Complete tables, Littleton Resident Survey	76

Introduction

Like many municipalities across Massachusetts, the population in the Town of Littleton is getting older, with its proportion of residents age 60 and over expected to grow more rapidly than any other age group over the next two decades. Currently, many older residents benefit from programs and services designed to address their aging-related needs, and prolong their independence in the community. As a municipal entity, the Town of Littleton's Council on Aging and Senior Center is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives.

As the demographic features of Littleton shift toward a population that is older and living longer, demand for senior services will likely increase over time. Planning is necessary to assure that the Town is adequately prepared to meet the challenges and to capitalize on opportunities that an aging population presents. 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 Littleton's residents. Additionally, given the high rates of public engagement among older adults, policymakers who are in tune and proactive about addressing the needs of seniors will benefit from awareness of shifting demographic trends and their implications for town policy.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Littleton. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including town residents, municipal officials and other town leaders. The assessment has as its primary focus the current and future consumers of Senior Center services. The goals of this project were to identify the characteristics and needs of Littleton residents age 50 to 59 (the cohort referred to hereafter as "Boomers") and those age 60 and older (hereafter "Seniors"); to identify specific concerns of community members related to aging in Littleton, and to make explicit their ideas regarding how quality of life could be improved for older adults who live in the Town; to explore the current and potential role of the Senior Center in the lives of older residents; and to outline the implications of an aging population for the Town of Littleton as a whole. The contents of this report are intended to inform planning by the Town's Council on Aging and Senior Center, as well as other town offices, private and public organizations that provide services and advocate for older people within Littleton, and the community at large.

Background

The Town of Littleton is a community of approximately 9,000 residents located just northwest of Boston, in Massachusetts. Similar to other communities throughout the country, Littleton expects to experience continued growth in its population of residents who are age 60 and older, as the generation of Baby Boomers (those born between 1946 and 1964) age into later life (Vincent & Velkoff, 2010). Currently, approximately

1,800 Littleton residents are age 60 and older, making up 20% of the total population; another 1,500 residents are between the ages of 50 to 59, and are poised to move into later life within the coming decade (U.S. Census Bureau, 2010). Growth of the older resident population of the Town of Littleton will occur at a rapid pace in coming years as current residents “age in place.” Some growth in the older population may occur through retirees and other older adults choosing Littleton as a migration destination.

A number of common aging-related circumstances have been identified that place unique demands on the resources that communities have available as they plan to accommodate greater numbers of older people. Among them are changes in the health and service needs of older people. Many may experience physical and social changes that could threaten their independence and wellbeing, if not addressed by specialized and targeted services. In addition, some retirees may experience constraints associated with living on fixed incomes that could limit their choices and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-private partnerships, towns like Littleton find it necessary to adapt to changing age profiles within their populations. To this end, the Town of Littleton Council on Aging and Senior Center seeks to plan for the continued expansion of its older population by learning about the current and expected needs and experiences of its aging residents.

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

In this report, we describe recent activities conducted to assess the aging-related needs of current and future older adult residents in the Town of Littleton. Our approach aligns with efforts to identify ways in which communities may become more “livable” for residents of all ages. Livable communities are said to have features that allow older adults “to maintain their independence and quality of life as they age and retire” (Nelson & Guengerich, 2009). Key components that facilitate livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older people.

Housing

The availability and affordability of housing that is suitable to meet the changing capacity of older people is a key factor that influences the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many prominent studies point to the well-documented preference of older adults to remain in their existing homes as long as possible (e.g., AARP, 2005). For many, the home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting residents to neighborhood amenities. The home may also be the basis for long-standing memories that connect older individuals to their past. As well, homes are an important source of financial security, as home equity and/or ownership may represent one of the most significant sources of wealth held by many older people. Consequently, the attachment that seniors have to their homes is often substantial.

Nevertheless, as people age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too cumbersome or expensive to maintain on a fixed income. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Design features of homes, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to remain living safely in her home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support the resident’s safety and facilitate aging in place; however, some individuals will need to change residences in later life.

The availability of affordable housing options, especially those with accommodating features, such as home modifications or universal design features, and housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2005), or at least delay the move into more supportive and expensive institutional alternatives. Aging in the community can be facilitated by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, and programs that may help them pay utility or other home-related expenses.

Transportation

Along with housing, adequate transportation is also needed to maintain social ties, obtain needed goods and services, access community amenities and be engaged with others. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Many communities have limited public transportation options, and those that do exist may be inconvenient, expensive, unreliable, or not easily accessible for those with mobility limitations. Due to difficulties with transportation, individuals with health conditions

and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

Community Features & Services

Livable communities also require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility limitations and those who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and their yards can help protect the value of investments and improve the neighborhoods in which older people live. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence and improve quality of life. Research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

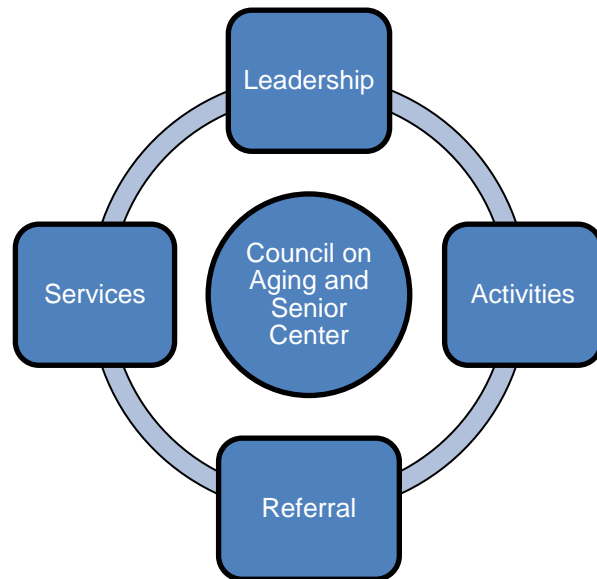
The Littleton Council on Aging & Senior Center

In the Town of Littleton, the Council on Aging is charged with establishing priorities and offering opportunities to older residents, their families, and their caregivers. Programs and services offered through the Senior Center are designed to support the transition of residents through later life, and help promote their wellbeing.

When considering the mission of senior centers within communities, observers commonly think of two distinct responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Reading clubs, exercise classes, late-life learning programs, and many other programs are good examples. Second, senior centers provide services to older residents and their families that meet needs in the community and promote physical and emotional wellness. For example, blood pressure clinics, support groups for family caregivers, and transportation services are common examples. Many observers are not aware of two additional important responsibilities of senior centers. The staff at senior centers link older

residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, COAs and senior center staff provide leadership within the community around senior issues, by serving on Town boards, interacting with other Town offices, and serving as resources to residents and organizations.

The Littleton Senior Center operates Monday thru Friday from 8:30 a.m. to 4:30 p.m. Its staff includes a full-time Director, a full-time Outreach Coordinator, 6 part-time MART drivers, and a Senior Diner manager (paid for by Minuteman Senior Services). The Littleton COA is a Town-appointed Board that advises the Director of the Senior Center. In Littleton, the Senior Center is directed by Pamela Campbell, the Director of Elder & Human Services. The Senior Center also benefits from support through the Friends of the COA, a nonprofit fundraising organization that also manages the Littleton Thrift Shop. The Town of Littleton Senior Center offers an array of programs and services free or at low cost to residents who are aged 60 and older. According to its annual report to the Town, in fiscal year (FY) 2014, the Senior Center recorded 11,145 visits from 495 unique individuals; these figures do not include outreach services (see below). Programs offered through the Littleton Senior Center include:



- **Fitness and exercise activities:** Regularly scheduled fitness classes, such as Stretch and Flex, Fit-4-Life, Tai Chi, Gentle Yoga, and line dancing are offered. A kayaking group paddles during the summer
- **Health events:** Events include weekly blood pressure screening clinic, a bi-monthly Podiatry clinic, bi-monthly Chair Massage, vision and hearing screenings, a Wellness Fair held in the autumn, and an annual flu clinic.
- **Social events:** Social activities include parties for holidays and birthdays, day trips, and movies. Special events include barbeques with elected officials, a Veteran’s Luncheon, a COA volunteer luncheon, and summer cookouts sponsored by the Police and Fire Departments.
- **Recreational activities:** A variety of recreational activities are scheduled throughout the year, including Wii bowling, crafts, art classes, knitting, and mahjongg.
- **Community education events:** Presentations on Alzheimer’s disease, emergency preparedness, and understanding advanced directives were held during FY 2014. A

computer class is scheduled throughout the year. Coffee hours are scheduled at the Senior Center with the Police Chief, the Fire Chief, the Chief Assessor, and members of the Board of Selectmen.

- Littleton Social Club: This is a new twice-weekly group for those with cognitive decline.
- Nutrition programs: The Senior Diner, located on the lower level of the TownHouse building, serves lunch every weekday and also assembles and packages Meals on Wheels daily deliveries. During FY 2014, over 4,500 hot meals were served on-site, and over 5,000 meals were served by the Meals on Wheels program.
- Outreach services: Outreach staff provides assistance to all eligible families in the community. In FY2014, over 2,200 requests for information were handled and 486 residents had contact with the outreach office. Outreach Coordinator Tina Maeder coordinates with Minuteman Senior Services, a non-profit organization that provides services for seniors with state funding. In FY2014 over 800 qualifying Littleton residents used Minuteman Services at an estimated value of \$518,802.
- Other services: SHINE Counseling (Securing the Health Information Needs of Everyone) is offered to provide older residents with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. In FY 2014, 132 Littleton seniors were assisted by the SHINE counselor. AARP-trained volunteers provided free tax preparation assistance to 133 elderly and low-income taxpayers in FY 2014.
- Transportation: MART and COA Vans provide transportation at nominal cost on weekdays for medical appointments and errands. Rides to and from the EHS/COA are free. Two vans are on the road every weekday. In FY 2014, 4,466 rides were provided for 63 residents.
- Senior Property Tax Work-off Program: In FY 2014 the EHS/COA provided 114 workers to town offices and departments through the Senior Tax Work-Off Program. Working at minimum wage, seniors perform needed services, with their earnings applied to a reduction in their real estate property tax. The maximum abatement in FY 2014 was \$632. Workers contributed 6,944 hours to the Town.
- Volunteer Opportunities: Volunteers provide invaluable support to the Senior Center, assisting with many of the programs and activities. In FY 2014, 95 volunteers donated their time and expertise to provide almost 700 hours of service.

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

Purpose of the Study

This report represents the collaborative efforts by the Town of Littleton Council on Aging and University of Massachusetts Boston (UMass Boston) to assemble information from a number of sources. In the following pages, we present a profile of the characteristics and resources of the current population of Littleton— those who are at and approaching later life (age 60 and older) as well as those who will be moving into later life over the next two decades (the population age 50 to 59). Knowledge of these characteristics provides an important basis for planning by the Council on Aging and Senior Center, as well as for other town offices and organizations within the community.

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 residents of Littleton, and administrative data from Councils on Aging in similar communities around the Boston Metropolitan area. All research methods and instruments used in this project were approved by the University's Institutional Review Board, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at UMass Boston.

Our goal early in this study was to understand the priorities of stakeholders and identify research questions, which when approached systematically could shed light on the support needs of the older population and identify services and town qualities that are most valued by Littleton'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.

Assessment goals identified at the outset of this study related to how the Town, Council on Aging and Senior Center 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 Littleton’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 Littleton 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. These data were supplemented selectively with existing data from other sources.

Resident Survey

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

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

- Community & Neighborhood
- Housing & Living Situation
- Your Health
- Transportation
- Programs & Services
- Caregiving
- Demographic Information

All non-institutional residents of Littleton age 50 and older were eligible to participate in the survey data collection. At the request of the Director of the Senior Center, the Town Clerk’s Office provided the UMass Boston research team with a list of Littleton residents who were age 50 and older, based on municipal census records that included names, addresses, and dates of birth for residents of Littleton. Residents who lived in nursing homes were removed from the list. Addresses were updated, and individuals who had moved away from Littleton were also removed from the list. The remaining 3,599 residents age 50 and older were all eligible to participate.

We mailed a personally addressed postcard to eligible residents intended to inform them that they would receive a mailed survey in the coming week. Following the postcard mailing, we sent the questionnaire packet with a postage-paid return envelope

and cover letter signed by the 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 Littleton Council on Aging as research partners in the project. Two weeks after the questionnaire mailing, reminder postcards were mailed to residents who had not yet returned their surveys. During the time that the postcards and questionnaires were distributed, Senior Center volunteers telephoned individuals on the address list informing them of the opportunity to participate.

During the approximately month-long data collection period from mid-May to early June 2015, a total of 1,087 completed surveys were returned, resulting in an overall response rate of 30% (see **Table 1**). The response rate for Boomers age 50-59 (20%) was lower than that of Seniors age 60 to 79 (37%), and Seniors age 80 and older (42%). Compared to their representation on the mailing list, Boomers were under-represented, making up 29% of responses. Seniors age 60 to 79 made up 58% of responses, and Seniors age 80 and older made up 13% of responses. Given that the contents of the survey were primarily 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 102 responses (9%) were submitted online; more than half of these were respondents under age 60. 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.

Table 1. Littleton resident survey description and rates of response

	Total Age 50+	Age 50 to 59	Seniors Age 60 to 79	Seniors Age 80+
Mailing list	3,599	1,608	1,665	326
Percent of Mailing List	100%	45%	46%	9%
Valid Responses	1,087*	318	621	138
Response Representation	100%	29%	58%	13%
Response Rate	30%	20%	37%	42%

**Includes 10 individuals who did not provide an age.*

Focus Group

In March 2015, we conducted a focus group with stakeholders who were hand-selected and recruited by the Director. Participants included the Veterans Agent, a financial planner who works with older adults in Littleton, a public health nurse, a representative of the home health care industry, and the administrator of Littleton’s nursing home. Discussion focused on ways in which population aging in Littleton has impacted the participants’ organizations, attributes of the community that promote aging in place,

suggested changes in these attributes that are perceived to be helpful, perceived accessibility of the Town, and ways in which organizations in town could work more effectively together around aging issues.

Key Informant Interviews

We conducted in-person interviews with individuals who serve in leadership roles in the Town of Littleton. 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 community could respond more effectively to its changing demographics. The Director identified interviewees, and encouraged them to participate. Interviews lasting 30 to 60 minutes each were conducted with the following people: Keith Bergman (Littleton Town Administrator), Joseph Knox (member, Littleton Board of Selectmen), Scott Wodzinski (Fire Chief) together with Tom Clancy (EMS Coordinator), Matthew King (Chief of Police) together with Jeffrey Patterson (Deputy Chief), and Tina Maeder (Elder and Human Services Outreach) .

Peer Community Questionnaire

We conducted telephone interviews with directors of Councils on Aging (COAs)/senior centers in Groton, Hopkinton, Maynard, and Tyngsborough. With input from the Director, these similar “peer” communities were selected based primarily on population size, and their number of residents age 60 and older. Participants were asked about features of the senior centers they administered, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. Additional information on selected COAs was retrieved from websites and other 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 Littleton as you grow older?"). Notes taken during the study's qualitative components (e.g., focus group, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Littleton. Information collected from COA directors in peer communities were compared side-by-side with information collected from Littleton's Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Description of Littleton

According to the U.S. Census Bureau, 8,924 residents lived in Littleton in 2010. More than one-third (36%) of the population was age 50 and older (See **Table 2**). Residents aged 50 to 59 comprised 16% of the population; whereas those age 60 and older made up 20% of the population, including 16% who were age 60 to 79, and another 4% of residents who were aged 80 and older. The remaining 64% of Littleton’s population were under age 50.

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

	Number	Percentage
Under age 18	2,343	26%
Age 18-49	3,391	38%
Age 50-59	1,444	16%
Age 60-79	1,373	16%
Age 80 and older	373	4%
Total	8,924	100%

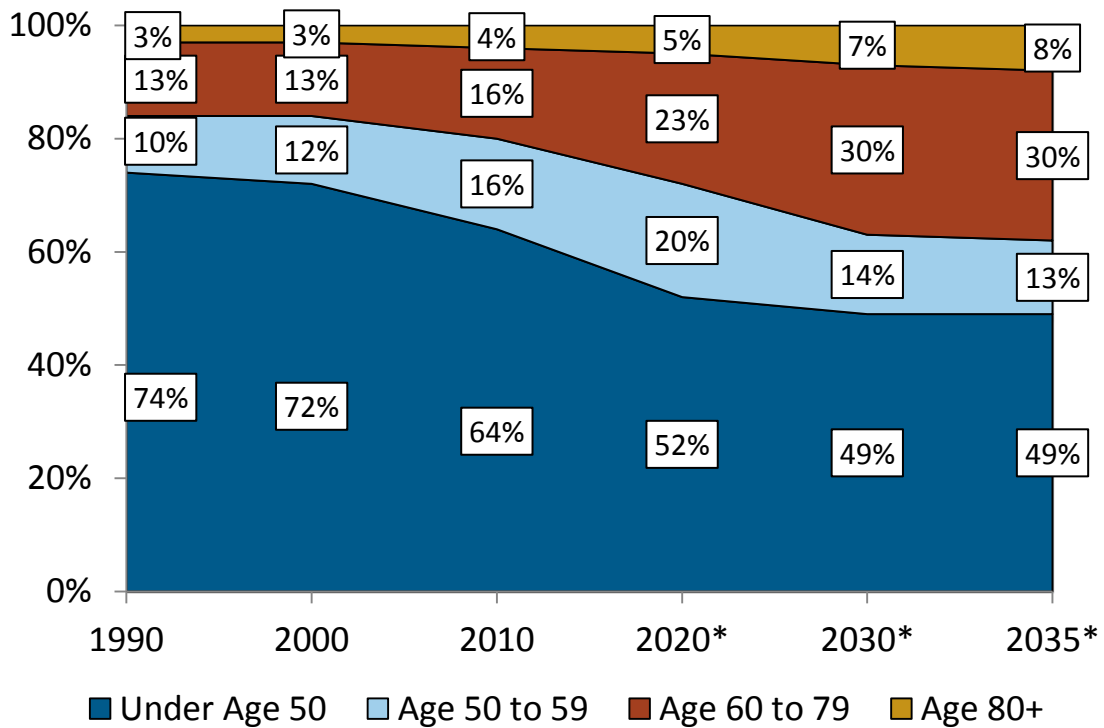
Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P2.

The age distribution of Littleton’s population across time is shown in **Figure 1**, including U.S. Census figures from 1990 to 2010, and population projections to 2035¹. In 1990, about 26% of the Town’s population was age 50 and older. This percentage increased to 35% by 2010. According to the Donahue Institute projections, this trend toward an older population is expected to continue. By 2035, about 50% of Littleton residents will be age

¹ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski & Strate (March 2015). Projections for Littleton are also generated by the Metropolitan Area Planning Council (MAPC), most recently in 2014. The MAPC offers “status quo” projections along with “stronger region” projections that assume stronger growth. All three sets of projections for Littleton—those generated by Donahue as well as both sets generated by the MAPC—yield similar conclusions. All suggest that by 2030, just under 40% of Littleton’s population will be composed of residents age 60+ and that the age 80+ population will constitute 7-9% of the total population. All three sets of projections suggest a total population size of about 10,000 residents in 2030. For more information on the MAPC projections, see <http://www.mapc.org/data-services/available-data/projections>.

50 and older, including 13% age 50 to 59, 29% who are 60 to 79, and 8% who are age 80 and older.

Figure 1. Recent and projected age distribution of Littleton, 1990 to 2035

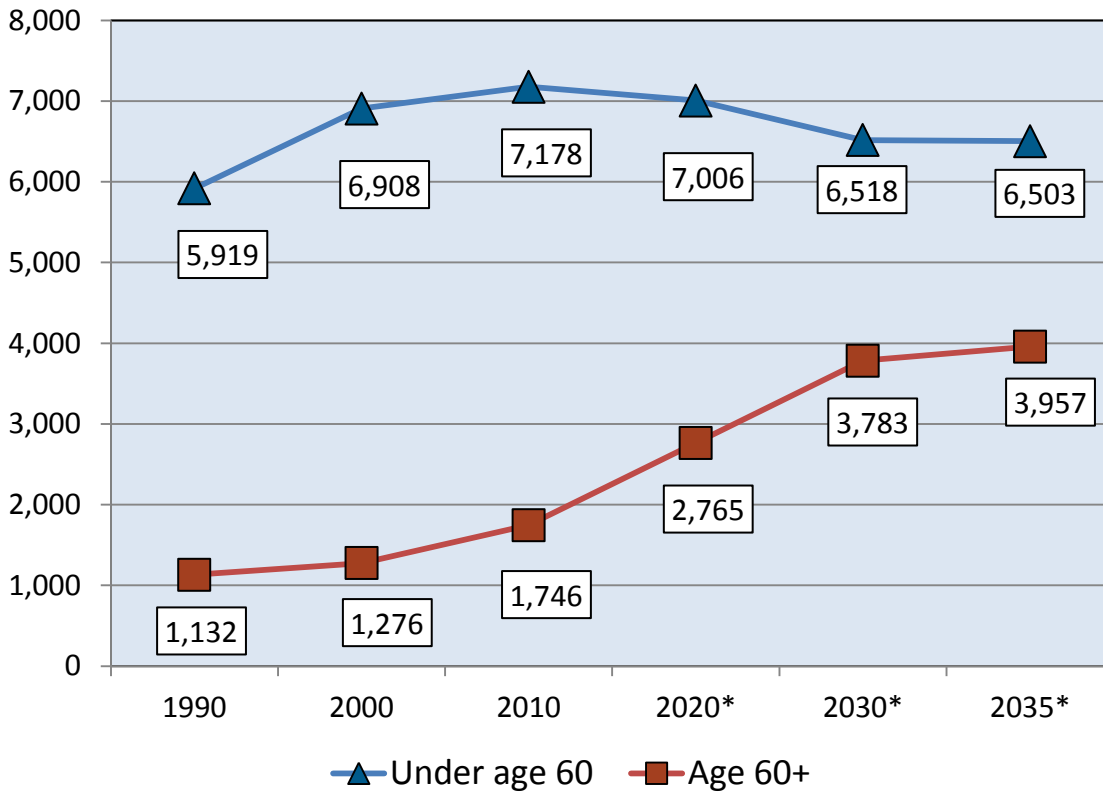


Source: U.S. Census Bureau, Census of Population for 1990 thru 2010.

* Figures for 2020 to 2035 are projections generated by the Donahue Institute, University of Massachusetts: See <http://pep.donahue-institute.org/>

Despite relatively flat growth between 1990 and 2000 in the segment of the population that is age 60 and older, substantial growth in this age category began in 2010 and is expected to continue during the next two decades. **Figure 2** shows the number of Littleton residents under age 60, and those age 60 and older, from 1990 to 2010, along with population projections to 2035 for these same age groups. Littleton’s population under age 60 increased by approximately 21% between 1990 and 2010, whereas the senior population increased by about 54% during that time period. By 2035, more than a third (38%) of Littleton’s population is expected to be age 60 or older.

Figure 2. Number of Littleton residents under age 60, and age 60 and older, 1990 through 2010 with projections to 2035*

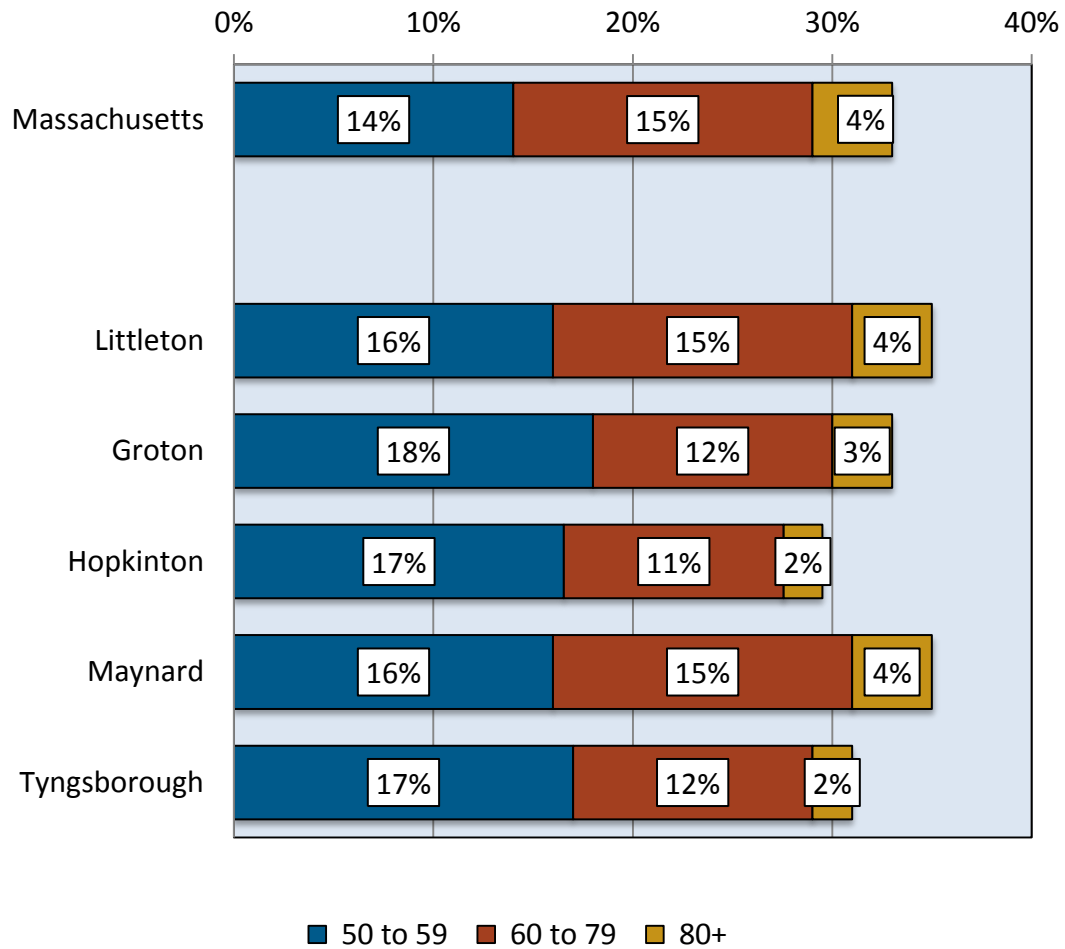


Source: Current and past population figures are from the U.S. Census, 1990 thru 2010.

* Figures for 2020 thru 2035 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Compared to the Commonwealth of Massachusetts overall, a slightly greater share of Littleton’s population is aged 50 or older (**Figure 3**). In 2010, about 33% of the population in Massachusetts was in this age group, compared to 35% of Littleton’s population. In relation to selected comparison communities, Littleton has a similar or slightly higher percentage of its population age 50 and older. Nineteen percent of Littleton’s population was 60 and older in 2010, including 4% that was age 80 and older. This reflects a somewhat older population in Littleton than in Groton, Hopkinton or Tyngsborough, but an age distribution that is similar to Maynard.

