



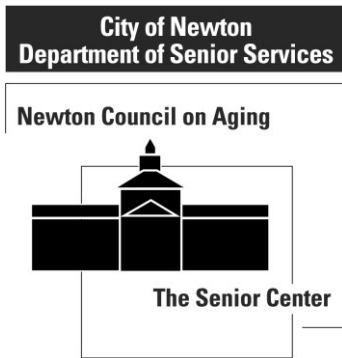
Living and Aging in Newton:

Now and In the Future

Commissioned by the Senior Citizens Fund of Newton, Inc.

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





**Newton Department of Senior Services
Newton Council on Aging
Senior Citizens Fund of Newton, Inc.**

September 2014

Dear Newton Residents,

In 2013, the Senior Citizens Fund of Newton, Inc. commissioned a survey of Newton residents age 50 and older to investigate the needs, interests, preferences, and opinions of the City's older resident population, with respect to living and aging in Newton. Results were to be used to inform and guide the Department of Senior Services and the Council on Aging in its planning efforts into the future. The Gerontology Institute at the John W. McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston was engaged to design a research strategy, develop and administer a survey instrument, analyze data, report findings, and create a final report. All work was done with the active involvement of NDSS staff, COA members, and Newton residents. The survey and report was completed in Spring 2014 and we are now proud to present it to the public.

Our research focused on the issues of ***Housing, Transportation & Mobility, Community Involvement & Engagement, Health, Well-Being and Life-Style***, and how the NDSS and COA can improve current programs and services, and continue to develop itself as an innovative leader in meeting the needs of the ever-increasing numbers of seniors in our community. In 2010 (U.S. Census), there were more than 18,600 residents age 60 and over, representing close to 22% of Newton's population. Approximately 12,300 residents were between 50 and 59, representing another 14.5%. Since data from this survey shows that most respondents wish to remain in Newton as they age, we expect that our senior population will increase to more than 30% over the next few decades.

Although we have been well aware of the growth in our senior population, this report is historic because it pulls together demographic information along with what residents see as important to them as they age. We have learned a great deal from this project and the results will serve as an important planning tool moving forward.

We are extremely proud of the results of this effort and are grateful for the wonderful work of the Gerontology Institute at the University of Massachusetts Boston. We thank all of the people who worked on this project. We are particularly indebted to the people who took the time to respond to the survey. Deep thanks to all of you.

Sincerely,

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Center for Social and Demographic Research on Aging
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Executive Summary

Introduction

This report describes collaborative efforts undertaken by the City of Newton Department of Senior Services, the Newton Council on Aging, The Senior Citizens Fund of Newton, Inc., and the Center for Social and Demographic Research on Aging, within the McCormack Graduate School at the University of Massachusetts Boston. Beginning in Fall 2013, these organizations partnered to conduct a needs assessment study to investigate the needs, interests, preferences, and opinions of the City's older resident population, with respect to living and aging in Newton. The focus of this report is on two cohorts of Newton residents—those aged 50 to 59 (referred to as “Boomers”), and the cohort of individuals who are currently aged 60 and over (“Seniors”).

During this assessment, multiple research methods were utilized to create a multidimensional overview of the City's older residents that could be used to plan and implement current and future services for older adults in Newton. We began the process by examining public data from the U.S. Census Bureau to describe basic demographic characteristics, as well as economic traits, disability status, and living situations of older people living in the City. Early in the project we met with the Director of the City's Department of Senior Services and members of the City's Council on Aging to discuss and better understand their concerns about current and future aging-related needs of the City and their evaluation needs. We used information gathered at this meeting to develop the main research instrument—a resident survey, administered to a randomly selected sample of residents from both age cohorts. We also conducted two focus groups to obtain feedback from stakeholders who represent large ethnic minority groups (i.e., Chinese and Russian), regarding their issues and concerns about aging in Newton. Finally, we conducted a comparison of Senior Centers in five municipalities that are similar to Newton in order to assess how needs of older adults are met in other communities. Collectively, the contents of this report are intended to inform the Newton Department of Senior Services, other offices within the City that have a stake in the aging of Newton's residents, and organizations that provide services to older people throughout the City. Additionally, those who advocate for older residents and community members at large will also find use for the information provided within this report.

Summary of Results

In 2010, Newton had more than 85,000 residents, many of whom were age 50 and older. According to the U.S. Census, there were 12,320 residents age 50 to 59 who will begin moving into later life during the coming decade, and another 18,636 people age 60 and over living in Newton who currently are eligible for programs and services provided by the Department of Senior Services. Since the Census in 2000, Newton has experienced growth within its older population, with the number

of persons age 60 and over increasing by about 17%, compared to a net gain of just 2% in the City overall during that time period. In general, the City's population is becoming older primarily through a process of aging in place, as long-term Newton residents age.

Residents who are age 60 or older are heads of more than one-third (37%) of Newton households. According to data from the American Community Survey (2008 – 2012), 39% of Newton households have at least one member who is age 60 or older. A sizeable proportion (23%) of residents who are age 60 and older live alone, with a large percentage of these living in homes that they own. Newton's households headed by residents who are age 65 and older have a higher median income (\$61,621) relative to older people in Massachusetts overall (\$36,282); however, many older adults in Newton experience economic disadvantages that could lead to economic insecurity. For example, more than 25% of residents age 65 and older report incomes under \$25,000 annually. Finally, many older people in Newton experience some level of disability, which could limit their functioning and impact their ability to live independently in their homes and community. Overall, 4 out of ten residents age 75 and older experience at least one disability.

Results from the resident survey suggest that a large proportion of the City's older residents have lived in Newton for many years. The majority (63%) of respondents age 50 and older reported living in Newton for 25 years or longer, and nearly half (49%) have lived in their current residences for that long. Thus, much of the growth in the older population has occurred as a result of Newton residents aging in place. By and large, aging in place is a common goal in Newton, as indicated by the 88% of Senior respondents who stated it is important to them to stay in Newton as long as possible, and 78% of Seniors who said it is important to remain in their current village as long as possible. The vast majority of survey respondents (72%) reported that they lived in single-family homes. Nevertheless, in the event that a change in their health required that respondents move in the next 5 years, condominiums were the most common preference for Boomers (48%) and Seniors age 60 to 79 (41%); respondents age 80 and older favored senior independent living facilities (39%) and assisted living facilities (33%) in the event that they needed to move.

Most survey respondents of all ages (90%) indicated that they still drive themselves, although many noted that they use strategies to modify their driving and make their driving safer and easier (such as avoiding driving in bad weather). Nearly half (46%) of respondents reported high levels of satisfaction with transportation options in Newton and in their villages; however, many transportation challenges remain, especially for those who do not drive, including public transportation options that are perceived as inadequate or inconvenient, and issues pertaining to the "walkability" of Newton. As a result, a significant number of Seniors, many of whom live alone, and who do not have reliable transportation or large social networks, may be at risk for isolation, which, over time, can influence their health, wellbeing, and ability to live independently in Newton.

Most residents (85%) reported experiencing a strong sense of belonging in Newton. In addition, most (90%) indicated feeling completely or very safe in Newton and in their villages within Newton—a likely contributor to their desire to age in place there. Most respondents (67%) stated that they would willingly ask a neighbor for help with minor tasks, and a large majority (86%) said that they would or do provide help with minor tasks or errands to neighbors if requested.

Most Newton seniors are in good health but some, especially the oldest, require help. The majority (88%) of survey respondents reported that their health was excellent or good. Relatively few said they needed assistance with activities around the house (18%), personal care (2%), or errands outside the home (8%), though the percentage needing help in these areas was much higher among respondents age 80 and older. For those who required help, most had someone who was available to give assistance, including family members (50%), friends (20%), or paid helpers (35%). A small share (5%) of all respondents indicated that they had no one to assist them when they need help. Additionally, many survey respondents (42%) reported that they currently, or have in the past five years, served as caregivers to others who are disabled or frail, with many indicating that their caregiving was highly challenging given their other life responsibilities. The vast majority of those who were caregivers (97%) were not compensated monetarily for their assistance.

The majority of survey respondents (92%) rated their wellbeing and life satisfaction as good or excellent. For the most part, older people in Newton remain well connected to family and friends, via forms of frequent communication including in-person visits, telephone conversations, and email exchanges. Nevertheless, some survey respondents suggested that they might not have adequate social/emotional support. Results indicated that a small percentage of residents might be at risk for social isolation due to their limited community connections and inadequate access to goods and services outside of their homes.

The Newton Department of Senior Services provides a wide variety of services and programs that generate high participation levels, especially among residents age 80 and older (25%). The majority of survey respondents reported high satisfaction with the available programs and services in the City. Many Seniors who stated that they do not use services said it was because they were not interested (32%); they did not identify with the word “senior” (27%); or that they participated in programs elsewhere (21%). Many survey respondents also acknowledged that they were unaware of what services were available or how to access them. Few respondents in both age cohorts—only 22%—stated that they were unlikely to use programs and services provided by the Department of Senior Services in the future. Despite varying rates of utilization and planned utilization between individuals and age cohorts, all available services were rated as very important or important by large proportions of respondents, with small differences by age group. Among the oldest Seniors (age 80 and older), the most important services offered were the senior parking sticker (58%), transportation services (50%), and information and referral services (47%). Younger Seniors (age 60 to 79) placed high importance on the

senior parking sticker (65%), and educational opportunities and seminars (57%). Respondents of all ages viewed health and wellness programs (56%) and fitness activities (55%) as highly important. Given the value that many Newton residents hold for the Newton Department of Senior Services in general, expanded service demands associated with the growth of the older population may soon exceed the availability of programming space and parking, which are already deemed inadequate by many participants in the study. In addition, some programming priorities may shift, as utilization by Boomers increases, requiring continued development of appropriate programs and services that consumers desire and prefer.

Looking ahead, many survey respondents voiced a number of concerns as they age in place in Newton. Some are concerned about the high cost of living in Newton and whether they will be able to stretch retirement incomes to meet their anticipated future needs. Property taxes, home maintenance expenses, and costs associated with medical services are just a few of the areas that concern older Newton residents as they strive to age in the community. Many are anxious about whether they will have access to quality services that help them maintain their health and remain independent. There is a strong desire to remain engaged in rich social networks that include being near to family, and providing care to other family members and friends. Finally, there was a strong desire expressed to remain active in the community, and concerns that opportunities to do so could be restricted by transportation limitations, poor health and disability, or a lack of programs aimed at addressing these concerns.

Focus group participants were recruited from Chinese-American and Russian-American residents who live in Newton. In general, there was a high level of commonality between these focus groups and survey responses. All Chinese-American participants had lived in Newton for a very long time (31 years on average), compared to Russian-American participants, who lived in Newton for 5 or fewer years. Most participants in both groups stated that staying in Newton as long as possible was a priority for them. Few participants from either group stated that they had used services provided by the Department of Senior Services, although both groups believed they could benefit by accessing the services. Notably, both groups cited lack of knowledge about what services were available to them, and that there was inadequate outreach to ethnic minority groups who reside in the City. The groups identified transportation as a serious problem, which hindered their ability to live independently in Newton, including accessibility and parking problems. Some participants in the Russian-American group indicated that they sometimes felt stranded due to their limited transportation options, despite the central location of their residence in Newton. Caregiving issues were of greater concern to Chinese-American respondents. Many in this group still had aging parents living in China, to whom they regularly traveled to provide care. Participants in both groups were receptive to becoming more involved in publically available programs and services.

Results from peer community interviews showed that Newton has an average sized Senior Center and staff size relative to other communities in the area, but a small and dated facility relative to its senior population. Like the other municipalities, Newton offers a wide variety of programs and services to local seniors, some of which are fee-based. All of the centers currently utilize volunteers to assist with providing administrative support and help with programs and activities at the centers. Newton, especially, has a strong core of volunteers, who provide nearly 700 hours per month of assistance at the Senior Center.

Collectively, results from the needs assessment study were used to develop the following specific recommendations to assist the City of Newton Department of Senior Services, and other City offices as they plan for the future provision of programs and services to older Newton residents:

- Plan for substantial growth of the senior population in coming years;
- Consider ways to leverage existing services and programs within the community;
- Support convenient, affordable, and reliable local transportation options for residents;
- Use planning for the expanding senior population as an opportunity to promote livability of Newton for all residents;
- Expand awareness of existing Department of Senior Services programs and services within the community;
- Recognize and utilize the value of Newton’s diverse older population as an asset and resource;
- Target those with limited or inadequate resources for programs and services;
- As the City considers its current and future investment in the Newton Department of Senior Services, it should:
 - ✓ Let programming needs direct discussions about space and staffing requirements;
 - ✓ Encourage senior services and programs that will support the active, healthy aging goals of seniors;
 - ✓ Plan for shifting interests and needs as Baby Boomers become eligible for services;
 - ✓ Plan with an eye toward expansion;
 - ✓ Acknowledge that caregiving needs are substantial among Newton residents of all ages.

Key Findings in Brief

Demographics

- Over the next few decades, the number of seniors will increase to make up more than 30% of Newton's population
- More than one third (39%) of households have at least one person age 60 and over
- Sixty-three percent of survey respondents have lived in Newton for 25 years or longer

Housing and Living Situation

- Staying and aging in Newton is a goal for 88% of survey respondents
- Condos were the most common preference if a move was necessary because of a health status change
- Concerns about staying in Newton include the high cost of living, property taxes, home maintenance expenses
- Eighteen percent of respondents age 60 to 69, and 19% of those 80+ are unable to afford needed home modifications

Transportation

- Most respondents (90%) still drive themselves
- Many seniors modify driving habits by not driving at night or in bad weather
- Transportation challenges exist for those who do not drive

Community

- Eighty-five percent of respondents experience a strong sense of belonging in Newton
- Ninety percent feel completely or very safe in Newton
- There is a strong desire to remain active in the community
- Eighty-six percent indicated that they would provide help to a neighbor for minor tasks, but...
- Sixty-seven percent indicated that they would be willing to ask for help

Health and Well-Being

- Eighty-eight percent of respondents indicated their health was excellent or good
- Eighteen percent indicated they needed help with activities around the house
- Ninety-two percent rated their wellbeing and life satisfaction as good or excellent

- Most of respondents age 80+ (82%) connected with family and friends 1 or more times per week, but...
- Three to 8% rarely or never communicate with family or friends, creating risk for isolation

Newton Department of Senior Services

- Twenty-five percent of respondents 80 years and older participate in Senior Center activities
- Reasons for non-participation include not being interested, not identifying with the word “senior”, or going to activities elsewhere
- All services were rated as highly important by all age groups
- Senior parking sticker, educational opportunities, and health/wellness/fitness programs were rated most highly as important

Impact & Use

Findings will help the Newton Department of Senior Services and Council on Aging to achieve its...

Vision

Provide sustained leadership that helps Newton be a Livable & Age Friendly Community for all who choose to live here;

and its...

Mission

Optimize quality of life for seniors & their families through welcoming, respectful & meaningful opportunities that engage & value older people, & empower them to remain independent & to be important assets in our community.

Acknowledgements

The authors wish to acknowledge the City of Newton Department of Senior Services staff for their invaluable contributions to this study. We especially thank Director Jayne Colino for providing leadership as the scope of the project was being developed, and throughout as components of the study were carried through. Input from the Newton Council on Aging and its Advisory Board was also helpful in identifying research questions, developing survey and interview content, and bringing the project to a successful conclusion.

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Finally, we wish to acknowledge the generous support of the Senior Citizens fund of Newton, Inc., which funded this project. The authors, Bernard A. Steinman, Hayley Gleason, Ceara R. Somerville, and Jan E. Mutchler from the University of Massachusetts Boston, are responsible for the contents of this report; however, the research could not have been completed without the cooperation and efforts of all those mentioned above.

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Introduction

Like many municipalities across Massachusetts, the population in the City of Newton is aging, with its proportion of residents age 60 and over expected to grow more rapidly than any other age group over the next two decades. Currently, many older residents benefit from programs and services designed to address their aging-related needs. As a municipal entity, the Newton Department of Senior Services and Senior Center is an important and valued resource, operating as the City's central point of contact for older residents who seek services to promote independent, healthy, and fulfilling lives. As the demographics of Newton shift toward a population that is older and living longer, demand for senior services will likely increase over time. Planning will be necessary to assure that the City is adequately prepared to meet the challenges and to capitalize on opportunities that an aging population will present. Thus, it is increasingly relevant and necessary for those who provide services and amenities in the City to understand different stakeholder perspectives with regard to the aging-related needs of Newton residents. Additionally, given the high rates of public engagement among adults age 65 and older, policymakers who are in tune and proactive about addressing the needs of older adults will benefit from awareness of shifting demographic trends and their implications for policy.

This report presents research findings from a study conducted by the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston, in collaboration with the City of Newton Department of Senior Services and the Council on Aging. The purpose of this study was to investigate and document current and future needs and preferences of Newton's older residents. Toward this end, a resident survey was used to identify concerns related to aging in Newton, with an emphasis on services and amenities that facilitate aging in place, as well as qualities of the community that influence livability for residents of all ages.

Data collection was focused on two resident cohorts—those age 60 and older (referred to in this report as “Seniors”) who are currently eligible to participate in programs and services provided by the Department of Senior Services; and a younger cohort, age 50 to 59 (referred to hereafter as “Boomers”) who will become eligible to participate in programs and services during the next decade¹. The contents of this report are intended primarily to inform planning by the Department of Senior Services. In addition, contents may be of interest to community stakeholders in other City offices, to public and private organizations that operate programs, provide services, and/or advocate for older adult residents in Newton, and as a source of information for the community at large.

¹ In this report, we use the designations “Boomers” and “Seniors” to facilitate reporting of resident survey results by age groups that differ according to the respondents' current eligibility for Department of Senior Services programs. In a broader context, members of the “Baby Boomer” cohort are generally considered to have been born between 1946 and 1964; therefore, many of those in our “Senior” category are technically “Baby Boomers”.

