

A 2010 Survey of Amherst Residents Over the Age of 50

Conducted for the Amherst Council on Aging
By the Social and Demographic Research Institute,
University of Massachusetts, Amherst

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This report is based on a survey conducted by the Social and Demographic Research Institute at the University of Massachusetts (SADRI) at the request of the Amherst Council on Aging. The contents of the questionnaire were determined in consultation with Nancy Pagano and an *ad hoc* committee created for this purpose.¹ The committee consists of Joel Gordon, Shirley Packard, Jan Dizard, Sandra Lopollo and Rosemary Kofler. The purpose of the study is to assess the state of the older and midlife populations of Amherst, and particularly the extent to which their needs are being met by existing arrangements.

The questionnaire was organized around six broad areas of concern: utilization and adequacy of the services provided by the Senior Center, receiving care from others, care giving, social networks, general characteristics and condition of the elder and midlife populations of Amherst, and the future.

The first and most extensive topic involved the services provided by the Senior Center, with the primary questions being: (a) *how many and what kind of people use Center services; (b) which services are used; (c) how satisfactory are these services; (d) what factors inhibit or limit use of Center services; (e) and are there additional services needed.*

The second general area was that of assistance in coping with the chores of daily living. Specifically, the study sought to determine: (a) *with which routine activities, if any, do respondents have or need assistance; (b) do respondents have all the help that is needed; (c) and do respondents anticipate that current care giving arrangements will continue.*

Third, the study collected information about giving care to others, asking: (a) *whether respondents give care to others; (b) how demanding is the care giving; (c) whether the person being given care has memory problems; (d) whether respondents have the needed financial resources; (e) whether some form of adult day care would be of interest.*

Fourth, the study sought to determine the extent to which social isolation is a problem for the older population of Amherst. Among the specific questions raised were: (a) *the extensiveness of respondents' circles of friends and family; (b) the frequency and nature of contacts with friends and family; (c) and the frequency with which respondents leave home.*

¹ The Chicopee Council on Aging generously shared a questionnaire used in a similar study, which provided us both a good example and inspiration. Our particular thanks go to the Friends of the Council on Aging, whose fund-raising provided the funds to support the study. Thanks also to Doug Downham for his invaluable help with the online survey and endless data management issues.

Fifth, the study asked a number of questions designed to assess the general condition of the Amherst elder and midlife population, including: (a) *health status and habits*; (b) *education*; (c) *income*; (d) *marital status and living arrangements*; (e) *and work force status*.

Finally, the study looked to the future, asking: (a) *when respondents plan to retire, if not already retired*; (b) *whether and for how long they plan to remain in Amherst*; (c) *and any concerns they have that might influence their decision to stay in Amherst*.

How the Survey Was Done

The initial contact with respondents was a postcard mailed in September to two randomly drawn samples, together totaling 1100 people. Eight hundred were persons drawn from the Senior Center newsletter mailing list, all aged at least 60. There are a total of 3740 people on this list. Three hundred were persons between the ages of 50 and 60, drawn from the Town of Amherst's street directory, which shows 2210 people in this age group. These are, respectively, the "senior" and "midlife" samples. The postcard invited people to take part in the survey in one of two ways. They could go to an internet website we created and complete the questionnaire online, or they could wait for a paper questionnaire to be mailed to them. After a wait of two weeks, everyone in the sample who had not completed the questionnaire online was mailed a paper copy of the questionnaire, along with a cover letter and a postage-paid return envelope.

After four weeks, there were a total of 342 questionnaires either completed online or returned by mail. We decided to extend the sample by 700 people and send out a second wave of mailings drawn from the same two sources, once again weighted in favor of older respondents (525 to 175). This time the questionnaire was included in the initial mailing, along with a letter saying they could also complete the survey online. In the meantime, questionnaires from the first mailing continued to arrive.

Our final sample consists of 735 respondents out of the 1800 people we contacted initially, for a gross return rate of 40.8%. However, 118 questionnaires and postcards were returned to us as "undeliverable", usually because the addressees were either deceased or had moved out of Amherst. The final adjusted response rate was thus 43.7%, a rate generally considered by methodologists to be adequate for a mailed survey. Additional figures pertaining to the response rate are shown in Table 1.

Calculating net response rates separately for the senior and midlife samples is complicated by missing age data for 20 respondents. Response rates reported in Table 1 for the senior and midlife samples are based on the 715 respondents who did reveal their ages. The 118 undeliverable questionnaires were discarded from each sample total in proportion to the number of questionnaires mailed to each group. The net response rates for the older population are higher than for the midlife population, 46.20% as opposed to 32.00%. Online responses, overall, made up 28.84% of the total, with the midlife group

slightly more likely to select this alternative; 30.99% of the midlife and 25.83% of the senior samples used the online option. The totals on which these percentages are based reflects the 20 cases lacking age information.

Closer inspection of the data reveals, not surprisingly, that there is a clear tendency for the most highly educated residents to respond online more frequently than the less educated. Approximately one-third of the respondents with post graduate degrees responded online, but less than 20% among those with less than a college degree. Education is more important in this case than income: there are only slight differences in the propensity to respond online between the higher and lower income groups.

Table 1: Response Rates

Questionnaires/Postcards

Mailed	1800
Undeliverable	118
Usable Returns	735
Net Response Rate	43.7%

Senior and Midlife Samples*

Senior Sample (60+)	573
(Net Response Rate	46.20%)
Midlife Sample (50-59)	142
(Net Response Rate	32.00%)

Mailed and Online Returns

Mailed	523 (71.16%)
Online	212 (28.84%)
Senior Online*	148 (25.83%)
Midlife Online*	44 (30.99%)

*Age not reported for 20 cases.

Some of the questionnaires were not completely filled out, so that the number of respondents varies, depending on the question being addressed. As noted, 20 respondents chose not to report their ages, and an even larger group chose not to reveal their incomes.

A critical question for any survey is how representative collected data are of the larger population. Are, in other words, the people who filled out and mailed the questionnaire or who filled it out online substantially different from those who did respond? In the present instance, it is possible the very old, the ill and disabled, those in extended care facilities, the poorest and the least educated seniors in Amherst may be underrepresented.

Our findings may thus slightly overstate the vigor, education and affluence of Amherst seniors, and this should be kept in mind while reading this report. Overall, however, the net response rate is sufficiently high that confidence in our findings is fully warranted.

As a final note on our sample, it might be a useful rule of thumb to think in terms of the ratios between the sample sizes and the larger groups the sample is intended to represent. For the senior sample, we have 573 respondents from a total universe of 4125, according to the most recent town census, or 13.5% of all people in Amherst 60 years of age or older. Each person in our senior sample therefore represents 7.4 people. To fully appreciate our finding that 326 people in our sample over the age of 59 have used Senior Center services, this number should be multiplied by 7.4 to estimate the total number of Amherst people in this age group that have used Senior Center services. The result is 2412. The ratio is even higher for the midlife sample. In this group, every person in our sample under the age of 60 represents 15.6 additional people.

A Demographic and Socioeconomic Profile of Amherst Senior and Midlife Populations

Table Two summarizes a variety of information about the sample, including gender, age education, income, race and marital status. One surprising characteristic of the sample, given the generally higher mortality rates of men, is that a slight majority of respondents are male (53.81 %). The lists from which our samples were drawn do not provide complete gender data, so it is not possible to determine whether the greater number of men is due to a genuine difference in the Amherst population or to a greater propensity of men to respond to the questionnaire. This uncertainty suggests that gender should be given special attention when considering other factors.

The sample represents a full range of ages from 50 to 99 years of age. More than 100 have passed 80 years of age, and 19 are more than 90 years old. Well over half the sample is older than the traditional retirement age of 65 (58.81%). As noted above, a majority of the total sample, with all ages included, is male. In the older age groups, however, women outnumber men. For example, 52% of the sample over the age of 70 is female. This is in accord with familiar demographic trends, specifically higher male mortality rates.

As one would expect, given the general character of Amherst, the sample is predominantly, white, highly educated and affluent. Less than 10% of the sample identified themselves as belonging to any racial group other than “Caucasian”. More than 90% identified themselves as Caucasian, with the remainder fairly evenly divided between African-American, Hispanic and Asian.

**Table 2: Demographic and Socioeconomic Characteristics
(Maximum N = 735)**

	<u>N</u>	<u>%</u>
Gender		
Female	333	46.19
Male	388	53.81
Age		
50-55	78	10.91
56-60	84	11.75
61-65	154	21.54
66-70	112	15.66
71-75	103	14.41
76-80	79	11.05
80+	105	14.69
Education		
High School or less	40	5.59
Some College	60	8.38
College	175	24.44
Post Graduate	441	61.59
Income		
Less than \$8,000	11	1.77
\$8,000.1 - \$19,999	41	6.61
\$20,000-\$29,999	36	5.81
\$30,000-\$39,999	50	8.06
\$40,000-\$49,999	46	7.41
\$50,000-\$74,999	120	19.35
\$70,000-\$99,999	105	16.94
\$100,000 or more	211	34.03
Race		
Caucasian	683	95.26
African-American	17	2.34
Hispanic	13	1.79
Asian	15	2.05
Marital Status		
Married	477	66.62
Widowed	90	12.57
Divorced/Separated	99	13.83
Never Married	36	5.03
Cohabiting	14	1.96

While education varies widely, from less than 8th grade completion to multiple doctorates, more than 60% of the sample have post-graduate education of one sort or another. Not many communities in the United States are as highly educated as Amherst. Commensurate with the high educational attainments of the sample, incomes are also relatively high.

Approximately one-third of the households represented in the sample have combined annual incomes in excess of \$100,000 per year, before taxes. On the other hand, nearly one-fourth of the sample reside in household with less than \$40,000 per year, often much less. In an area with high costs of living, like Amherst, incomes at this level are likely to be barely adequate, and perhaps not even that. Using the 6.5:1 ratio of total population to respondents, there are approximately 900 older people in Amherst living near the economic edge. As will be seen in a later discussion of the worries older residents have about remaining in Amherst, the most pressing fear of many seniors is that rising costs of living, especially real estate taxes, will eventually outstrip their financial resources.

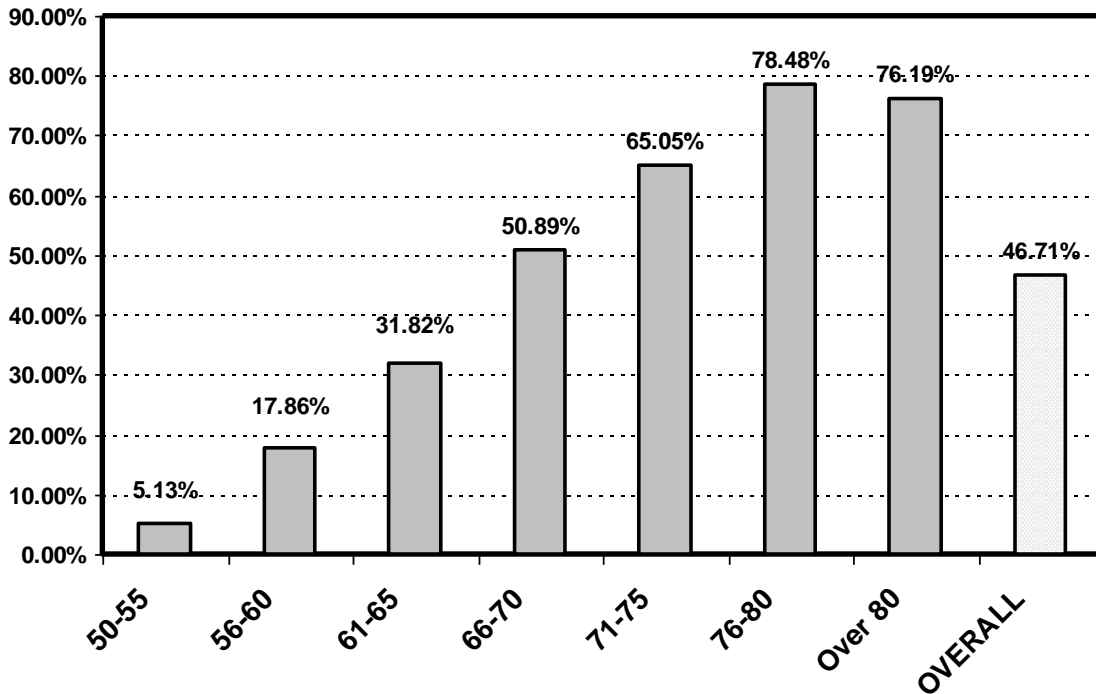
Finally, the majority of persons in the sample are married and living with a spouse. This is true of two-thirds of the sample. Approximately one-fourth of the sample are widowed, divorced or separated, and the rest are living with a partner or never married.