Figure 3. Age distribution in Littleton and comparison areas



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

Population growth in both Massachusetts and the Town of Littleton has been concentrated in older age groups during the last decade. In the total all-age population, Littleton experienced just 9% growth between the 2000 and 2010 Censuses; however, the absolute numbers of residents in the Boomer and Senior cohorts grew substantially during this time period (**Table 3**). The segment of the population age 50 to 59 increased in size by 45%— a rate considerably higher than the 29% seen in Massachusetts overall. The senior population increased by 37% in Littleton, compared to a 16% increase for the state. In general, growth of the senior population has occurred in many communities around Littleton as well. In Groton, for example, the senior population grew by 72% between 2000 and 2010, and in Tyngsborough the number of residents age 60 and older grew by 56%. Nevertheless, over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of seniors in Littleton, throughout the Boston Metropolitan area, and in the Commonwealth and the U.S. in general.

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

Community	All Ages			Boomers, age 50 to 59			Seniors, age 60+		
	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%
Littleton	8,184	8,924	9%	997	1,444	45%	1,276	1,746	37%
Groton	9,547	10,646	12%	1,093	1,955	79%	952	1,635	72%
Hopkinton	13,346	14,925	12%	1,492	2,470	66%	1,239	1,933	56%
Maynard	10,433	10,106	-3%	1,258	1,622	29%	1,683	1,883	12%
Tyngsborough	11,081	11,292	2%	1,155	1,918	66%	1,043	1,629	56%

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

Demographic Composition of Littleton’s Older Population

A majority of Littleton seniors are women, with 56% of Littleton residents age 60 and older being female. This is consistent with Massachusetts as a whole (57%; *Census 2010, Table QT-P1*). In both localities, 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.

Littleton is much less diverse than the state with respect to race. **Table 4** displays the race and ethnicity of Littleton and Massachusetts residents age 60 and older. The majority of Littleton residents in this age group (97%) are White, compared to 90% in Massachusetts. The largest racial minority group among older Littleton residents is Asian, at just 2%.

Table 4. Racial characteristics of residents who are age 60 and older, Littleton and Massachusetts

Race	Littleton		Massachusetts	
	Number	%	Number	%
White	1,694	97%	1,152,184	90%
Black	*	<1%	52,055	4%
Asian	38	2%	36,451	3%
Other	*	<1%	32,581	3%
Hispanic	*	<1%	47,387	4%

**Too few to report.*

Source: Census 2010, Summary File 2, Table DP-1.

The majority of older Littleton residents speak only English; however, 12% of the residents age 65 and older speak a language other than English at home (*ACS, 2009 – 2013, Table B16007*). Languages other than English most commonly spoken include Indo-European languages (e.g., Italian), and Asian and Pacific Islander languages (e.g., Chinese) (*ACS, 2009 – 2013, Table S1601*).

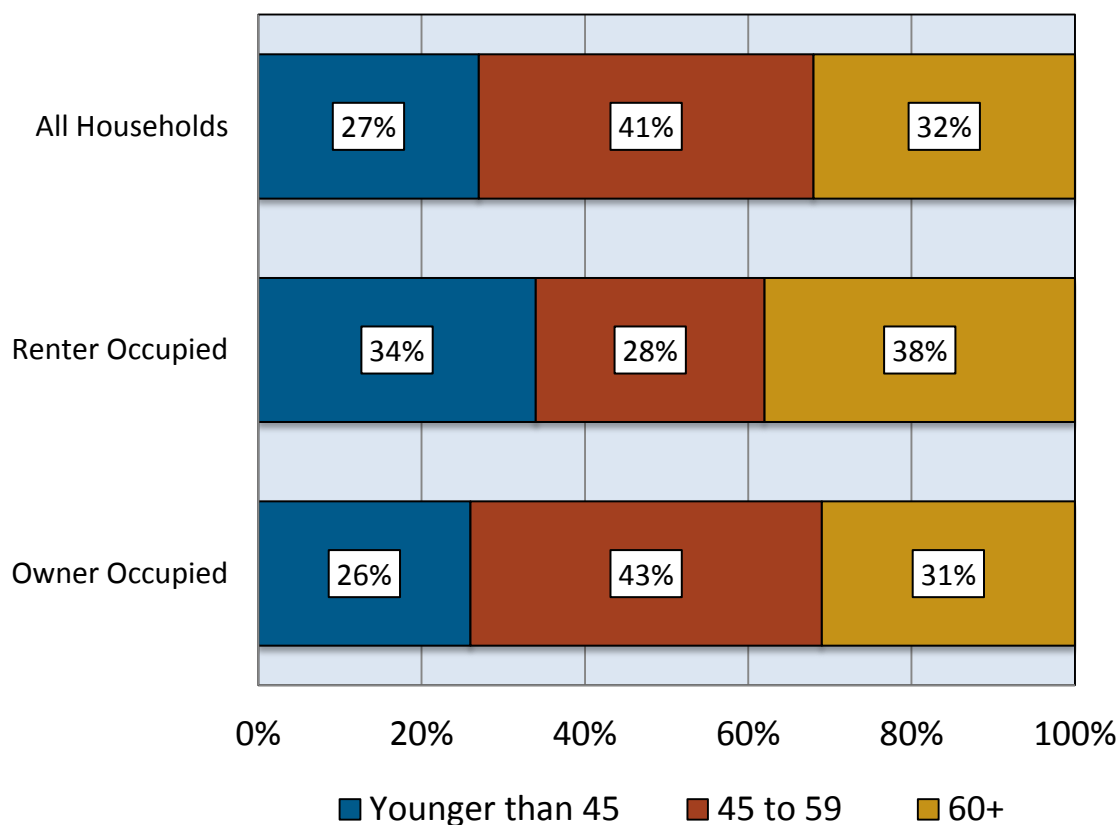
American Community Survey estimates on education suggest that Littleton residents are well educated on average. About 72% of residents aged 45 to 64 have either a bachelor’s degree or a graduate/professional degree (*ACS, 2009-2013, Table B15001*). About one-third of residents aged 65 and older have also attained this level of education. This educational profile contributes to the community’s vitality and character, which depends on older adults who value opportunities to be engaged in their communities through volunteer and civic

engagement activities, as well as late-life learning opportunities— activities that are often valued in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (31%) of Littleton residents aged 65 to 74 remain in the workforce, along with 8% of those 75 and older (ACS, 2009-2013, Table B23004). About one-third (35%) of men aged 65 and older in Littleton report veteran status, as do a small percentage (<1%) of Littleton’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.

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. Most of Littleton’s 3,297 households have householders who are middle-aged or older. Residents aged 45 and older are householders of 73% of all households in Littleton; nearly one-third (32%) of Littleton householders are age 60 or older, including 31% of Littleton homeowners (Figure 4).

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

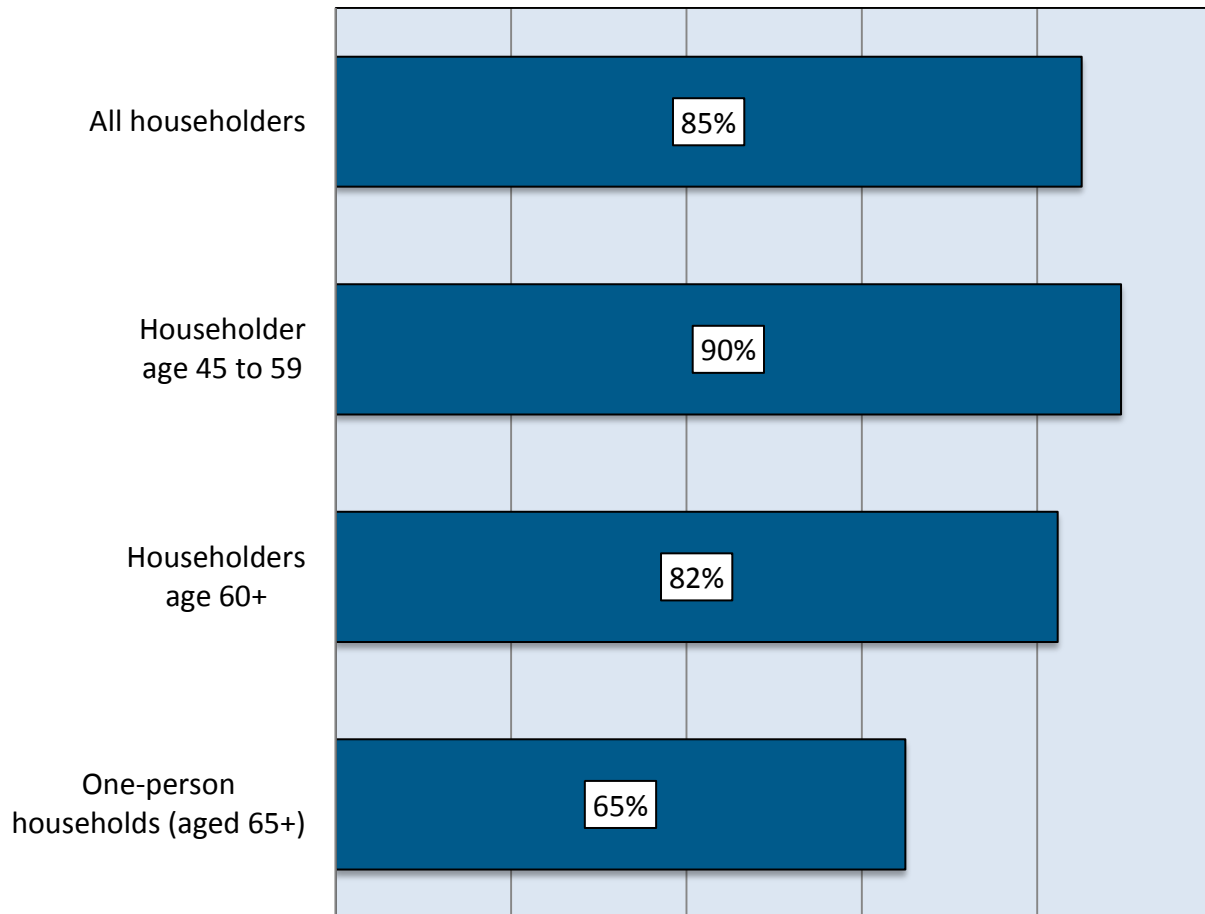


Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.

The majority of all Littleton residents live in homes that they own or are purchasing (85%; see Figure 5). About 90% of residents age 45 to 59 live in homes they own, and 82% of householders 60 and older own their homes. Nearly two-thirds (65%) of Littleton residents who are 65 and older and who live alone also own their homes. Home maintenance and

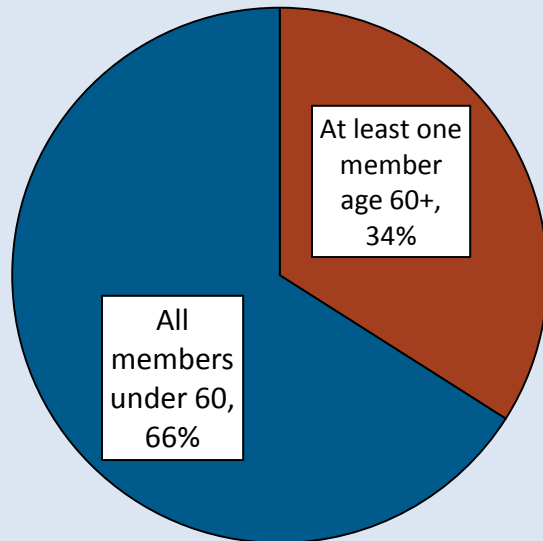
supports are often necessary for older homeowners—especially those who live alone—to maintain comfort, accessibility, and safety in their homes.

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



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

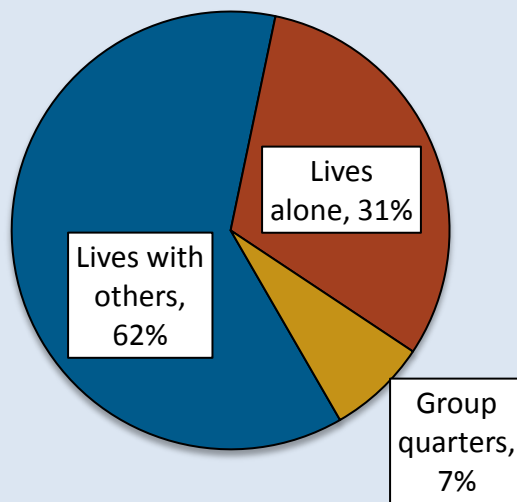
Figure 6. Households in Littleton with at least one member age 60+



About one-third of Littleton’s households include at least one individual who is age 60 or older (**Figure 6**). This high proportion, which is likely to increase in the future, reflects widespread demand for programs, services, and other considerations that address aging-related concerns of older adults and their families, including health and caregiving needs, transportation options, and safe home environments.

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

Figure 7: Living arrangements of Littleton residents age 65+

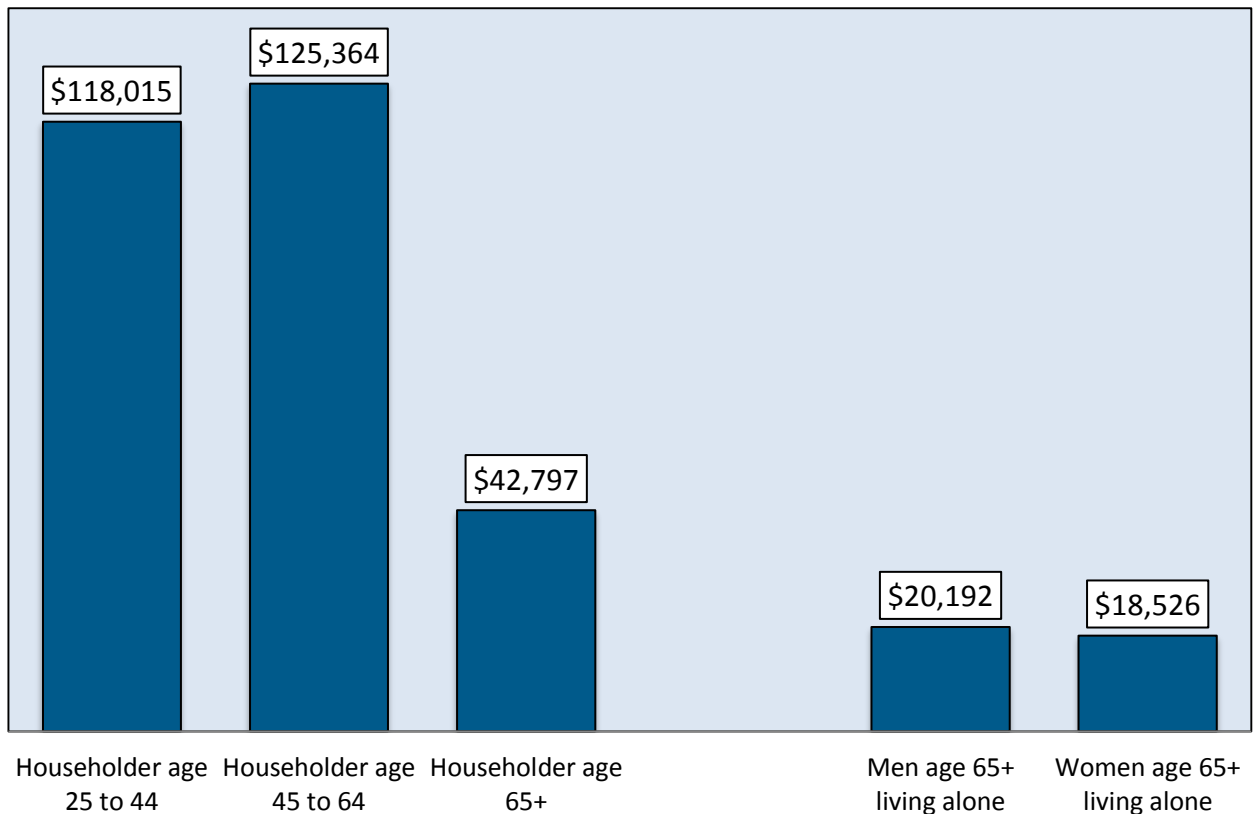


Many Littleton residents age 65 and older—nearly 1 in 3 (31%)—live alone (**Figure 7**); whereas 62% live in households that include other people, such as a spouse, parents, children, or grandchildren. Seven percent of older Littleton residents reside within group quarters—in Littleton, these are largely nursing home residents

Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B09020.

Figure 8 illustrates the comparative disadvantage of some older Littleton residents with respect to household income. Households headed by individuals who are aged 45 to 64 have the highest median income at \$125,364—this amount is substantially higher than the statewide median for this age group (\$82,433). Among Littleton households headed by persons aged 65 and older, the median income is \$42,797—this amount is slightly greater than the statewide median of \$38,325, but far less than for younger households in Littleton. Older residents who live alone have notably lower household incomes—the median income for older men who live alone is \$20,192, whereas older women who live alone are slightly worse off, with a median income of \$18,526. Insofar as nearly one-third of older residents aged 65 and older live alone in Littleton, these figures suggest that a sizable number of older residents could be at risk of economic insecurity.

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

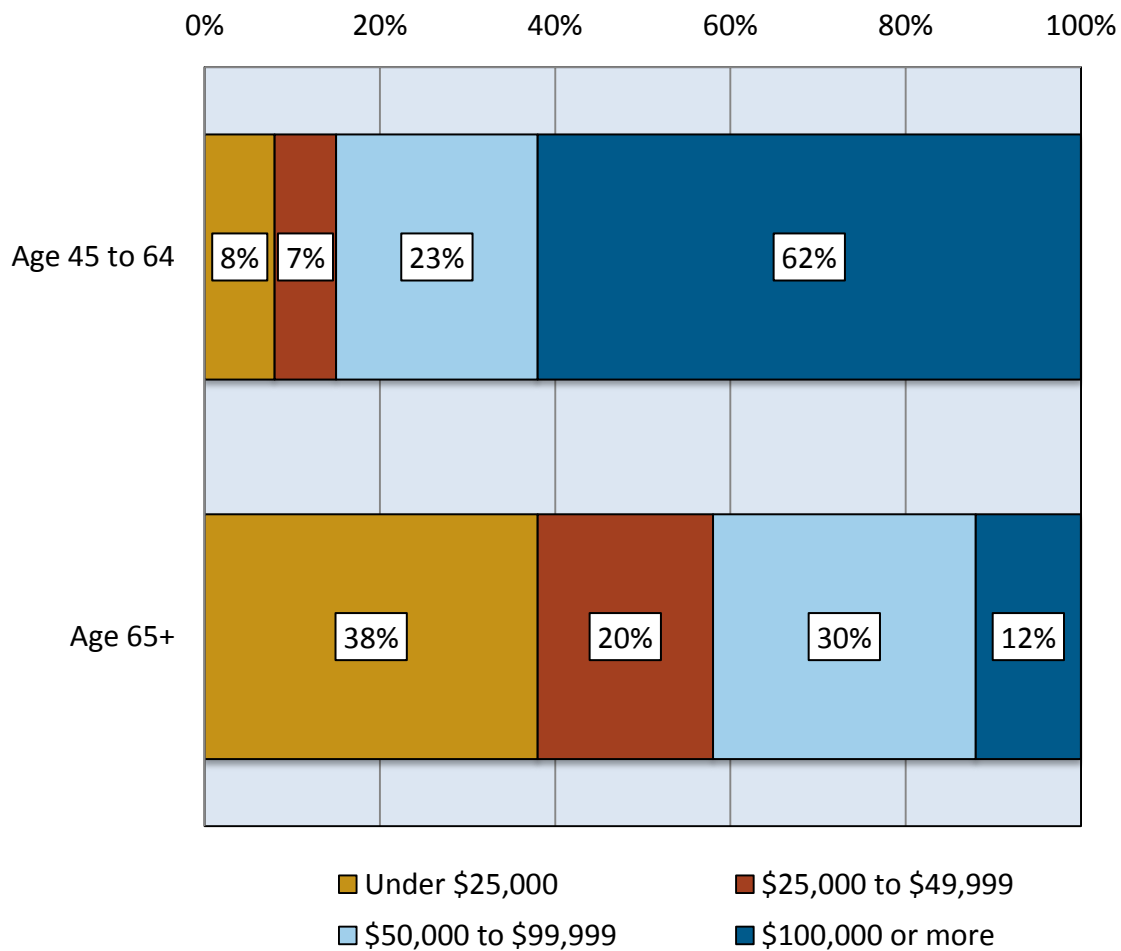


Source: U.S. Census Bureau; American Community Survey, 2009-2013, Tables B19049 and B19215.

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

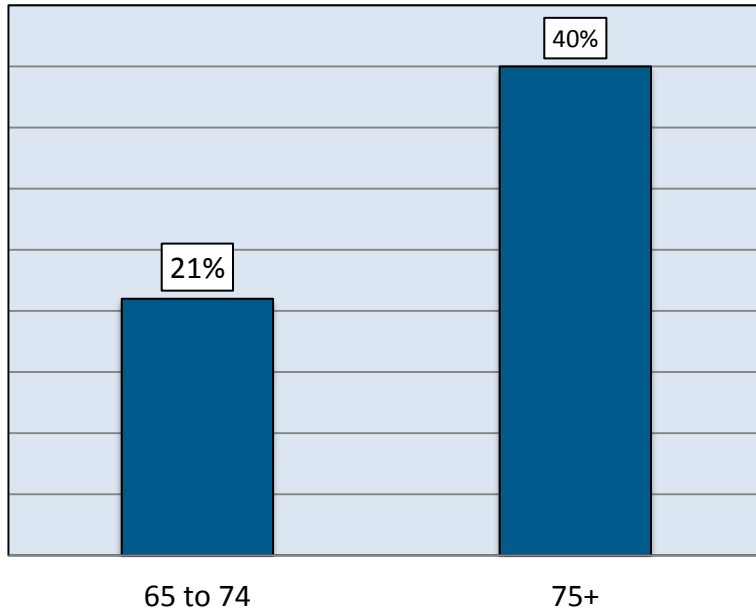
The economic profile of older Littleton residents relative to younger Baby-Boomers is further illustrated in **Figure 9**, which shows that some older residents are quite affluent—12% of Littleton residents age 65 and older report incomes of \$100,000 or more. By comparison, over half (62%) of households headed by residents age 45-64 report this level of income. While 38% of Littleton seniors report incomes less than \$25,000, only 8% of Boomers report incomes at that level. The economic profile of older Littleton residents further suggests that a sizeable segment of Littleton’s older population could be at risk of economic insecurity or disadvantage.

Figure 9. Household income distribution in Littleton 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.

Figure 10. Percentage of Littleton seniors reporting at least one disability, by age group



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B18101

The increased likelihood of acquiring disability with age is evident in ACS data. Many older Littleton residents experience some level of disability that could impact their capacity to function well and independently in their community. **Figure 10** depicts the proportions of older adults who report some level of disability. More than a fifth (21%) of residents age 65 to 74 report having at least one disability. This percentage more than doubles to 40% for the age group 75 and older. These rates of disability are similar to those estimated for Massachusetts as a whole. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 48% of persons 75 and older (not shown).

Among the different types of disability that were assessed in ACS, the most commonly cited by older Littleton residents were difficulties with ambulation (difficulty walking or climbing stairs; 15%) followed closely by independent living difficulty—difficulty doing errands alone, such as shopping or going to the bank—reported by 13%. Other disabilities cited by Littleton seniors included difficulties hearing (11%), vision impairments (8%), cognitive difficulties (7%), and self-care difficulties (7%) (ACS, 2009-2013, Table S1802-S1807). Individuals who have disabilities often have greater difficulty accessing transportation, or getting from one place to another due to other mobility difficulties, thus limiting their ability to participate fully in the community.

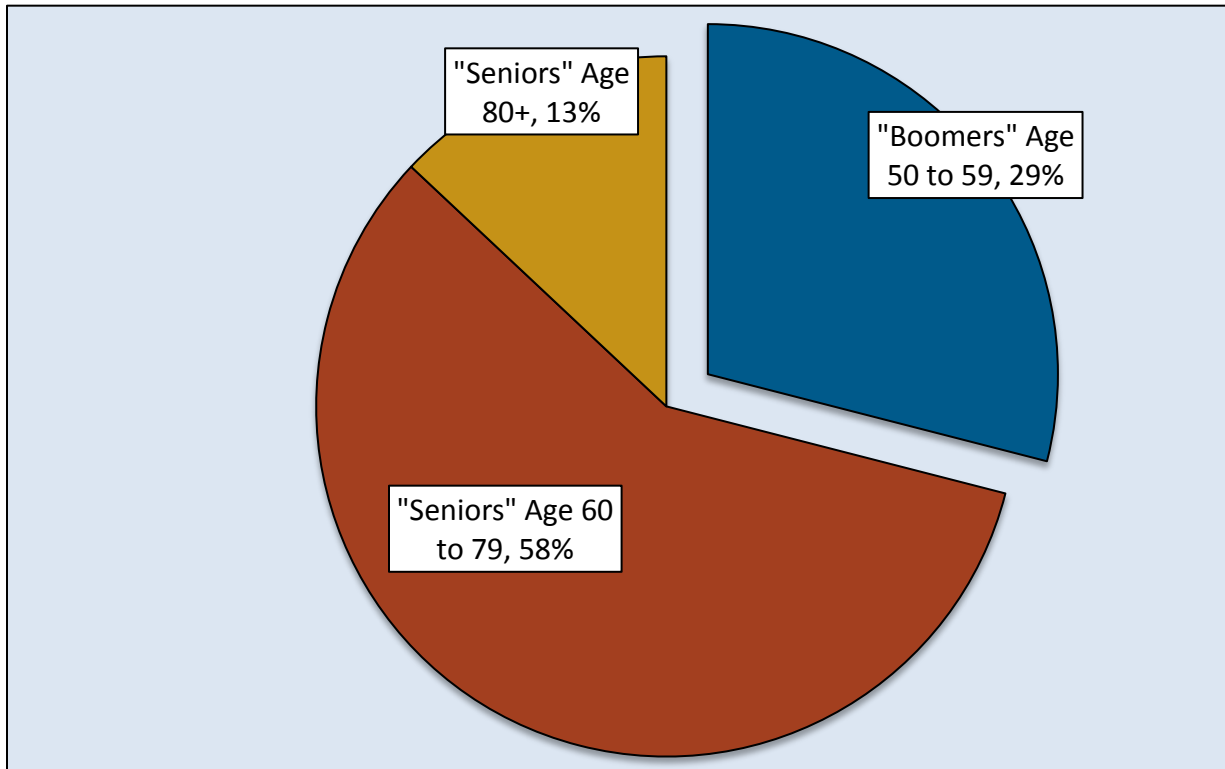
Resident Survey

Respondent Demographics

Of the original 3,599 residents who were invited to participate, 1,087 returned surveys with usable data, representing a response rate of 30% (see **Table 1** above). Participants included 318 Boomers and 759 Seniors (see **Figure 11**). Ten respondents (<1%) did not indicate their

age². More than half (58%) of respondents who provided their age were age 60 to 79, and 13% were age 80 and older. Relative to the population, the age distribution of respondents is disproportionately skewed toward the age category of 60 to 79³. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for age-graded response rates in the survey data, we present most 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. Town of Littleton resident survey respondents by age cohort and category



Note: Excluded are 10 respondents who did not provide their age.