Background

The City of Newton, Massachusetts is a diverse community located approximately 8 miles west of Boston. In 2010, roughly 21% of Newton's 85,000 residents were age 60 and older. The relative proportion of seniors in Newton is projected to grow at an astounding rate over the next 20 years, even as the population overall decreases in size. By 2030, nearly 1 out of every 3 Newton residents will be age 60 and older, representing more than 24,000 people. In contrast to communities where large numbers of older "newcomers" migrate during their retirement years to locales frequently described as "retirement communities," Newton is characterized as a city where people commonly put down roots early in life and remain throughout their old age. Indeed, as a well-established city with many long-term residents, much of the expected growth in Newton's senior population is likely to be the result of residents who have "aged in place."

There is an overwhelming preference among older adults to remain in their homes and communities as long as possible (AARP, 2005). Nevertheless, a number of common aging-related circumstances have been identified that often challenge the ability of individuals to age successfully in their homes, and strain resources that communities have available as they target services to their older residents. For instance, many older adults experience physical and social changes that can threaten their independence and wellbeing, especially if they are not addressed by specialized programs and services. In addition, older individuals who live on fixed incomes may experience new financial constraints that limit their choices and reduce their quality of life in retirement. In communities that actively promote aging in place, older residents may be better able to retain their independence and maintain valued social relationships. In addition, communities that provide support to address aging-related needs often retain a larger share of vital older residents, and in turn benefit from their experiences and the local commitment and civic engagement that long-term residents may contribute. At the same time, promoting wellbeing and health through supportive services is likely to reduce demands on resources that are associated with dependence and frailty.

The contents of this report describe research conducted from Fall 2013 through Summer 2014 to assess the aging-related needs and concerns of current and future cohorts of older adult residents in Newton. We employed a mixed-method approach to evaluate the perceptions of residents with regard to programs and services provided by the Department of Senior Services, with an emphasis on currently eligible Seniors, and Boomers who will become eligible for services during the coming decade. Development of research items, including survey questions and focus group protocols, were guided by research in gerontology, which describes ways in which communities can become more "livable." According to Nelson and Guengerich (2009), livable communities have features that allow older adults to maintain their independence and quality of life as they age and retire. Key components of livability include accessible and affordable housing choices, adequate and appropriate transportation options, and targeted community services that

address specific needs of older people. These components are discussed in greater detail below.

Housing

In order for older residents to age in place successfully, housing options must accommodate the changing physical, social, and financial circumstances that often accompany aging. For many older residents, the home may serve not only as a source of shelter and protection, but also as a platform for supporting social networks and connecting residents to amenities in the neighborhoods where they live. Homes may also be the basis for valued personal memories that connect individuals with their past. Finally, homes may be an important source of financial security, as home equity is often a significant source of wealth held by many older people.

The attachment that many older people have to their homes is often substantial. Nevertheless, over time, the home may no longer be a good “fit” for the individual (Pynoos, Steinman, Nguyen, & Bresette, 2012). Changing family size and marital status may result in homes that are too large for current needs or too cumbersome to maintain. Even when individuals are no longer paying mortgages, expenses associated with property taxes, insurance, and regular upkeep can easily exceed the resources that many older adults have available to them. Changes in physical functioning that result in disability can make it difficult or impossible for individuals to use certain attributes of their homes safely, such as stairs and bathroom fixtures, unless they are adapted. Home modifications including railings on stairs, grab bars in bath tubs and showers, no-step entryways or ramps leading into the home, as well as adequate lighting throughout the home may continue to support the safety and security of older people. Unfortunately, in many cases residents cannot afford the home modifications they need, and public resources available to pay for home modifications are often limited.

Affordable housing options, especially those that include adaptive features such as home modifications or universal design elements can make it possible for residents with physical limitations to remain independent in their homes and communities. In addition, housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow individuals to remain relatively independent and socially engaged with others, even if they are no longer able to stay in their homes. Finally, community attributes, including safe and “walkable” sidewalks, and pedestrian street-crossings that provide adequate time to cross busy intersections can facilitate healthy aging and ensure the security, safety, and independence of Newton’s active older and younger residents alike.

Transportation

In addition to adequate housing, appropriate transportation options may support aging in place by providing individuals with access to work or volunteer activities, social supports, needed goods and city amenities, and promote remaining engaged

with others in their community. For a majority of Americans, local and regional travel needs are usually met using private transportation, including a large percentage of individuals who drive their own automobiles well into old age. Historically, Americans have associated driving cars with independence and autonomy, and many older adults rely on their cars to maintain a high quality of living. Indeed, compared to older drivers, older adults who do not drive often report lower quality of life, reduced social involvement, and increased isolation (AARP, 2005). As a result, many continue to drive even when it may be impractical, unsafe, or when there are more appropriate alternatives available to them.

In many Newton neighborhoods where public transportation is relatively limited, a significant share of older residents are frustrated by difficulties meeting their travel needs. Communities can promote quality of life and social engagement among older people by supporting convenient, affordable, and reliable local transportation options for residents who are unable to drive safely or who prefer to travel using public transportation options or other alternatives.

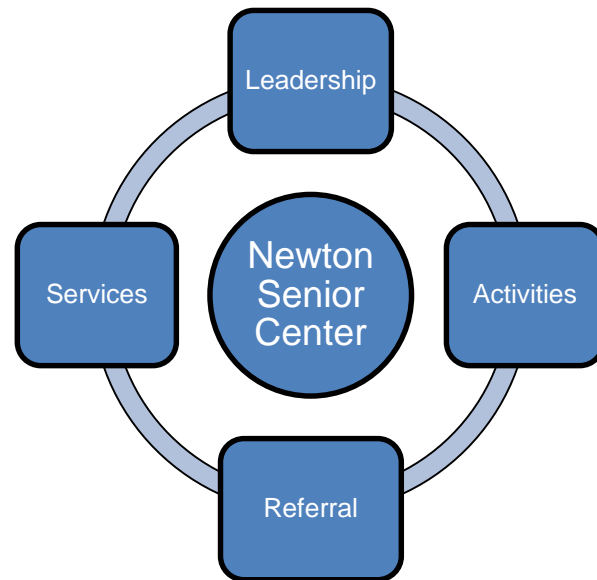
Community Features & Services

Newton's older residents are fortunate to have access to many local features, amenities, and services that support their evolving aging-related needs. Highly livable communities require adequate access to a variety of home and community based services, as well as public and commercial amenities. For instance, older adults who have mobility difficulties or who can no longer drive are likely to benefit from access to medical and social services that can be delivered directly to their homes. Similarly, programs that connect older residents with affordable assistance doing home and yard maintenance can help protect property values and improve neighborhoods where older people live. Safe and "walkable" commercial and entertainment districts are valued by all residents regardless of their age, but may be of particular importance to those who have mobility and/or transportation limitations. Finally, communities can also provide opportunities for social engagement and participation in community events through support of volunteer programs, learning opportunities, exercise programs, and social activities that help community members remain active and socially engaged, prolong independence, and improve quality of life.

Newton Department of Senior Services & Senior Center

The Newton Department of Senior Services plays a central role in safeguarding the wellbeing of the City's older adult residents. In conjunction with the City's Council on Aging, the Department of Senior Services and Senior Center are charged with advocating for Newton's older residents, their families, and caregivers, as well as providing programs and services to assist and enrich the lives of older adults in the City. The Senior Center functions as a hub, where older adults access a wide variety of programs and services.

In general, when considering the mission of senior centers within communities, observers commonly think of two distinct responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting and enjoyable, and that promote personal health, growth, and social engagement. Reading clubs, exercise classes, and late-life learning programs are good examples. Second, senior centers provide services to older residents and their families that promote physical and emotional wellness. For example, blood pressure clinics, support groups for family caregivers, and transportation services are common programs offered within many senior centers.



Observers are often not aware of two additional important responsibilities of senior centers. The staff at senior centers link older residents in the community to existing programs for which they may be eligible by providing needed information and referral to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, senior center staff may provide leadership within the community around senior issues by serving on municipal boards, interacting with other city/town offices, and serving as resources to residents and organizations.

A variety of programs and services are offered through the Newton Senior Center in general areas such as fitness, health and nutrition services, education, music and arts, and entertainment. In addition, the Senior Center supports access to social service programs through referrals to home care services, fuel assistance and utility discount programs, counseling services, and housing support programs. Transportation services include a popular “Senior Citizens Parking Sticker” program that allows free parking in the City’s metered parking lots to residents who are age 65 and older. For residents who are age 60 and older, the Department of Senior Services also offers a voucher program in which riders are driven on an individual basis, under a contract with a local taxi service. Destinations include medical appointments, Newton grocery stores, long-term care facilities, Newton City Hall and Library, places of worship, village centers and the Senior Center. Finally, the Senior Center places special emphasis on successful aging in place, offering services that assist older people to remain in safe and affordable homes. Programs that facilitate aging in place include free home safety checks, contractor referrals, and a property tax work-off program for eligible residents who volunteer up to 125 hours of work for the City.

Other specific programs that older residents may access either directly or through referrals by the Newton Senior Center include:

- Health and Wellness Activities: Regularly scheduled fitness classes (e.g. Zumba, Tai Chi, yoga, muscle conditioning), free lunch, health clinic, healthy living programs, low-vision groups, and SHINE
- Education: Current events, short story discussions, foreign languages, technology, and book club
- Recreation: Cards, billiards, BINGO, board games, and movie matinees
- Music & Arts: Swing band, chamber music ensemble, lunchtime piano, 2D and 3D studio, ceramics, fused glass class, quilting, and watercolor painting
- Transportation: Voucher programs for medical appointments, religious services, trips to the library and City Hall, grocery shopping, long-term care facilities, and village centers. Support services through the MBTA Ride, Busy Bee Medical Transport, Med Escort, ITN Greater Boston, and the American Cancer Society
- Home Care Services: Assistance with house cleaning, laundry, meal preparation, grocery shopping, and personal care
- Fuel Assistance: Utility discounts for telephone, gas, and electric bills
- SNAP: Supplemental Nutrition Assistance Program to help pay for groceries each month
- Counseling Services: To help cope with issues including retirement, aging, illness, bereavement, etc.
- Volunteer Opportunities: Group instruction or one-on-one tutoring, center decorating, visiting or calling residents, clerical and administrative work, gardening, building maintenance, and library assistance

The Newton Senior Center officially opened in 1993 at the renovated site of the original Newtonville Branch Library. The Senior Center is open Monday through Friday, 8:30 a.m. to 4:00 p.m. Staffing includes 5 full-time and 4 part-time employees, including a social worker, an outreach worker, a volunteer coordinator, and an administrative assistant. The Senior Center also employs custodial staff, as well as a host of unpaid volunteers.

The center is funded by both public funds at the city, state, and federal levels, and private contributions from individuals, corporations, and foundations. In Fiscal Year (FY) 2014, the City's budget from city funds for the Department of Senior Services was \$578,802—equating to about \$31 per resident age 60 and older. In addition, the

Senior Citizen Fund of Newton, Inc.—a private, not-for-profit organization—raises money primarily through an annual fundraising letter to support various Department of Senior Services activities, including providing funds to commission this report.

Throughout the remainder of this report, we present a profile of the characteristics and resources of the current population of Newton— those who are at and approaching later life (the population of residents age 60 and older) as well as those who will be moving into later life over the next ten years (the population age 50 to 59). Knowledge of these characteristics provides an important basis for planning by the Department of Senior Services, the Senior Center, and other City offices and organizations within the community.

Methods

This report represents collaborative efforts by the Newton Department of Senior Services, the Newton Council on Aging, and the University of Massachusetts Boston to assemble information from a number of sources with the goal of addressing the service needs and preferences of the City's growing aging population. Formal community needs assessments often play an important part in identifying deficiencies in services and programs provided by organizations that target older adults (Nolin, Wilburn, Wilburn, & Weaver, 2006). It is not uncommon for applied researchers to employ mixed evaluation methods to assess the needs of older residents in communities and to aid organizations in planning and prioritizing the programs and services they provide. Collecting data from multiple sources is generally thought to be a good strategy for converging on accurate and multifaceted representations of community needs from the perspective of multiple stakeholders (Royse, Thyer, & Padgett, 2010). In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, quantitative and qualitative data collected directly from Newton's older residents, and administrative data from Councils on Aging in surrounding communities. All research methods and instruments used in this project were approved by the University's Institutional Review Board, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at UMB.

We custom-developed our data collection strategies to address specific concerns identified in pre-assessment planning meetings with the Director of the Department of Senior Services, the City's Council on Aging, and other selected stakeholders from the community with interests in the wellbeing of Newton's older residents. Our goal in these early meetings was to assist key stakeholders in prioritizing their concerns and identifying research questions, which when approached systematically could shed light on the support needs of the older population, and identify services that are most valued by Newton's residents. In addition, data collection instruments were developed with an eye toward identifying future needs and preferences of

younger cohorts—especially those who will become eligible for services over the next decade.

These assessment goals align with efforts by the Department of Senior Services to facilitate "aging in place" by older adults in their communities, and are consistent with efforts to identify ways in which communities within Newton may become more "livable" by supporting the independence and quality of life of older people as they age and retire (Nelson & Guengerich, 2009). In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants, and a brief section on data analyses.

Newton Demographic Analysis

As an initial step toward understanding characteristics of Newton's Boomer and Senior populations through quantitative data, we generated a demographic profile of the City using data from the 2010 U.S. Census and the American Community Survey (ACS)—a large, annual survey of the population, conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2008-2012), along with U.S. Census data for the City of Newton to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Newton Resident Survey

A key component of our data collection effort was a resident survey instrument developed by the research team at UMB, in consultation with Newton's Department of Senior Services, its Council on Aging, and interested community stakeholders from outside of the COA who were invited into the process by the Department's Director. The instrument included quantitative and open-ended questions chosen based on their salience with respect to the planning needs of the Department of Senior Services as they relate to the City's aging population. In addition to a paper/pencil version of the instrument, the survey was made available to be completed and submitted online via the Internet.

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

- Housing & Living Situation
- Health & Caregiving
- Wellbeing & Life Satisfaction
- Transportation
- Current Senior Services
- Demographics

Resident Survey Sampling and Response

The City Information Technology Department provided a list of prospective study participants based on municipal census records that included names, addresses, and dates of birth for all residents of Newton. We selected a simple random sample of 4,150 residents who were age 50 and older, representing 13% of Newton’s population in that age group.

Prior to contacting sampled residents, we conducted preliminary analyses to verify that Newton’s 13 villages were adequately represented in our sample relative to their share of the older adult population of Newton. Proportions of each village in the total population, the sampling distribution, and response rates are shown in **Table 1**. In general, the simple random sample and response proportions were adequately representative of the population, with respect to villages.

Table 1. Percent of Newton residents age 50+ in population and survey sample by Newton village

| Village | % of Population | % of Sample | % of Response |
|---------------------------|-----------------|-------------|---------------|
| Auburndale | 10% | 8% | 7% |
| Chestnut Hill | 5% | 5% | 5% |
| Newton Centre | 13% | 13% | 13% |
| Newton Corner | 8% | 8% | 9% |
| Newton Highlands | 7% | 6% | 6% |
| Newton Lower Falls | 1% | 2% | 2% |
| Newton Upper Falls | 3% | 3% | 3% |
| Newtonville | 8% | 7% | 8% |
| Nonantum | 5% | 5% | 5% |
| Oak Hill | 13% | 15% | 13% |
| Thompsonville | 2% | 2% | 2% |
| Waban | 10% | 11% | 11% |
| West Newton | 15% | 15% | 16% |
| Total | 100% | 100% | 100% |

Source: City of Newton Census, November 2013.

We mailed a personally addressed postcard to residents who were selected for the sample. The postcard was intended to make individuals aware that they were selected for the study and would receive a mailed survey in the coming week. Approximately one week after the postcard mailing we distributed the survey, with a postage-paid return envelope, along with a cover letter signed by the director of the Department of Senior Services. The cover letter outlined the purpose of the questionnaire and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMB and the Newton Department of Senior Services as research partners in the project.

Table 2. Newton Resident Survey sample description and response rates

| | Total Age 50+ | Boomers Age 50 to 59 | Seniors Age 60 to 79 | Seniors Age 80+ |
|--------------------------------------|--------------------------|---------------------------------|---------------------------------|----------------------------|
| Sampling Frame | 30,956 | 12,320 | 14,018 | 4,618 |
| Percent of Sampling Frame | 100% | 40% | 45% | 15% |
| Sample Size | 4,150 | 1,546 | 2,035 | 569 |
| Percent of Sample | 100% | 37% | 49% | 14% |
| Valid Responses | 1,111* | 298 | 641 | 155 |
| Response Representation | 100% | 27% | 58% | 14% |
| Response Rate | 27% | 19% | 31% | 27% |
| Returned Online | 50* | 22 | 27 | 0 |
| Returned “Undeliverable” | 2 | 1 | 0 | 1 |

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

During the three-week data collection period from late March to early April 2014, a total of 1,111 completed surveys were returned, resulting in an overall response rate of 27% (see **Table 2**). The response rate for Boomers (19%) was lower than that of Seniors age 60 to 79 (31%), and Seniors age 80 and over (27%). Compared to their representation in the sampling frame, Boomers were somewhat under-represented, making up 27% of the sample. Seniors age 60 to 79 made up 58% of the sample, and Seniors age 80 and over made up 14% of the sample. Given that contents of the survey were oriented toward older people, bias toward over-representation of Senior residents is not surprising (Fowler, 2014); however, results that show totals for the entire sample should be examined and interpreted with consideration to this bias. Only 50 (5%) of responses were submitted online—of those, 45% were submitted by Boomers and the remaining 55% were submitted by Seniors age 60 to 79.

The short timeline of this project did not allow researchers to re-contact those who initially did not respond. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMB.

Focus Groups

Newton includes a diverse population of seniors, and two ethnic groups (Chinese-Americans and Russian-Americans) are substantial in number. We were simultaneously concerned that these groups would have unique perspectives that should be reflected; and that they may not participate adequately in the resident survey. Therefore, two focus groups were conducted in April 2014. Participants were recruited from organizations with access to residents from these selected ethnic minority groups in the Newton population. The first focus group ($N = 7$; average age = 65 years) was composed of Chinese-American residents recruited at the Greater Boston Chinese Cultural Association (GBCCA) located in West Newton. The second focus group ($N = 11$; average age = 79 years) was composed of Russian-American residents of the Golda Meir House, an apartment building owned and managed by Jewish Community Housing for the Elderly (JCHE) located in the Newton village of Auburndale.

