

A Survey of Residents Over the Age of 50 in Deerfield, Sunderland and Whately

Conducted for the South County Senior Center
Summer, 2011

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This report is based on a survey conducted by Randall Stokes, Lisa White and Meghan Lemay¹ at the request of the South County Senior Center.

The purpose of the survey is to gather information about the condition of seniors in the towns of Deerfield, Sunderland and Whately. In particular, we were asked to assist the South County Senior Center in its planning by determining the extent to which their services were meeting the needs of seniors in the area. The South County Senior Center is a multi-purpose organization serving seniors from the towns of Deerfield, Sunderland and Whately. It is jointly supported and funded by these three towns, and physically located in South Deerfield.

The survey addresses several broad questions and a larger number of more specific issues. The central and most extensive set of questions concern the degree to which the SCSC is successful in meeting needs of local seniors, which services are most widely utilized, and whether there are needs not being met. In addition, the survey gathers information concerning: (a) the social and demographic characteristics of seniors in the area, including such factors as family income, education, and marital status; (b) the degree to which seniors are burdened with caregiving for others, including spouses; (c) whether or not seniors need help in their daily lives and whether such help is being received; (d) the extent to which social isolation is a problem for seniors in this area; (e) and finally, questions were asked concerning the future plans and concerns of area seniors.

How the Survey Was Done

The Towns of Deerfield, Sunderland and Whately contain a combined population of 3806 persons aged 50 and older, according to listings obtained from Town Clerks in each town. In order to better estimate the likely needs of seniors over the next decade or so, it was decided to include midlife individuals, as well as seniors, and to draw the survey sample from *among all people 50 years and older*. To insure that there were sufficient numbers of seniors, however, it was further decided to sample more heavily from those 65 and older. Specifically, those 65 and over were sampled at the rate of 32%, while those less than 65 were sampled at the rates of 16%. Following these guidelines, a sample of 900 people was randomly drawn.

Data were collected by mailing questionnaires to each of the 900 people in the sample. Each mailed packet contained a letter of explanation and request for cooperation, a blank questionnaire, and a stamped and addressed envelope for the return of the completed questionnaire. In order to know who had returned the questionnaires and thus allow some estimation of the extent to which bias may have been introduced into the survey by selective responses, the return

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envelopes carried a return label with the name and address of the respondent. Upon opening the envelopes and checking off the name of the respondent, the envelopes were discarded, so that responses remain effectively anonymous.

Table One shows the gross and net return rates for the questionnaires. Out of the 900 mailed to respondents, 371 were returned and 17 were undeliverable. This yields a net response rate of 42%, once the 17 undeliverable questionnaires were deleted from the sample, a response rate generally regarded as more than adequate by experts in survey research techniques.

Table One: Raw and Net Response Rates

Questionnaires Distributed	900
Undeliverable Questionnaires	17
Questionnaires Returned	371
Net Response Rate (371/900-17) =	42.0%

A critical question in all surveys is the extent to which a sample is representative of the underlying population. This is particularly so of mailed surveys, where it is up to the respondents whether or not to complete and return the questionnaires. It is always possible that those who chose to return the questionnaire may differ in significant ways from those who did not, thus making the survey unrepresentative of the target population. The lists provided by the Deerfield, Sunderland and Whately town clerks contained a limited number of facts about each resident that allow us to do at least a partial check for representativeness: *gender, age, and town of residence*. Table Two compares those who and did not return their questionnaires on these characteristics.²

On the basis of Table Two, it does appear there are minor discrepancies between overall sample characteristics and those of people who returned questionnaires. Women, people over 70, and Deerfield residents are more likely to have returned the questionnaire, while Whately residents are somewhat less likely to have done so. Women make up about one-half the sample, but more than 56% of the returned questionnaires. While other age groups (not shown) do not differ significantly in their return rates, people 70 or older returned their questionnaires at a substantially higher rate than did younger persons. Deerfield residents made up 56.3% of the sample, but 63.2% of the returned questionnaires. Overall, these differences are not great and there is no reason to expect our findings to be materially distorted.

² A total of 27 people removed the identifying labels from the return envelopes, making it not possible to include this group in Table 2.

Table Two: Percentile Representation of Gender, Age and Town in Total Sample and in Returned Questionnaires

<u>Sample (N = 900)</u>		<u>Returned (N = 371)</u>
<u>Gender</u>		
Male	49.11%	43.13%
Female	50.89%	56.87%
<u>Age</u>		
70+	36.0%	47.7%
<u>Town</u>		
Deerfield	56.3%	63.2%
Sunderland	26.1%	24.2%
Whately	17.6%	12.3%

As a final note on our sample, it is useful to consider the ratios between the sample sizes and the larger groups the sample is intended to represent. For persons 65 and older, for example, we have 236 respondents from a total population of 1784 in the three towns combined. This constitutes 13.2% of everyone 65 and over. *Each person in our sample who is 65 or older thus represents 7.8 people.* To fully appreciate our finding that 120 people in our sample over the age of 64 have used South County Senior Center services, for example, this number should be multiplied by 7.8 to estimate the total number of people in this age group that have used Senior Center services. The result is 928. The ratio is even higher for the younger sample. In this group, every person in our sample under the age of 65 represents just over 15 additional people.

A Profile of the Senior and Midlife Population in Deerfield, Sunderland and Whately

Figures 1 through 4 summarize several of the key sociodemographic characteristics of our sample and, given that our sample is very likely representative of the general population, also of the overall senior and midlife populations of Deerfield, Sunderland and Whately.

Figure 1 shows the distribution of household incomes for three age groups: everyone 50 or older, all those 65 or older, and everyone 75 and older. One fact is immediately apparent: age makes a substantial difference in the distribution of income. *The older the group, the higher the proportion at the lowest income levels and the smaller the proportion at the highest income levels.* More than 37% of those over 75 years of age reside in households with an annual income of \$30,000 or less. While it is true that persons in this age group are somewhat more likely to be widowed, and thus have only a single income, this fact is not sufficient to account for the observed income differences. It is worth emphasizing that well over one-third of those 75 and older live at or below the economic margin. There is an equivalent inequality at the upper end of the income scale. Only 12% of the oldest group have household incomes of \$75,000 or more, as compared to 28% of the overall sample. If we look only at people under the age of 65, the difference is even more marked, with 35% of this group having a household income of \$100,000 or more. Less than 5% of those 75 or older have this level of household income.

There are some modest differences in income distribution across the three towns, with Whately having higher average incomes, more people in the highest income categories, and fewer people in the lowest income categories. Deerfield and Sunderland have approximately equivalent income distributions.

Figure 2 shows the distribution of educational attainment for the same three age groups. Not surprisingly, given their close association, education is distributed in a manner very similar to that of income. The oldest age group, persons 75 and older, are considerably less well educated than younger groups, with more than 45% having 12 years of education or less. Similarly, the 75 and over group has substantially lower rates of college completion and of post graduate education than do younger groups. Still, compared to national figures the senior and midlife populations of our three towns are relatively well educated. More than one-half the 75 or older group have some education beyond high school, as compared to only 26% for this age group in the United States as a whole.³ More than three-quarters of those under 65 (not shown in the figure) have at least a college degree and more than 37% have post graduate education. Again, these figures are substantially higher than for equivalent age groups in the U.S. overall.

³ US Census Bureau, Statistical Abstract, 2009.