The majority of respondents to the resident survey were women: 60% of Boomer respondents, 59% of respondents between the ages of 60 and 79, and 61% of respondents who were age 80 and older were women. By comparison, data from the 2010 U.S. Census indicate that just 50% of Littleton residents age 50 to 59 are women; 55% who are age 60 to 79 are women, and 63% of residents age 80 and older are women, suggesting that Boomer respondents include relatively more women than would be expected from the population gender composition; whereas the gender distribution for seniors in the survey data is reasonably close to the Census estimate. Readers are urged to bear these discrepancies

² 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, including those who did not indicate their age.

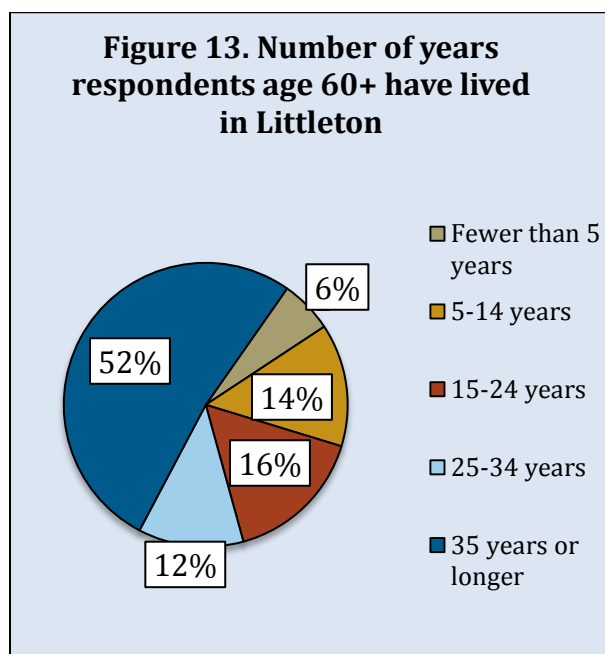
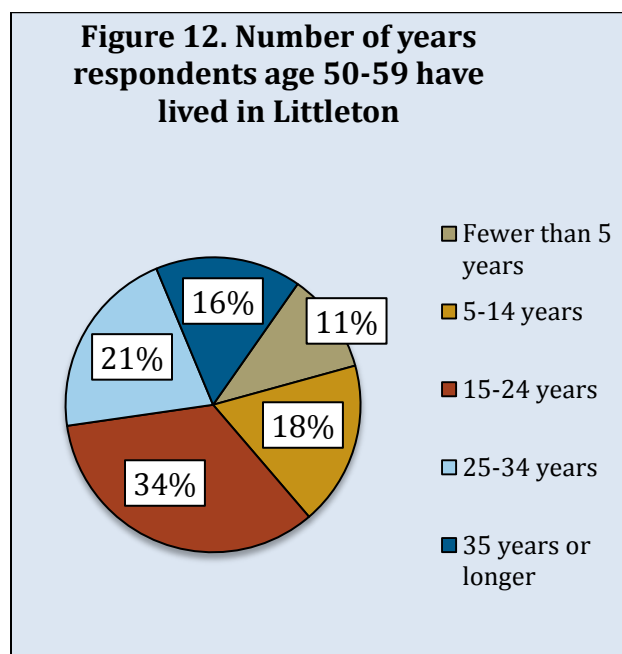
³ According to U.S. Census Bureau, the Littleton population age 50 and older is composed of 51% individuals 50-59, 36% individuals age 60 to 79, and 13% individuals who are age 80 and older.

between the respondents and the population in mind as they read and interpret the remaining results.

Finally, the vast majority (92%) of respondents to the resident survey indicated that their race was White and 2% of respondents reported Asian race. Few respondents indicated another race, and more than 4% declined to identify their race. According to data from the U.S. Census Bureau, about 97% of Littleton residents who are age 60 and older are White; and 2% is Asian (see **Table 4** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

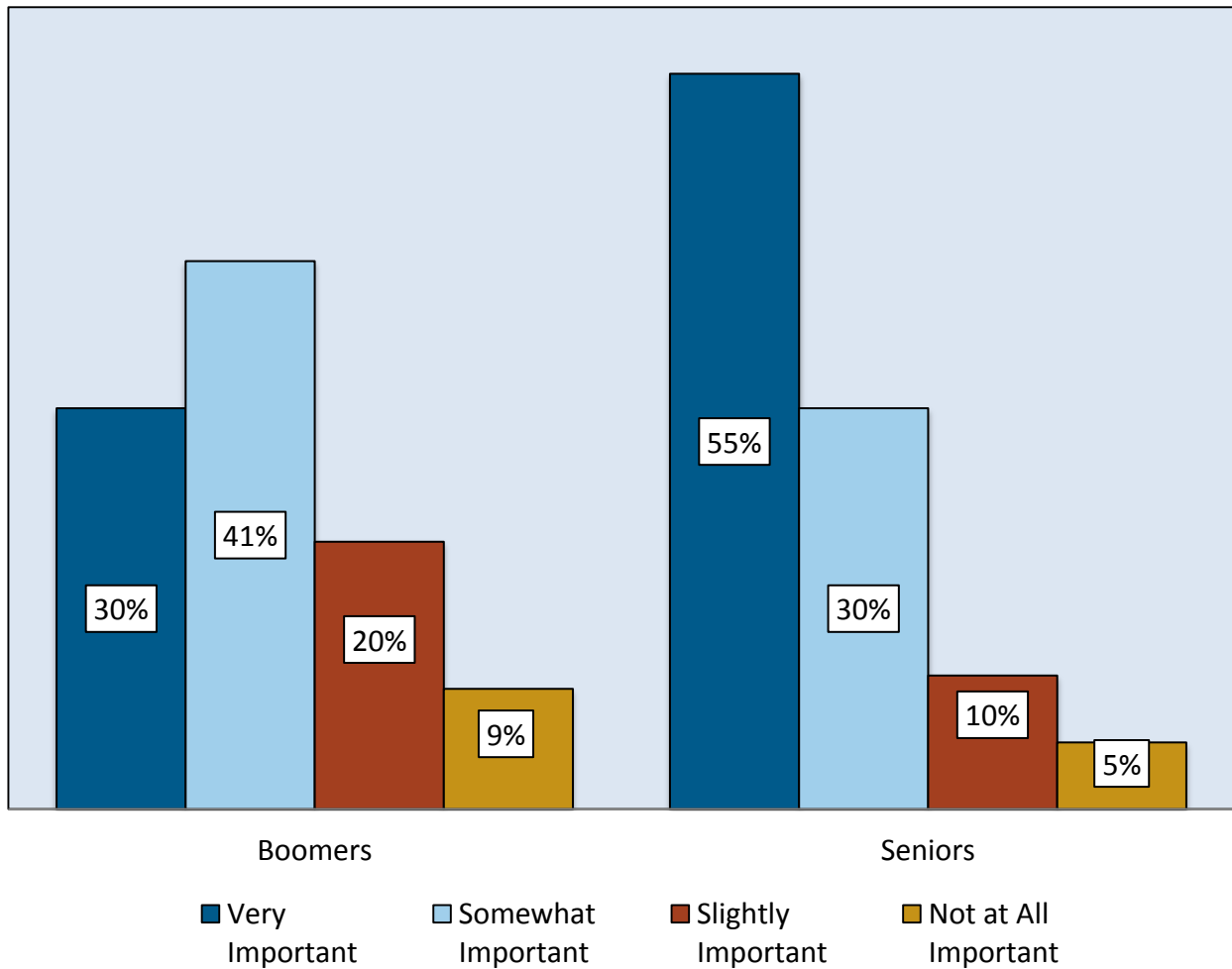
Section I: Community & Neighborhood

One outcome of communities being highly livable is that once residents are established, they tend to place high priority on staying in their communities as the age. A noteworthy characteristic of survey respondents is the length of time that most have resided in Littleton. **Figures 12 and 13** show that many respondents have been residents for 35 years or longer, while few are relative “newcomers,” having lived in Littleton for fewer than 5 years. Duration of residence is especially long among seniors age 60 and older, more than half of whom indicated that they lived in Littleton for 35 years or more.



Given that many survey respondents are long-time residents of the community, it is not surprising that a large majority of Boomers (71%) and Seniors (85%) indicated that it was “very important” or “somewhat important” to remain living in Littleton as long as possible in the future (**Figure 14**). Just 5% of Seniors and 9% of Boomers indicated that living in the Town as long as possible was not at all important to them. These figures suggest that Littleton Seniors and Boomers are largely committed to remaining in the community as they age, and that the Town can expect a sizable share of their age 50+ residents to age in place.

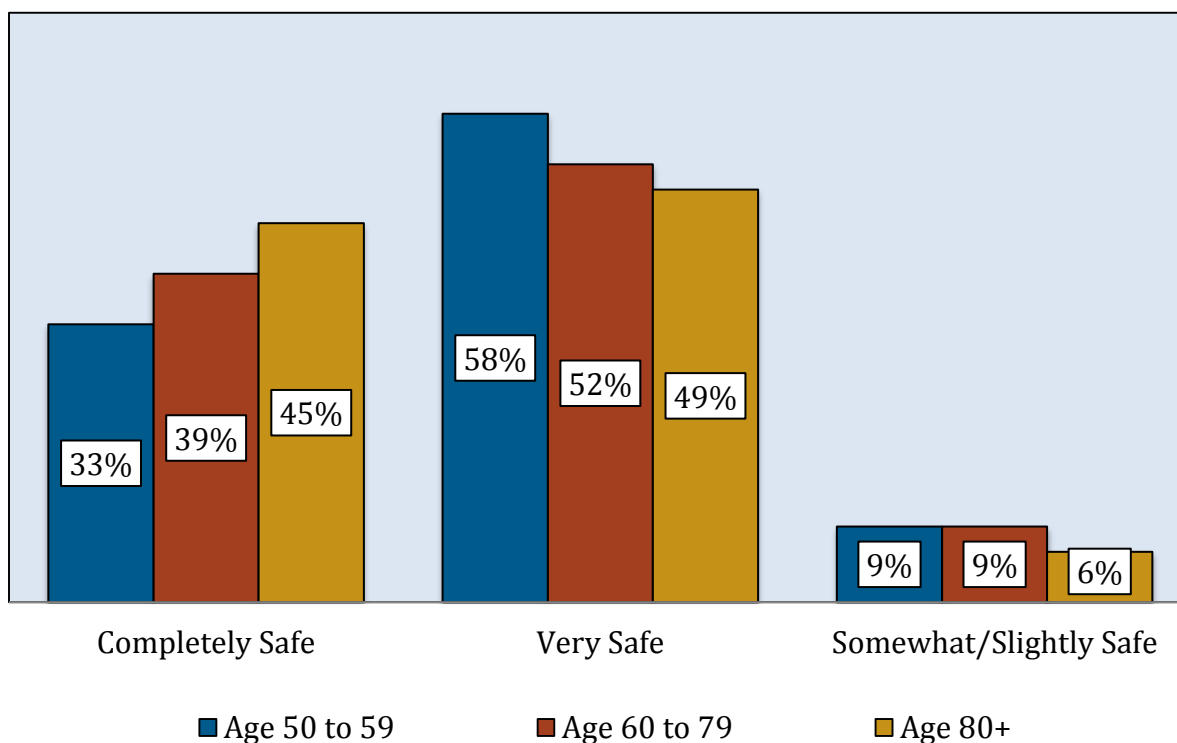
Figure 14. Importance of living in Littleton as long as possible by age cohort



The sense of safety and security that individuals perceive in their neighborhood is another important factor associated with quality of life, and the livability of one’s community. Overall, survey results suggest that Littleton is perceived as a safe and secure environment in which to age. The majority of survey respondents of any age reported feeling “completely safe” or “very safe” in their neighborhoods. Smaller percentages (9% or less in each age category) reported feeling only “somewhat,” “slightly,” or not at all safe (**Figure 15**). Only one percent of the respondents stated that they did not feel safe at all in their Littleton neighborhood. Perceptions among Littleton residents about safety are consistent with the lower-than-average

crime rate in the area, as reported in the recently released AARP Livability Index (<https://livabilityindex.aarp.org>).

Figure 15. Ratings of perceived safety in Littleton by age category



Survey participants were asked to reflect on their greatest concerns about their ability to continue living in Littleton, 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 Littleton on a fixed income. Many respondents were concerned about keeping up with everyday expenses, including food, fuel, and other bills; property taxes were frequently mentioned as a concern. Transportation concerns were mentioned next most frequently. The lack of a walkable shopping district, absent or inadequate public transportation options, and the sense that driving oneself was essential to remaining in Littleton were issues voiced by numerous respondents. Other themes frequently mentioned pertained to their ability to downsize when the time comes into desirable housing options within the Town; concerns about maintaining health and independence; safety considerations; maintaining activities and networks while avoiding isolation; implications of the winter climate in Littleton; and having access to adequate services including both medical services and senior services.

Table 5. Most prevalent concerns about ability to age in place in Littleton

Issue Mentioned
<p>Affordability, cost of living, taxes</p> <ul style="list-style-type: none">• <i>The taxes are too high so it is hard to retire. I have no support and help to maintain my home because my children live in another state.</i>• <i>Money! The cost of living increase, our fixed income does not. Taxes increase, maintenance of home and property increases, work load increases (outside maintenance, lawn, gardening), home cleaning, heating bills. We get older but we do not get healthier and richer!</i>• <i>Property tax has gone out of control since we have lived here. It has increased more than 400%; at this rate, it will force elderly to move out of their homes.</i>
<p>Transportation concerns</p> <ul style="list-style-type: none">• <i>Traffic, transportation. Difficult to get anywhere without a car and streets are not walker/bike friendly.</i>• <i>There is no public transportation to speak of, and no “town center”.</i>• <i>Littleton is a driving community—cannot access anything without a car or someone else driving. Would prefer to live in a pedestrianized zone with access to shops, facilities, restaurants, and bookshop.</i>• <i>If my health is good, when my grandchild is older I will move back to my home state—where I can catch one of many buses passing right outside my door and go everywhere. Here, as I age, I will become a hermit!</i>
<p>Ability to stay in one’s home, to maintain one’s home, or to downsize</p> <ul style="list-style-type: none">• <i>If I need to leave my home because it was “too much” for me, there are almost no housing options for me to stay in Littleton.</i>• <i>Lack of housing facilities, especially for those of us who would like to buy or rent a suitable condo at an affordable price.</i>• <i>Taking care of outside property and our long driveway in the winter</i>• <i>No other place to live other than in our home which is expensive to maintain and too big for two people, plus a yard that we can barely maintain.</i>
<p>Maintain good health, remain independent, needing assistance</p> <ul style="list-style-type: none">• <i>Becoming physically unable to care for myself to the point where I become a burden on my family.</i>• <i>Developing disabilities that interfere with my mobility or cognitive functioning.</i>• <i>Having lived in Littleton for most of my life, I hope to stay healthy and strong enough to live alone in my own home.</i>• <i>I live alone. Falling and having no help is of much concern. Being able to take care of my daily needs as I age.</i>

Table 5 (continued) Most prevalent concerns about ability to age in place in Littleton

Access to and quality of services (medical and other)

- *Reasonably priced home companion or home assistance—I have no long-term care insurance.*
- *No general practice doctors in Littleton*
- *Need more senior activities. Exercise, dance, and sightseeing tours. I would like to see a place for pool and other indoor activities.*
- *Access to a quality hospital.*
- *Need services to assist older citizens to remain in town.*

Weather conditions and emergencies

- *Snow removal during harsh winters.*
- *Maintaining reliable and reasonably priced snow shovel and plowing services.*
- *Isolation difficulties associated with extreme weather conditions/power outages, inaccessibility of a safe town refuge given my disability.*

Being close to family, socialization and well-being

- *Distance from family due to health issues.*
- *Living alone with no one to check in is not easy.*
- *Making friends who are close to my age and with the same interests.*

Safety and physical environment

- *There is not enough over-55 housing available in the configuration that we want. Eco-friendly and walkable.*
- *The senior living should be separate from public housing. I see guns, drugs, and fighting. It is very ugly here.*
- *I would like to see more focus on controlling development and traffic so Littleton remains a “resident friendly” town, with a lovely, pedestrian-friendly town center and common.*
- *Speeding traffic, narrow streets and winding roads.*

Section II: Housing & Living Situation

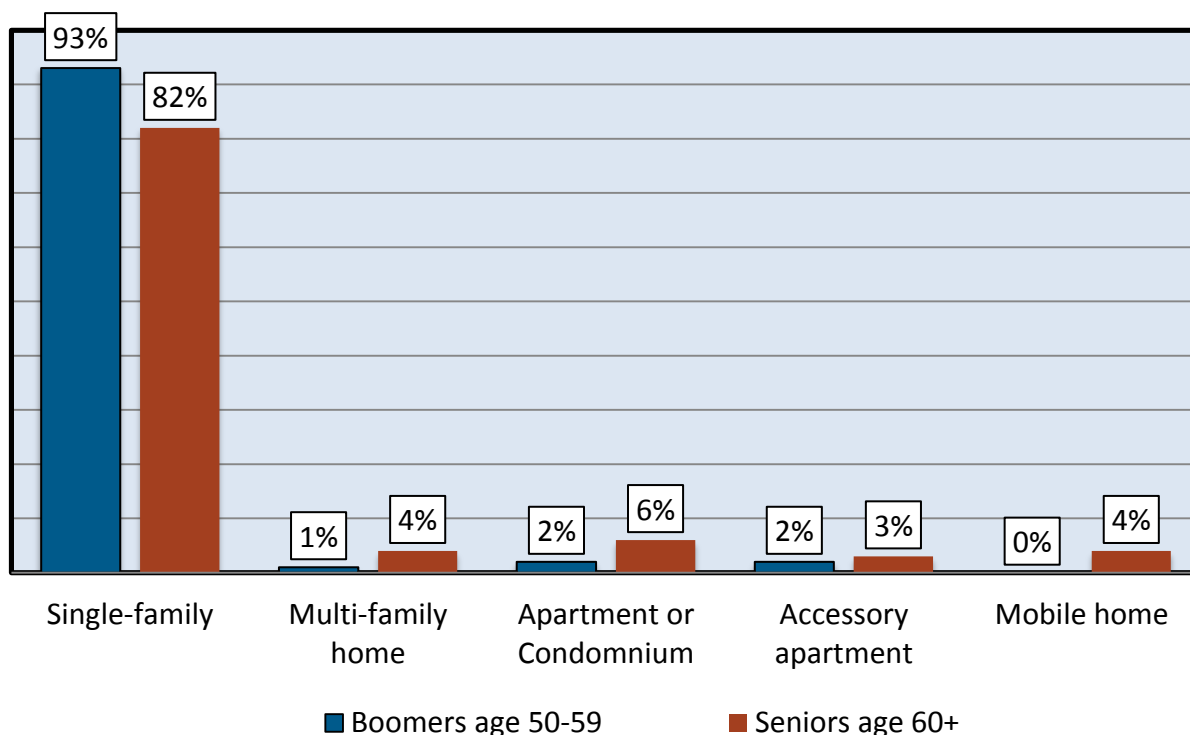
According to the U.S. Census Bureau, the majority (86%) of all occupied housing units in Littleton are single-family attached or detached homes (ACS Table S2504, 2009-2013). **Figure 16** indicates that an overwhelming majority of survey respondents also reported living in single-family homes. Respondents most likely to live in another type of setting are those age 80+: 9% of this age group reports living in an apartment or condominium, and 9% report living in an accessory apartment (see **Appendix B**).

For many older residents, living in single-family structures 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.

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 get older.

Figure 16. Type of residence reported by Littleton respondents



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. Nearly one-quarter (22%) of respondents age 50-59 indicated that their homes required modifications to facilitate their aging in place, with a larger share of respondents age 60-79 (32%) and age 80+ (27%) reporting that modifications to their homes were needed. Among respondents whose homes needed modification, 32% of Boomers reported being unable to afford to make needed modifications, along with 25% of residents age 60 to 79, and 32% of those age 80 and older (Table 6).

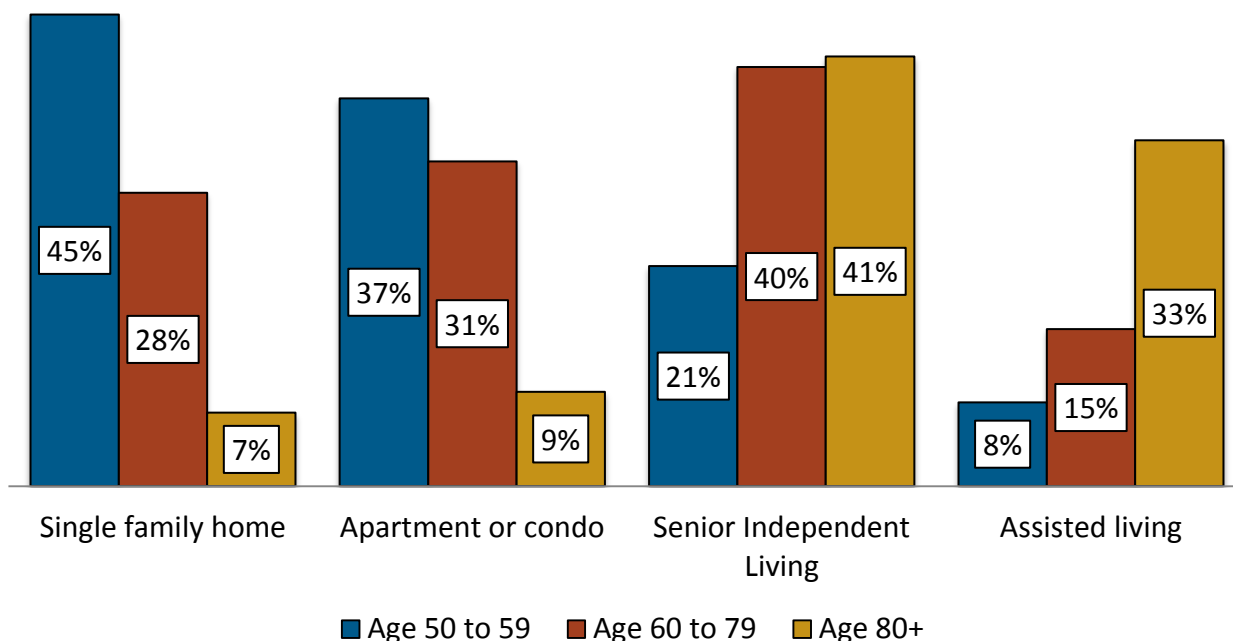
Table 6. Percent of respondents who indicated needing home modifications, and being unable to afford them, by home ownership and age category

	Home needs modifications	Unable to afford modifications
Age 50 to 59	22%	32%
Age 60 to 79	32%	25%
Age 80+	27%	32%

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

Survey participants were asked to select the types of housing units they would prefer to live in if in the next five years they experienced a change in their health or physical ability that required them to move from their current residence. As shown in **Figure 17**, the most common preferences indicated by respondents varied by age category. Among Boomers nearly half (45%) indicated that they would prefer to live in single-family homes; 37% would prefer to live in an apartment or condominium. Among seniors age 60 to 79, 40% would prefer to live in an independent living setting, and 31% indicated that they would prefer an apartment or condominium. The oldest respondents—seniors age 80 and older—indicated a preference to live in a senior independent living community (41%), or within an assisted living facility (33%). Thus, respondents age 60 and older seemed receptive to senior independent living, and those 80 and older are highly receptive to both independent living and assisted living as options if health changes require that they move.

Figure 17. Housing preference, if in the next 5 years a change in health or physical ability required a move from current residence, by age category



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

Section III: 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.

Survey responses suggest that older residents in Littleton rely on a variety of transportation modes to meet their travel needs. By far, the most commonly cited means of transportation by survey respondents was driving themselves, though the percentage is somewhat smaller for respondents age 80 and older. 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 7** shows that while the majority of respondents are drivers, many seniors modify their behavior in order to make driving easier and safer.

Table 7. Driving behavior by age category

	Age 50-59	Age 60-79	Age 80+
Non-driver	4%	4%	27%
Drive with modifications	27%	42%	52%
Drive without modifications	69%	54%	21%

While 96% of respondents under the age of 80 drive, only 73% of Littleton residents age 80+ drive themselves, with the rest reliant on other strategies for getting around. More than four out of ten (42%) seniors age 60 to 79 reported making at least one modification to their driving. Among seniors age 80 and older, 52% reported using at least one strategy to make their driving safer and easier. Strategies reported most commonly are avoiding night driving (reported by 24% of respondents age 60-79 and 36% of those age 80+), avoiding driving in bad weather (reported by 28% of respondents age 60-79 and 38% of those age 80+), and avoiding driving far distances (reported by 14% of respondents age 60-79 and 31% of those age 80+). Other modifications reported include avoiding left-hand turns, expressway driving, and driving in unfamiliar areas (see **Appendix B**).

The use of such strategies likely contributes to older adults' increased safety while driving; however, limiting driving could also place constraints on independence and options available to older residents, especially when alternate transportation choices are not available, are inaccessible, or are prohibitively costly or inconvenient. For instance, the large percentages of people who avoid driving at night may be discouraged by their limitations from participating in activities that occur within the community during the evening.

Respondents to the Littleton community survey were asked how they meet their transportation needs. Boomers and younger seniors largely reported self-driving, supplemented by riding with family members, friends or neighbors. More than 15% of these younger age groups report walking as among the means by which they meet their transportation needs, and 10% of Boomers report bicycling. The Council on Aging van is cited as a means of meeting transportation needs by 6% of seniors, including 17% of those age 80+, highlighting the importance of this community resource for Littleton's oldest residents. A small number of respondents wrote in additional sources of transportation, including the commuter rail and MBTA.

Survey respondents were asked about the difficulties they experienced getting around in Littleton and the local area. Although just over two thirds of respondents who drive with no modifications indicated that they had experienced no difficulties, those who do not drive or who drive with modifications, which includes large shares of the under-80 respondents and more than half of those age 80+, reported at least one problem meeting their transportation needs (**Table 8**). The most common issues were related to limitations of public transportation options in the area, and "walkability" issues such as poorly maintained sidewalks and

interrupted or non-existent walkways. Other challenges travelling in Littleton mentioned by respondents included the traffic congestion, absence of taxi service, concerns about poor and absent sidewalks, poor bicycle friendliness, and safety concerns associated with these challenges.