Senior Center Services

Reflecting its importance, the first question of the questionnaire asked respondents if they had ever taken advantage of *any* services offered by the Senior Center. Over 46% reported having done so. Impressive as this figure is, it still understates the role the Senior Center plays in the lives of Amherst seniors. This is because of the large number of relatively young people in the sample, people for whom the Senior Center is likely to be barely visible on their mental far horizons. A more telling figure is one that takes age into account, as is done in Figure 1. Figure 1 shows the percentages of respondents at various ages who say they have taken advantage of at least one Senior Center service.

As might be expected, very few people under the age of 56 have ever used a SC service, less than 6%. This figure increases sharply with advancing age. Two-thirds of all people past the traditional retirement age of 65 and more than 75% of all persons over the age of 75 have used SC services.

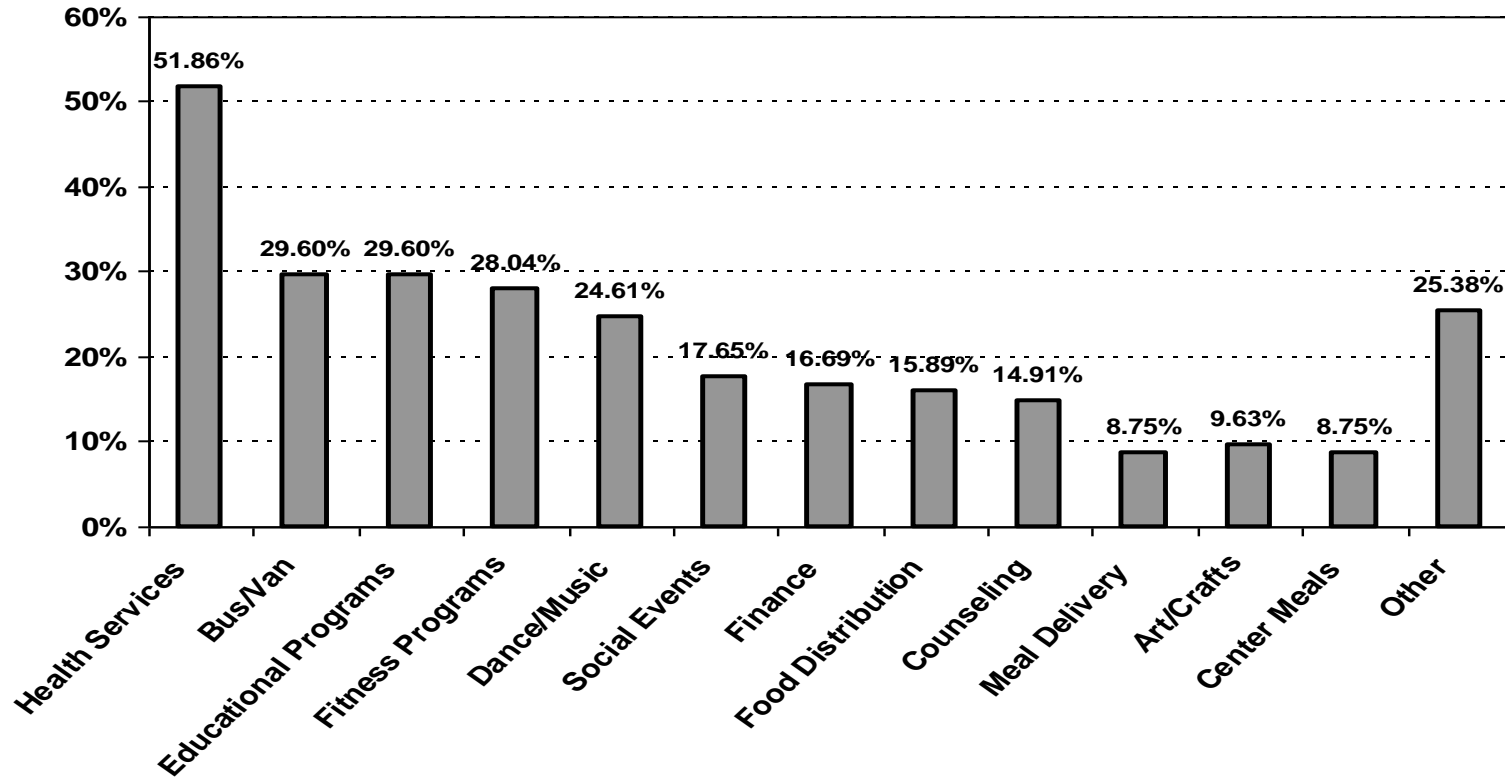
Figure 1: Percentages Having Used Senior Center Services, by Age (N = 715)



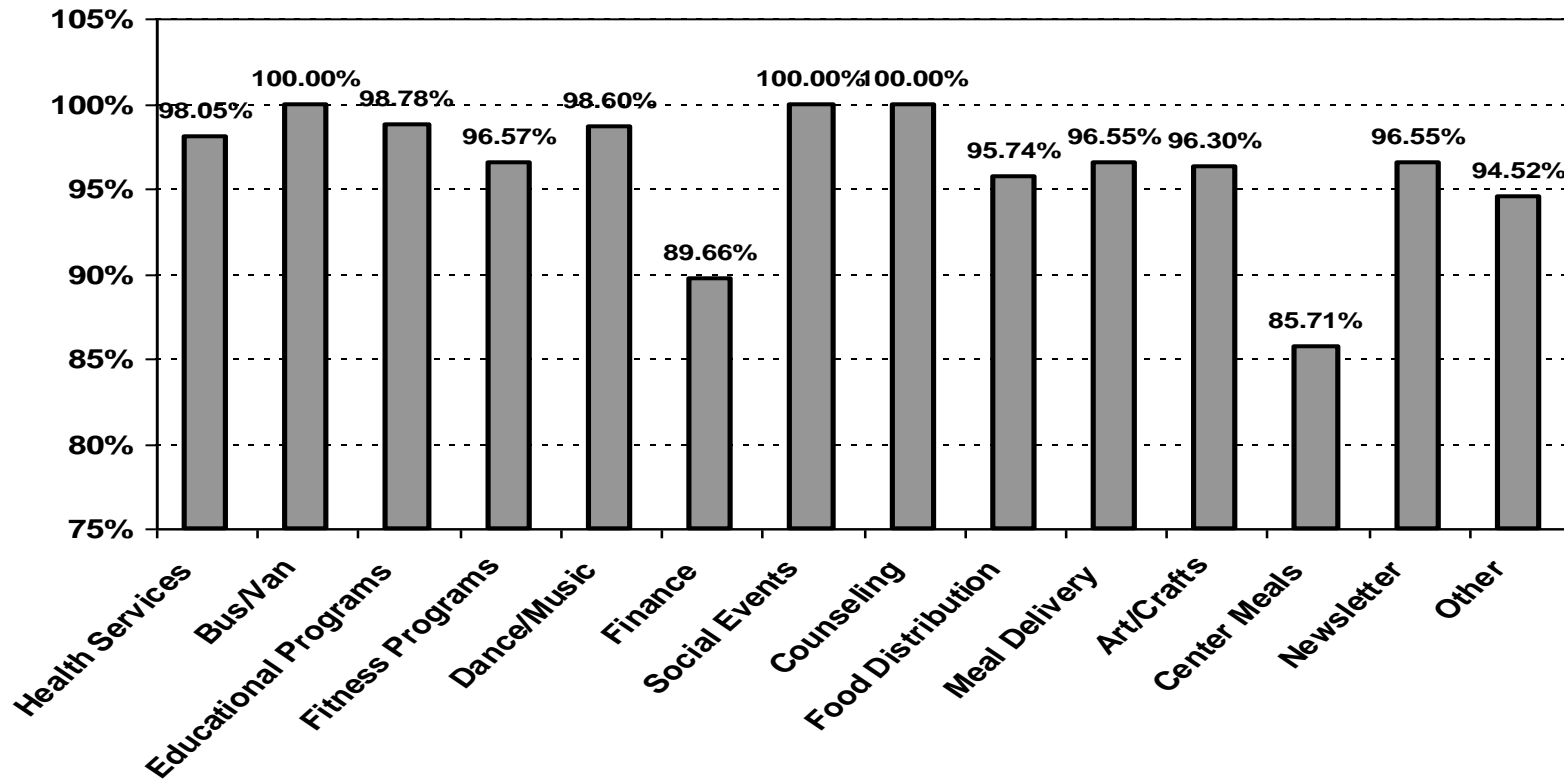
A total of 13 Senior Center services were listed and respondents were asked to specify which ones they had used, how often, and whether the experiences had been satisfactory. Figure 2 shows the percentages who said they had used each service. The 13 services listed are: (1) *health services*, including nurses, foot care, flu clinics, blood pressure checks, and so on; (2) *fitness classes*, including tai chi, dancing, strength training, osteoporosis resistance classes; (3) *food distribution programs*; (4) *meals served at the Senior Center*; (5) *home delivered meals*; (6) *financial counseling and seminars*; (7) *counseling and referral by Senior Center social worker*; (8) *arts and crafts classes*; (9) *dance and music concerts*; (10) *bus and van trips*; (11) *educational classes and presentations*; (12) *social events*, such as games, dances and parties; (13) *other services*.

Of the 340 people who have used a Senior Center service, by far the most common service has to do with health assistance. More than one-half of the people who have used any service have taken advantage of health services provided by the Senior Center. Bus and van trips, educational programs, fitness programs, concerts and financial counseling are also relatively popular. At the lower end of the range, less than 10% of the people using the senior center took advantage of meals at the center, art and crafts classes, or had meals delivered to their homes. However, and this should be particularly noted, meal delivery and meals at the center, while serving relatively few people, are likely to be of central importance to those served. *The majority of respondents who have eaten at the Center or had meals delivered did so frequently.* It might be worthwhile to think in terms of “extensive” and “intensive” usage. Medical services, for example, are used

Figure 2: Percentages Using Various Senior Center Services, Among Those Using Any Service (Maximum N=340)



**Figure 3: Satisfaction Rates of Those Using Various Senior Center Services
(Maximum N=340)**



occasionally by a large number of people (extensive), while meals delivery is used often by a smaller number (intensive). Both extensive and intensive services have a place in a broad spectrum agency like the Senior Center. As a final note on this point, even the relatively small percentages of the sample who eat at the Center or have meals delivered represent a significant number of people. For example, using the 6.5 ratio of sample to larger population, nearly 200 people use the meal delivery service.