Figure 1: Percentile Distribution of Annual Household Income, by Age Group

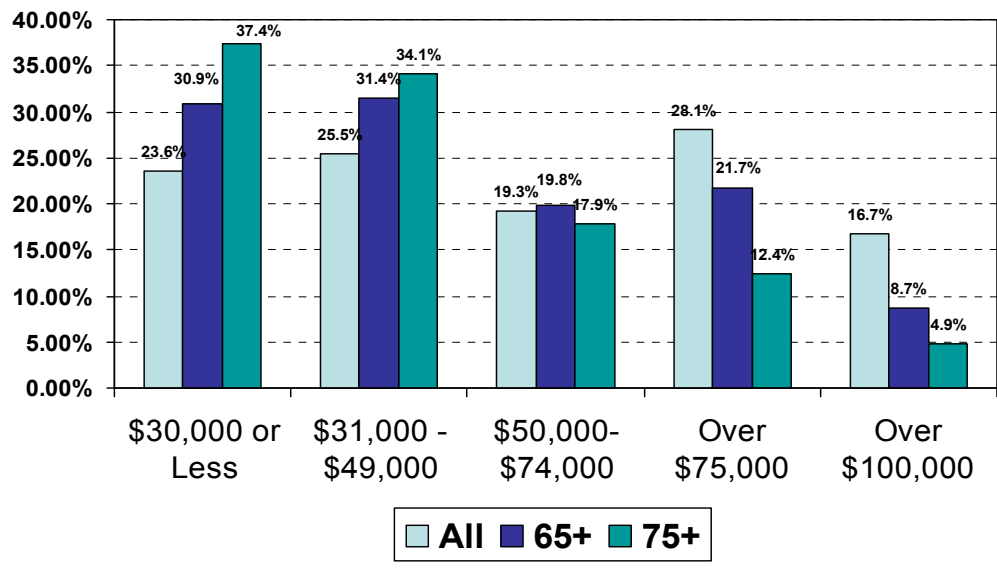
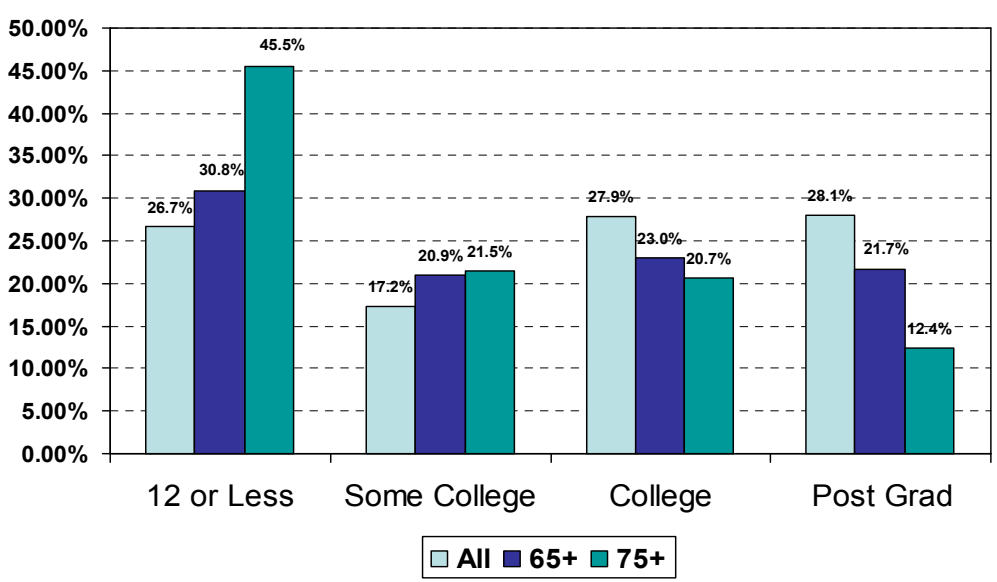
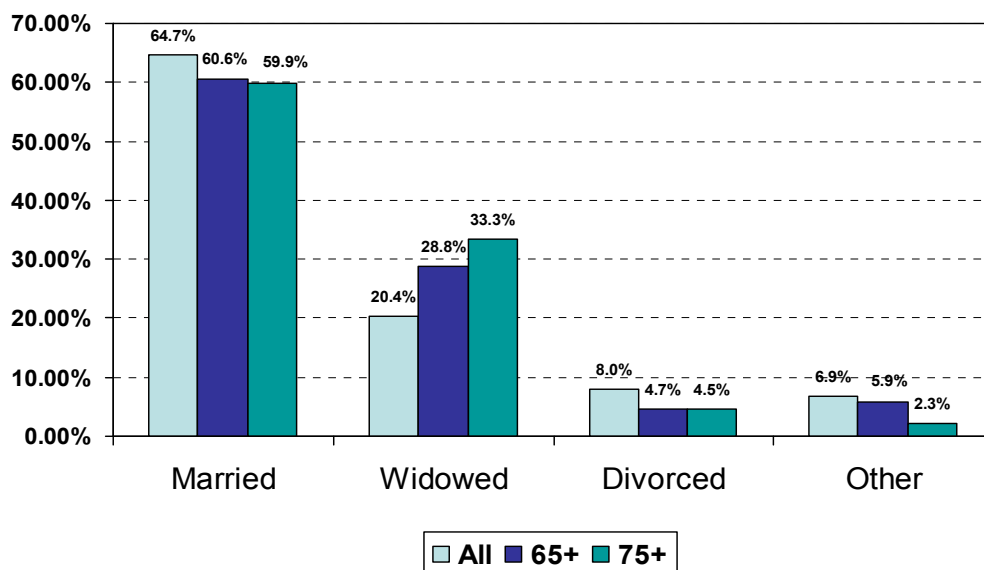


Figure 2: Percentile Distribution of Educational Status, by Age Group



There are two additional socio-demographic factors for which data were collected, marital status and work force participation. Like most of America, the large majority of senior and midlife people in Deerfield, Sunderland and Whately are married and residing with a spouse. As shown in Figure 3, around 60% of our entire sample fall into this category, regardless of age. Fewer than 10% of the sample are divorced, and even fewer among those 65 and older, or among those 75 and older. A somewhat larger proportion of all three groups has lost a spouse to death, and this percentage obviously increases with age. Approximately one-third of all those 75 or older are widowed. This is a significant set of facts in light of widespread concern over the social isolation of seniors. In the present case, concerns about social isolation are substantially mitigated by the large proportion of people married and living with a spouse. If social isolation is an issue, a question which is explored later in this report, it is primarily among the oldest group where mortality has begun to take its toll on spouses.

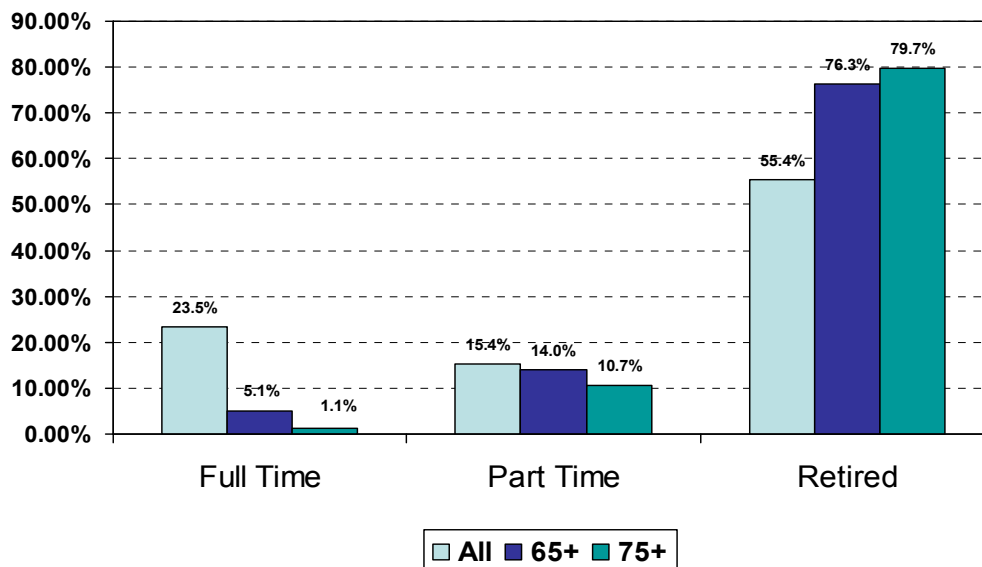
Figure 3: Percentile Distribution of Marital Status, by Age Group



As shown in Figure 4, and not surprisingly, a large majority of seniors are retired. More than three-quarters of everyone 65 and older report themselves as being retired, and more than 80% of those 75 and older. Only about 5% of the 65+ group and 1% of the 75+ are employed full time. These rates of labor force participation, incidentally, are substantially lower than national rates. As of 2008, the latest available national figures, 16.8% of everyone 65 and over were full time labor force participants, as were 7.3% of those 75 and over.⁴ Among our midlife group, full time workforce participation rates are nearly identical to national figures, at approximately two-thirds (not shown in figure).