Table 8. Challenges experienced when traveling locally by driving status

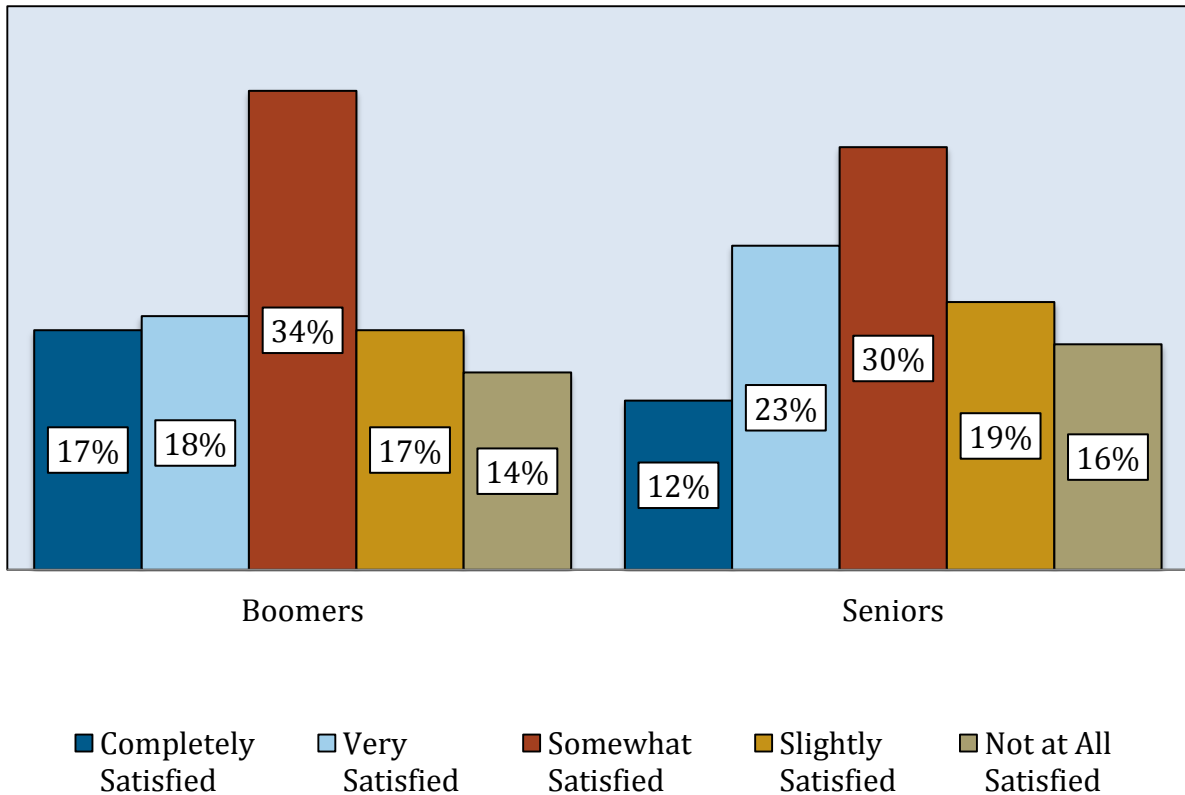
Challenges with transportation	Do not drive	Drive with modifications	Drive with no modifications
I have experienced no challenges	45%	48%	71%
Public transportation service not available where I need to go	23%	17%	8%
Lack of public transportation services throughout the day and evening	29%	15%	7%
Walkability issues (e.g., lack of or interrupted sidewalks)	18%	23%	19%

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

Specific concerns about walkability were elicited by way of this question: “Are you able to walk safely in your neighborhood?” Nearly three-quarters of Boomers and Seniors responded affirmatively to this question, with smaller shares of the respondents age 80+. The most frequently reported barriers to safe walking reported are absent sidewalks, dangerous traffic, and poorly maintained sidewalks and paths. These responses are consistent with the generally low walkability score of Littleton, as reported by the Massachusetts Healthy Aging collaborative (<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>).

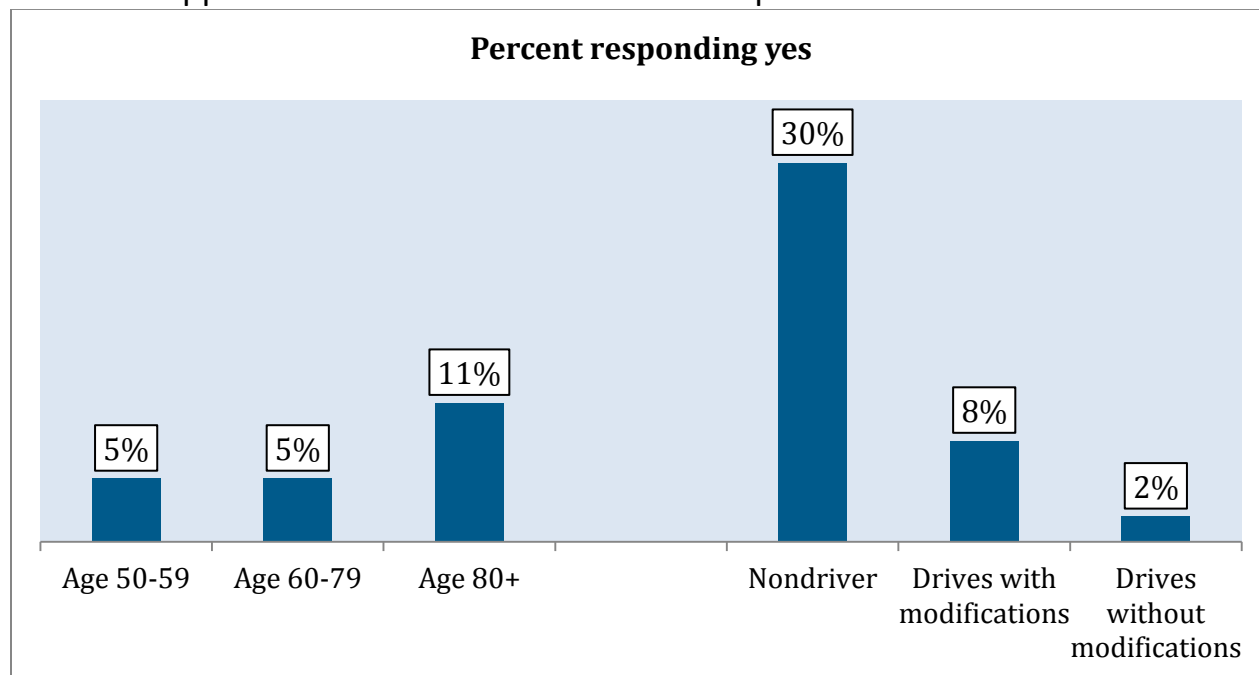
Many survey participants indicated some degree of satisfaction with transportation options available to them in Littleton, including one-third of respondents who reported that they are “completely satisfied” or “very satisfied”. **Figure 18** shows roughly comparable rates of satisfaction with transportation by age cohort. The most common response among all age cohorts is “somewhat satisfied,” and one out of three respondents indicated that they were only “slightly satisfied” or “not at all satisfied” with transportation options, indicating room for improvement regarding transportation options in the community.

Figure 18. Satisfaction with transportation options in Littleton by age cohort



Consistent with the mixed levels of satisfaction with transportation options locally, segments of the community experience negative consequences associated with transportation. Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment because of a lack of transportation. **Figure 19** shows that 5% of respondents under age 80 responded affirmatively, as did very few respondents who drive without modification. However, 11% of respondents age 80+, 30% of nondrivers, and 8% of those who drive with modifications indicated that seeking medical care had been disrupted due to transportation limitations. For these individuals, improved transportation options may have especially meaningful impact on well-being.

Figure 19. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?



Section IV: Your Health

Large shares of survey respondents reported good physical health. Self-ratings of physical health by age category are shown in **Figure 20**. Nearly all respondents age 50 to 59 (92%) reported “excellent” or “good” physical health. Within the senior age cohort, 85% of respondents age 60 to 79, and 66% of respondents age 80 and older said their physical health was “excellent” or “good”. This suggests that most of Littleton’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, experience declines in their health.

Increasing health risks with older age is expected to increase demand for medical care and, indeed, survey results suggest that frequency of seeking care from a medical doctor or other health care professional is high among seniors. One out of five respondents age 60-79, and one-third of those age 80+, visited a medical doctor or other health care professional at least 7 times in the previous 12 months (see **Figure 21**). The expense associated with these visits, and the challenges experienced by seniors who do not drive or who limit driving, would be expected to be especially substantial for those with significant medical needs. Limited availability of some types of medical services in Littleton contributes to high demand for medical transportation, especially among seniors in need of frequent medical care.

Figure 20. Self-ratings of physical health by age category

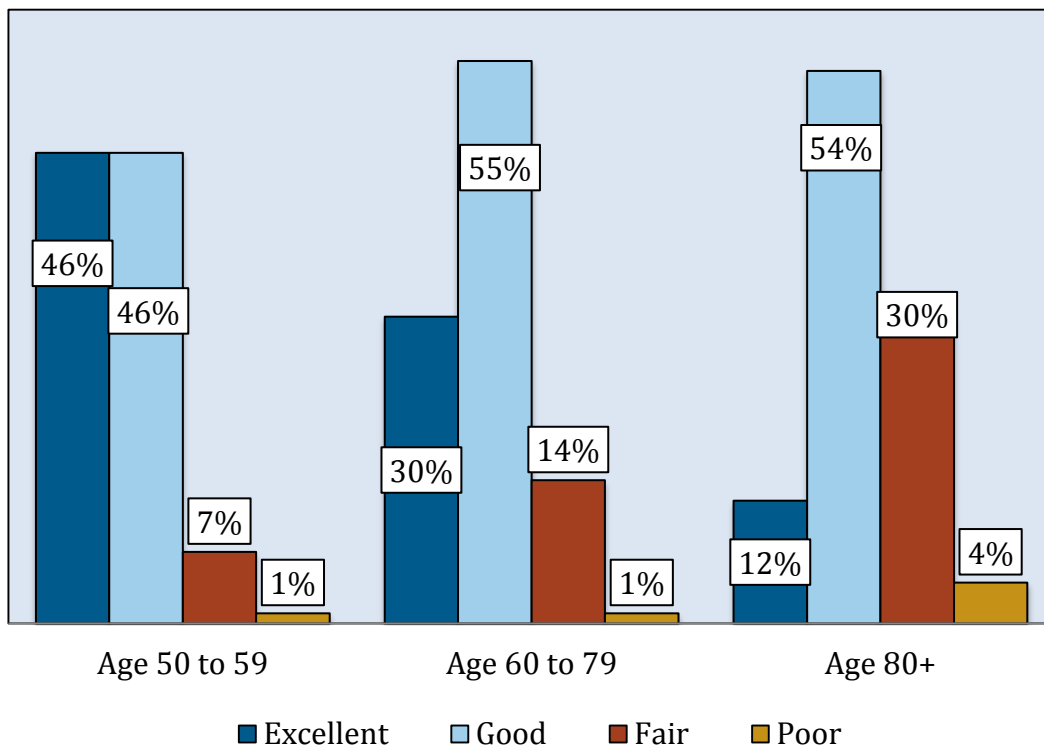
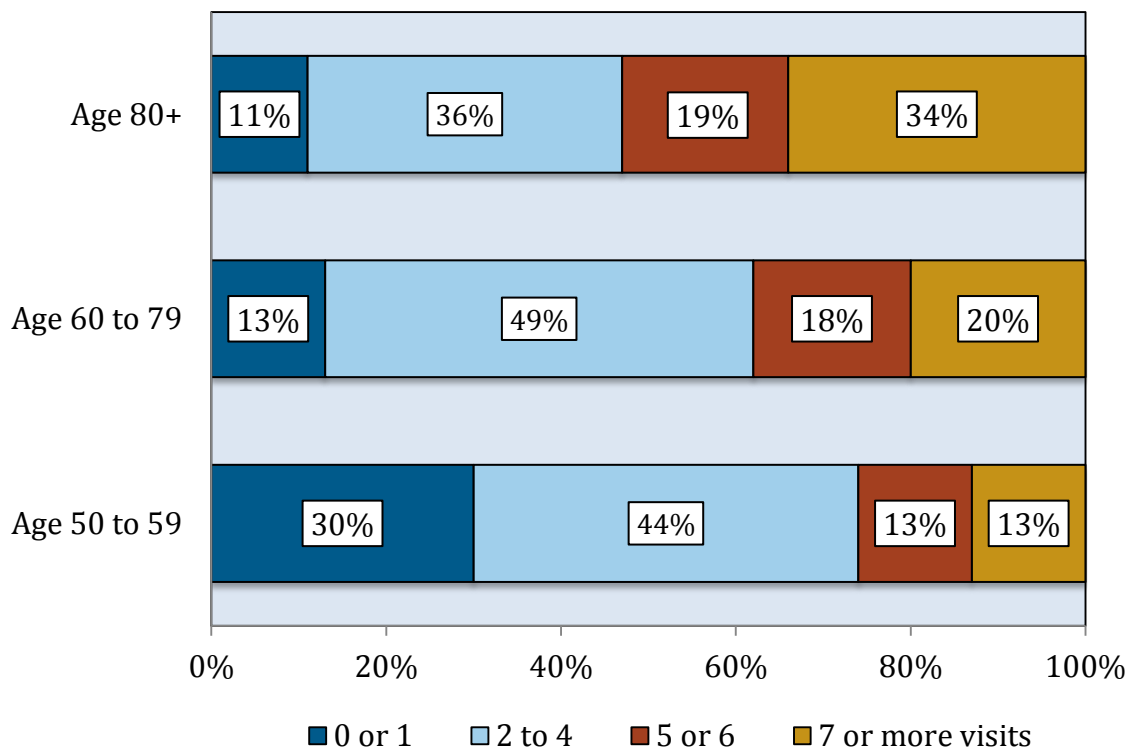
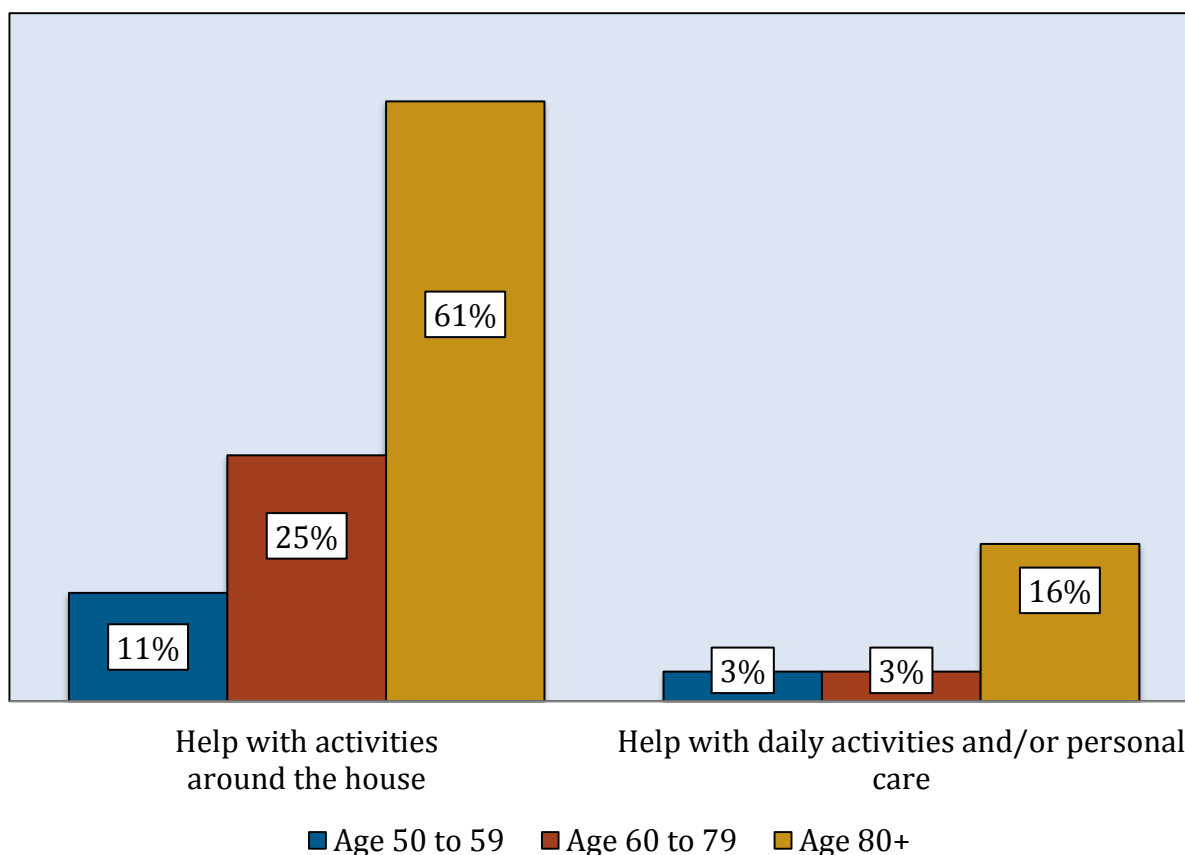


Figure 21. Number of medical or health care visits in the previous 12 months, by age category



Beyond reflecting the potential need for medical care, self-ratings of 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 health or poor stamina required them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), and with *daily activities* (such as using the telephone, preparing meals, taking medications, or keeping track of bills) or with *personal care activities* (such as taking a shower or getting dressed). Needing help with these sorts of daily living activities was much more common among residents who are 80 and older. Just over 60% of respondents in the oldest age category required assistance with activities around the house; and 16% required assistance with daily activities and/or personal care. As well, one out of four seniors age 60-79 reported needing help with routine chores around the house.

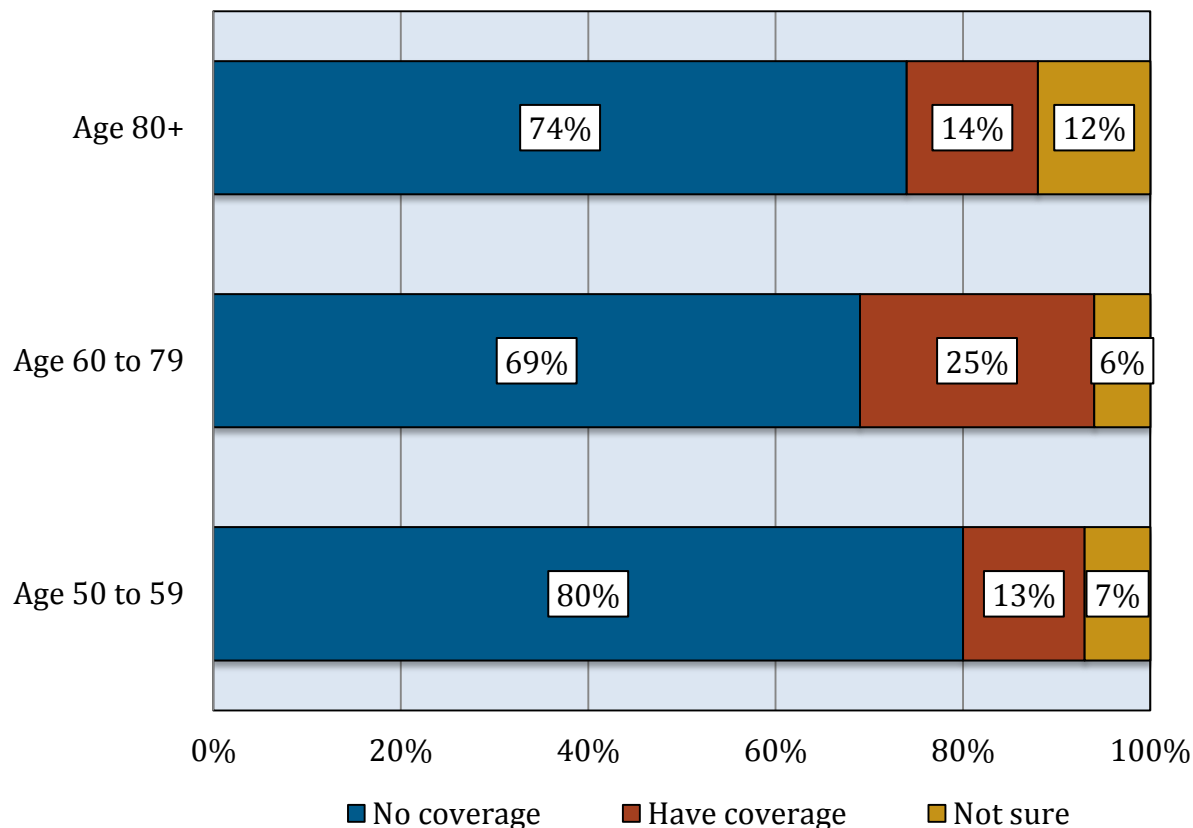
Figure 22. Percent who need assistance due to health or poor stamina, by age category



Respondents reported drawing on multiple sources of assistance when extra help is needed, and many depend on more than one source of help (see **Appendix B**). Among those who reported needing help, many respondents have family members (59%) or friends (16%) on whom they rely. Paying for assistance was reported by 45% of those who need assistance. However, 12% of the respondents who require help indicated that they can't afford to pay for the help they need, and 5% indicated that they do not have anyone to assist them. These

findings suggest that a segment of the older Littleton population may not be receiving the volume or quality of assistance that they need, given their health limitations. Indeed, a common problem facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. An important function of the Littleton COA is to connect people to needed resources for caregiver support and home services, among other types of assistance meant to help older adults stay in their homes.

Figure 23. Percent with long-term care insurance*, by age category



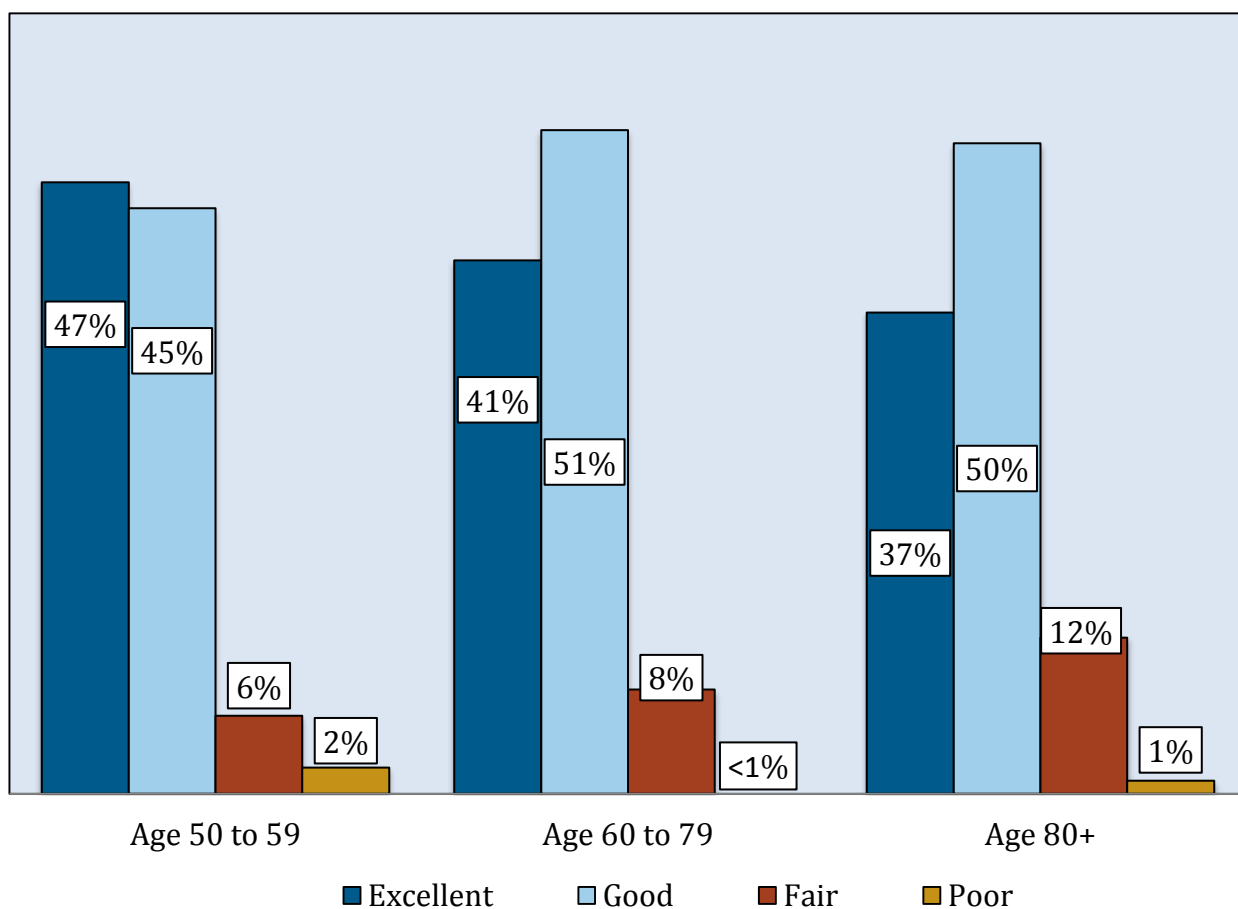
*To aid in responding to this query, a definition of long-term care insurance was included in the questionnaire. The full question was as follows: “Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.”

Cost is frequently a barrier to securing needed supports in the home. Nationwide, a majority of long-term services and supports is provided on an unpaid basis by family members and friends. Yet, some seniors have needs that cannot be adequately met informally, or do not have sufficient informal supports available; for these individuals, out-of-pocket costs may be prohibitive. Long-term care insurance is one means by which adults may plan for long-term care needs, though such insurance is often expensive and restrictive in coverage. Most Littleton respondents report that they do not have long-term care insurance (see **Figure 23**), and a share do not know if they have it. The need for in-home support reported by the

Littleton responses, coupled with the high cost of formal services and lack of insurance coverage for such services, highlights this area as a need in the community.

Survey respondents also reported high levels of *emotional* wellbeing. This dimension of social/emotional health is shown by age category in **Figure 24**. Equivalent proportions of respondents age 50 to 59 (8%) and age 60 to 79 (8%) reported “fair” or “poor” emotional wellbeing, as did somewhat larger shares of the oldest respondents (13% of those age 80+). Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good”, including 92% of Boomers, 92% of respondents age 60 to 79, and 87% of respondents who are age 80 and older.

