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Hanson Council on Aging Needs Assessment

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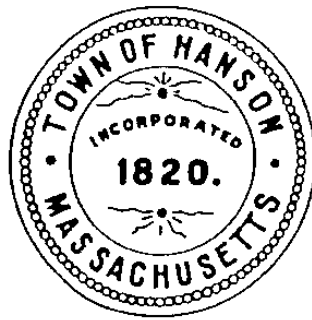
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February 2020



Commissioned by the Town of Hanson

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

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Contributors and Acknowledgements

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

Jan Mutchler, PhD, is primarily responsible for the contents of this report. Others contributing to the project include Nidya Velasco Roldan, Ceara Somerville, Beth Rouleau and Rebecca Mailman. We offer our appreciation to Mary Collins, Director of Hanson Elder Affairs, for her leadership and guidance. We acknowledge with gratitude the Town of Hanson, which provided funding for the project. As well, we are deeply grateful to the Hanson leadership and the many residents who shared their thoughts as part of the data collection.

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Executive Summary

Growth in the number of older Hanson residents is expected over the coming decade. Preparing for this demographic shift invites reflection about the extent to which features of the community and characteristics of municipal services meet older residents' needs and interests, and making plans to improve alignment where appropriate. In support of this planning process, the Town of Hanson and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 50 and older. During this assessment, multiple approaches were utilized to compile information that could be used to plan and implement current and future services. We developed and administered a survey for Hanson residents age 50 and older. A total of 1,128 questionnaires were returned, reflecting a return rate of 27%. In addition, we collected insights from Hanson leadership and other stakeholders in the community, reviewed relevant materials available on the Town website or shared by the COA, and interviewed directors of nearby COAs. Data from the U.S. Census Bureau and other existing sources were also examined in support of the project aims.

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

Key Findings in Brief

- Residents value the high quality of life offered in Hanson, and are strongly attached to the community. Survey respondents value the town's rural character, its natural amenities, its strong sense of community, and its convenient location to Boston. Yet concerns about aging in place in Hanson were expressed, including concerns about rising cost of living and taxes, which may undermine some residents' ability to stay. Older residents are also concerned about the general lack of transportation options for those who are unable to drive, and express concern that community supports and services are inadequate, including health services as well as other supports.
- Most older Hanson residents have strong networks, good health and strong finances. But some struggle with poor health and social isolation, and many express concerns about cost of living.

- Many older Hanson residents live in homes that need repair or adapted features (like grab bars or ramps) if they are to age in place safely. Some residents cannot afford these repairs or renovations, and some need help identifying trusted sources of assistance.
- Many older Hanson residents serve as caregiver for another adult with a health issue or disabling condition. Serving in this critically important role is often stressful. Awareness of COA-based services that could be helpful—such as the Supportive Day Care program and caregiver support groups—is low.
- The Hanson COA is highly valued by residents and the Supportive Day Care program is regarded as an asset. Yet the space demands posed by the Supportive Day Care program challenges the COA's ability to offer other programs at the Senior Center. Many study participants suggested that the Supportive Day Care program needs its own space in the form of a dedicated, private room, in a building offering ample room for other COA programs.
- Awareness of the COA, its programs and services is generally low. A large majority of survey respondents said they had not attended any programs or used any services through the COA in the previous 12 months.
- Greater access to information about the COA would be welcomed by residents. Many study participants were unaware of services already available through the COA that could address their concerns, such as need for medical transportation and caregiver support. Improved awareness of the COA will require using a variety of media outlets, including both printed and digital forms of communication.
- The capacity of the Hanson COA to respond to needs of the community is constrained by lack of space and by qualities of the current space. Survey respondents reported a preference for COA services and activities being located in its own dedicated building. Co-locating the COA in space shared with other groups, such as in a community center, was preferred by many, but not as frequently as the COA having its own dedicated building.

[Recommendations for the Hanson Council on Aging and Senior Center](#)

As the older population of Hanson continues to expand, demands on the Hanson Senior Center and other Town offices will shift and increase. This report includes an abundance of information that may prompt reflection and discussion in Hanson as its residents consider how to best respond to ongoing growth in its older populations. Some of the information may inform ongoing efforts in Hanson to promote elements of a livable community, such as those developed in the 2018 OPC Regional Policy Plan. As Hanson plans for improved housing, transit, green space, and other elements of livability, it is urged to consider closely the needs and interests of its large and growing older population.

Recommendations focusing on priorities specifically for the Hanson Council on Aging and Multi-Service Senior Center are as follows:

- A key priority is to improve awareness of the programs and services available through the Hanson Senior Center. As strategies are developed to achieve this goal, the COA should recognize that print media are strongly preferred by segments of the community (including especially those who are older), while younger residents prefer digital media.
- Retaining and protecting essential services to vulnerable residents, including the COA service and outreach functions, is critically important. These are strongly valued aspects of the COA's role in the community. Residents will realize even stronger benefit from these functions when awareness is strengthened.
- Preserving the Hanson COA's commitment to the Supportive Day Care program is important. This is a valued program in the community and serves as a lifeline for participating families.
- The COA is urged to explore opportunities to expand programming. Residents appear to be eager for additional programming relating especially to health promotion, exercise, socialization and life-long learning. These types of programs are known to be effective in enhancing wellness and well-being in later life.
- The COA may wish to discuss ways to strengthen involvement of the Friends of the Hanson Multi-Service Senior Center. This group is a highly valued partner that is already making significant contributions to the Hanson COA. To the extent their energy and fundraising expertise may be harnessed toward bigger projects, added impact may be realized.
- To expand existing programming, while safeguarding and improving highly valued services and supports already in place, additional space will be required for the Hanson COA. In considering options, we suggest that the Town reflect on the following:
 - Features of needed space identified by study participants include large spaces adequate to accommodate demand for exercise and other health promotion activities; private space for confidential conversations; and building some separation from the Supportive Day Care program. A brighter, cleaner space was also identified as desirable.
 - Strong preference was observed for space that is all in one location. Many survey respondents prefer that the COA be located in a building of its own. Several options for accomplishing that goal are available.
 - ✓ Hanson could choose to build a new free-standing senior center, and some survey respondents cited that as the most desirable option.

- ✓ The Library could be successful in its bid to secure a new Library building, and the building currently housing both the library and the Senior Center could be renovated to serve just the Senior Center.
- ✓ It may be feasible to expand the footprint of the current building to make more room available to the Senior Center as well as to the library.
- ✓ The Town could construct a community center that includes dedicated space for COA programming. This appears to be a less preferred option among the survey respondents, including not just the older segments but also those age 50-59. However, some study participants identified this as an attractive option, noting that Hanson does not have large community space.

Introduction

Like many municipalities across Massachusetts, the population of Hanson is aging. Already, one out of four Hanson residents is age 60 or older, and this share is projected to grow larger over the coming decade. As the older population of Hanson continues to grow, planning is necessary to ensure that the Town is adequately prepared to meet the challenges and capitalize on the opportunities that an aging population offers.

This report presents results of a comprehensive examination of issues relating to aging in Hanson. A wide range of stakeholders were engaged in this process, including residents, municipal officials and other community leaders. The assessment has as its primary focus the current and future participants in the Hanson Multi-Service Senior Center services and programs. The goals of this project are to identify the characteristics and needs of Hanson residents age 50 and older; to identify concerns of community members related to aging in Hanson and capture their ideas regarding how quality of life could be improved; and to explore the current and potential role of the Council on Aging and the Hanson Multi-Service Senior Center in the community. The contents of this report are intended to inform planning by the Hanson Council on Aging as well as other Town offices, private and public organizations that provide services and advocate for older people within Hanson, and the community at large.

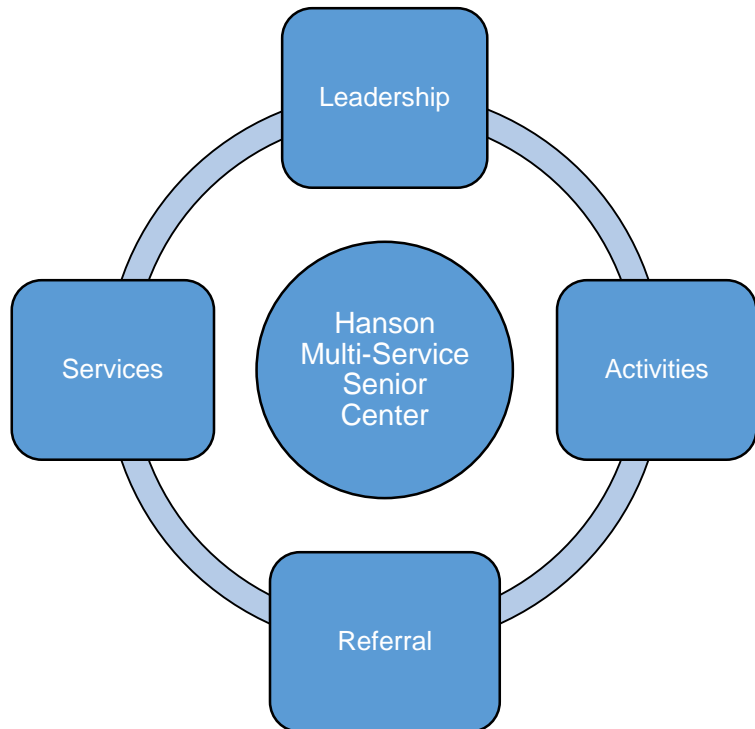
The Hanson Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally-appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a Senior Center, a community facility housing senior services and programs along with the staff and volunteers offering them. As a municipal department, the Hanson Council of Elder Affairs serves these roles and is tasked with providing information and some direct services to Hanson residents through the Hanson Multi-Service Senior Center.

In general, when considering the mission of COAs, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, holiday events, and educational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing

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

The Hanson Council of Elder Affairs offers programs and services at the Multi-Service Senior Center (Senior Center) located on Maquan Street in a building shared with the Hanson public library. An array of activities and services are offered for free or at low cost to community members. Staff at the Senior Center also refer eligible residents to services and programs available through other offices and organizations. The Senior Center plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents. Senior Center services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and from the Old Colony Planning Council, fees charged for some activities, and daily fees charged for participants in the Hanson Supportive Day Care Program. The Senior Center also benefits from support through the “Friends of the Hanson Multi-Service Senior Center,” a nonprofit fundraising organization.



In addition to offering an array of programs and services for residents at large, the Senior Center houses the Hanson Supportive Day Care Program, a program of activities for older people who require daytime supervision and non-medical assistance due to physical, social and/or emotional challenges¹. Operating from 8:30am to 3:00pm, Monday through Friday, this fee-based program is available to Hanson residents and those in nearby communities, providing socialization for the clients who attend and respite for their caregivers. Fees

¹ See <https://www.hanson-ma.gov/council-aging-senior-center/pages/hanson-supportive-day-program>

charged to attend this program contribute to the general operation of the Senior Center. For the fiscal year ending June 2018, an average of 22 clients attended this program.

About the Hanson Multi-Service Senior Center Building

The Hanson Multi-Service Senior Center shares a building on Maquan Street with the Hanson Public Library. Both units moved into the current location in 1991. The Senior Center space includes 3,000 square footage of dedicated space, and an additional room shared with the Library includes another 750 square feet of programming space that can be scheduled. Most of the dedicated Senior Center space is made up of one large activity room, in which the Supportive Day Care Program operates. Additional dedicated space in the Senior Center includes a small kitchen area, one private office for the Director, one handicap-accessible restroom, and an open administrative space. Additional restrooms are shared with the Library and located in the hall linking the Senior Center and the Library. Parking is also shared.

A recent report produced on behalf of the Hanson Library outlines a number of challenges associated with age of the building, scheduling difficulties associated with the shared space, and a shortage of parking that at times results from the co-location of these essential Town organizations.^a

^aHanson Public Library, Library Building Program (2019). Available online: <https://hansonlibrary.org/planning/>



The Hanson Senior Center operates Monday thru Friday from 8 a.m. to 3:30 p.m. The Senior Center and the Supportive Day Care Program employs eight paid staff, including three full-time and five more working on a part-time basis. Among these staff members, one full-time and 2 part-time staff members are paid through the Town budget; 2 full-time and 2 part-time staff members are paid by fees from the Supportive Day Care Program, and one part-time staff member is paid through the formula grant from the State Executive Office of Elder

Affairs. Individuals who lead or teach programs or classes offered through the COA are paid by fees charged to participants, or volunteer their services. Paid staff are heavily supplemented by volunteers who together contribute thousands of hours annually in support of many activities, including engaging in outreach to frail older residents, offering medical transportation, delivering Meals on Wheels, and many other essential services. The Hanson Council for Elder Affairs is made up of town-appointed volunteers who live in the community. Its seven members act as an advisory committee to the Director, Mary Collins. Members also advocate for programs and services meant to fill the needs of older residents.

Examples of programs offered through the Hanson Senior Center include:

- Outreach services that connect residents to services and benefits for which they are already eligible (e.g., fuel assistance; SHINE; SNAP)
- Programs that help residents stay in their homes (e.g., Friendly Phone Call program; Meals on Wheels; transportation services)
- Programs that help residents stay healthy (e.g., dancing; yoga; health screening)
- Programs that provide the opportunity for residents to socialize with others (e.g., cards and games; Men's Breakfast)
- Programs that connect residents to professional services (e.g., volunteer legal assistance; AARP tax preparation assistance)
- Programs that support residents dealing with challenging circumstances (e.g., caregiver's group)

A complete calendar of programs and events available through the Hanson Senior Center is available online.² Residents age 60 years or older may receive a paper copy of the monthly newsletter, the *Hansonian*, upon request.

Data from the Council of Elder Affairs' annual report to EOEI indicate that during FY 2018, a total of 597 unique ("unduplicated") individuals were served through the Senior Center. During that year, a total of 62 individuals received 3,246 rides through Senior Center transportation services. Outreach and advocacy efforts impacted many individuals, including 132 individuals receiving SHINE counseling. During FY 2018, 80 sessions of recreation and socialization activities were offered, with more than 6,800 service units ("duplicated" counts of participants). Other high-involvement programs included fitness and exercise classes, congregate meals, and home delivered meals (Meals on Wheels). Comparison of data in these reports over time suggest that the number of individuals ("unduplicated" counts) participating in the Senior Center rose substantially between FY2015 and FY2016, stabilizing at about 600 individuals annually since then. Some declines

² See <https://www.hanson-ma.gov/node/971/events/month>.

in number of service units are recorded for transportation and for Meals on Wheels. Substantial increases in service units are recorded for fitness, recreation, and congregate meals. These trends suggest that demands on the Senior Center may be changing, potentially relating to shifting interests, preferences, and goals of residents.

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

Methods

Methods used in compiling this report include analysis of existing data from demographic and other sources, and original data collected for this study. For background and context, additional conversations were held with the Acting Town Administrator, the previous Town Administrator, a member of the Board of Selectmen, and with the Director of Hanson Elder Affairs. Multiple meetings were held with the steering committee formed for purposes of guiding development of this report.

Interviews. Three group interviews (focus groups) were held in support of this study: (a) current users of the Hanson Senior Center (6 participants); (b) residents in their 50s and 60s who are familiar with the Hanson Senior Center as volunteers (4 participants); and family caregivers having close familiarity with the Hanson Supportive Day Care Program (5 participants). Group interview participants were recruited by the Director of Hanson Elder Affairs, and events were held at the Library.

One-on-one interviews were conducted with three key informants, including representatives from the Police Department, the Fire Department, and the Friends of the Hanson Multi-Service Senior Center. These interviews occurred during Spring and Summer 2019. To examine the similarities and differences between the Hanson COA and COAs in peer communities, limited-scope interviews were conducted with COA Directors in five communities chosen in consultation with the Director of Hanson Elder Affairs.

Community Survey. A community survey was developed for this study and mailed to Hanson residents age 50 and older. A mailing list was obtained from the Hanson Town Clerk, based on the most current municipal census. Only Hanson residents age 50 and older at the time the survey was distributed were included on the list; the mailing list was destroyed upon completion of the study. Printed surveys were mailed to Hanson residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was installed on the SurveyMonkey website for those who wished to participate online. A total of 1,128

responses to the survey were obtained, representing a strong return rate of 27% (see box below for details). Seven percent of the responses were returned online and the rest of the responses were returned by mail. In the **Appendix**, response distributions are shown by age group.

About the Hanson Community Survey Respondents

Respondents to the community survey included 1,128 individuals, representing a response rate of 27%. Response rates were higher for those age 60 or older than for those age 50 to 59, and especially high for residents age 70 and older. As shown in the table below, 28% of residents age 60-69 responded to the survey, along with 40% of residents age 70-79 and 39% of those age 80 or older. In comparison, 16% of residents age 50-59 responded. This differential response rate resulted in an age distribution of respondents to the survey that is older than the population age 50 and older in Hanson as reflected in the original mailing list (compare columns *B* and *E* in the table below). To take this differential response pattern into account, and to facilitate comparison of younger and older segments of the population with respect to needs and interests, we present most results separately for those age 50-59 and those age 60 and older.

	Original Hanson mailing list, residents age 50+	% age distribution for original mailing list	Number of responses	Response rate	% age distribution for responses
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
Age 50-59	1,534	37%	243	16%	22%
Age 60-69	1,369	33%	384	28%	35%
Age 70-79	905	22%	359	40%	32%
Age 80+	319	8%	123	39%	11%
TOTAL	4,127	100%	1,128*	27%	100%

*includes 19 people who declined to provide their age

Other Materials. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey); from projections generated by the Donahue Institute at the University of Massachusetts and by the Metropolitan Area Planning Council (MAPC); and from the Healthy Aging Data Report for Hanson (Massachusetts Healthy Aging Collaborative, n.d.). Additional information used in

this report was retrieved from reports generated by the Director of Hanson Elder Affairs to summarize programs and usage; from reports developed by other Town organizations and shared with UMB by the Town or available online; and from the *Hansonian* newsletter.

Background from the literature

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

Housing

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

Transportation

Along with housing, adequate transportation is also needed to maintain social ties, obtain needed goods and services, access community amenities and be engaged with others.

Literature Review (*cont.*)

The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Many communities have limited public transportation options, and those that do exist may be inconvenient, expensive, unreliable, or not easily accessible for those with mobility limitations. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

Community Features & Services

Livable communities also require community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility limitations and those who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and their yards can help protect the value of investments and improve the neighborhoods in which older people live. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations.

Local Senior Centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life (Pardasani & Thompson, 2012). Some research suggests that participating in a Senior Center may reduce one’s sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

Results

Demographic Profile of Hanson based on the American Community Survey

Age Structure and Population Growth

According to American Community Survey³ (ACS), an estimated 10,668 residents lived in Hanson in 2018. More than two out of five (4,447 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 made up 18% of the population; residents age 60 to 79 comprised 21%, and another 3% were age 80 and older.

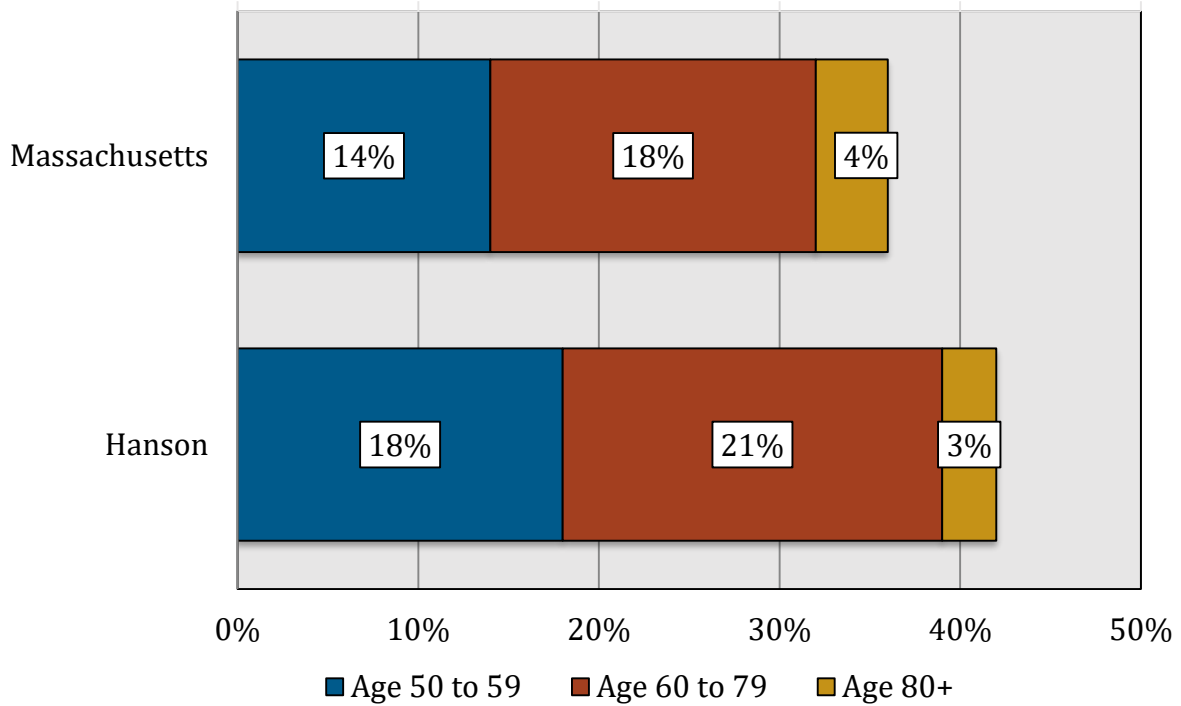
Table 1. Number and percentage distribution of Hanson's population by age group, 2018		
Age Category	Number	Percentage
Under age 18	1,982	18%
Age 18 to 49	4,239	40%
Age 50 to 59	1,898	18%
Age 60 to 79	2,263	21%
Age 80 and older	286	3%
Total	10,668	100%

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

The share of the Hanson population age 50 and older was higher than in the Commonwealth overall (**Figure 1**). Thirty-six percent of the Massachusetts population was in the 50 and older age group in 2018, compared to 42% of the Hanson population. Compared to the Commonwealth, Hanson also had a higher portion of residents age 60 and older (24%, compared to 22% in Massachusetts).

³ The American Community Survey (ACS) is an ongoing survey conducted by the U.S. Census Bureau. Data for communities the size of Hanson are released as five-year estimates to increase precision of estimates. The most current data available are based on surveys conducted in 2014-2018. For more information see <https://www.census.gov/programs-surveys/acs/about.html>

Figure 1. Current age distribution in Hanson and Massachusetts



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

In recent decades, population growth in both Massachusetts and the Town of Hanson has occurred disproportionately in older age groups (see **Figure 2**). Between the federal decennial censuses of 1990 and 2010, Massachusetts's total population of all ages grew by 9%, while in Hanson the total population grew by 13%. In Hanson, as in Massachusetts as a whole, older age groups grew at a faster pace, with the number of residents age 60 and older increasing by 18% in Massachusetts as a whole, and by 73% in Hanson.

Figure 2. Change in population, Massachusetts and Hanson, 1990-2010 decennial census

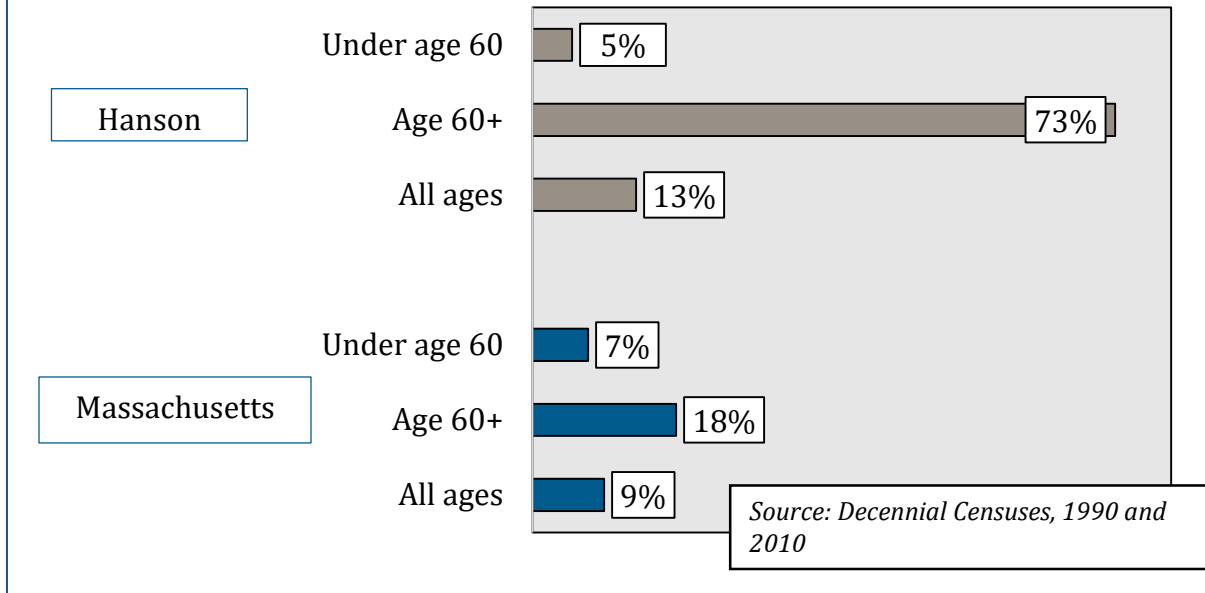
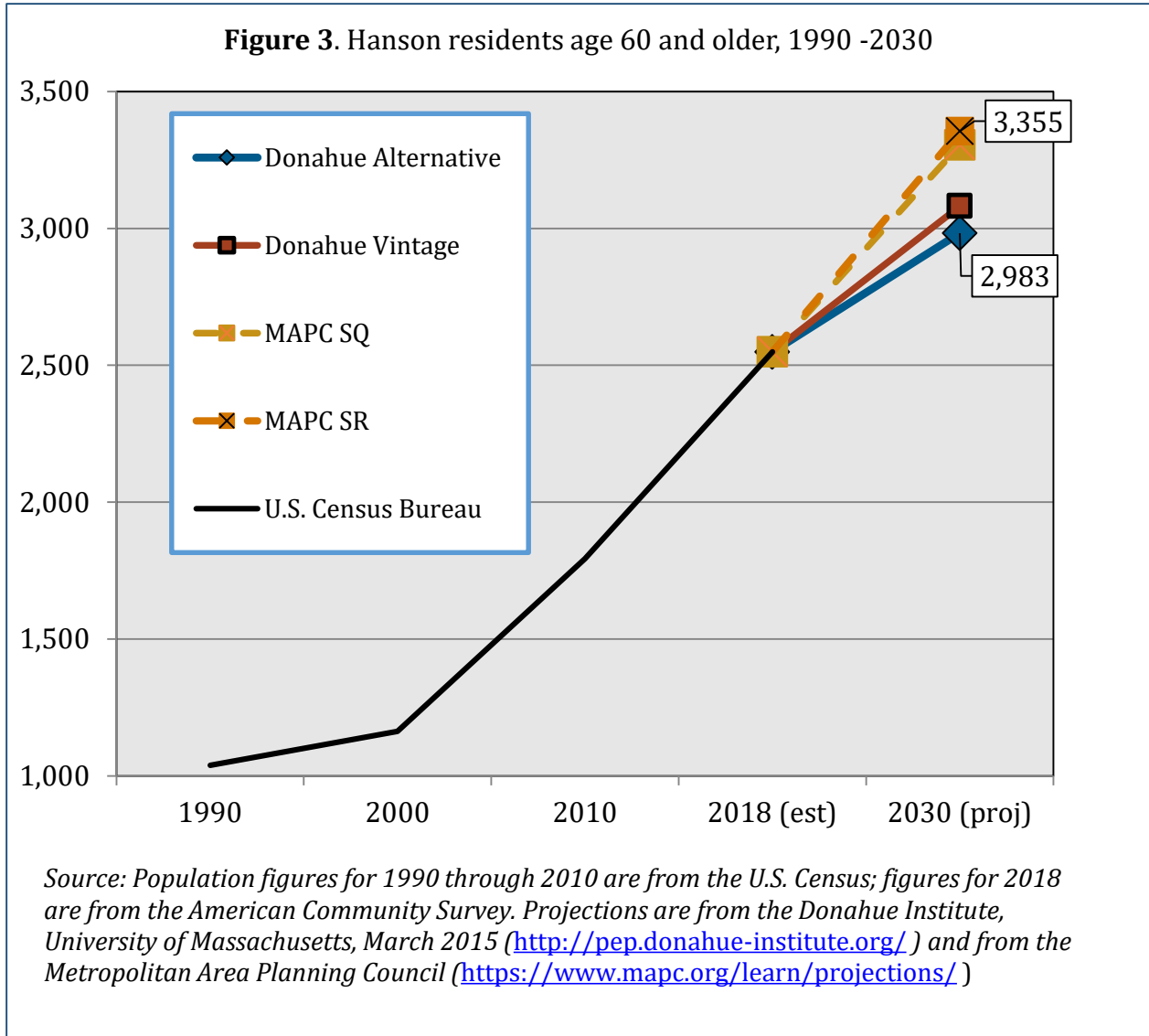
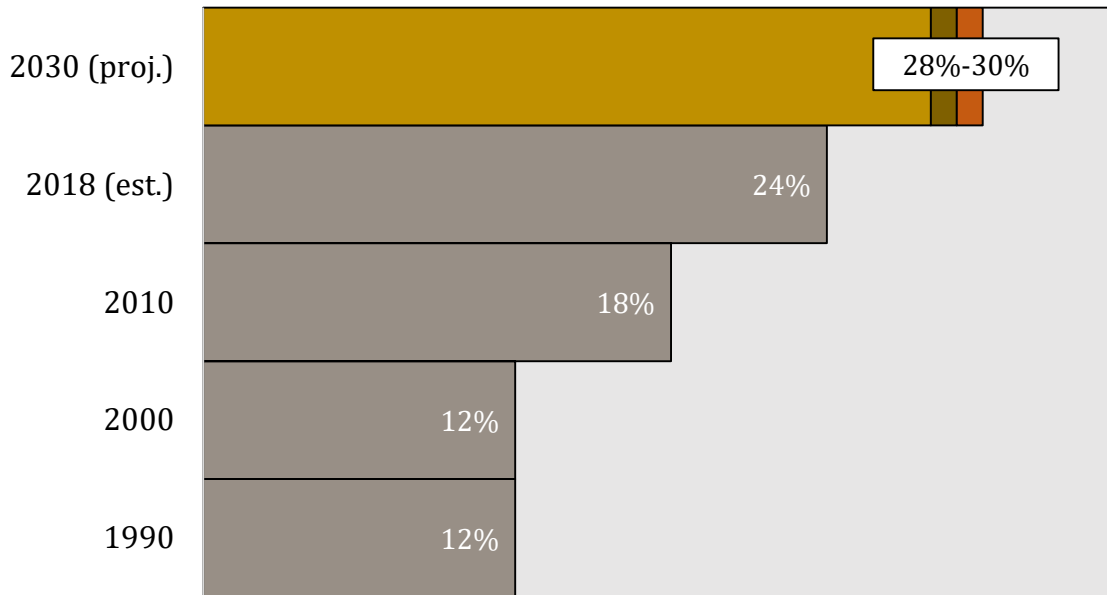


Figure 3 shows the trajectory in Hanson’s age 60+ population based on federal Census data for 1990 to 2010, population estimates from the U.S. Census Bureau for 2018, and four sets of projections, two generated by the Donahue Institute at the University of Massachusetts, and two produced by the Metropolitan Area Planning Council (MAPC). Although somewhat different assumptions were used to produce the projections, together they suggest that between 3,000 and 3,400 Hanson residents will be age 60 or older in 2030, up from an estimated 2,500 currently. Thus projections suggest a continuation of the upward trend in the size of the older population.



The figure above shows that the *number* of older residents is expected to continue to rise, and **Figure 4** illustrates that the older population will also increase as a *share* of the total Hanson population. In 1990 and 2000, 12% of Hanson’s residents were at least age 60, a figure that rose to 18% by 2010. Current estimates from the American Community Survey suggest that 24% of Hanson’s residents are now age 60 or older. All four projections suggest a continued increase in the prevalence of older residents and by 2030, seniors are expected to represent 28-30% of Hanson’s population.