⁴ November, 2010, *Monthly Labor Review*, U.S. Department of Labor

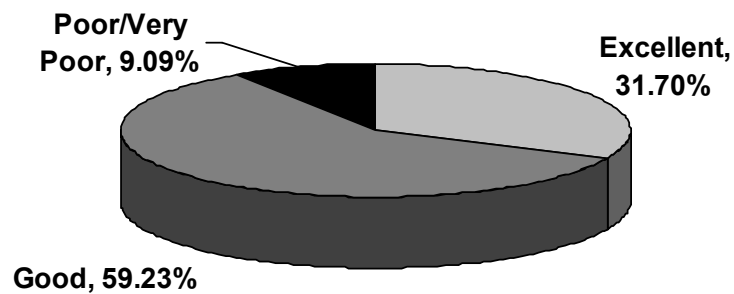
Figure 4: Work Force Participation, by Age Group



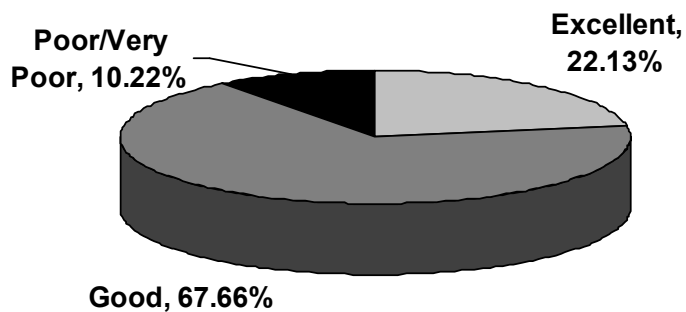
Finally, the questionnaire asked about the health and health habits of the people in our sample, including a general health self-assessment. Respondents were asked to rate their health from “excellent” to “poor”. As shown in Figure 5, a large majority of the sample regarded their health as “excellent” or “good”. Fewer than 10% regarded their health as “poor” or “very poor”. Even when looking only at those 65 and over, as shown in Figure 6, the results are similar. Only 10.2% of seniors saw their health as less than good, while nearly 90% felt their health was “good” or “excellent”, including both centenarians in the sample and all 15 of the people over 90 years of age. A self-assessment, of course, is not equivalent to a physician’s examination, but it is clear that a very large majority of the midlife and senior population of Deerfield, Sunderland and Whately believe they are in good health.

We asked a question meant to capture at least one aspect of mental health. We asked respondents; “Do you often feel sad or lonely?” This question is often used as an indicator of depression, and we will do so here, recognizing that only a clinical diagnosis can definitively identify cases of depression. Some people chose not to answer this question, but of those who did, well over 85% said “no”. As with many other issues, age makes a difference. There are slight, but consistent increases with age in the proportion who say they are often sad and lonely. Among those 75 and over, nearly one-fifth say they are often sad and lonely. Even here, however, the overwhelming majority say they are not.

**Figure 5: How Would You Rate Your Health?
(Entire Sample)**



**Figure 6: How Would You Rate Your Health?
(65 and older)**



Most of the people in our sample report exercising frequently. More than two-thirds claim to walk, ride a bicycle, work out at a gym, use home exercise equipment or otherwise get regular exercise. Of course, according to Gallup Poll

research⁵, the amount of exercise people say they are getting is often misrepresented on surveys, or at least misremembered.

In sum, the midlife and senior population of Deerfield, Sunderland and Whately are relatively well educated and relatively affluent. They are mostly married and living with a spouse, in good health, and relatively happy. At least after their late fifties, most are retired. Relatively few are being forced by economic necessity to work full time at advanced ages. These positive conclusions, however, should be tempered by the realization that a significant part of the population are none of the above, particularly among the oldest groups. There are hundreds of older persons and couples, for example, living near the economic margin. It is this group for whom the services offered by the South County Senior Center are apt to be most critical.

South County Senior Center Services

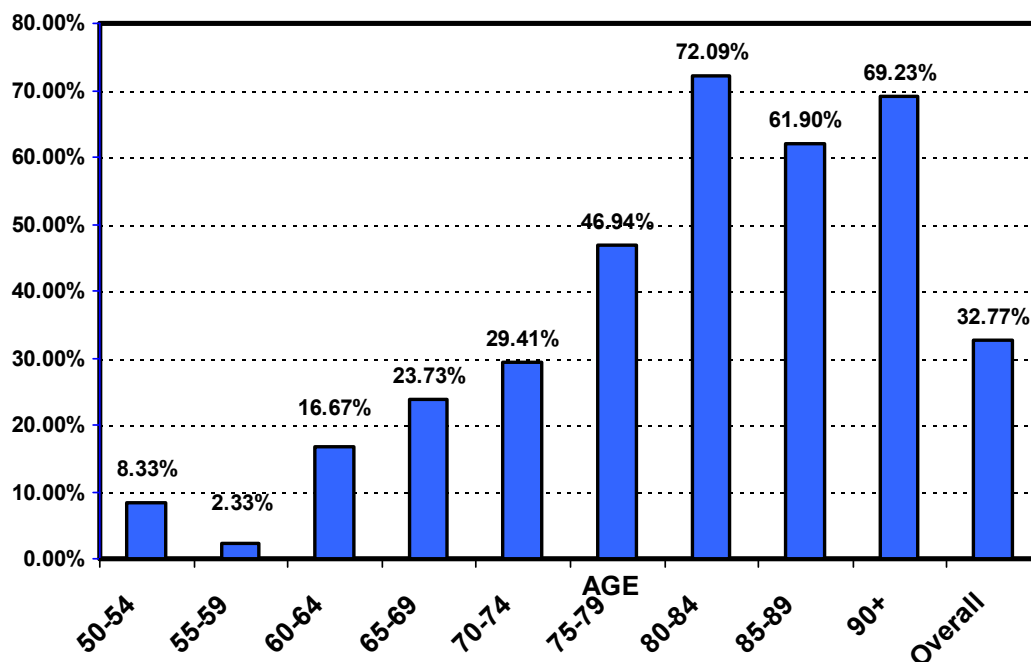
In keeping with its central importance to this survey, the questionnaire asked a number of questions concerning the use of the services offered by the SCSC. Most basically, it asked whether the respondent had ever used any SCSC services. *Just over 32% of all respondents indicated they had used at least some SCSC services.* This is, in itself, a fairly large percentage of everyone in Deerfield, Sunderland and Whately who is 50 years of age or older. This figure is still misleadingly small, however, because it includes many people who are very unlikely to avail themselves of Center services, namely the midlife population. Given the stigma and dread most people attach to aging, it is a rare person in his or her fifties, or even sixties, who would darken the doorway of a senior center. If we look at the percentage within each age group who have used Center services, a more relevant picture is revealed.

As shown in Figure 7, the likelihood that a person will have used the Senior Center increases sharply with age. Fewer than 6% of the under 60 population indicated they had used even one SCSC service. Past the age of 60, the percentages rise exponentially with age, until people reach quite advanced ages. *The percentage who have used the Center peaks among people in their early eighties, at over 72%,* and declines only slightly thereafter, probably due to decreasing mobility.

The SCSC offers a wide variety of services, ranging from flu shots to educational seminars. Figure 8 graphs the percentages of people who have used various services, among those who have used any service. In other words, looking only at people who have used some SCSC service, which services have they used?

⁵ Personal communication, William Diggins, Gallup.

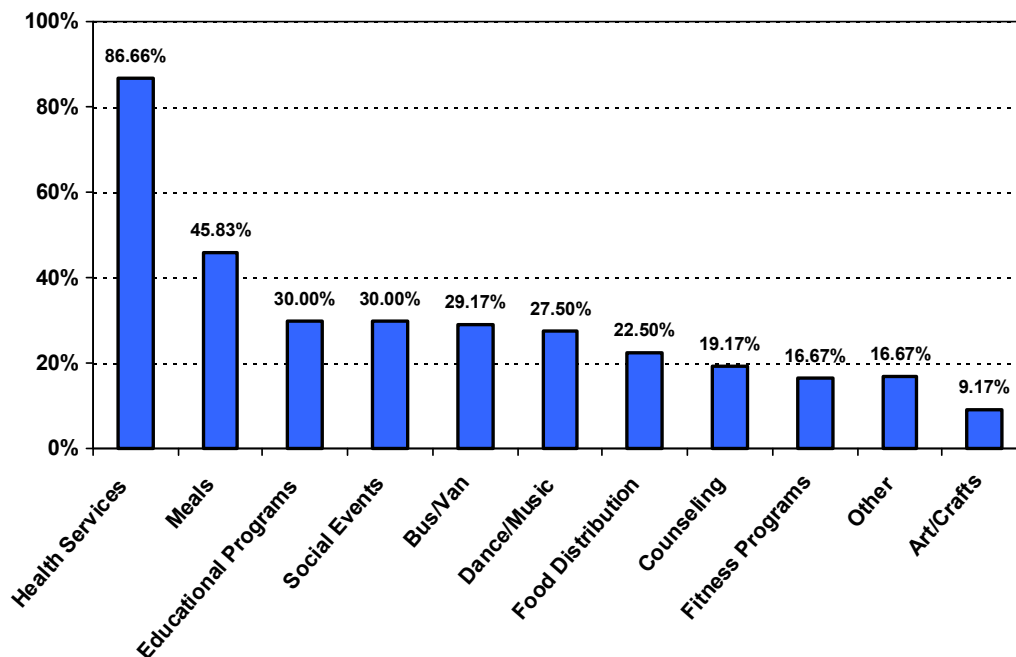
Figure 7: Percentages Having Ever Used Senior Center Services, by Age



Many people, of course, regularly use more than one service. The same person might attend a discussion of some educational topic, stay for lunch, and then visit with the nurse. As shown in Figure 8 health services are far and away the single most heavily utilized of all the services offered by the SCSC. Almost 90% of all people who have ever used a Center service have used a health service of some sort. Even though most visitors to the SCSC have utilized a health service, these are predominantly occasional services, such as an annual flu shot. Other services, such as the mid-day meals served at the Center, are likely to be partaken of frequently by the same individuals. In other words, some services such as healthcare should be seen as *extensive*, meaning there are a large number of occasional users, while others are *intensive*, meaning they are used frequently by a smaller number of people. Next to health services, meals draw the highest proportion of participants, followed by educational programs, social events and van services.