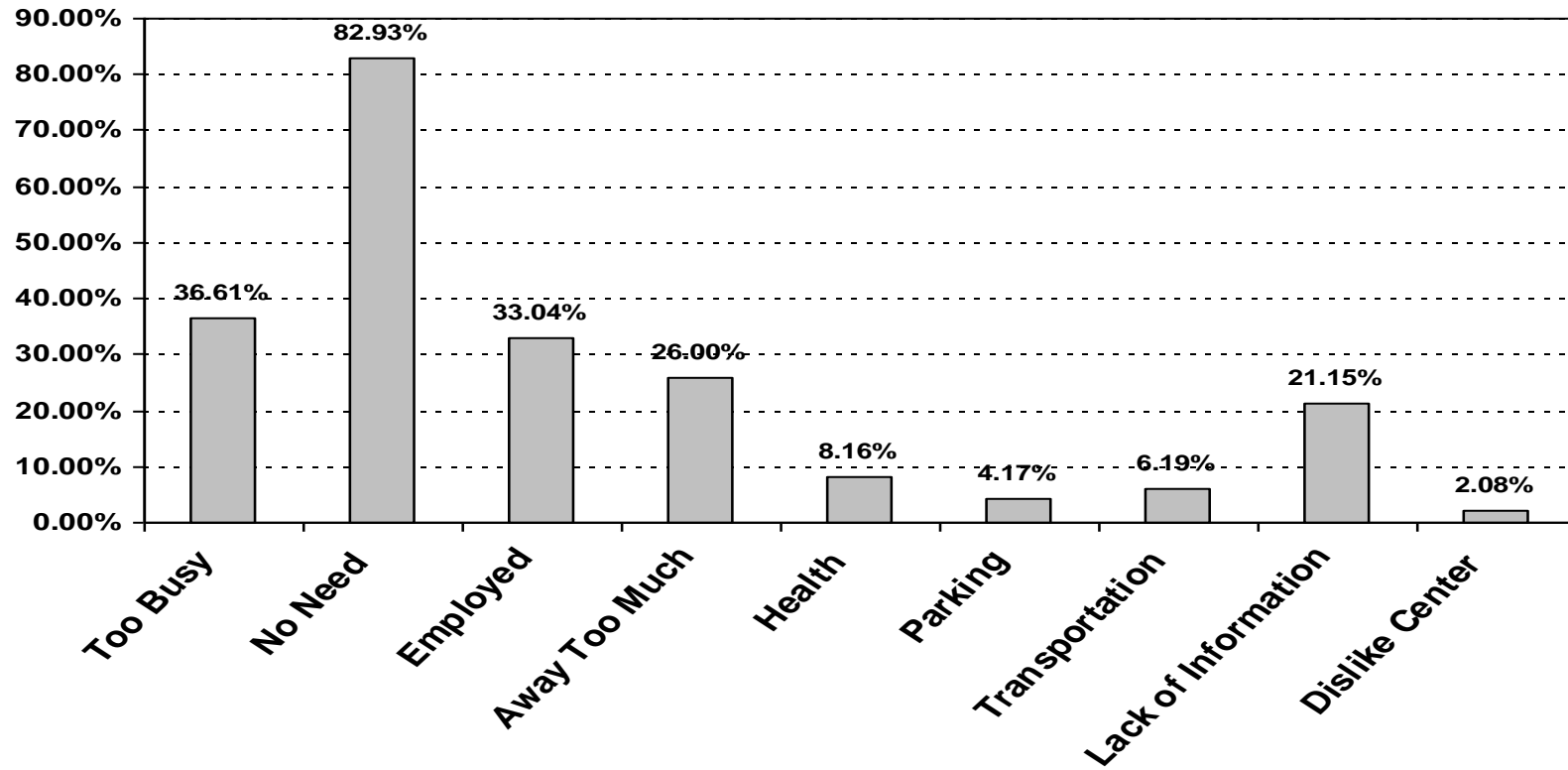
The Senior Center newsletter, *The Senior Spirit*, is not included in Figure 2 because of its nearly universal readership. It is the most widely used of all the Senior Center services. Over 96% of the entire sample over the age of 60 reads *The Senior Spirit* on at least an occasional basis. The Center has been very successful in putting its newsletter in front of the target population.

Every person who indicated they had used a senior center service was also asked whether the experience had been satisfactory. The answer is unequivocally “yes” in all areas. The percentages who indicated that a given experience had been satisfactory are shown in Figure 3. There is no doubt that those seniors who use services provided by the Senior Center are appreciative. The service with the *lowest* level of satisfaction, meals served at the Center, still pleased more than 85% of those who took advantage of the service. Three services --- bus and van trips, social events, and counseling --- elicited a positive response from every single user. Overall, well over 90% of Senior Center clients profess themselves satisfied with the services they have received.

Several other issues in the general area of Senior Center services were asked about, including reasons why the Senior Center was not being utilized and new programs people might like to have added to the Center’s array of services. When looking at the reasons people do not utilize the Center’s services, the key group to consider are *those persons past a certain age who do not currently use any Center services*. In other words, the group to look at are people old enough to be reasonable candidates for Center services, but who do not avail themselves of any Center services.

Taking respondents over 65 years of age as the key group, only 147 people in this age group have never utilized any Center services. The questionnaire offered respondents a list of nine possible reasons they might not have participated, plus an invitation to describe any other reasons not listed. As shown in Figure 4, the results are not greatly surprising. By far the largest group, 82.64%, indicated that they “currently have no need for services offered by the Senior Center”. Other reasons are scattered across all the options, with significant percentages saying they were too busy, employed full time, away from town too frequently, or lacking information about Center services. Of these, the 26.2% who indicated they lacked information about Senior Center services are worth the greatest attention. It is not likely the Center can make people less busy or keep them from going away so frequently, but it might be possible to further increase awareness of the services offered by the Senior Center. In light of the very high percentage of all seniors who indicated they read the *Senior Spirit*, at least on occasion, it is surprising that a substantial groups still professed ignorance of what the Center has to offer. This

Figure 4: Reasons for Non-participation in Senior Center Services Among Those Over 65 (N = 147)

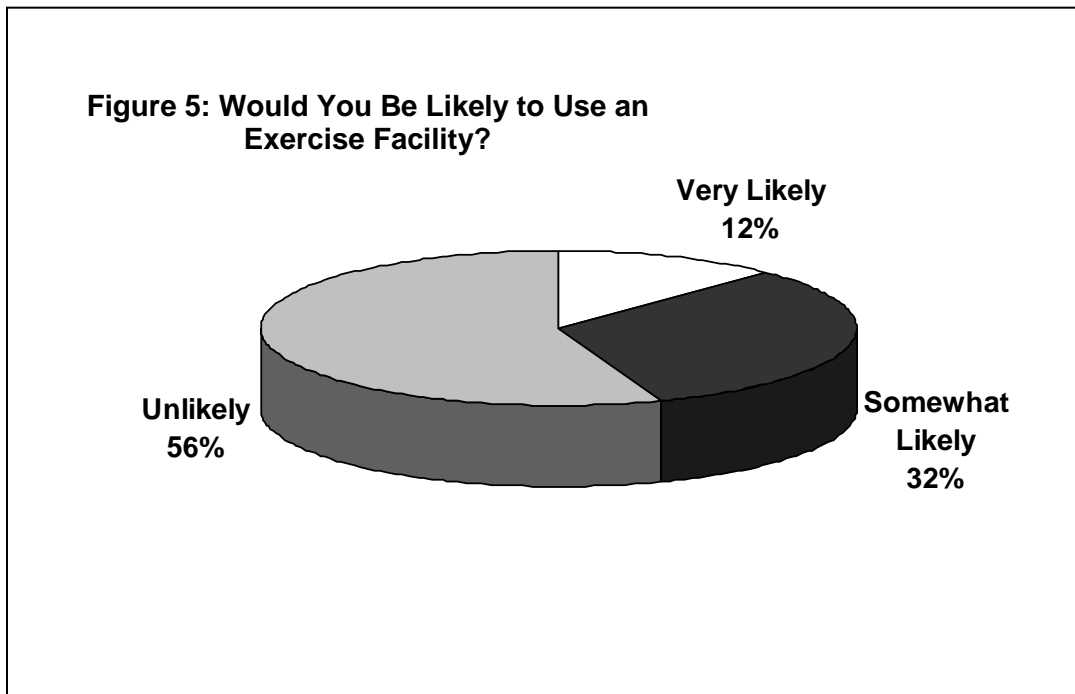


suggests that some thought be given to developing alternative forms of outreach.

It is clear that the great majority of those who do not utilize Center services are not motivated by any aversion to the Center or by practical barriers, such as parking or transportation problems. Only about two percent of the nonusers indicated they did not like the Center, and only slightly higher percentages were deterred by transportation or parking difficulties.

Respondents were asked directly about two new programs now being contemplated by the Center. They were asked whether they would be likely to use a fitness center with exercise machines if one were established by the Center. They were also asked in a later section of the questionnaire, if they would make use of an adult daycare facility for persons for whom they are providing care. This latter question is addressed below while discussing care-giving and care-receiving.

Figure 5 shows the percentages of all respondents who said they would be “very likely”, “somewhat likely” or “unlikely” to use an exercise facility. Over 40% said they would be at least somewhat likely to use such a facility, were it established. Projected out to the larger community, and even assuming that people often do not do as they intend, there would clearly be substantial demand for a fitness center. The percentage saying they would likely use an exercise facility does not vary greatly by age, interestingly, apart from a slight dropping off after the age of 80. Roughly 44% of all age groups from 50 to 80 indicate they would be very likely or somewhat likely to use a fitness center.



Finally, respondents were asked if there were any other programs they would be likely to use if they were added. Several hundred very diverse suggestions were made. Some of these suggestions duplicate programs already in place, further underlining the potential value of more intensive dissemination of information about the Center. A large number of respondents also took this occasion to explicitly praise the quality and variety of programs already being offered.

Suggestions ranged from the idiosyncratic (“We need a dating service for seniors!”, “Bingo”.) to the very widely shared (“We need an inexpensive year around swimming pool available.”, “Tai Chi more than once per week.”). Overall, most suggestions fell into several clusters. The following abbreviated list will provide a sense of the wide array of programs in which some interest was expressed:

- **Exercise.** More than 40 respondents suggested a new kind of exercise class or an extension of existing classes. Most common were requests for more Tai Chi classes, the feeling being that once per week was not sufficient. A number of people wanted yoga classes, water aerobics, aerobics, and exercise machines in a gym setting.
- **Swimming Pool Access.** More than 20 respondents indicated they would like better access to an indoor swimming pool. A few seemed unaware of existing programs in this area.
- **Nighttime Recreation.** Many respondents would like to see more evening entertainment, with preferences ranging from bingo games to ballet to movies. In general, there is a considerable demand for plays, concerts, and dance performances.
- **Health and Wellness Programs.** Not surprisingly, given that health related services were the most often utilized, many seniors would like extended services in this area. Particular requests were for more flu clinics, health and fitness discussions (including discussions of “How to keep sex alive.”), help finding appropriate physicians, and “wellness” classes.
- **Tours and Travel.** A dozen people expressed desires for more tours and trips.
- **Transportation.** Several people expressed a desire for cheaper transportation for the handicapped, in-town transportation to and from the Senior Center, and “more transportation options”.
- **Self Improvement.** Many seniors want the opportunity to continue learning. Among activities for which there is an interest are foreign language lessons, public affairs speakers, current events discussions, photography classes, book discussion groups, computer lessons, literature classes, art appreciation classes, and numerous others.

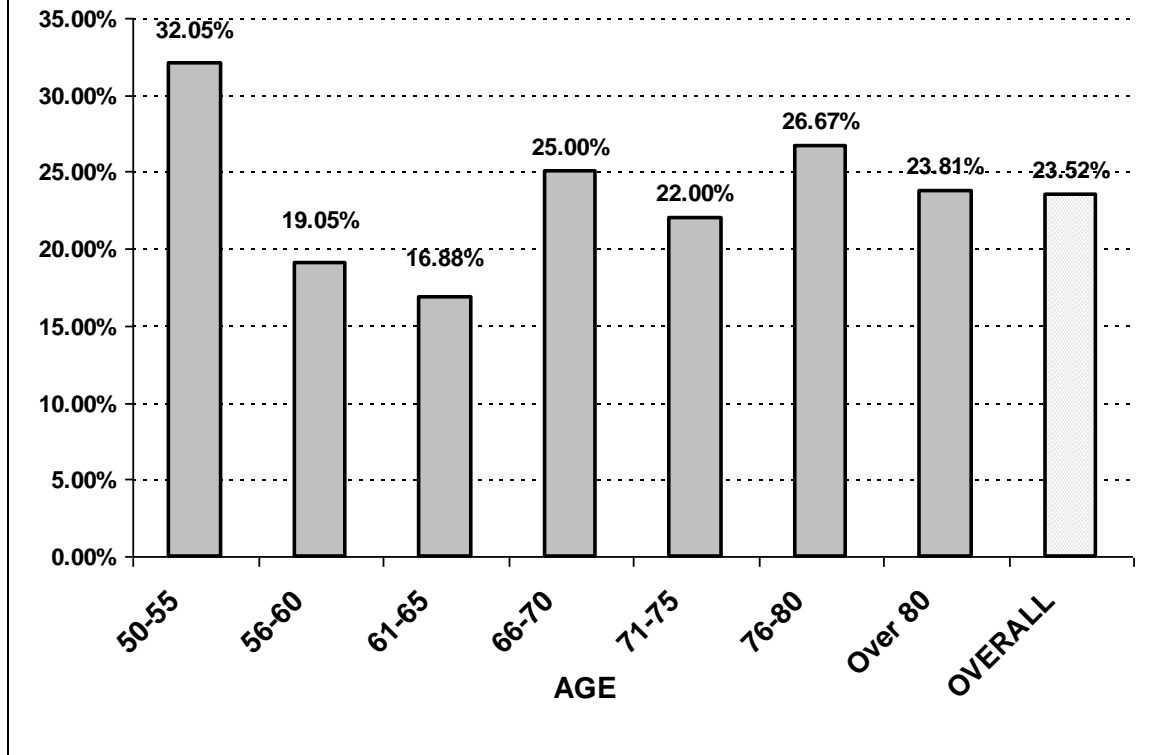
- **Avocations.** A very large number of respondents indicated they would like the opportunity to engage, or engage more often, in favored recreational activities. Most common among these are playing cards, especially bridge, other table games, like chess, an expanded library, a music room, golfing, and dancing.
- **Assistance Programs.** Several suggestions were made for programs that might be of value to seniors or others. One respondent wrote: *“I am a senior caring for elderly parents, and I would like informational programs on finances, housing options and the other responsibilities entailed in care-giving.”* Other suggestions include a program to help those applying for State and Federal grants, creating a group of seniors to tutor youths, and a program to provide volunteers to run errands and otherwise help the elderly.