Figure 4: Percentage of Hanson population age 60 or older, 1990-2030



Note: Projections suggest that in 2030, residents age 60+ will make up between 28% (Donahue Vintage) and 30% (MAPC) of the Hanson population. Sources: Population figures for 2000 and 2010 are from the U.S. Census; figures for 2018 are from the American Community Survey. Projections are from the Donahue Institute, University of Massachusetts, March 2015 (<http://pep.donahue-institute.org/>) and from the Metropolitan Area Planning Council (<https://www.mapc.org/learn/projections/>)

Socio-Demographic Characteristics of Hanson’s Older Population

Federal statistics suggest that four out of ten Hanson homes include at least one individual who is age 60 or older (**Figure 5**). This high proportion—which is likely to increase in the future given projected growth in the older population—potentially reflects a widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

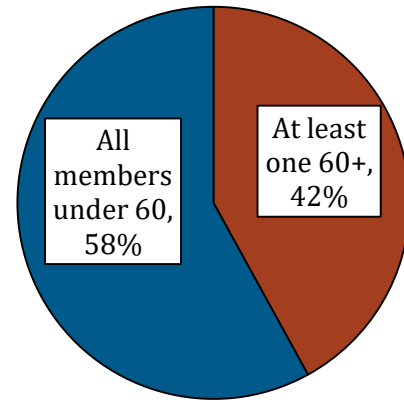
Nearly one out of four Hanson residents who are age 65 and older (23%) live alone in their homes⁴ (**Figure 6**). Most of the remaining residents live in households that include other people, such as a spouse, parents, children, or grandchildren while a very few live in group quarters. Although many people who live alone have active social lives and are strongly engaged with their communities, living alone can place people at higher risk of isolation,

⁴ Some available Census data on the older population of Hanson are based on age 65 as a reference point rather than age 60, as is used elsewhere in this report.

especially if they also have mobility limitations, cannot drive, or have few friends or family members nearby.

Estimates suggest that Hanson residents age 65 and older are well educated on average and nearly three out of ten have a bachelor's degree or more (ACS, 2014-2018, Table B15001). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well

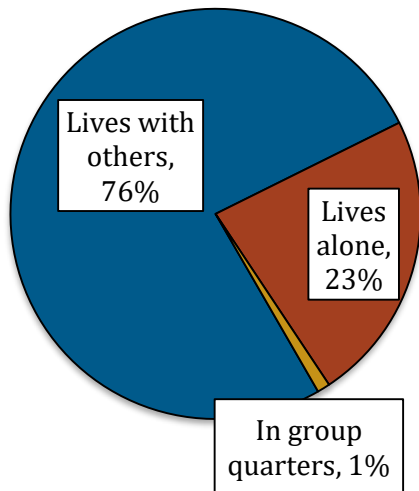
Figure 5. Households in Hanson with at least one member age 60 and older



Source: American Community Survey, 2014-2018, Table B11006. Numbers are calculated from 5-year survey estimates.

as late-life learning opportunities—activities that are often present in highly educated communities (Fitzgerald & Caro, 2014). Similar to older adults living in communities throughout the U.S., a sizable share of Hanson residents aged 65 and older remain in the

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

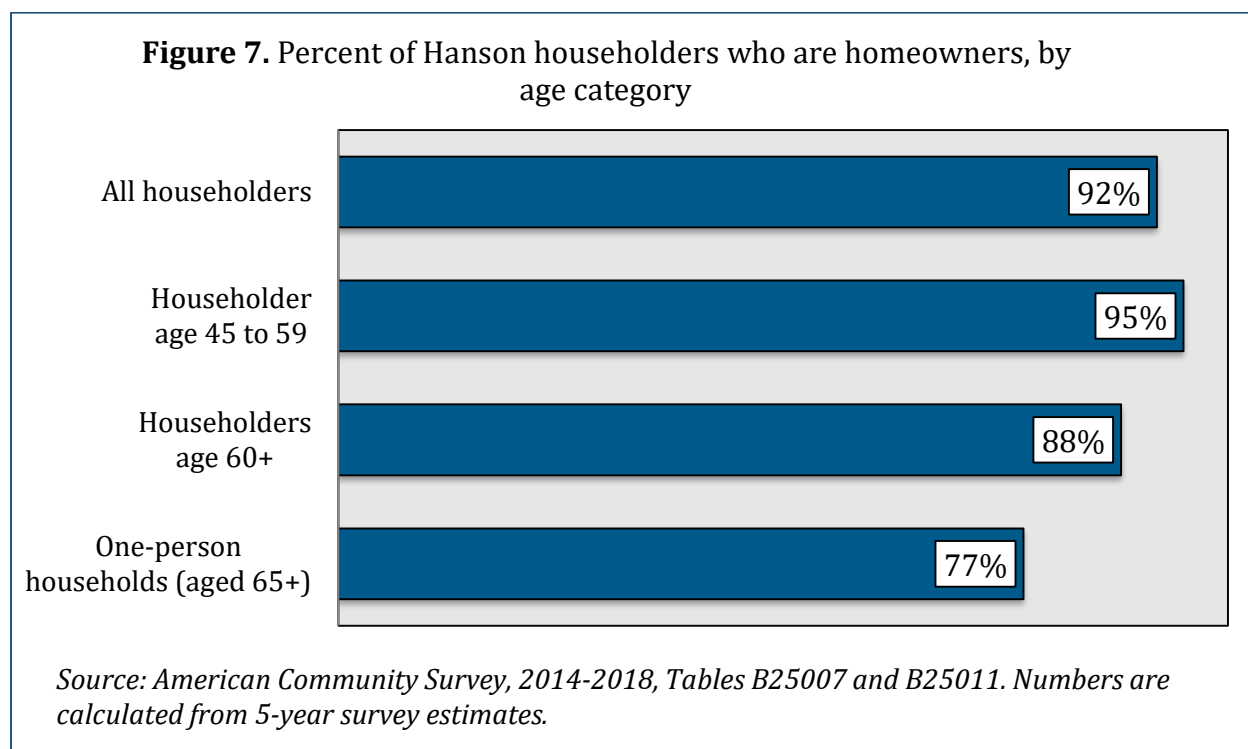


Source: American Community Survey, 2014-2018, Table B09020. Numbers are calculated from 5-year survey estimates.

workforce. Almost 26% of Hanson residents age 65 to 74 are participating in the labor force, along with nearly 11% of residents age 75 and older (ACS, 2014-2018, Table S2301). Additionally, 60% of men age 65 or older and 1% of women age 65+ have served in the military (ACS, 2014-2018, Table B21001). As a result, many of the Town's older residents may be eligible to receive some benefits and services based on their military service or that of their spouses.

Economic Resources and Housing in Hanson

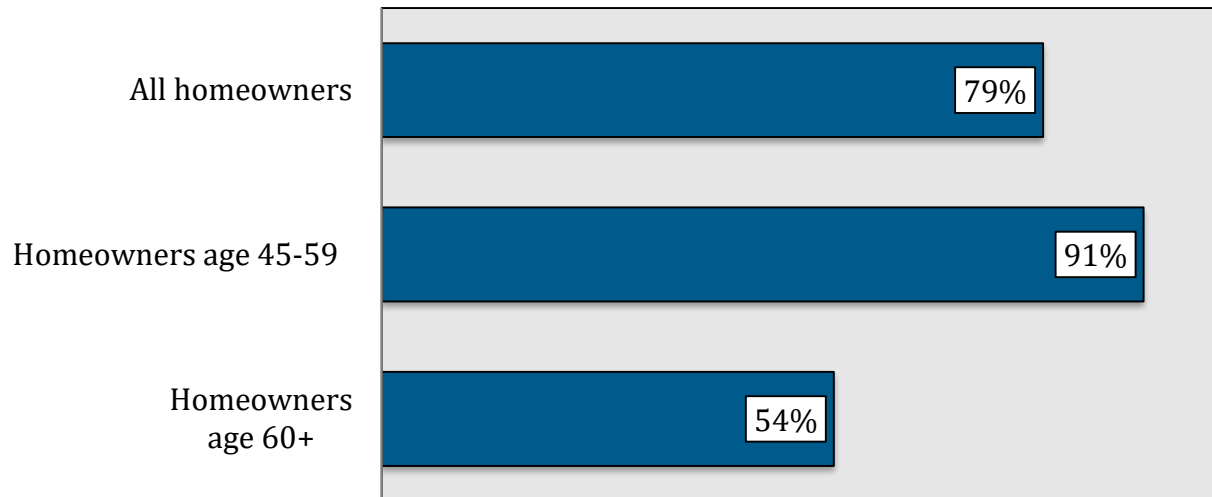
A large majority of Hanson residents live in homes that they own or are purchasing (92%; see **Figure 7**), with similarly high shares of householders⁵ age 45-59 and age 60+ owning a home. A sizeable share of Hanson residents who are 65 and older and live alone also own their homes (77%). Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.



Equity in a home is an important source of wealth and, as shown above, a majority of Hanson householders are homeowners. However, eight out of ten Hanson homeowners are paying a mortgage (**Figure 8**), including 91% of those age 45 to 59, and over half of homeowners age 60 and over. Mortgage payments may add to financial demands countered by older residents, including especially those living on a fixed income.

⁵ 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.

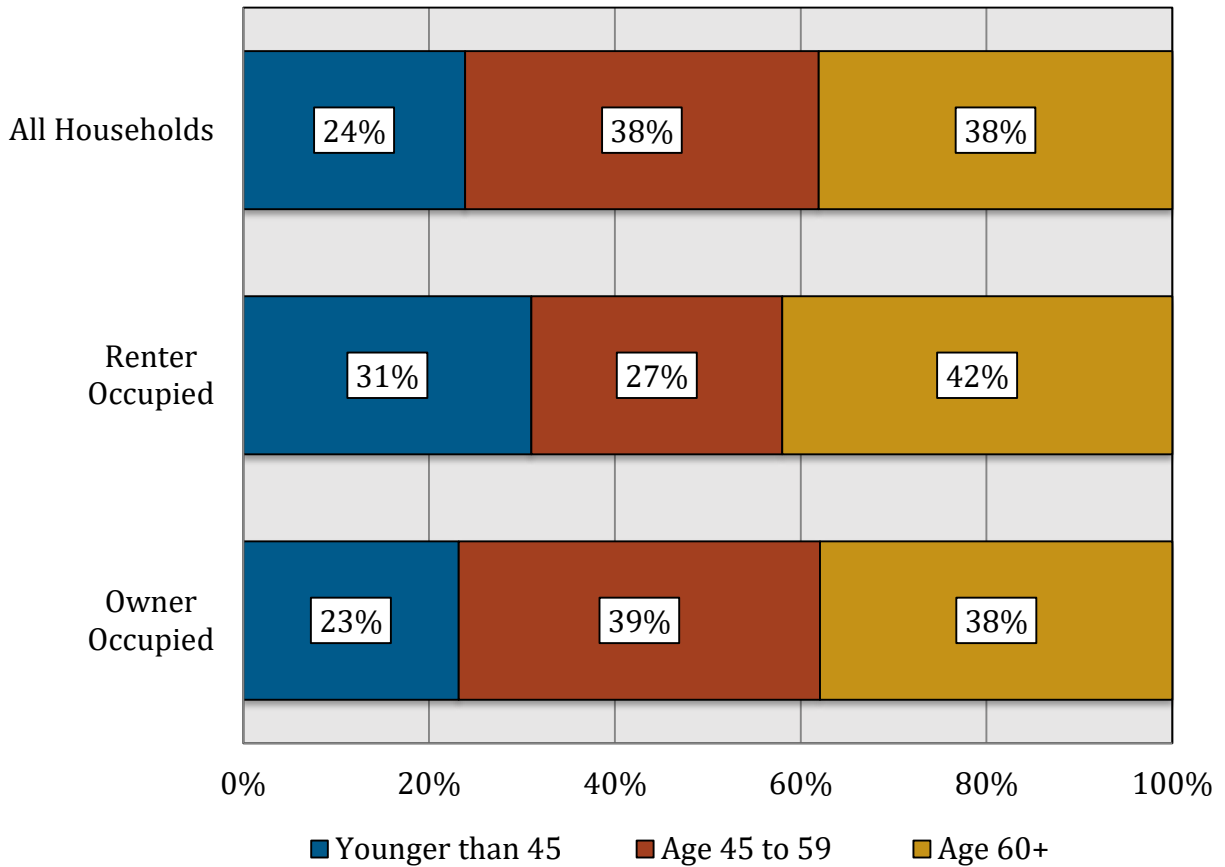
Figure 8. Percent of Hanson homeowners who have a mortgage



Source: American Community Survey, 2014-2018, Table B25027. Numbers are calculated from 5-year survey estimates

As a result of the high rates of homeownership across Hanson age groups, and the age distribution of the community overall, residents age 45 and older make up 76% of all Hanson householders (**Figure 9**). Among the relatively small number of renter-occupied households, residents younger than 45 head 31% of households, while 27% are aged 45 to 59 and 42% are aged 60 and older. In comparison, residents under the age of 45 head only 23% of owner-occupied households, while people between 45 and 59 years of age make up 39% of homeowners and those 60 and older make up 38%.

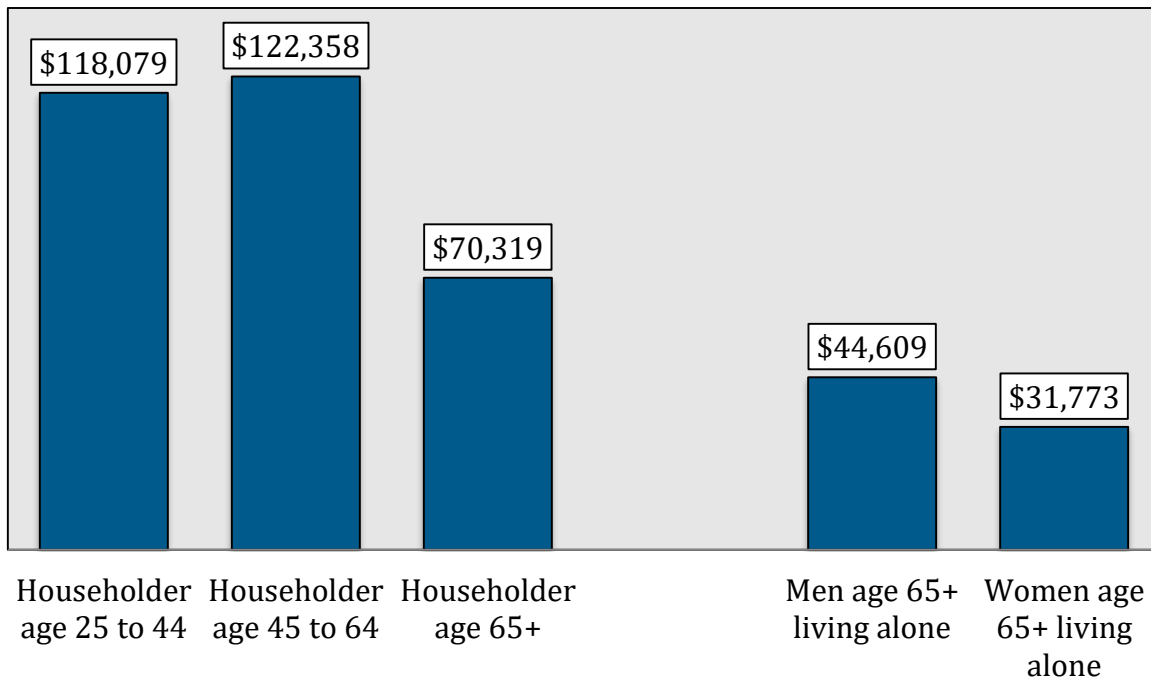
Figure 9. Age structure of Hanson householders, by owner status



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

Household income in Hanson is higher than in Massachusetts as a whole. Across all-age households, median income in Hanson is nearly \$99,000 annually, compared to a statewide median of \$77,000 (not shown). Similar to most communities, older residents of Hanson report lower incomes than their younger neighbors (**Figure 10**). Householders aged 45 to 64 have the highest median income among Hanson households, at \$122,358—considerably higher than the statewide median for this age group (\$96,031). Among Hanson householders 65 and older, median income is \$70,319, which is also higher than the statewide median for this age group (\$47,486). Older residents living alone have substantially lower income than other households. Older men living alone have higher median income (\$44,609) than women (\$31,773), but both groups have median incomes that are low relative to the typical household income in Hanson. Given that 23% of older residents age 65 and older live alone in Hanson (see above), these figures suggest that a sizeable number of residents may be at risk of economic insecurity.

Figure 10. Median household income in Hanson by age and living situation of householder (in 2018 dollars)



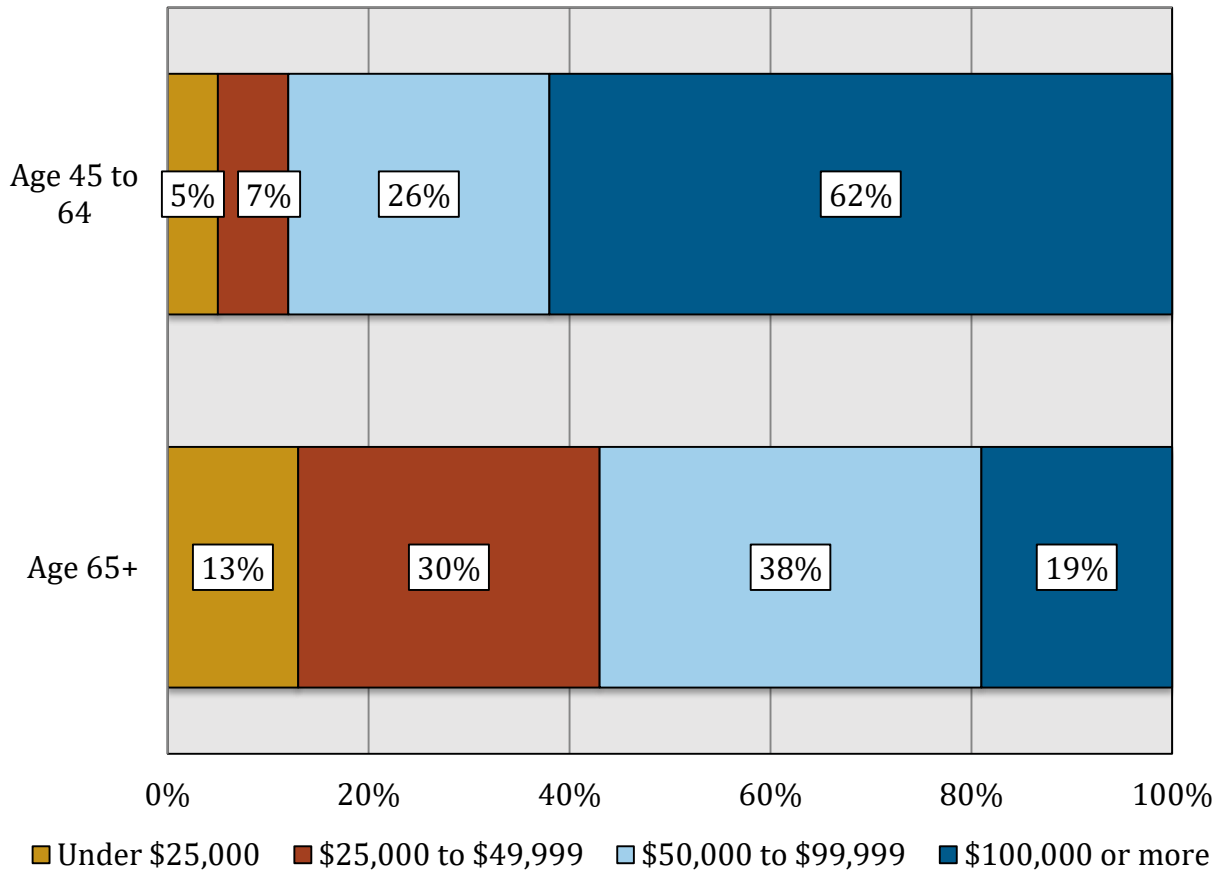
Source: American Community Survey, 2014-2018, Tables B19049 and B19215.

Numbers are calculated from 5-year survey estimates.

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

The economic profile of older Hanson residents relative to younger residents is further illustrated in **Figure 11**, which shows that among households headed by someone age 65 or older, 13% have household incomes under \$25,000 annually, and another 30% have incomes between \$25,000 and \$49,999. Yet approximately 19% of Hanson residents age 65 and older report incomes of \$100,000 or more, reflecting a wide variation in economic well-being within Hanson. A range of incomes is also reported among younger households in Hanson, but a far larger share (62%) report household incomes of \$100,000 or more, compared to older households.

Figure 11. Household income distribution in Hanson by age of householder (in 2018 dollars)



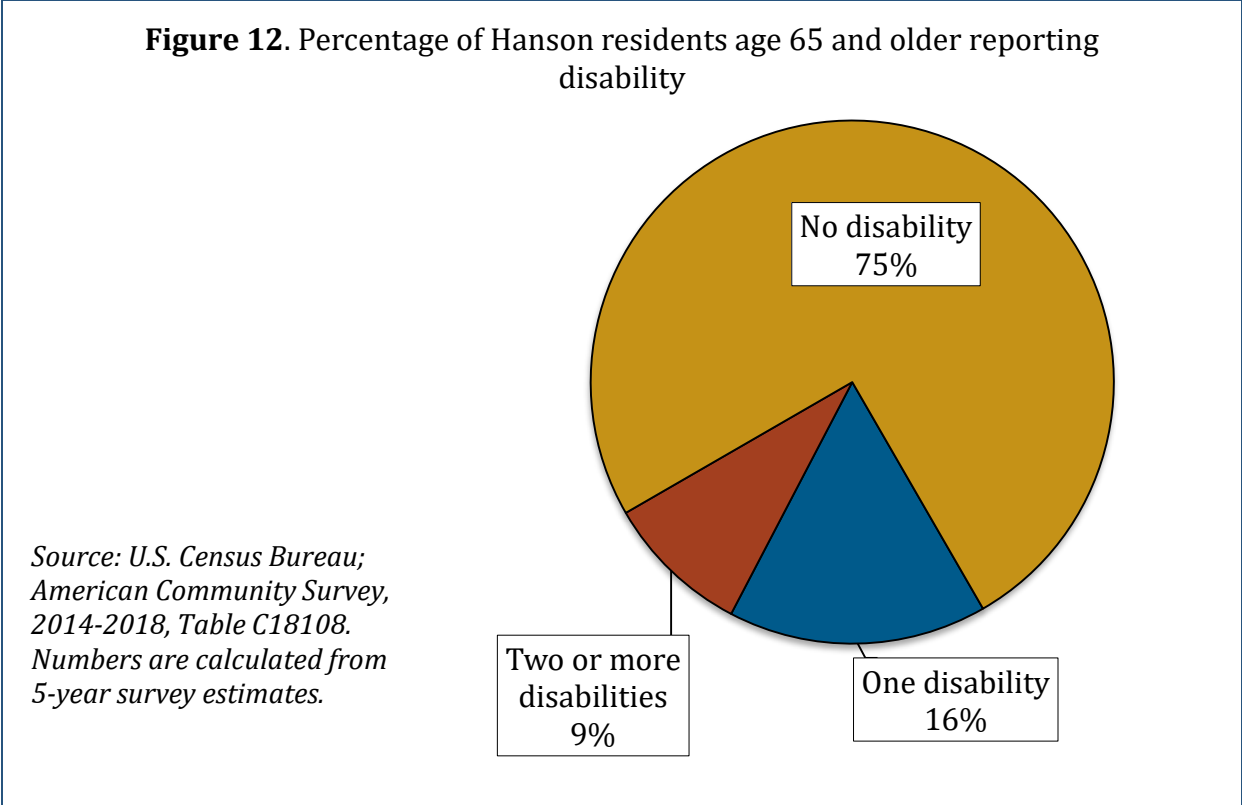
Source: American Community Survey, 2014-2018, Table B19037.

Numbers are calculated from 5-year survey estimates.

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

Health and Disability

Many Hanson residents age 65 and older have a disability that could impact independent functioning in the community. An estimated 16% of residents age 65 and older have one disability, and another 9% report two or more (see **Figure 12**). Among the types of disability assessed in American Community Survey, the most commonly cited by Hanson residents age 65 and older are hearing problems (15%), and ambulatory difficulties—difficulty walking or climbing stairs—reported by 9% (ACS 2014-2018, Table S1810).



The risk of acquiring disability in later life more than doubles after age 75. In Hanson, about 43% of individuals age 75 and older experience one or more disabilities, in comparison to 16% among those age 65 to 74 (ACS 2014-2018, Table B18101). These rates of disability are slightly lower than those estimated for Massachusetts as a whole, where 21% of people age 65 to 74 experience at least one disability, as do 46% of people age 75 and older.

Data from the Massachusetts Healthy Aging Community Profile for Hanson⁶ suggest that along most measured dimensions of health status, older residents of Hanson are similar to those in Massachusetts as a whole, including rates of diabetes, stroke, and hypertension. On a number of dimensions, older residents of Hanson appear have better health than the average Massachusetts older resident; for example, an estimated 10% of Hanson residents age 65 and older have Alzheimer’s disease or a related dementia, lower than the statewide rate of 13.6%.

⁶ See community profiles at <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

Hearing from Residents: Results from the Community Survey

The Hanson community survey offers a wealth of information about residents age 50 or older, their interests, needs, concerns, and thoughts about senior services and aging in Hanson. **Table 2** provides a brief description of the demographic characteristics of the survey respondents, and shows that a majority of the survey respondents were at least age 60, female, and living with others. A majority reported that their physical health was very good or excellent, and a majority rated their standard of living as comfortable. Nearly all of the respondents were homeowners. These characteristics are described in more depth below, and tables illustrating results for all the survey data are included in the **Appendix**.

Table 2. Who responded to the Hanson community survey?*	
How old are they?	
21% are age 50-59	79% are age 60 or older
What gender?	
41% are men	59% are women
Who do they live with?	
17% live alone	83% live with others
How is their health?	
59% have very good or excellent physical health	41% have good, fair, or poor physical health
Do they own a home?	
96% live in an owned home	4% live in a rented home
How do they rate their standard of living?	
74% have a comfortable standard of living	16% say they are struggling financially
<i>*Based on 1,128 Hanson respondents age 50+.</i>	

Community and Neighborhood

Survey respondents included a mix of long-term residents and recent arrivals. Six out of ten respondents age 60 and older have lived in Hanson for at least 30 years, along with 27% of those age 50-59 (see **Figures 13 and 14**). Well over half of both age groups have lived in Hanson for at least 20 years. Yet nineteen percent of respondents age 60 and older have lived in Hanson for fewer than 10 years. Some of these recently arrived residents may have chosen Hanson as a retirement destination, a factor that contributes to growth in the number of older residents. Nearly all of the survey respondents report that they live in Hanson year-round (94%), with the rest reporting that they spend part of the Winter months, Summer months, or both living elsewhere (see **Appendix**).

Most respondents indicated that they would miss living in Hanson if they had to move away. Half of

respondents age 60 and older said they would miss living in Hanson “very much,” and most of the rest said they would miss it “somewhat” (see **Figure 15**). Slightly smaller shares of respondents age 50-59 indicated this level of attachment to Hanson, and 18% said they would miss Hanson “not much” or “not at all.” Despite these differences, it is clear that respondents across the age ranges considered here have a strong level of attachment to Hanson as a community in which to live.

Figure 13. "How long have you lived in the Town of Hanson?" Respondents age 50-59

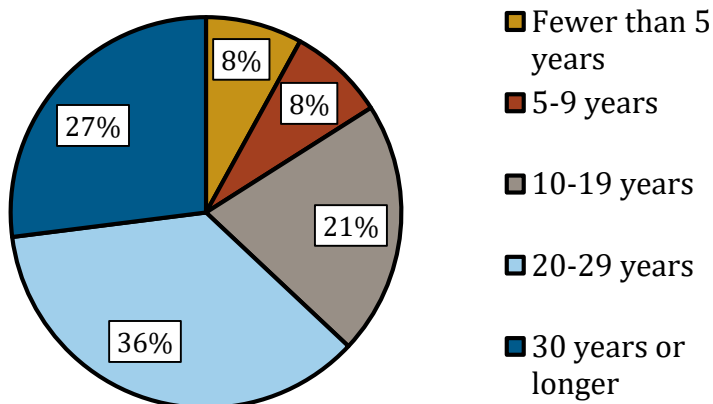
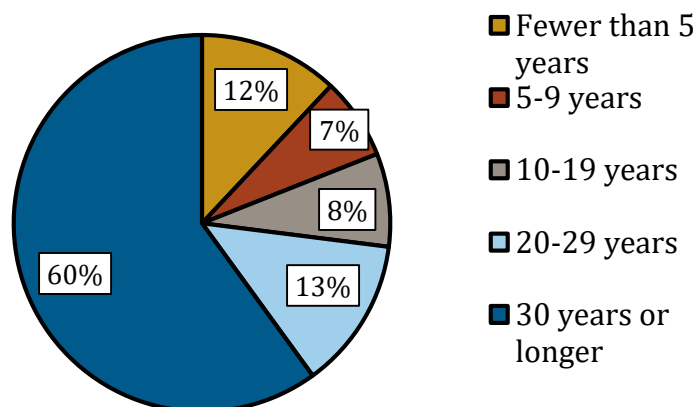


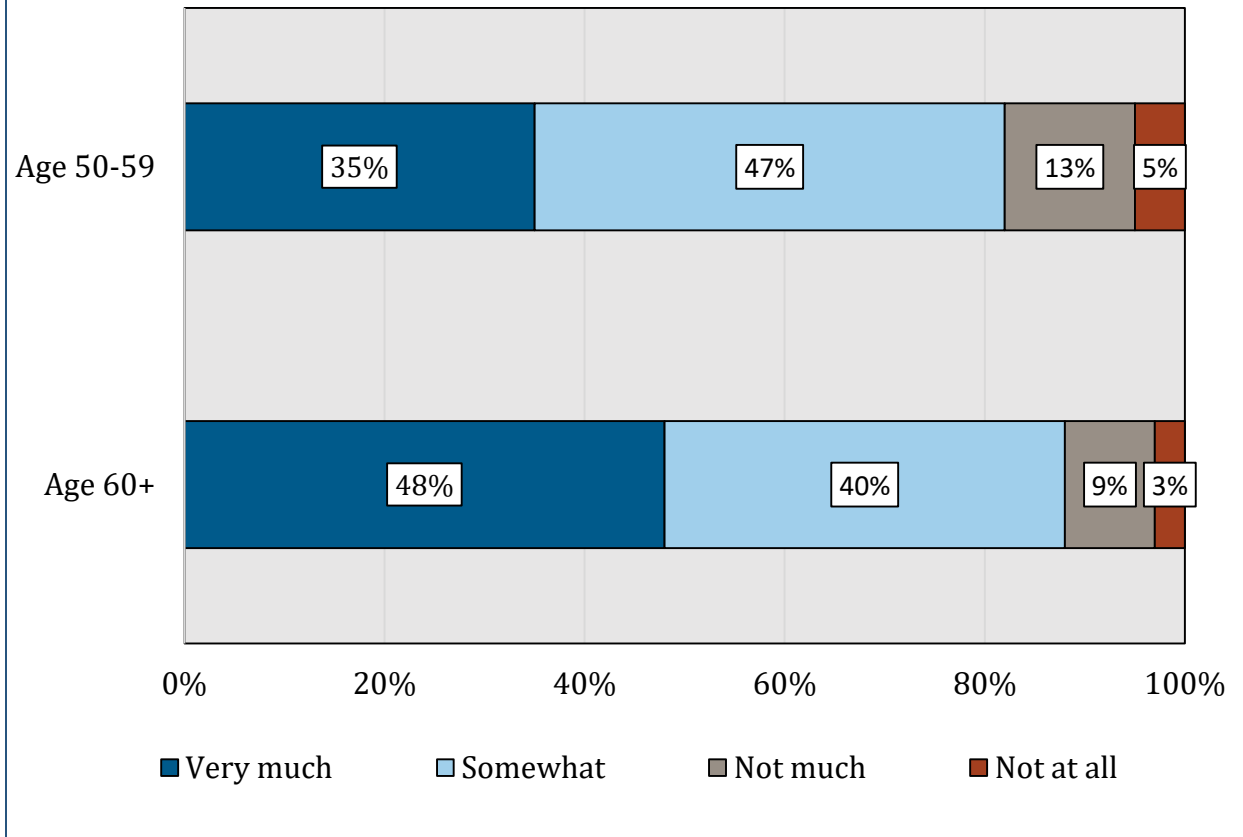
Figure 14. "How long have you lived in the Town of Hanson?" Respondents age 60 and older



When I ride into town, I think, Oh my God, I'm in Hanson. And I just feel—I'm home.