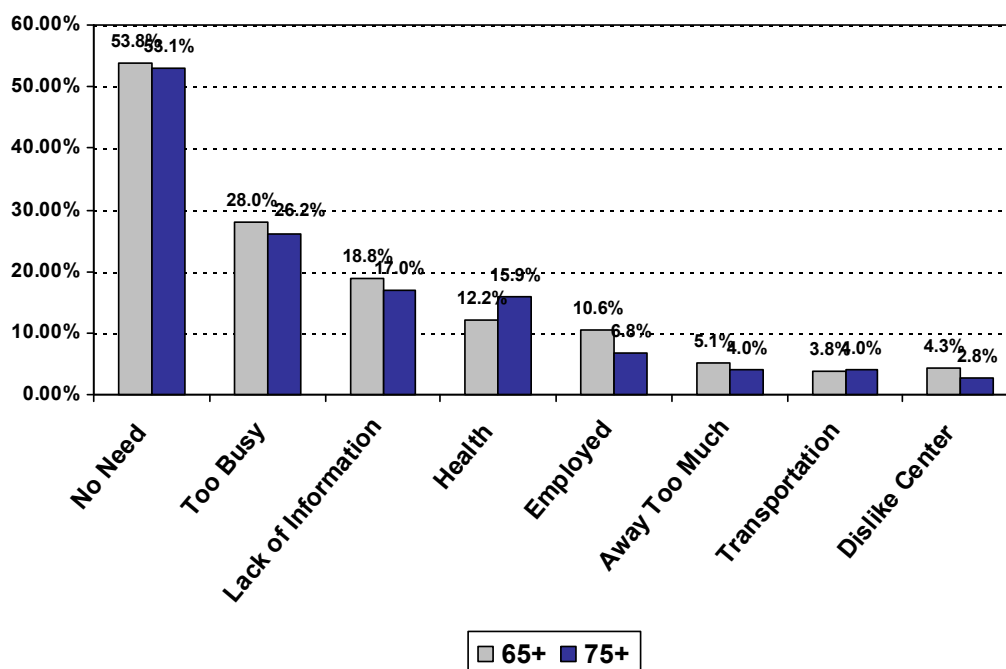
Respondents were asked whether their experiences with programs at the Center had been “helpful or effective”. This question was asked for each of the services they had utilized. The responses are not shown in a graph or table because they are so uniformly and universally positive. *Virtually 100% of all respondents indicated their experiences with Center programs were “helpful and effective”.* There is no doubt seniors who are using the Center are appreciative of the services which are provided.

Figure 8: Percentages Using Various Senior Center Services, Among Those Using Any Service



While a substantial proportion of seniors in the Deerfield, Sunderland and Whately area do take advantage of some SCSC services, another substantial proportion do not. Even among some older age groups for whom Center services should be important, many do not visit the Center. As discussed above, rates of use among people between 65 and 75 remain relatively low at about 25%, and only constitute a majority among those over 75. This raises the question of why usage rates are not higher, especially among those who are clearly seniors. Respondents were asked to indicate which of a number of possible reasons might explain their non-participation in Center programs. The results are shown for everyone 65 and over, and separately for everyone 75 and older, in Figure 9. The two age groups do not differ significantly. By far the most significant reason people are not taking part in Center programs is simply that they feel they "currently have no need for services offered by the Senior Center" (53.8% and 53.1%), followed by "too busy" (28% and 26.2%). It is not the case that many non-participants actively dislike the center (only 4.3% and 2.8%), which was a concern of some people familiar with the Senior Center. It is worth noting that a significant number of people indicated they did not know much about the Senior Center (18.8% and 17%). As discussed later, a substantial number of people would like to receive the Center newsletter. It seems likely that wider distribution of the newsletter would help to fill this knowledge gap and increase traffic at the Center.

Figure 9: Reasons for Non-use of Senior Center Services, by Age Group



A series of questions were asked having to do with possible changes and improvements in the policies and programs of the Center. Respondents were asked whether they would like SCSC facilities to be “improved or moved to a new building”, whether they would like the Center to be “open for more hours during the week”, whether they would like the Center to be “open in the evenings”, and whether they would like the Center to be “open on weekends”. The answers to these questions are summarized in Figure 10. Responses were tabulated for three different groups of respondents: the entire sample, those 65 and over, and those who have used SCSC services.

As shown in Figure 10, the majority of respondents are not in favor of any of the proposed changes. They are not actively opposed to the changes, but rather have no opinion in most cases. There are some significant differences, however, between the three groups. Most markedly, people who are actually clients of the SCSC are far more enthusiastic about upgrading the Center’s physical facilities, and about having the Center open more hours during the week. At present, the Center is closed on weekends and on several days during the week. *Approximately one-third of SCSC clients would like to see facilities improved and for the Center to be open more hours and days during the week.*

Oddly, clients of the Center are *less* likely than the overall sample to approve the idea of the Center being open in the evenings or on weekends. Only about 10% of Center clients would like to see the Center open on weekends and even fewer

Figure 10: Percentages Who Favor Changes in SCSC Facilities or Operating Hours

	Among Current Users (120)	Among 65+ (236)	Among 75+(176)	Entire Sample (372)
• Relocate or upgrade facilities	30.8%	21.3%	34.1%	18.7%
• Open more hours	32.8%	21.8%	34.4%	19.8%
• Open in evenings	8.3%	7.7%	7.7%	13.0%
• Open on weekends	10.9%	8,9%	6.6%	13.8%

would like to see it open in the evenings. While this is at first glance surprising, it may be partially a function of age. Center clients tend to be older, as discussed previously, and evening activities requiring driving after dark may be less appealing to this group. Why they should not approve the Center being open on weekends is not clear.

Finally, respondents were asked if there were additional activities or services they would like the Center to have, or current activities they would like to see increased. This was an unstructured question, meaning that respondents could make up their own answers, rather than selecting from among provided alternatives. A great many suggestions were made; more than forty separate activities and programs were suggested, ranging from establishing a co-op to sell home grown produce to bridge tournaments. The single most common response, from fourteen different people, was that they would like to receive the SCSC Newsletter. At present, the Center lacks the funds to mail the newsletter to all the seniors in its target area. This would seem to be a critical need. Other frequently mentioned needs included more day trips and transportation to the Center.

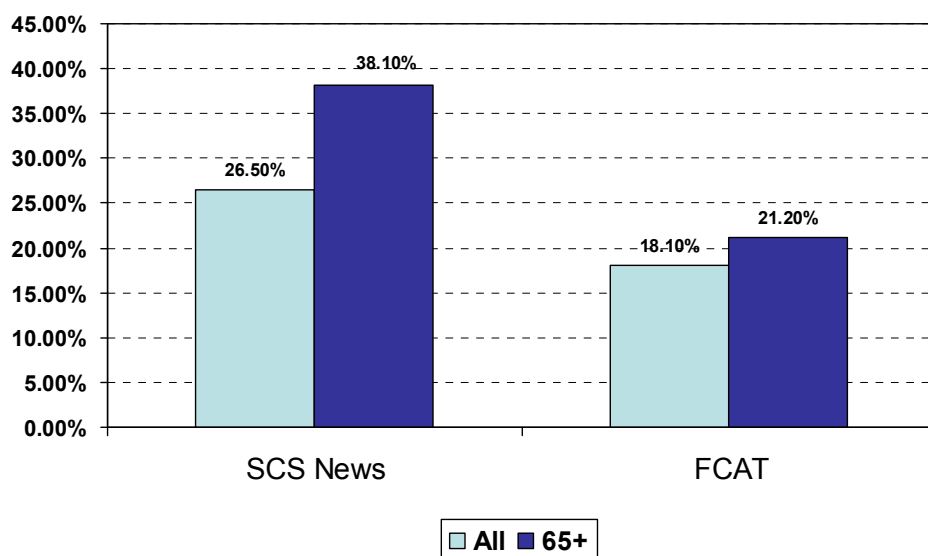
The following list summarizes the many suggestions which were put forward. Most of these were made by more than one respondent.