Figure 24. Self-ratings of emotional wellbeing by age category

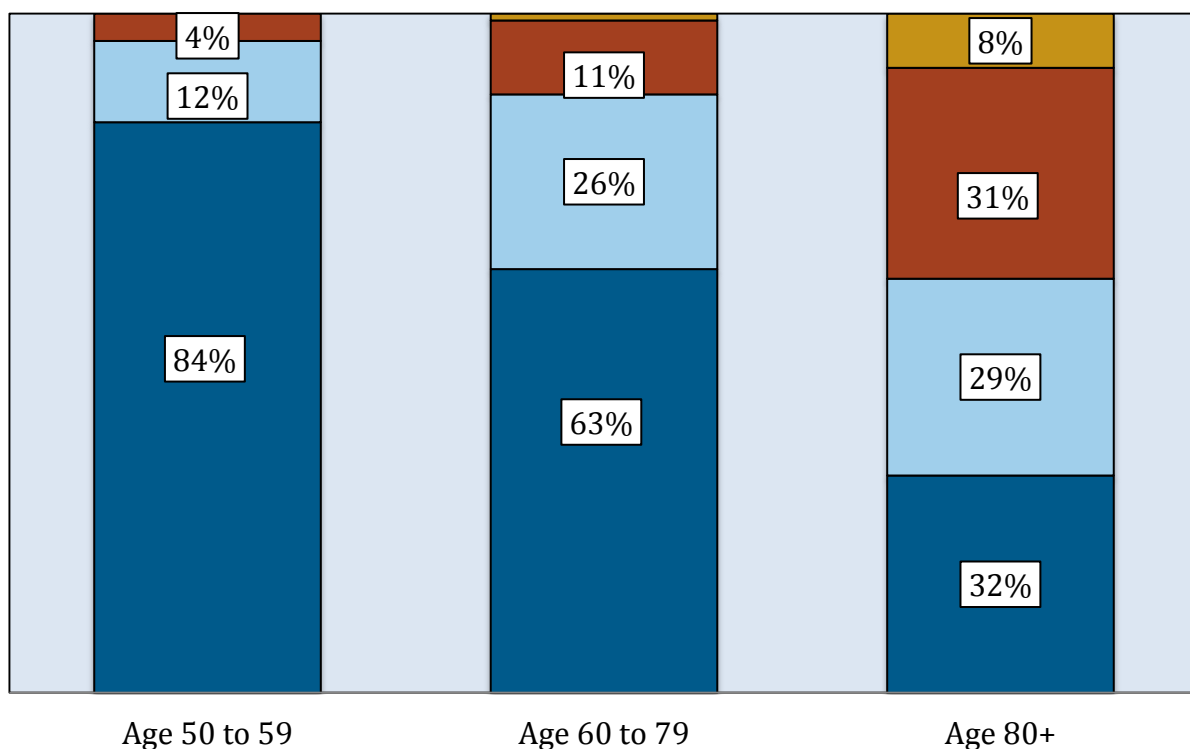


Respondents were also asked to indicate how often over the last month they had felt sad, depressed, or “down in the dumps.” These results also suggest that emotional well-being is quite good among older Littleton residents, although a segment struggles with depression. Six percent of Boomers and 5% of Seniors report feeling sad “often” or “always” during the month prior to filling out the questionnaire (see **Appendix B**). The generally high levels of physical and mental/emotional health reported here are consistent with those reflected in other data sources, including the Massachusetts Healthy Aging collaborative

(<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>), as well as the AARP Livability Index (<https://livabilityindex.aarp.org/search#Littleton+MA+USA>).

Social/emotional health, as a dimension of wellbeing, is dependent on many factors. Among them is the degree of connectedness that individuals maintain within their social networks. 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. **Figure 25** suggests that a majority of Littleton’s older residents are engaged with their community, although a share is at risk of isolation. Participants were asked how often they left their homes for any reason. A majority of respondents age 50 to 59 (84%) and age 60 to 79 (63%) reported leaving home 6 or 7 days weekly, although only 32% of seniors age 80 and older reported leaving their homes this frequently. A segment of each group—4% of Boomers, 11% of seniors age 60-79, and 39% of seniors age 80+--leave home fewer than 4 days per week; and 8% of respondents age 80+ get out less than 1 day in the average week. These individuals may be at risk of isolation and negative outcomes associated with being isolated.

Figure 25. Frequency of leaving home for any reason

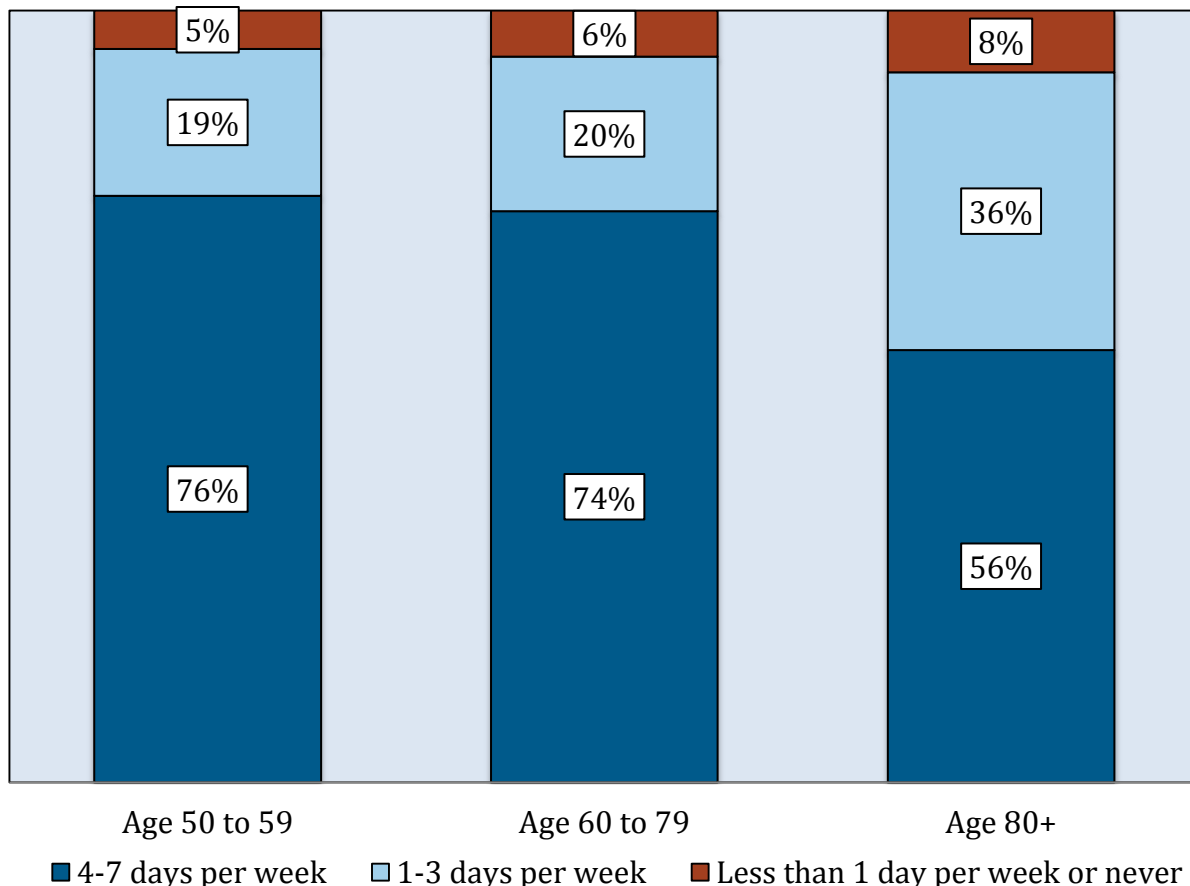


■ 6-7 days a week ■ 4-5 days a week ■ 1-3 days a week ■ Less than one day per week

Social connectedness is further reflected by frequency of contact with friends and relatives, including not only in-person contacts but also communication by phone or email. **Figure 26** suggests that most Littleton respondents are in frequent contact with social supports, although 5-8% report visiting, speaking by phone or emailing less than one day a week.

Individuals who have infrequent contact with friends or relatives, as well as those who do not leave their homes, represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

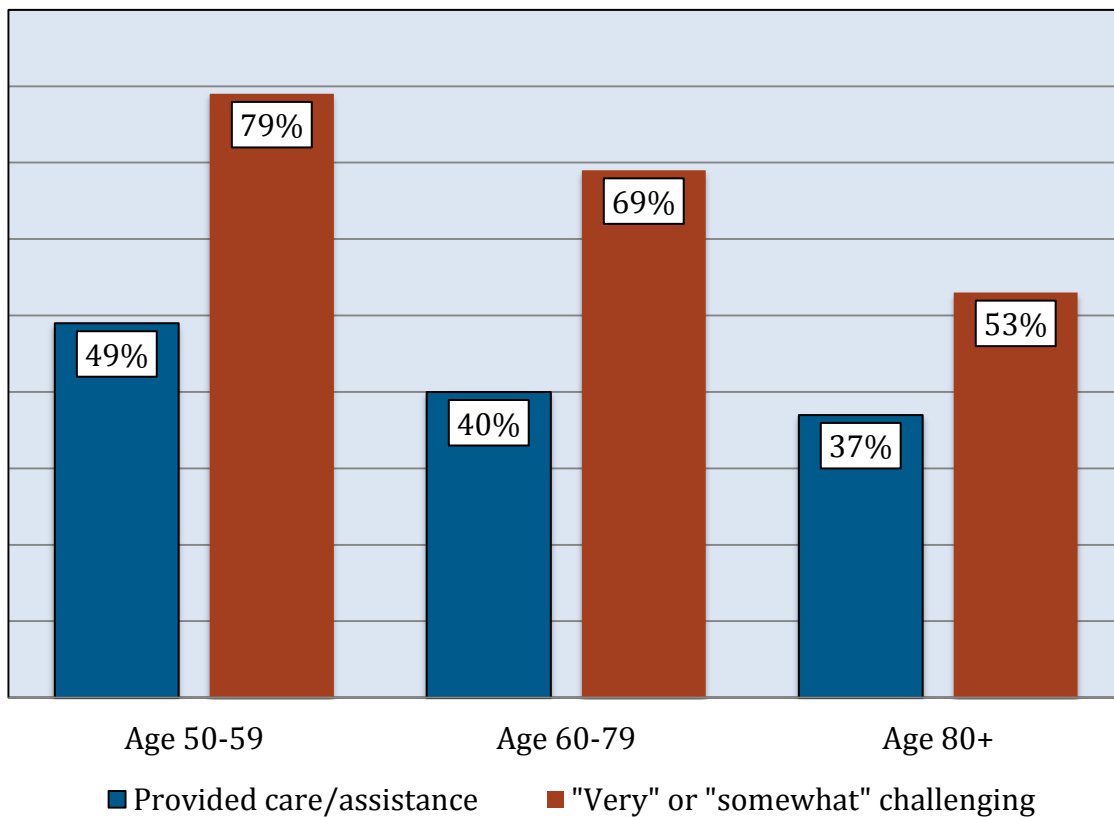
Figure 26. Frequency of using phone, email, and/or getting together with friends or relatives



Section V: Caregiving

Many Littleton 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, 49% of survey respondents age 50-59 said that they had provided care or assistance to a spouse, parent, relative, or friend who is disabled or frail within the past 5 years, along with 40% of respondents age 60-79 and 37% of those age 80+ (see **Figure 27**). A majority of caregivers described it as “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work, including 79% of the caregivers age 50-59, 69% of those age 60-79 and 53% of those 80 and older.

Figure 27. Percentage having provided care or assistance within the past 5 years to a person who is disabled or frail, and share of caregivers describing the experience as very or somewhat challenging, by age cohort



Caregivers were asked about the care recipient’s conditions that may have prompted their need for support. A variety of conditions were named, with the most common set being chronic illness (such as cancer or heart disease) (see **Table 9**). Twenty-nine percent reported that their care recipient had Alzheimer’s disease or another dementia, and 29% reported recent surgery precipitating the need for care. Nearly one-quarter of the caregivers wrote in another condition, including the care recipient being “very old” or frail, having problems with mobility or vision, needing end-of-life care, needing help due to acute illness or an accident, and needing transportation assistance. Many caregivers reported more than one condition for the recipient of their caregiving support.

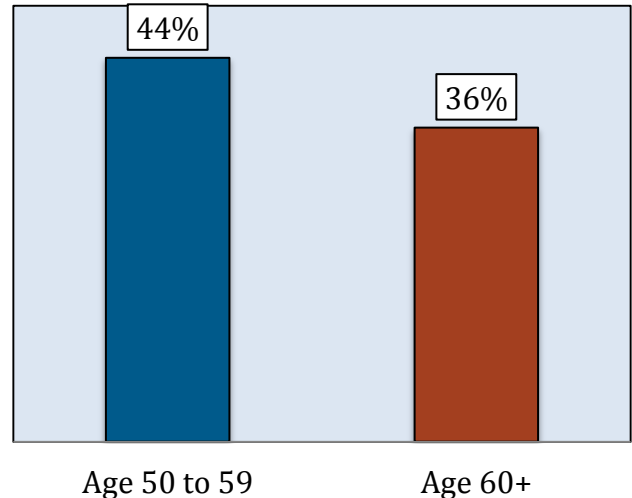
Table 9: Conditions of care recipient reported by Littleton resident providing care or assistance to a person who is disabled or frail

Condition	Percentage
Chronic illness	50%
Alzheimer’s disease or other dementia	29%
Recent surgery	29%
<u>Other:</u> Most frequently named conditions were being “very old” or frail, having mobility problems, having vision problems or blindness, needing end of life care, having acute illness or accident, and needing transportation assistance	23%

Figure 28 shows the percentage of caregivers in each age category who said that a caregiver respite program or support group would be helpful to themselves or their families, if it were available (the calculations for age 60-79 and age 80+ are combined due to small frequencies). A relatively large share of caregivers age 50-59 (44%) said that these programs would be helpful. Many times, members of the Boomer cohort have caregiving responsibilities for their own children, while simultaneously providing care to an aging parent. More than one-third of Senior caregivers also reported that caregiver respite and support programs would be helpful to them or their families. Although these figures are reported just for caregivers, the question about need for elder-care assistance was asked of all respondents, not just caregivers. Including caregivers and noncaregivers alike, one-quarter of the Littleton respondents indicated that elder-care assistance would be helpful to them or their families. This suggests that especially among those who

have been recently involved in caring for disabled or frail loved ones, but also more broadly throughout the community, elder-care assistance is recognized as a need.

Figure 28. Percentage of caregivers indicating that a caregiver respite program would be helpful to them or their family



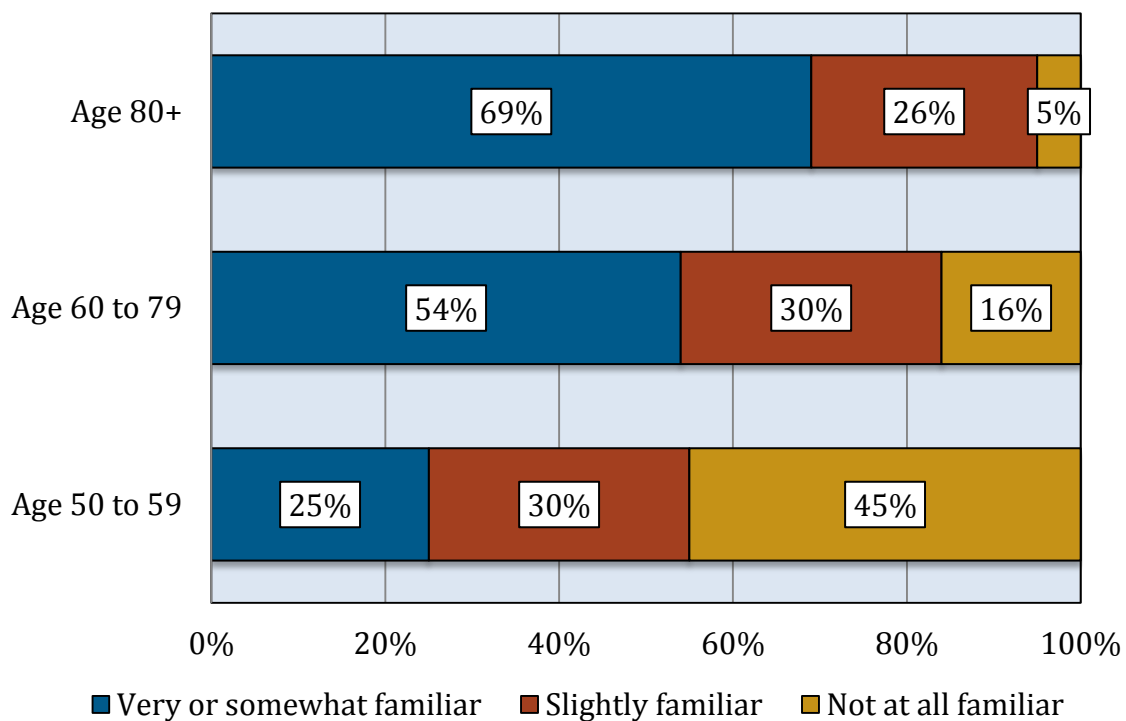
Section VIII: Programs & Services at the Senior Center

The Littleton COA and the Senior Center are important resources for many older residents striving to age in place in their homes and communities. The COA seeks to identify and

respond to the physical and emotional needs of Littleton’s seniors by providing programs, information and referrals intended to support seniors’ efforts to live independent and fulfilling lives. 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 referral to other agencies in and around the Town, outreach, health services, transportation, education and recreation programs and various group activities.

In many communities, residents are relatively unfamiliar with the offerings of the COA and Senior Center. To gauge awareness across residents age 50+, the survey asked respondents to indicate their familiarity with programs and services offered by Littleton COA, including those provided by the Senior Center (see **Figure 29**). Results suggest that familiarity is high among seniors, especially those age 80 and older, 69% of whom indicate they are “very familiar” or “somewhat familiar” with the COA and Senior Center. Familiarity is far lower among Boomers age 50-59, only one-quarter of whom are “very familiar” or “somewhat familiar” with the COA, and 45% of whom indicate they are “not at all familiar.” This pattern is to be expected given the focus of the COA on older residents; however, broader familiarity throughout the community may enhance the reach and perceived value of the COA.

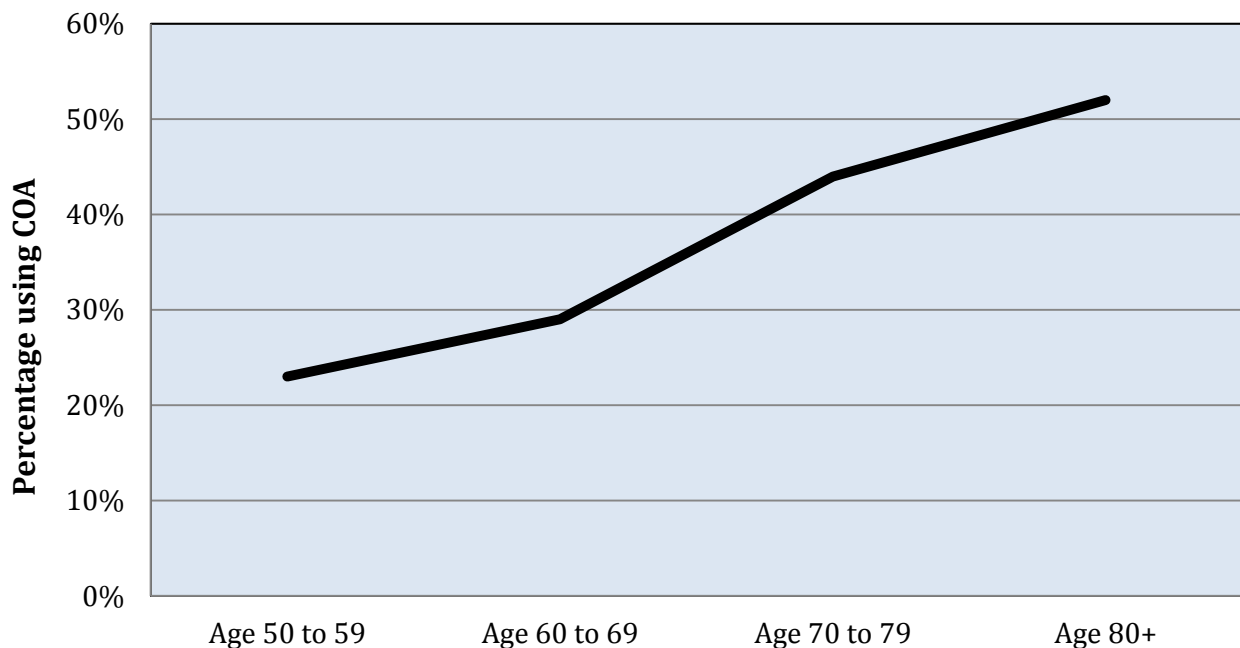
Figure 29. Familiarity with programs and services offered by the Littleton COA and Senior Center



Consistent with reported familiarity levels, participation in Littleton COA programs and services is substantially higher among older seniors. **Figure 30** shows the percentage of respondents who indicated that they currently use programs and services offered by the COA and the Senior Center by age category. More than half of the respondents age 80+ reported

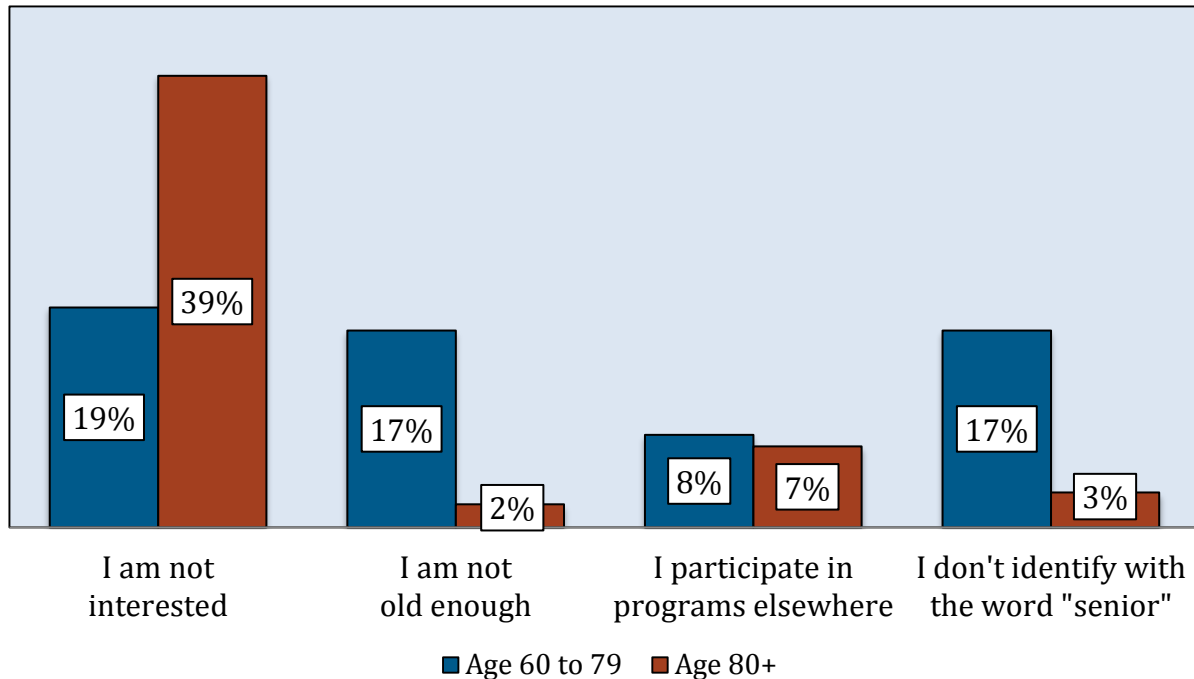
using these programs and services, as did 44% of respondents age 70-79, 29% of those age 60-69 and 23% of those 50-59. This result may indicate the increasing value of the COA to older residents and their families; but suggests also that some younger residents also directly benefit. Conversations with the Senior Center director suggest that residents under 60 participate in exercise programs at the Senior Center, as well as caregiving support groups and volunteer opportunities. As well, because the outreach coordinator interacts with Littleton residents of all ages, some of the respondents under age 60 may have drawn on her expertise as well.

Figure 30. Percent of respondents who currently use programs and services offered by the Littleton COA and Senior Center by age category*



Among seniors who said that they do not currently participate in programs and services, 19% of those age 60-79 and 39% of those age 80+ stated that they were “not interested”; 17% of those 60-79 and 2% of those age 80+ stated that they were “not old enough”; 7-8% said they “participated in programs elsewhere”; and 17% of those 60-79 and 3% of those 80+ stated that they “do not identify with the word ‘senior’” (see **Figure 31**). More than one-third of the non-participants took the time to write in reasons, with the largest share reporting that they were busy or had no time to participate, many indicating that they were still working. Another frequently named reason was “not needing” the COA programs and services, sometimes referring to their current level of independence. These individuals would appear to be focusing primarily on the service offerings of the COA (e.g. nutrition, transportation) rather than the full range of COA offerings. Smaller numbers of respondents wrote that their health prevented participation; that they didn’t know anyone there; that the Senior Center physical plant was inadequate or not appealing; or that they didn’t know what was available as reasons for not participating.

Figure 31. Reasons for not currently using programs or services offered by the Littleton COA, by age category



An important goal of the survey was to assess the value and importance of programs and services that are currently offered, or could be offered in the future to older adults and their families in Littleton. Survey respondents were asked to rate 22 programs and services according to their importance to the community. Each was rated on a five-point scale (1=unimportant, 5=important). The most highly scored program across all age groups was transportation services (Littleton COA MART van service), rated as important to the community by more than 80% among all three age groups (see **Table 10**). Among those under age 80, the program next most frequently rated as important is assistance with local or state programs (81% of those 50-59, and 79% of those age 60-79 rated this as important); followed by caregiving services in the home (rated as important by 78% of those under age 80, and 76% of those age 80+). Among respondents age 80 and older, Nutrition/Meals on Wheels was rated highly (77% rating this as important, second only to transportation services); health and wellness programs were also rated highly by the oldest respondents.

Indeed, with the exception of four of the 22 programs, *every* listed service and program was rated as important by more than half of the respondents. Those least highly ranked include a grandparents raising grandchildren support group, programming for the LGBTQ community, intergenerational programs, and technology training. The consistency in rankings across age groups is striking. Some differences are observed—for example, the younger two age groups rate fitness activities more highly than do respondents in their 80s, and information, referral and outreach are rated more highly by the oldest respondents—but overall, strong support is expressed across the age groups.