-community survey respondent

Figure 15. "Suppose for some reason you had to move out of Hanson. How much would you miss living in Hanson?"



Respondents were asked to write in what they valued the most about living in Hanson, and many took the time to do so. The feature mentioned most often by respondents was Hanson’s rural character and overall atmosphere, mentioned by half of the respondents (see **Table 3**). Respondents wrote about Hanson’s beauty, its peace and quiet, and the privacy afforded by the spatial qualities of the Town. Respondents frequently linked the rural character to their feelings of safety, also a valued feature of living in Hanson.

A strong sense of community was the second most frequently mentioned valued feature of Hanson, with people writing about the friendliness, helpfulness, and neighborliness of residents. The sense of community was also associated with reported sense of safety.

Respondents commented on Hanson’s convenient location, being close enough to Boston and also to the Cape, as well as the services and shopping available right in the Hanson area. Access to Town amenities, like open space, the senior center, the library, and shopping, was mentioned, as well as convenient access to public transit and the highways. In addition, many

respondents wrote about being near family and friends in Hanson, and having the support and friendship that they valued as they grow older. Although fewer in number, some respondents wrote about other valued features, including their home, and the relative affordability of the Town.

Table 3. “On the whole, what do you value the most about living in the Town of Hanson?”
Atmosphere and rural character
<i>“I feel safe living here—it’s a small community where everything I need is close to get to.”</i>
<i>“A quiet spot on the South Shore with large lots and good neighbors.”</i>
<i>“Beauty, peace, and privacy.”</i>
<i>“Close enough to cities and services. Quiet, peaceful, large enough yard space for kids to enjoy. I like seeing wildlife that I would not see otherwise.”</i>
<i>“Country setting with proximity to City of Boston.”</i>
Sense of community
<i>“The people are friendly and helpful.”</i>
<i>“Our neighbors have been extremely helpful and kind.”</i>
<i>“Quiet, community feeling, good neighborhoods, sense of practicality and the town’s concern for all sectors of the population.”</i>
<i>“We have wonderful neighbors and I feel safe.”</i>
Convenient location
<i>“Hanson is more rural than urban, but close enough to Boston for the best medical care and cultural activities.”</i>
<i>“The country feel with all the amenities a short ride away (supermarket, pharmacy, gas, bank, etc).”</i>
<i>“Having things close by—the open space, the senior center and library.”</i>
Proximity to family and friends
<i>“Being close to my children and grandchildren as well as extended family.”</i>
<i>“I value the friendships and the relationships I have established with my fellow Hansonites.”</i>
<i>“Living near our daughter and family is priceless!”</i>

Respondents were also asked to write in what *concerns* them most about their ability to continue living in Hanson as they get older. The most frequently mentioned concerns relate to cost of living and, especially, the rising tax burden (see **Table 4**). Many respondents linked this concern to worries that housing would become unaffordable as they age in place. Respondents also wrote about their concerns relating to transportation. The absence of public transportation in Hanson, and the relative lack of sidewalks, contributes to some residents' worries about being car-dependent. Respondents recognized that if they were no longer able to drive, continuing to live in Hanson may be difficult.

Some respondents shared concerns about their continued ability to maintain their property. Features such as stairs and size of home caused some respondents to question their ability to age in place. A number of respondents could imagine a time in the future when maintaining their home and yard would be beyond their capacity to manage.

Finally, some residents questioned the adequacy of community supports for aging in Hanson. Some expressed concerns about available medical services, while others referred to perceived inadequacy of support services, some referring specifically to the Senior Center as falling short of what they thought they may want or need.

Table 4. “What are your greatest concerns about your ability to continue living in Hanson as you get older?”

Cost of living, taxes

“Being able to afford housing/taxes on a reduced income.”

“Tax rates- the total property tax I pay- is very high. Tax increases every year are simple NOT sustainable.”

“I live on a fixed income, every year my taxes go up, but money coming in does not! I may be forced to move, but, senior citizens have no place to go.”

Transportation

“For those Hanson seniors who must stop driving, their options for transportation are few. One wheelchair lift-equipped COA van and volunteers who provide transportation using their own vehicles would not seem to be adequate to fulfill future needs.”

“No bus transportation anywhere. Nothing really within walking distance.”

“I feel somewhat isolated and worry about the ability to get to appointments should I lose my ability to drive.”

Housing and maintaining property

“Staying in my home which is upstairs and downstairs (bedrooms and showers are on the 2nd floor).”

“Being able to take care of my home and yard. It’s getting very close to being too much for me.”

“My home is too large to care for. I will need a place that is small, easy to take care of, with help available.”

Community support and services

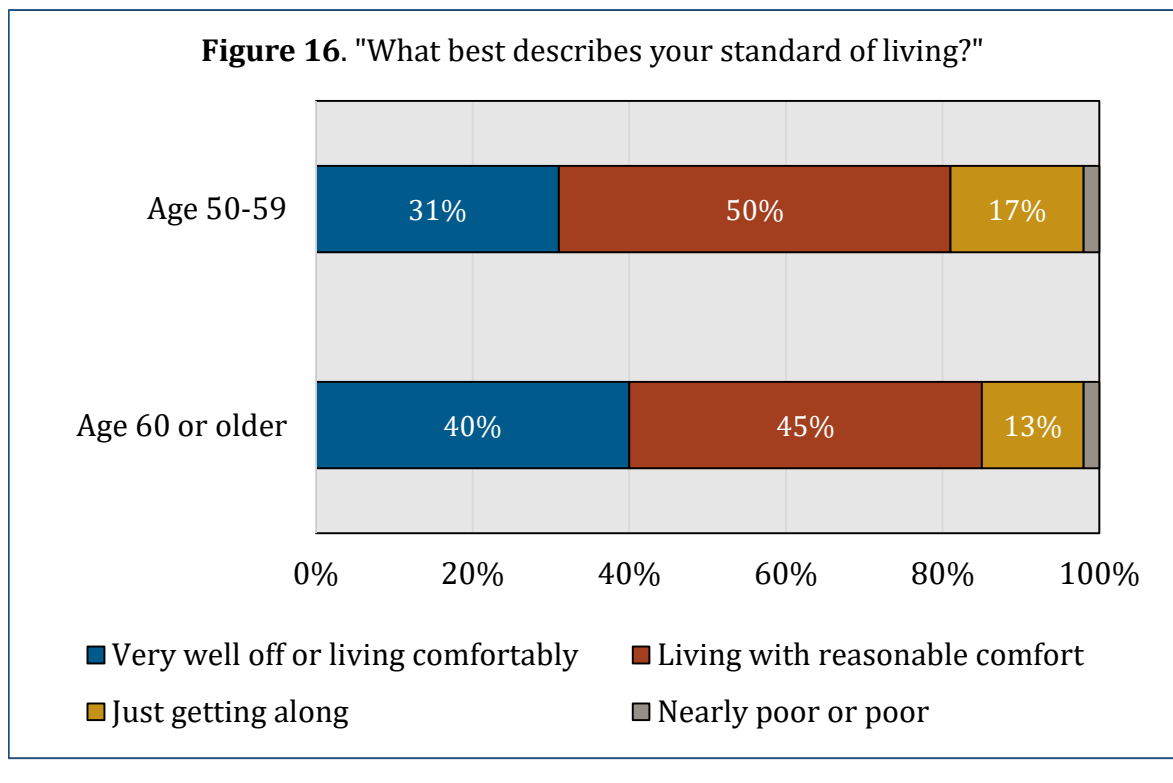
“Availability of social places for senior citizens that have interesting and encouraging activities—not just maintenance.”

“Declining health and lack of support services.”

“Lack of doctors and medical facilities.”

Economic security in Hanson

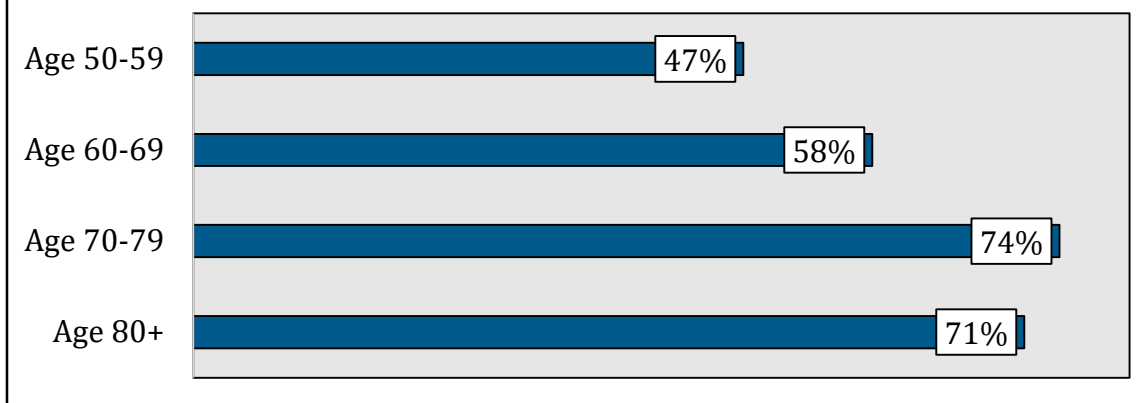
Community survey respondents were asked to assess their standard of living, with options ranging from “very well off” to “poor” (see **Figure 16**). The largest share of respondents, including half of those age 50-59 and 45% of those age 60 or older, said that they were “living with reasonable comfort,” and the next largest share of each age group (31% of those age 50-59 and 40% of those 60 or older) indicated that they were “very well off” or “living comfortably.” Only small shares, about 2%, indicated they were poor or nearly poor, but 17% of respondents age 50-59 and 15% of those age 60 or older said they were “just getting along,” indicating some level of financial struggle. Consistent with the demographic information presented above, most Hanson residents appear to be doing fine financially, but a segment struggles with economic security.



Housing and Living Situation

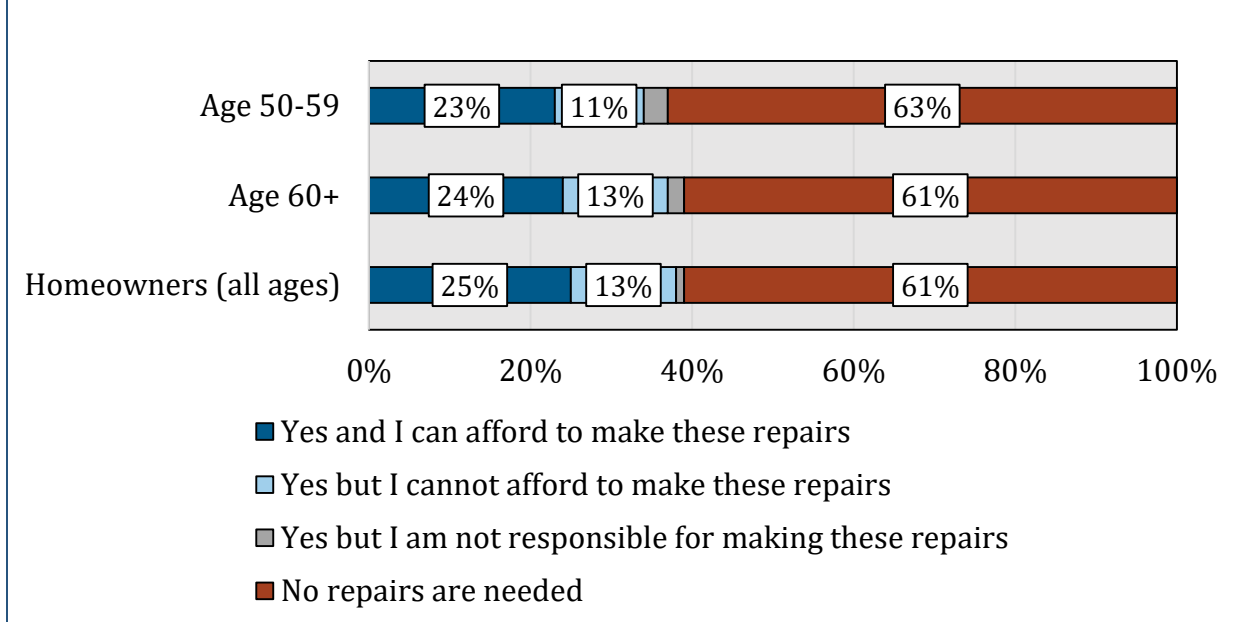
As noted above, the vast majority of respondents to the community survey were homeowners, including 98% of those age 50-59, and 95% of those age 60 and older. Homeownership is somewhat lower among those age 80 and older, of whom 91% own their home (see **Appendix**). Many of the respondents have single-floor living options, and their current residence has a bedroom and full bath on the entry level, including 47% of those age 50-59, 58% of those age 60-69, and more than 70% of those age 70 or older (see **Figure 17**). This feature can help people stay in their homes should a health event or other circumstance impact mobility and make it difficult to manage stairs.

Figure 17. "Does your current residence have a bedroom and full bath on the entry level?" (% reporting yes)

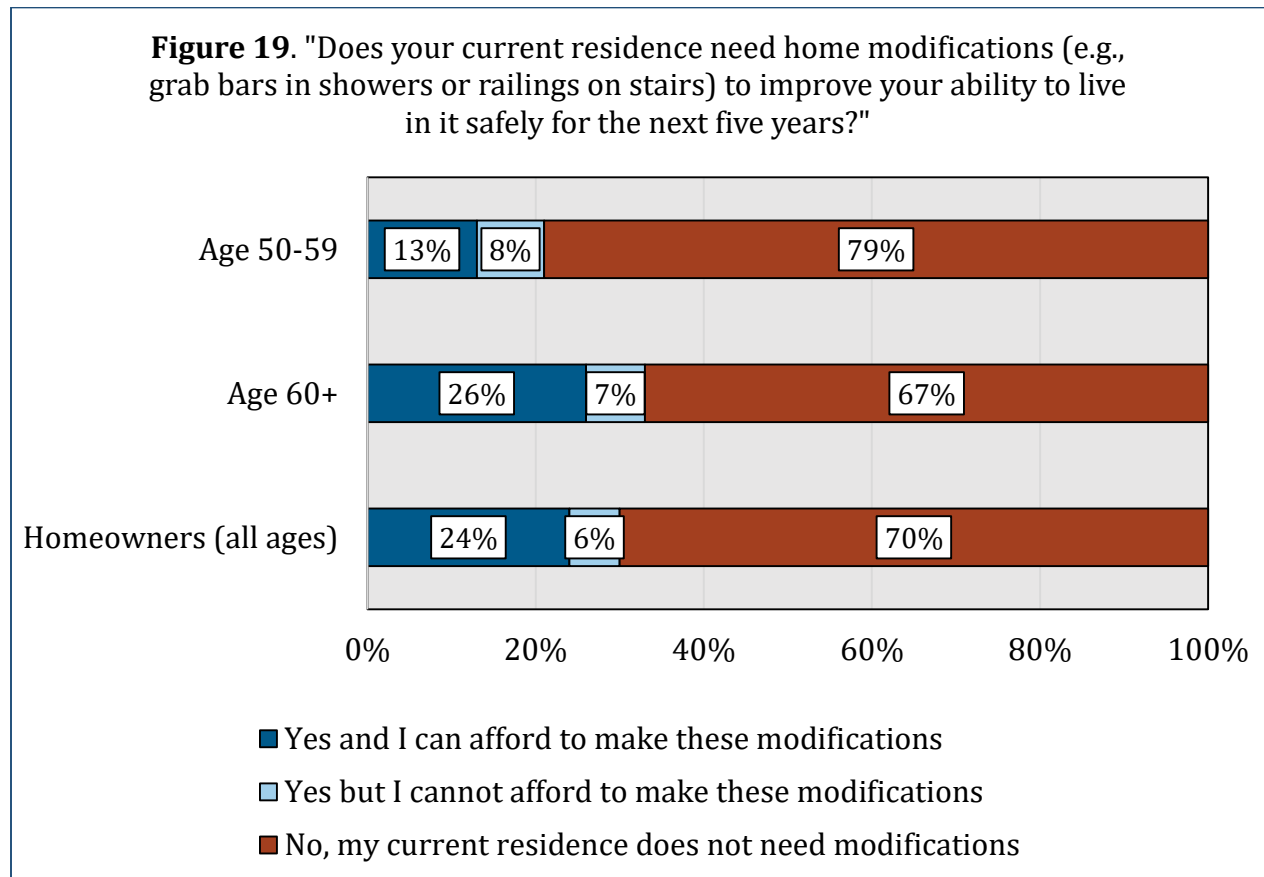


Respondents were asked about needed repairs for their current housing, such as a new roof, electrical work, or other home repairs. Thirty-seven percent of respondents, and 39% of homeowners, indicated that repairs were needed in order to live in the home safely for the next five years (see **Figure 18**). This level of repair need is not surprising, given that more than half of Hanson homes owned by resident age 65 and over were built before 1970 (ACS, 2014-2018, Table B25126). A number of respondents indicated that they needed repairs that they could not afford, including 11% of respondents age 50-59, 13% of respondents age 60 or older, and 13% of homeowners.

Figure 18. "Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?"

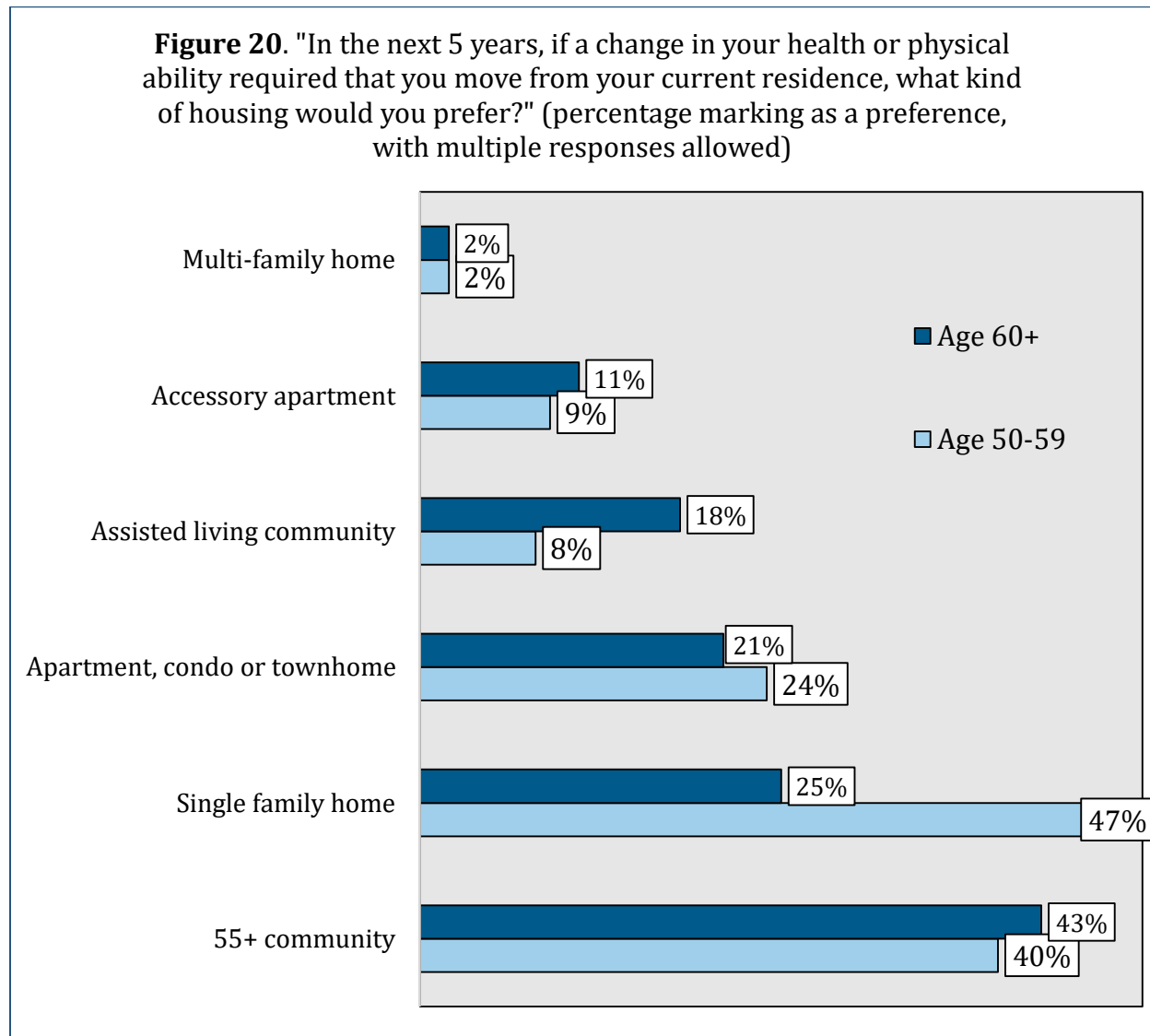


Respondents were also asked about needed modifications to their homes, such as grab bars or railings, that are often helpful to people wishing to age in place. One-third of respondents age 60 and older, and 21% of those age 50-59, indicated that these were needed in their homes, with seven to eight percent indicating that they could not afford needed modifications (see **Figure 19**). Six percent of homeowners reported that modifications were needed that they could not afford. Ensuring that Hanson residents are aware of home modifications that can promote safety in the home, and making available information about reliable contractors and affordable options, may be a useful strategy.



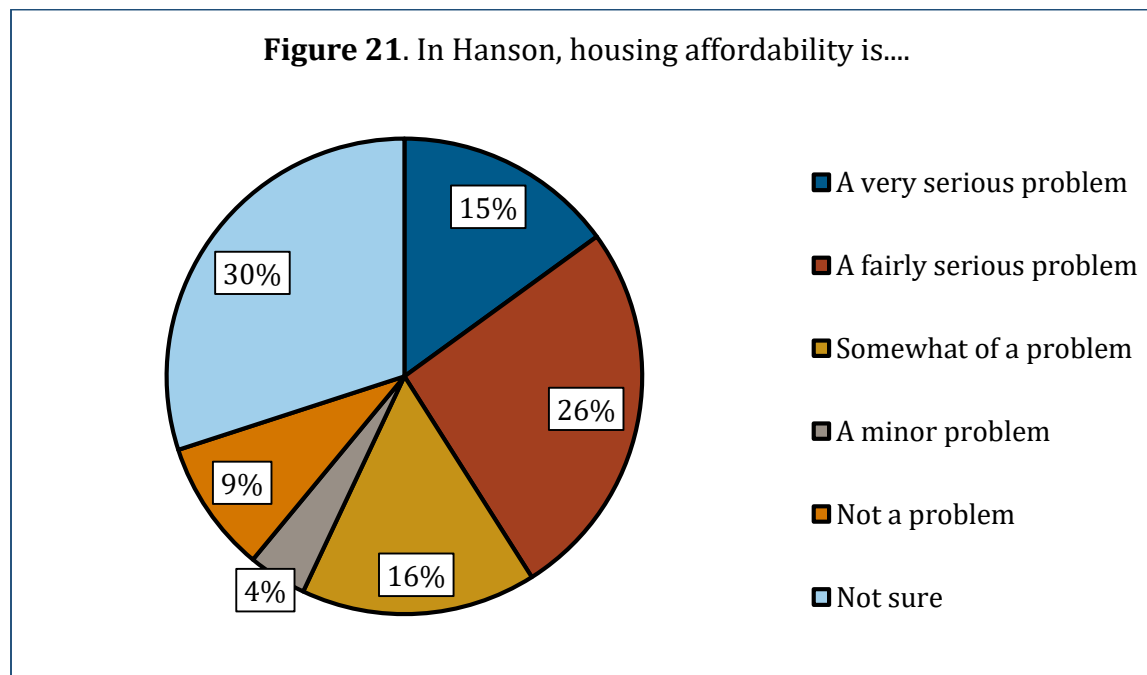
Respondents were asked about the type of housing they would prefer if a change in health or physical ability required a move within the next five years. Results suggest that should a move be required, the largest share of respondents age 60 and older would prefer a community meant for people 55+, with 43% reporting receptivity to this type of setting (see **Figure 20**). One-quarter of those age 60+ indicated they would prefer a single family home, and 21% named an apartment, condominium, or townhome. Younger respondents—those age 50-59—were most likely to prefer a single family home (47%), followed by a 55+ community (40%), and an apartment, condo, or townhome (24%). Preference for an assisted living community was mentioned by one-quarter of respondents age 70-79, and 29% of

those age 80 or older (see **Appendix**). These results suggest that there may be some level of demand for a range of housing options in Hanson, including supported settings such as assisted living, as well as single-family homes, condos, apartments or townhomes that may be more suited to aging in place.



Recalling that a large number of respondents wrote in that cost of living and taxes ranked high among their concerns about aging in place in Hanson, it is not surprising that many respondents view housing affordability as a problem. As shown in **Figure 21**, more than four out of ten respondents view housing affordability as a very serious or fairly serious problem in Hanson, with just 13% indicating it is not a problem or just a minor problem. Fully three out of ten respondents indicated that they are not sure if it is a problem. These results

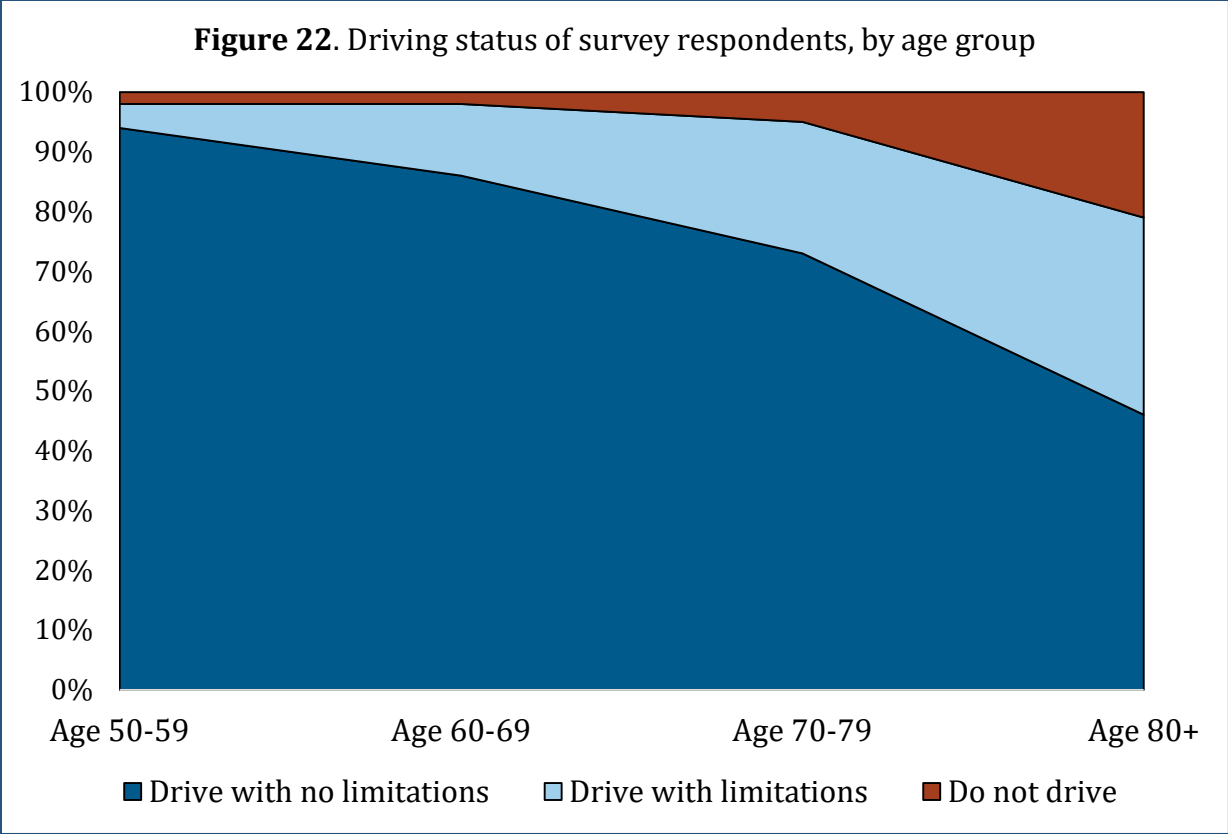
suggest that housing affordability is a concern shared by many older Hanson residents, but a large share lack information to gauge the magnitude of this issue.



Transportation

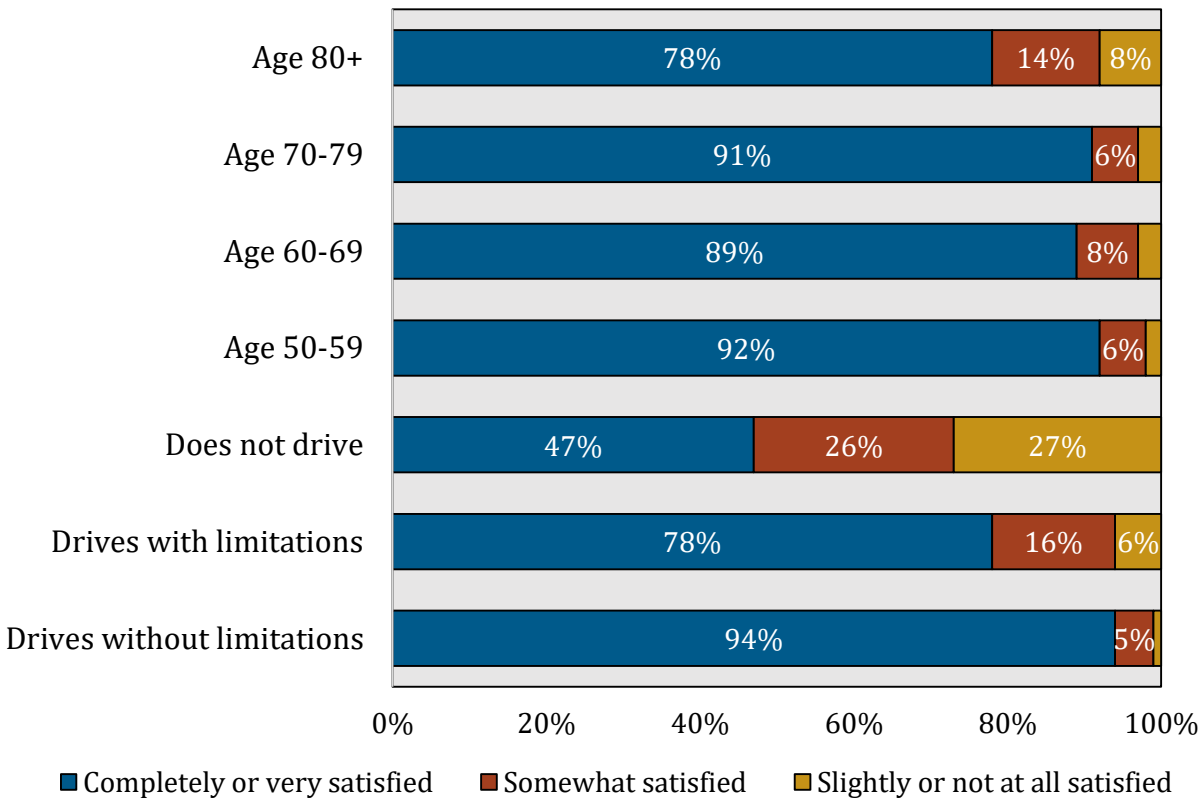
As noted above, many respondents wrote in concerns about transportation and their ability to get where they need to go. In the survey, several questions were asked about transportation in an effort to gauge the extent to which transportation needs are adequately met in the community.