- Would like to receive Senior Center Newsletter (14)
- Day trips (6)
- Transportation to senior center (6)
- Workshops on painting (4)
- Book club (4)
- More speakers (4)
- Computer classes (4)
- The senior center is a bit cliquey and could work on welcoming newcomers (4)
- Bus trips to NY or Boston (4)
- Lunch on Tuesday and Thursday too (3)

- Bridge tournaments
- Instruction in crafts, access to high end equipment I can't afford individually
- Co-op for selling home grown produce
- Listings for part- time jobs for people over 65
- Newspapers could be available to seniors at center
- Current events discussions
- Repairs workshops
- Cooking classes
- "Take a walk together activity," walk around neighborhood, etc
- Volunteer opportunities
- Academic lectures on history, genealogy, economics
- Intellectually stimulating activities
- Yoga
- Bring elementary school kids to seniors or vice versa, bring seniors to read to kids at school- these groups are often isolated from each other
- Continue spring flu shots
- Senior picnic
- Concerts
- Plays at local colleges
- Go to the movies together
- Make the osteoporosis class 3 times a week

Finally, two questions were asked concerning Center outreach activities. Specifically, respondents were asked whether they had seen the senior programming provided on local community television (CATV) or read the SCSC Newsletter. Responses to these two questions are tabulated in Figure 11, both for all respondents and for those 65 and older. Of the two forms of outreach, the newsletter is the more successful, despite the lack of funds for bulk mailing. Over 26% of all respondents and nearly 40% of area seniors say they read the newsletter either frequently or at least on occasion. *Extending the number of seniors who receive the newsletter ought to be a priority in future planning.* Community television outreach is substantially less successful. Only 18% of all respondents and 21% of seniors have ever seen CATV programming for seniors. Several respondents volunteered that they did not receive CATV in their area, and several others did not know of such programming, but intended to look for it in the future.

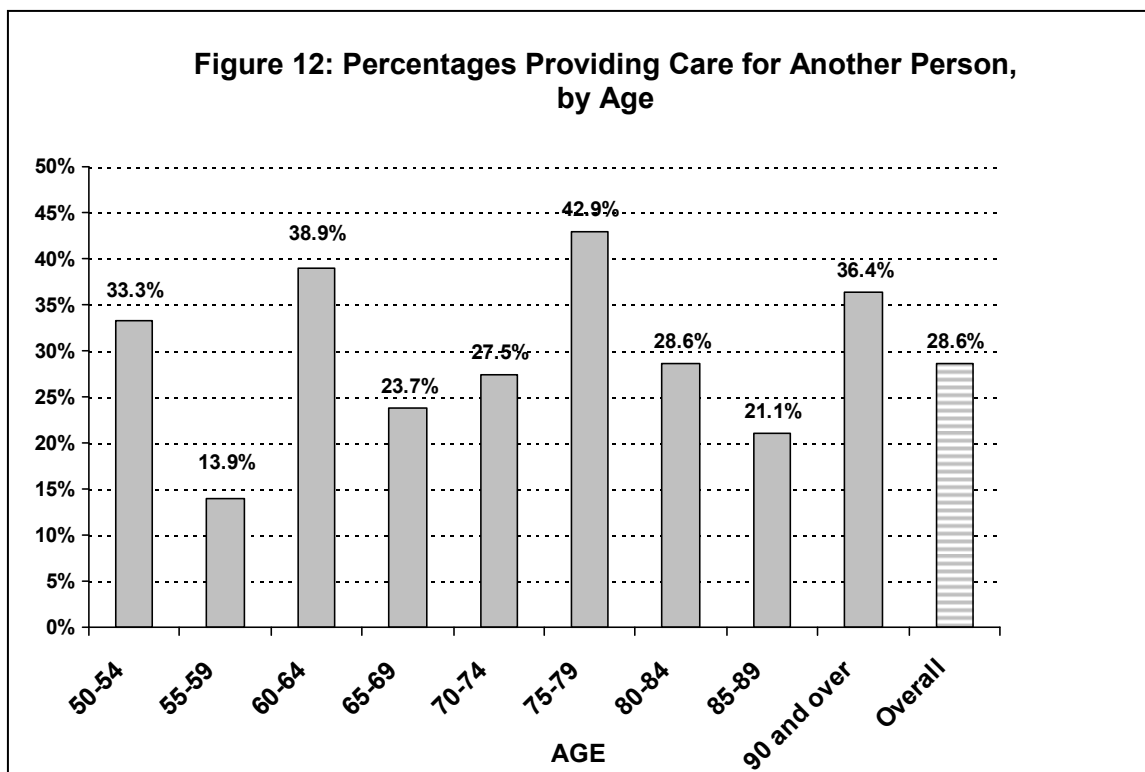
Figure 11: Percentages Reading South County Senior News and Watching Senior Programming on FCAT, by Age Group



Caring for Others

Experts in the problems of aging frequently express concern about the burdens imposed on aging people who are also responsible for giving care to others. As people live longer, the chances increase that most of us will spend some time giving care to elderly parents, spouses, grown children or other family members. In some cases, particularly when financial resources are slim, this can be a crushing weight to bear. At some periods in the life cycle, people may even become members of the so-called “sandwich generation”, caring for aging parents on one hand and adult children on the other. With these issues in mind, respondents were asked a series of questions pertaining to whether they were giving care to others, and the nature of that care.

Figure 12 shows the percentages of various age groups that are providing care to another person. Overall, about 29% of everyone over the age of 50 is providing “help and assistance for a spouse, friend or relative who lives in this area”. Across all age groups, incidentally, more than one-half the people who are providing assistance to someone else are living with that person, suggesting that the caregiving is apt to be intense and persistent. The percentage who are caregivers varies considerably by age group, with the 75-79 group having the highest rate at more than 42%. This warrants some emphasis: *42% of the people in our sample between the ages of 75 and 79 are caregivers for another*



person. In most cases, the person being cared for is probably the spouse. Simply caring for oneself at this age is sometimes difficult. Caring for another person, as well, must often be doubly so.

Respondents who had caregiving duties were asked three follow up questions. First they were asked directly how difficult it was for them to fulfill their caregiving responsibilities. While just over 62% felt their caregiving was “very easy” or “somewhat easy”, the other 37% thought it was “very difficult” or “somewhat difficult”.

A second question asked about memory impairment in the person being given care. This is one of the central contingencies that determine the relative difficulty of caregiving. While just over 46% of those being given care had no memory problems, *over 53% did have some degree of memory impairment*, ranging from severe (4.8%), through moderate (14.4%), to mild (34.6%). For the minority with severe or even moderate memory problems, caregiving is apt to be highly intensive and stressful.

Third, caregivers were asked about their financial ability to provide the needed care. The question stated: “*Do you have enough money to pay for all the help this person needs?*” The majority of respondents answered “yes” (61.3%), but a substantial minority (38.7%) replied that they lacked the financial resources to pay for needed help.

Finally, caregivers were asked whether they would make use of an adult daycare center if one were established at the Center, and how often they would most likely use such a facility. Approximately one-third of the caregivers said they would make use of adult daycare for the persons they assist. In most instances (82%) these caregivers indicated they would probably utilize daycare services “on occasion”, rather than on a daily basis.

In summary, caregiving is a significant issue for a substantial proportion of the sample. Nearly one-third of the entire sample are providing care for another person, and this proportion rises to more than 40% for those in their upper seventies. Over one-third of those providing care find it burdensome to do so, possibly because more than one-half of those being given care have some degree of memory impairment. While most caregivers say they have the financial resources they need to provide care, well over one-third say they do not. There is modest demand for an adult daycare center, with about one-third saying they would use such a facility, the great majority of whom would use adult daycare on an occasional basis.