Giving Care

One of the objectives of the survey was to determine the extent to which providing care for others was problematic among the midlife and senior population of Amherst. Given the progressive extension of life spans, it is increasingly likely that many people, themselves facing the challenges of aging, will be called on to care for elderly parents, spouses, grown children or other family members.

As shown in the last column of Figure 6, just under one-quarter (23.52%) of the 727 people who answered this question reported they provide “help and assistance for a spouse, friend, or relative who resides in Amherst or a nearby community.” This burden is not evenly spread across the age groups, however.

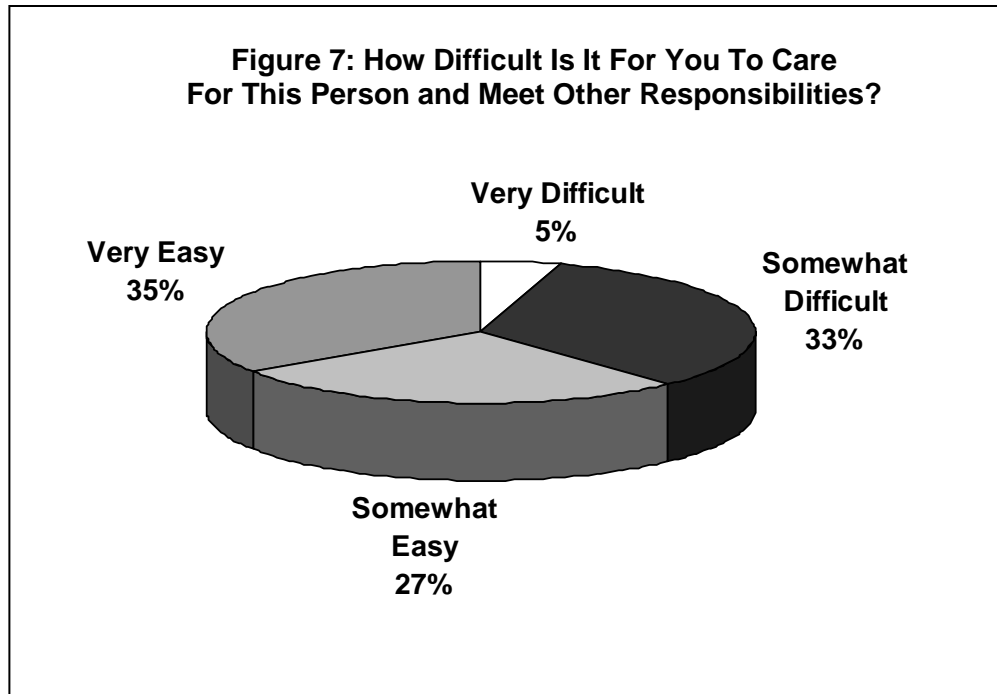
Figure 6: Percentages Providing Care for Another Person, by Age (Maximum N = 727)



It is the youngest group in our sample, those between the ages of 50 and 55, who experience the highest rate of care-giving, with nearly one-third doing so. The rate is substantially lower for those aged 56 to 65, but again rises among all those 70 years of age or older. In all likelihood, although we do not have precise data on this point, the younger group is probably caring for aged parents, while the older groups are more likely to be caring for a spouse. The problems facing these two groups of caregivers, therefore, are apt to differ significantly. The younger group is mostly still working full time, and thus not available for round the clock care. Their incomes are higher, however, making substitute caregivers more feasible economically. The older group, while more likely to be available, is less likely to be physically able to provide some kinds of care and also likely to have lower incomes to hire additional help.

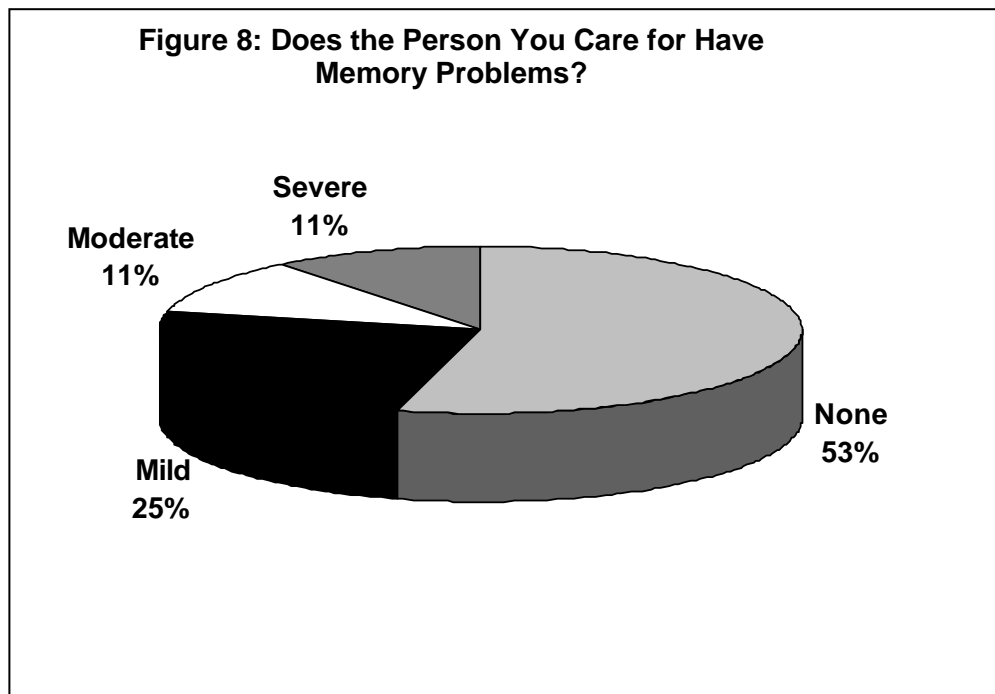
A slight majority (51.5%) of those reporting being caregivers indicated they lived with the person being given care, with the others caring for people still living independently, semi-independently or in an institutional setting.

Figure 7 shows what percentages found care-giving to be more or less difficult. Over one-third (38%) reported care-giving to be “somewhat difficult” or “very difficult”, while 62% found the responsibility to be less burdensome.



These figures are, somewhat surprisingly, not substantially influenced by whether or not the care-giver lived with the person being given care. The degree of difficulty experienced was approximately the same in both instances.

One of the most challenging aspects of care-giving is helping a person with memory problems, a challenge some people in the sample face on a daily basis. We asked whether the person being cared for had memory difficulties and, if so, how severe was the memory impairment. The results are shown in Figure 8.



While the majority of those being given care (53%) have no memory problems, 47% do have some degree of memory impairment and just over 20% suffer either moderate or severe impairment.

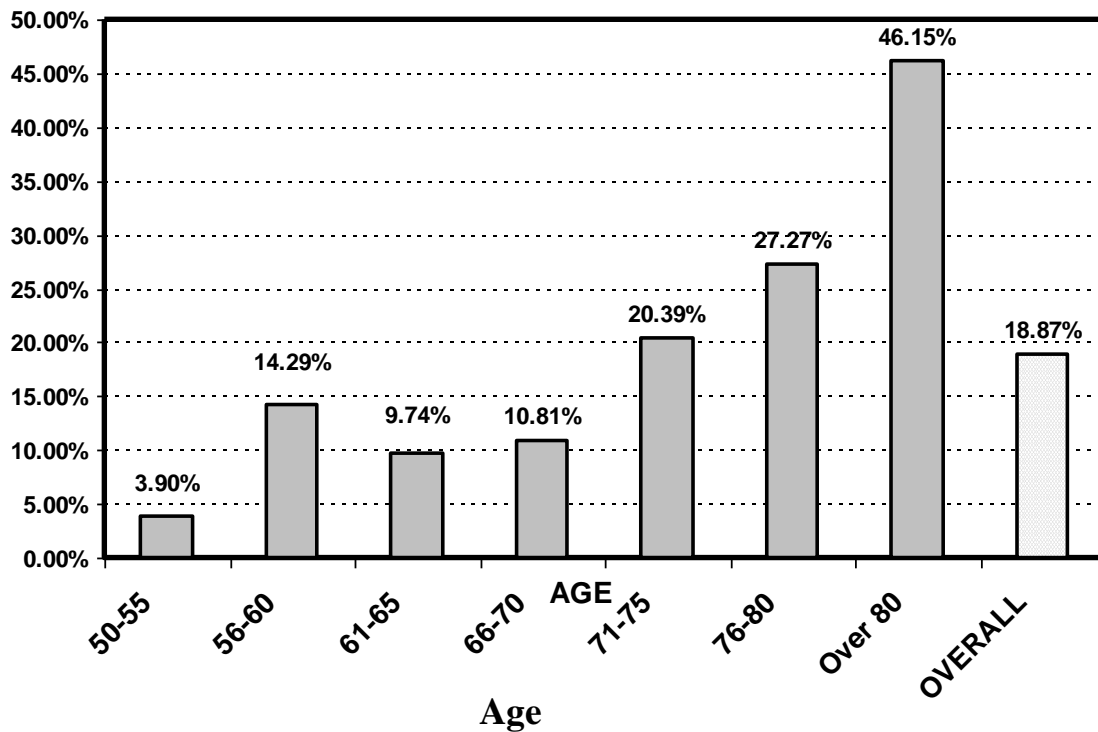
Part of being a care-giver involves having, or not having, the financial resources to deal with the responsibility. In the case of the present sample, nearly three-quarters (73.85%) indicated they had sufficient financial resources to pay for the help needed to care for the person being given care. *The obverse, of course, is that more than one-quarter feel they lack the financial resources to pay for the help they need.*

A final set of questions in this section asked whether or not care-givers would use an adult day care program if one were established by the Senior Center and, if so, how often. One-third (31.39%) of those giving care answered “yes” to this question, but most of these (76%) indicated that an adult day care program would only be an occasional need for them. Only a small minority (8%) would like day care five days per week; another 15% would like day care available 1-4 days per week. *There is, in other words, a significant need for occasional daycare for dependant adults*

Receiving Care From Others

Respondents were asked a series of questions concerning the extent and kind of assistance they need or receive from others in accomplishing a variety of daily tasks, ranging from personal grooming to heavy housework. A significant minority of respondents, 19.07%, indicated that they did need, or already had, help in some of these daily tasks. This is the percentage for the entire sample, including younger people. When age is taken into account, the picture is sharply different, as shown in Figure 9.