The Chinese group was conducted in English, given that the participants recruited for that focus group all were able to speak English well. The Russian group was conducted in Russian language using a Russian-speaking facilitator and note taker. Each focus group lasted approximately 90 minutes and protocols for each discussion closely reflected issues covered in the paper/pencil resident survey described above.

Peer Community Questionnaire

We gathered information from Councils on Aging/Senior Center Directors in five “peer” communities surrounding Newton using a short online questionnaire. Communities were selected based primarily on population size, number of seniors, and proximity to Newton, in addition to socioeconomic characteristics of residents, such as income and education attainment. Participants were asked about features of the senior center they administered, including programming and staffing. Requests for information were issued by email, which included a link to the online questionnaire. Additional information on selected COAs was retrieved from websites and other publicly available documents.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and crosstabs, and are reported in full in tables contained in **Appendix B** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., responses to Resident Survey [RS], Question 27: “What are your greatest concerns about living in Newton as you grow older?”). Focus group notes were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting selected ethnic minority groups in Newton. Information collected from COA directors in peer communities were

compared side-by-side with information collected from Newton’s Department of Senior Services/Senior Center Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Description of Newton

Age Structure and Population Growth

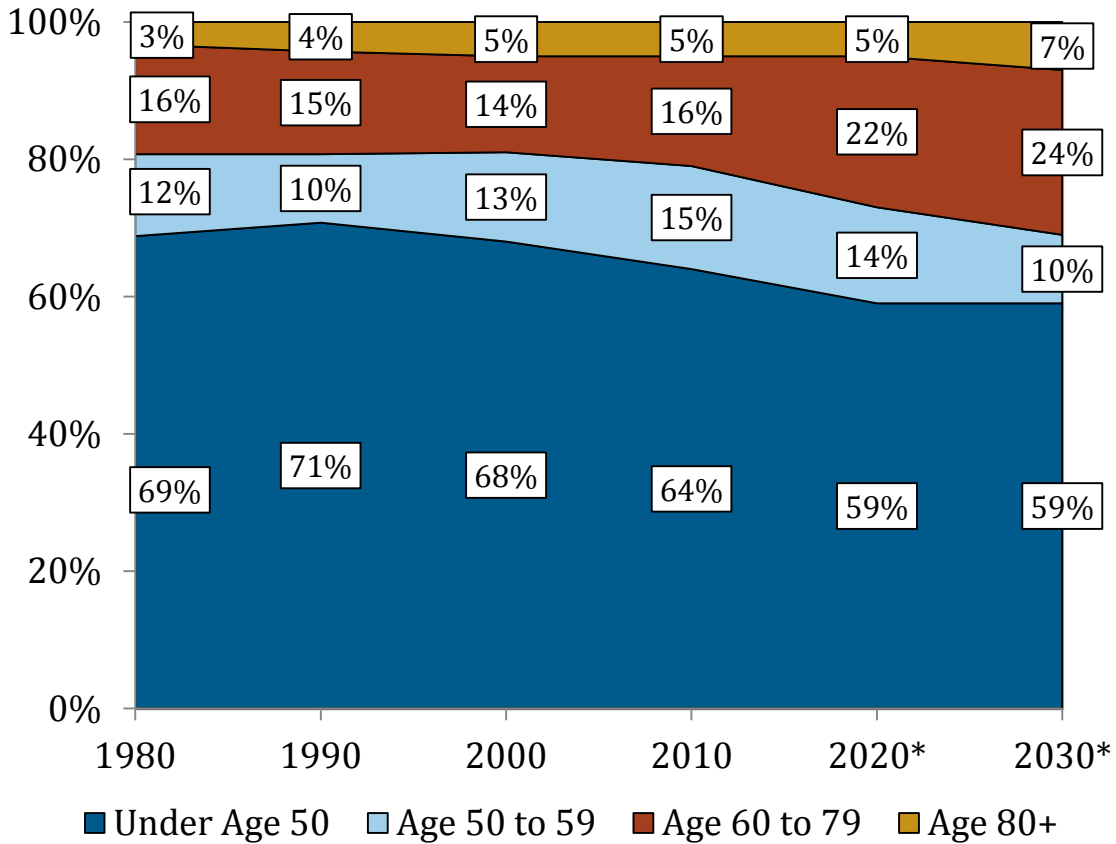
According to the U.S. Census, 85,146 residents lived in Newton in 2010. Among these, more than one in three (30,956; 36%) was age 50 and older (see **Table 3**). Residents in the age category 60 to 79 numbered 14,018 individuals (16% of the City’s population) and 4,618 residents were age 80 and older (5%). Another 12,320 residents (15%) were age 50 to 59 (U.S. Census Bureau, 2010).

Table 3. Number and percentage distribution of Newton’s population by age category, 2010

| | Number | Percentage |
|-------------------------|---------------|-------------|
| Under age 18 | 18,416 | 22% |
| Age 18-49 | 35,774 | 42% |
| Age 50-59 | 12,320 | 15% |
| Age 60-79 | 14,018 | 16% |
| Age 80 and older | 4,618 | 5% |
| Total | 85,146 | 100% |

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

Figure 1. Recent and Future Age Distribution of Newton, 1980 to 2030



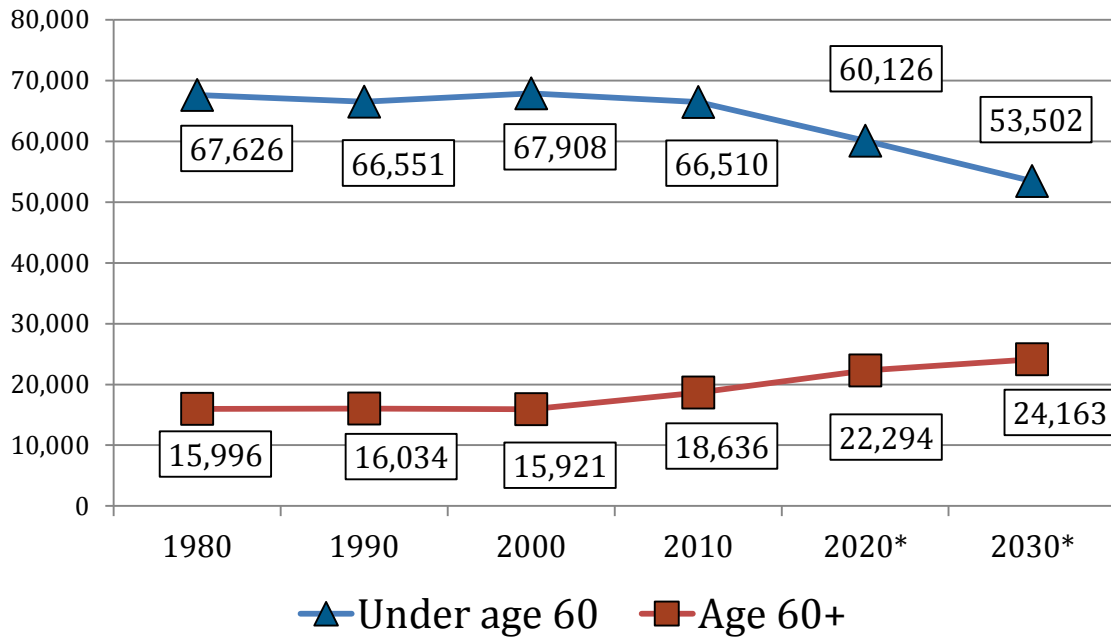
Source: U.S. Census Bureau, *Census of Population for 1980 thru 2010*.

* Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Figure 1 shows the age distribution of Newton’s population from 1980 to 2010, and population projections to 2030². In 1980, about 31% of the City’s population was age 50 and older, and this percentage had increased slightly to 36% by 2010. According to the Donahue Institute projections, this trend toward an older population is expected to continue. By 2030, about 41% of Newton residents will be age 50 and older, including 10% age 50 to 59, 24% 60 to 79, and 7% age 80 and older.

² Projections generated by the Donahue Institute at the University of Massachusetts. See <http://pep.donahue-institute.org/>

Figure 2. Change in the number of Newton residents under age 60, and age 60 and older, 1980 to 2010 with projections to 2030*

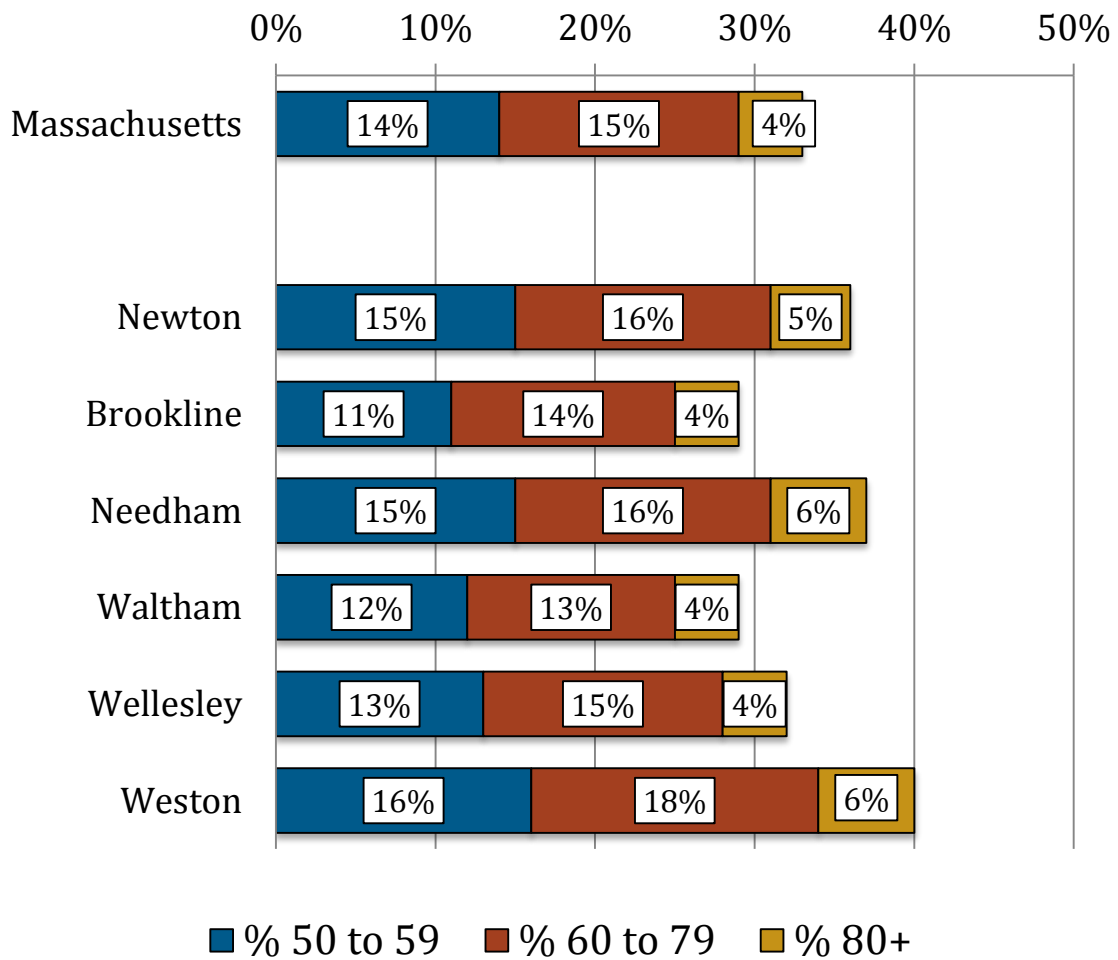


Source: Population figures for 1980-2010 are from the U.S. Census, 1980 thru 2010.

* Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Despite what appears to be relatively flat growth in the segment of the population that is 60 and older between 1980 and 2000, substantial growth in this age category began in 2010 and is expected to continue during the next two decades. **Figure 2** shows the total number of Newton residents under age 60, and those age 60 and older, from 1980 to 2010, along with population projections to 2030 for these same age groups. Newton’s population under age 60 decreased by approximately 2% between 1980 and 2010, whereas the Senior population increased by about 17% during that time period. By 2030, nearly a third (31%) of Newton’s population will be age 60 and older, even as the overall size of the population is expected to decline slightly.

Figure 3. Age distribution in Newton and comparison areas



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

Compared to the Commonwealth of Massachusetts overall, a slightly greater share of Newton’s population is aged 50 or older (**Figure 3**). In 2010, about 33% of the population in Massachusetts was in this age group, compared to 35% of Newton’s population. In relation to communities that surround it, Newton has a similar or slightly higher percentage of its population age 50 and older. Only Weston (40%) and Needham (37%) have greater shares of residents in this age group. Twenty-one percent of Newton’s population was 60 and older in 2010, including a large percentage (5%) that was age 80 and older. This compares to just 19% of the population of Massachusetts who were aged 60 and older, including 4% aged 80 and older.

Population growth in both Massachusetts and the City of Newton has been concentrated in older age groups during the last decade. In the total population of all ages, Newton experienced just 2% growth between the 2000 and 2010 censuses; however, the absolute numbers of residents in the Boomer and Senior cohorts grew substantially during this time period (**Table 4**). The segment of the population age 50 to 59 increased in size by 11%— a rate considerably lower than the 29% seen in Massachusetts overall. The senior population increased by 17% in Newton, compared to a 16% increase for the state. In general, growth of the senior population has occurred in many communities around Newton as well. In Brookline, for example, the senior population grew by 19% between 2000 and 2010, and in Wellesley the number of residents age 60 and older grew by 14%. Nevertheless, over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of seniors in Newton, throughout the Boston Metropolitan area, and in the Commonwealth and the U.S. in general.

Table 4. Population growth between 2000 and 2010: Massachusetts, Newton, and surrounding communities

| Community | All Ages | | | Boomers, age 50 to 59 | | | Seniors, age 60+ | | |
|------------------------------|---------------|---------------|-----------|-----------------------|---------------|------------|------------------|---------------|------------|
| | Population | Population | % | Population | Population | % | Population | Population | % |
| | 2010 | 2000 | Growth | 2010 | 2000 | Growth | 2010 | 2000 | Growth |
| Massachusetts (state) | 6,547,629 | 6,349,097 | 3% | 929,823 | 721,410 | 29% | 1,273,271 | 1,096,567 | 16% |
| Newton | 85,146 | 83,829 | 2% | 12,320 | 11,091 | 11% | 18,636 | 15,921 | 17% |
| Brookline | 58,732 | 57,107 | 3% | 6,586 | 6,742 | -2% | 10,816 | 9,053 | 19% |
| Needham | 28,886 | 28,911 | 0% | 4,462 | 3,601 | 24% | 6,498 | 6,371 | 2% |
| Waltham | 60,632 | 59,226 | 0% | 7,240 | 6,070 | 19% | 10,429 | 9,933 | 5% |
| Wellesley | 27,982 | 26,613 | 5% | 3,729 | 3,402 | 10% | 5,429 | 4,780 | 14% |
| Weston | 11,261 | 11,469 | -2% | 1,834 | 1,687 | 9% | 2,746 | 2,463 | 11% |

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

The size of a community’s senior population can grow in two ways. First, senior populations can grow by older people moving into the community from outside in greater proportions than younger people. In most communities throughout the United States, new residents are largely young adults and their families. Older adults are far less likely to move and as a result, they make up a smaller share of movers overall. **Table 5** shows the age distribution of recent movers to Newton compared to the age distribution of movers to Massachusetts overall. The percentage of movers to Newton who are under age 50 (88%) is slightly greater than the percentage in the same age group who moved to Massachusetts (83%). Whereas younger residents tend to make up a greater proportion of new residents, older residents of Newton tend to be long-term residents, rather than newcomers to the City.

Table 5. Age distribution of recent movers to Newton, and to Massachusetts

| | Newton | Massachusetts |
|-------------------------|--------|---------------|
| Under age 25 | 49% | 43% |
| Age 25-49 | 39% | 40% |
| Age 50-59 | 4% | 10% |
| Age 60 and older | 7% | 7% |

Source: U.S. Census Bureau; American Community Survey, 2008-2012, Table B07001.

Note: Figures exclude movers within the same county.

The second way that senior populations can grow is when existing residents become older in their communities. Indeed, migration patterns shown in **Table 5** suggest that the aging of Newton’s population is coming about primarily through “aging in place” rather than the arrival of new residents who are already middle aged or older. Under this scenario, the number of seniors grows from within as residents progress into older age categories with the passage of time.

Demographic Composition of Newton's Older Population

Newton is similar to the state as a whole in that it is relatively diverse with respect to race. For all ages combined, about 78% of Newton residents report their race as White, and do not report Hispanic ethnicity. In comparison, 76% of the Commonwealth's residents report White, non-Hispanic backgrounds (Census, 2010). **Table 6** displays the race and ethnicity of Newton and Massachusetts residents age 60 and older. The majority of Newton residents in this age group (92%) are White non-Hispanic—compared to 91% in Massachusetts. The largest racial minority group among Newton residents age 60 and older is Asian (7%), followed by Blacks (1%) and individuals reporting some other race (0.3%). There are fewer Hispanics age 60 and older in Newton than in the state over all (1% and 3%, respectively).

The older Newton population is also diverse with respect to the languages spoken. Among residents age 65 and older, 22% speak a language other than English at home (*ACS, 2008 – 2012, Table S1603*). Among those who speak a language other than English, languages commonly spoken include Indo-European languages other than Spanish (e.g., Russian; 68%), Asian languages (e.g., Chinese; 23%), and Spanish or Spanish Creole (5%) (*ACS, 2008 – 2012, Table S1601*).