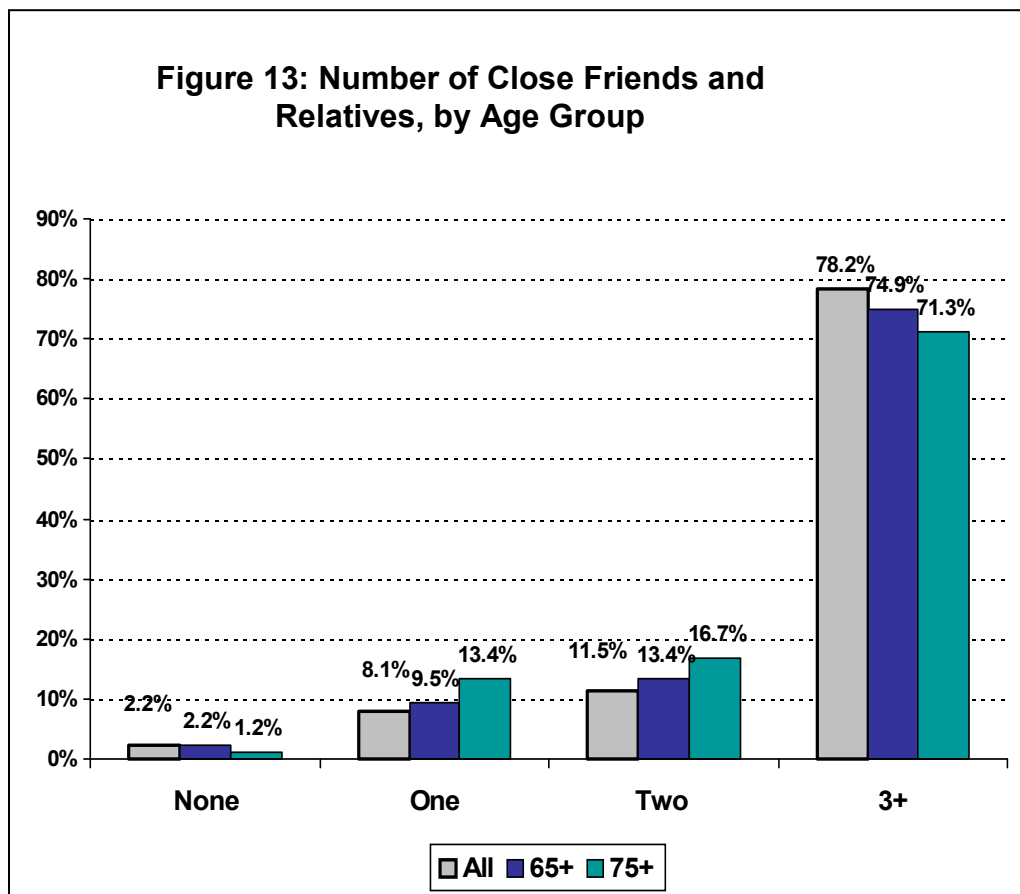
Social Isolation

Many seniors, particularly at advanced ages, run the risk of growing social isolation and marginality. The deaths of spouses, other family members and friends, and the relocation of offspring sometimes leave seniors with greatly reduced social contacts and interaction. Therefore, a series of questions were asked concerning respondents’ social networks, attempting to ascertain the extent to which social isolation is a problem for area seniors. Respondents were asked how many friends and relatives they had, how often they saw them, how often they communicated, and how often they left their homes.

As discussed previously, the majority of the sample are married and living with a spouse. Even among those 75 and older, well over half are living with a spouse, a tribute to both the longevity and the loyalty of area seniors. For this large group, social isolation is not apt to be a significant problem. On the other hand, over one-third of respondents in this age group are widowed. When the never-married and the divorced are included, *over 40% of those 75 and older are living alone*. It is this group for whom there is a significant risk of becoming progressively isolated.

Respondents were asked how many close friends and relatives they had, including their spouses, who they “could talk to about private matters or call upon for help”. By this and other measures, the great majority of the midlife and senior populations of Deerfield, Sunderland and Whately are well integrated socially. Among all age groups, even among the oldest respondents, over 70% indicated they had three or more close friends or relatives, and approximately 90% said

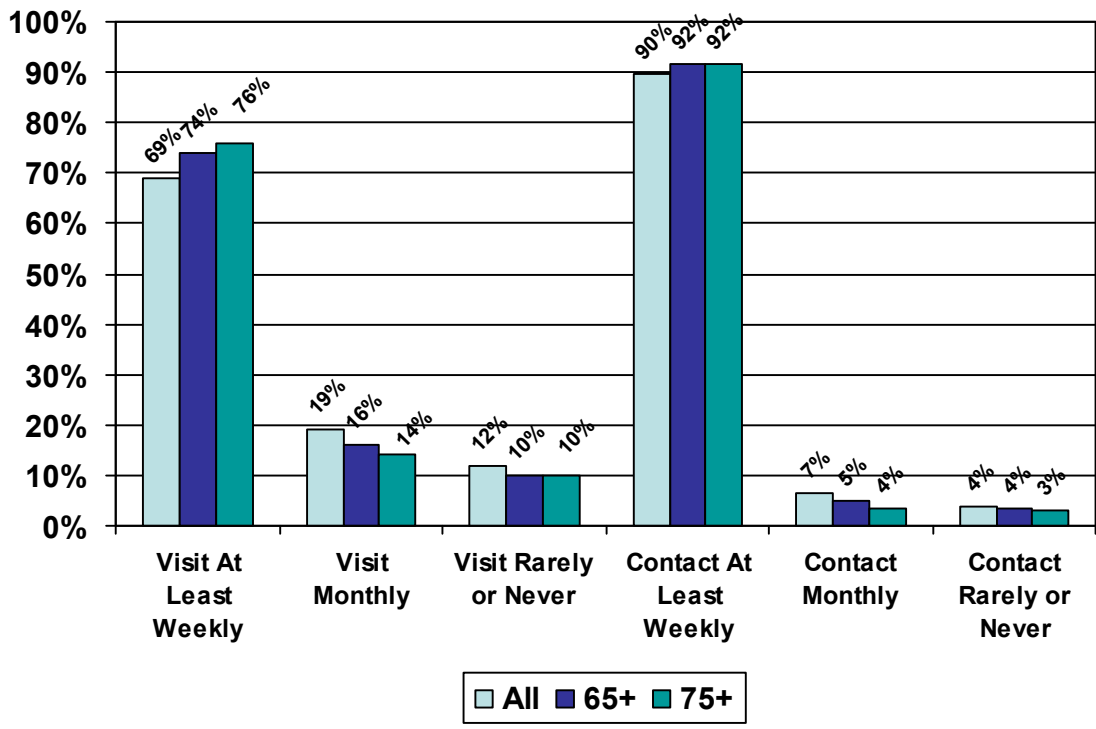
they had at least two close friends or relatives. Answers to this question are summarized in Figure 13.



A follow up question asked specifically whether respondents had family members, not including spouses, living nearby. Again, a large majority answered affirmatively: *across all age groups, including those of advanced age, approximately three-quarters said they had family members in the area, other than their spouses.*

Two further questions were asked concerning how often respondents visited with family members, and how often they had telephone or email exchanges with family members. This information is summarized in Figure 14. Again, the results suggest that the great majority of the seniors in our sample maintain a relatively dense social network. Furthermore, this does not appear to attenuate with time.

Figure 14: Percentages Who Visit or Have Contact With Family Members, by Age Group



Respondents of all age groups visit frequently with family members and also frequently exchange communications. If anything, older respondents do both with slightly greater frequency than younger respondents.

In summary, social isolation does not appear to be a problem for the great majority of either the midlife or senior population. Intact couples, relatively large numbers of friends, and nearby family members with whom visits and communication are relatively frequent typify the respondents. It should be kept in mind, however, that a small but significant minority do not fit this pattern. *Looking over all the data, probably 15% of the seniors in the Deerfield, Sunderland and Whately could be said to be socially isolated by one measure or another.*