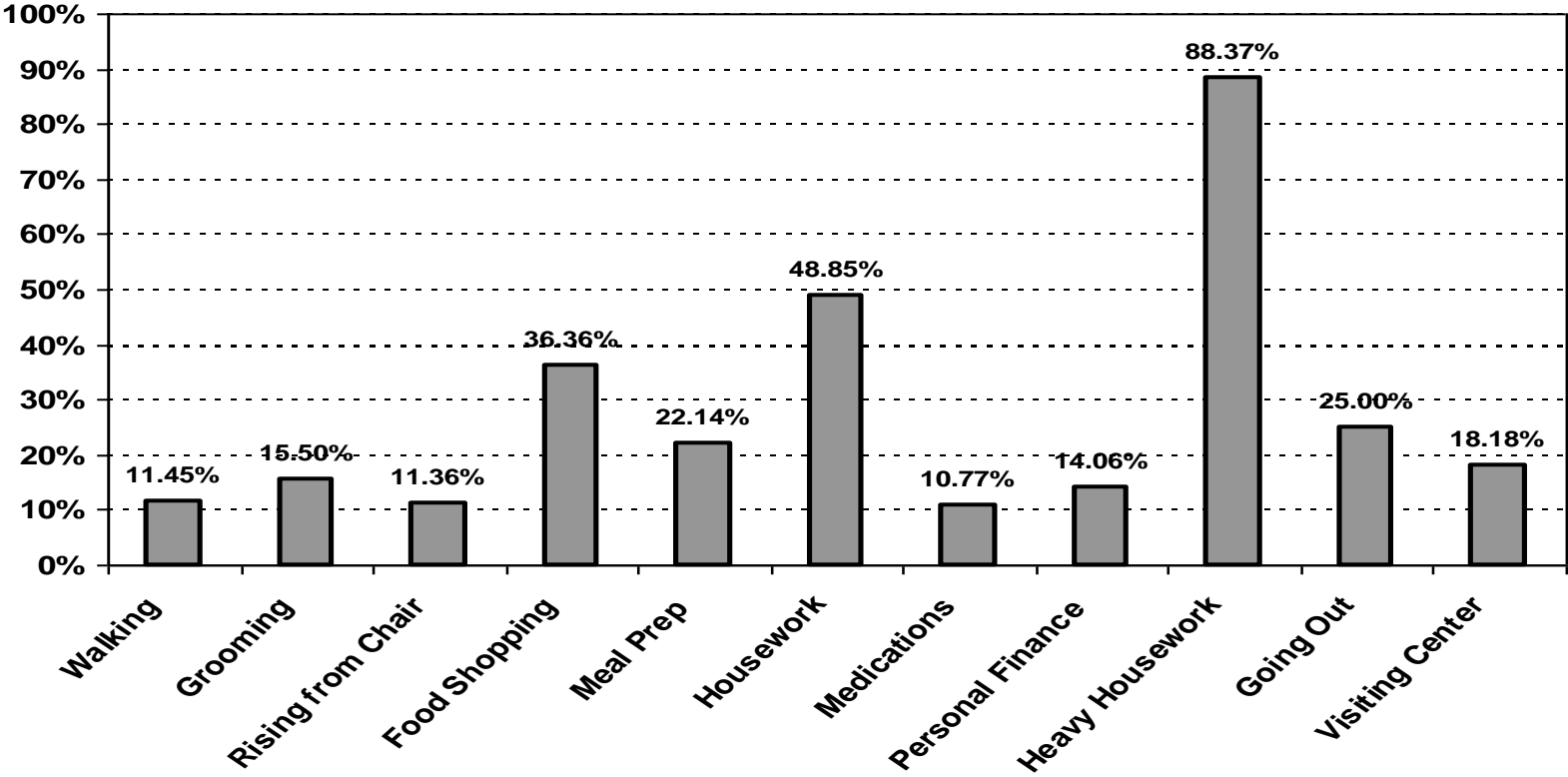
Figure 9: Percentages Needing Assistance in Daily Tasks, by Age (N = 726)



While relatively few of the respondents under the age of 71 need assistance, the percentage goes up significantly among older groups. Nearly half (46.53%) of those over the age of 80 require some degree of assistance. By far the most common task for which help is needed is “heavy housework”, such as shoveling snow or washing walls. More than 85% of *all* respondents reported needing help in this area. Among the older groups, of course, the percentage is even higher.

Figure 10 shows the areas in which assistance is needed. These calculations include everyone indicating they needed assistance in any area. As would be implied by the data in Figure 9, the people represented in Figure 10 are predominantly older; just over two-

Figure 10: Percentages Needing Assistance in Various Areas, Among Those Needing Any Assistance (N=136)



thirds (68.36%) of those needing any sort of assistance are over 70 years of age, and more than one-third (36.36%) are over 80.

As would be expected, the areas in which most help is needed are those requiring physical strength and stamina; food shopping (36.36%), routine housework (48.85%), and especially heavy housework (88.37%), such as leaf raking and snow removal. A substantial percentage, however, also require assistance in such areas as personal grooming, walking across a room, or leaving the home.

When asked if they were receiving all the help they needed, one-quarter of those needing help said “no” (25.2%). A follow-up question asked those saying they needed help if they had the financial resources to pay for needed help, and only 16.54% said “no”. In other words, while a significant number of people lack both the help they need and the money to pay for such help, some people appear to have the financial resources but not the needed help. We did not ask directly why people with the money to pay for help still do without, *but our presumption is that finding dependable affordable help is a problem.*

Finally, respondents were asked how likely it was that friends, neighbors and family now assisting them would still be able to do so “one year from now”. Their responses suggest substantial uncertainty about the stability of current arrangements, even when looking ahead for only one year. While 65% of those receiving help thought their current arrangements would continue for at least one year, the remainder expressed doubt that this would be possible, with 25% saying that it was “not likely” that their current arrangements could last another year.

Social Networks and Social Isolation

One of the issues of concern to the Senior Center staff and volunteers is that of social isolation. With this in mind, a number of questions were asked about friends and families, including whether the respondent had family members living nearby. Counting spouses as family, slightly over 85% of the sample answered “yes” to this question. Apart from those over 80 years of age, this percentage is fairly constant across the entire sample. Even among those over 80, approximately three-quarters indicated they have family living nearby.

Among the minority who are widowed, divorced, separated or never married, however, 40.65% report that no members of their family live nearby. *Thus, while a significant majority of respondents have family nearby, about 15% of the entire sample are neither married nor do they have family in the area.*

A similar pattern is clear when considering two follow up questions, how often the respondent sees members of his or her family, and how often he or she has contact with family members (via telephone calls or emails). Again, reflecting the fact that two-thirds of the sample are married, most respondents see family members on a daily basis, as shown in Figure 11. On the other hand, over 15% see family members once per month or less often.

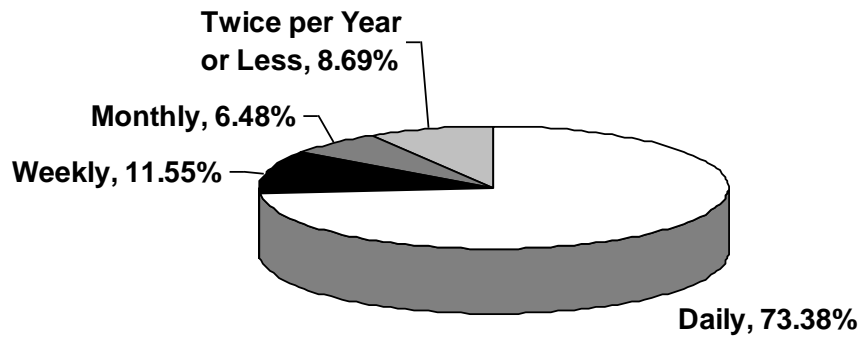
Figure 11A shows the frequency with which family members are seen among those who are not married. Over one-half of this group (56.11%) see family members at least weekly, but another 25% see family members only twice per year or less.

Once again, age makes a difference. There is a steady decline in the frequency of seeing family members as age increases. While over 73% of the entire sample sees family members on a daily basis, this is true for only about one-half of those over the age of 75.

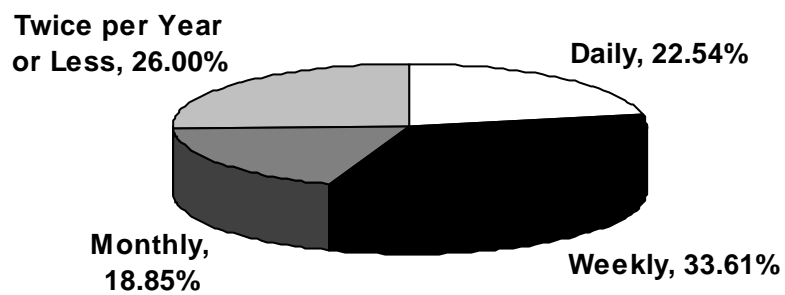
Similar patterns are evident when looking at the frequency with which respondents exchanged telephone calls and emails with family members, as shown in Figure 12. A large majority of respondents are in frequent contact with family members, with more than three-quarters in daily communication. No doubt, the large percentage of the sample who are married is again responsible for this figure being so high. Among the non-married, fewer than 40% of respondents report daily telephone or email contact with family members

As in the case with seeing family members, frequency of communication drops off steadily as age increases, so that the older people in the sample are less likely to communicate frequently with family members than are younger people. More than 90% of people under the age of 60 communicate daily with family members, as compared to about 68% of those over the age of 80.

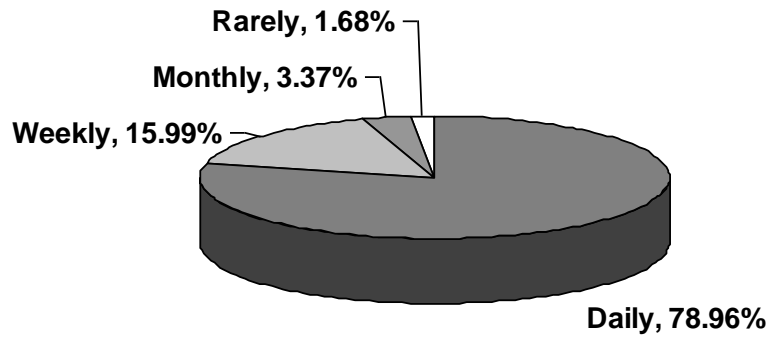
**Figure 11: How Often Do You See Family members?
(N = 712)**



**Figure 11A: How Often Do The Non-Married See
Family members?
(N = 244)**



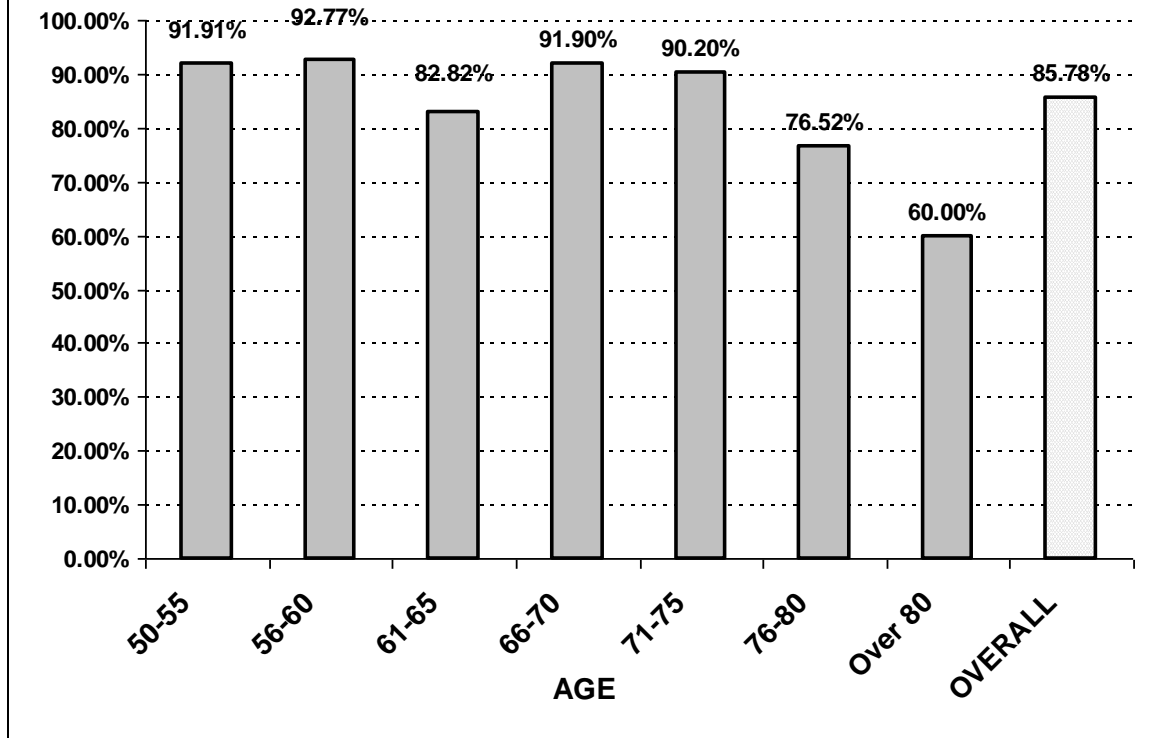
**Figure 12: How Often Do You Communicate With Family members?
(N = 712)**



As another approach to determining the extent to which older residents may be cut off from the larger society, respondents were asked “How many days per week, on average, do you leave home for any reason?” This is clearly not a problem for the great majority of our sample, with more than 85% of respondents saying they leave home four or more days per week. Figure 13 shows the percentage of persons at various age levels who indicated they leave home four or more days per week. It is only after the age of 75 that there is a substantial drop off in the frequency with which respondents leave their homes. *Nearly 40% of those over the age of 80 go out fewer than four days per week and 25% less than one day per week.*

Respondents were asked what factors prevented them from going out more often. Looking only at those who left their homes four or fewer days per week, 29.6% said health problems prevented them from going out more often, 26.4% cited a lack of transportation as a reason, and 16.1% said a shortage of financial resources kept them home.