Table 6. Race distribution of residents who are age 60 and older, in Newton and Massachusetts

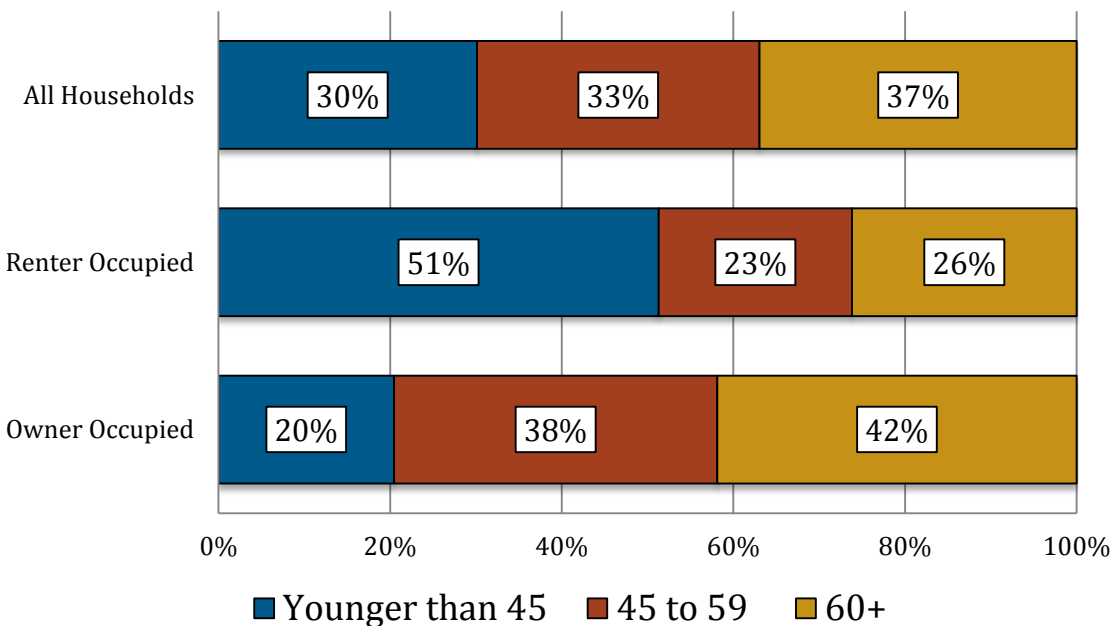
| Race | Newton | | Massachusetts | |
|-----------------|---------------|-------------|------------------|-------------|
| | Number | % | Number | % |
| White | 16,668 | 92% | 1,163,621 | 91% |
| Black | 255 | 1% | 52,658 | 4% |
| Asian | 1,239 | 7% | 37,246 | 3% |
| Other | 55 | 0.3% | 30,825 | 2% |
| Total | 18,217 | 100% | 1,284,350 | 100% |
| Hispanic | 200 | 1% | 43,668 | 3% |

Source: American Community Survey, 2008-2012, Table S0102

In Newton, the gender distribution is also similar to that of Massachusetts as a whole— the majority of seniors are women (56% and 57%, respectively). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

Middle-aged and older adults are householders in a large share of Newton’s 31,168 households. According to the U.S. Census Bureau, a “householder” is the person reported as the head of the household, typically the person in whose name the home is owned or rented. Residents who are age 45 or older³ are heads of 70% of the households in Newton (**Figure 4**). Within renter occupied households, residents who are age 45 to 59 are heads of 23%, and residents who are 60 and older are heads of 26%; persons under 45, many of whom are students, are heads of 51% of renter occupied households. By contrast, within owner-occupied households, persons age 45 to 59 are heads of 38%, and persons aged 60 and older are heads of 42%. The high representation of older people among homeowners in particular has implications for the types of community amenities and services that are valued by residents overall.

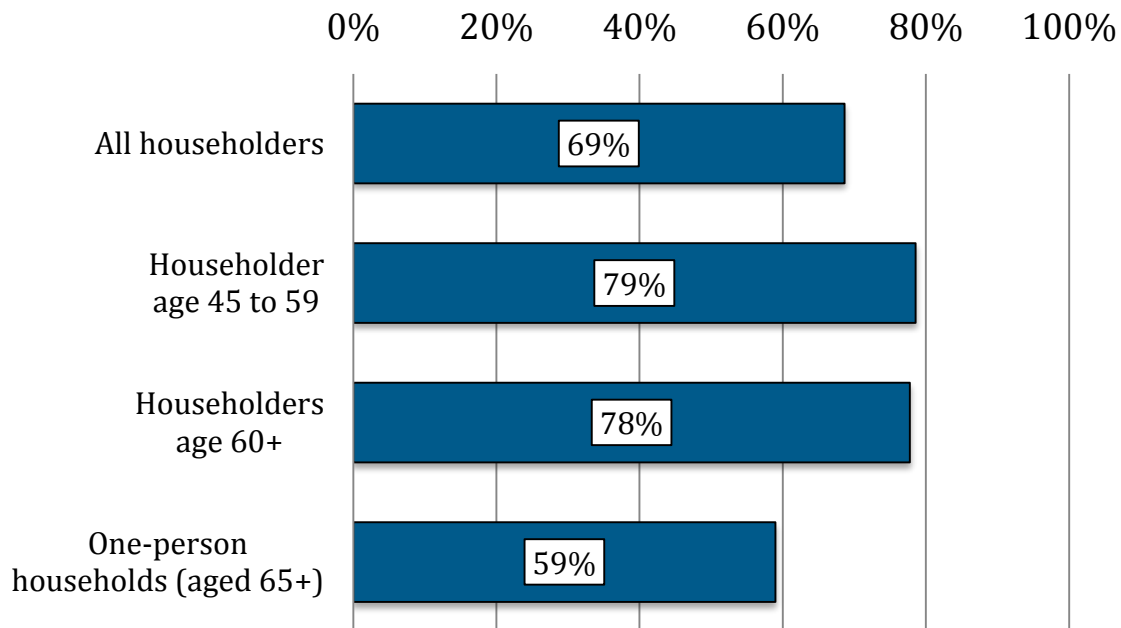
Figure 4. Age structure of householders by owner status, Newton 2010



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

³ Many data on the older population that is available for Newton from the Census Bureau uses ages 45 and 65 as reference points rather than ages 50 and 60, as are used in the remaining sections of this report.

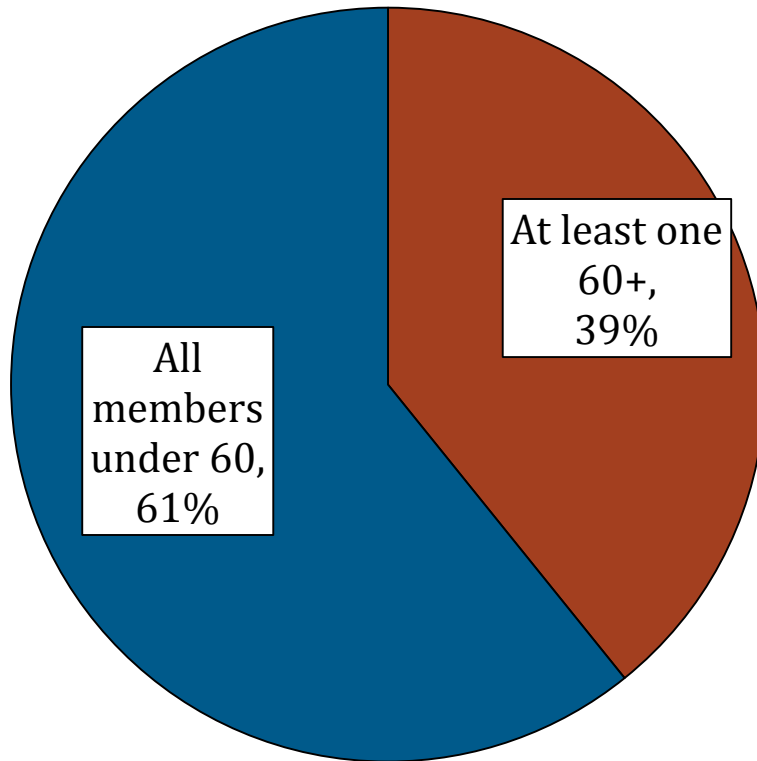
Figure 5. Percent of Newton householders who live in owner-occupied housing by age category



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

Home ownership in Newton is very common—69% of householders of all ages live in homes that they own or are purchasing (**Figure 5**). About 79% of householders aged 45 to 59 own their homes, and 78% of householders aged 60 and older own their homes. A sizable percentage (59%) of older Newton residents who live alone also own their own homes. Many older homeowners—especially those who live alone— may need help with home maintenance and other supports in order to remain comfortable and safe in their homes, as well as to protect their investments.

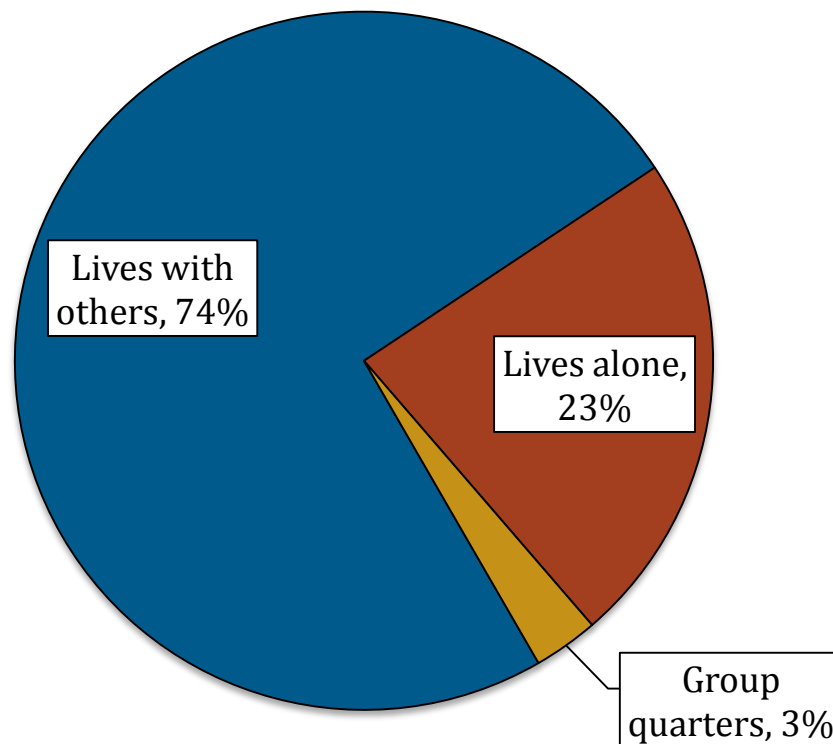
Figure 6. Households in Newton with at least one member age 60 or older



Source: American Community Survey, 2008-2012, Table B11006

Of the more than 31,000 households in Newton, 39% have at least one individual who is age 60 or older (**Figure 6**). This high proportion, which is likely to increase in the future, generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Figure 7. Living arrangements of Newton residents, age 60 and older



Source: U.S. Census Bureau; American Community Survey, 2008-2012, Table S0102.

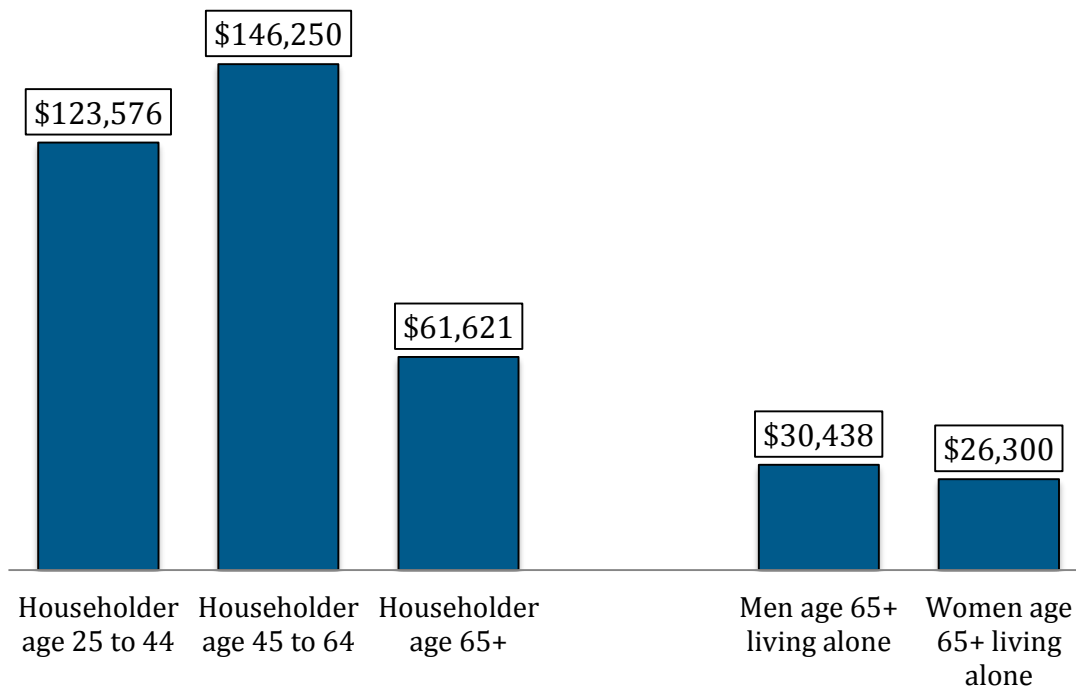
Many Newton residents age 60 and older—about 23%— live alone (**Figure 7**); whereas 74% live in households that include other people, such as a spouse, parents, children, or grandchildren. Only 3% of older Newton residents reside within group quarters; in Newton, these individuals live in nursing homes.

Census Bureau statistics on education indicate that Newton residents are well educated on average. About 79% of persons aged 45 to 64 have either a bachelor's degree or a graduate/professional degree (*ACS, 2008-2012, Table B15001*). A large percentage of residents aged 65 and older (66%) have also attained this level of education. This educational profile contributes to the community's vitality and character, which depends on older adults who value opportunities to be engaged in their communities through volunteer and civic engagement activities, as well as late-life learning opportunities—activities that are often valued in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (46%) of Newton residents aged 65 to 74 remain in the workforce— 12% of those 75 and older are in the workforce (*ACS, 2008-2012, Table B23004*). A sizeable share (41%) of men aged 65 and older in Newton report veteran status, as do a small percentage (1%) of Newton's older women (*ACS, 2008-2012, Table B21001*). As a result, many of the City's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Although Newton is a relatively affluent city overall, **Figure 8** illustrates the comparative disadvantage of some older residents with respect to household income. Among all age groups, households headed by individuals who are aged 45 to 64 have the highest median income at \$146,250—this amount is substantially greater than the statewide median for this age group (\$81,798). Among Newton households headed by persons aged 65 and older, the median income is \$61,621—this amount is also much greater than the statewide median of \$36,282, but far less than for younger households in Newton. Seniors who live alone have notably lower household incomes—the median income for older men who live alone is \$30,438, whereas older women who live alone are slightly worse off, with a median income of \$26,300. Insofar as nearly a quarter of seniors aged 60 and older live alone in Newton, these figures suggest that a sizable number of older seniors are at risk of economic insecurity.

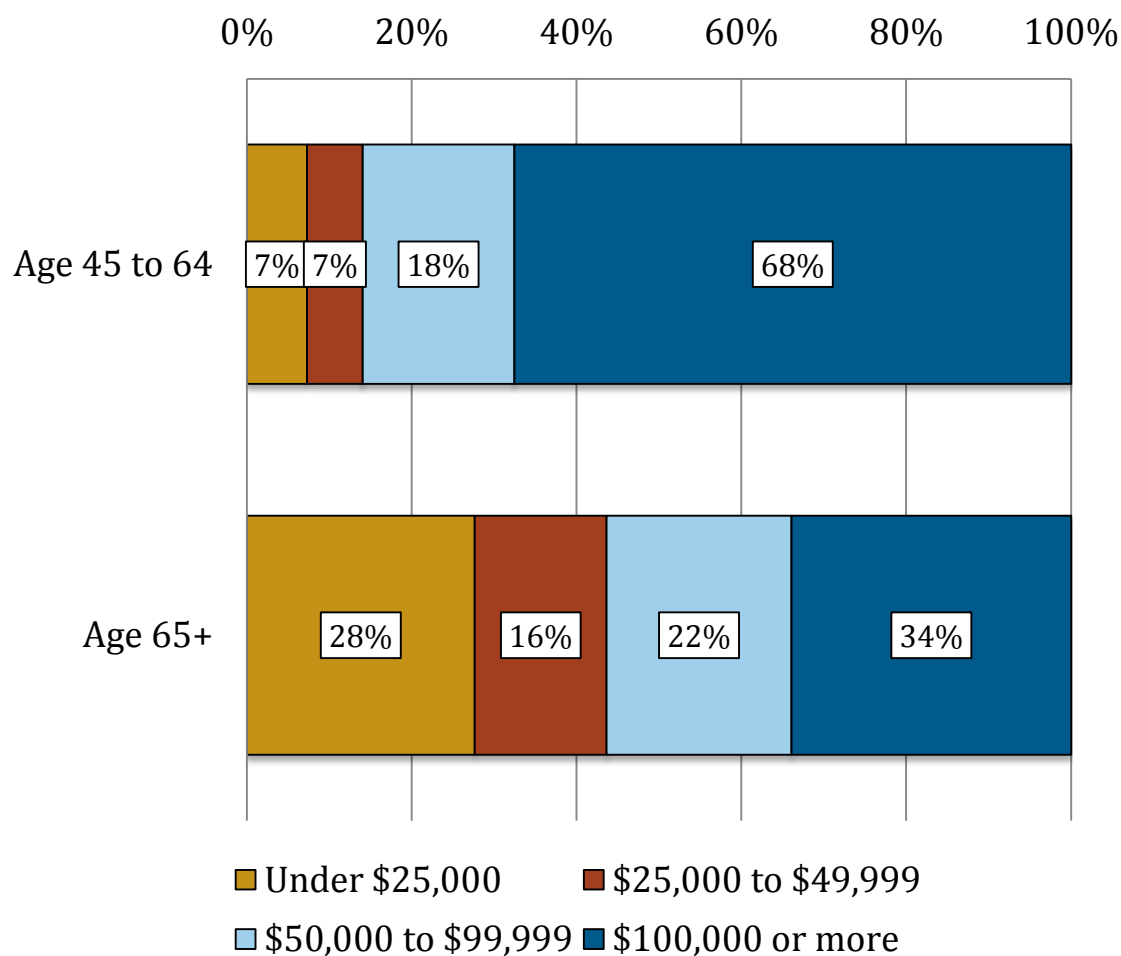
Figure 8. Median household income in Newton by age and living situation of householder (in 2012 inflation adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2008-2012, Tables B19049 and B19215.