Table 10. Percent of respondents who rate programs/services as important* by age category (listed in order of high to low ranking among respondents age 60-79)

	Age 50 to 59	Age 60 to 79	Age 80+
Littleton COA MART van service (transportation for medical appointments and shopping)	85%	84%	82%
Assistance with local or state programs (e.g., financial, fuel)	81%	79%	72%
Caregiving services in the home	78%	78%	76%
Nutrition/Meals on Wheels	74%	75%	77%
Professional services (e.g., tax, legal, & financial)	69%	75%	69%
Fitness activities (e.g., exercise, dance, yoga, Tai Chi)	76%	73%	66%
Health insurance counseling (e.g., SHINE program)	69%	71%	72%
Health and wellness programs (e.g., blood pressure and glucose screening)	70%	70%	76%
Information, referral & outreach	63%	70%	71%
Adult supportive day program (e.g., Littleton Social Club)	68%	68%	64%
Social activities (e.g., lunch groups, book club, card games)	68%	67%	75%
Volunteer opportunities	62%	66%	67%
Minor home repair	62%	65%	63%
Support groups (e.g., living alone & living well, social anxiety, bereavement, caregiving)	68%	65%	69%
Mental health counseling and support	62%	63%	60%
Educational and life-long learning opportunities	57%	59%	51%
Trips and outings (e.g., concerts, bowling, overnight events)	60%	58%	55%
Friendly visitor program	59%	55%	54%
Technology training	50%	55%	46%
Grandparents raising grandchildren support group	32%	38%	42%

Table 10 (Cont.) Respondents rating programs/services as important	Age 50 to 59	Age 60 to 79	Age 80+
Intergenerational programs	34%	38%	45%
Programming for the lesbian, gay, bisexual, transgender or questioning (LGBTQ) community	21%	23%	24%

Note: Percentages indicate participants who rated items as “4” or “5” on a five point scale, where “1” is “unimportant” and 5 is “important”. For information on the full range of responses, see Appendix B.

In additional tabulations presented in **Appendix B**, level of importance is reported for respondents who indicate they are “very” or “somewhat” familiar with the programs and services offered by the COA, compared to those who are “not very” or “not at all” familiar with the COA. As well, responses are compared for those who participate in COA programs and those who do not. For virtually all services and programs assessed, the higher level of support is recorded for participants and for those who report being very or somewhat familiar with the COA (two groups that overlap substantially in membership). Yet the gap between participants and nonparticipants, as well as between those who are more and those who are less familiar with the COA, is not substantial. For example, 70% of COA participants rate adult supportive day services (e.g., Littleton Social Club) as important (scoring it 4 or 5 on a five-point scale), compared to 67% of those who are not COA participants, and 67% of those who are only slightly or not familiar with the COA. Among those services highlighted above, high levels of importance are expressed across these groups. Over 80% of respondents rate Littleton COA MART van services as important to the community, including those with greater and lesser levels of familiarity with the COA, as well as both participants and non-participants. The MART service is an example of a program facilitated and managed by the COA and benefitting many Littleton residents at low cost to the community, since MART pays the drivers and buys the fuel. Assistance with state and local programs is rated as important by 82% of participants, as well as 78% of non-participants. Caregiving services in the home is rated as important by 80% of the COA participants and 77% of the non-participants, and nutrition services were rated as important by 77% of the COA participants, as well as 73% of the non-participants. In short, the importance attached by the community to COA and Senior Center services is consistent, and typically very high, whether or not the respondent personally participates in COA activities and whether or not he or she is very familiar with the offerings.

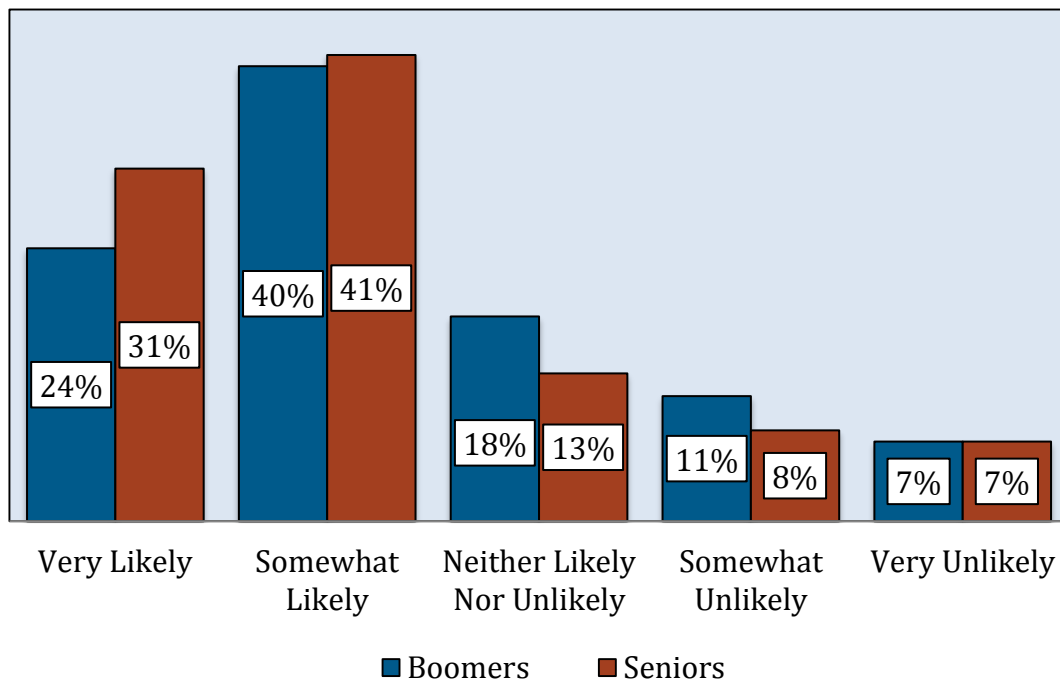
We conclude that the importance rating is not exclusively a function of respondents’ own personal needs or interests. Instead, the COA and Senior Center are recognized as community assets broadly speaking. As Baby Boomers age, many gerontologists believe they will transform programs and services by operating as proactive consumers who are increasingly less likely to accept services passively, or without registering their preferences (Pruchno, 2012). Therefore, it remains important for Littleton’s COA to adapt to evolving interests and needs in their planning and development to assure that programs and services remain appropriate and of interest to current and evolving cohorts. Understanding differences in how individuals value programs and services, depending on their age group, can facilitate planning

and assist the Senior Center in its decision-making about what programs and services to provide.

In an open-ended question survey participants were asked what other programs and services not already offered through the Littleton COA they would like to see made available. The most frequently mentioned addition was expanded transportation support, including rides for shopping, church services, and other non-medical destinations. Also frequently mentioned was support for maintaining homes and yards, such as generating a list of volunteer or low cost repairpersons and home service providers. Trips were mentioned by a number of respondents, including both day trips and overnight trips designed for entertainment and socialization. As well, a large variety of programs and activities were named, including additional opportunities for exercise, enrichment, and socialization.

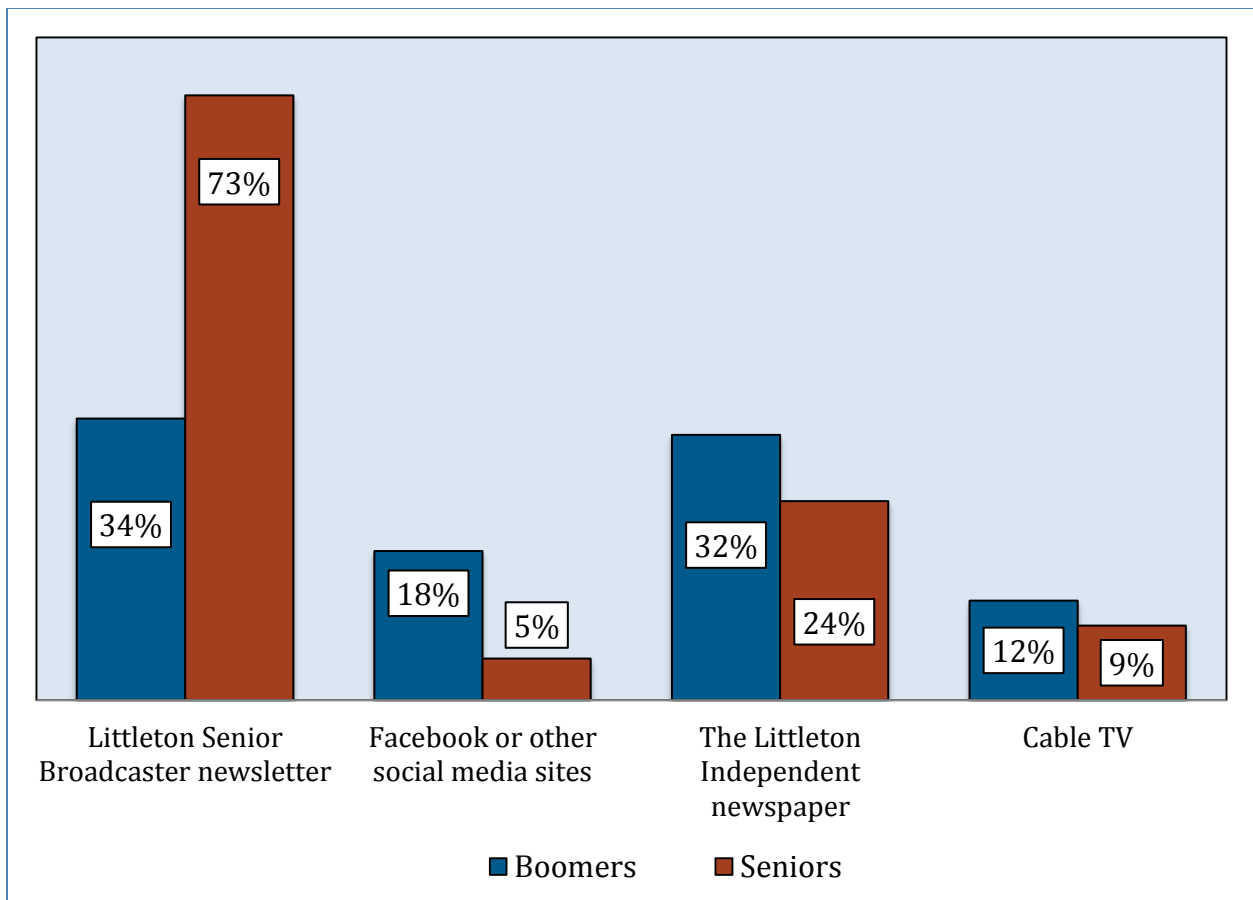
To help prepare the Littleton COA for potential changes in participation levels, we asked all respondents to indicate how likely they are to participate in programs and services offered by the Littleton COA and/or Senior Center in the future. The majority of all age groups indicated that it was “very” or “somewhat” likely that they would participate. **Figure 32** shows that among both Boomers and Seniors, potential likelihood of participation is high. Additional tabulations (not shown) suggest that among those who do not already use services, more than 60% indicate they are either “very likely” or “somewhat likely” to participate in programs and services in the future.

Figure 32. Likelihood of participating in programs and services in the future, by age cohort



Effective marketing is important in making residents aware of the opportunities and supports available through the Littleton COA. The Littleton COA is in the enviable position of being able to build on a strong base of support; yet providing high quality information about programming, hours of service, special events, and volunteer opportunities is essential for the COA’s potential effectiveness to be maximized. Currently, residents of Littleton can become aware of activities and services offered by the Senior Center through a variety of media. Survey respondents indicated a preference for the *Littleton Senior Broadcaster* newsletter as a source of information about the Senior Center (see **Figure 33**), although preference for that source was substantially higher among Seniors (73%) than among Boomers (34%). One-third of Boomers and about one-quarter of Seniors preferred to obtain information through the *Littleton Independent* newspaper. Facebook and similar social media was preferred by 18% of Boomers but only 5% of Seniors, and Cable TV was preferred by 12% of Boomers and 9% of Seniors, including 13% of those age 80+. Respondents were invited to write-in additional preferred sources of information, and many did. The most common write-in response was e-mail and an expanded or improved website. Smaller numbers indicated a preference for word-of-mouth, including information obtained from friends and family.

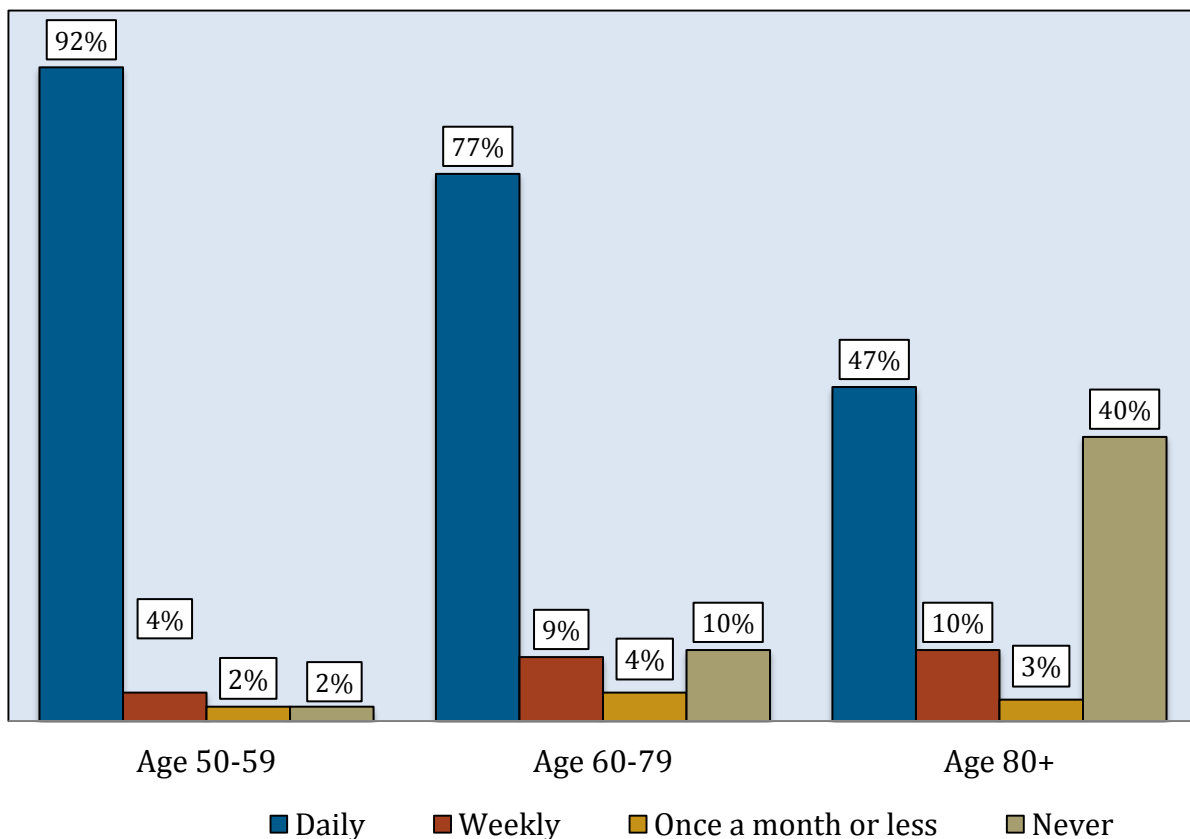
Figure 33. Preferred sources of information about activities and services offered by the Littleton Senior Center, by age cohort



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

Expanding dissemination of information about Littleton COA programs and services is a desirable goal, and electronic means of dissemination is a relatively easy and cost-effective strategy for doing so. Survey results suggest a high level of receptivity to electronic dissemination—including emailing materials, an improved website, and use of social media—among Littleton residents. However, an over-reliance on electronic dissemination will result in missing some of the most vulnerable and interested residents. **Figure 34** indicates that Littleton Boomers can be effectively reached largely through electronic means, with 92% using the internet daily, and only 2% reporting that they never use the internet or email. However, 40% of the respondents age 80 and older report that they never use the internet. For this important segment of the Littleton community, as well as other residents who prefer not to use electronic communication or for whom electronic access is limited due to cost or other barriers, outreach and dissemination through free print media such as the Senior Broadcaster will have continued importance.

Figure 34. Frequency of using the Internet, including e-mail, by age cohort



Finally, survey participants were given the opportunity to offer open-ended comments about the Littleton Council on Aging. **Table 11** shows common themes mentioned by respondents, as well as verbatim examples of each. A frequently mentioned theme reflected the appreciation that residents have for the COA, the Senior Center, and the Town’s attention to needs of seniors in Littleton. Many respondents took this opportunity to say that the Senior Center

plays an important role in their lives, and in the community. A number of respondents mentioned the dedication of the staff as a valued resource.

Table 11. Additional thoughts or comments about the Littleton COA

Issue Mentioned
<p>Appreciation for the COA, Senior Center, and staff</p> <ul style="list-style-type: none">• <i>The programs offered at the COA are wonderful - nice variety, great instruction, reasonable fees, and good scheduling.</i>• <i>The Council appears to be a committed agency with only the best interest of seniors in mind. They are to be applauded for all they do with the resources they are provided. Thank you for taking the time to collect and compile this data. As a town resident, I appreciate the effort to help seniors live in such a good community.</i>• <i>It's wonderful that you're doing this! I have no children living nearby and I do worry about getting older. I feel very good that Littleton is addressing how to prepare for the needs of people like me.</i>• <i>I think that the COA is an important part of the Littleton community! Some individuals would be lost without it.</i>
<p>Senior Center space needs to be improved and expanded</p> <ul style="list-style-type: none">• <i>Update the senior center or move to a better space.</i>• <i>They need a much larger space for their COA staffing and services. Town support for the aging is outrageously poor.</i>• <i>The CoA needs a larger and more convenient facility; one level with more room (indoors and out).</i>• <i>Current site appears to be inadequately small, crowded, old and in need of updating. The "Dining" site is most unappetizing. No sufficient meeting or exercise space.</i>
<p>Expand programming</p> <ul style="list-style-type: none">• <i>We desperately need more life-long learning classes and activities! I have to go to other senior centers for this!!</i>• <i>There should be more active programs such as art, games, and movies.</i>• <i>Adult Senior Day Health Programs would be more beneficial to many other residents who need to work AND care for a member who needs Day Health Program services IF the hours of operation were extended, both earlier in AM and into the early evening (i.e. 7a-7p). Also important is having a nurse on site during the hours of operation.</i>• <i>A program to help elderly with outside yardwork (would be beneficial). Maybe high school students' community service projects.</i>

Table 11 (cont.)

Expand transportation services

- *Sidewalks and reliable transportation are needed, especially for people who do not drive.*
- *If possible, better time for drop off and pick up for medical appointments would help.*
- *Littleton is doing a good job but needs to look to the future as aging population grows especially in transportation.*

Advocate for holding the line on taxes and creating housing options

- *Tax breaks for seniors are needed. Many people struggle to stay in their homes. High taxes are killing them!*
- *Housing is, to me, a critical issue for seniors. The choices are limited to stay in town.*
- *It would be wonderful if seniors didn't have to pay real estate taxes/ or could pay half – it's hard for a lot of us on social security*
- *I understand that there are town regulations that prohibit elderly homeowners from renting & separate apartment space in their home to anyone other than a relative. I think this should be changed.*

Improve publicity and communication about programs and services

- *I would like more information and publicity about offerings, and areas to contribute time and money to support them*
- *Make yourself more visible to town residents who are not yet "elderly." Send out a mailing describing your services, do this one time, referring to your website - which I hope is regularly maintained.*
- *Is there a brochure that lists the COA departments? maybe I need some of them.*
- *I was unaware of the list of services on question 28. They are all very important.*

A number of respondents indicated that improvements were needed in the space available to the Senior Center. Some indicated that a larger space was needed to expand programming; some felt that the current space was uninviting or poorly designed for effective service. Expanded programming was encouraged by some respondents, including more programs for active seniors, more life-long learning programs, and a larger and more comprehensive program for families needing adult day health. Ideas for using volunteers and connecting with other community goals were offered, including drawing on school-age volunteers for some programs. Transportation services were also mentioned as needing expansion within the COA as well as in the community at large.

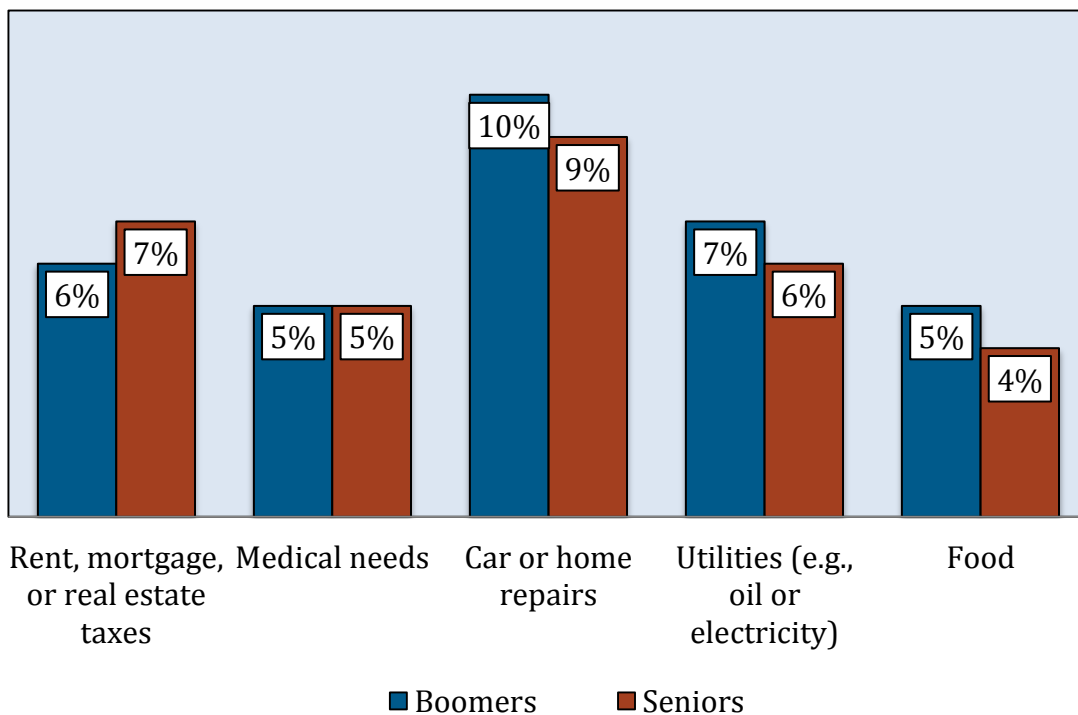
Several respondents wrote-in continuing concerns about the high cost of living, limited housing options, and high property tax rates in Littleton. Although these concerns are beyond the scope of the Littleton COA's mission, respondents clearly see these issues as barriers to aging well in Littleton. These issues may represent opportunities for the COA to work with other town offices in supporting seniors who wish to stay in Littleton as they age.

A need for more information and better marketing was noted as well. Many survey participants stated that they were not very knowledgeable about what was available, and felt that services were not really for them. Although 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 population that is relatively, young, healthy and active is important to establish accurate perceptions of services from which younger users often can benefit.

Section VII: Other Information

The Littleton Council on Aging seeks to respond to the needs and interests of all senior residents, but they have special responsibility to seniors who are especially vulnerable, isolated, or at risk. Accordingly, the community survey included questions meant to tap income shortfalls for necessary expenses and food security among Littleton’s older residents. Respondents were asked if there was any time in the previous 12 months when he or she did not have money for necessities (see **Figure 35**). Most respondents across the age groups reported not lacking money for necessary expenses during the previous year, including 85% of Boomers, 83% of Seniors age 60-79 and 94% of those age 80+. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 9-10% not having funds for car repairs or home repairs, and 4-5% lacking money for food.

Figure 35. Percentage lacking money for necessities in the previous 12 months, by age cohort



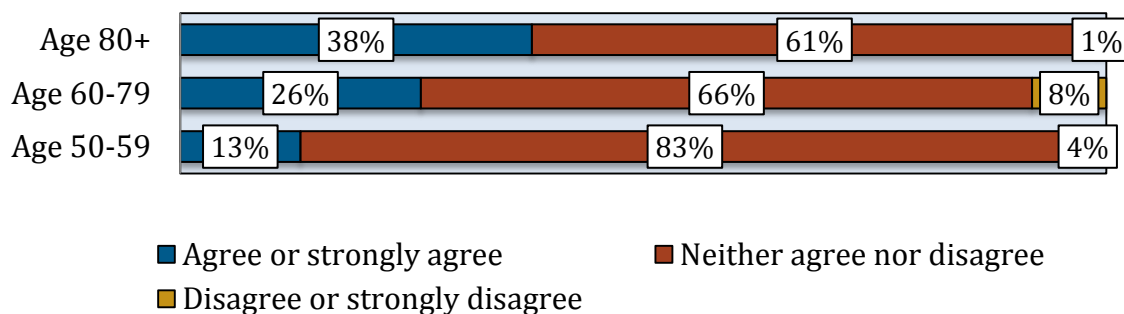
Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Several resources are available in Littleton to help residents at risk of food insecurity, including food pantries, food assistance (SNAP), and other options. Respondents were asked if during the previous 12 months they accessed any resources to help with food security. Five percent of Boomer respondents, 7% of those age 60-79 and 5% of those 80+ indicated that they had accessed a food pantry, the SNAP program, or both.⁴ A few respondents indicated that they accessed other resources, listing help from friends and family, the COA, and Meals on Wheels as resources. Together, the survey findings on income shortfalls and food security suggest that a segment of the older population in Littleton does struggle financially.

The Littleton COA also has special concern for older residents at risk of or experiencing abuse, including physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. The National Center on Elder Abuse, within the US Administration on Aging, reports that rates of elder abuse are unknown, with the most current estimates ranging from 7-10% (NCEA, n.d.). Studies suggest that elder abuse is most commonly perpetrated by family members of the abused, and that family members who are substance abusers, mentally ill, or feel burdened by caregiving responsibilities abuse at higher rates than others. Women, the oldest old, those with disabilities and seniors with dementia are at greater risk of being abused than are others. A substantial challenge to addressing elder abuse is the relatively low reporting rate: it is thought that most incidents of elder abuse are not reported to authorities.

Nationwide, knowledge about elder abuse is lacking, and community resources to detect and prevent elder abuse are limited. In the questionnaire distributed in Littleton, we asked if sufficient services were available in Littleton to identify and meet the needs of abused elderly people. Responses suggest that most respondents across the age groups included neither agree nor disagree with this statement, indicating a high level of uncertainty and lack of awareness (see **Figure 36**). Older respondents indicated more agreement with the adequacy of Littleton’s services, with 26% of those age 60-79 and 38% of those age 80+ agreeing that Littleton’s services in this area are sufficient.

Figure 36. “Littleton has sufficient services available to identify and meet the needs of abused elderly people”: responses by age cohort



⁴ A local food bank, Loaves and Fishes, shared usage information suggesting that one out of five households seeking assistance from that organization is headed by someone age 65+.

