

# Berkshire County Age Friendly Survey

RESULTS

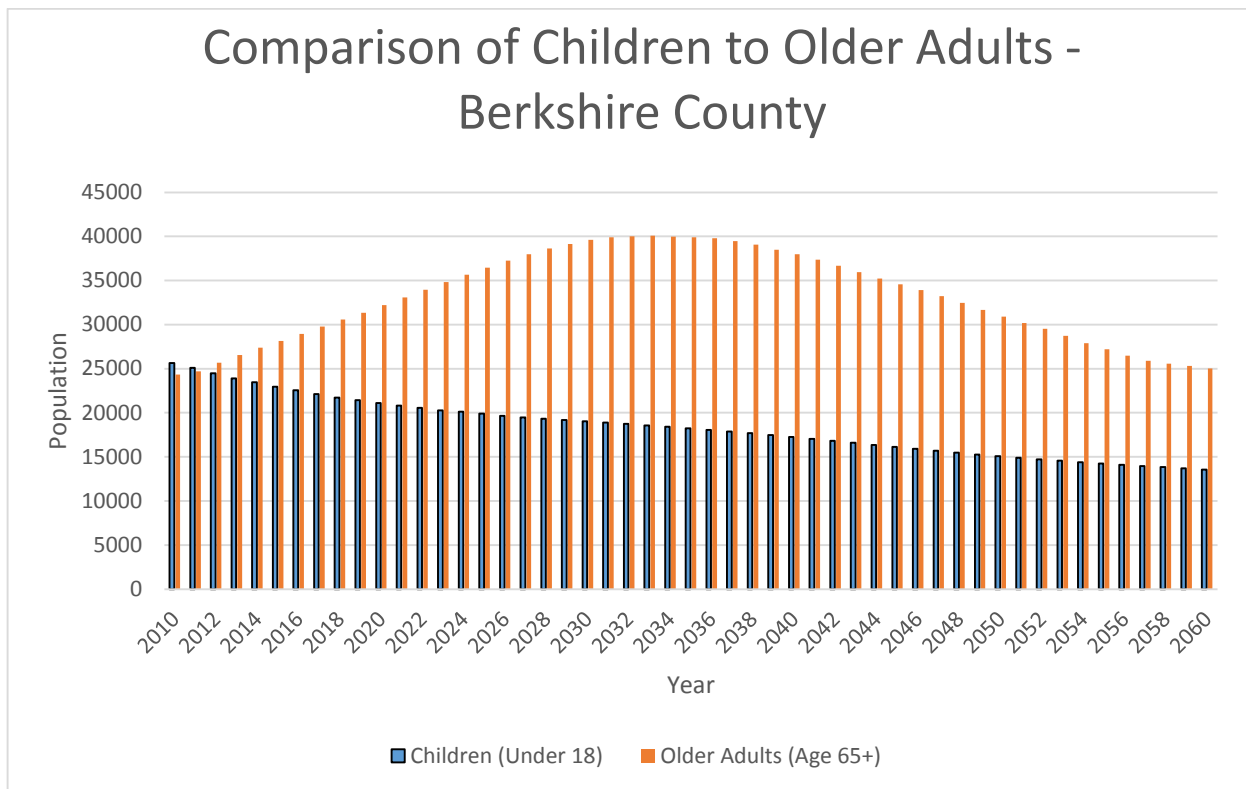


9/17/2015

# SURVEY PURPOSE AND INTRODUCTION TO AGE FRIENDLY COMMUNITIES

## Demographic Changes

The United States is currently undergoing an unprecedented aging of the population. Baby boomers began turning 65 in 2011, and every day for the next 20 years 10,000 Americans will celebrate their 65<sup>th</sup> birthday.<sup>1</sup> Already one in three Americans is aged 50 or older; by 2030, one in five will be over the age of 65.<sup>2</sup> In Berkshire County this shift is happening sooner and faster than in other parts of the state and the country. By 2030 the United States population over age 65 is expected to overtake the number of those under 18. In Berkshire County this shift occurred in 2011. This appears to be a permanent change in Berkshire County, with the number of adults over 65 continuing to increase and the percentage of children continuing to decline.



With a median age of 44, Berkshire County is older than Massachusetts (median age of 39) and the country as a whole (median age under 37). Projections show that both the absolute numbers and the proportion of older adults in Berkshire County will continue to increase, while the number of younger adults and children will continue to decrease. In 2010, the over 50 age group made up 40% or more of

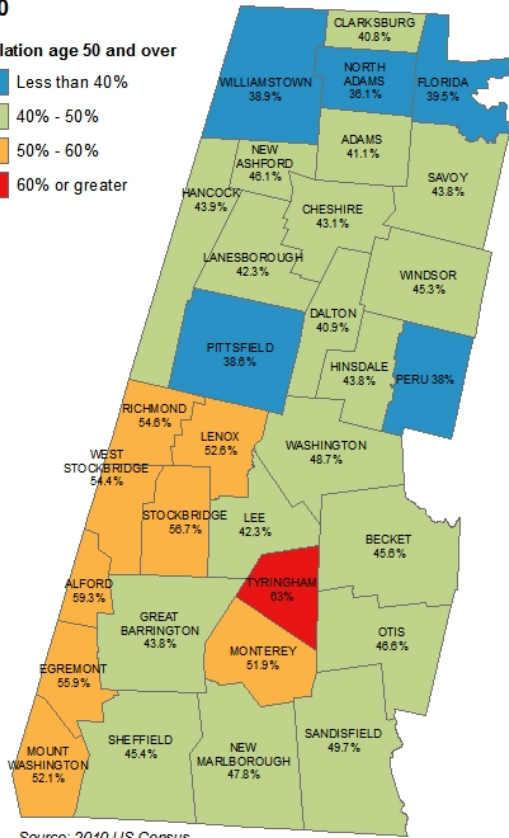
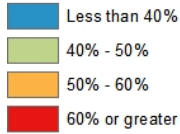
<sup>1</sup> Pew Research Center

<sup>2</sup> AARP

most Berkshire County municipalities. By 2030, less than fifteen years from now, the majority of Berkshire County municipalities will have populations that are 60% or more residents aged 50 or over, and all but North Adams and Williamstown (probably due to college populations) will be over 40%.

**2010**

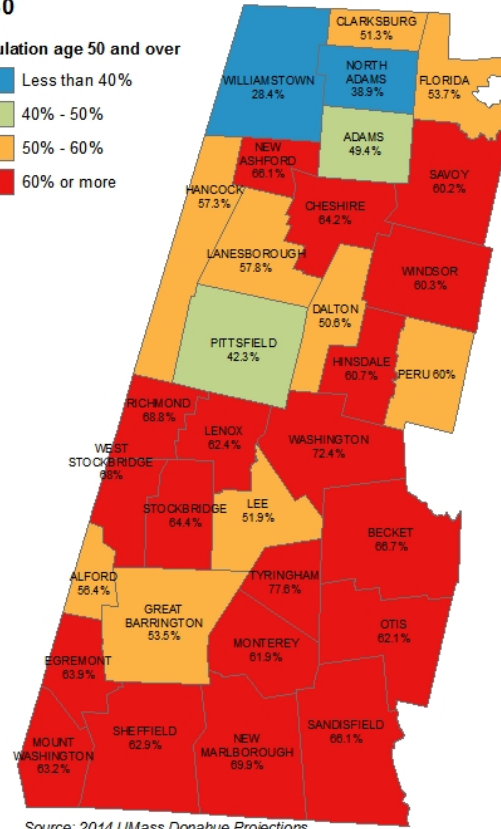
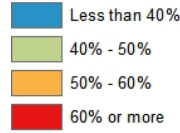
**Population age 50 and over**



Source: 2010 US Census

**2030**

**Population age 50 and over**



Source: 2014 UMass Donahue Projections

With these demographic changes, the needs of the community also change in dramatic ways, in areas such as health care, employment, housing, emergency preparedness and social inclusion and participation.

**Age Friendly Communities**

Age Friendly Communities are communities that are livable, provide opportunities and are inclusive for all ages. Administered internationally by the World Health Organization (WHO) and in the United States through AARP, the Age-Friendly Communities movement enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age or status. It is a place that makes it easy for older people to stay connected to people who are important to them. It helps people stay healthy and active even at the oldest ages and provides appropriate support

for those who can no longer look after themselves. An Age-Friendly Community is both a great place to grow up and a great place to grow old.

In mid-2014, a group of interested Berkshire County professionals began to meet and explore how to make Berkshire County a more age-friendly place to live, work and play. The Berkshire Age Friendly Vision 2020 Task Force was more formally implemented in late 2014, with representation from numerous sectors of the community such as planning, health care, home care, housing, education, councils on aging, municipalities, boards of health, business and others. Organizations currently part of the task force include Berkshire Regional Planning Commission, Home Instead Senior Care, Berkshire County Boards of Health Association, Tri-Town Health Department/Be Well Berkshires, the City of Pittsfield Health Department, the Councils on Aging from Adams, Williamstown, Pittsfield, Great Barrington and North Adams, the City of Pittsfield Mayor's Office, Elder Services of the Berkshires, Berkshire Health Systems, Osher Lifetime Living Institute (OLLI) of Berkshire Community College, Berkshire County Regional Housing Authority, 1Berkshire, the Berkshire Music School, RSVP, AARP, Berkshire Area Health Education Center (BAHEC) and others.

Assessment was one of the Task Force's first priorities. The Berkshire Age-Friendly Survey, based on the AARP Livability Survey, was designed and launched by Berkshire Regional Planning Commission (BRPC) and the Task Force in March 2015. Partial funding for the survey was provided by the Massachusetts Department of Housing and Community Development through the District Local Technical Assistance (DLTA) Program; the rest was provided in kind by Task Force member organizations. The response to the survey was overwhelming – 2,479 responses to the survey were registered in the six weeks it was open. The results are described in this report.