Respondents were asked to indicate their driving status, and if they use any strategies to modify their driving behavior to make it easier or safer. As shown in **Figure 22**, a large majority of survey respondents drive, including more than 95% of those under the age of 80. Among respondents age 80 and older, 21% reported that they do not drive, suggesting a steep decline in capacity or willingness to drive among the oldest residents. Many drivers over the age of 70 reported limiting their driving in some way, as did 12% of those in their 60s. To the extent that alternatives to driving oneself are few in Hanson, avoiding driving under certain conditions (e.g., at night or in unfamiliar areas) may limit involvement and participation.



The driving status figures above suggest that many Hanson residents, especially those age 70 or older, may have difficulty meeting their travel requirements. However, most respondents reported a high level of satisfaction with their ability to get where they want to go on a daily basis. Nearly nine out of ten respondents reported being “completely satisfied” or “very satisfied” with their ability to get where they want to go (see **Appendix**). Satisfaction levels were lower among some segments, however. As shown in **Figure 23**, satisfaction levels were lower among respondents who are age 80 or older, and markedly lower among those who do not drive at all. One-quarter of those who do not drive reported that they were only somewhat satisfied with their ability to get where they want to go in their daily activities, and another 27% of non-drivers said they are slightly or not at all satisfied. Thus for more than half of Hanson residents age 50 or older who do not drive, getting where they want to go on a daily basis is a concern.

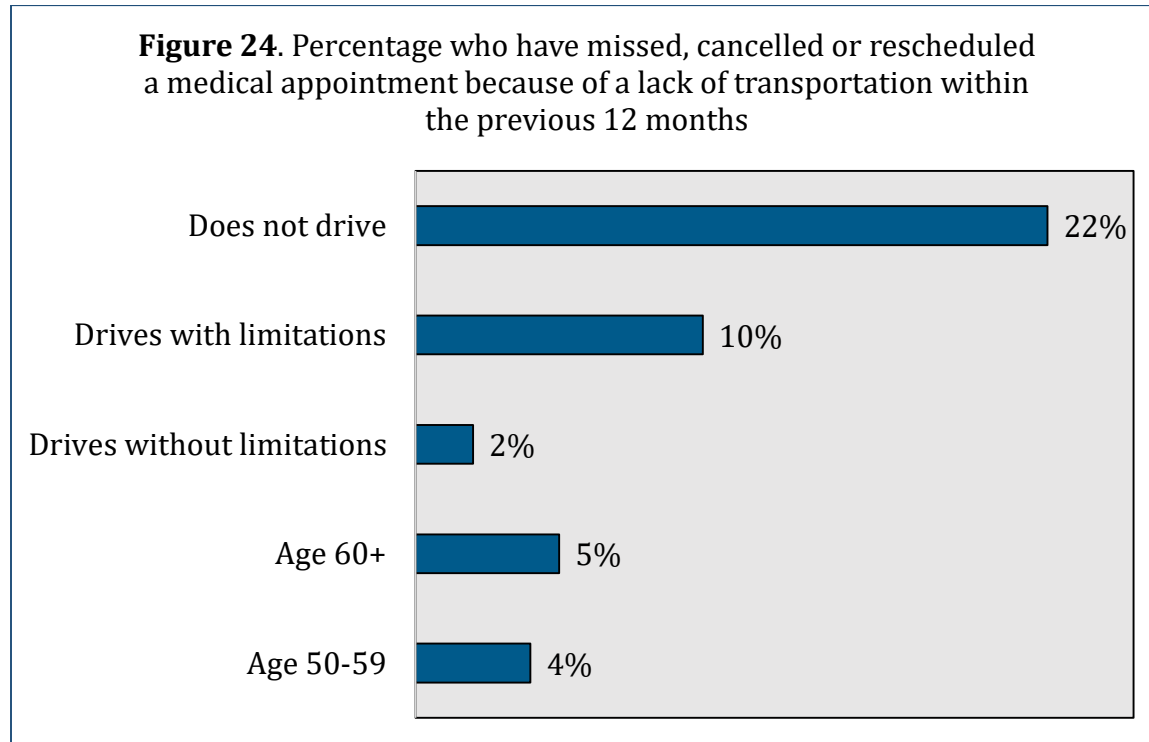
Figure 23. "How satisfied are you with your ability to get where you want to go in your daily activities?"



Transportation barriers can limit a person’s access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. Among respondents as a whole, few reported this experience with similar shares of those age 50-59 (4%) and older respondents (5%) indicating this had occurred (see **Figure 24**). However, driving status impacts this experience heavily, with 10% of those who drive with limitations and 22% of respondents who do not drive at all reporting that they had missed, cancelled or rescheduled a medical appointment because of transportation. For these segments of the community, transportation limitations appear to have meaningful implications for well-being.

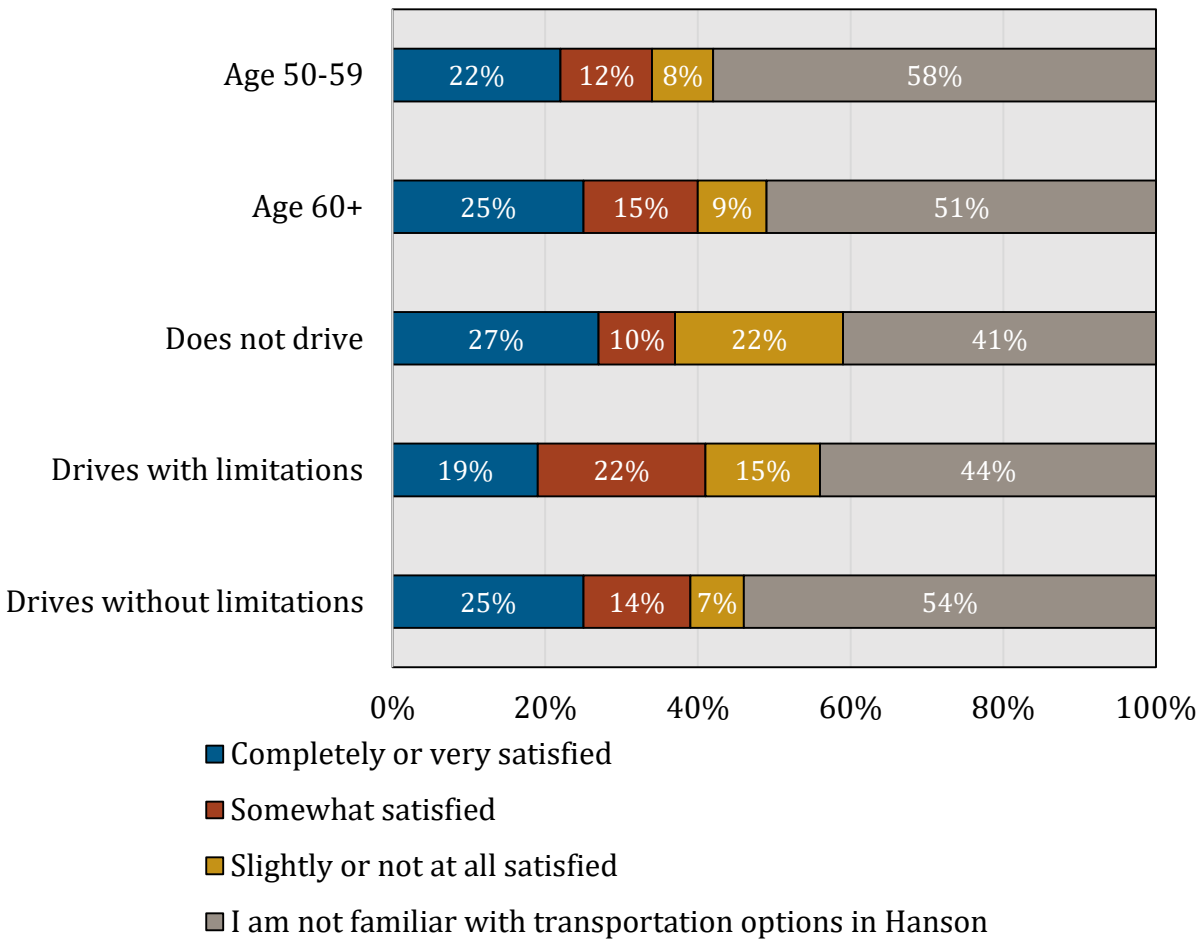
In additional tabulations (not shown), 19% of respondents who had a medical condition limiting their participation in the community reported that they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation (compared 2% who did not have participation limitations). These findings suggest that transportation

limitations appear to negatively impact accessing medical care for the most vulnerable segments of Hanson’s older resident community.



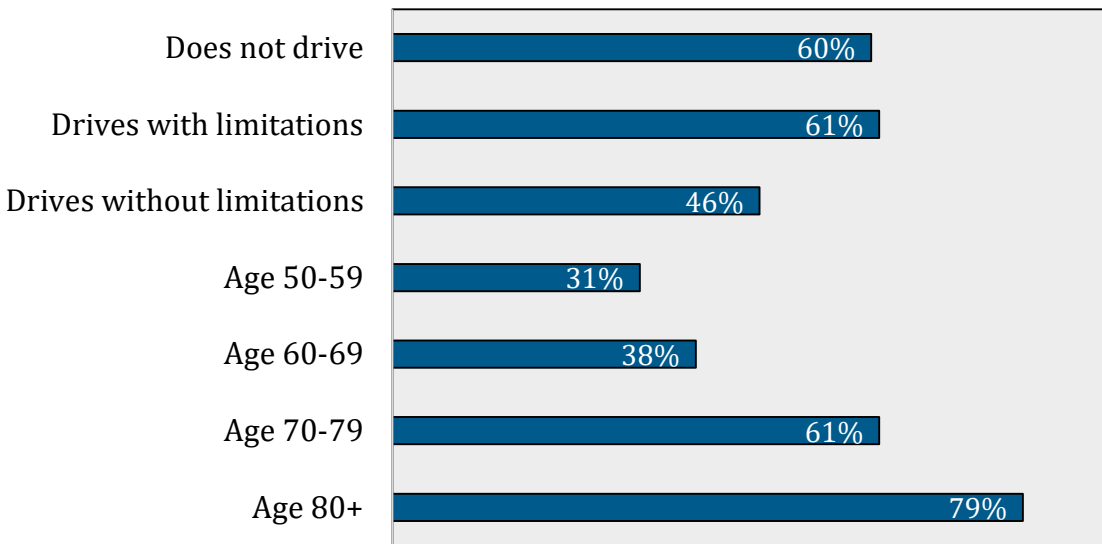
Taking everything into account, transportation is an area that may benefit from improvement in Hanson. As shown in **Figure 25**, a majority of respondents said they are not familiar with transportation options available in Hanson. Awareness was stronger among respondents most likely to have encountered transportation challenges—those who do not drive and those who place limits on their driving—but even among these individuals, 41-44% were not aware of transit options locally. These two groups were more likely to report dissatisfaction with options, and about one out of five respondents who do not drive said they were slightly or not at all satisfied.

Figure 25. "How satisfied are you with the transportation options available to you in Hanson?"



The Hanson Senior Center offers scheduled transportation for shopping, and can arrange for volunteer transportation for medical appointments. The findings above suggest that many Hanson residents could benefit from those services, yet survey findings suggest that only about half of respondents are aware of them. Awareness was lowest among those under the age of 70, and those who drive without limitations, as shown in **Figure 26**. Awareness is reasonably good among those age 80 or older, for whom outreach about available services may already be effective. Yet even among those who do not drive or who drive with limitations, who may be of any age, only 46-60% reported being aware of these services. These findings suggest that broadening awareness of the transportation services available through the Hanson Senior Center may be needed.

Figure 26. Percentage who are aware of Hanson Senior Center transportation services

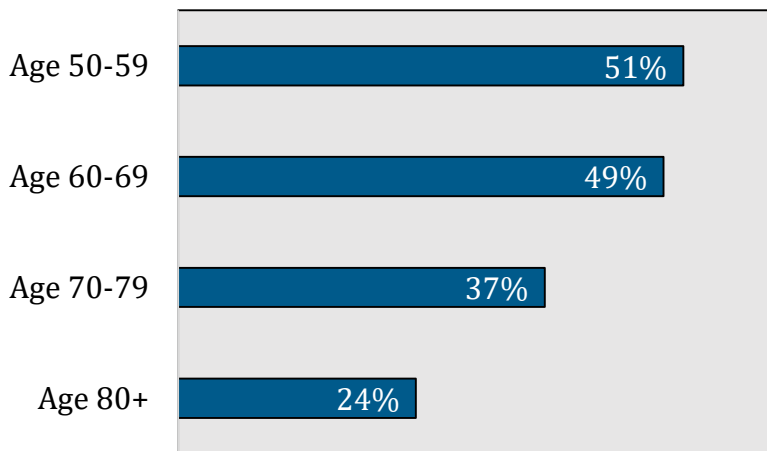


Caregiving

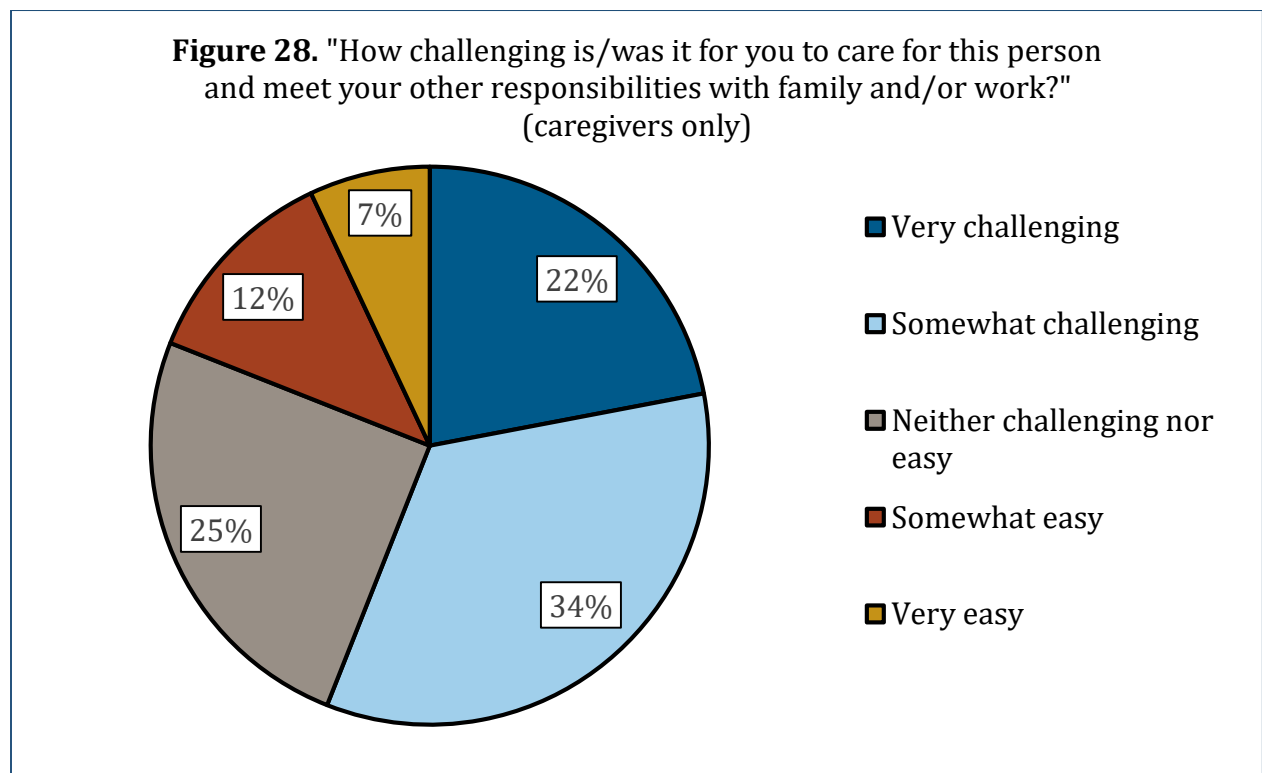
Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (Family Caregiver Alliance, n.d.) and many of these caregivers are themselves middle-aged or older.

Respondents to the Hanson community survey were asked if they provided care or assistance to a person who is disabled or frail either currently or within the past 5 years. Responses indicate that about half of those age 50-69, and somewhat smaller shares of the respondents age 70 and older, were or had recently served as caregivers (see **Figure 27**).

Figure 27: Percentage of Hanson respondents who have provided care or assistance to a person who is disabled or frail, within the past 5 years

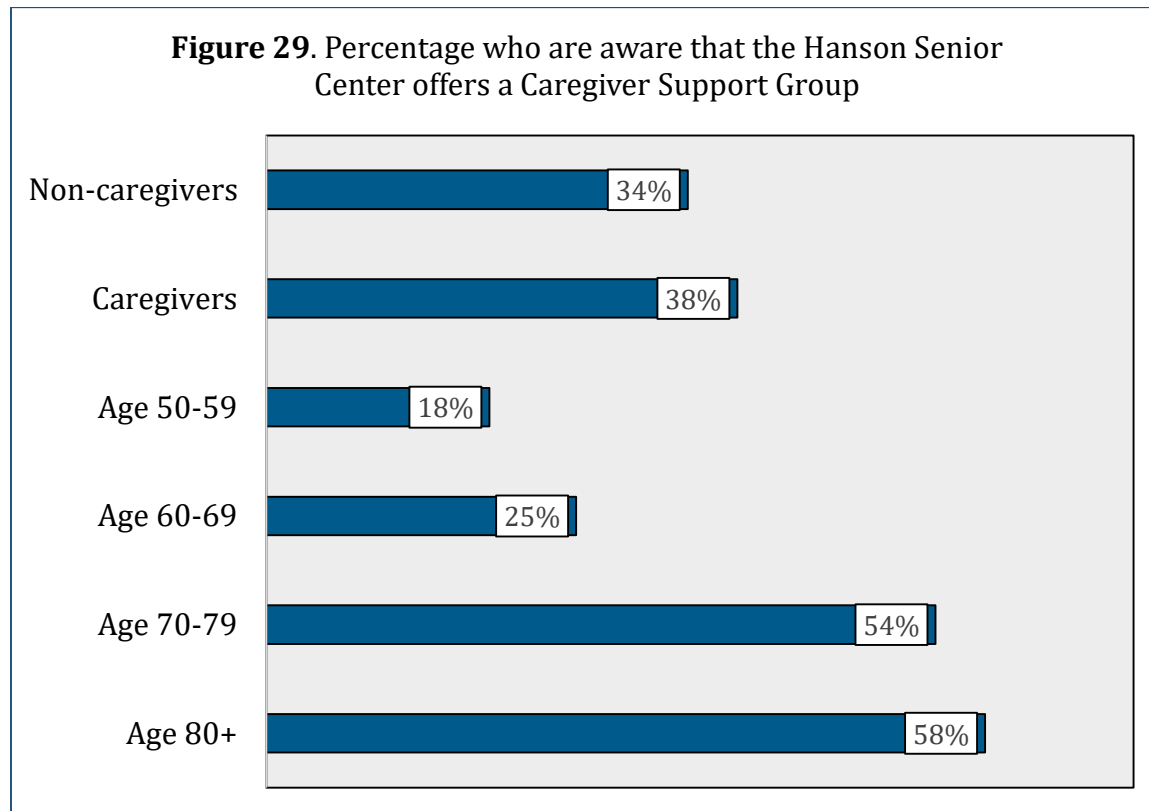


One-third of the caregivers reported that the person for whom they were providing assistance lived with them; this was more common among the oldest caregivers (56% of those age 80+) than among those who were in their 50s (22%; see **Appendix**). More than half of those providing care reported that it was somewhat or very challenging (see **Figure 28**); younger caregivers reported somewhat higher levels of challenge than did their older counterparts (see **Appendix**). Caregivers were asked to indicate the conditions experienced by their care recipient; the most frequently marked condition was chronic disease (such as cancer, diabetes, or asthma; marked by 40% of caregivers). About one-quarter of caregivers indicated that their care recipient had Alzheimer’s or dementia and 13% indicated that their care recipient had a psychological condition such as anxiety or depression. A number of respondents wrote in other conditions, some indicating that they were providing care for an individual who was “just old” and needed help with activities such as transportation or assistance at home.



These findings suggest that in Hanson, as in communities throughout Massachusetts and the United States, a very large share of adults provide support for family members and friends in the community. For many of these caregivers, time and personal resources are challenged. Help is available at the Hanson Multi-Service Senior Center, which offers two programs that directly benefit caregivers and those who require daytime support.

A Caregiver Support Group meets monthly at the Hanson Senior Center, offering an opportunity for family caregivers to exchange information and receive support from one another. Group interview participants spoke enthusiastically about the value of this program. Unfortunately, according to the community survey, most Hanson residents are unaware that this resource is available in their community. As shown in **Figure 29**, just over half of survey respondents age 70 or older said that they are aware that the Hanson Senior Center offers a Caregiver Support Group, but just 25% of those age 60-69 and 18% of those age 50-59 realized that this resource is available. Interestingly, those with recent caregiving experience were only slightly more aware than those lacking such experience (38%, compared to 34%). This finding suggests that greater awareness of the caregiver support group is needed, especially given that so many Hanson residents are providing family care or will in the future.



The support group is a mental health life-saver.
--group interview participant

Another essential resource for many residents is the Supportive Day Care Program, located in the Hanson Senior Center. This program is designed for older people who need daytime supervision and non-medical assistance due to physical, social and/or emotional problems. The program also provides relief for families who care for frail elders in their homes.

So I was like, what am I gonna do? I still have to work. And I need her to be safe. There is no way I'm leaving her home by herself.... So I came and I talked to Mary. I was like just blubbing away. And she helped me so much. [daughter caring for her mother while working full-time]

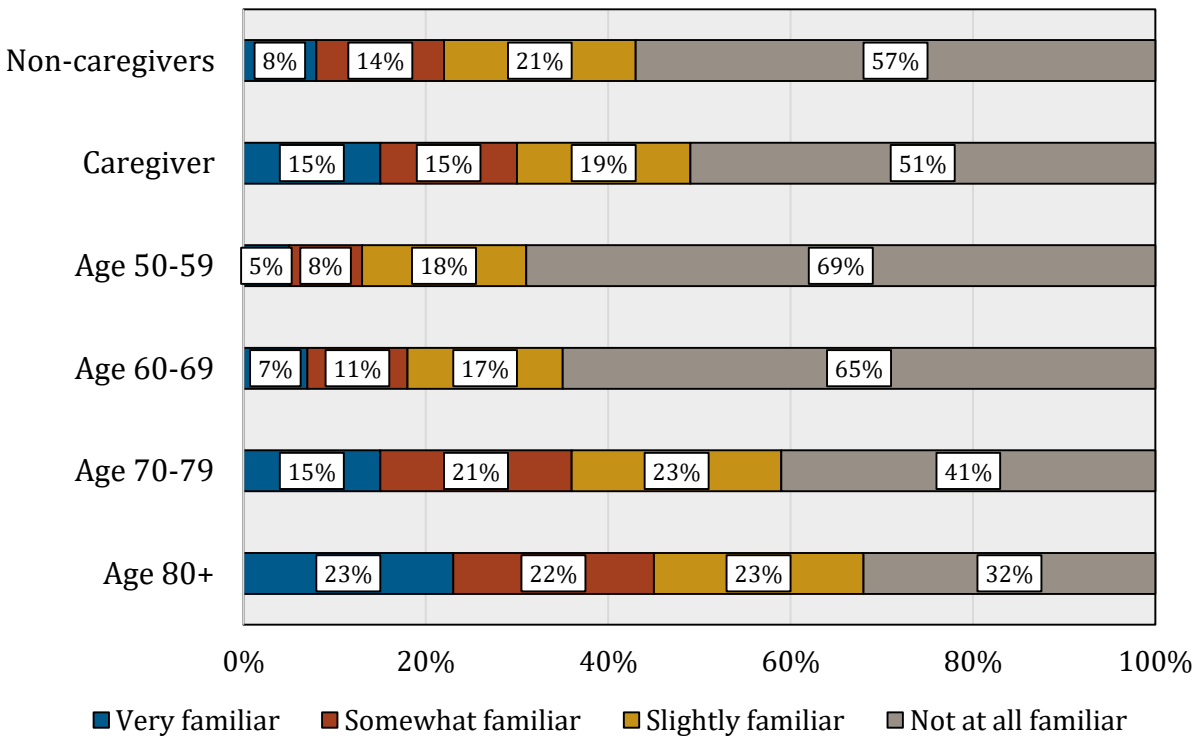
--interview participant caring for her mother while working full-time

The care and respite available through the Supportive Day Care Program is highly valued by families who use it; however, survey results suggest that it is not well known in the community. Among respondents age 80 or older, one-third said they are not at all familiar with this program, along with 41% of respondents age 70-79 and more than 60% of younger respondents (see **Figure 30**). Among survey respondents, more than half of the caregivers and non-caregivers alike said they are not at all familiar with this program. Improving awareness of this essential service could benefit residents who have taken on this critically important responsibility for loved ones.

It took me a long time to accept help. But when I did, it was the best thing I did.

--interview participant caring for a loved one

Figure 30. "How familiar are you with the supportive day program offered at the Hanson Senior Center?"



Health Status

Most respondents to the community survey reported that they were in good or excellent physical health (see **Figure 31**) and had good or excellent emotional well-being (see **Figure 32**). Respondents age 80 and older reported somewhat lower physical health than their younger counterparts, but 45% reported excellent or very good health. A majority of all age groups reported excellent or very good emotional well-being, though overall emotional well-being was poorer on average among older respondents. Note that segments of the Hanson respondents reported *physical* health that was fair or poor, including 6% of respondents age 50-59 and 17% of those age 80 and older. As well, 4-7% of each age group reported *emotional* well-being that was just fair or poor.

Figure 31: "In general, how would you describe your physical health?"

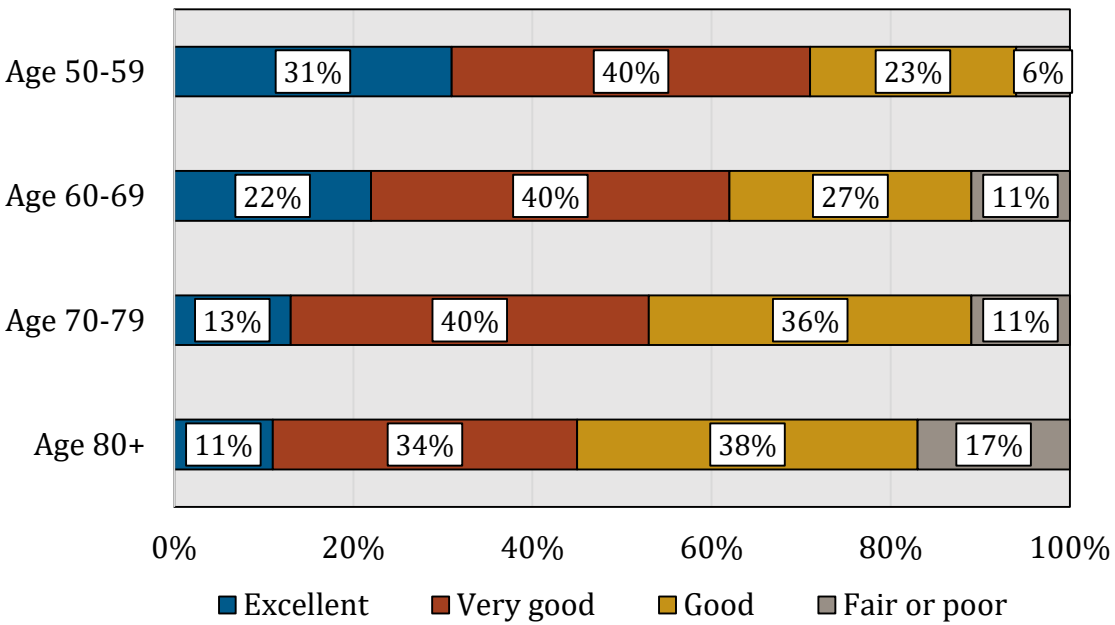
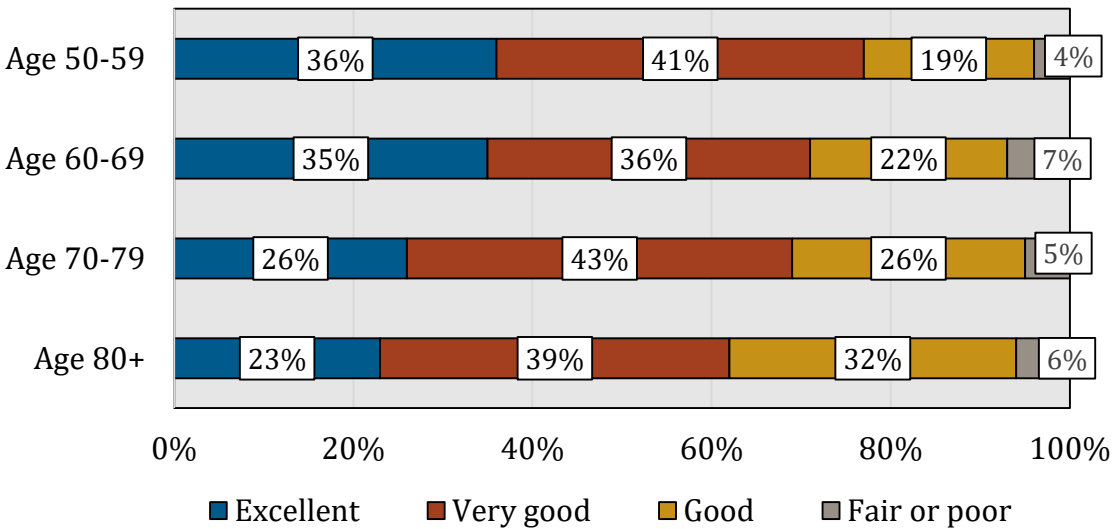
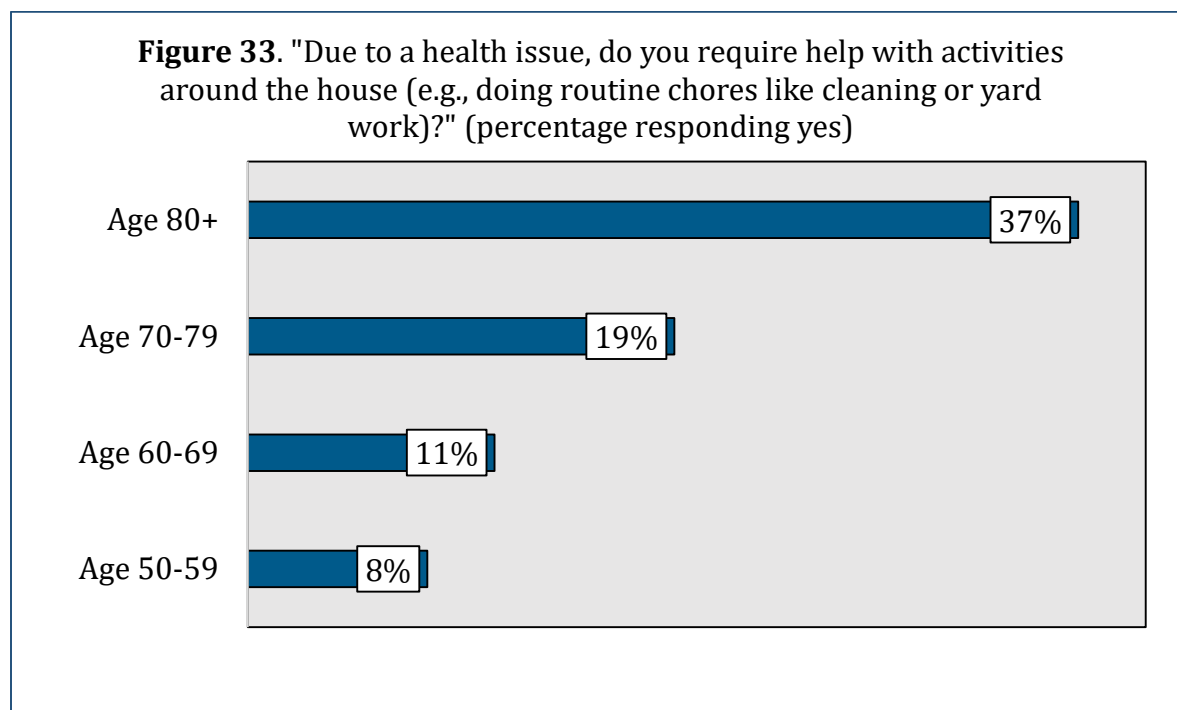


Figure 32: "In general, how would you describe your emotional well-being?"