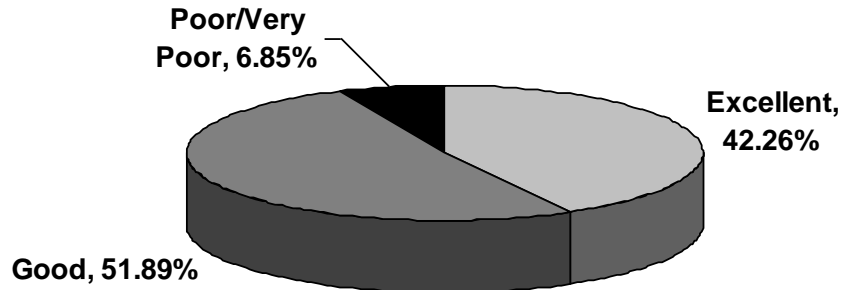
Figure 13: Percentages Leaving Home Four or More Days per Week, by Age (N = 703)



Health and Habits

As part of our inquiry into the general status of Amherst’s older residents, the questionnaire asked several questions having to do with health and health related habits. The great majority of respondents rated their health as either “excellent” or “very good”. Figure 14 shows the percentages of respondents rating themselves in excellent, good, poor or very poor health. More than 90% claim to be in excellent or good health, with less than 10% saying their health is poor or very poor.

**Figure 14: How Would You Rate Your Health?
(N = 715)**



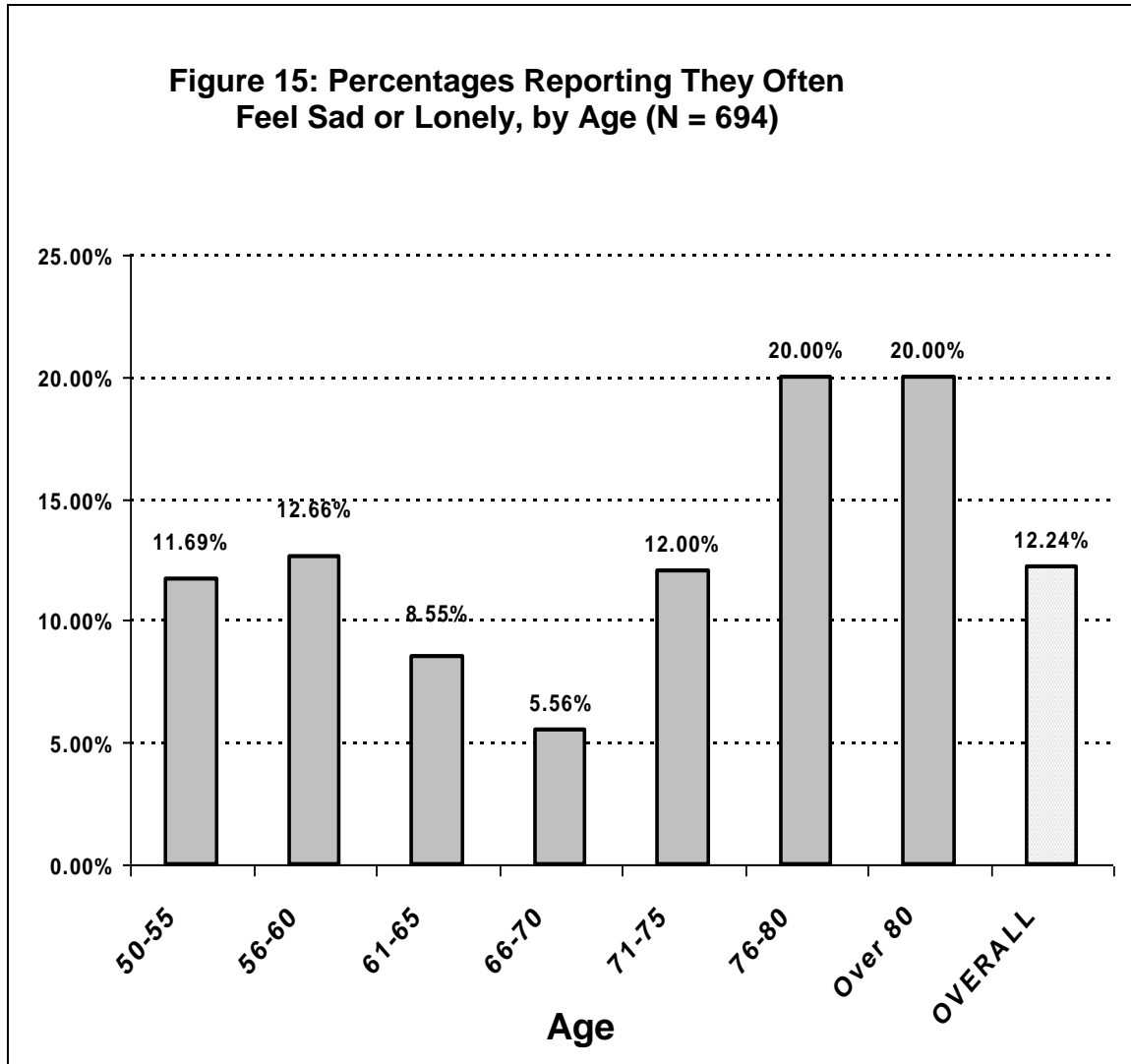
With increasing age, however, health self-assessments are not quite as positive. Among the 103 people 80 or older who answered this question, only 15.53% regarded themselves as being in excellent health. Nearly 18% of the people in this group said their health was poor or very poor. Nonetheless, there are high levels of optimism about health across all age categories. For example, more than 80% of everyone over the age of 75 said their health was at least good.

The health related habits of our sample are generally very good. Most say they exercise on a regular basis and very few smoke cigarettes. More than 78% of the respondents said they exercised regularly (e.g. walk, go to a gym, ride a bicycle or treadmill). This is true almost regardless of age: three-quarters of those 80 and older report still exercising at least three times per week.

Exactly 26 people of the 711 people who answered the question, about 3.6%, reported they smoked, defined as regularly smoking more than three cigarettes per day. Possibly some of the 24 people who left the question blank did so out of a reluctance to admit they smoked, but even so, Amherst seniors are overwhelmingly non-smokers.

Finally, 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 the 694 people who did, just over 12% reported often feeling sad or

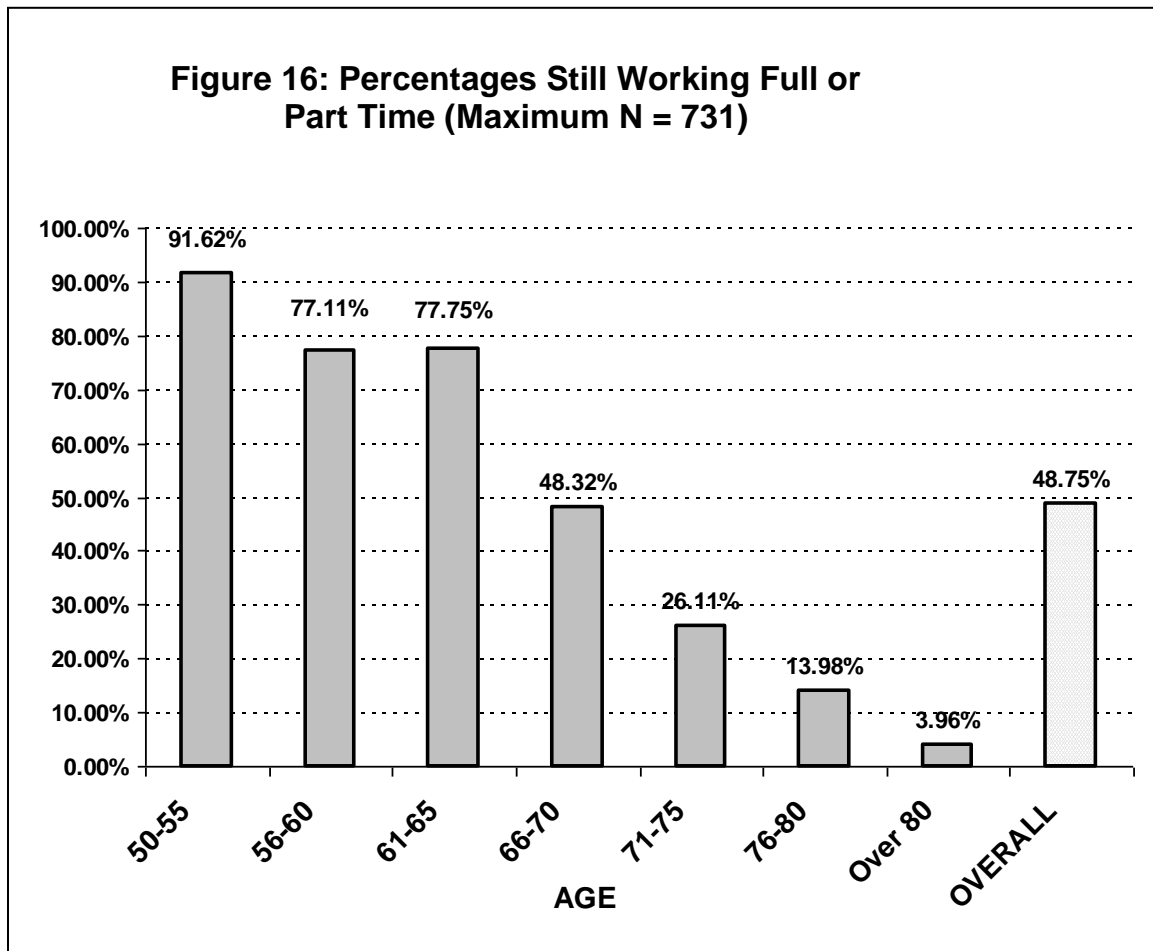
lonely. As with many other issues, age makes a difference. Figure 15 shows percentages of various age groups who reported often feeling sad or lonely.



The pattern shown in Table 15 is not linear, meaning that feelings of depression do not become steadily more widespread with age. Rather, moderate levels of depression between the ages of 50 and 60 are followed by sharply reduced levels between 60 and 70. After the age of 70, progressively higher percentages of respondents indicate they often feel sad or lonely, with more than 20% of those 76 and older reporting such feelings.

Looking Forward

This final section of the report looks at the future plans of Amherst's older population, and also at their concerns and fears for the future. Approximately one-half the sample are still employed, either full or part time. 350 people, or 47.8% of the entire sample, are still working, either full or part time. Most of these people are relatively young, of course, but a surprising number of people over 65 years of age are employed. Figure 16 shows the percentages of each age group still in the labor force.