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

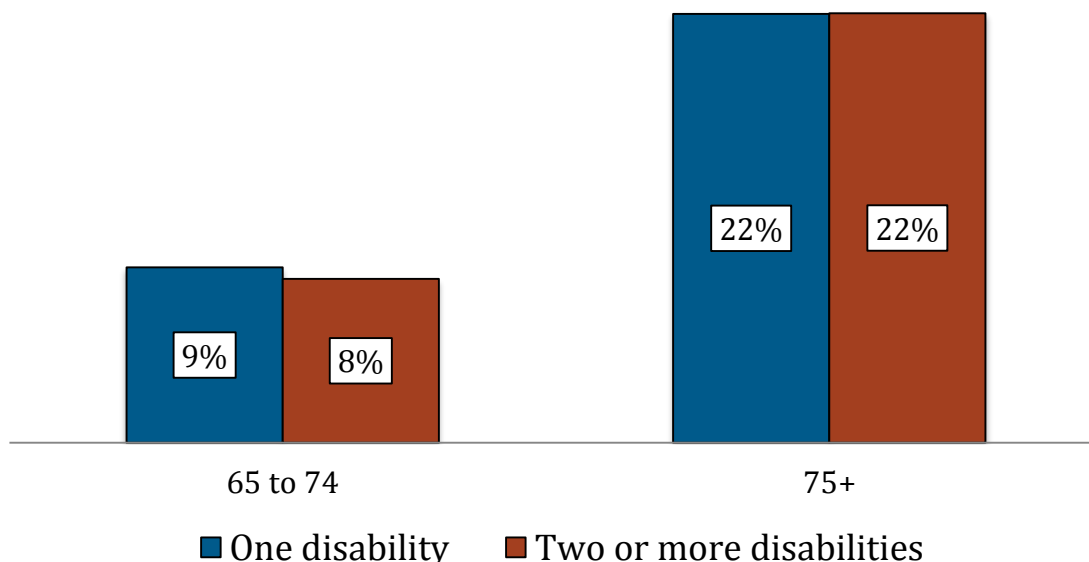
Figure 9. Household income distribution in Newton by age of householder (in 2012 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2008-2012, Table B19037.
 Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older Newton residents relative to younger Baby-Boomers is further illustrated in **Figure 9**, which shows that a sizable percentage of the older adult population is quite affluent—34% of Newton residents age 65 and older report incomes of \$100,000 or more. By comparison, more than two thirds (68%) of households headed by younger residents report this level of income. Nevertheless, more than a quarter (28%) of households headed by someone age 65 and older report annual incomes under \$25,000. This compares with just 7% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Newton’s older population that experiences economic insecurity or disadvantage.

Figure 10. Percentage of Newton residents reporting at least one disability by age group



Source: U.S. Census Bureau; American Community Survey, 2010-2012, Table B18108.

The increased likelihood of acquiring disability with age is evident in ACS data. Many older Newton residents age 65 and older experience some level of disability that could impact their ability to function well and independently in their community. **Figure 10** depicts the proportions of older adults who report some level of disability.⁴ Among residents aged 65 to 74, nearly one in five (17%) reports at least one disability. The risk of acquiring disability more than doubles after age 75—in Newton, about 44% of individuals in this age group experience one or more disabilities. Nevertheless, these rates of disability are lower than those estimated for Massachusetts as a whole, suggesting that the older population in Newton has fewer limitations than is typical among older adults in the Commonwealth. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 47% of persons 75 and older (not shown).

Among the different types of disability that were assessed in ACS, the most commonly cited difficulty was with ambulation (difficulty walking or climbing stairs)—17% of Newton residents aged 65 and older reported this type of difficulty. Other disabilities experienced by older Newton residents included sensory problems, such as difficulty hearing (11%) or seeing (4%), cognitive difficulty (7%), self-care difficulty (6%), and independent living limitations (difficulty doing errands alone such as visiting a doctor’s office or shopping), reported by 13% (ACS, 2008-2012, Table S1810). Individuals who have disabilities may have greater difficulty accessing transportation; thus limiting their ability to participate fully in the community.

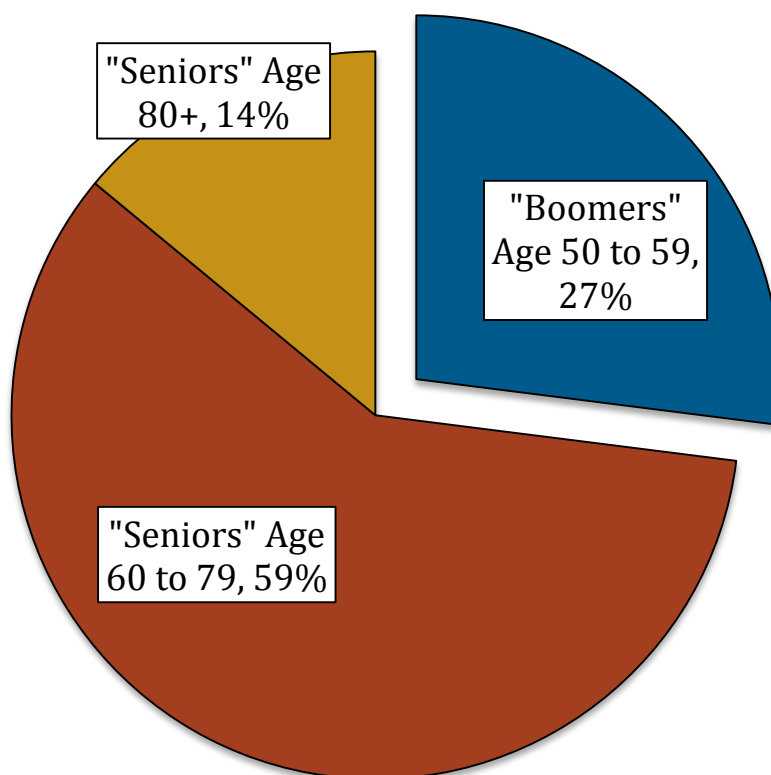
⁴ Data on disability are obtained from the three-year American Community Survey (2010-2012); disability data are not available from the five-year files used elsewhere in this report.

Results of Newton Resident Survey of Boomers and Seniors

Sample Demographics

Overall, 1,111 sampled residents returned surveys with usable data, representing a response rate of 27% (see **Table 2**). Participants included 298 (27%) Boomers, 796 (72%) Seniors⁵, and 17 (1%) respondents who did not indicate their age⁶ (see **Figure 11**). Nearly six out of ten (59%) respondents were age 60 to 79, and 14% were age 80 and older. Relative to the population based on Census Bureau statistics, the age distribution of respondents is disproportionately skewed toward the age category of 60 to 79⁷. This response pattern reflects the larger proportion of residents in this age range responding to the survey. To account for the overrepresentation of Seniors in the survey data, we present selected results separately by age cohort (i.e., Boomers and Seniors) and/or age category (i.e., 50 to 59; 60 to 79; and 80 and older). All data results are presented in tables by age group in **Appendix B**.

Figure 11. Newton resident survey respondents by age cohort and category



Note: Excluded are 17 respondents who did not provide their age.

⁵ In referring to survey results, we use the terms “Boomers” and “Seniors” to refer specifically to study cohorts. Three age categories (i.e., 50 to 59; 60 to 79; and 80 and older) are sub-categories of these cohort designations.

⁶ Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures that depict “all ages” include all survey respondents.

⁷ According to U.S. Census Bureau 2010 figures, the Newton population age 50 and older is composed of 40% individuals 50-59, 45% individuals age 60 to 79, and 15% individuals aged 80 and older.

The majority of respondents to the Newton resident survey were women: 62% of Boomer respondents, 62% of respondents between the ages of 60 and 79, and 65% of respondents who were age 80 and older were women (see **Table RS Q35, Appendix B**). By comparison, data from the 2010 U.S. Census indicate that just 53% of Newton residents age 50 to 59 are women; 54% who are age 60 to 79 are women, and 65% of residents age 80 and older are women, suggesting that our sample of Boomers and respondents 60 to 79 have greater representation of women than the population. Readers are urged to bear these discrepancies between the sample and the population in mind as they read and interpret the remaining results

Finally, the vast majority (90%) of respondents to the Newton resident survey indicated that they were non-Hispanic Whites; 1% was Black, and 6% of respondents were Asian race. The proportion of Whites was slightly higher among the Senior age groups—90% of those age 60 to 79, and 96% of those age 80 and older reported non-Hispanic White race (see **Table RS Q37, Appendix B**). According to the American Community Survey, about 92% of Newton residents age 60 and older are White; whereas 1% is Black, and 7% is Asian (see **Table 6**). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

Section I: Housing & Living Situation

One outcome of communities being highly livable is that once residents are established, they tend to place high priority on staying in those communities. A noteworthy characteristic of survey respondents is the length of time that most have resided in Newton. **Figure 12** shows that a large majority of respondents (83%) have been residents for 15 years or longer and 26% have lived in Newton for 45 years or longer. Just 17% of all respondents are relative “newcomers,” indicating that they lived in Newton for fewer than 15 years, including 5% who lived in Newton for fewer than 5 years. Just 12% of Seniors age 60 and older have lived in Newton for fewer than 15 years (**Table RS Q1, Appendix B**), highlighting the observation that the growth of Newton’s older population is primarily a result of long-term residents aging in place, rather than migration of older adults to Newton.

Figure 12. Number of years that respondents have lived in Newton, age 50 and older

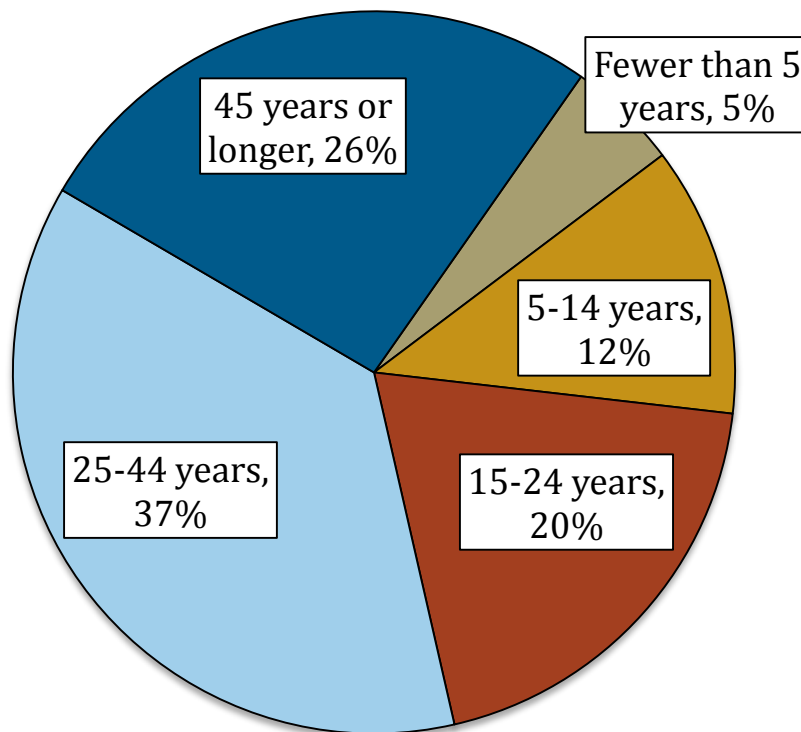
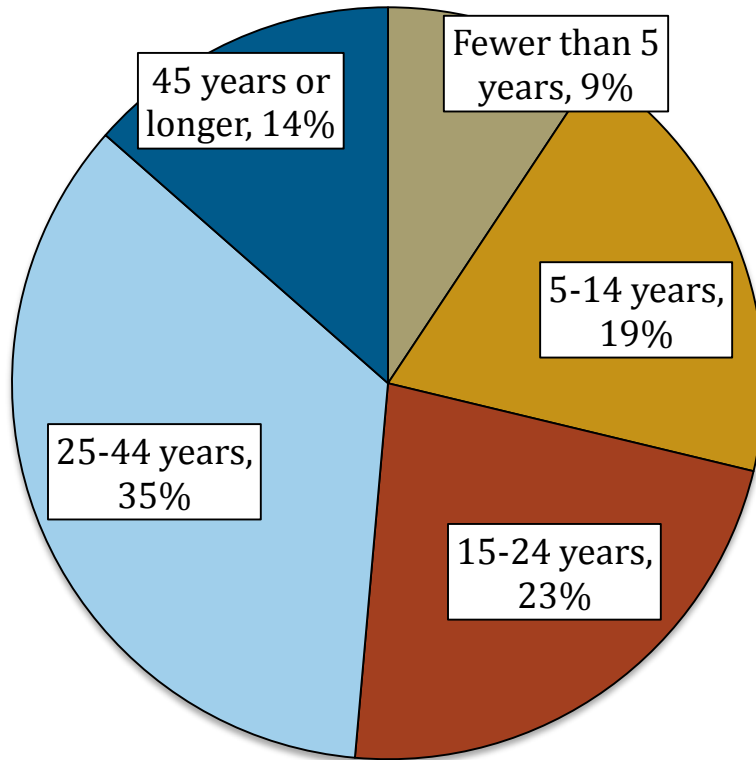


Figure 13. Number of years that respondents have lived in their current residence, age 50 and older



Successful aging in place is often depicted as a dynamic process or system that facilitates remaining in one's home and/or community, safely and independently, as the individual ages. Results depicted in **Figure 13** suggest that older residents in Newton also tend to stay in their residences. Of the total sample, 72% have lived at their current residences for 15 years or longer. Among Seniors, a large proportion (18%) have lived at their current residences for 45 years or longer, including 10% of residents age 60 to 79, and 48% who are 80 years or older (**Table RS Q2, Appendix B**). These results suggest that for many, Newton is a community where it is desirable *and* possible for Seniors to stay in their homes. Nevertheless, many residents may remain in their homes even after it is no longer safe or practical to do so, especially if programs and services are not available to facilitate alternative choices of living situation.

Figure 14. Percent of Newton residents living alone by age cohort and category

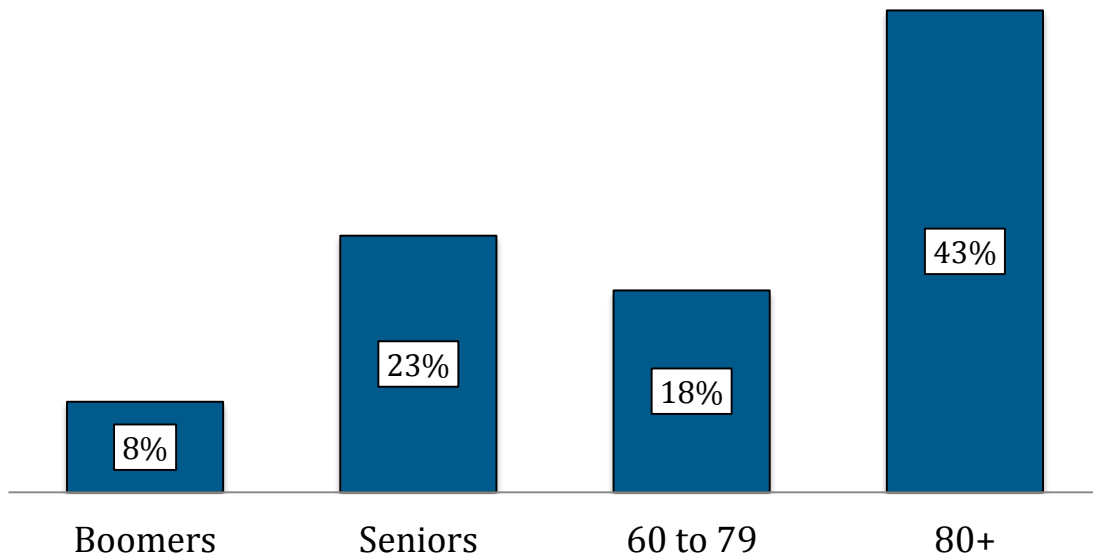
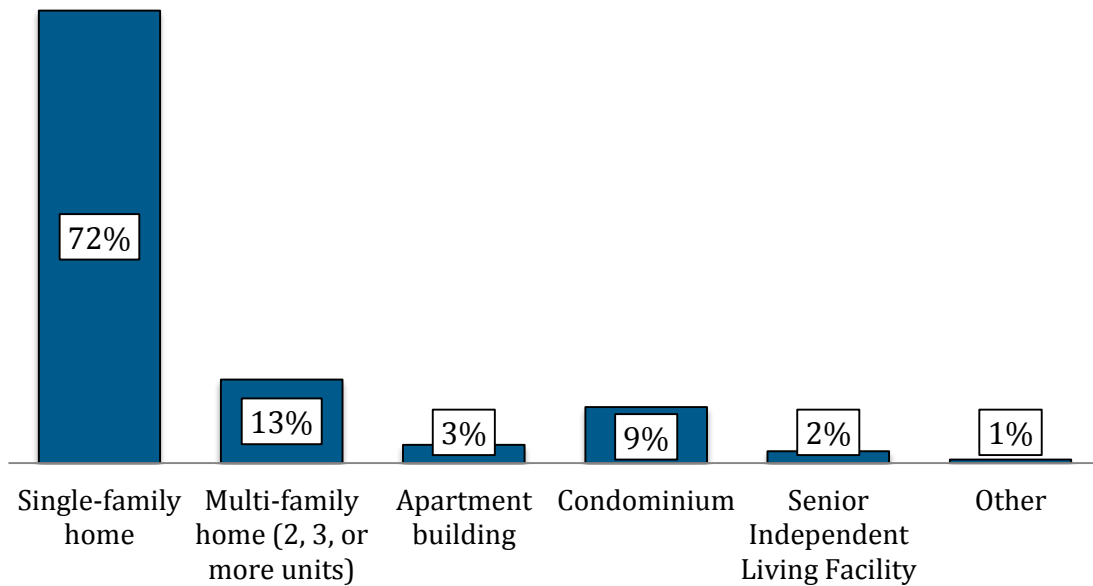


Figure 14 displays the percentage of survey respondents who lived alone by age cohort and category. Compared to 8% of Boomers who indicated that they lived alone, about a quarter of Seniors (23%) lived alone.⁸ Of the respondents age 80 and older, 43% lived alone. In general, people who live by themselves, especially older people, are more likely experience health conditions and impairments that make travel into the community more difficult, and are associated with greater risk for isolation and economic insecurity (White, Philogene, Fine & Sinha, 2009). These individuals will likely have greater need for support services (such as transportation and/or targeted outreach) that facilitate their continued involvement with friends and family in the community.