The Task Force continues to move forward. On June 1, 2015, at the first Berkshire County Senior Summit, the County was formally accepted into the Age-Friendly Communities Program, with a certificate presentation from Michael Festa, AARP, Massachusetts. Also in June, Berkshires Tomorrow, Inc., a non-profit subsidiary of Berkshire Regional Planning Commission, was awarded a two year, \$179,000 grant which will enable the hire of a Project Manager to oversee the Berkshire Age-Friendly project. Additional assessment continues, including review of available data sources, focus groups in conjunction with several Councils on Aging, and a planned "dashboard survey" of our existing age-friendly infrastructure. Once the Project Manager is hired, working groups around each of the eight Domains of Livability, as well as an Active Agers Advisory Group of local seniors, will be formed. The ultimate goal of the planning process is a detailed three year action plan for creating a more age-friendly Berkshire County.

If you would like to receive additional information about these efforts as they move forward, please send your email address or other contact information to Laura Kittross, Public Health Manager, BRPC, lkittross@berkshireplanning.org.

## Eight Domains of Livability

This report is partially organized around the eight domains of livability as described by the AARP, although other results are placed in a demographic context at the beginning of the report. These are the broad areas of focus that affect the quality of life for older adults and the community as a whole and around which the Age-Friendly concept is organized. The eight domains are:

- **Outdoor Spaces and Buildings** – public places, indoors and out, where people gather. Green spaces, safe streets, sidewalks, outdoor seating and accessible buildings (elevators, stairs with railings, etc.) that can be used and enjoyed by people of all ages.
- **Transportation** – safe roads, public transportation, special transportation services and innovative transportation options such as a taxi service that provides non-drivers with rides to and from a doctor's office.
- **Housing** – Most people want to remain in their own home and community as they age, but their housing needs may vary throughout their lifetime. Staying home is possible if a housing is affordable and designed or modified for aging in place, and if services that support home maintenance and daily living needs are available and affordable.
- **Social Participation** - Regardless of a person's age, loneliness is often as debilitating a health condition as having a chronic illness or disease. Sadness and isolation can be combatted by the availability of accessible, affordable and fun social activities.
- **Respect and Social Inclusion** – Ways to make everyone feel valued. Intergenerational Communication and Information
- **Work and Civic Engagement** – An age-friendly community provides ways older people can (if they choose) continue to work for pay, volunteer their skills and be actively engaged in community life
- **Communication and Information** - Age-friendly communities recognize that not everyone has a smartphone or Internet access and that information needs to be disseminated through a variety of means.
- **Community and Health Services** - At some point, every person of every age gets hurt, becomes ill or simply needs some help. While it's important that care be available nearby, it's essential that residents are able to access and afford the services required.



## EXECUTIVE SUMMARY OF RESULTS

The Berkshire Age-Friendly survey opened on March 1 and closed on April 15. Responses were gathered both electronically through Survey Monkey and via paper copies. The survey was distributed and promoted through multiple channels and partners. Paper copies were distributed through town halls, councils on aging and community groups. All Meals on Wheels recipients received a copy, as did a number of smaller groups. Paper copies were then manually entered into Survey Monkey for analysis. All Berkshire County residents age 50 and over were eligible to participate. Altogether more 2,479 responses were received to the survey.

The survey responses were representative of the county as a whole when tabulated by municipality of residence and by age. Those with higher educational attainment and income were overrepresented; however, there were enough responses in the lower education and income groups to allow good comparisons between the groups. Women were overrepresented in the survey responses.

Transportation, particularly to cultural and social events, as well as to medical appointments and errands, and housing were big issues. Health care concerns were the top priority for most respondents. Respondents were very clear that they wanted to stay in their own communities as they aged, but even

*My permanent home will always be in the Berkshires most likely in this house that my wife and I currently live in. However it would be nice to get out of the Berkshires for some of the colder months.*

more they wanted to age independently in their own homes.

Lower income groups had lived in their communities longer and prioritized staying in the community higher. Higher income groups prioritized remaining in their own home over staying in their current community.

Walkability rose as a big issue for many respondents. Respondents would like to be able to walk to stores, doctor's offices and on other errands, and many would consider moving, in part, in order to reside in a more walkable community. More than 80% of respondents walked as a form of exercise.

Health care concerns rated as the highest priorities for most respondents. Up to a quarter of all respondents, regardless of income level, reported difficulty finding needed health care services. This suggests a lack of availability, rather than cost, transportation or other issues. Many respondents were already

disabled, had a partner who was disabled or were providing caregiver services for another person. Respondents worried about their memory and a significant portion had fallen over the past 12 months. However, many respondents remained healthy and active. Eighty-four percent claimed to exercise at least once a week, with one-third of respondents claiming to exercise daily or almost daily and another 38% saying they exercised at least several times per week. Higher income groups and younger respondents had more varied and diverse forms of exercise, but all groups except the oldest and poorest exercised at similar levels.

Although the vast majority of respondents were living in single family homes, many reported wanting to live in a condo, apartment or townhouse as they aged. Worry about home maintenance and upkeep, including yard work and snow shoveling, was prevalent. Respondents were also concerned about the cost of home upkeep and property taxes. Older and poorer respondents were more likely to already live in fully accessible housing. Respondents, especially older and poorer respondents expressed a strong desire to stay in their own communities as they aged. However, even more overwhelmingly, 98% of respondents expressed a desire to remain independently in their own homes as they aged.

Just as in the general population, it is harder to be poor. Those in the lower income groups were most likely to be disabled or have other health problems. They were least likely to be socially engaged and to participate in cultural or other social events. The poorer respondents were more likely to be living alone and least likely to have regular contact with friends, family or neighbors. They were more likely to say they did not have the financial means to meet their daily needs, although higher income individuals expressed concerns with the costs of housing and home maintenance at higher levels. However, lower income, along with older respondents were more satisfied with their communities as a place to grow old.

Younger respondents were more likely to have higher educational attainment, higher household incomes, fewer health problems and disability, and more likely to still be working. The youngest respondents were also the least likely to be living alone. High levels of participation in cultural events, public libraries, exercise and outdoor recreation were seen in all age groups, but younger and higher income respondents were more likely to participate. Those with the lowest educational attainment were the least likely to attend cultural events.

Seventy-eight percent of respondents use the Internet regularly, although this usage fell with income, age and educational attainment.

## **DEMOGRAPHICS OF RESPONDENTS**

### **Response Rates by Geographic Location**

Respondents came from every municipality in the County and for the most part the percentage of surveys received from a given municipality reflected their percentage of county population over 50.

Town	Total population	Total 50+	% of County Population 50+	Number of surveys	% of County Total surveys
Adams	8418	3282	5.9%	252	10.5%
Alford	474	296	0.5%	5	0.2%
Becket	1868	891	1.6%	60	2.5%

Cheshire	3227	1455	2.6%	59	2.5%
Clarksburg	1670	746	1.3%	47	2.0%
Dalton	6744	2933	5.3%	109	4.6%
Egremont	1097	719	1.3%	69	2.9%
Florida	774	261	0.5%	6	0.3%
Great Barrington	7052	2814	5.1%	99	4.1%
Hancock	714	244	0.4%	11	0.5%
Hinsdale	2317	961	1.7%	29	1.2%
Lanesborough	3062	1179	2.1%	71	3.0%
Lee	5932	2480	4.5%	52	2.2%
Lenox	5014	2713	4.9%	130	5.4%
Monterey	695	360	0.6%	18	0.8%
Mount Washington	129	79	0.1%	3	0.1%
New Ashford	220	119	0.2%	4	0.2%
New Marlborough	1544	820	1.5%	14	0.6%
North Adams	13657	4875	8.8%	210	8.8%
Otis	1421	731	1.3%	11	0.5%
Peru	872	318	0.6%	13	0.5%
Pittsfield	44431	18306	33.0%	718	30.0%
Richmond	1489	891	1.6%	109	4.6%
Sandisfield	930	441	0.8%	9	0.4%
Savoy	675	295	0.5%	14	0.6%
Sheffield	3245	1506	2.7%	63	2.6%
Stockbridge	1990	976	1.8%	33	1.4%
Tyringham	410	283	0.5%	6	0.3%
Washington	478	303	0.5%	14	0.6%
West Stockbridge	1376	674	1.2%	18	0.8%
Williamstown	7699	3064	5.5%	132	5.5%
Windsor	921	474	0.9%	7	0.3%
Berkshire County	130545	55489		2395	100.0%



Similarly, the percentage of surveys received from the three major sections of the county – North, South and Central County, roughly mirrored the population. North County was slightly overrepresented, while South County was slightly underrepresented. This was probably due to more small municipalities in South County, where responses were overall slightly lower.

Town	Total population	Total 50+	% of County Population 50+	Number of surveys	% of County Total surveys
North County	37054	14341	25.8%	735	30.7%
South County	28163	13070	23.6%	460	19.2%
Central County	65328	28078	50.6%	1200	50.1%
Berkshire County	130545	55489		2395	100.0%

As seen in the table below, overall municipalities of all sizes were fairly represented in the survey responses. The smallest towns (under 1,000 residents) and the two cities, Pittsfield and North Adams, were slightly underrepresented.

	Total population	Total 50+	% of County Population 50+	Number of surveys	% of County Total surveys
Smallest Towns (<1000) (n=12)	7292	3473	6.3%	110	4.6%
Smaller Towns (1,000 - 2,500) (n=9)	14772	7409	13.4%	390	16.3%
Medium Towns (2500 - 5,000) n=3)	9534	4140	7.5%	193	8.1%
Larger Towns (5000 - 10000)	40859	17286	31.2%	774	32.3%
Cities (N. Adams & Pittsfield)	58088	23181	41.8%	928	38.7%
	130545	55489		2395	

## Results by Geographic Location

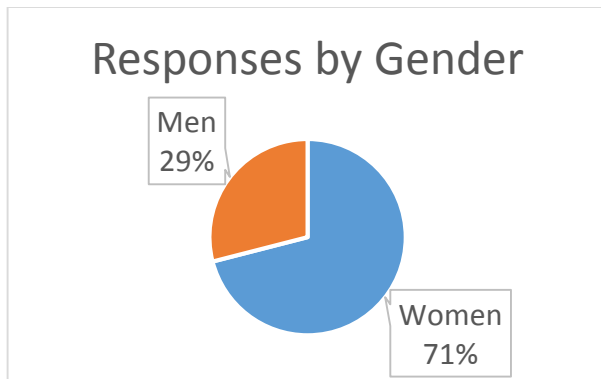
Generally those in North County were most likely to have lived in Berkshire County for over 30 years, were most strongly tied to their community, were more likely to live alone and be widowed, more likely to rent rather than own their home and were more likely to have financial difficulties and health troubles. They were more reliant on social services, had more trouble finding health care and other services, were more likely to be disabled and were the most likely to feel there were not enough social events. Many open responses on the survey referenced the loss of the hospital in North Adams and the need for quality health care services in North County.