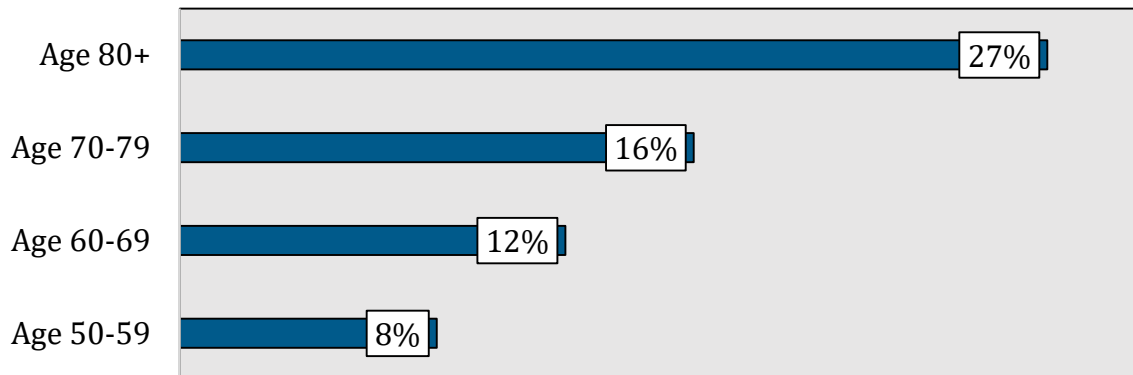
Many people need some assistance in their homes as they get older, whether because of health conditions, disability, or a general decline in stamina. In the community survey,

respondents were asked if they required help with activities around the house, like cleaning or yard work, due to a health issue. As shown in **Figure 33**, the share of respondents indicating that they need this type of assistance was substantially higher among older respondents than among their younger counterparts, and among those age 80 and older, over one-third of respondents reported this type of need. In an additional question, we asked if people needed help with daily activities (e.g., preparing meals) or with personal care activities (e.g., getting dressed). Results reported in the **Appendix** suggest that although need for this type of assistance also was considerably more likely in older age groups, levels were quite low, ranging from 1% among respondents age 50-59 to 6% among those age 80 or older.



Of special concern, declining health may impact an individual's ability to participate in community activities, potentially leading to isolation and inability to access services that contribute to quality of life. **Figure 34** shows the percentage of respondents in each age group who indicated that they live with an impairment or condition that limits their ability to participate in the community. The share of respondents reporting a limiting condition is progressively larger among older age groups, increasing from 8% among respondents age 50-59 to 27% among those age 80 and older.

Figure 34. "Do you have an impairment or condition that limits your ability to participate in your community?" (percentage responding yes)

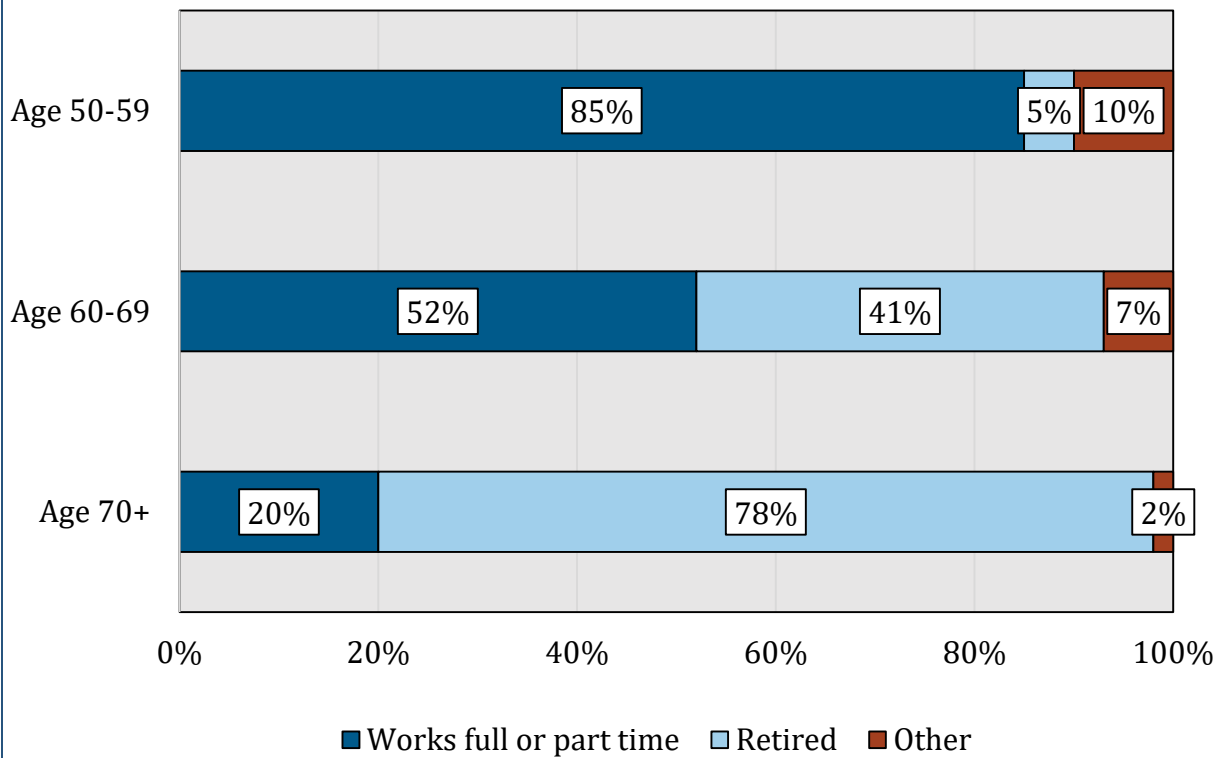


Taken as a whole, the findings on physical health, emotional well-being, needs for assistance, and impairments limiting participation all suggest that health status was typically good among older respondents. However, significant segments of the Hanson community reported fair or poor health, and residents who were age 80 and older experienced a notably higher risk of needing assistance with activities around the house and experiencing health challenges that limit community participation. Considering if services, such as medical transportation and home-based services, and participation opportunities, such as ability to attend activities at the Senior Center, are adequate for the needs of these groups may be needed.

Employment and Retirement

Eighty-five percent of Hanson respondents age 50-59 were working on a full- or part-time basis, while just 5% were retired (see **Figure 35**). Paid employment was substantially lower among respondents who were age 60-69, at 52%, and lower still among those age 70 and older, at 20%. A large majority of those age 70 and older indicated that they were retired and not working at all. A share of each age group indicated that their work status was "other," with most writing in that they were disabled or on disability, or unemployed and looking for work. Other write-in responses included volunteer, homemaker, or caring for their family.

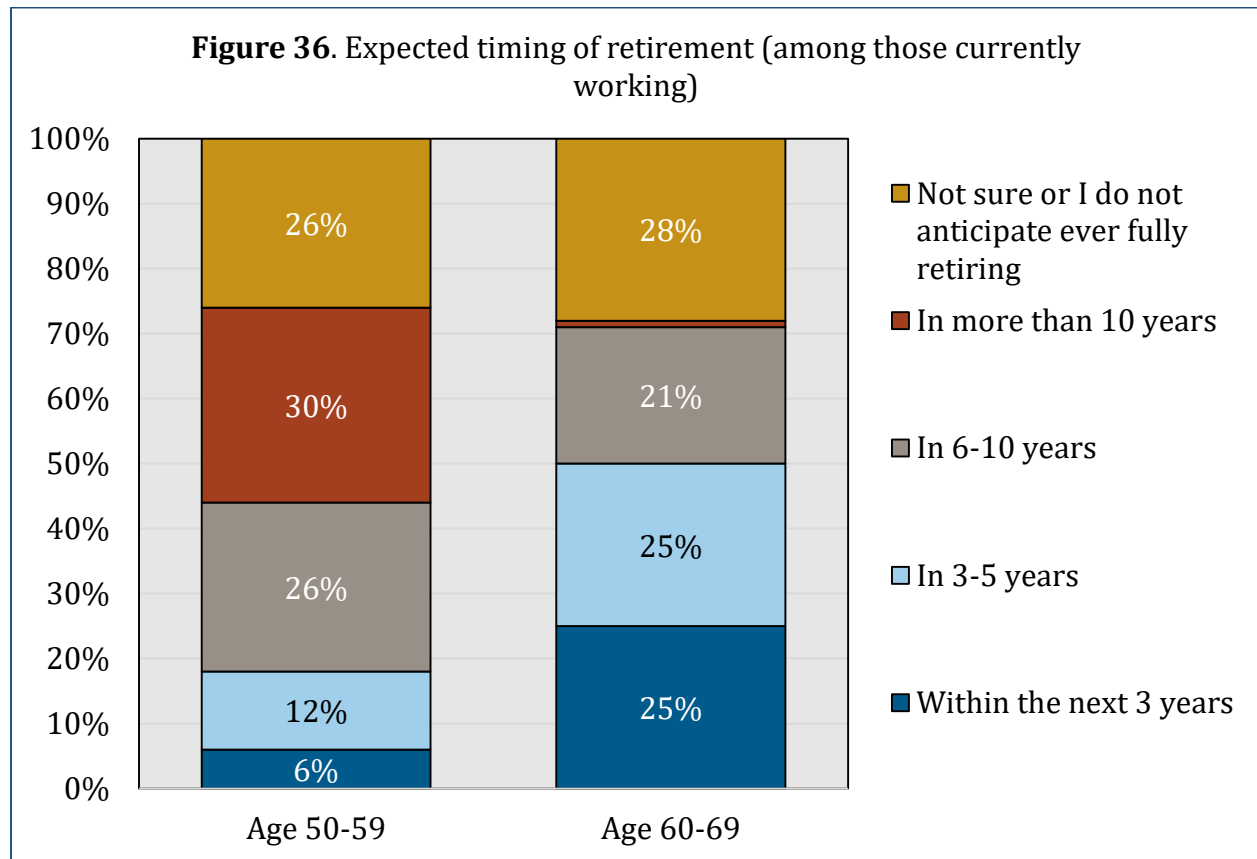
Figure 35. Employment status by age group



Note: in the survey, respondents could mark more than one employment status. For this figure, anyone who works full or part-time is classified as working. Those who do not report working but do report being retired, are classified as retired. The "other" category includes only respondents who do not mark working or retired, but do indicate some other activity, such as caregiving, volunteering, or other.

We asked survey respondents about their plans for retirement moving forward (see **Figure 36**), and many respondents expressed uncertainty or ambivalence about retirement. Among those age 50-59 who were working, more than one-quarter said they were not sure, or do not anticipate ever retiring, and 30% expected to keep working for at least ten years. Among those age 60-69 who were working, 28% were not sure or do not anticipate ever retiring, but one-quarter expected to retire within the coming three years. Among workers age 70 and older, 70% said they are not sure or never expect to retire (not shown). These findings suggest that many Hanson residents age 50 and older are either retired or on the precipice of retiring, but a share are likely to work well into later life. Individuals in these statuses may benefit from programs or workshops about planning for retirement, as well as from

information about volunteering and other engagement opportunities available locally that may be of interest once they have more free time.

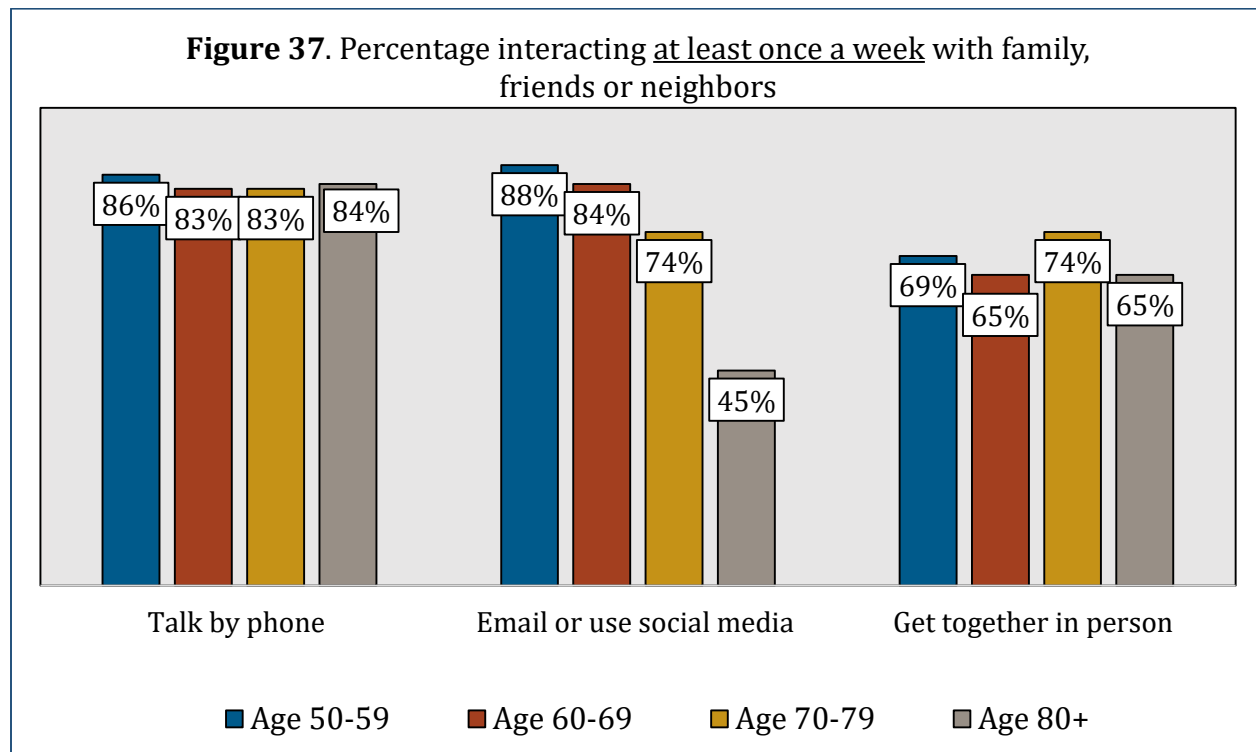


Social Activities and Relationships

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

One indicator of the strength of social relationships is how frequently one interacts with family or friends. In Hanson, a large majority of respondents said they talk on the phone with family, friends or neighbors at least once a week (see **Figure 37**), and only 4% said that they do so just two to three times a year or never (see **Appendix**). Lower but still sizable shares reported getting together in person at least once a week, including 69% of respondents age 50-59 and 65% of those age 80 and older. Use of email or social media in communicating with family, friends or neighbors was very common among respondents under age 80, and

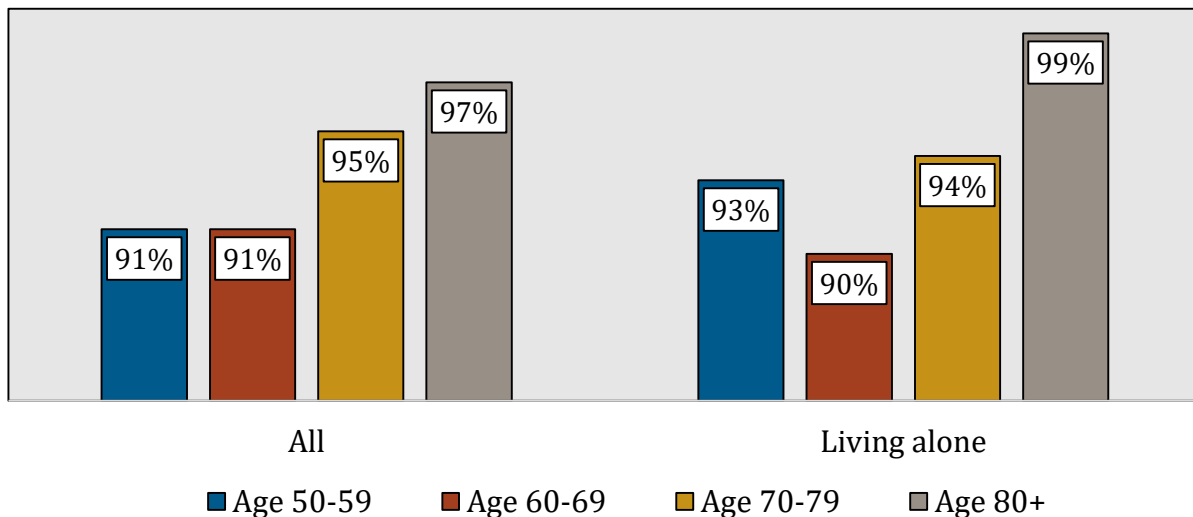
the most common form of interaction among those under age 70. Note, however, that just 45% of respondents age 80 and older reported using email or social media at least once a week, and 35% reported that they never email or use social media (see **Appendix**). In additional analysis (not shown), it is learned that respondents who live alone also reported frequent interaction: 84% talk on the phone at least once a week, 70% send email or use social media at least once a week, and 75% get together at least once a week.



Taken as a whole, survey results suggest that most Hanson residents in these age groups, including those living alone, have frequent contact with family or friends. Yet some Hanson residents do not communicate with or get together with others very frequently. For example, (see **Appendix**), seven percent of survey respondents had phone contact with someone once a month or less frequently, and 13% said they get together in person once a month or less.

A large majority of Hanson residents have someone living nearby on whom they can rely for help if necessary. As shown in **Figure 38**, 91% of respondents age 50-69, and somewhat higher shares of respondents age 70 and older, said they know someone nearby who they can rely on for help. The availability of a nearby helper is also typical for survey respondents who live alone—a status that carries an elevated risk of isolation—with 90 or more of those living alone having someone nearby to help.

Figure 38. "Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?" (Percentage indicating yes)



Neighborliness of the community can add to quality of life for all residents, and may be especially valued by older adults and those living alone. Survey respondents were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand, such as changing a light bulb, shopping, or shoveling snow. As shown in **Figure 39**, a majority of respondents indicated that they would ask for help, including two-thirds of respondents who are age 70 and older. Willingness to ask a neighbor for help was also high among those who live alone, offering evidence that residents typically feel that their neighbors can be counted upon. Yet the fact that 36% of respondents (all ages) would not ask a neighbor for help is of some concern, and may be an indication that some segments of the community do not feel well connected with their neighbors. However, when respondents were asked if they themselves provide help to neighbors with minor tasks or errands, a large majority said that they do, or that they would if asked, including 90% or more of respondents under the age of 80 and 80% of those age 80 or older (see **Figure 40**). These findings suggest that most Hanson residents are eager to help their neighbors, and many would feel comfortable asking neighbors for assistance. Strengthening neighborhood connections so that people are better acquainted with their neighbors and more aware of those who are willing to help if needed may benefit residents of all ages.

Figure 39. "Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?" (Percentage indicating yes)

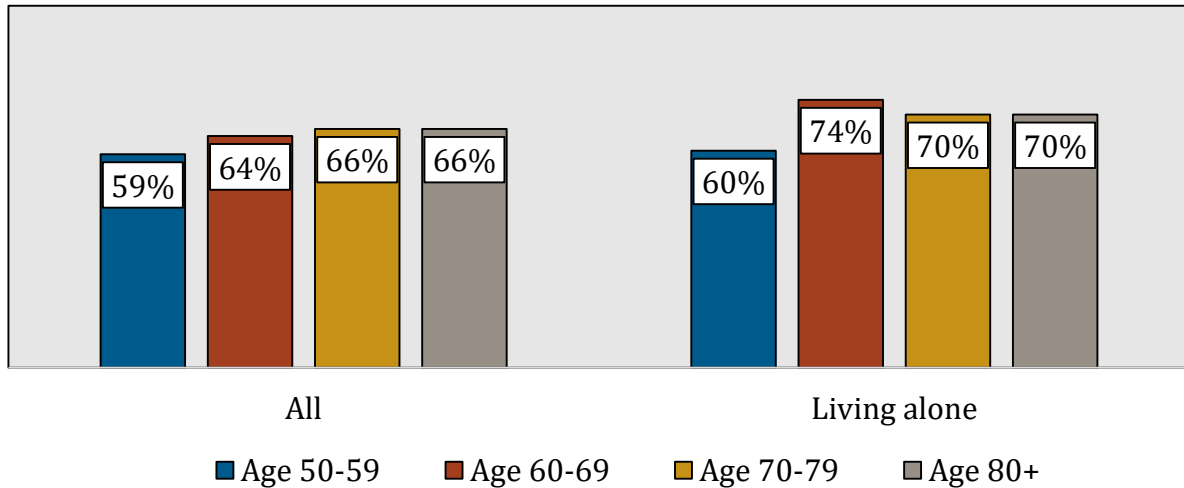
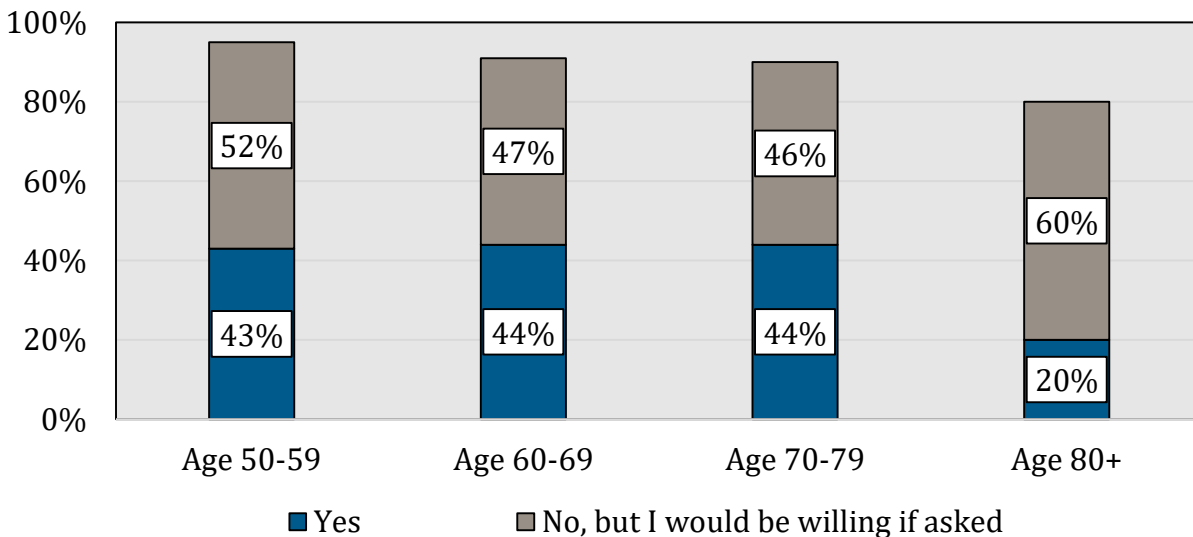


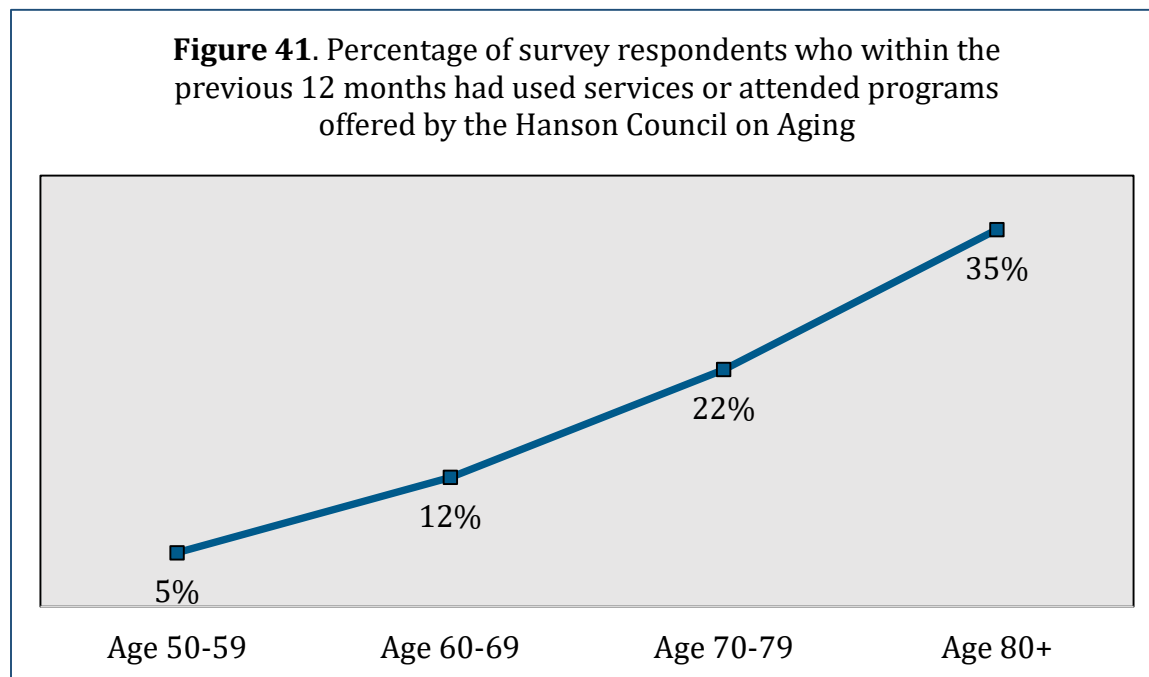
Figure 40. "Do you provide any help to neighbors with minor tasks or errands?"



[Hanson COA and Senior Center](#)

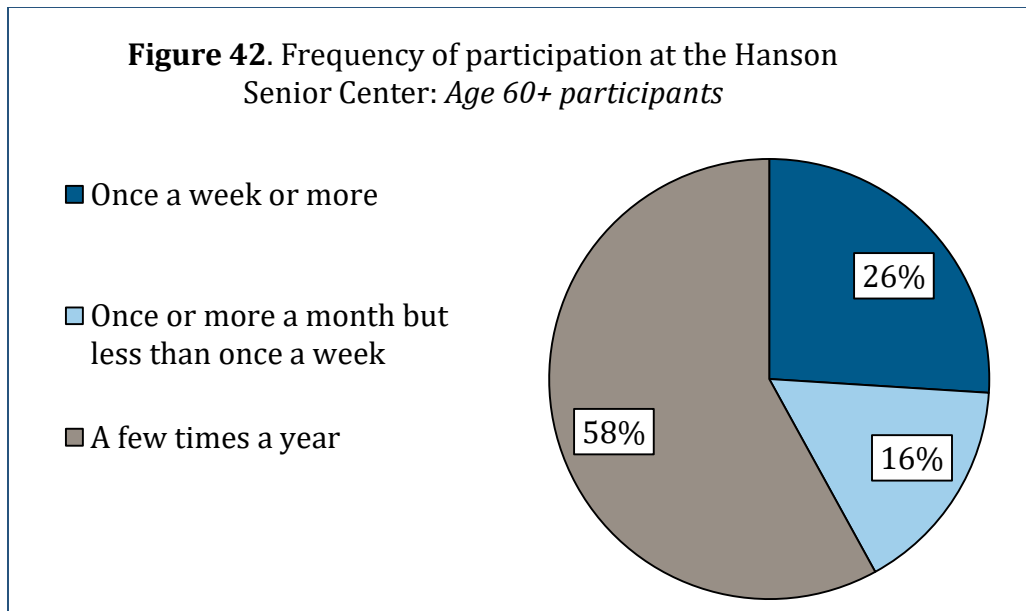
A series of questions was asked about the Hanson Multi-Service Senior Center to gauge use, preferences for programs, and thoughts about space and other features. Survey results suggest that participation in the Hanson Senior Center is considerably more common among

the oldest residents. As shown in **Figure 41**, just about 5% of respondents age 50-59 indicated that within the previous 12 months they had used programs or services offered by the Hanson COA, while participation rates increased progressively with age. Twelve percent of respondents age 60-69, 22% of respondents age 70-79 and 35% of those age 80 and older indicated they had participated in the previous year. This age-graded pattern of participation is typical in Senior Centers, and may reflect the increasing value of the Hanson Senior Center to older residents and their families.



Among respondents who had used the programs or services offered by the Hanson Senior Center in the previous year, 26% reported participating once a week or more frequently (see **Figure 42**). Over half indicated that they participate only a few times a year, primarily visiting the Senior Center for special events. This range of participation highlights the broad continuum of affiliation with the Senior Center, with many residents participating just periodically while others include visits to the Senior Center as part of their regular weekly schedule. Participation on a weekly or more frequent basis was reported by one-quarter of participants who were age 80 and older, suggesting that older participants attend more frequently during the course of a month or a year (not shown).

Figure 42. Frequency of participation at the Hanson Senior Center: *Age 60+ participants*



Traveling to senior centers in other towns to participate in their programs is one way for residents to expand the number and range of activity available. According to the community survey, 17% of respondents age 60 or older indicated that they had done this, including 22% of respondents age 70-79 and 19% of respondents age 80+. The most commonly named town to which respondents traveled for programs was Hanover, followed by Duxbury, Marshfield, and Rockland. A total of 25 communities were named, and many people wrote in multiple communities to which they travel.

Survey respondents were asked to note factors that would increase their likelihood of using the Hanson Council on Aging programs and services more often; respondents were invited to mark more than one factor if they wished, and could offer additions to the listed factors. In **Table 5**, the percentage reporting each factor is shown for all respondents age 60 or older, and separately for those who had ever participated in the Hanson Senior Center and those who had not. One out of five did not mark or report any factors, and 22% wrote in one or more additional factors that would promote their use of the Senior Center.

Table 5. Factors marked as increasing the likelihood of using the Hanson Council on Aging programs and services more often

	All age 60+	Participants age 60+	Non-participants age 60+
If I had more knowledge about the programs and services that are available	37%	20%	41%
If programs and services were better suited to my interests	29%	36%	28%
If there were more people like myself at Senior Center events	22%	29%	21%
If there were improvements to the Senior Center building	10%	26%	7%
If transportation options to the Senior Center were more convenient	5%	10%	4%
If the hours of the Senior Center were more convenient	4%	8%	2%
If it were easier to access the Senior Center building (e.g., more accessible parking)	2%	7%	1%
Other (write-in)	22%	23%	22%

Among who had ever participated in the Hanson Senior Center, the most frequently marked factor that would increase their likelihood of using the Hanson COA programs and services more often was “if programs and services were better suited to my interests.” The second most frequently marked factor was “if there were more people like myself at Senior Center events.” Together, these two most frequently marked factors suggest that among some who have participated in the Senior Center, the programs and other participants are seen to be somewhat out of sync with their own interests. The third most frequently marked factor was “If there were improvements to the Senior Center building,” marked by about one-quarter of age 60+ respondents who had participated in the Senior Center. One out of five participating respondents noted that more knowledge about available programs and services would increase their use, while smaller shares reported that their use may be increased with more convenient transportation or hours of service, of if it was easier to access the building.

The most frequently marked factor among age 60+ *non-participants* was “if I had more knowledge about the programs and services that are available,” signaling that a lack of information about the COA may be a significant factor in non-participation. The next two most frequently marked factors for non-participants relate to better alignment of programs with the respondent’s interests, and if more people like the respondent attended Senior Center events.