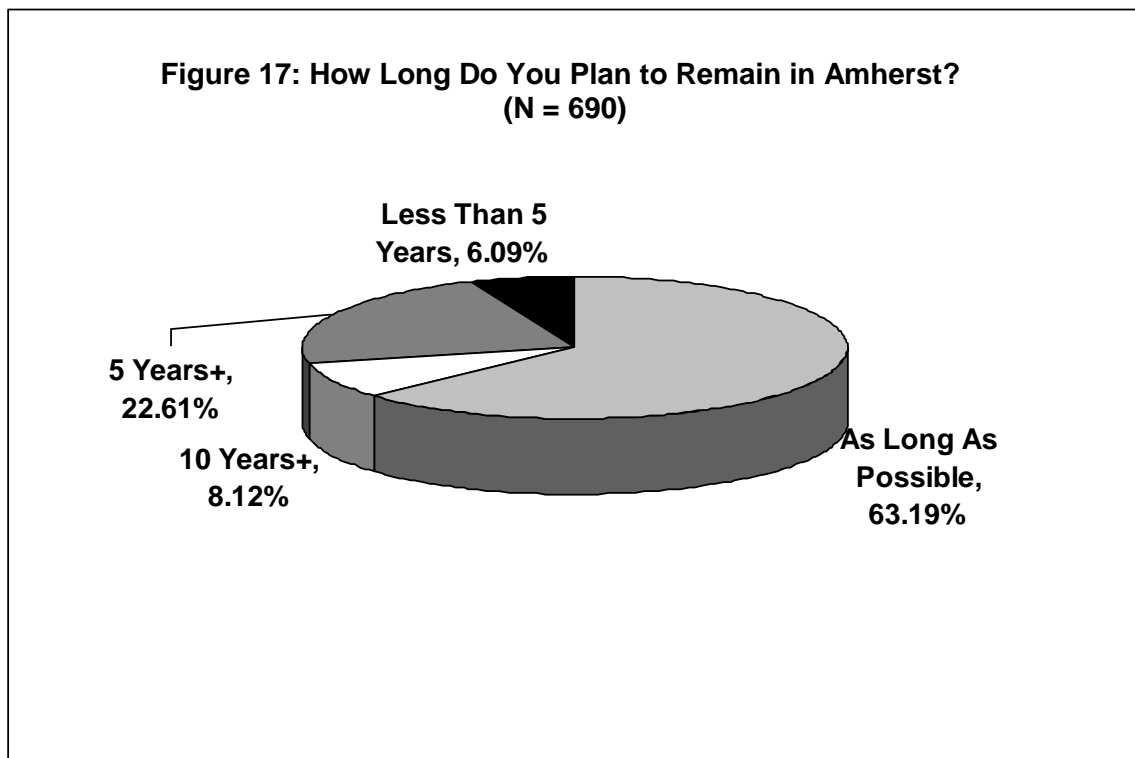
There is a fairly sharp drop in employment after the traditional retirement age of 65, but just over 30% of everyone past 65 is still employed, either full (12.11%) or part time (19.27%).

Income is likely to be a major factor in some people's retirement decisions. There is no significant difference in the income distribution of those over 65 who do and do not work. The average and range of total family income is about the same for both the working and non-working. *By implication, this means that those working full and part*

time apparently must do so to maintain the same income as their age peers. Notwithstanding their earnings, a number of those over 65 who are working still have relatively low incomes. More than 20% of this group have *household* incomes of less than \$40,000 per year.

Among all those still working, many intend to retire at the traditional age of 65 (21.9%) and another large clump at the age of 70 (22.4%). An even larger group, however, intend to retire even later in life or never. One hardy soul indicates he plans to retire at 150.

Where do people intend to spend their senior years? The answer is primarily “Amherst”, despite, as we will see, considerable fear of the rising cost of living in this area. Figure 17 shows percentages who intend to remain in Amherst for various lengths of time.



The obvious conclusion to draw from Figure 17 is that older people, for the most part, find Amherst a congenial place to live. Only 6% plan to remain no more than 5 years. More than two-thirds (71.3%) intend to stay more than ten years and most of these “for as long as possible”.

It is interesting to speculate what these numbers may mean for Amherst’s future. In all likelihood, Amherst is going to have a progressively larger number of seniors in the coming decades. To illustrate this point, over 63% of the current group of people between the ages of 50 and 60 indicate they intend to stay in Amherst on a long term basis. There are 2210 people in this age cohort, meaning that 1393 are likely to still be living in Amherst when they are 70 to 80 years of age. This is a rough estimate, of

course, leaving out consideration of mortality rates, in-migration, changed plans, and many other factors. If, however, this estimate is reasonably accurate, this will mean a substantial increase over the current number of 1018 Amherst residents between the ages of 70 and 80. In percentage terms, this represents a 35% increase in this one age cohort. There will be corresponding growth in other older age cohorts, as well. *In short, Amherst is very likely to have a substantially larger number of elder residents over the coming years and would be well advised to take this into account in planning for the future.*

The questionnaire asked several questions about concerns respondents might have about their financial future. One question asked: “*Consider the following list. Which items are you concerned you cannot afford or may not be able to afford in the future?*” Figure 18 shows the percentages of respondents who were concerned about each item. Five items stand out, with more than 20% of the sample expressing concerns about their current or future affordability: housing (rent, mortgage, real estate taxes), automobile (purchase or repair a car), dental care, care for a spouse or loved one, and household help. The costs of medicine and medical treatments are close behind, with 15.33% and 16.13%, respectively, of respondents fearing they will not be able to afford these items. Despite the relative affluence of many respondents, the level of uncertainty and fear for the future remain surprisingly high.

The effects of age on the areas and degree of financial worry for the future are unexpected. For ten out of eleven items, the most fearful groups are not the older, but the *younger*, people in the sample. People between 50 and 65 appear to be more anxious than older respondents about being able to afford the necessities of life as they grow older. Figure 19 takes the 7 items about which most concerns were expressed and contrasts the percentages of senior and midlife respondents for whom each item was a concern. For 6 items, the midlife population is more fearful, and the differences are substantial. Housing costs, including real estate taxes, are a concern for nearly 30% of the midlife residents, but less than 20% of senior residents. The difference is slightly greater in the case of worry about being able to afford care for a loved one. The single exception to this pattern is that the older group is slightly more worried about being able to afford household help than the younger group.

Why the younger people in the study should be more worried about their financial futures than the older people is not at all clear. Perhaps old age is a more unknown and thus more frightening prospect for those yet to really embark on the journey. It may also be a simple matter of time horizons. Younger people must look further into the future and it makes sense that uncertainty would be greater for them than for older people with a shorter time horizon.

We asked specifically about seven issues that may have been a source of concern over the past year: money, personal health problems, health problems of family members, health problems of friends, rates of crime in Amherst, national events, global events. Figure 20 shows the percentage of respondents who have been caused concern by each of these issues over the past year.

Figure 18: Percentages Who Fear Being Unable to Afford Various Costs of Living (Maximum N=735)

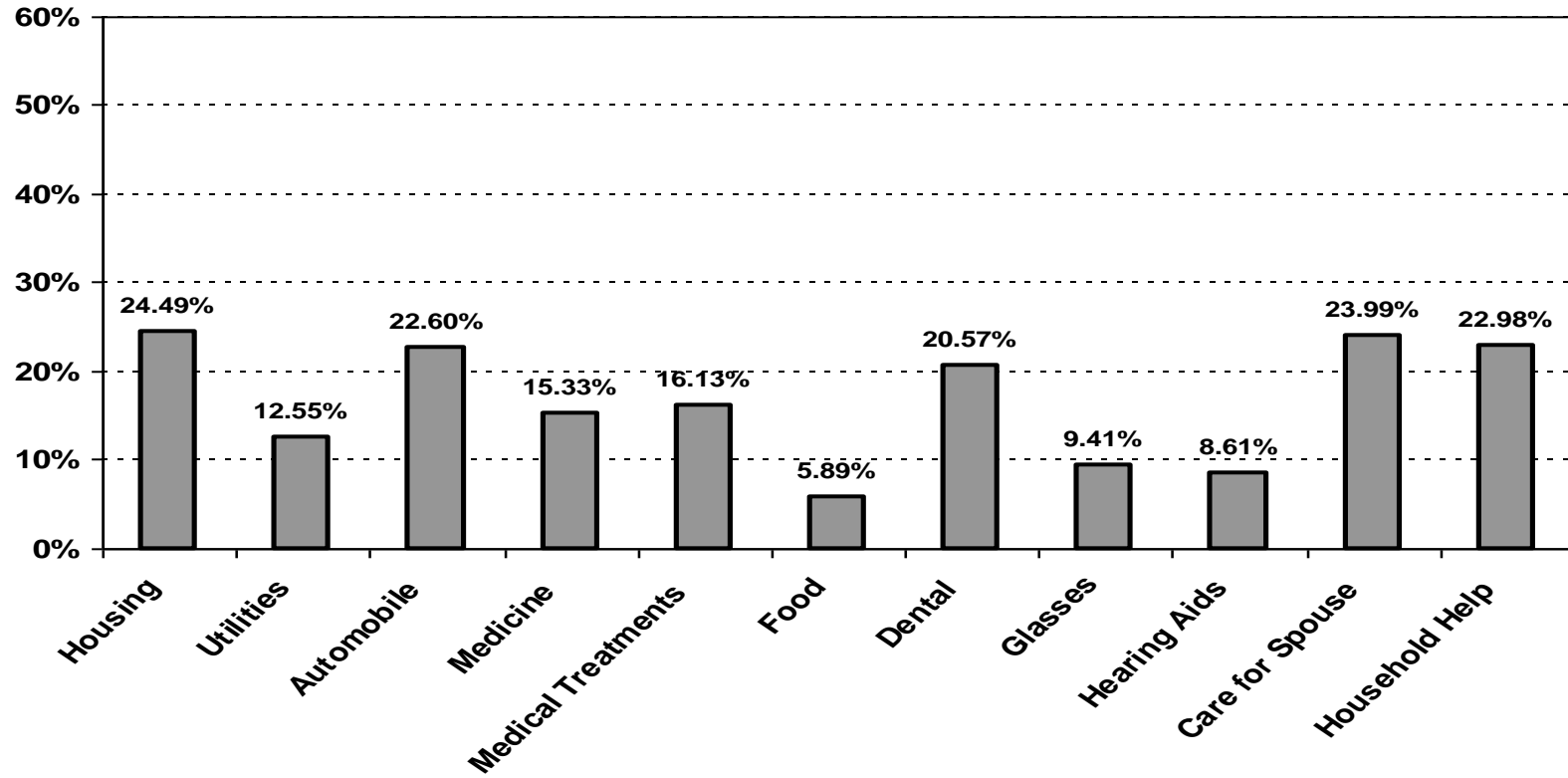
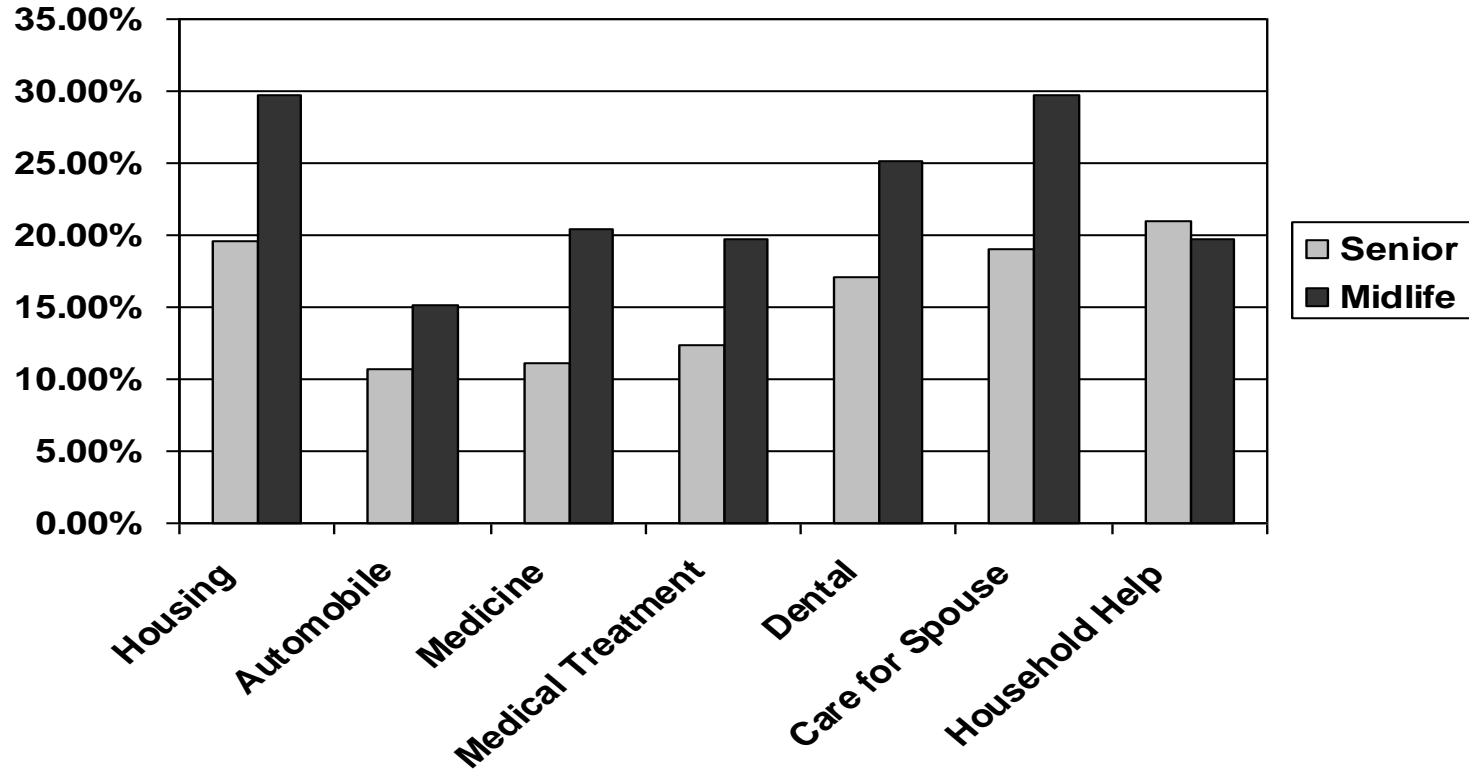
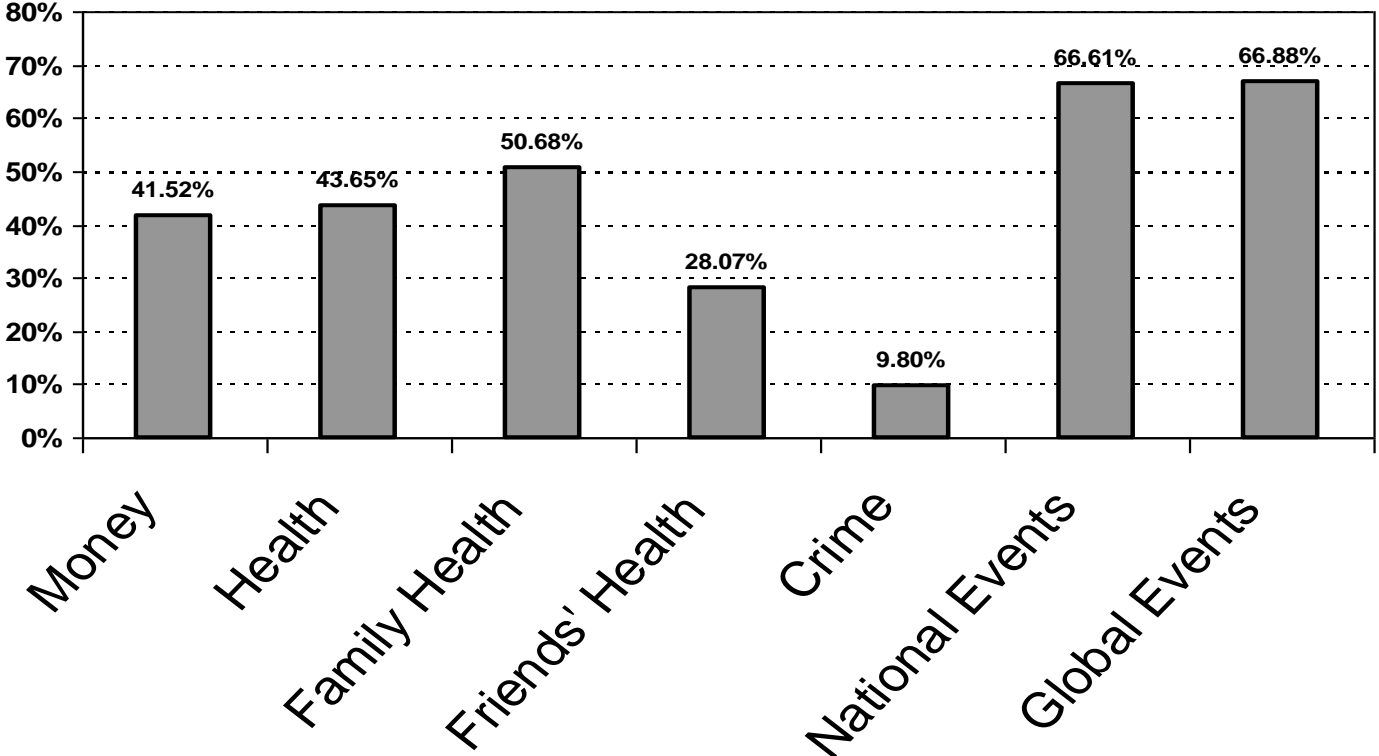