Respondents in Central County were least tied to their communities (most open to leaving) and were more likely to still be working full time.

Respondents in South County were overall the highest educated, had the highest incomes, were most involved in their communities through volunteering or serving on boards, rated their communities more highly as a place to age, were more likely to feel the opinions of older adults are valued and the most likely to use the Internet on a regular basis. The highest percentage of seasonal residents were also seen in South County.

## Responses by Gender

Women were heavily overrepresented in the Age-Friendly survey, with 71% of the total responses. According to the MA Department of Public Health (DPH) women make up 56% of the county's over 60 population, and according to the census they are only slightly more than half of the population over 50. However, the male/female differential was highest among respondents in the younger age groups, and more equal numbers of men and women were seen in the older age groups.

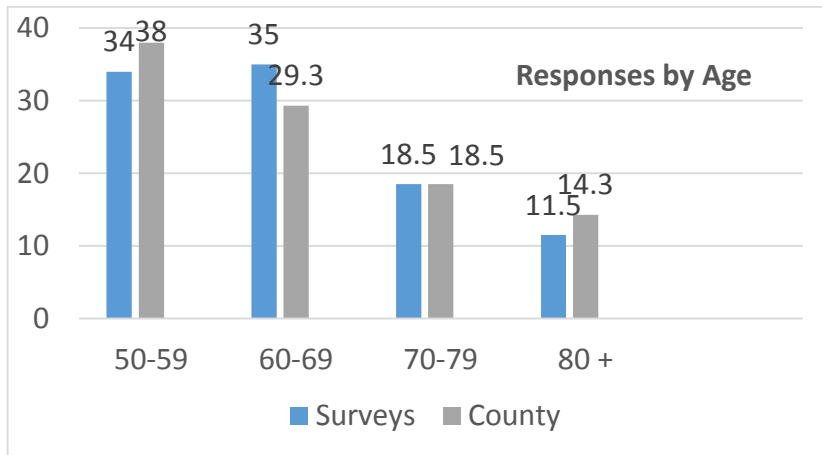


There were some significant differences between men and women in responses, most likely related to other demographic differences. Men who responded to the survey tended to be somewhat younger, were more likely to still be working, were more financially stable, had higher educational attainment, more likely to be married (69% versus 53% for women), and less likely to be separated or divorced (12% compared to 16% for women) or widowed (7% versus 20% for women). Women were more likely to be living alone (34% compared to 23% of men) and more likely to be providing caregiver services to someone else (19% compared to 13% of men). Male respondents were also more connected socially in other ways – 67% of men reported they interact with friends or family more than once a day compared to only 55% of women, and 33% of men volunteer or serve on public boards versus 27% of women.

Male respondents were also more likely to exercise on a regular basis, and more likely to engage in more rigorous physical activity such as biking, hiking, running, kayaking/canoeing or strength training, as compared to gardening, walking, fitness classes, yoga or tai chi. Male respondents were less likely to have fallen within the past 12 months, and less likely to have been injured if they did fall. However, they were also more likely to smoke – 11% of men reported smoking within the last month compared to 7% of women.

## Responses by Age

Overall the survey had good representation by age as compared to the population in the County. The youngest respondents (ages 50-59) and the oldest respondents (ages 80 plus) were slightly underrepresented, while those in the 60-69 age range were somewhat overrepresented.



In general older respondents were happier with their community as a place to grow old. Only 8% of those aged 50-59 rated their community as an “excellent” place in which to grow old, but these percentages grew with each decade, with 13% of 60-69 year olds, 19% of 70-79 year olds and 25% of 80 and older rating their community as an excellent place to grow old. Those rating their community as a “poor” or “very poor” place to grow old were more similar across age groups, however, although about 8% of those in the 50-59 and 60-69 age groups rate their community as “poor” or “very poor” compared to about 5% in those 70 plus. Those in the lowest income levels were surprisingly more likely to rate their community an excellent place to grow old, although in general there were not large differences across the income levels.

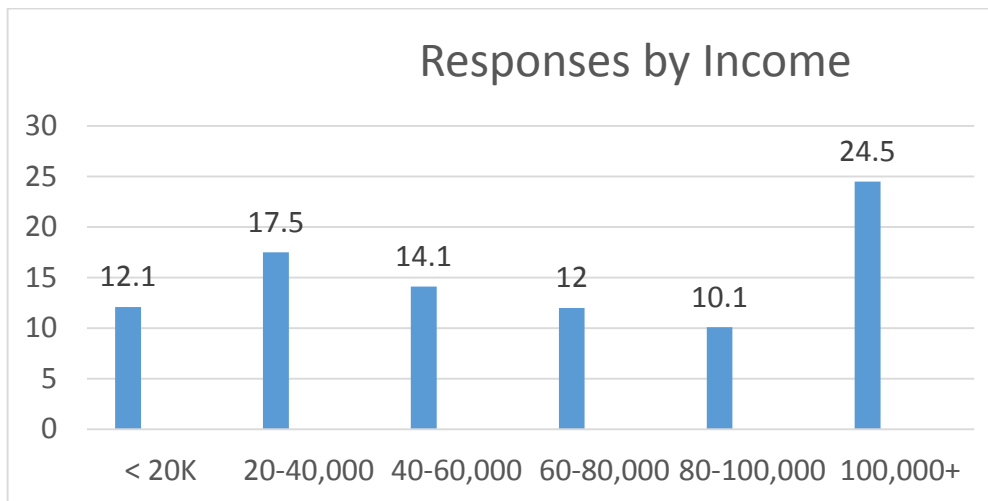
The oldest respondents had far less educational attainment than their younger counterparts. More than half (57%) of respondents in the 50-59 age range had a bachelor’s or graduate degree, as did 60% of those aged 60-69 and almost half (49%) of those aged 70-79, however only 32% of those aged 80 and over had at least a bachelor’s degree. Twelve percent of the over 80 group had less than a high school diploma, compared to 6% of those aged 70-79, and 1% of the two younger age groups. Eight percent of those in their fifties had only a high school diploma or GED, as did 9% of those in their sixties, compared to 20% in their seventies and 30% of those 80 and over.

In general younger respondents had higher household incomes. This is probably due to higher levels still working, to being more likely to be married (and thus, having more than one income in the household) and possibly related to higher educational attainment seen in the younger age groups.

Other differences in responses seen by age are mostly discussed below.

## Responses by Income

Broad representation was seen across all income levels in the survey. The median income in Berkshire County is \$48,450, and the table below shows that survey respondents fell about half below and half above that same median. However, those with household incomes under \$40,000 are underrepresented as about 42% of Berkshire residents over the age of 50 have incomes in that range, compared to less than 30% of survey respondents. Similarly, those with household incomes over \$100,000 make up about 19% of the over 50 population, but almost 25% of survey respondents.



Overall 89% of respondents said they had enough financial resources to meet their daily needs. These numbers were similar across age groups, although those aged 50-59 were more likely to say they did not (despite having higher incomes overall). However, a majority of respondents were concerned about the cost of health care (73% overall), heating or other utilities (68%), property taxes (62%), home maintenance (59%) and medications or prescriptions (56%) as they aged. Smaller numbers, though still significant, expressed concerns about the cost of transportation, personal care in the home, housing or food as they aged. Those in the 50-59 age group expressed much higher levels of worry about health care, heating or other utilities, property taxes, home maintenance, medications/prescriptions and housing. Levels of concern about home care and food were similar, while concern about the cost of transportation rose with age.

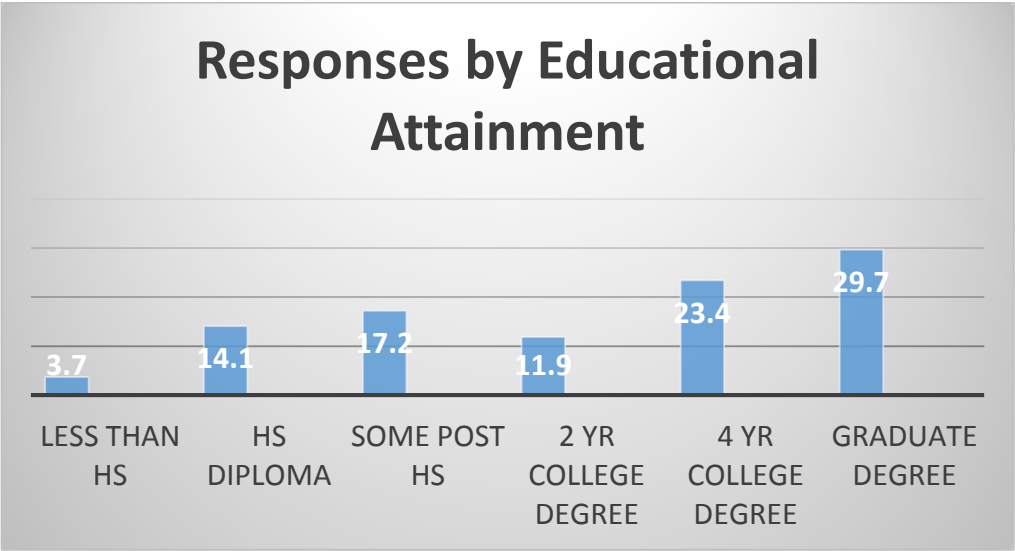
Not surprisingly, those in the lowest income categories expressed more financial concerns. While 72% of those with household incomes under \$20,000 said they had the resources to meet their daily needs, 98% of those with incomes over \$100,000 responded that they did. Stark differences were seen when asked about their concern about specific costs as they aged – 63% of those with incomes under \$20,000 expressed

*Taxes & health cost are  
killing us*

concern about the cost of food, compared to only 13% of those with household incomes over \$100,000. Those with lower incomes were also far more concerned about transportation costs (63% in the lowest income group, compared to 29% in the highest). Numbers were similar across all income levels in concern about health care costs, and for all income groups except the very highest for utilities. Middle income groups (household incomes \$20,000-\$100,000) expressed higher rates of concern about the costs of home maintenance and property taxes.