Just over one-fifth of respondents wrote in other factors that would increase their likelihood of using the Hanson COA programs and services more often. These added comments focus heavily on respondents' sense that they "did not need" the services, though they recognized that they may at some point in the future. The content of these write-ins makes clear that some respondents perceive that the Hanson COA is meant for residents who are in need of physical assistance, and that programming focuses largely on services rather than activities. Many of the comments make clear also that respondents recognize that they do not actually know much about the COA, suggesting once again that lack of awareness is a significant issue shaping participation.

I'm a young 77 years old—perhaps (I would go) when I need services.

I don't need services now. But I also don't know anything about the COA.

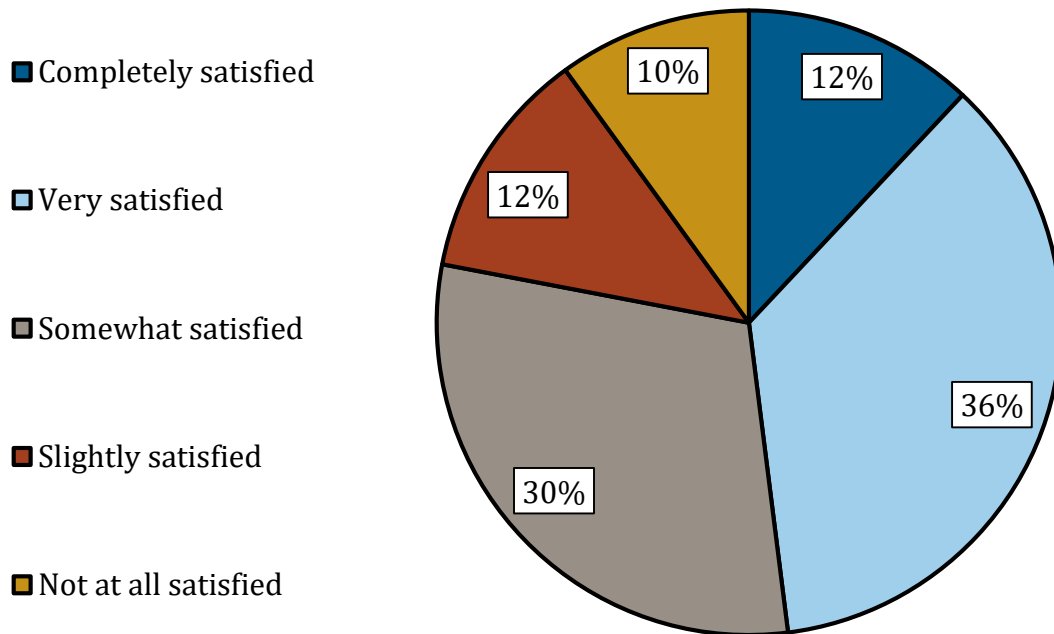
Not needed now, but maybe in the future—but I was completely unaware.

If my health and abilities decrease, I would then use their services.

Survey respondents

Overall satisfaction with programming offered by the Hanson Senior Center was gauged based on responses to this question: "How satisfied are you with the programs and services offered through the Hanson Council on Aging?" Seventy-five percent of the respondents reported that they were not familiar enough to judge, indicating a lack of awareness among many. Among the remaining 25% who offered an opinion, satisfaction was generally good but showed some room for improvement (**Figure 43**). Nearly half were either completely or very satisfied, and 30% indicated that they were "somewhat" satisfied. The remaining 22% said that they were slightly satisfied or not at all satisfied, suggesting that adjusting programs or services may be welcomed by some segments of the community.

Figure 43. "How satisfied are you with the programs and services offered through the Hanson Council on Aging?" (among those offering an satisfaction rating only*)



*Note: 75% of respondents marked that they were not familiar enough to judge their satisfaction level.

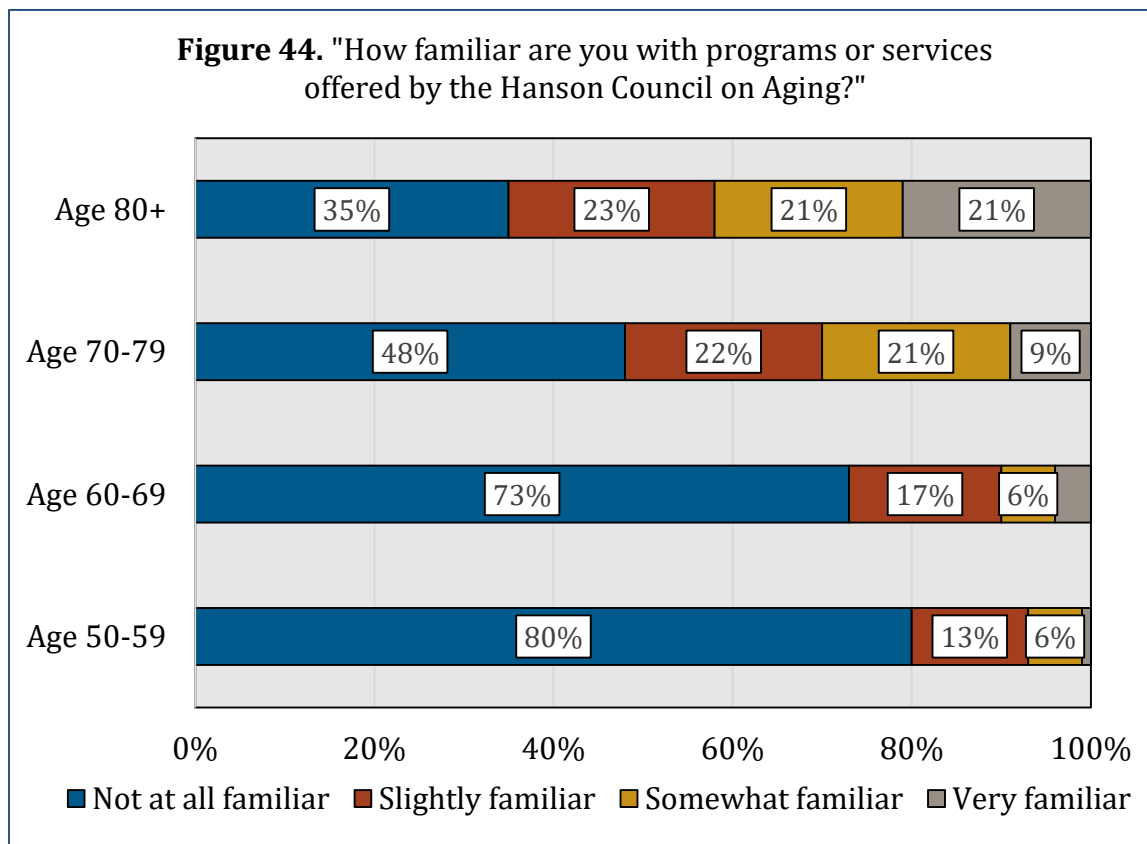
In **Table 6**, satisfaction levels are described by participation status, with findings suggesting that people who had participated in the Hanson Senior Center within the previous 12 months had somewhat higher levels of satisfaction. Fifty-three percent of those who had participated in Hanson Senior Center programs or services within the previous 12 months were completely or very satisfied, and 17% were slightly or not at all satisfied. In comparison, 42% of those lacking personal experience in the previous year were completely satisfied, but 28% reported being slightly or not at all satisfied. It is notable that more than eight out of ten non-participants indicated that they were not familiar enough to judge their satisfaction levels, along with 21% of those who had participated. These satisfaction ratings thus reflect the impressions of those who feel they are sufficiently informed to make a satisfaction assessment, with participants feeling they are in a better position to do so.

Table 6. Satisfaction with programs and services offered through the Hanson Council on Aging, by participation status

	Respondents who had participated in the Hanson Senior Center	Respondents who had not participated in the Hanson Senior Center
Completely or very satisfied	53%	42%
Somewhat satisfied	30%	30%
Slightly or not at all satisfied	17%	28%

Note: Calculations based on those offering a satisfaction rating. 21% of recent participants and 82% of non-participants marked that they were “not familiar enough to judge” and are excluded from these calculations.

Respondents were also asked to evaluate their familiarity with the Hanson Council on Aging. Results suggest that older age groups have considerably greater familiarity than younger age groups, but large shares of residents lack familiarity across the age groups (see **Figure 44**). Sixty-two percent of all respondents reported that they are “not at all familiar,” with this share being highest among respondents age 50-59 (80%) and lowest among those age 80 or older (35%). This is one more piece of evidence that the Hanson COA is not well known throughout the community.

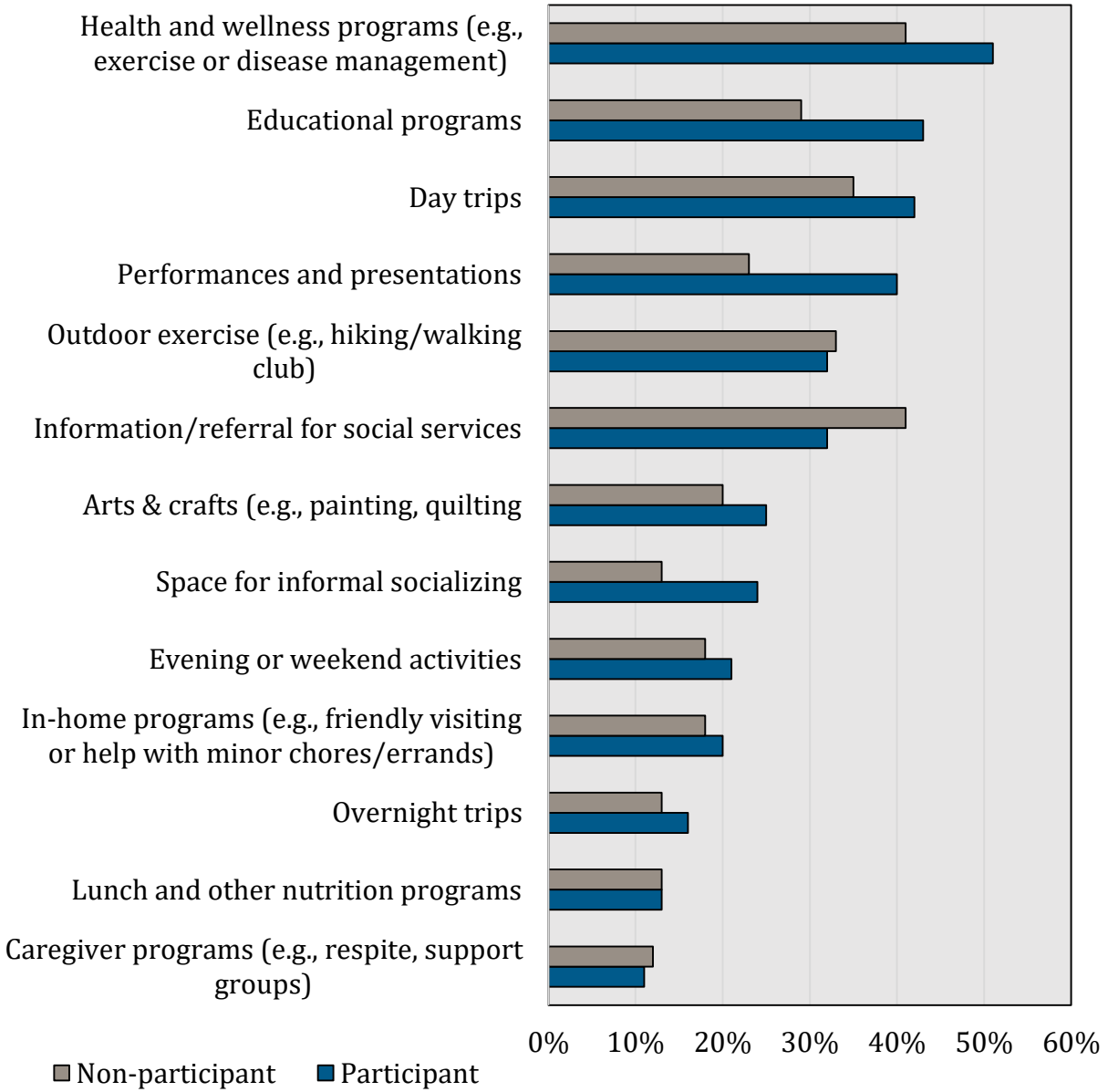


In an effort to support planning on behalf of the Hanson COA, respondents were asked to note their priorities for expanding programs available through the Hanson Council on Aging. Respondents were asked to report these priorities thinking about their own future needs and interests—thus this reporting reflects personal interests and anticipated needs for services or programs. Among all the programs and services considered, 19% of respondents did not mark any priorities, suggesting again that a segment of the community may be inadequately informed about the Hanson Senior Center and how it may be helpful or enjoyable.

Figure 45 provides information on reported priorities, comparing respondents who say they had participated in Senior Center programs within the previous 12 months with those who had not, ranked in order of rating among participants. *Among participants*, the highest priority was reported for health and wellness programs such as exercise or disease management (51%), followed by educational programs, day trips, and performances and presentations (all between 40-43%). Just over 30% marked as priorities outdoor exercise and information and referral services, while between 20-30% marked arts and crafts, space for informal socializing, evening or weekend activities, and in-home programs. The remaining areas were marked by fewer than one out of five participant respondents.

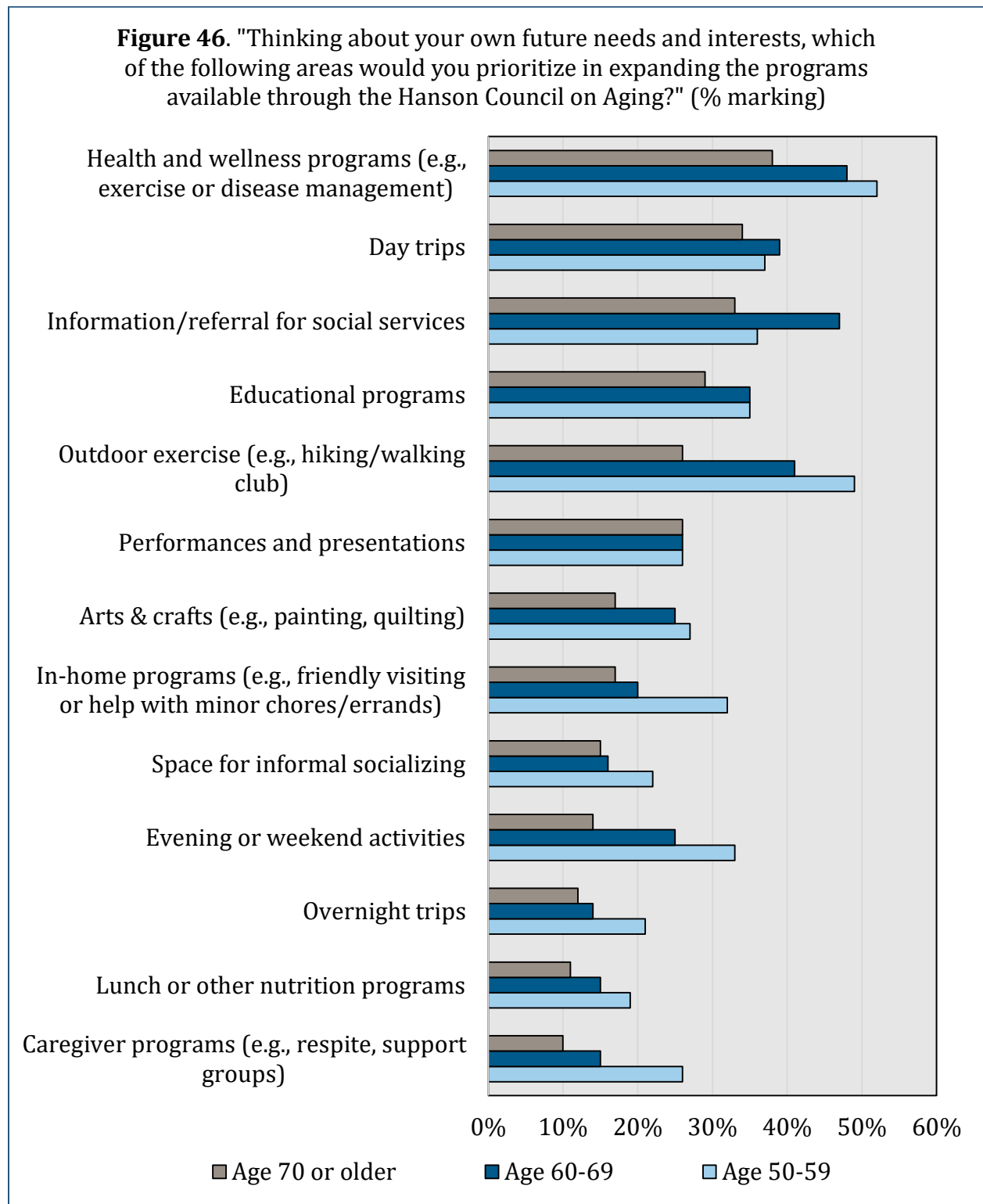
Health and wellness programs, and information/referral programs, were most frequently marked as priorities for expansion *among non-participants* (at 41%). In general, the ranking of priority areas is fairly similar for participants and non-participants, although the share of non-participants marking nearly all programs was lower than among participants. This may reflect a general lack of awareness or lower interest levels among current non-participants. Overall, these findings suggest that attracting new participants, as well as increasing participation among those who already attend, may be promoted by expanding a similar set of programs, including health promotion activities, educational programs, day trips, and performances and presentations.

Figure 45. "Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Hanson Council on Aging?" (% marking, among respondents age 60+)



A significant challenge for senior centers is anticipating what younger seniors, and residents who are not yet age 60, may be looking for in programs. Results are shown in **Figure 46**, with the programs and services listed based on their ranking by respondents age 70+, which is the age group most likely to currently be participating in Hanson COA activities among survey respondents. Across all three age groups shown, the highest priority was assigned to health and wellness programs, highlighting the importance of exercise and other health-

promoting activities to older Hanson residents. The next highest priority ratings for respondents age 70+ were for day trips, information and referral, educational programs, outdoor exercise, and performances and presentations.



The younger respondents—those under age 70—ranked as especially high priorities active engagements such as health and wellness, outdoor exercise, and day trips; information and referral; and educational programs. This ranking highlights the continued importance that younger residents attached to core functions of the Hanson Senior Center, such as referral to services and support programs. It also suggests that attracting new generations of participants may require planning for interests that are more active, like indoor and outdoor exercise.

Many respondents wrote in additional programs and services that they would like to see made available at the Hanson Senior Center moving forward. The most frequently mentioned addition was for specific health and wellness programs including yoga, Zumba, hiking, and walking groups. The other most frequently mentioned types of programs or services were day trips, educational programming such as book clubs, information and referral services, and social activities (meet and great groups, pot luck dinners, social events).

Findings presented above make clear that many Hanson residents have limited exposure to the mission and offerings of the Hanson COA. The question remains as to whether the Hanson COA is viewed as playing a role in the community. The survey gauged this issue by asking “Do you see the Hanson Council on Aging as playing a role in the lives of yourself, loved ones, friends, or neighbors?” Results suggest that among respondents as a whole, just over half (53%) reported yes. Findings in **Figure 47** show that higher evaluations of the role of the COA are offered by older residents—60% of respondents age 80 or older, compared to 48% of those age 50-59, said that the Hanson COA plays a role among their circle of family and friends. Percentages indicating that the Hanson COA plays a role in their networks are especially high among respondents who said they were “very” or “somewhat” familiar with the COA (79%), and those who had themselves used the services or programs recently (87%) (see **Figure 48**). These findings suggest that respondents who are most informed about the Hanson COA strongly recognize its value to the community.

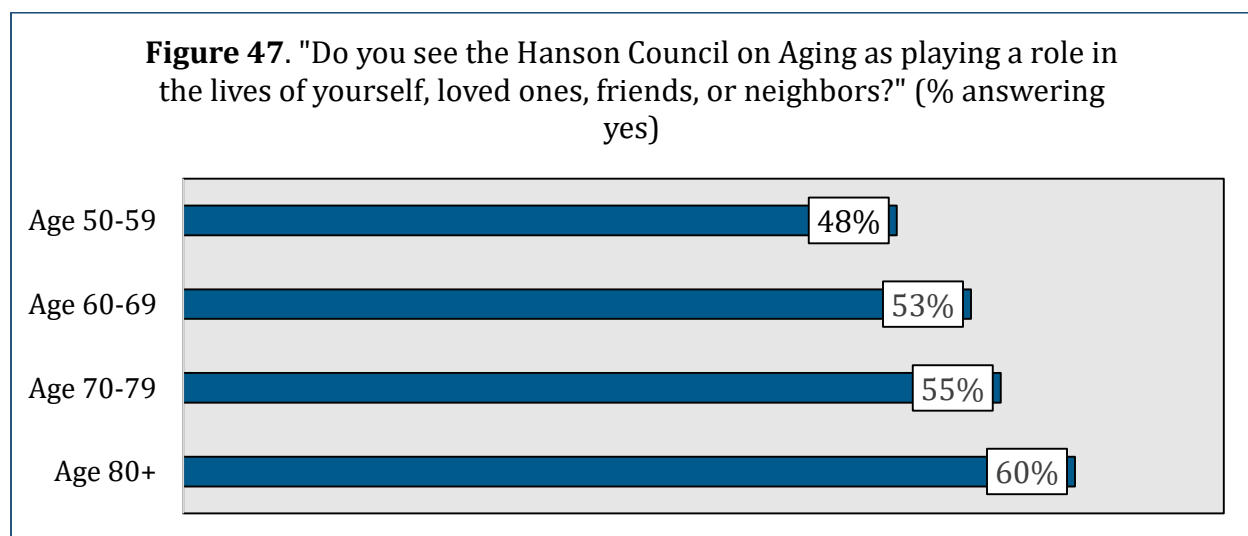
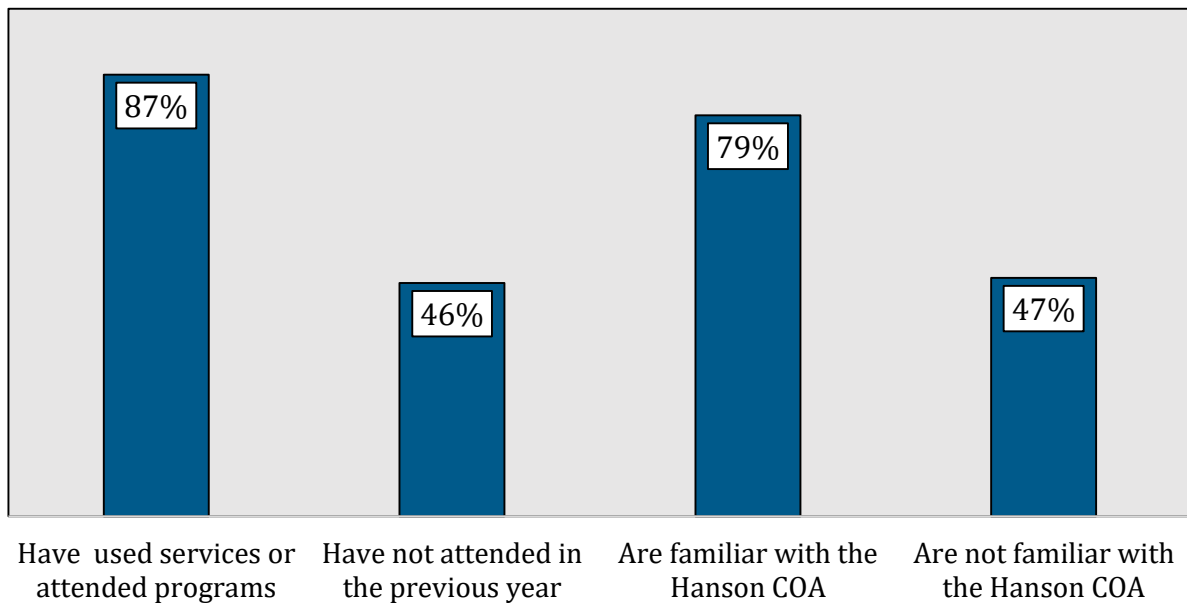


Figure 48. "Do you see the Hanson Council on Aging as playing a role in the lives of yourself, loved ones, friends, or neighbors?" (% answering yes)



Note: respondents who say they are “very” or “somewhat” familiar are classified here as being familiar with the Hanson COA. Those who say they are “slightly” or “not at all” familiar are classified here as being not familiar.

Preferred sources of information about the Hanson COA

As planning for the Hanson Senior Center moves forward, expanding awareness and strengthening communication are central tasks. Currently, the Hanson COA uses a number of different media outlets in an effort to reach residents, including the COA Newsletter (*Hansonian*), occasional TV, radio, and newspaper postings, the Town of Hanson website, and through social media. Survey respondents were asked where they *prefer* to find information about the activities and services offered by the Hanson Council on Aging. Responses suggest that among respondents age 70 and older the newsletter was far and away the most preferred source (see **Figure 49**). The newsletter was also preferred among those who had recently participated in COA activities and programs (see **Figure 50**). The newspaper is a potentially important outlet, as 44-53% of each age group named it as a preferred source of information, along with 44% of nonparticipants and 61% of participants. Digital distribution—through email, websites, or social media—was a preferred source for younger residents, but is unlikely to reach those who are older. Only 16% of respondents age 70-79 and 12% of those age 80 and older indicated that these digital outlets were among their preferred mechanisms. Given that current COA participants are somewhat older, we conclude that continuing to make information about the COA and Senior Center available

through print media remains important. However, findings suggest that the COA may need to expand its digital presence to effectively reach its younger residents. In addition, including more content in the local newspapers may be an option that would reach a broad audience. A stronger presence on the Town of Hanson website may also be an important mechanism for reaching residents, especially among those under the age of 70, and those who do not currently participate in Senior Center activities.

Figure 49. "Where do you prefer to find information about the activities and services offered by the Hanson COA?" (by age group; percentage marking as a preference, multiple preferences allowed)

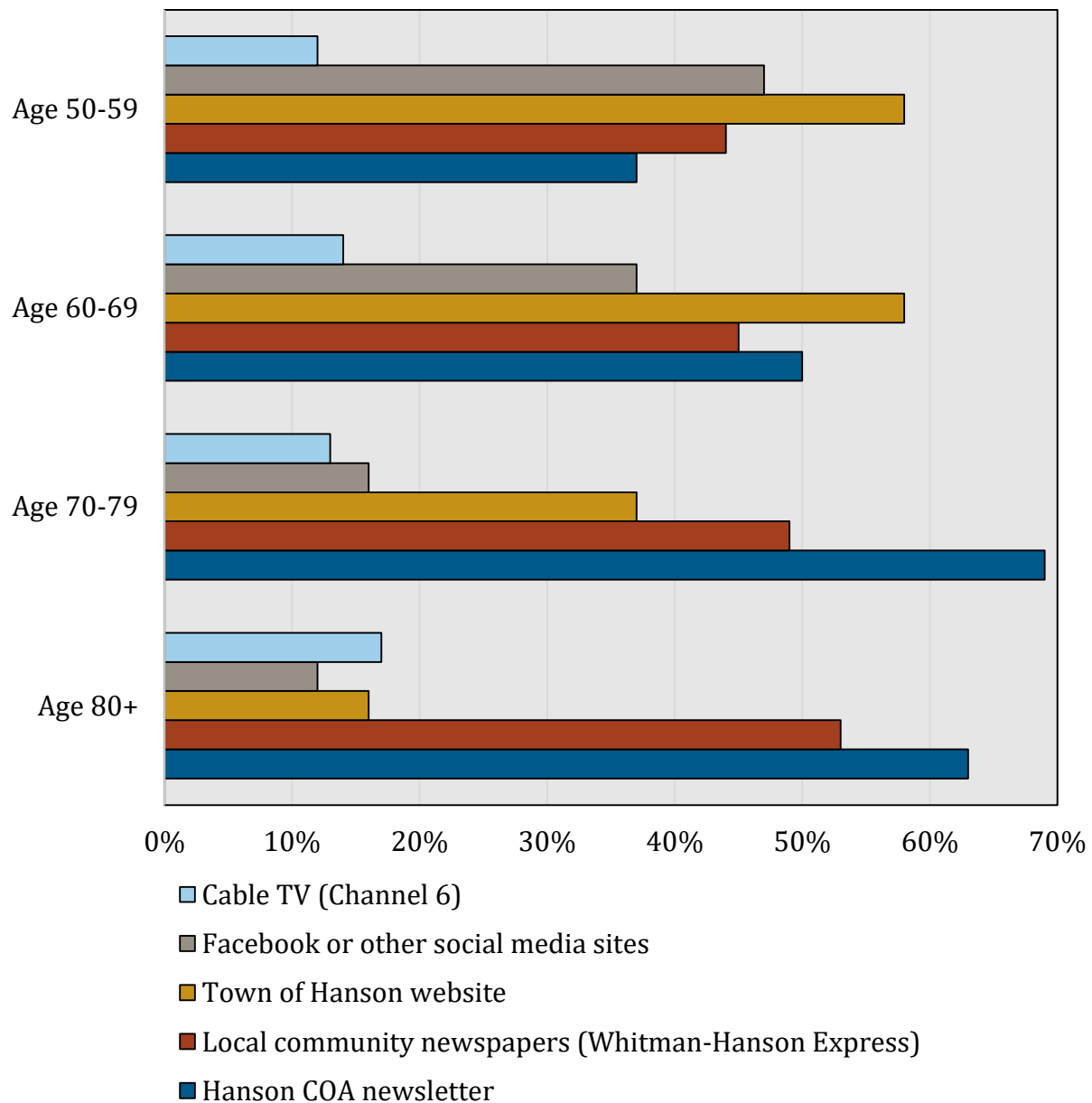
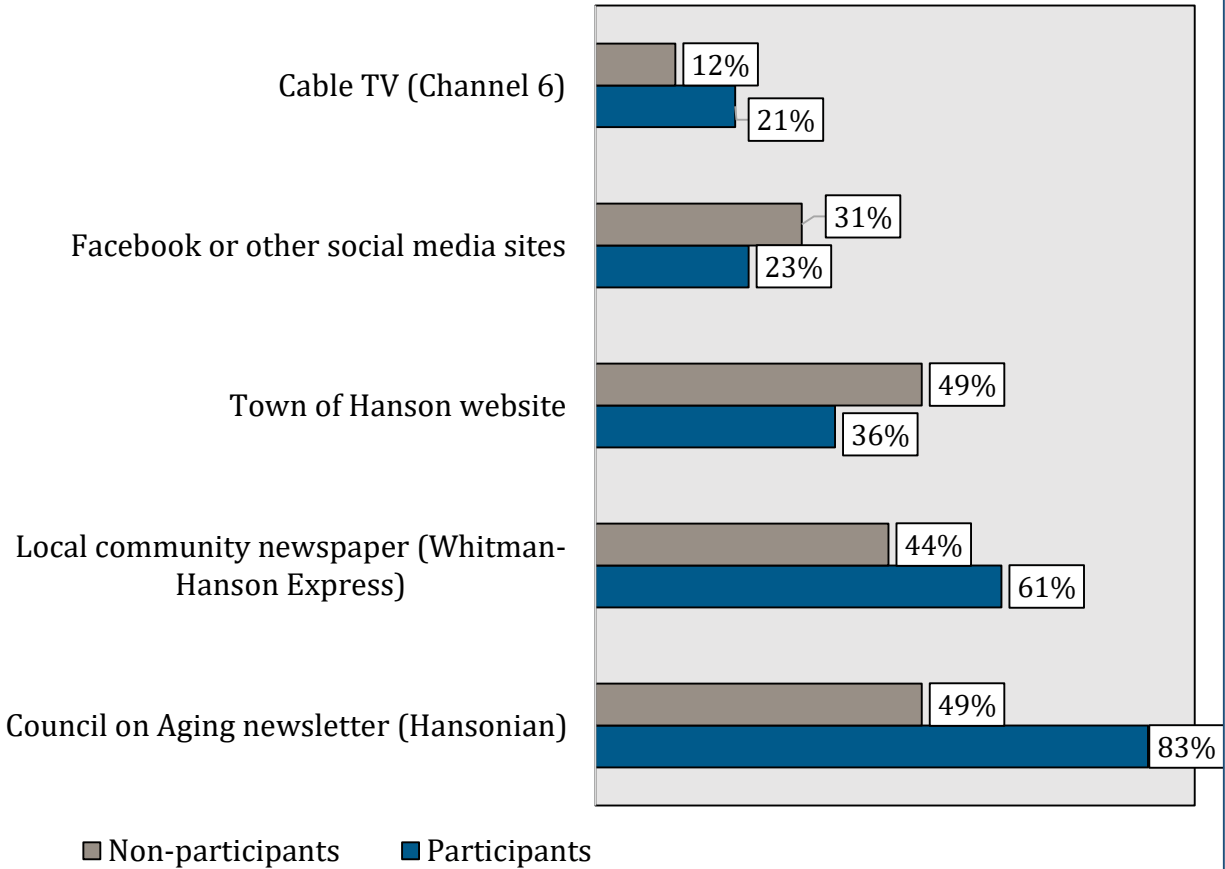
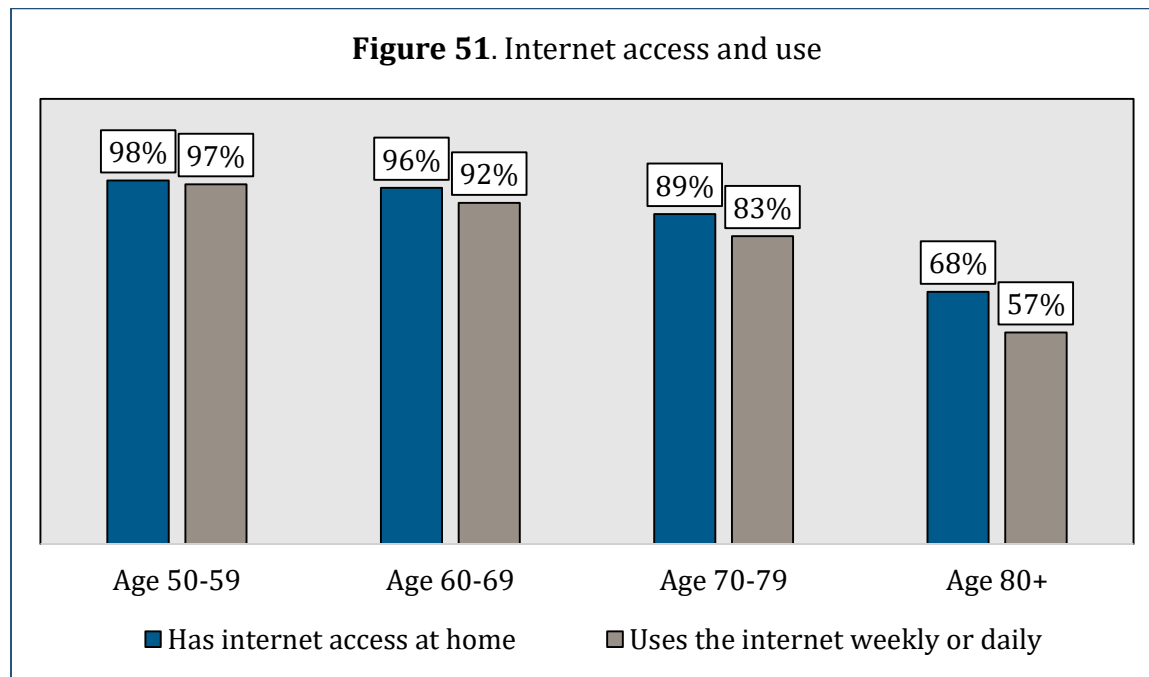