Figure 19: Percentages of Senior (65+) and Midlife (Under 65) Populations Expressing Concerns About Affordability of Various Items (Maximum N = 715)



**Figure 20: Percentages Reporting Various Issues Have Caused Them Concern Over the Past Year
(Maximum N = 715)**



First, it is clear that Amherst residents do not fear crime. Fewer than one in ten respondents had any concerns about local crime over the past year. Second, it is clear that Amherst's older citizens are engaged in the wider world. National and international events caused the most concern, more even than health issues.

Age makes a difference in what people worry about. Those under 65 are more worried about money than those over 65 (52.99% compared to 31.33%), but those over 65 are more worried about their health than those under 65 (48.09% compared to 37.40%). Otherwise, the two groups worry about much the same things, with national and global events of greatest concern.

A final question asked respondents *"What are your concerns about staying in Amherst as you grow older?"* This question opened the floodgates, with nearly 500 different people offering their thoughts on the topic. A surprising number said the equivalent of "absolutely none!" One woman said "None! I'm not old yet, only 88." Others wrote tongue-in-cheek responses: "I'm worried that global warming will preclude cross-country skiing." Overall, however, reading over these 489 comments is a sobering experience. They are a catalogue of the challenges of aging. Following is a brief listing of the most common concerns, along with some direct quotations from respondents.

- **Money.** By far the most common worry is that real estate taxes will become unaffordable, with 178 people saying this explicitly. Nearly as many expressed a general fear of the rising cost of living in Amherst, which no doubt includes many people concerned about real estate taxes.
"I'm concerned that property taxes will force me from my home".
"I don't see how we can keep up with increasing living costs".
- **Transportation.** Being able to get around is a surprisingly pressing concern for a large proportion of the sample. Many people in the sample are particularly worried about what will happen when they can no longer drive. Public transportation is not seen as adequate.
"We won't be able to stay in our house if I can't maintain my driving license. My spouse no longer drives and my vision is going."
"I worry that not being able to drive will make life very difficult. How will I shop or visit the doctor?"
"The public transportation is not very good and does not cover all areas, including North Amherst where I live. I'll have to move."
- **Social Isolation.** Many respondents expressed concerns that they will end up isolated and alone, particularly if they are widowed.
"I'm afraid of being lonely, especially if my children move away."
"I'm concerned about being able to maintain a circle of friends."
:I don't want to be by myself all the time."
- **Loss of Autonomy.** More than 45 people said, in various words, that they feared losing their autonomy, the ability to remain independent.

"I don't want to be a burden on my son and daughter-in-law."
"I fear not being able to take care of myself."
"If my husband dies and I am sick, I will have to depend on strangers to take care of me."
"I don't want to live in a nursing home."

- **Housing.** Concerns about housing centered around two issues, the first being fears that they would be forced to leave their home, often because they could not properly maintain it or afford to hire help to do so. The second, and related, concern is that there are perceived to be no suitable condos in the downtown area.
"Our house is large and I don't see how we can continue to maintain it."
"I don't know where I will live. My house is too expensive to keep up and there are no suitable condos downtown where I will have to live because of transportation".
"I fear not being able to stay in my house."
"Once I can't drive, I'll have to find someplace else to live."
"I worry that I will not be able to find affordable housing in a pleasant neighborhood."
"If my taxes go up anymore, I'll have to sell my house and I don't know what I will do then."

- **Climate.** Many people find the winters in Amherst to be burdensome and expect them to be more so as they grow older. A large number made particular note that sidewalks during the winter are not cleared properly and are dangerous.
"The cold weather is getting to me more all the time."
"Sidewalks are not cleared of snow and I can't get around."
"Dealing with winter weather!"

- **Health and Healthcare.** Not surprisingly, health and getting proper care is a major issue for Amherst's older residents. Many people are simply fearful of declining health and all that implies for mobility and quality of life. Other do not believe the local health care system is as good as it should be.
"Medical services in this area are not great."
"I dread losing physical mobility"
"I worry about getting sick."
"There is no trauma center in this area."
"Medical services here are not really first rate."
"I worry about becoming too weak to maintain my house and yard."

Key Points

The following is a brief and selective review of the central conclusions to be drawn from this survey.

- Senior Center services are heavily utilized, with 46.7% of all Amherst residents 50 or older having used Center services. Two-thirds of all residents over 70 and nearly 75% of all residents over 75 have used Center services.
- Medical services have been utilized by the largest number of people; more than 50% of all who have used any service have used a medical service. Relatively large percentages have also utilized the bus/van service, educational programs, fitness and exercise programs, financial counseling and dance/music events.
- The Center newsletter, *The Senior Spirit*, is read by more than 96% of Amherst's older population.
- Satisfaction rates among those who have utilized Center services are extraordinarily high, with well over 90% of users expressing satisfaction with their experiences in nearly all service areas.
- There is considerable demand for additional services, with approximately 45% of respondents saying they would be likely or very likely to use exercise machines if they were available. A large number and variety of other services were suggested and summarized in the text.
- Twenty-five percent of respondents serve as caregivers to another person. Percentages are highest among the youngest and the oldest respondents. The former group is probably caring for aged parents, while the latter group is more likely to be caring for spouses. About 40% of those giving care find it "difficult" or "very difficult" to do so.
- Forty-seven percent of those giving care are assisting persons with some degree of memory impairment, ranging from "mild" to "severe".
- While the majority of caregivers have the financial resources to afford the costs of caregiving, one-quarter do not have sufficient money to meet their obligations.
- One-third of caregivers would utilize some form of adult daycare if it were available, at least on an occasional basis.

- Nearly one-fifth of all respondents stated they needed help with performing routine daily tasks, ranging from personal grooming to housework. This percentage rises to over 46% among those over 80.
- One-quarter of those needing help are not receiving the needed help. The majority of these people have the financial ability to pay for help, but apparently still can not secure the needed services.
- A significant number (35%) of those receiving help from a circle of friends and family doubt that such help will be forthcoming one year hence.
- The majority of Amherst's older residents have a socio-emotional network in place: 85% are either married or have other family members living nearby. However, 15% are neither married nor have family nearby.
- Contact with family members declines with age. Only 50% of those over 75 see family members daily.
- Among the non-married, 45% see family members once per month or less.
- The health and health habits of Amherst's older residents are generally good: more than 90% say they are in good or excellent health. most exercise on a regular basis, and very few smoke.
- While most respondents say they do not experience frequent feelings of sadness and loneliness, a standard indicator of depression, the percentage that do have such feelings rises with age. Twenty percent of respondents over 75 are likely suffering some degree of depression.
- Most Amherst residents over 50 are actively engaged in the labor force. Among those over 65, 30% are still employed. Despite continued employment, 20% of this group has household incomes of less than \$40,000, often much less.
- Among those over 65, there are no differences in household income between those still employed and those fully retired, suggesting that employment is critical for many to maintain income parity with their age peers.
- Most Amherst seniors plan to stay in Amherst on a long term basis. One implication is that there will be a fairly sharp increase in the number of older Amherst residents. There will likely be a 35% increase over the next ten years in the number of residents in the 70-80 year old age group.
- Many of Amherst's older residents, notwithstanding their general affluence, are experiencing considerable anxiety about their economic futures. Nearly one-third are particularly concerned about the rising cost of housing, especially real estate

taxes. An equal number fear they will not be able to afford the costs of caring for a spouse.

- Oddly, those over 65 are generally less worried about most issues than those under 65. For those just entering their senior years, the future is apparently more daunting than it is for those who are further along on the path.