**Responses by Educational Attainment**

Although the survey heavily oversampled those with higher educational attainment, individuals at all levels of educational attainment were represented. Across all respondents, 30% had a graduate degree or higher, and another 23% had a four year college degree, meaning over half the respondents had a college degree or higher. Another 12% had a 2-year college degree. Four percent of respondents had less than a high school degree, and another 14% had a high school diploma or GED. Seventeen percent had some post-high school training, but no advanced degree. Older respondents and those with lower incomes generally had lower educational attainment.



**Responses by Residence**

Most of the survey respondents were long-time residents of Berkshire County. Seventy percent have lived in the County for more than 30 years, and more than 85% have lived here for more than 15 years. Only 4% have lived in Berkshire County for less than five years. The oldest respondents, those over the age of 80, have lived in the County the longest, with 83% having lived here more than 30 years, and 92% having lived here at least 15 years. Numbers are also high for the other age groups (all ages 50-79), with close to 70% having lived in the county for more than 30 years and another 15-17% having lived here for 15 years or more. This suggests that most respondents have lived in the county long before retirement age, and relatively few moved here after retirement age. There was an inverse

relationship between income and length of residence in the county; those in the lower income groups were far more likely to be residents of over 30 years, which supports the idea that those who do move to Berkshire County in retirement are somewhat wealthier than those who have lived here longer. This correlation was even stronger for educational attainment; those who had a college or graduate degree were far more likely to have lived in Berkshire County for a shorter time period than those with less education.



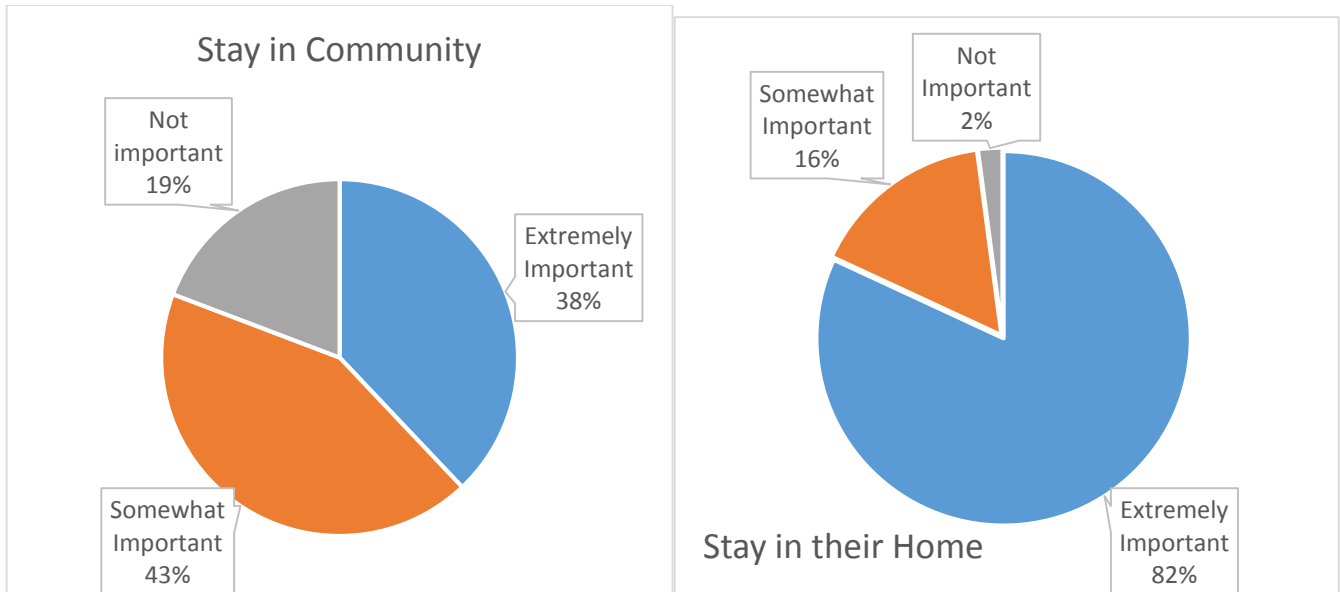
*Berkshires IS my  
dream home, smile!*

Respondents were also asked how long they had lived in their specific Berkshire County community (town or city). As with county residence, most respondents have lived in their particular community for a substantial period of time, although the data show that more respondents have moved within the county, than from outside the county in the last 15-30 years. Fifty-six percent of respondents have lived in their community for more than 30 years, and 77% have lived there for more than 15 years. Just over 7% of total respondents have been in their community for less than five years. Older respondents were more likely to have lived in their current community for longer, with about 74% of those 80 and over having lived in their community for more than 30 years. However, in the younger age groups (all those below the age of 80) 50-58% have lived in their current community for more than 30 years. This suggests that at least half the respondents below the age of 80 have moved from one community to another at least at some point in adulthood, either within the county or not (the same may be true of those over 80, but it is not possible to tell from the data). Again, an inverse relationship was seen with income and length of residence in the community. Less educational attainment also correlated inversely with length of residence; those with less education were far more likely to have lived in their community for more than 30 years compared to those with college or graduate degrees.

Ninety-five percent of respondents live in Berkshire County year-round; the rest were seasonal residents spending some period of the year elsewhere. Those aged 60-79 were most likely to be seasonal residents, with those aged 50-59 and those aged 80 and over far more likely to live in the county year-round. Not surprisingly, the more wealthy respondents were also the most likely to be seasonal residents. Less than 1% of those with household incomes under \$20,000 per year were seasonal residents, compared to 10% of those with household incomes over \$100,000. Seasonal residence did not correlate with education levels, except for those with a graduate degree who were two to three times more likely to be a seasonal resident than any other group.

### **Remaining in the Community**

Respondents think it is important to stay in their community as they age; however, they think it is even more important to live independently in their own home.



These numbers were similar across age categories, although those aged 80 and over were significantly more likely to value staying in their current community (65% versus 45-49% seen in the other age groups) and were about twice as likely to say it was not important to stay in their own home (4% versus 1-2% in the other age groups).

Desire to stay in one's community was inversely proportional to household income. For those with household incomes below \$20,000, only 12% said that staying in their community was NOT important as compared to 25% of those with household incomes over \$100,000. This difference was even more dramatic by education level. For those with less than a high school diploma, 71% said it was extremely important to stay in their community, compared to 28% of those with a two-year college degree, 31% of those with a four year college degree and 36% of those with a graduate degree. The opposite pattern was seen by income when respondents rated the importance of aging independently in their own homes, though to a lesser degree. Only 1% of those with household incomes over \$100,000 said staying in their own home was not important, compared to 5% of those with household incomes under \$20,000. However, there were few differences by educational attainment in the desire to age independently in one's own home.

## RESULTS FOR THE EIGHT DOMAINS OF LIVABILITY

### Open Space and Buildings

When asked to rate priorities in open space and buildings, respondents rated well maintained and accessible public buildings at the top (91%), followed by sidewalks in good condition (89%), natural areas nearby (82%) and cultural events, such as theater or music (82%) as their top priorities. A quarter of respondents said they have encountered accessibility issues such as steep stairs or no elevator in public buildings. Those in the lowest income group, less than \$20,000, were far more likely to report problems with accessibility, with 40% saying they encountered accessibility issues at least at times. These numbers fell steadily with income, and only 15% of those with household incomes over \$100,000 reported accessibility issues in public buildings. These results again suggest that those with higher incomes were younger and healthier than those with lower incomes.

*My best friend has MS and uses an electric scooter to get around. We couldn't enter many shops and restaurants because of steps or even one step. And many, many bathrooms in town are not accessible! It was very frustrating and upsetting for me and my friend.*

### Transportation

Not surprisingly, most respondents get around the County by car. Eighty-nine percent of respondents drive themselves to appointments, shopping and other errands, including 60% of those over age 80 and 85% of those aged 70-79. Twenty percent have a family member drive them, at least at times (respondents were allowed to check as many modes of transportation as applied), with those over age 80 most likely to have a family member drive them at least at times (42%). Walking was the third most common mode of transportation, 16% of respondents said they walked to errands or appointments, at least some of the time. Walking percentages were similar across the younger age groups, though this number fell by half among the oldest respondents – only 8% of those over 80 walked as a means of transportation.

*Public transportation, shuttles from housing on side roads to main road public transportation, an organization to join that is modeled on the senior community cooperatives which have started in some cities and rural areas.*

Public transportation usage rates were low. Only 4% of respondents used public transportation to get around, with the highest rates among those aged 60-79 (5-6%) and lowest among those over 80 (3%) although 75%



claimed that safe, reliable public transportation was important to them. Another 5% used a special transportation service, such as one for the elderly or disabled, with the highest rates being among those over 80 (19%).

*If it comes to a time when I cannot drive, it will be hard to stay in this community.*

Higher income levels were most likely to drive themselves. For those with household incomes above \$40,000, 97-99% of respondents drove themselves, at least at times. This fell to 88% of those with household incomes of \$20-40,000, and to only 50% of those with household incomes under \$20,000. Poorer respondents were far more likely to take public transportation (15% of those with the lowest household incomes, compared to less than 1% of those in the highest income bracket). Lower income respondents were also more likely to have a family member drive them, to take a taxi, or to use a special transportation service. There were no clear patterns by income for walking.

## Housing

Only 23% of respondents currently live in housing that is fully accessible (grab bars, ramps, downstairs bath/bedroom), although another 57% feel their home would only need minor renovations to be fully accessible. Twenty percent of respondents state their home would need major renovations in order to be accessible. However, these numbers change dramatically with age. While only 12% of those aged 50-59 live in a house that is fully accessible, 18% of those aged 60-69, 30% of those aged 70-79 and 48% of those aged 80 and older live in fully accessible homes. Only 6% of those aged 80 and over live in homes that would need major renovations to become fully accessible, while 27% of those aged 50-59 do. Similarly, there are big differences by income level. 52% of the lowest income respondents live in fully accessible homes, and only 9% live in a home that might need major renovations. This falls by half in the next income group, \$20,000 – 40,000, with only 23% living in a fully accessible home, and 21% living in a home that might need major renovations. Those with household incomes above \$40,000 range from only 12-14% in fully accessible housing; 21-26% live in homes that might need major renovations. This suggests that there is accessible, appropriate housing for poorer residents, but that it is more difficult to find for middle income and higher income residents. Open responses also suggest that home maintenance and the need for more compact, centrally located homes are issues for Berkshire residents.