Figure 50. "Where do you prefer to find information about the activities and services offered by the Hanson COA?" (by participation status; percentage marking as a preference, with multiple preferences allowed)



To further explore the ability of older Hanson residents to access information electronically, we asked respondents about their internet access and use. We learned that except for respondents age 80 and older, and segments of the respondents in their 70s, residents have good access to electronic information (see **Figure 51**). Respondents were asked if they are able to access the internet from home. Just 2% of respondents in their 50s, but one-third of those in their 80s, said that they do not have home internet access. Most of the younger respondents reporting having access through a home computer, laptop, or tablet and also using a smartphone; however, only 50% of those in their 70s and 20% of those age 80 and older reported being able to access the internet using a smartphone (see **Appendix**). Younger respondents were also frequent users of the internet, with 97% reporting that they use the internet daily or weekly and just 3% using it once a month or less. In contrast, 83% of respondents in their 70s and 57% of those in their 80s reported using the internet at least

once a week. Among those age 80 or older, 36% of respondents said that they never use the internet (see **Appendix**). These findings suggest that many older residents, especially those 80 and older, are difficult to reach through electronic communications. For individuals with limited access and infrequent use of the internet, as well as for those who prefer paper media such as the printed newsletter and the local newspaper, making information available through those forms of media will continue to be important.



Preferences relating to COA space

Respondents were asked to rate their preference for each of three arrangements relating to the space used for COA services and programs. Rating was on a five-point scale, ranging from “not at all preferred” (1) to “highly preferred” (5)⁷. As shown in **Figures 52** and **53**, respondents age 50-59 (55%) and those age 60 or older (58%) both reported a stronger preference for COA services and activities being held in their own dedicated building, and 20% or fewer of both age groups identify this arrangement as not preferred. Across the scenarios described, the *least* preferred for both age groups is the model in which COA

⁷ Note that 32% did not rate their preference on any of these arrangements. The share reporting no preference was similar across age groups. The following were more likely to decline to rate a preference: those reporting they are not familiar enough to gauge their satisfaction with programs and services offered through the Hanson COA (36%, versus 13% among those saying they are very or completely satisfied); those who said they are not at all familiar with the programs or services offered by the Hanson COA (39%, versus under 10% among those who are somewhat or very familiar); and those who have not used the COA in the previous year (36%, versus fewer than 5% among those attending at least a few times a month).

services and activities are held at various dedicated locations throughout Hanson, with 24% of respondents age 60 or older and 23% of those age 50-59 rating this as a preferred option. Co-locating COA services and activities in space shared with other groups and organizations, such as in a community center, received high preference scores among 39% of respondents age 60 or older, and 33% of those age 50-59. Across the space scenarios, age groups reported fairly similar patterns of preference. For each scenario, a larger share of respondents age 50-59 reported a neutral rating, possibly due to low familiarity with the COA and Senior Center.

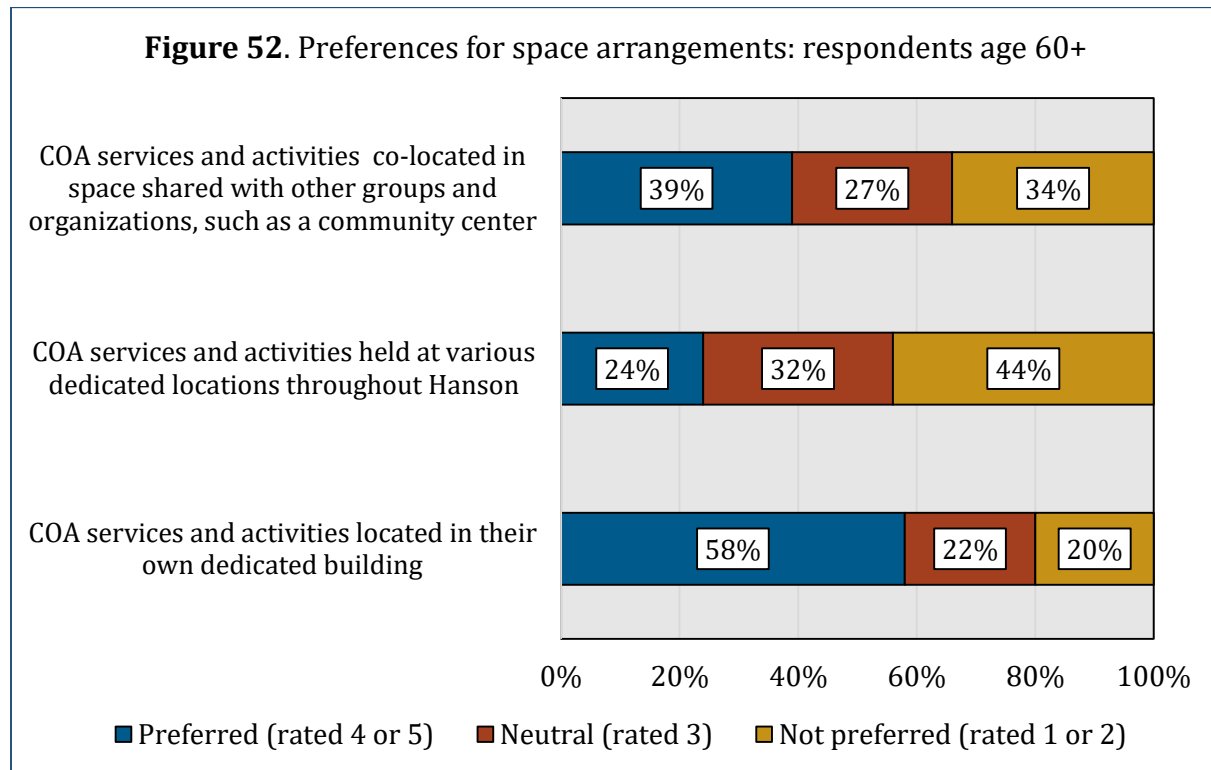
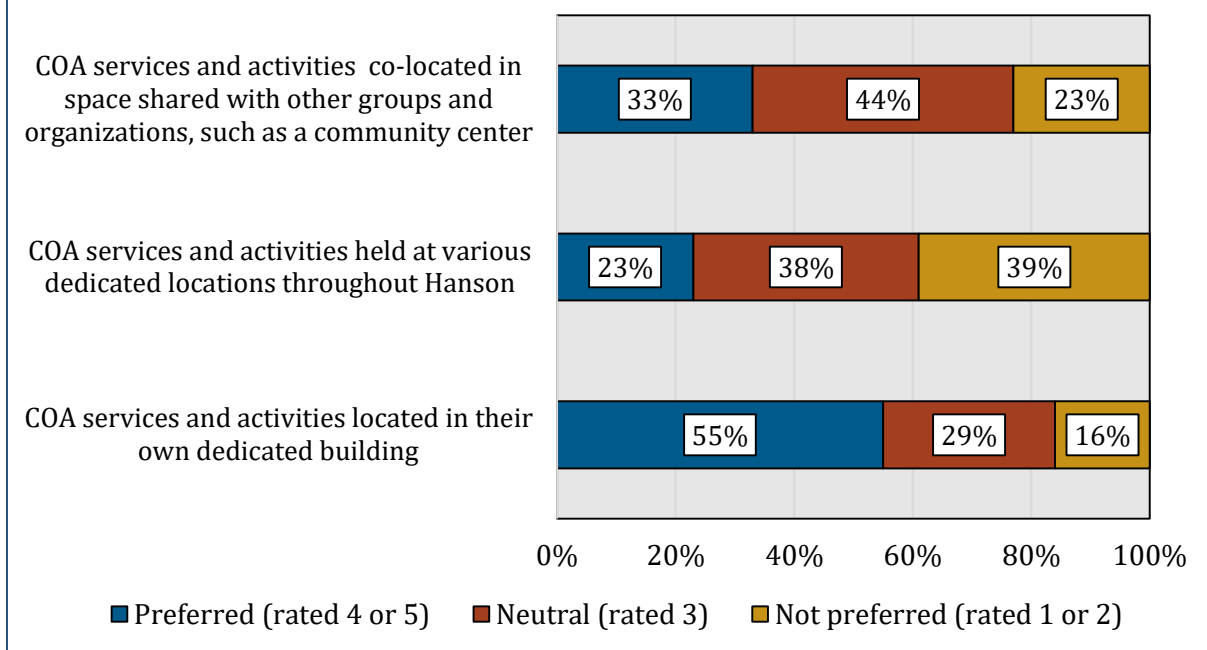


Figure 53. Preferences for space arrangements: respondents age 50-59



To further consider the extent to which of these three space arrangements are preferred by segments of the community, additional figures below compare respondents who had used the Senior Center in the previous 12 months (**Figure 54**) and those who had not (**Figure 55**); along with respondents who said they were very or somewhat familiar with the Senior Center (**Figure 56**), and those who said they were only slightly or not at all familiar with the Senior Center (**Figure 57**). Nearly seven out of ten respondents who had used the Senior Center in the previous 12 months expressed high preference for the dedicated building scenario, as did 54% of those who had not used the Senior Center in that time frame. Similarly, 68% of those who said they were familiar with the Senior Center and COA reported high preference for a dedicated building, along with 53% of those who did not have good familiarity. Results across these comparisons consistently indicate that half or more of the respondents assign higher preference ratings to COA services and activities being located in their own dedicated building. Holding services and activities at various dedicated locations throughout Hanson is least preferred across the board, and co-locating services and activities in space shared with other groups and organizations, such as in a community center, falls between the other two arrangements in level of preference.

Figure 54. Preferences for space arrangements: respondents who have used the Senior Center in the previous 12 months

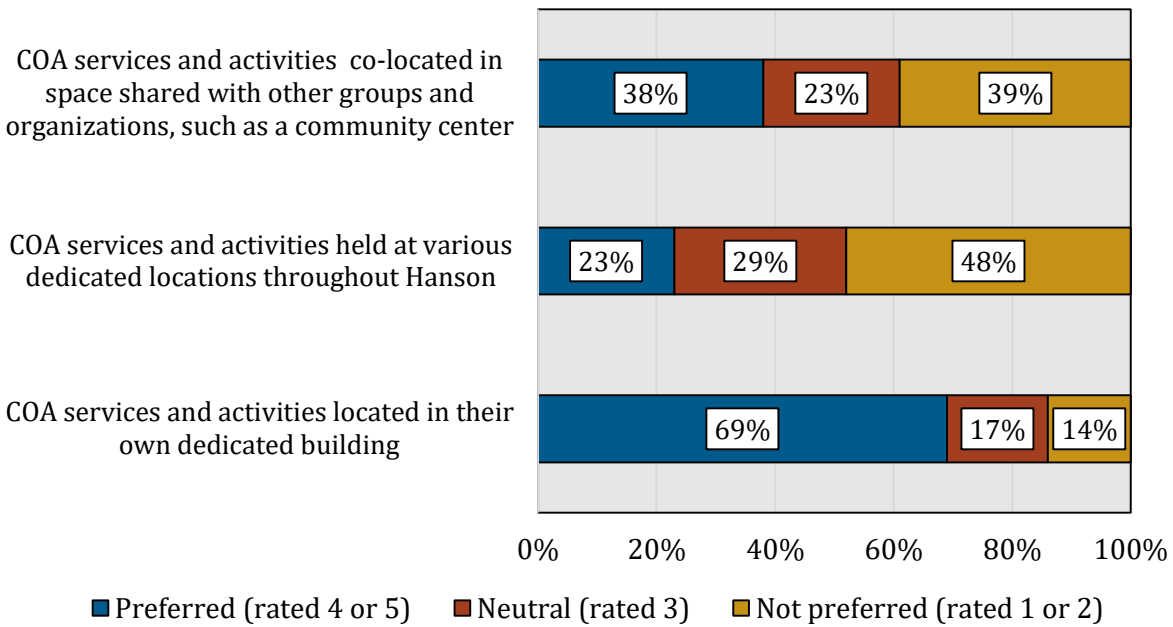


Figure 55. Preferences for space arrangements: respondents who have not used the Senior Center in the previous 12 months

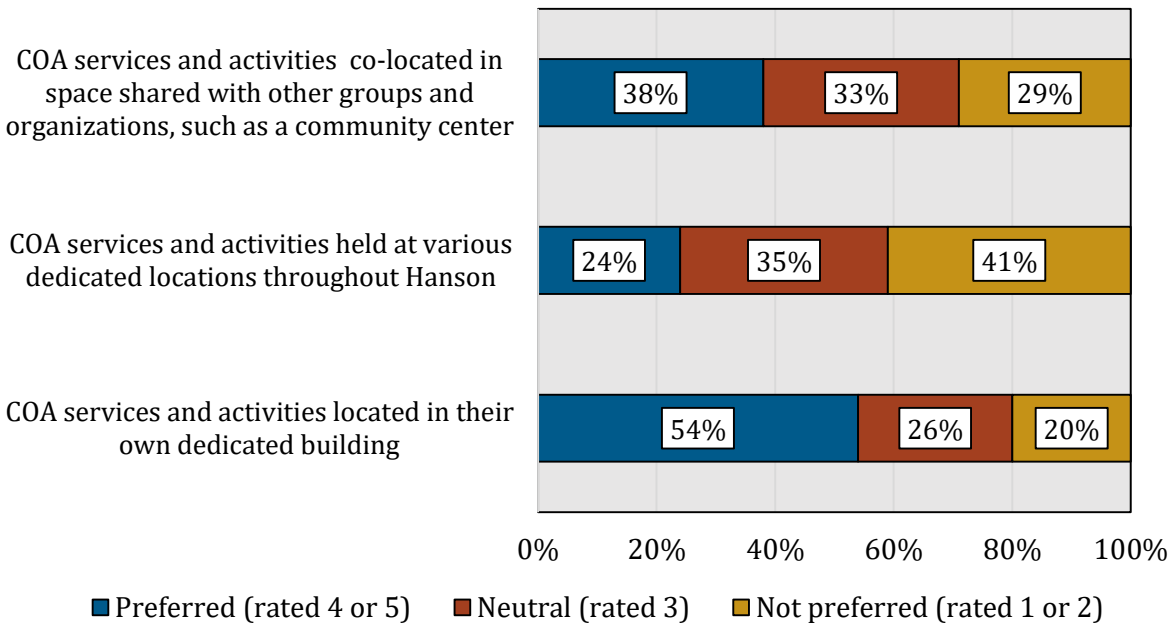


Figure 56. Preferences for space arrangements: respondents who are very or somewhat familiar with Hanson COA programs and services

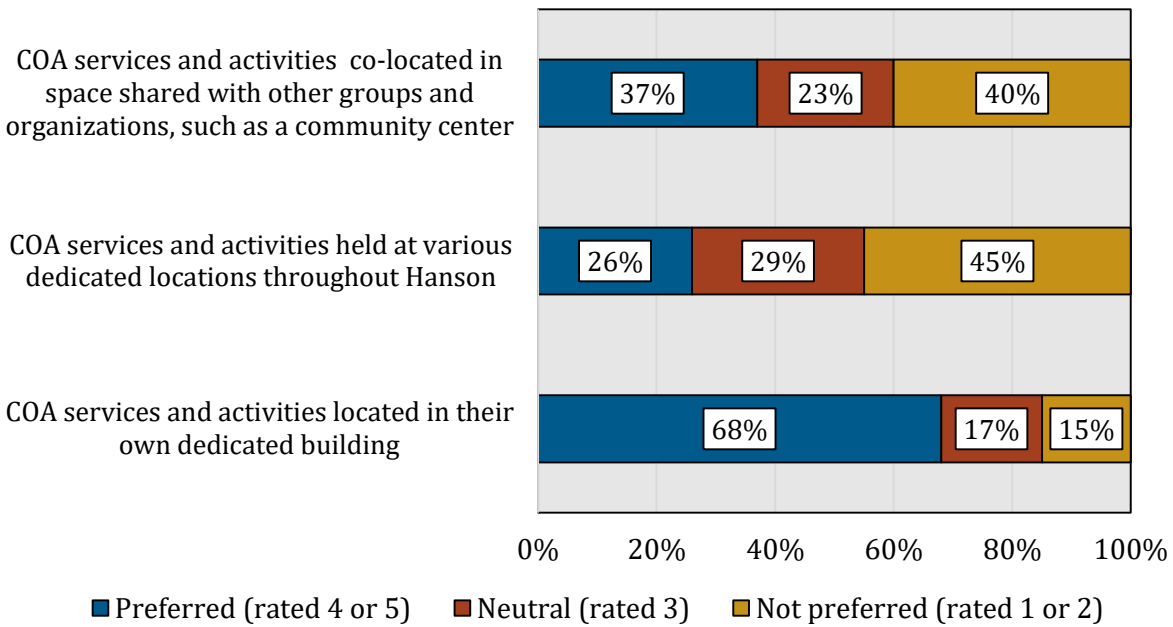
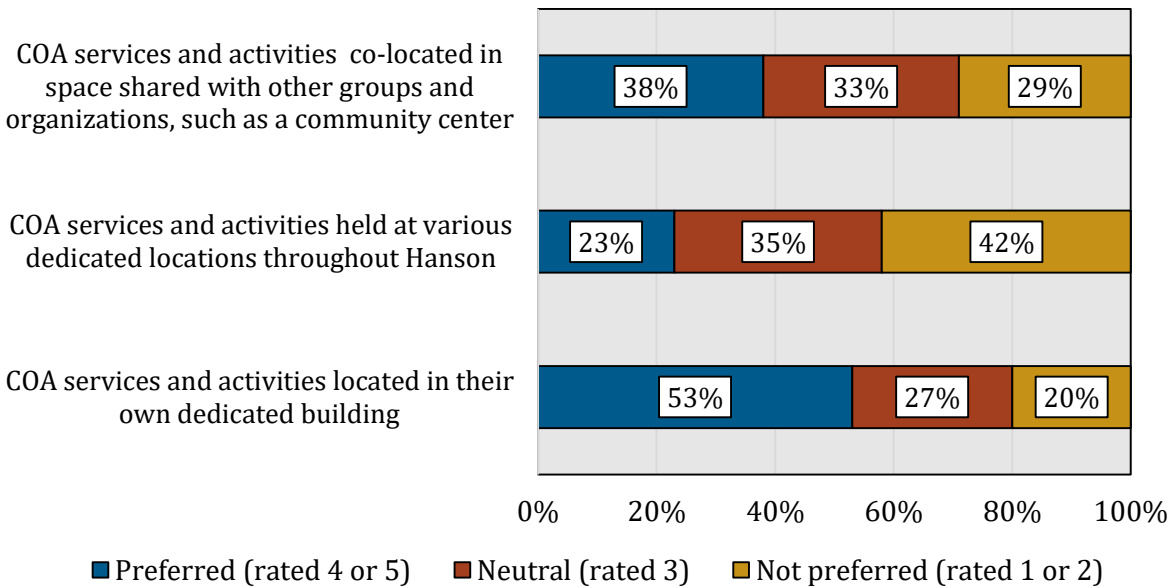


Figure 57. Preferences for space arrangements: respondents who are slightly or not at all familiar with the Hanson COA programs and services



Respondents were invited to share additional thoughts about the space available to the Hanson COA (“Do you wish to share any thoughts about how the space available to the Hanson Council on Aging could be improved?”). Among those who offered additional

thoughts, the majority focused broadly on improving and expanding the space available to the COA (see **Table 7**), with comments focusing on the need for more space, for better designed space, and for space that is more inviting. The second most frequently mentioned suggestion was that the Senior Center needs its own building. Many people also shared the view that the Supportive Day Care program needs its own room. Note that respondents did not suggest that it should be eliminated or that it should be in a separate building, but rather that having its own space within an expanded Senior Center was needed. Some people reported that they thought that the current Senior Center was fine as is, and a share of the respondents voiced support for identifying space that could be used by everyone in the community, such as a youth center.

Table 7. “Do you wish to share any thoughts about how the space available to the Hanson Council on Aging could be improved?”
Improve and expand space available to the COA
<i>“Definitely need more space... larger large group space, area for quiet communications, small group activities, and lunchroom.”</i>
<i>“It is a dark, cramped space—not very welcoming.”</i>
<i>“More space for programs would increase the number of people able to participate.”</i>
The Senior Center needs its own building
<i>“As the town grows, a bigger building might be needed. A more modern and “stand alone” building.”</i>
<i>“Have its own building and not have to share space with the library, which also needs its own space.”</i>
<i>“It should have its own building. I know of many Hanson seniors who go to the Hanover COA because the Hanson COA has so little to offer its citizens.”</i>
The Supportive Day Care Program needs its own room
<i>“A dedicated area for Adult Day Care to give more space for social entertaining activities.”</i>
<i>“A place that is not dedicated to day care services mostly.”</i>
<i>“Right now it just seems like a daycare service, which is fine but it really doesn’t offer much to healthier individuals.”</i>
The Hanson Senior Center is fine as it is
<i>“Isn’t it fine where it is? We don’t need to spend additional taxpayer dollars on this. Schools need it more.”</i>
<i>“I love the Hanson COA. I personally would not change anything as long as the building remains kept up and maintained well as it gets older. The people are wonderful!”</i>
<i>“It seems adequate for the programs and number of citizens it serves.”</i>
The COA needs improved space that could be used by the whole community
<i>“Expand size, expand hours, share space with a youth center.”</i>
<i>“Brighter, homier, available for everyone to use.”</i>
<i>“A multi-generational space would be beneficial to all. It could provide cross-over services and could be cost-effective, as well as provide volunteering opportunities for all ages.”</i>

Additional comments

At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments they wished to share about the COA and Senior Center. The most frequently expressed issue in this section related to concerns about taxes and cost of living and the need for affordable housing. The second most frequent theme involved compliments for the COA and expressions of gratitude for their services and programs. A number of people wrote about the need for more communication and information, and some offered requests to improve and expand the Senior Center space. Additional comments were offered relating to improvements needed in transportation, housing, health services, need for sidewalks, and other livability issues in Hanson.

*Happy to have such a sense of community here in
Hanson being offered at the COA.*

--community survey respondent

Hearing from Interview Participants

In support of this project, one-on-one interviews were held with three individuals, and three group interviews were conducted with an additional 15 participants in Hanson. The purpose of these interviews was to obtain in-depth information on aging in Hanson, and especially on the role played by the Senior Center both on its own and in partnership with other Town offices. Reported below are major themes emerging across the interviews.

Roles and priorities of the Senior Center

Interview subjects were most knowledgeable about the social services role of the Senior Center. All individuals consulted in this phase of the study were aware of the Supportive Day Care Program, and high value was placed on maintaining the quality of that program. Most interview subjects were aware of the broader range of social services offered through the Senior Center, such as SHINE counseling and helping residents to access services and assistance for which they are eligible. These components were widely understood to be core functions of the Senior Center, and maintaining them is viewed as critically important moving forward.

Some of the interview subjects had limited awareness of the other programs offered through the Senior Center, such as programs to promote fitness and healthy aging, or socialization opportunities such as card games. Those who were aware of this side of the COA mission reported that expansion in these programs would be highly desirable, and they mentioned a

wide range of programs that would be welcomed such as book reading events, added exercise classes, arts and crafts, and others. These individuals described the Senior Center as offering a friendly, welcoming environment for participants, and an important outlet for volunteerism in Hanson. Participants spoke positively about intergenerational activities that occurred at the Senior Center, referencing middle-aged people participating in scheduled programs alongside older residents, as well as schoolchildren coming for special planned events. For the interview subjects having strong familiarity with the Senior Center, it was seen as an outlet for creating and expressing community—a welcoming place where people can find friendship and opportunities to stay healthy, as well as a source of assistance during difficult times.

You get to know your neighbors because you come into the senior center...so now you're getting to know your community.

--community survey respondent

Space at the Hanson Senior Center

All of the interview subjects were aware of challenges associated with the space available to the Senior Center. Interview subjects shared a broad sense that more space is needed, and recognized that the current configuration serves as a barrier to added programming. Those with more familiarity noted scheduling problems and tight transitions between events that occur due to inadequate space. Some interview subjects described the space as too dark, out of date, or lacking cleanliness. There was a broad sense that limited space serves as a barrier to programming—many programs that could be enjoyed by residents cannot be offered simply because there is no space. In addition, interview subjects cited the lack of private space as an additional concern for some of the core functions of the Senior Center, such as helping residents apply for benefits or arrange care for a family member.

We couldn't bring a lot of people in here. We don't have the room.

--group interview participant

Now, see, they do a blood pressure clinic here once a month, but it's all out in the open. They're in that big room there.... This should be more private.

--group interview participant

A significant factor impacting the Senior Center space is the Supportive Day Care Program that is housed in the Senior Center. As noted earlier, this program is held from 8:30am to 3:00pm, five days a week, in the single large room that makes up the majority of the Senior Center space. Other programs are scheduled in that same room, or in a medium-sized room shared with the library. Interview subjects highlighted the importance of the Supportive Day Care Program, and advocated for its having adequate and appropriate space. However, it was acknowledged that prioritizing the Supportive Day Care Program with respect to space places limits on the ability of the Senior Center to offer other programs. Having the Supportive Day Care Program in the common space also contributes to the perception that the Senior Center is meant just for those with significant limitations. Some interview subjects noted also that the Supportive Day Care Program being in the common area means that participants in that program lack privacy, an added concern.

*Sometimes people walk in and all they see is the daycare....
It makes them really concerned about coming in. Is this
what it's all about?*

--community survey respondent

Little consensus was evident among interview subjects about the best solution to concerns about the Senior Center space. Subjects did agree that there is not enough space, and that design features limit what can be offered in the current space. Some interview subjects expressed a strong preference for a free-standing Senior Center, one that would have more space, with dedicated space for the Supportive Day Care Program as well as separate spaces for other programming. Others expressed the view that a community center model could work well, and would meet broader needs in Hanson where sizable community space is relatively absent.

They can't do everything, because they have the supportive day

--community survey respondent

Awareness of the Senior Center is limited in Hanson

Interview subjects reported that awareness of the Senior Center and what it does is sorely lacking in Hanson. They reported that residents do not know how the Senior Center can be helpful to them and their loved ones, by connecting people to services, advising caregivers, or helping to arrange transportation. Residents may not know that assistance through the Senior Center is available to all Hanson residents, not just those who are older. Subjects

shared the opinion that many residents don't know what the Supportive Day Care Program is, or that it even exists at all. Some felt that many residents think that the *only* thing that the Senior Center offers is the Supportive Day Care Program, and that information about the other programs and services is lacking. Some interview subjects felt that this lack of awareness is shared even by many Town leaders. Perceptions offered by interview subjects clearly align with responses to the community survey: a large share of Hanson residents lack familiarity with the Hanson Senior Center and the programs and services available there.

The important work of public safety, including collaboration with the Senior Center

Interviews suggest that the Police Department, Fire Department, and EMS are being impacted by the rising number of older residents in Hanson. The Police Department conducts well-being checks when concern is expressed about a resident: for example, an out-of-town adult child may request a well-being check if he cannot reach his parent and is worried about her safety. In Hanson, a large share of well-being checks are for older residents. As another example, Hanson EMS is seeing rising demand for emergency services as the older population increases. This is to be expected in that on average, an older population has more medical issues than a population that is more heavily composed of young adults. However, it was noted that a segment of the community calls very frequently, and that most of these heavy users are older residents. It is recognized that in many cases, isolation and loneliness are exacerbating factors for residents who call EMS very frequently. In addition to medical calls, emergency services find that selected behavioral health and cognitive issues are more common as the population gets older. For example, hoarding is an issue in Hanson, as it is in virtually every community, and many people struggling with this issue are older. Some Hanson residents live with dementia which, in some cases, is associated with wandering behavior. Public safety offices are frequently contacted when a person with dementia has wandered and cannot be quickly located by his or her loved ones. The Police Department offers a program where family members can register information about a person who is at risk of wandering, but reportedly few people take advantage of this program.

Some collaborations between public safety and the Hanson COA are formalized. For example, the SAFE coordinator at the Fire Department works with the COA, elder housing and assisted living sites to host meetings with residents, focusing on fire prevention, home safety, and fall prevention. However, much of the collaboration meant to ensure a safety net for vulnerable seniors is informal. For example, the Director of Hanson Elder Affairs maintains the addresses of people who would not be able to shovel themselves out should a significant snowfall occur. These individuals could be in danger if they needed emergency services, and during high-risk weather events the highway department works together with the Police Department to get those homes plowed out so EMS could access them if necessary. This informal collaboration appears to work well, but interview subjects expressed concern that some residents may “fall through the cracks” of awareness.