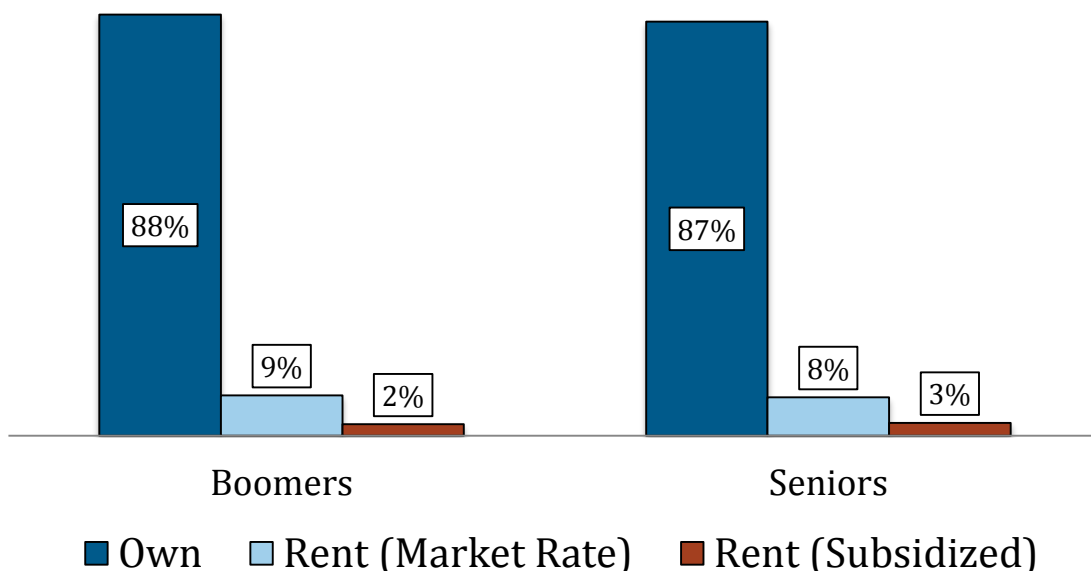
⁸ Note that the percentage living alone among our sample of seniors (23%) is the same as that reported above based on U.S. Census Bureau data.

Figure 15. Current type of residence reported by respondents



A noticeable characteristic of Newton is the number of single-family homes that make up many of the residences throughout the City. According to the U.S. Census Bureau, the majority (62%) of occupied housing units are single-family attached or detached homes; 37% are apartment buildings or condominiums; and the remaining 1% are other types of housing (*ACS Table S2504, 2008-2012*). **Figure 15** indicates that an overwhelming majority (72%) of survey respondents reported living in single-family homes. The remaining respondents lived in multi-family homes with 2 or more units (13%), condominiums (9%), apartments (3%), or senior independent living facilities (2%). One percent reported living in other types of residences including non-profit housing for seniors. Similarly, among residents age 80 and older, the majority (55%) live in single-family homes. For many older residents, living in a single-family structure may become a greater burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult on fixed incomes during retirement. Living in single-family homes may also become less practical, as family situations change. Thus, the process of aging in community may often require difficult decisions about whether to leave one's residence for housing alternatives that are a better fit with current and future health and social situations. The extent to which older people live in single-family houses because there are limited alternatives (e.g. condos) is not known.

Figure 16. Percent of Newton respondents living in owned or rented homes by age cohort



Consistent with demographic data from the Census Bureau (see **Figure 5**) most survey respondents (87%) indicated that they lived in homes that they owned, or on which they held a mortgage, including 88% of Boomers and 87% of Seniors (**Figure 16**). Only a small proportion of the sample (11%) indicated that they lived in rented homes, including a small percentage of residences where rents were subsidized.

An owned home is often seen as a valued economic asset among older adults. Nevertheless, some structural features (especially in older homes and homes that are poorly designed), as well as expenses associated with maintaining or modifying homes may make it difficult for some older adults to remain in their residences as they age. About one in four survey respondents (26%) indicated that their homes required modifications to facilitate their aging in place, with similar shares of Boomers and Seniors reporting that modifications to their homes were needed (**Table RS Q7, Appendix B**).

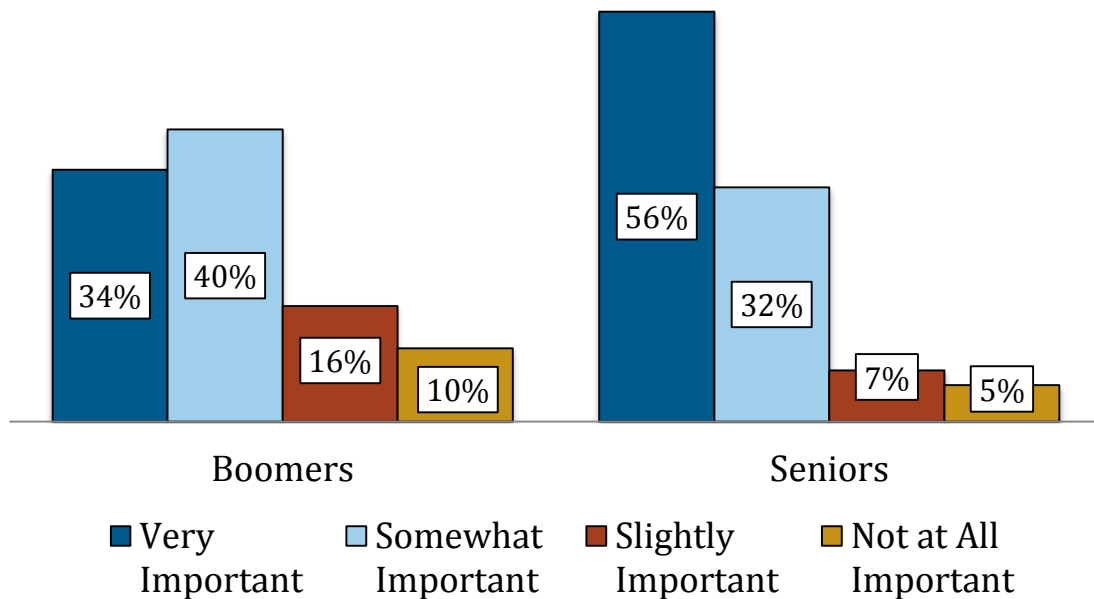
Table 7. Percent of Newton residents who indicated needing home modifications, and being unable to afford them, by home ownership and age category

| | Home needs modifications | Unable to afford modifications |
|-------------------------------|--------------------------|--------------------------------|
| <u>All Respondents</u> | | |
| Boomers | 26% | 23%* |
| 60 to 79 | 27% | 21% |
| 80+ | 24% | 28%* |
| <u>Home Owners</u> | | |
| Boomers | 27% | 20%* |
| 60 to 79 | 27% | 18% |
| 80+ | 27% | 19%* |

* Percent includes 20 or fewer cases

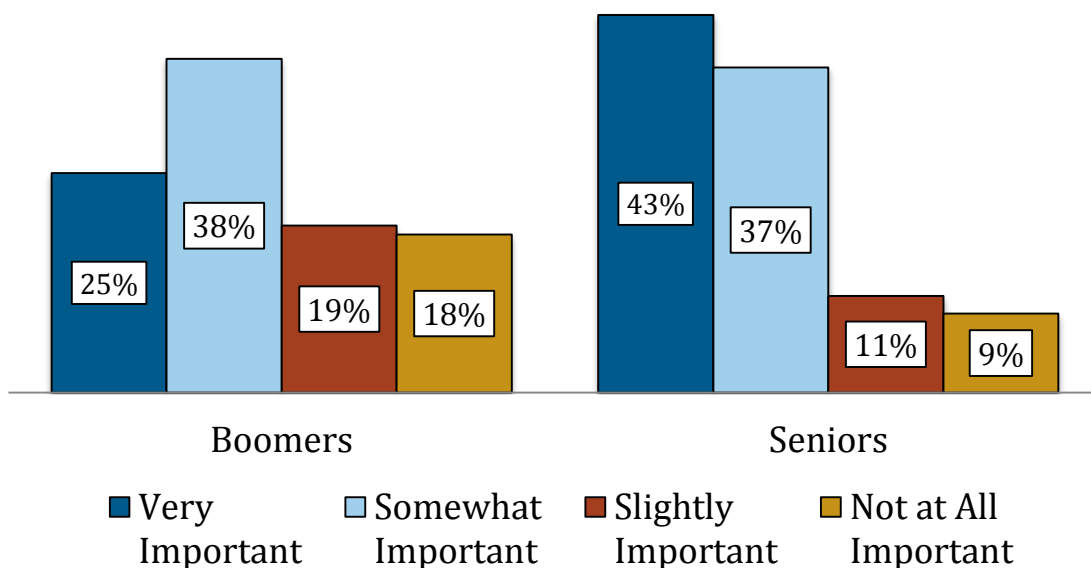
Most individuals, regardless of age, could likely improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited. Among renters *and* owners whose homes needed modification, 23% of Boomers reported being unable to afford to make needed modifications, along with 21% of residents aged 60 to 79, and 28% of those age 80 and older (**Table 7**). Among respondents who owned their homes, 27% in each age category reported that their homes needed modification to facilitate aging in place. Twenty percent of Boomers who owned their homes were unable to afford the modifications they needed. Among respondents age 60 to 79, and age 80 and older, 18% and 19%, respectively, could not afford to make needed modifications to their homes.

Figure 17. Rated importance of living in Newton as long as possible by age cohort



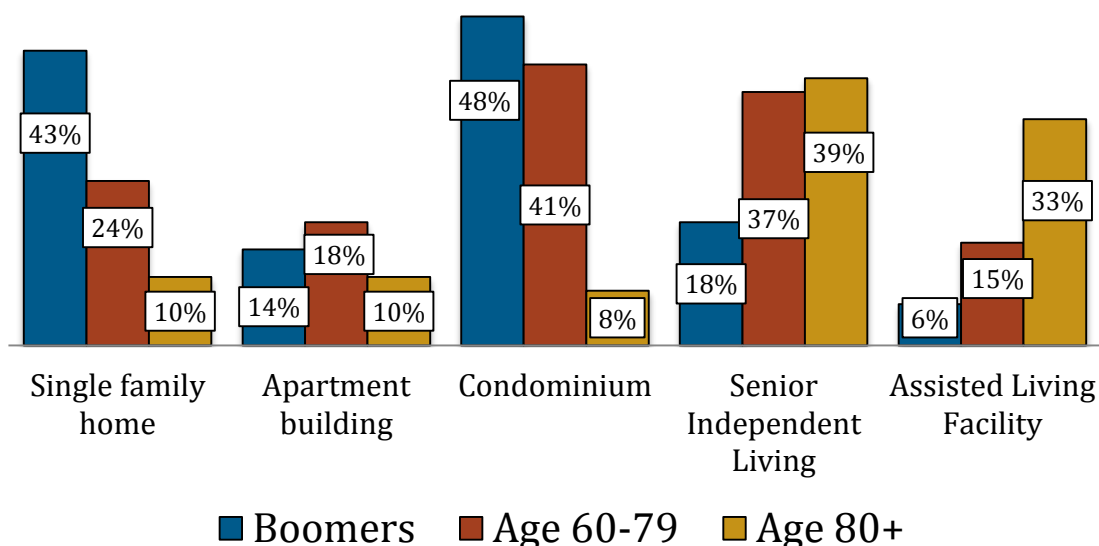
Given the tendency of older Newton residents to have remained in their homes and communities in the past, it is not surprising that a large majority of Boomers (74%) and Seniors (88%) indicated that it was “very important” or “somewhat important” to remain living in Newton as long as possible in the future (**Figure 17**). **Table RS Q8 (Appendix B)** indicates that 87% of survey respondents age 60 to 79 shared this goal, and that the proportion of Newton residents who desired to age in place is even greater among those age 80 and older. In this age category, 93% of respondents said that staying in Newton was an important priority for them. Just 5% of all Seniors indicated that living in Newton as long as possible was not at all important to them.

Figure 18. Rated importance of living in current village within Newton as long as possible by age cohort



Similarly, most respondents rated the importance of remaining in their current village within Newton as “very important” or “somewhat important” (**Figure 18**). To many Newton residents, the villages in which they live hold special significance despite their having no formal borders and being largely reflective of the City’s historical development. Each of the 13 villages has a unique character, and differences exist in terms of the social and demographic traits of their residents, accessible public transportation that is available, and the commercial districts and amenities contained within them. Thus, for many Newton residents remaining in the same village as they age is a high priority with origins in civic pride, as well as practical concerns about quality of life and access to goods and services they will need as they get older. Above, **Figure 18** illustrates that among Senior respondents, a sizeable proportion (80%) indicated that staying in their village within Newton as long as possible was “very important” or “somewhat important” to them. Among respondents age 80 and older, 88% said it was “very important” or “somewhat important” to them to stay in their village, compared to 63% of Boomers and 77% of respondents age 60 to 79 (**Table RS Q9, Appendix B**). Relatively few Seniors—just 9% indicated that remaining in their village was “not at all important” to them.

Figure 19. Housing preference, if a change in health required a move from current residence in the next 5 years by age category



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

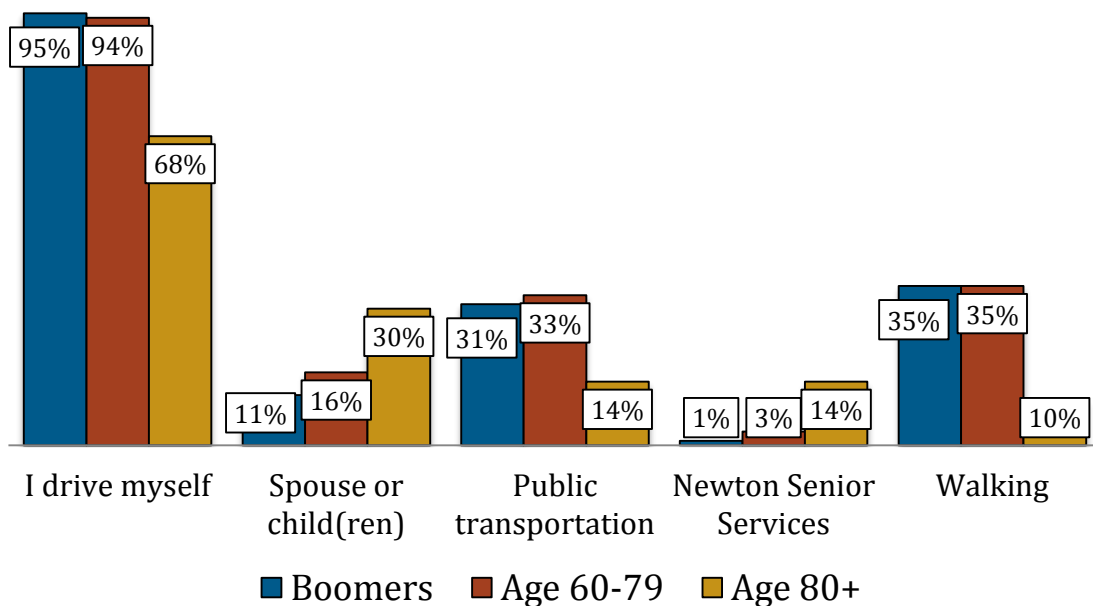
Survey participants were asked to select the types of housing units they would prefer to live in if in the next five years they experienced a change in their health that required them to move from their current residence. As shown in **Figure 19**, preferences indicated by respondents varied by age category. Among Boomers nearly half (48%) indicated that they would prefer to live in condominiums; 43% would prefer to live in a single-family home. Among Seniors age 60 to 79, 41% would prefer to live in condominiums, and 37% indicated that they would prefer a senior independent living community. By contrast, the oldest respondents—Seniors age 80 and older—indicated a preference to live in a senior independent living community (39%), or within an assisted living facility (33%). Thus, respondents age 60 and older are very receptive to senior independent living, and those 80 and older are highly receptive to independent living and assisted living as options if health changes require that they move.

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

Section II: Transportation

Transportation is a fundamental need for people of all ages who strive to lead independent, meaningful, and socially engaged lives. For older people in particular, lack of adequate and appropriate transportation can complicate their efforts to meet material and social needs and make it difficult to remain active participants in their communities. Figure 20 shows modes of transportation used by survey respondents by age category. Across all age categories, Newton residents depend heavily on driving themselves to meet their transportation needs, though the percentage declines somewhat after age 80. Among respondents age 80 and older, just 68% currently drive, whereas 30% rely on spouses or children, 14% rely on public transportation, 14% use transportation provided by the Newton Department of Senior Services, and 10% rely on walking to meet their transportation needs. Thus, summarizing across observations, residents who are 80 and older are not especially drawn to public transportation, and may not view it as a good option for them, at least relative to younger adults. Among Boomers and Seniors age 60 to 79, walking and public transportation were commonly mentioned as preferred modes of transportation (35% and 33%, respectively).

Figure 20. Modes of transportation by age category



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

Among those who depend on driving to meet their transportation needs, physical challenges associated with aging (e.g., poor vision status) may sometimes require that individuals modify their driving to increase ease and safety of community travel. **Table 8** shows strategies reported by respondents to make their driving easier and safer. Nearly four out of ten (39%) Seniors aged 60 to 79 reported making at least one modification to their driving, including avoiding driving in bad weather (22%), avoiding driving at night (18%), and avoiding driving long distances (10%). Among Seniors age 80 and older, 83% reported using at least one strategy to make their driving safer and easier—the most commonly cited modifications were avoiding driving at night (41%) and avoiding driving in bad weather (39%). Other strategies that were mentioned were planning combined driving trips; driving during low-traffic times of day; driving slower; choosing alternate uncongested routes; and being more vigilant about watching for others, including runners, walkers, bikers, and motorcyclists. The use of such strategies by many older adults likely contributes to their increased safety while driving; however, limiting driving could also place constraints on independence and options available to older people, especially when alternate transportation choices are not available, are inaccessible, or prohibitively costly or inconvenient.