*Across the country, communities are creating "tiny houses" grouped together as a sub-community. They are one level, small yard, inexpensive and create a social community for seniors. We should consider this in our community.*

Eighty-two percent of respondents own their own home, with another 13% renting. Younger respondents (ages 50-69) were more likely to own their own homes, although even among the over 80 age group 71% own their own home. As expected, wealthier respondents are more likely to own their own home, (97% of those with incomes over \$100,000, 95% of those with incomes from \$80,000-100,000 and 92% of those with incomes from \$60,000-80,000 compared to 84% of those with incomes from \$40,000-60,000, 72% of those with incomes from \$20,000-40,000 and 43% of those with incomes under \$20,000) although home ownership is relatively high among all groups. Only 2% of total respondents live in assisted living or another congregate living arrangement, although this is much higher among those with incomes under \$20,000 (8%) compared to less than 1% for those with incomes over \$60,000. Four percent of those over 80 live with another family member in their home; this number is 1% or less in the other age groups. Poorer individuals are also more likely to live with a family member in their home.

*Look into establishing communal living arrangements for seniors using existing housing stock (there is plenty) to reduce cost. Cooperatives for communal living as opposed to institutional ownership of retirement facilities. Cooperatives for providing services for in-home seniors, including maintenance, shopping, transportation, visiting and checking on people.*

Seventy-nine of respondents currently live in a single family home as their primary home, although this number changes significantly with age. Eighty-seven percent of those 50-59 live in a single family house, but only 66% of those over 80. Overall 10% of respondents live in an apartment, but the number doubles from about 7% of those ages 50-69 to 14-15% for those over 70. Living in a single family home is also highly correlated with income, rising steadily from 41% of those with incomes under \$20,000 to 94% of those with incomes over \$100,000. Conversely, apartment dwelling is highest among those with incomes less than \$20,000 (39%) falling steadily to 1% of those with incomes over \$100,000.

When asked where they expected to live as they aged, 64% of respondents overall continued to expect to live in a single family home (about the number that actually do live in a single family home at 80 and over). A larger proportion of those in the younger age groups expected to be in a single family home as they aged. However 10% of respondents expected to live in a condominium or co-op (compared to 3% currently across all age groups) and 9% in a retirement community (2% currently, mostly among those 80 and over where 6% currently live in a retirement community), leading to concern that these housing options are not readily available in the Berkshires as people age. Those with higher incomes were more likely to expect to continue to live in a single family home as they aged.

Forty-five percent of respondents said they were very or somewhat likely to move to a new home in their retirement years, with another 10% saying they were not sure. Primary reasons given for moving include:

Reason	Percentage
Move to a smaller home	44%
Want to live in a different climate	38%
Want to be able to walk to parks, stores, town, etc.	38%
Move to a less expensive home or community	32%
Want to be closer to family	24%
Want better access to public transportation	21%
Move to a home that is renovated/modified for older adults or those w/ disability	19%

Younger respondents were far more likely to plan to move, with 63% of those aged 50-59 saying it was very or somewhat likely they would move, compared to 43% of those aged 60-69, 32% of those 70-79 and only 17% of those 80 plus. The assumption is that many of those in the older age groups have already made their retirement move; the survey failed to ask this, although open responses support this assumption. However, there may be room for interventions that keep younger residents in the county as they age and consider a move to a different home. Reasons for considering a move were similar across all age groups.

*If I did move, it would be to a condo where they shovel for you!*

Wealthier respondents were also more likely to say they expected to move in retirement. This may have been an artifact of age rather than income, however, as younger age groups also tended to have higher household incomes. Some differences in reasons for moving were seen based on income. The desire to move to a smaller home increases with household income, while the desire for a less expensive home peaks among those with household incomes between \$20,000-

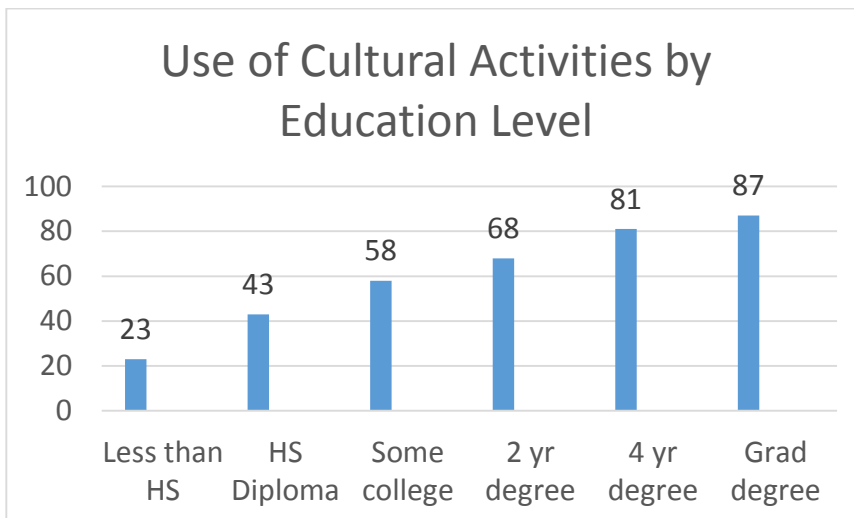
60,000. Wealthier respondents report more desire to move to a more urban area (as did those with

more education), while those in the lowest income levels report a desire to move to a more rural area. Respondents with higher incomes are twice as likely to say moving to their dream home (such as one by a lake or in the mountains) is a possible reason for moving, and are far more likely to cite the climate as a reason for moving. Lower income respondents are more likely to cite safety as a reason to move, and cite wanting to move to senior housing at triple the rates of the highest income respondents. No patterns were seen across income levels for wanting to be able to walk to stores, parks, town, etc. (36-42%); wanting to be closer to family (23-27%); wanting to be in an area with better health care facilities (12-18%); wanting to continue working and the kind of work they want is not here (3-5%) or wanting better access to public transportation (20-25%)

### Social Participation

When asked what activities they participate in, or would like to participate in, respondents rate cultural events, such as theater, music or lectures highest (71% participate, another 11% would like to), followed by the local library (63%, 11%), outdoor recreation, such as hiking, kayaking, biking (57%, 11%) and church, synagogue or other religious activity (53%, 7%). By far the most common reason for not participating in a desired activity was that the respondent was still working and did not have time (59%).

Social participation differed by age, however. Participation in cultural events such as theater, music or lectures were highest among the three younger age groups, with 74% of those aged 50-59, 76% of those aged 60-69 and 69% of those aged 70-79 saying they participate compared to only 51% of those 80 and over. Attendance at cultural events was highest among the very highest income group (87%), and ranged from 66% to 78% for those with household incomes of \$20,000-100,000. Only in those with incomes below \$20,000 was there a dramatic drop-off in participation in cultural events, although even 36% of those respondents reported attending cultural events, with another 18% reported wanting to. Among those with household incomes of \$20,000-\$100,000, 11-16% of those who do not participate in cultural activities reported that they would like to. Cultural event attendance was dramatically lower among those with less educational attainment.



Local library use was high among all age groups ranging from 55% of those in their fifties to 71% of those in their seventies. Similarly all income groups used the public library, with highest use seen among those making \$40,000-60,000 (70%) and those with incomes from \$60,000-100,000 (67%). Of those with incomes over \$100,000, 60% still reported library usage, as did 66% of those in the \$20,000-40,000 group. Those with the lowest incomes, under \$20,000, were the least likely to use the public library, with only 51% reporting usage. Library use also rose steadily with increasing education levels; only 34% of those with less than a high school degree used the library, compared to 78% of those with a graduate degree.

Those aged 50-59 were also most likely to engage in outdoor recreation, such as hiking, biking or kayaking (72%) compared to 63% of those aged 60-69, 44% of those in their seventies and only 22% of those 80 and over. The younger age group was also most likely to use a gym, health club or other fitness center (46%) and exercise programs not specifically for older adults (34%) and the least likely to attend exercise programs specifically for older adults (11%). These numbers slowly changed among respondents in their 60's and 70's; in the over 80 group they had almost reversed themselves with only 22% of respondents attending a gym or other fitness center, 21% attending exercise classes not specifically for older adults and 35% attending fitness classes specifically geared for older adults. Younger respondents were most likely to express interest in attending fitness activities of all sorts, even where they were not currently participating.

Higher income groups were also more likely to report outdoor recreation, with the highest rates, 79%, in those with incomes over \$100,000. Those in the middle income groups, from \$40,000-100,000 still reported relatively high rates of outdoor recreation, ranging from 59% - 71%. The two lowest income groups were the least likely to engage in outdoor recreation, with 44% of those with incomes of \$20,000-40,000 reporting outdoor recreation and only 22% of those with incomes under \$20,000. Similarly, higher income groups were more likely to attend a gym, health club or other fitness facility (56% of those with incomes over \$100,000 compared to 30% of those with incomes under \$20,000) and exercise or fitness classes not specifically for older adults (40% of those with incomes over \$100,000 compared to 15% of those with incomes under \$20,000). Those in the two lower income groups, under \$20,000- 40,000, were most likely to attend fitness classes geared to older adults with 29-31% reporting participation compared to 13-15% in all the other income brackets. There were no particularly significant differences seen by income in the number who did not currently participate in recreation or fitness activities.

*Just remember that quite a few of us are aging very vigorously. Things like the bike trail and xc ski centers are important.*

Those over 80 were most likely to attend church, synagogue or other religious activity (64%) compared to 59% of those aged 70-79, 50% of those aged 60-69 and 46% of those in their fifties. No significant differences were seen in religious activity across income levels.