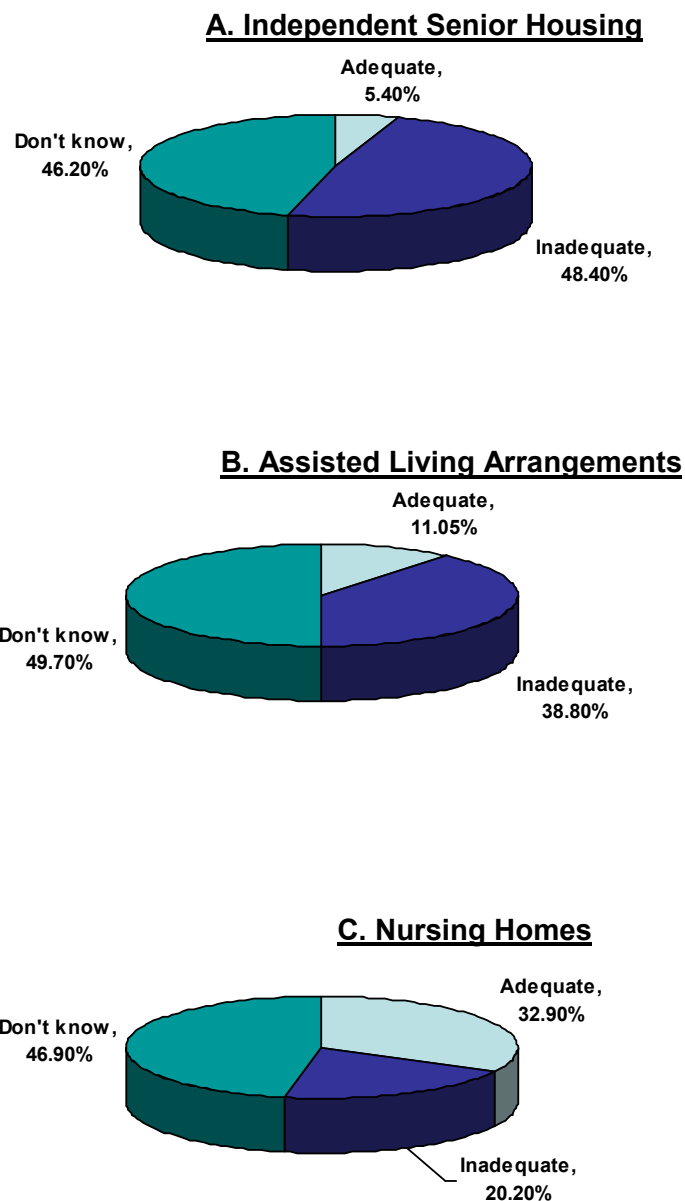
The Future

This final section of the report looks at the future plans of the older population of Deerfield, Sunderland and Whately, as well as some of their concerns and fears for the future. The first and perhaps most critical conclusion to be drawn is that there is going to be a significant expansion of the older population over the coming decades. One of the questions asked was how long people planned to remain in the area. Answers to this question are summarized in Figure 15. The overwhelming majority of respondents plan to remain where they are for as long as possible. Among those now 65 or older, only 3.5% plan to relocate out of the area within the next five years. The other 96.5% plan to stay for the long term. More than 80% say they intend to stay where they are for “as long as possible”. The combination of unusually high birth rates between 1946 and 1964, the so-called “baby boom” years, increased longevity, and the intention of most of these people to stay in the area means that the proportion of seniors in the local population are going to increase rather sharply over the next 10-15 years. The leading edge of the baby boom, those born in 1946, are just now turning 65. *Our estimate is that the proportion of the population over the age of 75 is going to increase by at least 30% over the next ten to fifteen years.* This is a projection town planners would be well advised to incorporate into their planning for the future.

One of the critical issues for seniors around the country is housing. In a semi-rural area, such as that served by the SCSC, most people live in single family homes with relatively extensive grounds. Among respondents to this survey, just over 90% live in houses they own. Only about 5% rent and another 5% have other arrangements, mostly living with relatives. This presents a serious challenge for the older population, particularly those lacking the financial resources to pay others to do the requisite upkeep. At some point, many aging individuals and couples are going to need to make less labor intensive living arrangements. For this reason, several questions were asked to ascertain how aware the midlife and senior populations are of housing alternatives in the area, as well as their opinion of these alternatives.

The survey asked respondents to state whether they believed several types of senior housing in the area were adequate or not. They were asked about “independent senior housing”, “assisted living facilities” and “nursing homes”. The answers are presented in Figure 16. Not surprisingly, given the ostrich approach people generally take to planning for aging in this society, the most common response by far was “don’t know”. Over 40% of the respondents had no idea whether any of these housing types were adequate or not. In general, the more independent the living arrangement, the greater the perception of inadequacy. Almost one-third thought nursing home facilities in the area were adequate. Only 11% thought the same of assisted living arrangements, and only 5.4% believed independent senior housing alternatives in the area were adequate. Whether these perceptions accurately reflect the reality of the situation

Figure 16: Perceived Adequacy of Various Types of Senior Housing



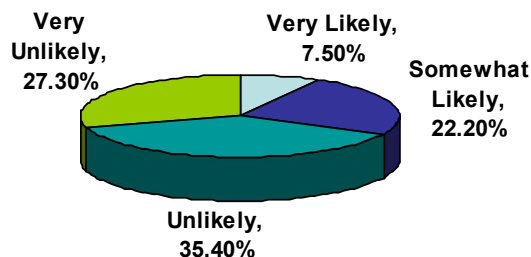
is outside the scope of this survey, but it is significant that so many of the older residents of Deerfield, Sunderland and Whately lack information about what alternative living arrangements are potentially available to them. *This would seem to be a knowledge gap the Senior Center might want to take steps to fill.*

One reason people know so little about alternative housing is perhaps that most do not see themselves as candidates for such arrangements. As shown in

Figure 17 a majority of both the entire sample and of those 75 and older think it is “unlikely” or “very unlikely” that they will need any of these alternatives within the

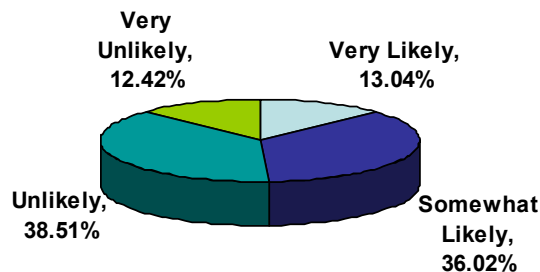
Figure 17: How likely do you think it is that you will need any of these alternatives within the next five years?

A. Among Entire Sample



How likely do you think it is that you will need any of these alternatives within the next five years?

B. Among 75 and Older



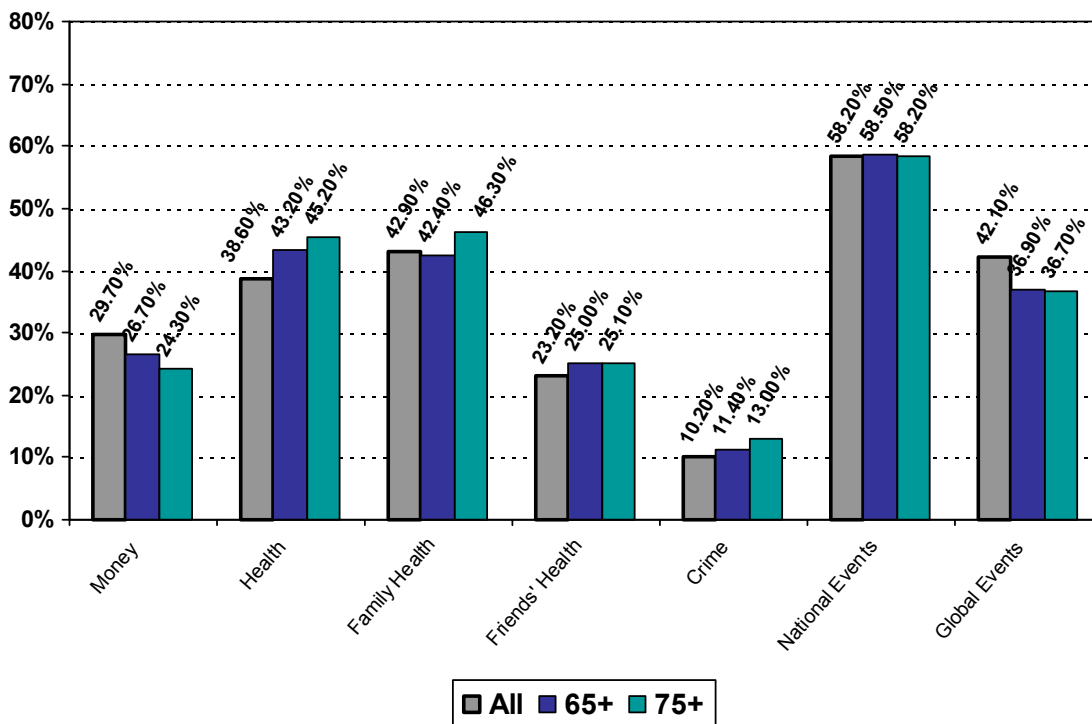
next five years. Among the older group, however, there are nearly as many (49.1%) who feel it is “very likely” or “somewhat likely” that they will need such arrangements within the next five years. The recognition by so many that they are likely to need alternative housing seems out of balance with the prevailing lack of knowledge about senior housing alternatives. Again, this is a problem the Senior Center could well address.