Table 8. Modification to driving by age category

| Modifications to driving | Boomers | Age 60-79 | Age 80+ |
|--|----------------|------------------|----------------|
| I do not modify my driving at all | 72% | 61% | 17% |
| I avoid driving at night | 9% | 18% | 41% |
| I avoid making left hand turns | 1% | 2% | 2% |
| I avoid driving in bad weather | 10% | 22% | 39% |
| I avoid expressway driving | 2% | 6% | 14% |
| I avoid driving far distances | 3% | 10% | 27% |
| I avoid driving in unfamiliar areas | 5% | 9% | 25% |
| Other | 3% | 3% | 3% |

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

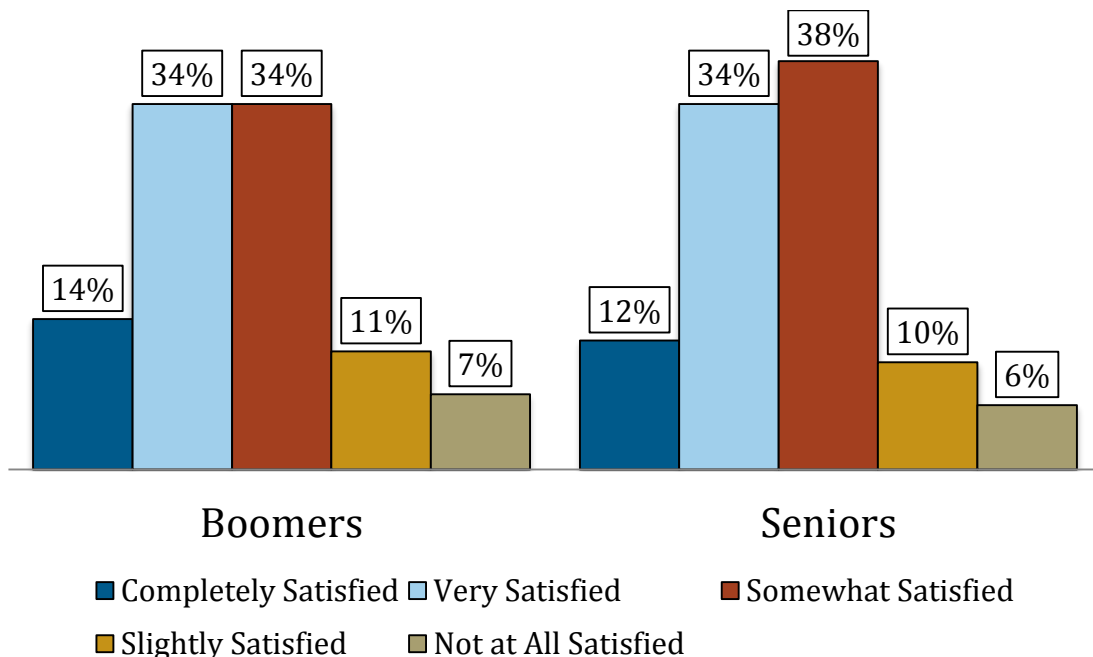
Table 9. Challenges getting around without a car by age category

| Challenge | Boomers | Age 60-79 | Age 80+ |
|--|---------|-----------|---------|
| None | 53% | 51% | 37% |
| Physical environment issues (e.g., signage, lighting) | 6% | 4% | 3% |
| Physical challenges or other limitations (e.g., vision, hearing) | 1% | 3% | 12% |
| Public transportation service not available where I need to go | 13% | 17% | 16% |
| No door-to-door assistance | 0% | 2% | 5% |
| Lack of public transportation services throughout the day and evening | 9% | 7% | 6% |
| Lack of public transportation services on a reliable schedule | 6% | 8% | 5% |
| Walkability issues (e.g., lack of or interrupted sidewalks) | 18% | 18% | 12% |
| Other | 14% | 10% | 12% |

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

Survey respondents were asked about the difficulties they experienced travelling in and around Newton when a car was not available to them. Although nearly half (49%) of all respondents indicated that they had experienced no difficulties (see **Table RS Q13, Appendix B**), many residents, especially those age 80 and older (63%) reported at least one difficulty meeting their transportation needs without a car (see **Table 9**). The most common issues were public transportation routes that did not go where residents needed to go (mentioned by 16%), and “walkability” issues such as poorly maintained sidewalks and interrupted or non-existent walkways where they are needed (12%). In addition, 12% of respondents age 80 and older mentioned other problems travelling in Newton without a car, including the expense of public transportation options, safety issues (e.g., ice- and snow-covered walkways and crossing major thoroughfares safely), lack of adequate bicycle lanes, and unpredictable motorists who do not observe rules of the road.

Figure 21. Satisfaction with transportation options in Newton by age cohort



Despite the transportation problems reported by many older Newton residents, many survey respondents (46%) reported that they are “completely satisfied” or “very satisfied” with the transportation options they have available in Newton; another 47% are either “somewhat satisfied” or “slightly satisfied”. Seven percent of all survey respondents indicated that they are “not at all satisfied” with transportation options in Newton (see **Table RS Q14, Appendix B**). **Figure 21** shows roughly comparable rates of satisfaction with transportation by age cohort.

Some variation in satisfaction with transportation options in Newton is apparent in data that is stratified by village (see **Table 10**). Overall, the greatest level of satisfaction was reported in the villages of Auburndale (66%), Newton Highlands (58%), and Waban (55%). Among Seniors, the cohort that is most likely to rely on alternatives to driving their own cars, the lowest satisfaction with transportation options was reported in Newton Lower Falls (18%), Nonantum (36%), West Newton (36%), and Oak Hill (38%). Areas where residents are the least satisfied may be candidates for expanded or extended transportation services, or other program considerations that target older adults whose driving restrictions may leave them at risk of being stranded in their homes and socially isolated.

Table 10. Percent of respondents who report being “Completely Satisfied” or “Very Satisfied” with transportation options in Newton by village and age cohort

| | Total | Boomers | Seniors |
|---------------------------|-------|---------|---------|
| Auburndale | 66% | 48%** | 75%** |
| Chestnut Hill | 44%** | 60%** | 40%** |
| Newton Centre | 50% | 56%** | 48% |
| Newton Corner | 44% | 50%** | 42% |
| Newton Highlands | 58% | 61%** | 58%** |
| Newton Lower Falls | 33%** | 60%** | 18%** |
| Newton Upper Falls | 39%** | 29%** | 43%** |
| Newtonville | 43% | 46%** | 41% |
| Nonantum | 36%** | 33%** | 36%** |
| Oak Hill | 36% | 34%** | 38% |
| Thompsonville | 52%** | 33%** | 64%** |
| Waban | 55% | 62%** | 53% |
| West Newton | 37% | 38%** | 36% |

***Note: Percentages based on fewer than 50 cases.*

Section III: Your Community

Feelings of belonging to a community reflect the shared commitment that residents have to their neighborhoods and to each other. The degree to which individuals feel a sense of belonging in their community is believed to be influenced by many factors, including the perception that residents share some commonality with their neighbors, feelings of interdependence on others in the community, and security in knowing that various social and psychological needs can be met, at least in part, through resources that communities have available to residents (McMillan & Chavis, 1986). The sense of belonging that respondents feel in their community is likely a fundamental contributor to the perceived livability of Newton and the quality of life of the City's older residents. Survey respondents were asked whether they felt a sense of belonging in the neighborhoods where they live. **Figure 22** displays sense of belonging in the community by age cohort. Overall, positive feelings of belonging were reported widely and comparably by participants in both cohorts—86% of Boomers and 85% of Seniors (including 86% of respondents age 80 and older; see **Table RS Q15, Appendix B**) indicated they felt a sense of belonging in their neighborhoods.

Figure 22. Sense of belonging in the community by age cohort

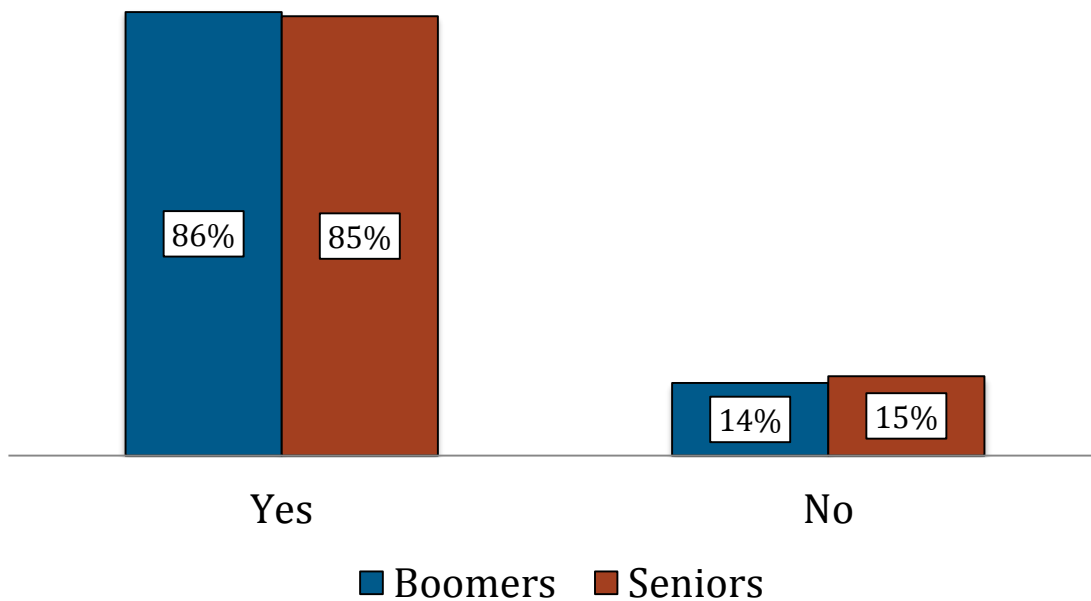
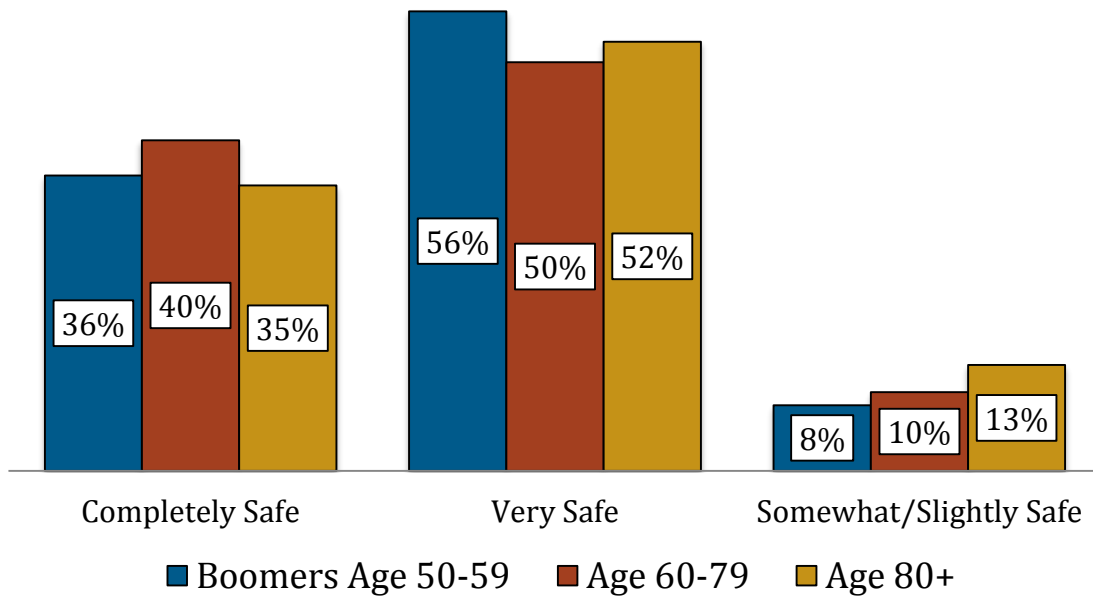


Figure 23. Ratings of perceived safety in neighborhood by age category



The sense of safety and security that individuals perceive in their neighborhoods is another important factor associated with quality of life, and the livability of one’s community. Overall, survey results suggest that Newton is perceived as a safe and secure environment in which to age. The majority (90%) of survey respondents of any age reported feeling “completely safe” or “very safe” in their neighborhoods (see **Table RS Q16, Appendix B**). Small percentages (13% or less in each age category) reported feeling only “somewhat” or “slightly” safe. Notably, none of the respondents stated that they did not feel safe at all in Newton (**Figure 23**).

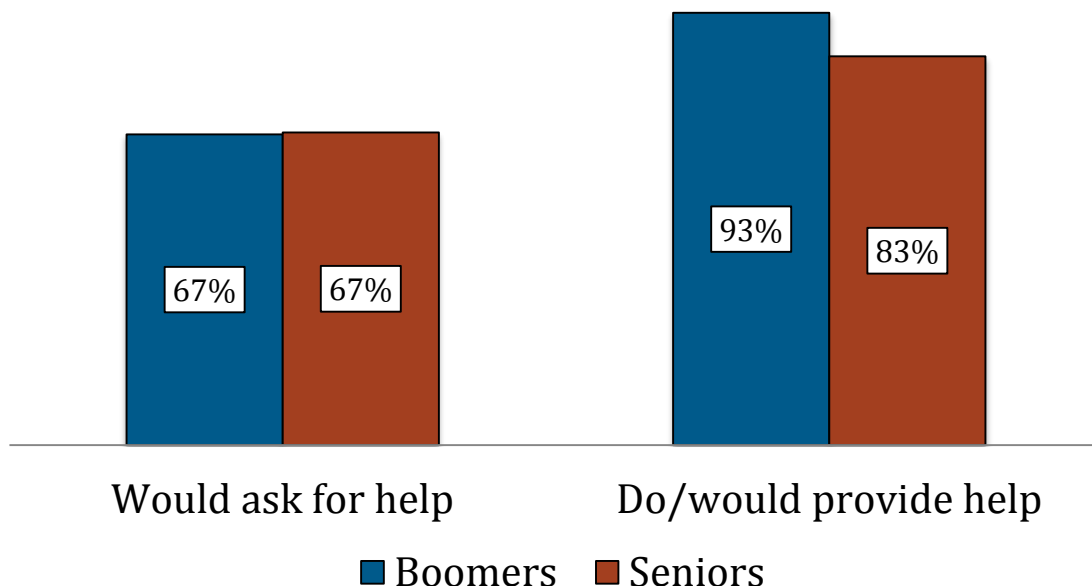
Across Newton’s 13 villages, large proportions of survey respondents reported feeling “completely safe” or “very safe” in the neighborhoods where they live. **Table 11** displays high levels of perceived safety reported in Oak Hill (95%), Auburndale (94%), and Newton Centre (94%).

Table 11. Percent of respondents who report feeling “Completely Safe” or “Very Safe” by village and age category

| | Total | Boomers | Seniors |
|---------------------------|--------------|----------------|----------------|
| Auburndale | 94% | 93%** | 94% |
| Chestnut Hill | 91% | 100%** | 89%** |
| Newton Centre | 94% | 97%** | 93% |
| Newton Corner | 91% | 88%** | 92% |
| Newton Highlands | 87% | 89%** | 87%** |
| Newton Lower Falls | 76%** | 80%** | 71%** |
| Newton Upper Falls | 89%** | 100%** | 85%** |
| Newtonville | 89% | 96%** | 87% |
| Nonantum | 72% | 67%** | 76%** |
| Oak Hill | 95% | 97%** | 94% |
| Thompsonville | 71%** | 83%** | 71%** |
| Waban | 90% | 93%** | 89% |
| West Newton | 90% | 85%** | 92% |

***Note: Percentages based on fewer than 50 cases*

Figure 24. Percent of respondents who would ask for assistance from neighbors, and who do/would provide assistance to neighbors by age cohort



Finally, livability of communities is also influenced by the degree of interdependence between residents—that is, the degree to which neighbors feel they can rely on each other for help, as well as their willingness to help when others need assistance. Survey respondents indicated whether they would ask their neighbors for help, and whether they would provide assistance to their neighbors with minor tasks or errands such as changing a light bulb, shopping, or shoveling snow. **Figure 24** shows that 67% of residents in each age cohort indicated that they would willingly ask for assistance from their neighbors. Moreover, large majorities of both the Boomer and Senior cohorts said that they either currently do provide assistance to their neighbors or they would if they were asked (93% and 83%, respectively; also see **Table RS Q18, Appendix B**). This general sense of interdependence between neighbors bodes well for residents who wish to age in place in Newton, since neighbors are often the closest and most accessible human resource when extra help is needed.

Section IV: Your Health

Large shares of Newton residents who participated in the survey report good physical health. The majority (88%) of all respondents rated their health as “excellent” or “good”, whereas just 10% rated their health as “fair”, and only 2% said their health was “poor” (see **Table RS Q19, Appendix B**). Below, self-ratings of physical health by age category are shown in **Figure 25**. Nearly all Boomers (97%) reported “excellent” or “good” physical health. Within the Senior age cohort, 89% of respondents age 60 to 79, and 71% of respondents age 80 and older said their physical health was “excellent” or “good”. This suggests that most of Newton’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, appear to experience some declines in their health.