The older age groups were also far more likely to participate in their local senior center (59% of those over 80, 40% of those 70-79, 22% of those 60-69 and only 8% of those in their fifties), as well as Meals on Wheels (44% of those over 80 falling to 18% of those 70-79 and 6% of those 50-59) and meals at the senior center (38% of those over 80, again falling to 18% of those 70-79 and 9% and 5% of the two younger age groups). Senior Center use was also dramatically different among the income levels. Fifty-

*My 97 year old neighbor is unable to get rides to the Senior Center where she played bridge and visited with friends until she stopped driving. Now she rarely goes out.*

two percent of those with household incomes under \$20,000 report use of the local senior center and 35% partake of senior center meals. This drops off significantly among those with incomes between \$40,000-60,000 where 27% attend the local senior center and only 12% participate in the meals. For those with incomes over \$60,000 very few participate in senior center meals (2-6%) and relatively few participate in senior center activities (8-13%). Higher income respondents who do not participate in senior center activities are, however, fairly likely to express interest in doing so (24-30%). Not surprisingly, Meals on Wheels participants tend to be in the lower income brackets, with 37% of those with incomes under \$20,000 receiving Meals on Wheels, and falling to single digits among those with incomes over \$40,000.

The Osher Lifetime Learning Institute (OLLI) and other lectures, programs and classes at local colleges, received the highest responses when respondents were asked if they would like to attend or participate in an activity, but did not currently participate. Only 8% of those in their 50's attend OLLI classes, but another 34% would like to. Similarly, 28% currently attend other classes or lectures at local colleges, but another 34% would like to. Although the number participating in OLLI classes doubles for respondents in their 60's, the number who are not participating but would like to grows to 37%, and the numbers for other classes remains similar. OLLI class use peaks for those in the 70-79 and over 80 age groups, with 19% of both groups participating. However, the number not participating but who would like to remains high for those in their 70's (22%). These patterns also remain true for other classes at local colleges and also remain true when compared by income brackets. For those with household incomes above \$40,000, 33-39% report they do not currently attend OLLI classes or other college classes, but would like to do so, far more than the percentage of respondents who report actually using OLLI or other college classes (12-23% for OLLI, 15-37% for other college classes). There were not dramatic differences in the numbers of respondents participating in higher education by income, although the lowest income group was least likely to participate in either, and this was significant when compared to those with incomes over \$60,000 (OLLI) and compared to all other income groups (other college classes or lectures).

*Many programs listed are those that I would like to access once I retire*

For the two younger age groups, by far the most common reason given for not participating in an activity was that they were still working and did not have time. This was true for 91% of the 50-59 year olds and 63% of the 60-69 year olds. For those in their 70's time was still an issue, but the top reason for this age group was that they did not have time for reasons other than work (32%), closely followed by those who did not have time due to work (24%). Younger respondents were also likely to state that the time of the activity was not convenient for them. For those over 80, 36% said they didn't participate because they "did not feel up to it" and 28% cited health problems. Those over 80 also stated that they did not participate because the time of the activity was not convenient, and because of transportation issues (22%).

Differences by income levels were also seen when asked about not participating in activities. Those with incomes under \$20,000 were most likely to cite cost (34%), health problems (32%) or that they "just didn't feel up to it" (33%). Transportation was also a big issue for those in the lowest income group, with 22% citing transportation as an issue for participation, more than double that of the next income group (10%). For all other income groups, "still working, do not have time" was the most popular answer, although it ranged from 48% of those with incomes from \$20,000-40,000 to 83% of those with incomes from \$80,000-100,000. Cost remained a particular issue for those with incomes under \$60,000. Do not have time for other reasons other than work and inconvenient times were also relatively popular responses in all income groups.

*Doing things in the communities that young families, older families, single adults and older adults can all use together is really the wave of the future. Mixed ages and mixed-use is the way to grow our community here in the Berkshires*

Fifty-eight percent of those who responded said they participated in activities such as serving on a town board, going to fairs, or volunteering that made them feel engaged in and part of their community. These numbers were highest for the 60-69 and 70-79 age groups, and slightly lower for those in their 50's and significantly lower for those over 80. These percentages also tracked with income as well, with participation highest in the two highest income groups (68% of those with incomes between \$80,000-100,000 and 66% of those with incomes over \$100,000) and more than 25% lower than any other group in the lowest income bracket (34% compared to 57% in the next income group). Participation in town government also peaked for those in their 60's (36%) and 70's (40%) and was lower both for those in their 50's and those over 80 (30% in both groups).

Eighty-six percent of respondents have contact with friends, family or a neighbor by phone, in person or through email or social media at least once a day (63% more than once per day). Five percent have contact less than once a week, with 2% saying they have contact with friends, family or neighbors less than once a month or never. Regular contact with friends and family falls with age – 69% of 50-59 year olds have contact more than once a day, and 89% have contact at least once a day; numbers are very similar for 60-69 year olds. For respondents in their 70's, 84% still have contact at least once a day;

however, the number having multiple contacts per day falls to 56%. In the over 80 age group, less than half (49%) have multiple contacts per day, and 79% have contact at least once a day. Three percent of those over 80 claim never to have contact with friends, family or a neighbor, and 4% report such contact at less than once a month. Those with incomes under \$20,000 are far less likely to report daily contact with friends or families (76%), otherwise no relationship for daily contact is seen with income. Those with incomes less than \$20,000 were also far more likely to report they never have contact with friends or family (4% compared to less than 1% for all other income groups).

Overall, 90% of respondents have family or friends in the area they can count on in an emergency. Four percent are not sure, and 5% say they do not have friends or family they can count on in an emergency. These numbers were similar across the age groups and across income groups.

Fifty-eight percent of respondents are currently married, and 4% live with a partner to whom they are not married. Fifteen percent are separated or divorced, 16% are widowed and 7% have never been married. Younger respondents are far more likely to be married. Sixty-eight percent of those in their 50's, and 66% of those in their 60's are married, compared to just over half (51%) of those in their 70's and only 27% of those over 80. Four to five percent of those in the three younger age groups are living with a partner to whom they are not married. The percentage of those who are divorced is steady across the three younger age groups at about 15-16%, and about half that among those over 80. Those over 80 are by far the most likely to be widowed (57%), compared to 24% of those in their seventies, 7% in their sixties and 3% in their fifties. Marital status is strongly correlated to income. Only 10% of those with incomes under \$20,000 are married, compared to 88% of those with incomes of \$100,000 or more.

*I always wonder if widowed seniors need some sort of dating information*

Thirty percent of respondents live alone. This percentage increases dramatically with age; 18% of those aged 50-59 live alone, as do 26% of those 60-69, 39% of those 70-79 and 61% of those over 80. Living alone is also strongly correlated with income; 70% of those with incomes under \$20,000 live alone compared to 10% of those with household incomes over \$100,000. Women were more likely to be living alone (33% compared to 23%). Six percent of all respondents still have children under the age of 18 living with them, most of them in the 50-59 age group and in the higher income brackets. Another 12% live with their children aged 18 or over; this group too is highly concentrated in the 50-59 age range, although it is less correlated with income. Approximately 5% live with another family member, and just over 1% live with a friend or roommate. These numbers are similar across age groups and although higher among lower income groups it is not statistically significant.

Only 50% of respondents feel there are enough social activities and events in their community, with another 24% saying they are not sure. Younger respondents were particularly likely to say there were not enough social activities and events in their community (43%, with another 24% not sure). There were no statistical differences among income groups, although higher income groups were slightly more likely to say there were enough social activities and events in their community.



Volunteer activities did not rate especially highly as compared to other priorities. Twenty-eight percent of respondents currently volunteer or serve on a public board, with participation peaking among those in their 70's (37%) and steadily increasing with income (16% of those with incomes under \$20,000 compared to 34% of those with incomes over \$100,000).

## Respect and Inclusion

Respondents were asked if they felt that the opinions and thoughts of older adults were valued in their community. Overall, 40% said they felt that they were. However, another 39% said they were not sure, and 21% said the opinions and thoughts of older adults were not valued in their community. The

*TO BE NEEDED! No one asked what skills an old fart might have. No one asked have you learned anything in 65 + years?*

percentage that reported that the opinions and thoughts of older adults were valued in their community grew steadily with age – only 35% of those aged 50-59 felt that the opinions and thoughts of older adults were valued, whereas 43% of those aged 70-79 and 49% of those over 80 did. Those with higher income levels were more likely to think that the opinions and thoughts of older adults were valued in the community; 35% of those with household incomes under \$20,000 thought so, compared to 46% of those with household incomes over \$100,000. Responses did not correlate strongly to educational attainment.

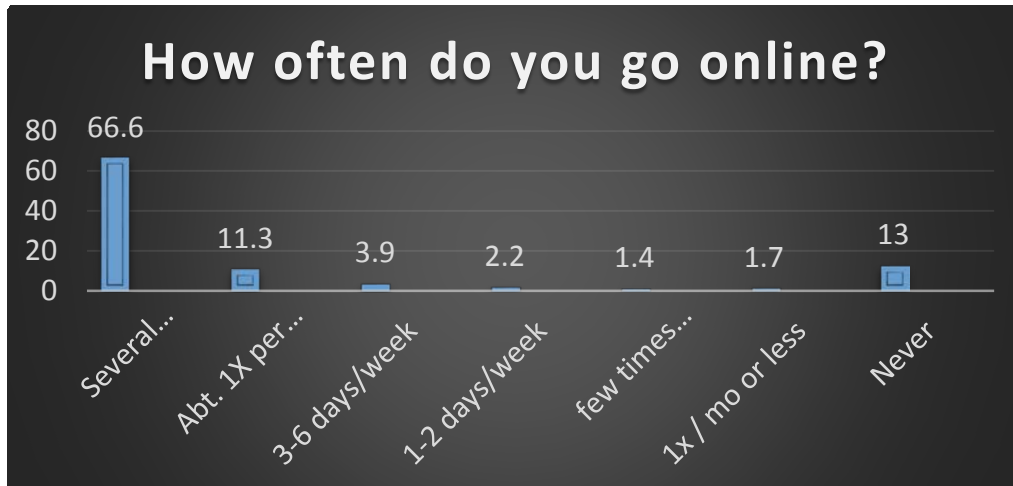
Overall, respondents did not value living in a mixed age community, a community that is ethnically, racially or religiously diverse, or living in a mixed income community highly as compared to other priorities, although they did rate having housing that is available for a variety of income levels as desirable.