Although this study did not seek specifically to evaluate the sense of safety experienced by Hanson residents, many community survey respondents reported feeling safe in the community as a highly valued attribute of Hanson, and some linked those feelings to dedicated first responders in the community. Discussions with members of the Fire Department and Police Department make clear that their work is impacted by the aging of Hanson, and they are taking active efforts to engage proactively with this trend. The strong collaborative relationships between staff at the Hanson Multi-Service Senior Center, the Fire Department, and the Police Department further contribute to resident well-being.

Peer Community Comparison

In a final step to obtain insight about the Senior Center and its future role, directors of five COAs/Senior Centers in nearby communities were interviewed. The communities chosen for this comparison were selected jointly by the Director of Hanson Elder Affairs and research staff at UMass Boston. An initial email was sent, followed by interviews conducted by phone.

Hanson and its peer communities share some commonalities with respect to key demographic and socioeconomic features (see **Table 8**). The population size of these six communities ranges from 4,482 in Avon to 17,909 in Rockland. Hanson is roughly in the middle of the size distribution among these communities. The percentage of the population 60 and older ranges between 18% (Whitman) and 27% (West Bridgewater); again, Hanson falls in a middle position at 24%, just slightly larger than the share age 60+ in Avon, East Bridgewater and Rockland. Median household income across all-age households in these communities is highest in Hanson, at \$98,537, with Avon having the lowest median income (\$69,868). The age 65+ population is also better educated in Hanson than in those in most of the comparison communities. Although 34% of East Bridgewater’s residents age 65+ have a bachelor’s degree or more, higher than Hanson’s 29%, the percentage is lower in the other four communities.

Table 8. Demographic features, Hanson and peer comparison communities

	All-age population	# age 60+	% 60+ years	Median Household Income	% 65+ years with at least a Bachelor’s degree
Hanson	10,668	2,549	24%	\$98,537	29%
Avon	4,482	1,041	23%	\$69,868	14%
East Bridgewater	14,386	3,132	22%	\$86,922	34%
Rockland	17,909	3,966	22%	\$79,807	19%
West Bridgewater	7,165	1,936	27%	\$86,806	21%
Whitman	14,961	2,706	18%	\$83,066	20%

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

Almost all of the comparison communities are equipped with standalone senior centers. In Avon, the senior center is connected to Parks and Recreation, and in Hanson the senior center shares a building with the library. The senior centers vary considerably in age and available space. Avon's senior center is the oldest, built in 1966, with Whitman being built in 1985 and West Bridgewater's in 1999. East Bridgewater and Rockland have newer centers, built in 2013 and 2014 respectively. Hanson's senior center moved to its current location in 1991⁸ (see Table 9). Available space varies, with Avon reporting 2,000 dedicated square feet, with additional access to 400 square feet of shared space, whereas Hanson reports 3,000 dedicated square feet, with additional access to 750 square feet shared with the library. West Bridgewater reports 6,000 square feet, and East Bridgewater and Rockland have 9,000 and 9,200 square feet, respectively. The director of the Whitman Senior Center did not provide square footage, but indicated that her largest room had dining capacity for 30 people. Calculating the number of square feet per resident age 60 and older shows that the Hanson Senior Center is the smallest on a per-senior basis, with 1.18 square feet per resident age 60 and older (1.47 if space shared with the library is included). Avon also has fewer than two square feet per senior resident in the community, while West Bridgewater is the largest, at 3.1 square feet per senior resident.

The number of paid staff among these COAs ranges from 4 in East Bridgewater (3 full-time and 1 part-time, plus an additional 3 per diem van drivers) to 14 in West Bridgewater (4 FT and 10 PT). Hanson has three full-time and 5 part-time paid staff members, 3 of whom are primarily responsible for the Supportive Day Care Program. Each COA relies on volunteer staff to varying degrees. The number of active volunteers reported by these COAs range from 15 in Avon to 342 in West Bridgewater; Hanson reports that 61 volunteers contributed to the operation of the Senior Center in FY 2018. Across the senior centers, volunteers appear to be heavily used to staff meals programs, including both on-site and home-delivered meal programs, for administrative support, and for selected other activities. All of these COAs offer transportation services and most use paid drivers. COAs typically supplement van service by facilitating other transportation options, such as Brockton Area Transportation.

Except for Avon, Hanson and its peer communities each has a "Friends of the COA" group that hosts fundraising events and activities such as raffles and clothing drives. The group in West Bridgewater was described as being especially active, holding festivals, dinners, and holiday events.

⁸ Hanson Library Building program document.

Table 9. Senior Center features, Hanson and comparison communities

	Senior Center Space in Square Feet	Square feet/senior [calculated]	Year Senior Center Opened	Supportive Day Care Program on-site?	Staff FT/PT	# Tax Work Off Program Positions	Volunteer involvement
Hanson	3,000, plus 750 shared	1.18 (dedicated only)	1991	Yes, with average weekly attendance of 20 clients	3/5	30	61 volunteers
Avon	2,000, plus 400 shared	1.92 (dedicated only)	1966	No	3/5	Town has program but not activated	15 volunteers
East Bridgewater	9,000	2.87	2013	No	3/1 + 3 per diem drivers	42	106 volunteers
Rockland	9,200	2.32	2014	No	2/7	14-15	85 volunteers
West Bridgewater	6,000	3.10	1999	Yes, with space for 10 clients	4/10	40	342 volunteers
Whitman	Not reported	Cannot determine	1985	No	2/7	30	80 volunteers

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

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

Caregiver support and respite is a commonly observed need in most communities, yet Hanson and West Bridgewater are the only COAs among these communities to offer their own Supportive Day Care programs. West Bridgewater's program has a capacity of 10, smaller than Hanson's, which has an average daily attendance of 20 clients. Yet West Bridgewater's Senior Center has considerably more square feet than Hanson's; in addition, West Bridgewater's senior center has 8 rooms, with one room dedicated to the Supportive Day Care program along with health services. The other comparison communities do not offer an on-site Supportive Day Care Program and instead, refer residents needing these services to programs in neighboring communities.

All of the Senior Center directors interviewed recognize that many residents are not aware of the services and programs that they offer. Directors and other staff make efforts to reach residents using newsletters, supplemented by other mechanisms such as a website, social media, cable TV notices and local newspaper notices.

Staff contacted in each of the communities reported space concerns. Directors of the smaller senior centers—Avon, West Bridgewater and Whitman—said that they do not have sufficient space for their current needs. Directors of the two larger centers—East Bridgewater and Rockland—said that in general their space is adequate, but that their programming is constrained by lack of space. The senior center directors consulted for this study reported using a variety of strategies to continue to provide a high quality of service to residents. The Whitman director seeks to build opportunities for off-site activities and trips to offset challenges created by inadequate space. In Rockland, the director reported partnering with schools to offer intergenerational programming. The director of the West Bridgewater senior center highlighted efforts to collaborate with neighboring centers in her programming, to expand options available to residents in her community. And although the communities with large spaces (Rockland and East Bridgewater) reported fewer struggles with space, because their centers are program-driven they noted that they could still benefit from larger spaces for their programs.

Conclusions & Recommendations

Growth in the number of Hanson residents age 60 and older has occurred at a rapid pace in recent years, and continued growth is expected for at least another decade. Projections suggest that as many as 30% of Hanson residents will be age 60 or older by 2030. Responding to this demographic shift invites reflection about the extent to which features of the community environment and characteristics of municipal services meet older residents' needs, and making plans to improve alignment where appropriate. Planning is especially warranted with respect to the Council on Aging and Senior Center, which may be heavily impacted by aging of the Hanson population.

In support of this planning process, the Town of Hanson and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study investigating the needs, interests, preferences, and opinions of the Town's residents age 50 and older. During this assessment, a survey was developed and administered to Hanson residents age 50 and older. A total of 1,128 questionnaires were returned, reflecting a strong return rate of 27%. In addition, we collected insights from Hanson leadership and other key stakeholders in the community. Data from the U.S. Census Bureau and other sources were also examined in support of the project aims.

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

Key findings are as follows:

- Residents value the high quality of life offered in Hanson, and are strongly attached to the community. Survey respondents value the town's rural character, its natural amenities, its strong sense of community, and its convenient location to Boston. Yet concerns about aging in place in Hanson were expressed, including concerns about rising cost of living and taxes, which may undermine some residents' ability to stay. Older residents are also concerned about the general lack of transportation options for those who are unable to drive, and express concern that community supports and services are inadequate, including health services as well as other supports.
- Survey respondents report having strong networks, good health and strong finances. But some struggle with poor health and social isolation, and many express concerns about

cost of living. The most vulnerable residents in terms of frailty and isolation are a focus of COA outreach. Public safety offices play important roles in securing the safety of older residents who are most at risk, and formal and informal connections have been developed between public safety and the COA to address the highly vulnerable population (for example, those at risk of wandering due to dementia, and those known to be home-bound, especially during weather emergencies).

- Many older Hanson residents live in homes that need repair or adapted features (like grab bars or ramps) if they are to age in place safely. Some residents cannot afford these repairs or renovations, and some need help identifying trusted sources of assistance.
- Many older Hanson residents currently serve as caregiver for another adult with a health issue or disabling condition. Serving in this critically important role is often stressful to the caregiver. Awareness of services that could be helpful—such as the Supportive Day Care program and caregiver support groups—is low.
- The Hanson COA is highly valued by residents. It is playing a key role in the community, especially through the Supportive Day Care program, through its service functions, and in collaboration with other Town offices. More than half of the community survey respondents said that the Hanson COA plays a role in the lives of themselves, loved ones, friends or neighbors. A large share of survey respondents indicated that they are completely or very satisfied with the COA, with especially high ratings offered among those who have participated in the last 12 months and those who said they are most familiar with the COA.
- Programs focused on preventing isolation, preserving healthy aging, and other valued goals are important features of senior center programming. The Hanson COA offers a number of programs meant to address these goals, such as exercise classes. These types of activities are highly valued by participants, and both participants and non-participating residents would like to see more of them offered. When respondents age 60 and older were asked to indicate what kinds of programs they would prioritize for expansion, the largest share prioritized health and wellness programs (e.g., exercise or disease management), information and referral for social services, and educational programs.
- The Supportive Day Care program at the Senior Center is an asset. Survey respondents and interview subjects who indicated that they were most knowledgeable about the COA and the Supportive Day Care program made clear that preserving the Supportive Day Care program is a priority. Yet the space demands posed by the Supportive Day Care program challenges the ability to offer other programs. Many study participants suggested that program needs its own space in the form of a dedicated, private room, in a building offering ample room for other COA programs.
- Awareness of the COA, its programs and services is generally low. Indeed, 81% of all respondents said they were “not at all familiar” or just “slightly familiar” with the

programs and services offered through the COA. Familiarity was somewhat higher among older respondents, but even among those age 70-79, 70% reported low levels of familiarity. A large majority of survey respondents said they had not attended any programs or used any services through the COA in the previous 12 months, including 78% of those age 70-79 and 65% of those age 80+.

- Greater access to information about the COA would be welcomed by residents. Many study participants were unaware of services already available through the COA that could address their concerns, such as need for medical transportation and caregiver support. Among survey respondents who had not participated in the previous year, four out of ten said that having more knowledge about available programs and services would increase the likelihood of their using the COA.
- Preferred forms of media for receiving information about the COA differ by age group. Younger respondents may be reached effectively via social media and the Town of Hanson website. However, those older than 70, and especially those age 80+, require continued outreach through print media. One-third of the oldest respondents do not have internet access at home, and four out of ten said that they use the internet less frequently than once a month.
- The capacity of the Hanson COA to respond to needs of the community is constrained by lack of space and by qualities of the current space. Many survey respondents stated that the space available for COA programming is inadequate. In addition to a greater amount of space, many respondents indicated that the COA needs space that is better configured, with private office space for confidential conversations, featuring improved design and more cleanliness in a brighter setting. Some evidence suggests that due to limited space, there is more demand for services and programs in the community than the COA is able to meet. Respondents and interview subjects acknowledged that space is a barrier to fulfilling community interests and expectations with respect to programming.
- In considering the type of space configuration that would be most preferred, survey respondents reported a preference for COA services and activities being located in its own dedicated building. More than half of the survey respondents rated this option highly. Holding COA activities at various locations distributed throughout Hanson was least preferred. Co-locating the COA in space shared with other groups, such as in a community center, was preferred by many, but was preferred less frequently than the COA having its own dedicated building.

[Recommendations for the Hanson Council on Aging and Senior Center](#)

As the older population of Hanson continues to expand, demands on the Hanson Senior Center and other Town offices will shift and increase. This report includes an abundance of information that may prompt reflection and discussion in Hanson as its residents consider how to best respond to ongoing growth in its older populations. Some of the information

may inform ongoing efforts in Hanson to promote elements of a livable community, such as those developed in the 2018 OPC Regional Policy Plan.⁹ As Hanson plans for improved housing, transit, green space, and other elements of livability, it is urged to consider closely the needs and interests of its large and growing older population.

Recommendations focusing on priorities specifically for the Hanson Council on Aging and Multi-Service Senior Center are as follows:

- A key priority is to improve awareness of the programs and services available through the Hanson Senior Center. As strategies are developed to achieve this goal, the COA should recognize that print media are strongly preferred by segments of the community (including especially those who are older), while younger residents prefer digital media.
- Retaining and protecting essential services to vulnerable residents, including the COA service and outreach functions, is critically important. These are strongly valued aspects of the COA's role in the community. Residents will realize even stronger benefit from these functions when awareness is strengthened.
- Preserving the Hanson COA's commitment to the Supportive Day Care program is important. This is a valued program in the community and serves as a lifeline for participating families.
- The COA is urged to explore opportunities to expand programming. Residents appear to be eager for additional programming relating especially to health promotion, exercise, socialization and life-long learning. These types of programs are known to be effective in enhancing wellness and well-being in later life.
- The COA may wish to discuss ways to strengthen involvement of the Friends of the Hanson Multi-Service Senior Center. This group is a highly valued partner that is already making significant contributions to the Hanson COA. To the extent their energy and fundraising expertise may be harnessed toward bigger projects, added impact may be realized.
- To expand existing programming, while safeguarding and improving highly valued services and supports already in place, additional space will be required for the Hanson COA. In considering options, we suggest that the Town reflect on the following:
 - Features of needed space identified by study participants include large spaces adequate to accommodate demand for exercise and other health promotion activities; private space for confidential conversations; and building some separation from the Supportive Day Care program. A brighter, cleaner space was also identified as desirable.

⁹ Available online at http://www.ocpcrpa.org/docs/comprehensive/OCPC_Regional_Policy_Plan_2018.pdf

- Strong preference was observed for space that is all in one location. Many survey respondents prefer that the COA be located in a building of its own. Several options for accomplishing that goal are available.
 - ✓ Hanson could choose to build a new free-standing senior center, and some survey respondents cited that as the most desirable option.
 - ✓ The Library could be successful in its bid to secure a new Library building, and the building currently housing both the library and the Senior Center could be renovated to serve just the Senior Center.
 - ✓ It may be feasible to expand the footprint of the current building to make more room available to the Senior Center as well as to the library.
 - ✓ The Town could construct a community center that includes dedicated space for COA programming. This appears to be a less preferred option among the survey respondents, including not just the older segments but also those age 50-59. However, some study participants identified this as an attractive option, noting that Hanson does not have large community space.

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Appendix: Community Survey Results

Appendix: Community Survey Results

Note: Appendix tables are based on 1,128 responses to the Hanson Community Survey, conducted in Spring, 2019. 81 responses were received online (7%) with the rest responding by mail. Total response rate was 27%. See text for additional details.

How long have you lived in the Town of Hanson?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Fewer than 5 years	11%	8%	13%	11%	8%	12%
5-9 years	7%	8%	7%	8%	7%	7%
10-19 years	11%	21%	10%	6%	9%	8%
20-29 years	18%	36%	20%	7%	5%	13%
30 years or longer	53%	27%	50%	68%	71%	60%
Total	100%	100%	100%	100%	100%	100%

Do you live in Hanson year-round? *(check all that apply)*

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, I live in Hanson all year	94%	97%	95%	91%	93%	93%
No, I spend a portion of the Winter months living outside of Hanson	4%	1%	3%	5%	7%	5%
No, I spend a portion of the summer months living outside of Hanson	3%	2%	2%	3%	4%	3%
Other	<1%	<1%	<1%	<1%	<1%	<1%

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

Suppose for some reason you had to move out of Hanson. How much would you miss living in Hanson?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very much	45%	35%	45%	45%	63%	48%
Somewhat	42%	47%	44%	40%	30%	40%
Not much	9%	13%	8%	11%	4%	9%
Not at all	4%	5%	3%	4%	3%	3%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I live alone	17%	6%	13%	20%	34%	19%
I live with others	83%	94%	87%	80%	66%	81%
Total	100%	100%	100%	100%	100%	100%

Do you own or rent the home in which you live?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
The home is owned by me or someone with whom I live	96%	98%	96%	96%	91%	95%
The home is rented by me or someone with whom I live	3%	2%	4%	3%	6%	4%
Other	1%	<1%	<1%	1%	3%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	62%	47%	58%	74%	71%	66%
No	38%	53%	42%	26%	29%	34%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, and I can afford to make these repairs	24%	23%	25%	23%	23%	24%
Yes, but I cannot afford to make these repairs	13%	11%	15%	12%	14%	13%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	2%	3%	2%	2%	3%	2%
No, my current residence does not need repairs	61%	63%	58%	63%	60%	61%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, and I can afford to make these modifications	23%	13%	25%	27%	25%	26%
Yes, but I cannot afford to make these modifications	7%	8%	8%	6%	3%	7%
No, my current residence does not need modifications	70%	79%	67%	67%	72%	67%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Single family home	30%	47%	32%	21%	15%	25%
Multi-family home (2, 3, or more units)	2%	2%	2%	1%	1%	2%
Accessory apartment (add-on apartment to an existing home)	11%	9%	10%	11%	13%	11%
Apartment, condominium or townhome	21%	24%	24%	20%	15%	21%
55+ community	42%	40%	46%	43%	30%	43%
Assisted living community	16%	8%	9%	24%	29%	18%
Other	8%	4%	8%	10%	9%	9%

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

In Hanson, housing affordability is...

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
A very serious problem	15%	11%	16%	15%	18%	16%
A fairly serious problem	26%	26%	25%	29%	19%	26%
Just somewhat of a problem	16%	17%	16%	16%	15%	16%
Just a minor problem	4%	7%	3%	4%	2%	3%
Not a problem	9%	9%	9%	8%	9%	9%
Not sure	30%	30%	31%	28%	37%	30%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	49%	56%	48%	49%	40%	48%
One or more times a week	35%	30%	35%	34%	44%	36%
A few times a month	9%	8%	8%	10%	11%	9%
About once a month	3%	1%	4%	3%	3%	3%
A few times a year (e.g., holidays)	2%	3%	3%	3%	<1%	2%
Never	2%	2%	2%	1%	2%	2%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	57%	70%	60%	53%	23%	52%
One or more times a week	22%	18%	24%	21%	22%	23%
A few times a month	6%	6%	5%	6%	14%	7%
About once a month	2%	1%	2%	2%	4%	2%
A few times a year (e.g., holidays)	2%	1%	3%	2%	2%	2%
Never	11%	4%	6%	16%	35%	14%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Every day	22%	22%	18%	26%	24%	22%
One or more times a week	47%	47%	47%	48%	41%	47%
A few times a month	18%	20%	21%	15%	18%	18%
About once a month	6%	7%	7%	3%	12%	6%
A few times a year (e.g., holidays)	6%	4%	7%	7%	5%	7%
Never	1%	<1%	<1%	1%	<1%	<1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	93%	91%	91%	95%	97%	93%
No	7%	9%	9%	5%	3%	7%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	64%	59%	64%	66%	66%	65%
No	36%	41%	36%	34%	34%	35%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	41%	43%	44%	44%	20%	41%
No	10%	5%	9%	10%	20%	11%
No, but I would be willing if asked	49%	52%	47%	46%	60%	48%
Total	100%	100%	100%	100%	100%	100%

Would you know whom to contact in Hanson should you or someone in your family need help accessing social services, health services, or other municipal services?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	55%	40%	50%	64%	72%	59%
No	45%	60%	50%	36%	28%	41%
Total	100%	100%	100%	100%	100%	100%

In general, how would you describe your physical health?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Excellent	20%	31%	22%	13%	11%	17%
Very good	39%	40%	40%	40%	34%	39%
Good	30%	23%	27%	36%	38%	32%
Fair	9%	5%	9%	9%	15%	10%
Poor	2%	1%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Excellent	31%	36%	35%	26%	23%	30%
Very good	40%	41%	36%	43%	39%	39%
Good	24%	19%	22%	26%	32%	25%
Fair	4%	4%	6%	4%	5%	5%
Poor	1%	<1%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	14%	8%	12%	16%	27%	16%
No	86%	92%	88%	84%	73%	84%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	16%	8%	11%	19%	37%	18%
No	84%	92%	89%	81%	63%	82%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	3%	1%	3%	3%	6%	4%
No	97%	99%	97%	97%	94%	96%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	43%	51%	49%	37%	24%	41%
No	57%	49%	51%	63%	76%	59%
Total	100%	100%	100%	100%	100%	100%

If Yes: Did or does this person live with you?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	34%	22%	32%	43%	56%	38%
No	66%	78%	68%	57%	44%	62%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60+
Very challenging	22%	33%	19%
Somewhat challenging	34%	38%	33%
Neither challenging nor easy	25%	18%	27%
Somewhat easy	12%	7%	13%
Very easy	7%	4%	8%
Total	100%	100%	100%

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

	All ages	Age 50-59	Age 60+
Alzheimer’s disease or dementia	28%	25%	28%
Psychological condition (e.g., anxiety, depression)	13%	12%	14%
Chronic disease (e.g., cancer, diabetes, asthma)	40%	39%	40%
Other*	36%	38%	35%

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

*Write-in: various specific health conditions; indicating the person is “just old” or needs help with transportation or help around the house.

How familiar are you with the supportive day program offered at the Hanson Senior Center?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very familiar	11%	5%	7%	15%	23%	13%
Somewhat familiar	15%	8%	11%	21%	22%	17%
Slightly familiar	20%	18%	17%	23%	23%	20%
Not at all familiar	54%	69%	65%	41%	32%	50%
Total	100%	100%	100%	100%	100%	100%

Are you aware that the Hanson Senior Center offers a Caregiver Support Group?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	36%	18%	25%	54%	58%	42%
No	64%	82%	75%	46%	42%	58%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Completely satisfied	63%	70%	67%	61%	42%	61%
Very satisfied	26%	22%	22%	30%	36%	27%
Somewhat satisfied	8%	6%	8%	6%	14%	8%
Slightly satisfied	2%	1%	2%	2%	6%	3%
Not at all satisfied	1%	1%	1%	1%	2%	1%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	4%	4%	4%	5%	6%	5%
No	96%	96%	96%	95%	94%	95%
Total	100%	100%	100%	100%	100%	100%

The Hanson Senior Center offers scheduled transportation for shopping and can arrange for volunteer transportation for medical appointments. Prior to receiving this survey, were you aware of these services?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	49%	31%	38%	61%	79%	53%
No	51%	69%	62%	39%	21%	47%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Completely satisfied	9%	9%	7%	11%	9%	9%
Very satisfied	15%	13%	13%	19%	19%	16%
Somewhat satisfied	15%	12%	13%	15%	23%	15%
Slightly satisfied	5%	4%	4%	5%	8%	5%
Not at all satisfied	4%	4%	3%	5%	4%	4%
I am not familiar with transportation options in Hanson	52%	58%	60%	45%	37%	51%
Total	100%	100%	100%	100%	100%	100%

Which of the following best describes your driving status?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
I drive with no limitations	79%	94%	86%	73%	46%	75%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	16%	4%	12%	22%	33%	19%
I do not drive	5%	2%	2%	5%	21%	6%
Total	100%	100%	100%	100%	100%	100%

Do you see the Hanson Council on Aging as playing a role in the lives of yourself, loved ones, friends, or neighbors?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	53%	48%	53%	55%	60%	55%
No	47%	52%	47%	45%	40%	45%
Total	100%	100%	100%	100%	100%	100%

Over the last 12 months, how frequently have you used services or attended programs offered by the Hanson Council on Aging?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Two or more times a week	2%	<1%	2%	3%	5%	3%
About once a week	2%	<1%	<1%	3%	9%	2%
A few times a month	1%	<1%	<1%	<1%	4%	1%
About once a month	2%	<1%	2%	1%	6%	2%
A few times a year (e.g., special events only)	9%	4%	7%	15%	11%	11%
Never	84%	95%	88%	78%	65%	81%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes	15%	5%	12%	22%	19%	17%
No	85%	95%	88%	78%	81%	83%
Total	100%	100%	100%	100%	100%	100%

Please check all factors that would increase the likelihood of your using the Hanson Council on Aging programs and services more often (Check all that apply)

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
If transportation options to the Senior Center were more convenient	4%	3%	3%	5%	10%	5%
If I had more knowledge about the programs and services that are available	37%	40%	46%	32%	23%	37%
If programs and services were better suited to my interests	27%	21%	27%	33%	26%	29%
If the hours of the Senior Center were more convenient	4%	8%	3%	4%	2%	4%
If it were easier to access the Senior Center building (e.g., more accessible parking)	2%	2%	1%	4%	2%	2%
If there were more people like myself at Senior Center events	20%	15%	21%	24%	19%	22%
If there were improvements to the Senior Center building	9%	6%	5%	15%	12%	10%
Other	23%	28%	22%	24%	15%	22%

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

How satisfied are you with the programs and services offered through the Hanson Council on Aging?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Completely satisfied	3%	2%	2%	4%	6%	3%
Very satisfied	9%	4%	7%	13%	13%	10%
Somewhat satisfied	7%	3%	4%	9%	19%	9%
Slightly satisfied	3%	3%	2%	4%	5%	3%
Not at all satisfied	3%	1%	2%	3%	4%	3%
Not familiar enough to judge	75%	87%	83%	67%	53%	72%
Total	100%	100%	100%	100%	100%	100%

Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Hanson Council on Aging? (Check all that apply)

% marking as a priority	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Information/referral for social services	38%	36%	47%	35%	29%	39%
Lunch or other nutrition programs	14%	19%	15%	11%	11%	13%
Educational programs	32%	35%	35%	30%	24%	32%
Evening or weekend activities	21%	33%	25%	16%	7%	19%
Outdoor exercise (e.g., hiking/walking club)	36%	49%	41%	31%	11%	33%

% marking as a priority	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Arts & crafts (e.g., painting, quilting)	22%	27%	25%	20%	11%	21%
Space for informal socializing	17%	22%	16%	16%	11%	15%
Health and wellness programs (e.g., exercise or disease management)	44%	52%	48%	43%	24%	42%
Performances and presentations	26%	26%	26%	28%	22%	26%
Caregiver programs (e.g., respite, support groups)	15%	26%	15%	11%	7%	12%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	21%	32%	20%	17%	15%	18%
Day trips	36%	37%	39%	37%	26%	36%
Overnight trips	15%	21%	15%	14%	7%	14%
Other	4%	7%	4%	4%	3%	4%

Based on everyone whether they checked anything or not. 19% did not check anything.

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

How familiar are you with programs or services offered by the Hanson Council on Aging?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very familiar	7%	1%	4%	9%	21%	9%
Somewhat familiar	12%	6%	6%	21%	21%	14%
Slightly familiar	19%	13%	17%	22%	23%	20%
Not at all familiar	62%	80%	73%	48%	35%	57%
Total	100%	100%	100%	100%	100%	100%

Thinking about the activities and services offered through the Hanson Council on Aging, please rate your preference for each arrangement:

COA services and activities being located in its own dedicated building

Preference on a five-point scale:	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
(1) Not at all preferred	14%	13%	14%	12%	17%	14%
(2)	5%	3%	6%	7%	4%	6%
(3)	24%	29%	24%	22%	15%	22%
(4)	14%	14%	14%	14%	13%	14%
(5) Highly preferred	43%	41%	42%	45%	51%	44%
Total	100%	100%	100%	100%	100%	100%

COA services and activities being held at various dedicated locations throughout Hanson

Preference on a five-point scale:	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
(1) Not at all preferred	31%	25%	28%	33%	45%	33%
(2)	12%	14%	11%	9%	15%	11%
(3)	33%	38%	34%	33%	28%	32%
(4)	14%	10%	17%	18%	3%	15%
(5) Highly preferred	10%	13%	10%	7%	9%	9%
Total	100%	100%	100%	100%	100%	100%

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

Preference on a five-point scale:	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
(1) Not at all preferred	22%	17%	18%	26%	28%	23%
(2)	10%	6%	11%	11%	14%	11%
(3)	31%	44%	28%	25%	30%	27%
(4)	16%	14%	18%	20%	7%	17%
(5) Highly preferred	21%	19%	25%	18%	21%	22%
Total	100%	100%	100%	100%	100%	100%

Where would you prefer to find information about the activities and services offered by the Hanson Council on Aging? (Check all that apply)

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Council on Aging newsletter (<i>Hansonian</i>)	54%	37%	50%	69%	63%	60%
Cable TV (<i>Channel 6</i>)	13%	12%	14%	13%	17%	14%
Radio	3%	4%	3%	2%	5%	3%
Local community newspapers (<i>Whitman-Hanson Express</i>)	46%	44%	45%	49%	53%	48%
Facebook or other social media sites	29%	47%	37%	16%	12%	25%
Town of Hanson website (http://hanson-ma.gov)	46%	58%	58%	37%	16%	43%
Other	4%	3%	6%	5%	<1%	5%

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

Please select your gender

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Male	39%	35%	40%	43%	37%	41%
Female	57%	64%	57%	54%	59%	56%
Do not care to/did not respond	4%	1%	3%	3%	4%	3%
Total	100%	100%	100%	100%	100%	100%

What is your age range?

All ages	
50 to 59	21%
60 to 69	34%
70 to 79	32%
80 to 89	9%
90+	2%
No response	2%
Total	100%

Are you able to access the internet from your home? (Check all that apply)

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Yes, using a smartphone (<i>that is, a cellular phone that provides access to the internet</i>)	60%	82%	69%	50%	20%	54%
Yes, using a home computer, laptop, or tablet	80%	84%	84%	81%	59%	79%
No, I do not have internet access at home	9%	2%	4%	11%	32%	11%

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

How frequently do you use the internet to access email, social media, or other websites?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Daily	80%	94%	86%	76%	43%	76%
Weekly	7%	3%	6%	7%	14%	8%
Once a month	1%	1%	1%	1%	2%	1%
Less than once a month	2%	0%	2%	3%	5%	3%
Never	10%	2%	5%	13%	36%	12%
Total	100%	100%	100%	100%	100%	100%

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

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Working full-time	31%	75%	36%	6%	0%	19%
Working part-time	13%	10%	15%	15%	6%	14%
Retired	54%	6%	45%	81%	93%	67%
Other	8%	12%	9%	5%	2%	6%

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

When do you plan to fully retire?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
N/A, I am already fully retired	50%	6%	41%	77%	92%	63%
Within the next 3 years	7%	6%	15%	2%	1%	8%
In 3 to 5 years	9%	12%	14%	3%	2%	8%
In 6 to 10 years	10%	25%	11%	1%	0%	5%
In more than 10 years	6%	26%	1%	1%	0%	<1%
Not sure	10%	16%	9%	8%	2%	8%
I do not anticipate ever fully retiring	8%	9%	9%	8%	3%	8%
Total	100%	100%	100%	100%	100%	100%

What best describes your standard of living?

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+	Age 60+
Very well off	3%	3%	2%	3%	2%	3%
Living very comfortably	35%	28%	39%	33%	41%	37%
Living with reasonable comfort	46%	50%	42%	52%	39%	45%
Just getting along	14%	17%	15%	10%	16%	13%
Nearly poor	1%	2%	<1%	2%	2%	1%
Poor	1%	<1%	2%	<1%	0%	1%
Total	100%	100%	100%	100%	100%	100%