Focus Group

A focus group was assembled early in the project period, including individuals who have close professional contact with seniors in Littleton. Participants included the Littleton Veterans agent, a financial planner whose work includes advising older adults and families, a public health nurse from Nashoba Nursing serving Littleton and surrounding communities, the owner of a home health care agency, and the Director of LifeCare Center, the local nursing home. The Director of the Littleton Senior Center also participated. Each of these individuals reported that Littleton seniors were an important component of their client base, and most had intersected with the Littleton COA in some way. Based on their familiarity with Littleton and its older residents, these individuals were asked to comment broadly on factors shaping quality of life for seniors in Littleton, their perceptions on unmet needs in the community, amenities of Littleton that promote aging in place, and ways that the community could more effectively serve older residents.

Participants noted many *strengths* of Littleton that contribute to quality of life and promote residents' ability to age in place. Services like Meals on Wheels and other programs offered through the Littleton COA are important examples. Minuteman Senior Services, a nonprofit organization serving Littleton and surrounding communities with the goal of helping older and disabled adults age at home, is another important resource. Local agencies that provide housekeeping, homecare, and other services are valued by older community members. The Senior Center itself was cited as an asset of Littleton, especially its transportation services. Other assets and strengths noted by participants include a strong network of churches committed to helping community members; a wealth of volunteer opportunities within the community; the availability of some home delivery for necessary goods (e.g., some pharmacies do home delivery); and many free activities in town, including musical events and activities through churches, schools, and the Senior Center. Participants noted that taking advantage of some of Littleton's amenities requires transportation, which is a significant barrier for some seniors.

Challenges were also noted by participants of this group. Some challenges reflect features of older residents and their families. For example, participants noted that seniors present more complex needs than in the past. Changes in how long-term services and supports are provided and paid for have resulted in an increasing number of older residents living in the community with serious disease, including dementia, and other challenging conditions. As well, many Littleton seniors do not have adult children or other family members living nearby. Their informal networks may live out of state, or may be otherwise unable to provide substantial informal support due to demands of their own young families and work. As a result, informal supports are increasingly unable to respond effectively on their own, and added supports through agencies or other organizations are required. Yet these formal supports can be expensive, and relatively few seniors have long-term care insurance to cover these expenses. As a result, responding to these needs has increasingly shifted to the community.

Some features of Littleton represent challenges as well. Focus group participants perceived that insufficient services and supports are available locally to respond to the complex needs

present in some segments of the senior community, including insufficient medical and mental health providers with appropriate expertise. Securing appropriate medical services may require seeking out of town care—but transportation is a significant barrier to doing so. In general, participants perceive that better transportation services in Littleton would be helpful. Transportation was recognized as a critically important service provided through the Senior Center, but the amount, hours, and flexibility of service is insufficient to meet the need in the community. Participants note that walkability of Littleton is a concern. Sidewalks are limited, and the layout of the community and its spread-out nature makes walking a challenge, especially for those with health or mobility problems. As a result, Littleton is a community where driving or other vehicle-based transportation options are key to maintaining residence. Finally, housing was noted as a concern for Littleton seniors. Participants noted that residential housing is very limited in the more walkable areas, again intersecting with transportation challenges. Moreover, few downsizing options are available in Littleton. Seniors who live in homes that are too large or poorly laid out for older adults have insufficient opportunities to secure more appropriate housing while staying in Littleton. This group of observers noted that many of these themes—limited housing options, limited transportation—intersect for some seniors and may promote isolation and health declines for affected residents.

Several ideas for improvement were offered by participants in the focus group:

- Create additional, and more flexible, transportation options, including options outside of the Senior Center. Transportation services were well understood as a need by seniors and others in Littleton. Expanded public transportation, as well as emerging options such as Uber might be considered.
- Educate the community about senior issues. The senior services community understands the changing demographic and shifting needs and demands of seniors. However, merchants, Town offices, and Littleton organizations outside of senior services also need to be informed.
- Create opportunities to use volunteers. Filling some transportation gaps and accomplishing some simple supportive tasks, like minor housekeeping assistance, handyman services, and yard work, may be accomplished through the use of volunteers. Yet it was understood that volunteer assistance will not be helpful without community coordination, and that a structure to support a volunteer network would need to be created. As stated by one participant, “The ethic is there, but the infrastructure is not...someone needs to take the lead on this.”
- Develop a community round-table where community leaders, stakeholders, business, and other stakeholders can brainstorm and develop an action plan to broadly support the aging community. Creating opportunities for dialog can promote problem solving.
- Strengthen connections among organizations that have contact with older residents. Through conversation, networking, and joint planning, every organization and office in Littleton can understand the full range of resources available to seniors in Littleton, who the service providers are, and who can respond effectively in particular situations. A more comprehensive and well-understood network of supports would benefit the senior community and result in streamlining the pathway to obtaining assistance when needed.

- Formalize a community plan responding to needs of Seniors. Many different organizations work with or on behalf of seniors in some way. However, focus group members noted that every organization is focused on their particular mission and target population, responding to individual clients and challenges. Individual organizations have few resources left to address issues more comprehensively and strategically. Town leadership in support of formalizing a community plan that organizations can buy into would be beneficial.

Key Informant Interviews

In-person interviews were held with individuals who work on behalf of Littleton residents, including the Town Administrator, a member of the Board of Selectmen, representatives of the Police and Fire departments, and a staff member of the Littleton Elder and Human Services department responsible for outreach. Each of these individuals provided unique perspective on Littleton as a community, and each shared observations about the COA, the senior segment of the community, and ways to improve Littleton as a community to age in place. The following paragraphs highlight three issues emerging strongly in all five interviews. Additional points raised by one or more individual are also described.

First, all interviewees highlighted that the absence of housing options in Littleton is problematic for seniors. All were well aware that due to the absence of assisted living facilities, apartments, and condos, residents who would like to transition to smaller homes, homes with fewer maintenance requirements, or settings with supports have very few options in Littleton. Interview subjects acknowledged that cost of housing is a concern, indicating that “affordable housing” is not actually affordable for many seniors given their incomes. These observations are consistent with the *Littleton Housing Production Plan* (MAPC, 2014), which notes senior housing options are an area of concern for Littleton, and identifies potential opportunities for addressing these issues.

Transportation challenges were also mentioned by interview subjects. Littleton housing is spread out, alternatives to self-driving are limited, and residents with driving limitations can become isolated. Walking is a challenge for residents as well, even those with no physical mobility problems, because most residential areas have no or few sidewalks. Expanded transportation options for the community as a whole is recognized as a goal for Littleton, including bus or shuttle service to and from the Commuter Rail station. Expanding senior transportation offered through the COA, including perhaps some regionalized transportation options, was mentioned as a possibility. Improving walkways and bike options was noted as consistent with the recently adopted Complete Streets policy.

Third, each of the individuals interviewed recognized that the increasing number of seniors in Littleton has implications for the entire community, not just the Council on Aging. Implications for the Police and Fire departments are identified by all interviewees, who recognize that larger numbers of seniors in the community requires rethinking how public safety and emergency services are delivered. For example, an increasing share of the calls to the Fire Department are for medical services rather than fire response; many of these calls do not

require transport to a hospital but do require highly trained EMT staff. Senior residents represent a sizable share of these responses. To ensure readiness, adequate response, and educate seniors about risks and hazards, both the Fire Department and Police Department seek ways to reach older residents and build strong mechanisms of communication. An important way in which this is accomplished is in partnership with the Littleton COA and Senior Center. Interviewees from the Fire Department described receiving a grant used to buy smoke/CO detectors that were installed in the homes of 60 seniors. Members of the Police Department described their efforts to address scams targeting seniors through public education and outreach. Both public safety departments work with the COA to reach the senior community and disseminate information to them (for example, by holding information programs and coffee events at the Senior Center).

In Littleton as in other communities, the core mission of public safety units is to respond to emergencies, yet they are frequently called by residents in non-emergency situations that require community response. For example, public safety units may become aware of residents living in dangerous or unhealthy environments, or people who are struggling with frailty (e.g. repeated falls) or mental health challenges (e.g., hoarding). These departments rely on staff at the COA as partners when older residents have been identified as needing longer-term intervention in order to remain safe at home. Public safety units are periodically called by out-of-town adult children with older Littleton parents; the absent children are looking for a well check, are unable to reach their parents, or are concerned about an impending weather emergency that may impact their older relative in Littleton. In these and other situations, the Littleton COA and Department of Elder and Human Services are essential resources for emergency services units and important partners in supporting safety of community members.

Some key informants indicated that the broader community may have limited understanding of what the Council on Aging does, and its value added to the community. One respondent indicated that the unique needs of older residents are easily overlooked, and that an important responsibility of the COA is to ensure that issues important to senior residents are heard. Stronger outreach activity was recommended—both broadly in terms of community education and advocacy, and also targeted around specific needs. Tina Maeder, the Littleton outreach staff interviewed for this study, indicates that her work focuses primarily on income support—residents needing assistance in coping with long- or short-term shortfalls in financial resources—and on home care support—residents of all income levels needing help identifying appropriate sources of home-based services. She is a resource available to Littleton residents of all ages, not just seniors, but she estimates that 60-70% of her workload is with older adults and some is intergenerational (e.g., grandparents caring for or helping to support adult children as well as grandchildren). Outreach services made available through the Department of Elder and Human Services connects Littleton residents to services for which they are eligible. These services typically are not paid for by the Town—the services and resources themselves are available through the State, nonprofits or other mechanism—but residents need help and guidance in identifying and applying for them. Ms. Maeder indicates that the demand for outreach services has expanded considerably in recent years, and her workload has expanded accordingly. The rules, regulations and paperwork are substantial and complex. She believes that residents could benefit from additional outreach staff; other key informants

recognize that this function of the DEHS and COA may need to be expanded to meet increasing need.

All key informants highlight the importance of being proactive in responding to changing needs of the community, including those prompted by aging of the population. Maintaining good communication with residents and with other Town offices and local organizations is a priority in accomplishing this goal. Key informants agree that they need continued input from the community about what is needed, and how their offices can be helpful.

Community Comparison

In order to compare the Littleton COA and Senior Center with other comparable COAs, we included a peer comparison of four municipalities with Littleton. The towns were selected because of demographic similarities in their populations and geographic proximity. The communities selected were Groton, Hopkinton, Maynard, and Tyngsborough. Data were collected through a brief interview completed with directors of COAs/senior centers in each municipality. Interview questions were focused on several key areas including staffing, the senior center’s physical space, programming, and marketing.

As **Table 12** illustrates, the communities vary in terms of population size, the number and percent that is age 60 and older, median household incomes, and the percent of residents with bachelor’s degrees. Of these five municipalities, Hopkinton has the largest population (14,925), followed by Tyngsborough (11,292), Groton (10,646), Maynard (10,106), and Littleton (8,924). The percentage of each town’s population that is age 60 and older ranges between 13% and 20%. Median household incomes in the five municipalities are considerably higher than the state median (\$66,866). Hopkinton has the highest median household income of \$129,578, and Maynard has the lowest (\$77,622). Among the five towns, Littleton, along with Groton and Hopkinton, are the most highly educated communities with more than 60% of residents holding Bachelor’s degrees or more.

Table 12. Demographic features of Littleton and comparison communities

Town	Population All Ages	Population Age 60+	% Age 60+	Median Household Income	% w/ Bachelor’s degrees
Littleton	8,924	1,746	20%	\$105,455	61%
Groton	10,646	1,635	15%	\$117,127	68%
Hopkinton	14,925	1,933	13%	\$129,578	69%
Maynard	10,106	1,883	19%	\$77,622	49%
Tyngsborough	11,292	1,629	15%	\$90,987	40%

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

Size and Staffing of Peer Comparison Senior Centers

The Littleton Senior Center is significantly older than its peer Centers (**Table 13**). Among these communities, Littleton has the oldest and smallest Center. It also has the smallest square footage relative to number of senior residents. The new Littleton Town Hall was established in the renovated Shattuck School in 1996, with 3,800 square feet dedicated to the Council on Aging. In comparison, both Maynard and Tyngsborough moved into new, stand-alone Centers in 2015, with 7,000 square feet of space in Tyngsborough (Maynard did not identify its square footage). The largest Center is in Hopkinton, which is a dedicated facility of about 14,000 square feet built in 2006. With the exception of Tyngsborough, all Senior Center directors feel that they need more space for programming within their facilities. Directors are required to hold duplicate classes or find other spaces in the community to meet the demands for programs. Though the Tyngsborough director currently feels like there is adequate space for programming, she anticipates running out of space as interest in the Center grows.

The three Towns that developed new facilities in the past 10 years—Hopkinton, Maynard, and Tyngsborough—went through different processes to gain new space. In Hopkinton, the process of moving from the Town Hall cellar, the original COA space since 1987, took 10 years. The current director cites a town survey conducted by an outside company as the tipping point, as senior issues and the need for a Senior Center were identified as a priority. In Maynard, the COA had been dormant for over 15 years, and operated only in some office space in Town Hall. Within the past year, support from the Town inspired the revitalization of the COA, bringing with it an annexed space to the golf course facility. The current director expressed excitement as she starts with a “blank slate” COA and Center facility. The construction of the Tyngsborough Senior Center came at no cost to the Town. When a developer proposed a 55+ community, the Town allowed more than double the number of units the original zoning code allowed with the stipulation that 25% of the units are for low income residents, and that the developer build a new Senior Center building. According to the Director, without the building developer, the Tyngsborough COA would not have a new Senior Center facility.

The number of staff employed by each Senior Center varies considerably, though most depend primarily on part-time staff. With only two full time staff members and no part-time staff, the Maynard Senior Center is beginning to become fully operational. The Senior Center with the largest staff is Hopkinton, with 3 full-time and 10 part-time staff members. Littleton’s Senior Center staff size is in the middle, with 8 total paid staff, 2 of whom are full-time and the remaining 6 working part-time. Across communities, staff are paid from a variety of sources, including the Town budget, outside grants, and regional elder services.

Volunteers are essential component of each Senior Center’s staffing, both for day-to-day tasks and for accomplishing long-term goals of the COA. With the exception of Maynard, all Towns reported at least 100 hours per week committed to the Senior Center, though in many cases, this number may be highly conservative depending on the programs and events scheduled for the week or the season of the year. Though no number of volunteer hours was reported for Maynard, the Director emphasized the high importance volunteers have played and continue to play as the COA becomes restarted in a new facility.

Table 13. Comparison communities' Senior Center characteristics

Town	Year opened	Square Feet	Square feet per senior resident	Adequate space?	# Tax work-off program positions	FT/PT Staff	Volunteer hours (weekly) ^a	Town FY2015 contribution to COA budget ^b
Littleton	1996	3,800	2.2	No	113	2/6	200	\$118,499 ^c
Groton	Renovated in 1999	5,100 ^d	3.1	No	NP	2/5	65	\$129,162 ^e
Hopkinton	2006	14,300	7.4	No	55	3/10	130	\$249,848
Maynard	2015	NP	NP	No	6	2/0	NP	\$80,121 ^d
Tyngsborough	2015	7,000	4.3	Yes	13	2/7	100	\$121,023

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

^a *Average volunteer hours per week are approximations and may not fully represent the time committed to the Center in a given week*

^b Retrieved from Town budget documents posted online

^c The Littleton budget is for the Elder and Human Services Department, including the COA.

^d Retrieved from MCOA database

^e An additional \$74,719 was allocated for Groton's senior van service

Relative to the comparison communities, Littleton reports substantially greater use of volunteers at the Senior Center. Littleton also reports considerably more tax work-off program positions, with 113 positions available to community members who wish to work for a Town office in exchange for a reduction in property taxes. This is a valuable program managed by the Council on Aging that benefits community members and Town offices alike.

The Town contribution to the COA and senior center budgets varies across communities. Budgets are challenging to compare in part because some towns may subsidize operations by providing substantial in-kind supports, while other towns do not. Yet it appears from available information that Littleton's contribution to Elder and Human Services, within which the COA operates, is lower than what is reported by these comparison communities.

Littleton and its peer communities offer a wide variety of programs and services. Popular among all the Senior Centers were exercise groups, various card games, arts and crafts classes, and support groups for caregivers. Many of the Centers charge a nominal fee for certain activities, such as exercise and art classes, in order to cover instructor and supply costs. Although none of the peer Senior Centers offer adult day programs within their facilities, each Town has access to at least one program in or around the community. Outreach services in Groton, Hopkinton, and Tyngsborough provide home visits to the oldest residents (90 and older in Groton) or to residents referred to the Center from emergency services to reach isolated and frail seniors who may have limited access to the Center facility. As the Maynard Senior Center becomes fully functional, addressing the needs of isolated seniors is a key concern. The Maynard COA is collaborating with the Fire Department and other Town departments to increase awareness of not only fall risks, but also other health, wellness, and cognitive issues related to aging. While they continue to offer traditional programs and services, Senior Center directors are constantly looking to expand and improve upon what they can offer to better meet the needs of community seniors.

Both deliberate and informal marketing efforts are used by the Senior Centers to bring in new participants. All the Centers noted the importance of a newsletter, advertising space in a local newspaper, or local television time as integral to the promotion of the Center, even if those methods were not yet in place in that community. Both the Maynard and Tyngsborough Directors expressed the importance of word of mouth among Town residents. In both communities, the recent addition of a new Senior Center greatly increased the visibility and accessibility of the COA and its Center. This was especially true in Tyngsborough, as the new Center was built close to a major road way and adjacent to a 55+ community. Senior Center directors are creatively promoting their Centers while maintaining the traditional outlets for spreading information.

Key Findings and Recommendations

Littleton's older population has grown during the last decade. The number of residents age 60 and older increased by 37% between 2000 and 2010 and today one out of five Littleton residents is included in that age range. On the basis of this growth demand for programs and services that are offered by the Littleton Council on Aging and the Senior Center is greater

today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future as the Town's "Baby Boomers" age into later life.

Drawing on multiple sources of input, it was learned that the typical Littleton senior is a long-term resident who wants to stay in Littleton moving forward. The natural amenities of the area are valued by older residents, as are other assets of the community including the Council on Aging and Senior Center. Most Littleton residents are aging with sufficient finances, good health, and strong social support. However, segments struggle financially or experience isolation or health concerns, and many more residents worry that increasing costs of living, loss of loved ones, or significant health events will challenge their ability to age in place.

The COA and Senior Center performs essential "connecting" functions to promote health and wellness in later life—connecting seniors to needed health care by providing transportation services, connecting older residents to socialization opportunities at the Senior Center and elsewhere, and connecting residents with resource shortfalls to services for which they are eligible. The Council on Aging, both through its own programs and in cooperation with other Town departments, including the Police and Fire departments, form an essential safety net for aging individuals and families who can benefit from additional supports.

Older residents of Littleton are fortunate to live in a community that is committed to strengthening services, and providing opportunities for older residents to participate and remain engaged in the community through activities sponsored by the COA. Based on our research, we offer the following recommendations for the Town, the Littleton COA and the Senior Center:

- The Town must plan for substantial growth of the number of older residents in coming years.
 - Recent growth in Littleton has been concentrated in the older age groups.
 - The Town can expect a sizable share of their current age 50+ residents to age in place, given the high level of commitment to Littleton expressed by survey respondents.
 - By 2035, residents who are 60 and older are expected to constitute 38% of Littleton's population.
- Strengthen partnerships between the COA and other Town offices, recognizing that expanding numbers of older residents will impact virtually every aspect of the community.
 - Good partnerships already exist among the COA and public safety departments in Littleton. These partnerships represent key elements of the community safety net for vulnerable and frail seniors and must be maintained.
 - A rising number of older residents will place increased demands on public safety, especially on emergency services. Strengthening partnerships will be beneficial, so that public safety offices are able to more effectively draw on the expertise of COA staff in developing a coordinated response to needs of the

senior community, especially relating to mental health, isolation, and safely maintaining independence.

- Promote age-friendly housing development.
 - In line with the Littleton Housing Production Plan released in 2014, identify ways the town can meet broader community goals while simultaneously responding to housing-related needs of its aging population.
 - Promote programs aimed at helping seniors stay in their homes, such as programs providing financial support for housing rehab and modification. Many Littleton residents live in homes that need modification to support aging in place; yet many of these residents can't afford necessary modifications. Explore opportunities to connect residents needing home modification and repair to reliable services that they can afford. Volunteers may be effective for some home service functions, but community resources will be needed to manage this appropriately.
 - Promote downsizing options in Littleton. Single-level residences and housing with few maintenance demands represent desirable options for many older adults; responses to the survey suggest some receptivity to apartments and condominiums. Low-maintenance options in walkable areas near stores and services are highly desirable for aging in place.
 - Consider the feasibility of developing a local independent living development, and/or assisted living development offering housing with services. Some receptivity to these residential options was expressed in the survey, especially among the oldest respondents.
 - Explore ways by which affordable housing goals may be met by selective construction of age-friendly housing. In doing so, recognize that many seniors cannot afford homes that meet technical "affordable housing" criteria.

- Expand 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.
 - Many older Littleton residents drive with modifications, such as avoiding night driving or driving in unfamiliar areas. A sizable share of residents age 80 and older does not drive at all. Adults who do not drive or who drive with substantial restrictions are at risk of social isolation, and may not obtain necessary medical and other services.
 - Consider ways to expand senior transportation services sufficient to support not just necessary travel for medical appointments but also for amenity travel, as a means of promoting quality of life and social engagement.

- Expand and promote community-based long-term services and supports.
 - A large share of the 50+ population in Littleton has been involved in caregiving in the recent past. Many of these caregivers have found this experience difficult.

- Elder care assistance is reported as a need by a large share of community respondents, especially those who have been recently involved in caring for disabled or frail loved ones but also more broadly throughout Littleton.
- The need for in-home support reported by the Littleton respondents, coupled with the high cost of formal services and lack of long-term care insurance coverage for such services, highlights this area as a need in the community.
- The COA is encouraged to expand knowledge of its existing programs and services throughout the community.
 - Three out of four respondents age 50-59, and nearly half of respondents age 60-79, express *limited or no familiarity* with the Littleton COA and Senior Center
 - Survey respondents, focus group participants, and key informants all perceive strong value to the community brought by the COA.
 - Educating the public, as well as local organizations and businesses, is needed to garner expanded support for the COA.
 - For the foreseeable future, dissemination of information about the COA and Senior Center should use multiple forms of media, including print media. Most of Littleton's oldest residents prefer print media; most of them use the internet rarely or not at all.
 - Continuing to strengthen connections between the COA and other Town offices and organizations is important as a means of maximizing benefit to seniors and the community.
- Expand the capacity of the COA and Senior Center.
 - The COA and Senior Center is a valued community asset. Strong support for its programs and services was expressed by survey respondents, including those who are very familiar with the COA as well as those who are not; those who have used its services as well as those who have not; and across all age groups in the 50+ age range.
 - Demand for COA programs will increase as the Littleton population continues to age. Most survey respondents who do not currently participate in COA programs indicate that they are likely to do so in the future. Improvements in space, staffing, services and programming will generate even higher rates of participation than would be expected as a function of the aging demographic. An overly modest allocation of resources will be quickly outgrown.
 - Expand the outreach capacity of the Department of Elder and Human Services. Segments of the older Littleton community needing financial assistance and caregiving support are well served by outreach at the COA, which connects people and families to supports that they are eligible for. Demand for these services is higher than capacity in Littleton.

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.
- Metropolitan Area Planning Council (2014). *Littleton Housing Production Plan*. Reported prepared for the Town of Littleton (November).
- National Center on Elder Abuse (n.d.). Statistics/Data. Website: <http://www.ncea.aoa.gov/library/data/>
- Nelson, B. M. & Guengerich, T. (2009). *Going from good to great: A livable communities survey in Westchester County, New York*. Washington DC: AARP.
- 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. & Strate, S. (March 2015). *Section IV. Technical discussion of methods and assumptions*. Report prepared by the Donahue Institute. Retrieve from http://pep.donahue-Institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_SECTION_4.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>

Appendix A—Reproduction of Survey

KEY CODE: 00000

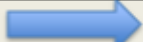
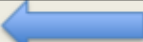


Town of Littleton Council on Aging University of Massachusetts Boston Survey of Residents Age 50 & Over

The Town of Littleton Council on Aging requests 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/r/6KW2LDL>. 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 May 20, 2015.** 

Section I: Community & Neighborhood

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

<input type="checkbox"/> Fewer than 5 years	<input type="checkbox"/> 25-34 years
<input type="checkbox"/> 5-14 years	<input type="checkbox"/> 35-44 years
<input type="checkbox"/> 15-24 years	<input type="checkbox"/> 45 years or longer

2. How important is it to you to remain living in Littleton as you grow older? (Check only one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Littleton as you grow older?

PLEASE CONTINUE TO THE NEXT PAGE

5. How many days per week, on average, do you leave home for any reason?
- Less than one day per week 4 to 5 days per week
 1 to 3 days per week 6 to 7 days per week
6. How often do you talk on the phone, email, or get together with friends or relatives?
- Never 1 to 3 days per week
 Less than one day per week 4 to 7 days per week

Section II: Housing & Living Situation

7. 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)
 Apartment or condominium
 Accessory apartment (add-on apartment to an existing home)
 Other (Please specify) _____
8. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)
- Single family home Apartment or condominium
 Multi-family home (2, 3, or more units) Assisted Living Facility
 Senior Independent Living Facility
 Accessory apartment (add-on apartment to an existing home)
 Other (Please specify) _____
9. Who do you live with? (Check all that apply)
- I live alone My parent(s)
 A spouse/partner Another relative
 My adult child(ren) (age 18 or older) Someone else (including housemates or caretakers)
 My grandchildren
10. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to make it safer to live in over the next 5 years?
- Yes (Continue to question 10a) No (Skip to question 11)



10a. Are you able to afford to make the modifications your home needs?

Yes No

PLEASE CONTINUE TO THE NEXT PAGE

Section III: Transportation

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

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> I drive myself | <input type="checkbox"/> Volunteer medical transportation |
| <input type="checkbox"/> My spouse or child(ren) drive(s) me | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Friends or neighbors drive me | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Council on Aging van | |
| <input type="checkbox"/> Other (Please specify) _____ | |

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

- | | |
|------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Not applicable—I do not drive | <input type="checkbox"/> I avoid driving in bad weather |
| <input type="checkbox"/> I do not modify my driving at all | <input type="checkbox"/> I avoid expressway driving |
| <input type="checkbox"/> I avoid driving at night | <input type="checkbox"/> I avoid driving far distances |
| <input type="checkbox"/> I avoid making left hand turns | <input type="checkbox"/> I avoid driving in unfamiliar areas |
| <input type="checkbox"/> Other (Please specify) _____ | |

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

- I have experienced no challenges with transportation
- 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
- Walkability issues (e.g., lack of or interrupted sidewalks)
- Other (Please specify) _____

14. Are you able to walk safely in your neighborhood? (Check all that apply)

- Yes, I can walk safely
- No, the sidewalks and paths are not well maintained
- No, the marked crosswalks are not adequate
- No, the traffic is dangerous
- No, the timing of traffic lights are not adequate
- Other (Please specify) _____

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

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely Satisfied | Very Satisfied | Somewhat Satisfied | Slightly Satisfied | Not at All Satisfied |

PLEASE CONTINUE TO THE NEXT PAGE

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

Yes

No

Section IV: Your Health

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

 Excellent Good Fair Poor

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

 Excellent Good Fair Poor

19. Over the last month, how often did you feel sad, depressed, or "down in the dumps?" (Check only one)

Never

Rarely

Sometimes

Often

Always

20. Due to your health or poor stamina, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

 Yes No

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

 Yes No

22. Referring to the activities in questions 20 and 21 for which you answered "Yes": Who helps you with these activities? (Check all that apply)

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

23. 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 to 1 times

2 to 4 times

5 to 6 times

7 or more times

PLEASE CONTINUE TO THE NEXT PAGE

24. Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.