A final set of questions in this section deals with worries and concerns our respondents may be facing. One question asked “which of the following issues have caused you concern over the past year?” This was followed by a list of seven issues other surveys have shown to frequently be concerns of the older population. The results are shown in Figure 18. It is somewhat surprising that the three age groups are so alike in the things that have bothered them over the past year. The older groups are very slightly more concerned about health issues, but the differences are slight. Almost 60% of all three groups are concerned about national issues and events, suggesting the population of Deerfield, Sunderland and Whately are engaged participants in the wider world.

Next to national events, health issues were of greatest concern over the past year. More than 40% of those over 65 reported their own health or that of family members had been a concern in the past year. Smaller, but still significant, proportions indicated that money and the health of friends had been a concern. Unlike many older people in less favored communities, however, crime was not a worry for the large majority of respondents.

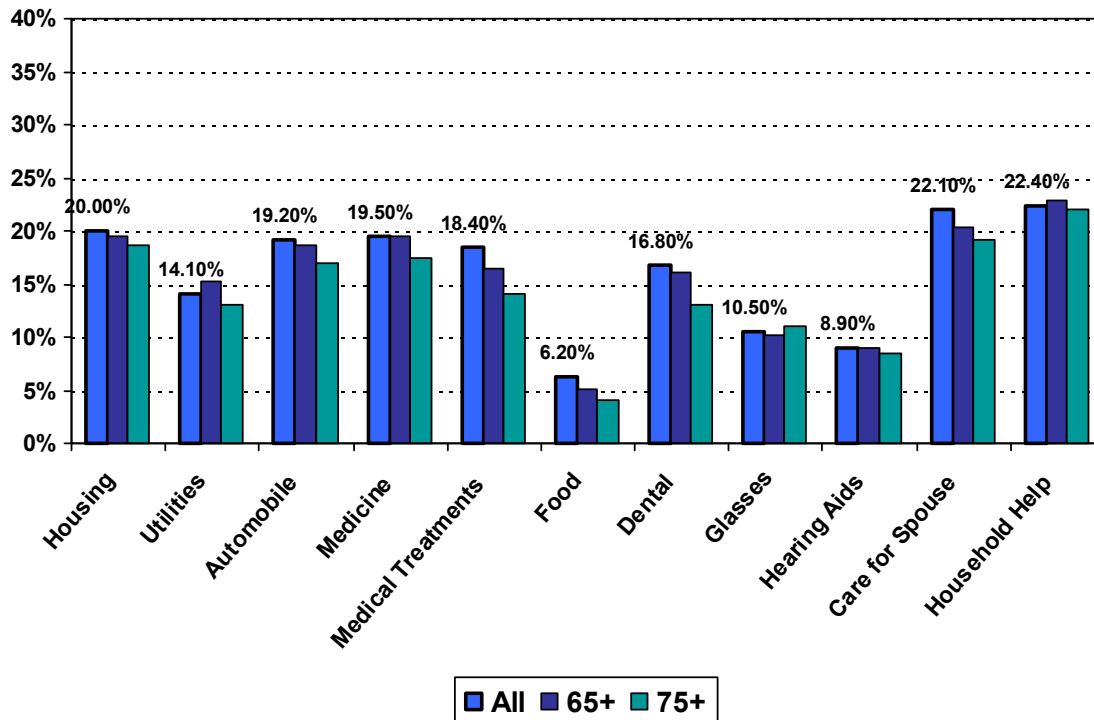
A related question asked respondents to think about the future and indicate which of a long list of costs they fear they may be unable to afford in the future,

Figure 18: Percentages Reporting Various Issues Causing Them Concern Over the Past Year, by Age Group



the results of which are shown in Figure 19.

Figure 19: Percentages Who Fear Being Unable to Afford Various Costs of Living, by Age Group



One of the most interesting aspects of Figure 19 is that only a relatively small proportion of the sample have financial worries about their futures. At most, only about one-fifth of any age group are concerned they may not be able to afford a given cost: approximately 80% of the sample say they have no concerns about being able to afford the necessities of life.

A second interesting aspect of Figure 19 is that there are so few differences between the various age groups in either what they worry about or how much they worry. As shown earlier, the younger groups have substantially greater financial resources than the older groups, but this appears to make no difference. Indeed, the oldest group, those 75 and older generally express fewer concerns about the affordability of future costs than do younger groups.

We asked a final open-ended question about the future. We asked “What are your concerns about staying in this area as you grow older?” There were more than 90 responses to this question. The answers cover an extremely wide range

of concerns. Most are quite realistic and thoughtful concerns, although a few are idiosyncratic or perhaps tongue in cheek (“Woodchucks eating my vegetable garden!”) The following list conveys the variety and the extent of worries area seniors have as they contemplate their future in the Valley. Seniors in Deerfeld, Sunderland and Whately, like seniors elsewhere, are worried about becoming progressively isolated, becoming dependant on others, being unable to drive or otherwise get around, the high costs of living, the harsh New England climate, medical care, housing and a host of other concerns. If the Senior Center is in need of an agenda for the future, it can surely be found on this list.

- Access to transportation (29)
- Taking care of our house and property (22)
- Desire for low- cost senior housing (19)
- High taxes (17)
- Harsh winters (11)
- Paying for heating oil and electricity (11)
- No grocery store (9)
- Cost of living is high (7)
- Long term Health care (7)
- Family is far away (7)
- Being alone (6)
- Making sure public programs like SS Disability and fuel assistance continue (5).
- Being unable to drive myself
- Long term care if needed
- Will there be health clinics nearby?
- “The direction being taken by the US Government”
- The ability to be independent
- Caring for loved one
- Limited restaurants and cultural activities in town
- Desire for in- home care
- Lack of support for education and other youth activities
- Lack of planning for conservation and development
- Lack of sidewalks
- No services such as town trash pick-up
- Insufficient social network
- “I am too isolated- when I get sick I have no one to help – I had the flu this year and realized I could be injured or dead for days before anyone found me”
- Most of my friends have died and I have nobody to talk to.

- My politics are out of line with the people around here.
- Woodchucks eating my vegetable garden!

A summary of Central Findings From the Survey

Following are some of the more important findings from the survey. It should be kept in mind that this is a partial and selective list.

- The South County Senior Center is heavily utilized, particularly by the oldest residents of Deerfield, Sunderland and Whately. Approximately one-third of all residents 50 years or older have utilized SCSC series, with the percentage rising to more than 70% among those 80 and over.
- Medical services are the most heavily utilized service, with more than 80% of all those who have used any Center service, but a number of others, including meals, social and educational events, and transportation are also heavily utilized.
- The majority of seniors who do not visit the Center say they are simply too busy or have no need at present for Center services. A significant number do not visit because they lack information about the Center, but very few decline to visit because they dislike the Center or staff.
- People who have used Center services are universally satisfied with the experience. Many were quite effusive in their appreciation of the services and staff.
- Most people who use the Center do not favor major changes in operating hours or facilities. While there is some support for the Center being open more days during the week and for upgrading the physical facilities, there is little interest in evening or weekend activities.
- There were a number of suggestions offered for additional services and activities the Center might undertake. One of the most frequently suggested was that the Newsletter be made more widely available, preferably by mailing to seniors.
- A large proportion of seniors serve as caregivers to other persons. This is most common at advanced ages. Many caregivers find this a difficult responsibility, perhaps because memory impairment is common among those being given care.

- Social isolation is not a problem for the large majority of area seniors, partially because the majority are living with spouses. Most seniors have relatively dense social networks composed of friends and family, with whom they exchange visits. A substantial minority, however, do experience social isolation, with no nearby family and few, if any, friends.
- The combination of a large cohort of baby boomers soon entering their senior years, and the intention of most seniors to remain in the area mean that there will be sharp increases in the proportion of the area population who are aged.
- Relatively few area seniors have good information about senior housing alternatives. In those cases where respondents do have information, it is widely believed that the housing alternatives are inadequate. The more independent the living arrangement, the higher the proportion who believe it is not adequate.
- Seniors report a variety of issues have caused them concerns over the past year. Central among these are national events, personal and family health, the health of friends, and money.
- Overall, respondents have relatively few worries about being able to afford basic costs as they grow older. While about 20% report they are worried about being able to afford basic costs, nearly 80% have no concerns in this regard.
- A final open-ended question asked respondents to list the things that made them worry about staying in the area as they grow older. This is an instructive list of anyone attempting to create policies to cope with the growing number of seniors in the area.

As a final note, one should not allow the generally high level of well-being among area seniors to obscure the more equivocal situation of a substantial minority of seniors. As we have seen, the majority of the older population of Deerfield, Sunderland and Whately are relatively affluent, well-educated, socially integrated and happy. This speaks well of the high quality of life in the Valley, but should not blind us to the poverty, ill health, isolation and generally difficult circumstances of a significant part of our older citizens.