## Communications and Information

Eighty-two percent of respondents said it was important to have access to information on their community in one central place.

The vast majority (78%) of respondents use the Internet for shopping, paying bills, getting information or email or social media at least once a day. Thirteen percent never go online, with another 3% seldom going online. The number of regular Internet users is higher among those in the younger age groups; 90% of those aged 50-59 use the Internet at least once a day; only 2% use it less than once a month. Numbers of regular users are similar among those in their sixties, although the non-users (less than once a month) increases to 7%. Among those in their seventies, 71% use the Internet at least once a day, but 19% are essentially non-users. Among those 80 and over, only 38% use the Internet daily, and more than half, 55%, are non-users. Higher income individuals are also higher users of the Internet. For those with incomes over \$100,000 virtually all – 97% - use the Internet at least once a day. The number

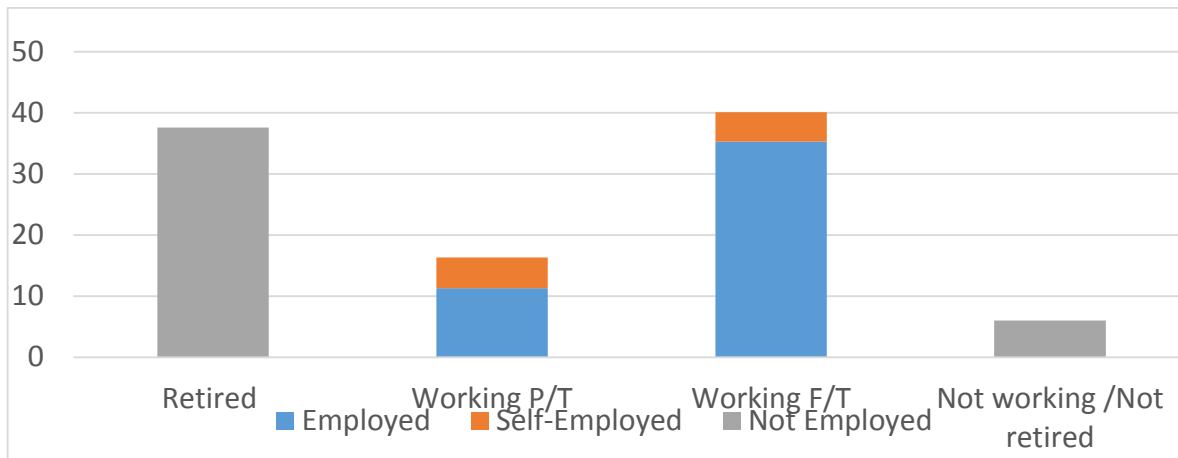
of those using the Internet daily is at least 85% until reaching those whose household income is less than \$40,000. Sixty-nine percent of those with incomes from \$20,000 – 40,000 use the Internet daily, but only 35% of those with incomes under \$20,000. Non-users make up almost half (49%) of those with incomes under \$20,000, but less than 1% of those with incomes over \$100,000.



Although an effort was made to distribute the survey in a variety of ways and to a variety of populations, survey distribution methods favored those using the Internet. Therefore, the number of those who report using the Internet daily may be higher than in the older adult population as a whole.

### Civic Participation and Employment

Many respondents are still working, which is not surprising given that the age range of the survey started at 50. Forty percent of respondents are working full time; another 16% are working part time. Of those 10% are self-employed. Thirty-eight percent of respondents are retired, with the rest not working for other reasons.



The number of employed respondents is strongly correlated to age. In the 50-59 year age range, 82% of respondents are still working full time, and another 11% are working part time. The numbers of full time workers falls off precipitously in the 60-69 age range, where only 37% are working full time, but more than double among those working part time (23%). Thirty-four percent of those in their 60's are retired, compared to 1% of those in their 50's. The numbers of working continue to decline in the older age ranges. Only 7% are still working full time in their 70's, with another 18% working part-time. Approximately two-thirds are retired, not working at all. In the over 80 age range, 3% continue to work full time, and another 8% are still working part-time. There is no pattern to employment by gender, although men are slightly more likely to be self-employed.

*A lot of us can't retire at all. We don't have the IRAs etc...to help us do it. So there will be a lot of need for working as we get older*

Income is also, not surprisingly, highly correlated to work status. Fifty-nine percent of those with incomes over \$100,000 are working full-time, compared to 6% of those with incomes under \$20,000. For all income groups over \$60,000, a majority of the respondents are still working full-time. Similarly, the numbers of those retired decreases with income, with 59% of those with incomes under \$20,000 reporting they are retired compared to 25% of those with incomes over \$100,000. There is less correlation with income for those working part-time, suggesting that some people continue to work regardless of the need for income if offered flexible or part-time work.

When asked if they were likely to put off retirement and work as long as possible, those still working were quite likely to do so. Only 22% said they were not likely to put off retirement as long as possible; 43% said they were extremely likely, with another 31% saying they were somewhat likely (4% were not sure). Older workers were even more likely than younger workers to say they would continue to put off retirement, but higher income workers were slightly less likely to say they would put off retirement. Women were more likely to say they were extremely likely to put off retirement. The survey did not ask why respondents planned to put off retirement – whether for financial reasons or because they chose to continue working, although the data above suggest there may be elements of both. Despite this, other than flexible jobs for older adults, job related priorities did not rate highly compared to other priorities asked about on the survey.

*Job opportunities for capable elders that do not involve living at the poverty level to qualify. Age discrimination is alive and well ...*

## Health and Community Services

Respondents in the Age-Friendly Survey rated their health compared to their peers fairly high – 36% rated it as excellent, with another 49% rating it as good. Only 3% rated their health as poor or very

poor compared to people their own age. These numbers are similar to those reported on the Behavioral Risk Factor Surveillance System (BRFSS), a phone survey conducted yearly by the Centers for Disease Control (CDC) where annually about 14% of Berkshire County residents report their health as fair or poor. However, these numbers are worse than those reported by Massachusetts residents as a whole; roughly 12% of Massachusetts residents report their health to be fair or poor on the BRFSS.

Those in the 50-59 and 60-69 age groups were most likely to report their health as excellent (40 and 41% respectively) and those over 80 were least likely (21%). Less than 1% of those aged 50-59 reported their health as poor or very poor, while 6% of those over 80 did so. Overall 90% of those in their 50's reported their health to be excellent or good compared to their peers, as did 74% of those over 80.

*Berkshire County definitely needs more primary care physicians. When we moved here, we could not get an appointment with any doctor for over 6 months even though I have heart disease and several other chronic medical conditions*

Age-Friendly respondents claimed to exercise often – a third of them claimed to exercise every day or almost every day, while another 38% said they exercised several times per week. Overall, 84% of respondents claimed to exercise at least once a week. Only 11% claimed to exercise less than once a month (7% of those said they never exercise). These numbers peaked for those in their 60's and 70's; 35% of 60-69 year olds and 36% of 70-79 year olds claimed to exercise every day or almost every day, compared to 32% of 50-59 year olds and 22% of those over 80. Even in the oldest age group, however, over two-thirds of respondents claimed to be exercising at least once a week. This number was 89% of respondents in their 50's. Except for the very lowest income bracket (under \$20,000) exercise frequency did not seem to correlate to income, although the highest income bracket was slightly more likely to exercise more frequently.

*Affordable and varied fitness opportunities...I have maintained good physical fitness all my adult life and hope to be able to continue to do so.*

By far the most common form of exercise was walking, stated by 81% of respondents. Numbers were similar for all age groups (slightly above 80%) except for those over 80, where only 71% claimed they walked for exercise. Other popular choices overall were gardening (40%), hiking (30%), gym or health club (28%), strength training (23%), biking (19%), yoga (16%), swimming (15%) and kayaking/canoeing (15%). Again, these preferences held fairly steady across the age groups, although fewer of those in the older age groups participated. On the other hand, striking differences were seen in exercise modalities across income groups. There was no correlation with

income for dancing, fitness DVDs or Tai Chi, gardening (except for those under \$20,000) or walking;

however, biking, hiking, canoeing/kayaking, health club or fitness center, running and strength training all showed a dramatic increase in participation as income levels increased. Although the relationship was not as strong, yoga and swimming were also more common among higher income levels. The reverse relationship was seen with only with fitness classes geared to older adults, presumably related to the higher use of the senior center with lower income individuals. This suggests that all older adults are equally likely to exercise, but that wealthier individuals are able to take advantage of a larger variety of methods of exercise.

Health care priorities rated the highest of any of the domains when respondents were asked about their importance. Topping the list were a supportive primary care physician, conveniently located emergency centers, a variety of health care professionals, including specialists, and respectful and helpful clinic and hospital staff. However, more than a quarter of respondents said they had had trouble making an appointment or finding a doctor or other needed health care services nearby. There was no relationship by income for those reporting difficulty making an appointment or finding services, suggesting the issue is the actual availability of the services, not cost or transportation.

*We need a full hospital service back in our community. We lost that service about a year ago and it's not working that well*

Respondents were asked several questions to ascertain information related to health conditions of interest to the local health systems and other social service agencies. When asked about falls, 28% of total respondents said they had fallen at least once in the past 12 months. This number was higher among older respondents; 39% of those over 80 had fallen at least once, compared to 25% of those aged 50-59. More than 4% of respondents overall had fallen three or more times; among those in the over 80 group 8% had fallen three or more times, as had 7% of those aged 70-79. When compared by income, the only statistical difference was among those of the very lowest income level (under \$20,000). Of those who had fallen and answered the following question, 23% overall had had an injury related to a fall that resulted in a doctor's visit or a restriction of daily activities for a time. Again, differences were seen by age – of those over 80 and those in the 70-79 age group, 30% reported an injury, while 19% of the 60-69 age group and 20% of the 50-59 age group reported an injury. The only statistically significant difference in injury levels by income were among those in the highest income bracket (over \$100,000) who were less likely to report an injury than the other groups.