Yes

No


Not sure

Section V: Caregiving

25. 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 25a)

No (**Skip to question 26**)



25a. Did this person have any of the following conditions? (Check all that apply)

Alzheimer's disease or other dementia

Recent surgery

Chronic illness

Other (Please specify) _____

25b. 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

26. Would elder-care assistance such as an adult day health program be helpful to you and your family?

Yes

No

Section VI: Programs & Services

27. How familiar are you with programs or services offered by the Town of Littleton Council on Aging, including those provided by the Senior Center? (Check only one)

Very Familiar

Somewhat Familiar

Slightly Familiar

Not at All Familiar

PLEASE CONTINUE TO THE NEXT PAGE

28. The following items refer to specific programs and services that are currently offered through the Littleton Senior Center or may be offered in the future. Please rate each item in terms of their **importance to the community**. (Check only one box per item)

	Unimportant			Important	
	(1)	(2)	(3)	(4)	(5)
Adult supportive day program (e.g. Littleton Social Club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with local or state programs (e.g., financial, fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving services in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational and life-long learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness activities (e.g., exercise, dance, yoga, Tai Chi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly visitor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent raising grandchildren support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and wellness programs (e.g., blood pressure and glucose screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance counseling (e.g., SHINE program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, referral & outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intergenerational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programming for the lesbian, gay, bisexual, transgender or questioning (LGBTQ) community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional services (e.g., tax, legal, & financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Littleton COA MART van service (transportation for medical appointments and shopping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities (e.g., lunch groups, book club, card games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups (e.g., living alone & living well, social anxiety, bereavement, caregiving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trips and outings (e.g., concert, bowling, overnight events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE TO THE NEXT PAGE

29. What other programs or services not currently offered through the Town of Littleton Council on Aging would you like to see available?

30. Do you currently use programs or services offered by the Town of Littleton Council on Aging, including those provided by the Senior Center? (Check only one)

- No (Continue to question 30a) Yes (**Skip to question 31**)



30a. What is the reason that you do not currently use programs or services offered by the Town of Littleton Council on Aging? (Check all that apply)

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

31. In the future, how likely are you to participate in programs and services offered by the Town of Littleton Council on Aging and/or the Senior Center? (Check only one)

- Very Likely Somewhat Likely Neither Likely Nor Unlikely Somewhat Unlikely Very Unlikely

32. What is your preferred source of information about the activities and services offered by the Town of Littleton Senior Center?

- Littleton Senior Broadcaster Newsletter The Littleton Independent Newspaper
 Facebook (or other social media sites) Cable TV
 Other (Please specify) _____

33. How frequently do you use the Internet, including e-mail?

- Daily Weekly Once a month Less than once a month Never

Section VII: Demographic Information

34. Please select your gender. Female Male

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

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

PLEASE CONTINUE TO THE NEXT PAGE

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

- Married Widowed Divorced/
Separated Never
Married Living with
Partner

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

- White/Caucasian Black/African American
 Asian Hispanic/Latino
 I do not care to respond Other _____

38. 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) _____

39. Elder abuse would include physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. Please indicate your level of agreement with the following statement:

Littleton has sufficient services available to identify and meet the needs of abused elderly people.

- Strongly Agree Agree Neither Agree
Nor Disagree Disagree Strongly
Disagree

40. In the last 12 months did you access any resources to help with food security? (Check all that apply):

- Food pantry/banks
 Food Stamps (SNAP)
 Other (Please specify) _____

41. If you have any other thoughts or comments about the Town of Littleton Council on Aging, 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. THANKS!!

Appendix B: Complete tables, Littleton Resident Survey

Below, percentage distributions are shown for quantitative items included in the Littleton Council on Aging resident survey. Percentages are provided separately for Boomers (age 50 to 59) and Seniors (age 60+), and subsets are provided for two age groups within the Senior population (those 60 to 79; and those 80 and older). Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of respondents.

Unweighted number of respondents

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+	TOTAL
N of respondents	318	759	621	138	1087*

*Includes 10 individuals who declined to provide an age.

Section I: Community & Neighborhood

Q1. How long have you lived in Littleton?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Fewer than 5 years	11%	6%	7%	4%
5-14 years	18%	14%	15%	10%
15-24 years	34%	16%	18%	9%
25-34 years	21%	12%	12%	7%
35-44 years	4%	24%	27%	9%
45 years or longer	12%	28%	21%	61%
Total	100%	100%	100%	100%

Q2. How important is it to you to remain living in Littleton as long as possible?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Very Important	30%	55%	50%	77%
Somewhat Important	41%	30%	34%	13%
Slightly Important	20%	10%	11%	6%
Not at All Important	9%	5%	5%	4%
Total	100%	100%	100%	100%

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

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Completely Safe	33%	40%	39%	45%
Very Safe	58%	52%	52%	49%
Somewhat Safe	8%	7%	8%	4%
Slightly Safe	1%	<1%	<1%	1%
Not at All Safe	<1%	1%	1%	1%
Total	100%	100%	100%	100%

Q5. How many days per week, on average, do you leave home for any reason?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Less than one day per week	<1%	2%	1%	8%
1 to 3 days per week	4%	14%	10%	31%
4 to 5 days per week	12%	26%	26%	29%
6 to 7 days per week	84%	58%	63%	32%
Total	100%	100%	100%	100%

Q6. How often do you talk on the phone, email, or get together with friends or relatives?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Never	<1%	<1%	<1%	1%
Less than 1 day per week	5%	6%	6%	7%
1-3 days per week	19%	23%	20%	36%
4-7 days per week	76%	71%	74%	56%
Total	100%	100%	100%	100%

Section II: Housing & Living Situation

Q7. Which option best describes your current place of residence?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Single family home	93%	82%	84%	72%
Multi-family home (2, 3, or more units)	1%	4%	4%	5%
Apartment or condominium	2%	6%	6%	9%
Accessory apartment (add-on apartment to an existing home)	2%	3%	2%	9%
Mobile home	<1%	4%	3%	4%
Senior or subsidized housing	<1%	1%	1%	1%
Other	1%	<1%	<1%	<1%
Total	100%	100%	100%	100%

Q8. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Single family home	45%	25%	28%	7%
Multi-family home (2, 3, or more units)	2%	3%	3%	3%
Senior Independent Living Facility	21%	40%	40%	41%
Accessory apartment (add-on apartment to an existing home)	8%	10%	10%	10%
Apartment or condominium	37%	27%	31%	9%
Assisted Living Facility	8%	18%	15%	33%
Other	4%	6%	7%	4%

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

Q9. Who do you live with? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
I live alone	10%	28%	25%	39%
A spouse/partner	82%	64%	69%	45%
My adult child(ren) (age 18 or older)	28%	11%	10%	17%
My minor child(ren) (under age 18)*	22%	1%	1%	1%
My parent(s)	4%	1%	1%	<1%
Another relative	3%	1%	1%	<1%
My grandchildren	1%	2%	2%	4%
Someone else	2%	1%	<1%	3%

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

**“Minor children” was inadvertently omitted as an option on the web version of the survey; as a result, the percentages listed here slightly underestimate the share of respondents living with minor children.*

Q10. Does your current residence need home modifications or changes to improve your ability to live in it over the next 5 years?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	22%	31%	32%	27%
No	78%	69%	68%	73%
Total	100%	100%	100%	100%

Q10a. Can you afford to make these changes?

[Respondents who report “Yes” on Q10 only]

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	68%	74%	75%	68%
No	32%	26%	25%	32%
Total	100%	100%	100%	100%

Section III: Transportation

Q11. How do you meet your transportation needs? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
I drive myself	95%	90%	95%	67%
My spouse or child(ren) drive me	16%	25%	22%	36%
Friends or neighbors drive me	6%	8%	7%	12%
Council on Aging van	<1%	6%	4%	17%
Volunteer medical transportation	<1%	<1%	<1%	1%
Bicycle	10%	5%	5%	1%
Walking	17%	14%	15%	7%

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

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

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Not applicable—I do not drive	5%	8%	4%	27%
I do not modify my driving at all	69%	48%	54%	21%
I avoid driving at night	11%	26%	24%	36%
I avoid making left hand turns	3%	3%	4%	2%
I avoid driving in bad weather	17%	30%	28%	38%
I avoid expressway driving	4%	9%	8%	15%
I avoid driving far distances	4%	17%	14%	31%
I avoid driving in unfamiliar areas	4%	15%	13%	23%

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

**Q13. Which of the following challenges have you experienced while getting around locally?
(Check all that apply)**

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
I have experienced no challenges with transportation	60%	59%	61%	49%
Physical environment issues (e.g., signage, lighting)	4%	3%	3%	2%
Physical challenges or other limitations (e.g., vision, hearing)	2%	4%	3%	9%
Public transportation service not available where I need to go	8%	14%	14%	17%
No door-to-door assistance	3%	2%	2%	4%
Lack of public transportation services throughout the day and evening	6%	13%	12%	17%
Lack of public transportation services on a reliable schedule	4%	8%	8%	8%
Walkability issues (e.g., lack of or interrupted sidewalks)	25%	18%	19%	15%

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

Q14. Are you able to walk safely in your neighborhood? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes, I can walk safely	72%	72%	75%	62%
No, the sidewalks and paths are not well maintained	9%	9%	10%	6%
No, the marked crosswalks are not adequate	2%	3%	3%	1%
No, the traffic is dangerous	12%	13%	12%	15%
No, the timing of traffic lights is not adequate	1%	1%	1%	<1%
Other	18%	16%	15%	19%

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

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

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Completely Satisfied	17%	12%	12%	12%
Very Satisfied	18%	23%	23%	26%
Somewhat Satisfied	34%	30%	30%	30%
Slightly Satisfied	17%	19%	18%	22%
Not at All Satisfied	14%	16%	17%	10%
Total	100%	100%	100%	100%

Q16. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	5%	6%	5%	11%
No	95%	94%	95%	89%
Total	100%	100%	100%	100%

Section IV: Your Health

Q17. How would you rate your overall *physical* health?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Excellent	46%	27%	30%	12%
Good	46%	55%	55%	54%
Fair	7%	17%	14%	30%
Poor	1%	1%	1%	4%
Total	100%	100%	100%	100%

Q18. How would you rate your overall *emotional* well-being?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Excellent	47%	40%	41%	37%
Good	45%	50%	51%	50%
Fair	6%	9%	8%	12%
Poor	2%	1%	<1%	1%
Total	100%	100%	100%	100%

Q19. Over the last month, how often did you feel sad, depressed, or “down in the dumps”?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Never	28%	30%	28%	35%
Rarely	43%	39%	41%	31%
Sometimes	23%	26%	26%	29%
Often	5%	5%	5%	5%
Always	1%	<1%	<1%	<1%
Total	100%	100%	100%	100%

Q20. Due to your health or poor stamina, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	11%	31%	25%	61%
No	89%	69%	75%	39%
Total	100%	100%	100%	100%

Q21. Due to your health or poor stamina, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a shower or getting dressed)?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	3%	5%	3%	16%
No	97%	95%	97%	84%
Total	100%	100%	100%	100%

Q22. Referring to the activities in questions 20-21 for which you answered Yes”: Who helps you with these activities? (Check all that apply)

[Respondents who report “Yes” on question 20 or question 21]

	All ages
I have no one to assist me when I need help	5%
I pay someone to help me	45%
I need help but can’t afford to pay someone to help me	12%
A family member helps me	59%
A friend or neighbor helps me	16%
Someone else helps me	11%

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

Q23. How many times did you visit a medical doctor or other health care professional for any reason in the last 12 months?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
0 to 1 times	30%	13%	13%	11%
2 to 4 times	44%	46%	49%	36%
5 to 6 times	13%	18%	18%	19%
7 or more times	13%	23%	20%	34%
Total	100%	100%	100%	100%

Q24. Medicare does not cover long-term care. Do you currently have long-term care insurance For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	13%	23%	25%	14%
No	80%	70%	69%	74%
Not sure	7%	7%	6%	12%
Total	100%	100%	100%	100%

Section V: Caregiving

Q25. 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)?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	49%	39%	40%	37%
No	51%	61%	60%	63%
Total	100%	100%	100%	100%

Q25a. If Yes on question 25: Does this person have any of the following conditions? (Check all that apply)

	All ages
Alzheimer’s disease or other dementia	29%
Recent surgery	29%
Chronic illness	50%
Other	23%

Q25b. If Yes on question 25: How challenging is/was it for you to care for this person and meet your other responsibilities with family and/or work?

	All ages
Very Challenging	27%
Somewhat Challenging	44%
Neither Challenging Nor Easy	17%
Somewhat Easy	8%
Very Easy	4%
Total	100%

Q26. Would elder-care assistance such as an adult day health program be helpful to you and your family?

	Boomers Age 50-59	Seniors Age 60	Age 60-79	Age 80+
Yes	27%	26%	26%	29%
No	73%	74%	74%	71%
Total	100%	100%	100%	100%

Section VI: Programs & Services

Q27. How familiar are you with programs or services offered by the Town of Littleton Council on Aging, including those provided by the Senior Center?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Very familiar	3%	20%	19%	22%
Somewhat familiar	22%	37%	35%	47%
Slightly familiar	30%	29%	30%	26%
Not at all familiar	45%	14%	16%	5%
Total	100%	100%	100%	100%

Q28. The following items refer to specific programs and services that are currently offered through the Littleton Senior Center or may be offered in the future. Please rate each item in terms of their importance to the community. (Check only one box per item)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Adult supportive day program (e.g., Littleton Social Club)				
(1) Unimportant	5%	8%	7%	12%
(2)	4%	5%	5%	4%
(3)	23%	20%	20%	20%
(4)	35%	32%	32%	32%
(5) Important	33%	35%	36%	32%
Total	100%	100%	100%	100%
Assistance with local or state programs (e.g., financial, fuel)				
(1) Unimportant	4%	6%	5%	11%
(2)	2%	3%	4%	2%
(3)	13%	12%	12%	15%
(4)	36%	31%	30%	32%
(5) Important	45%	48%	49%	40%
Total	100%	100%	100%	100%
Caregiving services in the home				
(1) Unimportant	4%	6%	6%	7%
(2)	3%	5%	4%	6%
(3)	15%	11%	12%	11%
(4)	34%	32%	32%	27%
(5) Important	44%	46%	46%	49%
Total	100%	100%	100%	100%

Q28 (Cont.)	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Educational and life-long learning opportunities				
(1) Unimportant	6%	8%	7%	14%
(2)	6%	9%	8%	10%
(3)	31%	25%	26%	25%
(4)	33%	32%	33%	29%
(5) Important	24%	26%	26%	22%
Total	100%	100%	100%	100%
Fitness activities (e.g., exercise, dance, yoga, Tai Chi)				
(1) Unimportant	4%	7%	5%	14%
(2)	5%	5%	4%	6%
(3)	15%	17%	18%	14%
(4)	35%	39%	40%	35%
(5) Important	41%	32%	33%	31%
Total	100%	100%	100%	100%
Friendly visitor program				
(1) Unimportant	6%	10%	9%	14%
(2)	7%	11%	11%	9%
(3)	28%	25%	25%	23%
(4)	35%	32%	32%	34%
(5) Important	24%	22%	23%	20%
Total	100%	100%	100%	100%
Grandparents raising grandchildren support group				
(1) Unimportant	14%	19%	19%	17%
(2)	18%	13%	14%	9%
(3)	36%	29%	29%	32%
(4)	18%	22%	21%	29%
(5) Important	14%	17%	17%	13%
Total	100%	100%	100%	100%

Q28 (Cont.)	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Health and wellness programs (e.g., blood pressure and glucose screening)				
(1) Unimportant	5%	7%	7%	10%
(2)	5%	4%	4%	5%
(3)	20%	18%	19%	9%
(4)	35%	34%	33%	37%
(5) Important	35%	37%	37%	39%
Total	100%	100%	100%	199%
Health insurance counseling (e.g., SHINE program)				
(1) Unimportant	4%	7%	7%	7%
(2)	6%	4%	4%	6%
(3)	21%	18%	18%	15%
(4)	34%	35%	34%	37%
(5) Important	35%	36%	37%	35%
Total	100%	100%	100%	100%
Information, referral & outreach				
(1) Unimportant	5%	6%	6%	7%
(2)	6%	5%	5%	6%
(3)	26%	18%	19%	16%
(4)	31%	35%	35%	35%
(5) Important	32%	36%	35%	36%
Total	100%	100%	100%	100%
Intergenerational programs				
(1) Unimportant	9%	13%	13%	12%
(2)	18%	15%	16%	10%
(3)	39%	33%	33%	33%
(4)	22%	26%	25%	30%
(5) Important	12%	13%	13%	15%
Total	100%	100%	100%	100%

Q28 (Cont.)	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Programming for the lesbian, gay, bisexual, transgender or questioning (LGBTQ) community				
(1)Unimportant	26%	34%	33%	36%
(2)	23%	17%	18%	15%
(3)	30%	26%	26%	25%
(4)	11%	14%	14%	15%
(5) Important	10%	9%	9%	9%
Total	100%	100%	100%	100%
Mental health counseling and support				
(1)Unimportant	7%	11%	11%	11%
(2)	7%	5%	5%	4%
(3)	24%	22%	21%	25%
(4)	33%	33%	34%	30%
(5) Important	29%	29%	29%	30%
Total	100%	100%	100%	100%
Minor home repair				
(1)Unimportant	5%	8%	7%	13%
(2)	8%	6%	7%	2%
(3)	25%	21%	21%	22%
(4)	35%	37%	37%	35%
(5) Important	27%	28%	28%	28%
Total	100%	100%	100%	100%
Nutrition/Meals on Wheels				
(1)Unimportant	6%	8%	8%	10%
(2)	5%	5%	6%	2%
(3)	15%	11%	11%	11%
(4)	28%	31%	31%	28%
(5) Important	46%	45%	44%	49%
Total	100%	100%	100%	100%

Q28 (Cont.)	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Professional services (e.g., tax, legal, & financial)				
(1)Unimportant	6%	6%	6%	9%
(2)	3%	5%	4%	6%
(3)	22%	15%	15%	16%
(4)	38%	37%	39%	28%
(5) Important	31%	37%	36%	41%
Total	100%	100%	100%	100%
Littleton COA MART van service (transportation for medical appointments and shopping)				
(1)Unimportant	5%	7%	6%	8%
(2)	2%	4%	3%	4%
(3)	8%	6%	7%	6%
(4)	26%	23%	23%	23%
(5) Important	59%	60%	61%	59%
Total	100%	100%	100%	100%
Social activities (e.g., lunch groups, book club, card games)				
(1)Unimportant	5%	7%	7%	10%
(2)	5%	4%	5%	2%
(3)	22%	20%	21%	13%
(4)	38%	39%	38%	43%
(5) Important	30%	30%	29%	32%
Total	100%	100%	100%	100%
Support groups (e.g., living alone & living well, social anxiety, bereavement, caregiving)				
(1)Unimportant	5%	8%	8%	11%
(2)	4%	6%	6%	4%
(3)	23%	20%	21%	16%
(4)	38%	34%	33%	38%
(5) Important	30%	32%	32%	31%
Total	100%	100%	100%	100%

Q28 (Cont.)	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Technology training				
(1) Unimportant	6%	9%	7%	17%
(2)	12%	8%	8%	8%
(3)	32%	30%	30%	29%
(4)	32%	32%	34%	24%
(5) Important	18%	21%	21%	22%
Total	100%	100%	100%	100%
Trips and outings (e.g., concerts, bowling, overnight events)				
(1) Unimportant	5%	7%	6%	13%
(2)	7%	8%	8%	10%
(3)	28%	28%	28%	22%
(4)	38%	33%	33%	34%
(5) Important	22%	24%	25%	21%
Total	100%	100%	100%	100%
Volunteer opportunities				
(1) Unimportant	5%	7%	6%	11%
(2)	5%	5%	5%	6%
(3)	28%	22%	23%	16%
(4)	35%	35%	35%	35%
(5) Important	27%	31%	31%	32%
Total	100%	100%	100%	100%

Q28, reported by familiarity and participation groups.

Percentage scoring 4 or 5 on importance scale	Familiar with the COA		Participant in COA program or services	
	Very or Somewhat	Slightly or not at all	No	Yes
Adult supportive day program (e.g., Littleton Social Club)	69%	67%	67%	70%
Assistance with local or state programs (e.g., financial, fuel)	80%	78%	78%	82%
Caregiving services in the home	79%	77%	77%	80%
Educational and life-long learning opportunities	61%	54%	55%	64%
Fitness activities (e.g., exercise, dance, yoga, Tai Chi)	74%	71%	71%	78%
Friendly visitor program	58%	54%	55%	58%
Grandparents raising grandchildren support group	41%	32%	36%	38%
Health and wellness programs (e.g., blood pressure and glucose screening)	75%	66%	66%	79%
Health insurance counseling (e.g., SHINE program)	73%	67%	66%	78%
Information, referral & outreach	72%	65%	65%	77%
Intergenerational programs	43%	32%	35%	44%
Programming for the lesbian, gay, bisexual, transgender or questioning (LGBTQ) community	24%	21%	23%	21%
Mental health counseling and support	65%	59%	60%	66%
Minor home repair	66%	61%	62%	68%
Nutrition/Meals on Wheels	78%	71%	73%	79%
Professional services (e.g., tax, legal, & financial)	76%	69%	70%	77%
Littleton COA MART van service (transportation for medical appointments and shopping)	86%	82%	82%	87%
Social activities (e.g., lunch groups, book club, card games)	73%	64%	64%	77%

Q28, by familiarity and participation (cont.).	Familiar with the COA		Participant in COA program or services	
	Very or Somewhat	Slightly or not at all	No	Yes
Percentage scoring 4 or 5 on importance scale				
Support groups (e.g., living alone & living well, social anxiety, bereavement, caregiving)	70%	63%	64%	72%
Technology training	58%	47%	50%	58%
Trips and outings (e.g., concerts, bowling, overnight events)	57%	56%	55%	64%
Volunteer opportunities	69%	60%	61%	74%

Q30. Do you currently use programs or services offered by the Town of Littleton Council on Aging, including those provided by the Senior Center?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	23%	38%	35%	52%
No	77%	62%	65%	48%
Total	100%	100%	100%	100%

Q30a. If No on question 30: What is the reason that you do not currently use programs or services offered by the Town of Littleton Council on Aging? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
I am not interested	11%	22%	19%	39%
I am not old enough	62%	15%	17%	2%
I participate in programs elsewhere	3%	8%	8%	7%
I do not identify with the word "senior"	25%	15%	17%	3%
Other	14%	37%	37%	37%

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

Q31. In the future, how likely are you to participate in programs and services offered by the Town of Littleton Council on Aging and/or the Senior Center?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Very likely	24%	31%	31%	32%
Somewhat likely	40%	41%	42%	39%
Neither likely nor unlikely	18%	13%	14%	10%
Somewhat unlikely	11%	8%	8%	7%
Very unlikely	7%	7%	5%	12%
Total	100%	100%	100%	100%

Q32. What is your preferred source of information about the activities and services offered by the Town of Littleton Senior Center? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Littleton Senior Broadcaster Newsletter	34%	73%	70%	87%
Facebook (or other social media sites)	18%	5%	6%	1%
The Littleton Independent Newspaper	32%	24%	25%	23%
Cable TV	12%	9%	8%	13%

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

Q33. How frequently do you use the Internet, including e-mail?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Daily	92%	72%	77%	47%
Weekly	4%	9%	9%	10%
Once a month	2%	2%	2%	1%
Less than once a month	<1%	2%	2%	2%
Never	2%	15%	10%	40%
Total	100%	100%	100%	100%

Section VII: Demographic and Other

Q34. Please select your gender

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Female	60%	60%	59%	61%
Male	40%	40%	41%	39%
Total	100%	100%	100%	100%

Q36. What is your marital status?

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Married	78%	63%	67%	44%
Widowed	2%	18%	12%	48%
Divorced/Separated	8%	12%	14%	4%
Never Married	6%	4%	4%	2%
Living with Partner	6%	3%	3%	2%
Total	100%	100%	100%	100%

Q37. Which of the following best describes your race/ethnicity? (Check all that apply)

	All ages
White/Caucasian	92%
Asian	2%
Black/African American	<1%
Hispanic/Latino	<1%
I do not care to respond	4%
Other	1%

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

Q38. Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
N/A, I did not lack money	85%	85%	83%	94%
Pay rent, mortgage, real estate taxes	6%	7%	8%	5%
Pay for medical needs (e.g., prescriptions)	5%	5%	5%	2%
Pay for car repairs or home repairs	10%	9%	10%	2%
Pay utility bills (e.g., oil or electricity)	7%	6%	6%	2%
Buy food	5%	4%	5%	<1%

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

Q39. Elder abuse would include physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. Please indicate your level of agreement with the following statement: *Littleton has sufficient services available to identify and meet the needs of abused elderly people.*

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Strongly agree	3%	8%	8%	7%
Agree	10%	21%	18%	31%
Neither agree nor disagree	83%	65%	66%	61%
Disagree	3%	5%	6%	1%
Strongly disagree	1%	1%	2%	<1%
Total	100%	100%	100%	100%

Q40. In the last 12 months did you access any resources to help with food security? (Check all that apply):

	Boomers Age 50-59	Seniors Age 60+	Age 60-79	Age 80+
Food pantry/banks	4%	4%	5%	3%
Food Stamps (SNAP)	3%	4%	4%	2%

Town of Littleton
Department of Elder and Human Services
Council on Aging
33 Shattuck Street
Littleton, MA 01460
Phone 978.540.2470

University of Massachusetts Boston
Gerontology Institute
Center for Social & Demographic Research on Aging
100 Morrissey Boulevard
Boston, MA 02125-3393
Phone 617.287.7300
www.umb.edu/demographyofaging