When asked about disability or chronic disease that interfered with full participation in work, school, housework or other activities, 17% of respondents said they had such a disability, 9% have a spouse or partner with a disability and in another 3% of cases both the respondent and his or her spouse do. The numbers climb with age, 8% of those 50-59 have a disability, 13% of those 60-69, 23% of those 70-79 and 39% of those over 80. Disability rates also trend steadily downward with income; only 4% of those with incomes over \$100,000 have a disability compared to 55% of those with incomes of less than \$20,000. Seventeen percent of respondents are providing caregiver services to someone. This number

falls significantly after age 70, and is lowest for those in their eighties or older (7%). Being a caregiver is not correlated with income.

Smoking rates are quite low among the respondents; only 10% have smoked within the past year. Forty-six percent have never smoked. Current smokers are more likely to be in the younger age groups; 15% of those aged 50-59 have smoked in the past year (11% current), compared to 5% of those over 80. Smoking levels are similar across all income levels, with the exception of those with incomes over \$100,000 who are far less likely to have smoked in the past month (although far more likely to answer that they have smoked in the past year, suggesting the rates may not be as different as they appear).

*More specialists to work with seniors- Gerontologists, Geriatricians, Geriatric Nurse Practitioners. Public transportation to medical appointments*

When asked how often they have felt down, depressed or hopeless in the past month, 73% replied not at all. However, 4% said they had more than half the days and another 3% had been depressed nearly every day. These percentages were fairly consistent across age ranges and income levels, although those with the highest incomes were far more likely to report they never felt depressed and those with lower incomes were far more likely to report feeling depressed nearly every day. Seven percent of all respondents said that poor physical or mental health had kept them from their usual activities at least several times per week over the past month (13% among those over 80). Levels were similar across income groups, with the exception of those with incomes under \$20,000 who were up to ten times more likely to report feeling too poorly to do their normal activities every day or nearly every day and two times more likely to report feeling so several days per week. Those in the highest income levels were significantly more likely to report that they never felt unable to do their normal activities due to poor physical or mental health. Depressed older adults are less likely to eat well, exercise or participate in social activities, and are therefore more likely to become disabled or develop chronic diseases.

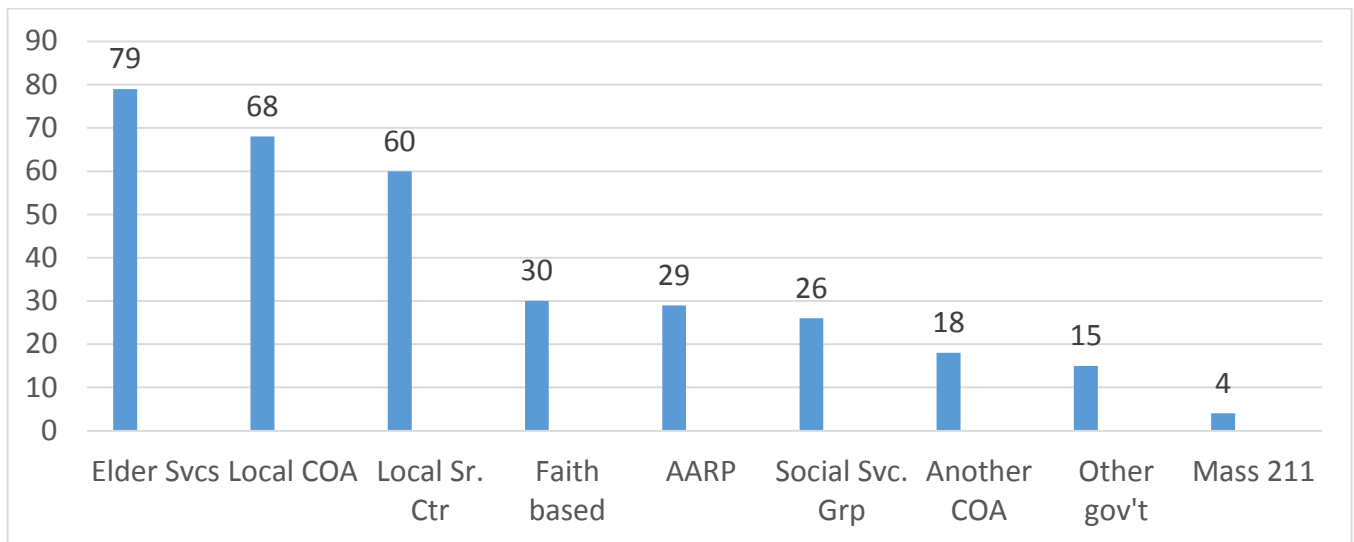
*Services targeted to those with dementia; social day care, support groups, memory impaired groups. Professionals with background in dementia who can make home visits, find services for victims and caregivers.*

When asked if they were concerned about their memory more than a quarter of survey respondents claimed they were. Older respondents were slightly more worried; 32% of those over 80 expressed concern over their memory, compared to 25% of those 50-59 and 22% of those 60-69. Levels were similar across most income levels, although those with incomes under \$20,000 were significantly more likely to report concern. Approximately 15% of those who responded had spoken to their health care provider about their memory concerns, with those in the lowest income

group most likely to have spoken to their provider. These numbers are somewhat higher than those

reported by the CDC in a study where approximately 13% of respondents in 2011 reported “increased confusion or memory loss” in the past 12 months. Memory problems typically are one of the first warning signs of cognitive decline; some, but not all, persons with mild cognitive impairment will develop Alzheimer's disease. Others can recover from mild cognitive impairment if certain causes (e.g., medication side effects or depression) are detected and treated

Respondents were asked where they would seek information about needed services such as caregiving, home delivered meals, medical transport or social activities. Elder Services of the Berkshires (78%) was the most popular answer among all age groups, followed by the local council on aging (68%), and the local senior center (60%). Approximately 30% of respondents said they would seek help from their church, synagogue or other faith-based group, with slightly smaller number of respondents saying they would seek help from another social services agency or from the AARP. Open responses stated that many respondents would turn to friends or family for recommendations or information. Mass 211 received the lowest number of responses in all age groups; open responses suggested that a number of respondents had never heard of Mass 211. There were not significant differences for the most part across age or income groups, although lower income groups were slightly more likely to seek help from Elder Services or their religious organization.



## SUGGESTED ACTION STEPS

### Open Space & Buildings

- Audit of public buildings, such as town halls, libraries, schools, senior centers and community centers, to assess accessibility
- Implement lower cost solutions to accessibility issues, including ramps, better stair railings, better lighting, etc.
- Seek funding for higher cost solutions to accessibility such as stair lifts, elevators, accessible restrooms, etc.
- Research ways to make public events more accessible in the absence of construction fixes, such as televising, providing an audio feed via radio, publishing minutes promptly and providing via email, or holding events in an alternate accessible location.
- Create clearly marked walking loops within a municipality to encourage walking.
- Create “walker” parking spots at strategic distances (1/2 mile, mile, etc.,) from popular destinations such as stores, post office, school, etc., to encourage walking.
- Implement walking and biking clubs through the community center or senior center to encourage older adults to exercise and socialize at the same time.
- Encourage farmer’s markets to co-locate where older adults already are (e.g., senior center on lunch day).
- Encourage towns to develop joint use agreements with schools to allow the facilities to be used for walking, lectures, health demonstrations, etc., in the evenings.
- Apply the BRPC Complete Streets Template for Rural Communities in appropriate municipalities
- Encourage all municipalities to repair broken sidewalks and other pathways, and to join up “orphan” sidewalk sections
- Implement and enforce municipal regulations about snow and ice clearance and branches overhanging sidewalks and other right of ways.
- Provide benches in strategic locations such that individuals can sit and rest as needed
- Ensure that town parks are well kept, grass cut, paths smoothed and trash picked up regularly.
- Enact smoking bans on all municipal property and at all public events

### Transportation

- Explore innovative transportation sharing programs to allow seniors to attend evening events
- Consider an “Uber” style model to create a Seniors ride sharing program
- Look for ways to make public transportation more attractive to seniors
- Ensure that bus schedules are prominently displayed and that bus shelters are available and clean
- Ensure roads are in good condition and signs are visible



- Clear roads of snow in the winter and do not allow snowbanks to build up to levels where visibility at corners is difficult
- Promote walking and biking for shorter trips
- Promote the use of traffic calming measures, such as marked or raised crosswalks, speed bumps, roundabouts and other markings
- Promote diagonal parking and other space-saving measures

## Housing

- Encourage building of affordable condominiums and townhouses for all income groups
- Encourage the building of smaller homes in more compact areas, in walking distance of amenities like stores and post offices
- Home maintenance services partnerships coordinated by community organizations and for-profit businesses and other methods for connecting homeowners with accessible, affordable home maintenance services
- Expansion of property tax rebate programs for older adult volunteers
- Assistance for those who are income eligible for utilities costs
- Referral service for reliable contractors to renovate housing for accessibility

## Social Participation

- Explore volunteer check-in programs for those who live alone, where a volunteer calls the individual daily to check in
- Provide information about social activities, cultural events and educational events of interest to older adults through a variety of information channels
- Increased variety of times and locations for OLLI & college lectures/classes
- Expand library programs and social opportunities
- Expand senior center hours and activities

## Respect and Social inclusion

- Joint use agreements with schools, to allow the community of all ages to use the schools for evening/weekend events
- Create older adult / children mentorship or buddy programs
- Encourage and promote multi-generational events
- Include age-friendly thinking in all policies

## Communications and Information

- Computer and smart phone classes for older adults, specifically around using email and social media
- Increased availability of public computers in libraries, town halls and senior centers

- Town email lists for those municipalities currently without
- Ensure town wide “robo” calling ability for emergencies

### Civic Engagement and Employment

- Flexible jobs and workplaces, that allow older adults to work fewer hours or days, or different hours
- Diverse job training programs for older adults looking to upgrade their skills
- Increased publicity for older adult job training programs

### Health and Community Services

- Continued effort to recruit primary care physicians and gerontology practitioners to the Berkshires
- Education around medication combinations, side effects, need to keep locked up, need to know your medications, and how to dispose of unused medications
- Smoking cessation classes geared to older adults
- Increased fall prevention programs such as Matter of Balance, Tai-chi, home safety assessments and physical therapy.
- Increased screening for depression in primary care offices for older adults
- Memory classes and support groups
- Increase caregiver support services and respite services
- Increased opportunities for exercise for all income levels. Rental programs for biking and kayaking. Sliding scale payments for health clubs/fitness centers and yoga classes