Figure 25. Self-ratings of physical health by age category

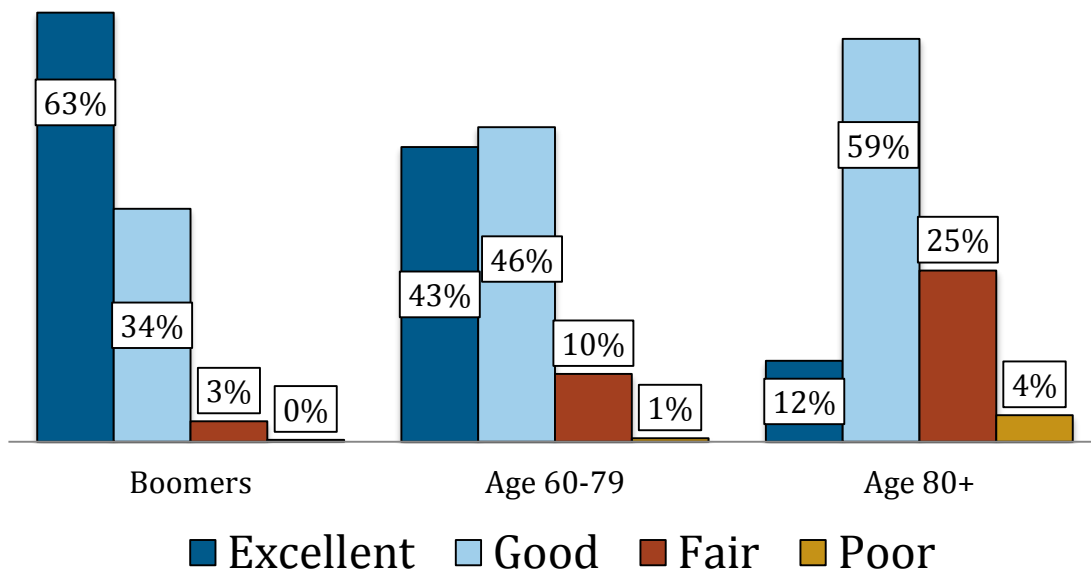
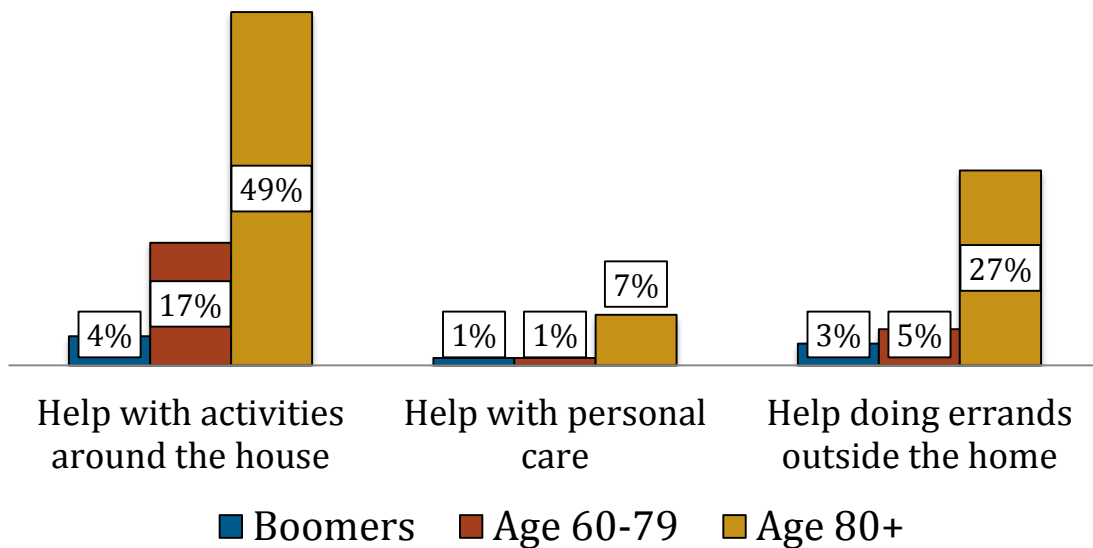


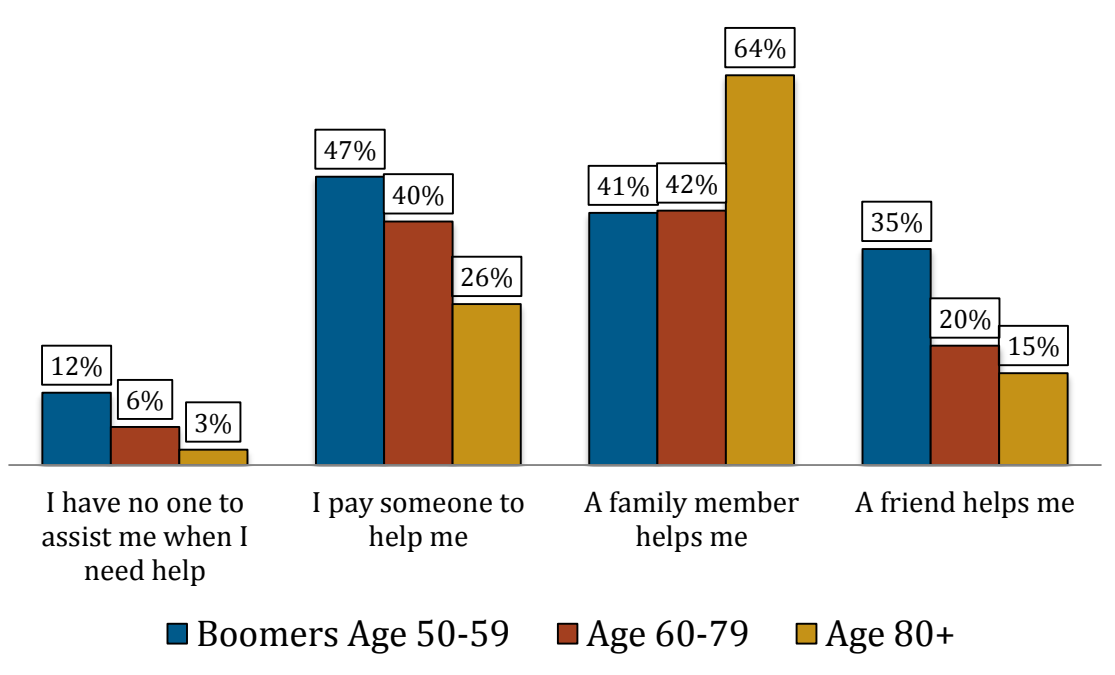
Figure 26. Percent who need assistance due to a health issue by age category



Beyond reflecting the potential need for medical care, self-ratings of physical health may also be indicative of the need for additional assistance with various activities in and around the home. **Figure 26** shows percentages of respondents in each age category who indicated that a health issue required them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), *personal care activities* (such as taking a bath or shower, or getting dressed), and *doing errands outside the home* (such as food shopping, or picking up a prescription). Needing help with these sorts of daily living activities was much more common among Newton residents who are 80 and older. Nearly half (49%) in the oldest age category required assistance with activities around the house; 27% needed help with errands; and 7% required assistance with personal care.

Figure 27 shows sources of assistance that older Newton residents may draw upon when extra help is needed. Among those who reported needing help sometimes, a large proportion of respondents in all age categories have family members on whom they can rely. For respondents who are age 80 and older, family members are the most common source of assistance (64%). By contrast, Boomers who require help rely mostly on paid outside assistance (47%). Five percent of the total sample, including 12% of Boomers, reported having nobody who could provide help if they needed it (also see **Table RS Q23, Appendix B**).

Figure 27. Source of assistance with activities by age category



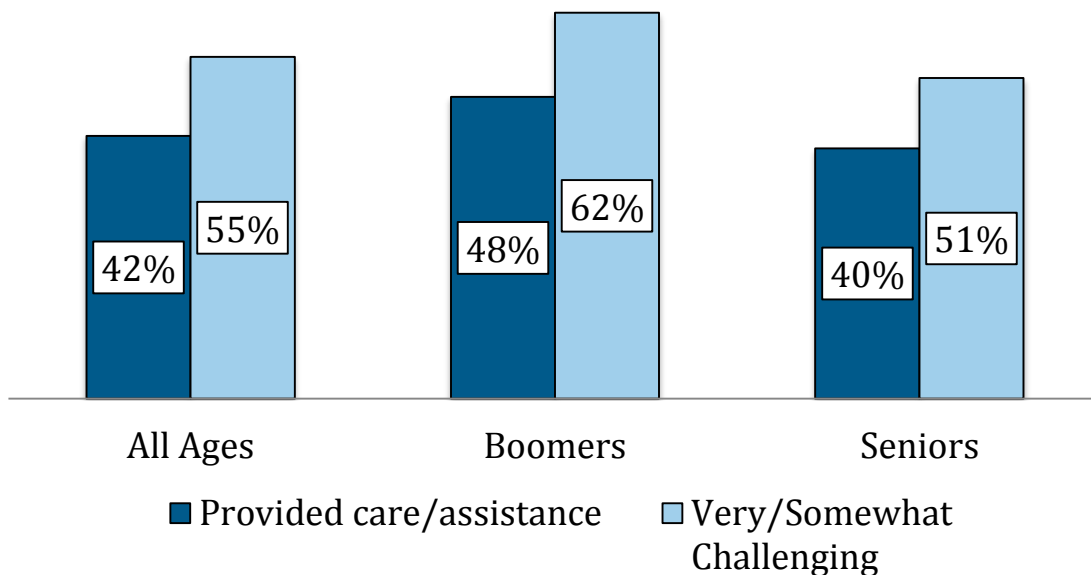
Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

One of the more common problems facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. Commonly cited issues expressed by many older people regarding their difficulty in gaining access to available services include not knowing where or who to contact for help and being unaware of what services exist. An important function of Newton’s Department of Senior Services is to connect people to needed resources for caregiver support and home services, among other types of assistance.

Section V: Caregiving

In many cases, older Newton residents provide informal care and assistance to individuals who are frail or disabled while managing other aspects of their lives such as family and work. Indeed, 42% of all survey respondents said that they provided care or assistance to a relative, friend, or neighbor who is disabled or frail within the past 5 years, including 48% of Boomers and 40% of Seniors (see **Figure 28**). Overall, more than half of caregivers (55%), including 62% of Boomers and 51% of Seniors, found it “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work. Of those who provided care, the vast majority of respondents (97%) were not paid for it (see **Table RS Q24a, Appendix B**).

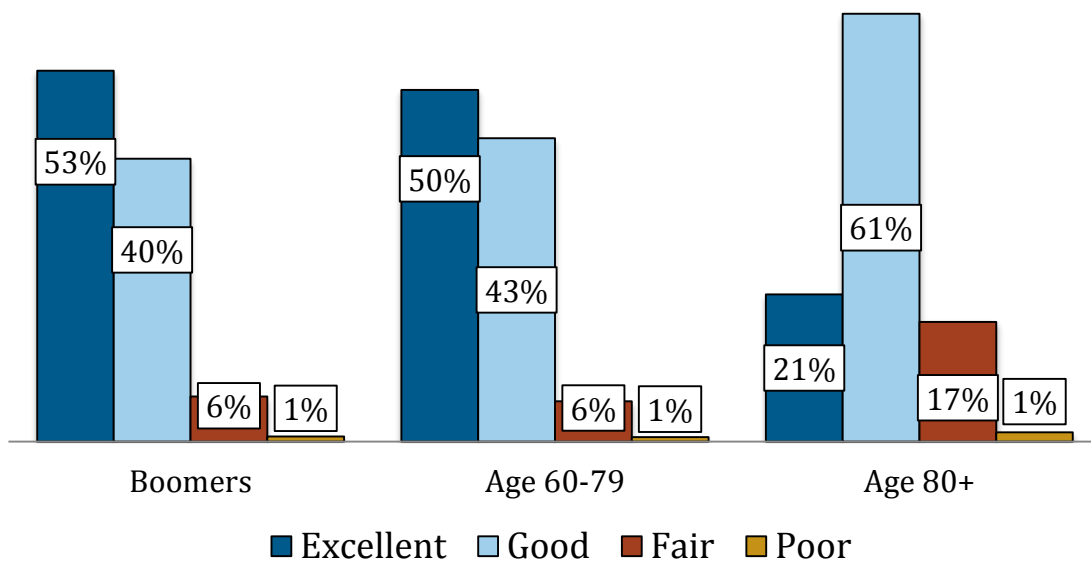
Figure 28. Caregiving experience in the last 5 years and degree of challenge by age cohort



Section VI: Your Wellbeing & Life Satisfaction

Overall, survey respondents reported high levels of wellbeing and life satisfaction. This dimension of social/emotional health is broken down by age category in **Figure 29**. Overall, a greater proportion of respondents age 80 and older (18%) reported “fair” or “poor” emotional wellbeing, compared to Boomers (7%) and Seniors age 60 to 79 (7%). As well, only 21% of adults aged 80 and older rated their social and emotional health as “excellent”, compared to 53% of Boomers and 50% of respondents age 60 to 79.

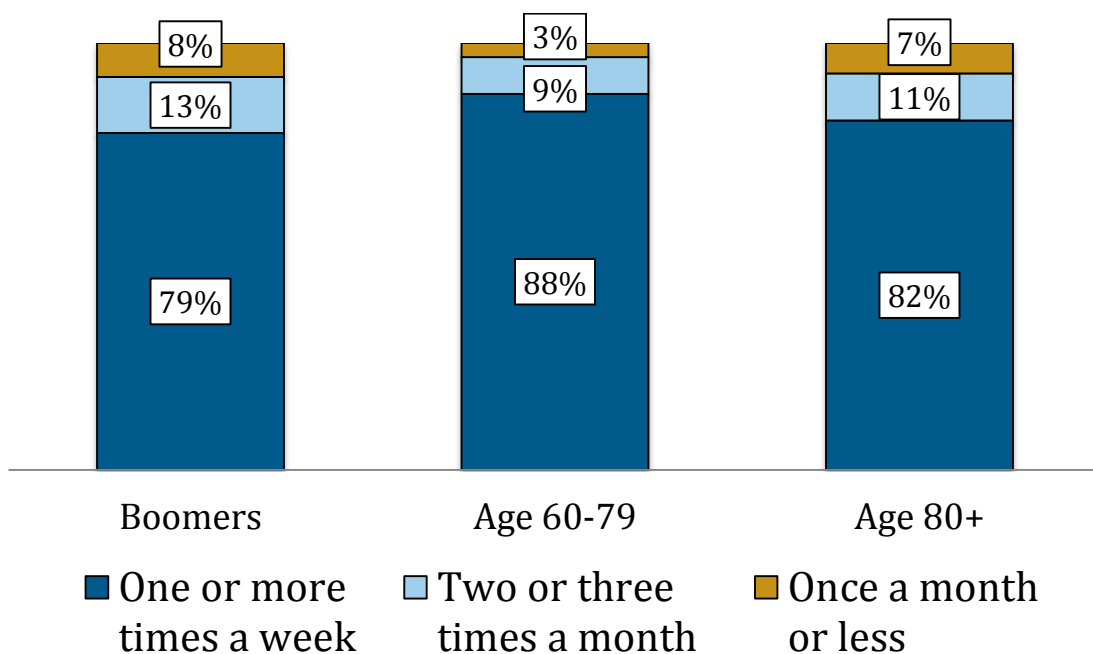
Figure 29. Self-ratings of emotional wellbeing by age category



Social/emotional health, as a dimension of wellbeing, is dependent on many factors. Primary among them is the degree of connectedness that individuals experience within their social networks of family and friends. Many older adults, in particular, are at high risk for social isolation, especially if their health and social networks begin to break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes.

For the most part, older residents of Newton remain well connected via relationships with family, friends, relatives, and their neighbors according to survey results. For example, the vast majority of respondents (95%) reported talking on the phone, emailing, or getting together with family, friends, relatives, or neighbors at least two or three times a month (see **Table RS Q26, Appendix B**). Even Newton’s oldest residents, those age 80 and older, typically are well connected—82% of respondents in this age category communicated one or more times a week with friends or relatives (**Figure 30**). At particular risk of social isolation are the 3% to 8% of respondents who rarely or never communicate with friends or family. Although small, this proportion represents an important group to target for efforts aimed at reducing isolation and, more generally, improving social/emotional wellbeing of Newton’s more vulnerable older residents.

Figure 30. Frequency of contact with family, friends, relatives, or neighbors by age category



Older Newton residents participate in various activities that could facilitate their social connectedness with others in their communities. Survey participants were asked to indicate which activities they currently participate in and enjoy. **Table 12** illustrates similarities in current activity preferences by age cohort and age category. The greatest proportions of both Boomers and Seniors indicated that they currently enjoy social activities, individual/solitary activities, food-related activities, and media. The least popular activities for both cohorts were intergenerational programs, arts and crafts activities, and faith-based activities.

Table 12. Percent indicating activities they currently enjoy by age cohort and age category

| | All Ages | Boomers | Seniors | Age 60-79 | Age 80+ |
|---|----------|---------|---------|-----------|---------|
| Volunteering | 36% | 36% | 36% | 39% | 23% |
| Active indoor activities (e.g., exercise, strength training, water activities) | 56% | 65% | 53% | 58% | 36% |
| Individual/solitary activities (e.g., reading) | 77% | 79% | 76% | 78% | 67% |
| Travel or outings (e.g., day trips) | 66% | 74% | 63% | 70% | 34% |
| Education (e.g., cultural activities, lifelong learning) | 50% | 51% | 50% | 54% | 36% |
| Media (e.g., film, television, concerts, lectures) | 78% | 77% | 78% | 80% | 72% |
| Active outdoor activities (e.g., hiking, cycling) | 49% | 66% | 43% | 50% | 14% |
| Social activities (e.g., spending time with family and friends) | 83% | 85% | 83% | 85% | 72% |
| Arts & crafts (e.g., painting, knitting) | 26% | 26% | 26% | 28% | 19% |
| Food (e.g., cooking, dining out, nutrition) | 74% | 79% | 73% | 78% | 53% |
| Intergenerational programs | 12% | 12% | 12% | 14% | 6% |
| Faith-based activities | 29% | 26% | 30% | 33% | 21% |

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

Finally, in an open-ended question, survey participants were asked to reflect on their greatest concerns about their ability to continue living in Newton as they grow older. **Table 13** shows themes raised by respondents, as well as verbatim examples of each theme. The most commonly cited theme was related to the affordability of living in Newton on a fixed income. Many respondents were concerned about keeping up with everyday expenses, including food, fuel, and other bills. Respondents also indicated concern about being able to afford property taxes and home insurance, as the values of their homes increase. Other

themes frequently mentioned by respondents pertained to their ability to downsize when the time comes into desirable housing options within Newton; concerns about maintaining health and independence and avoiding isolation; transportation issues; implications of the winter climate in Newton; having access to adequate services; and the possibility of moving to take care of, or be taken care of by other family members.

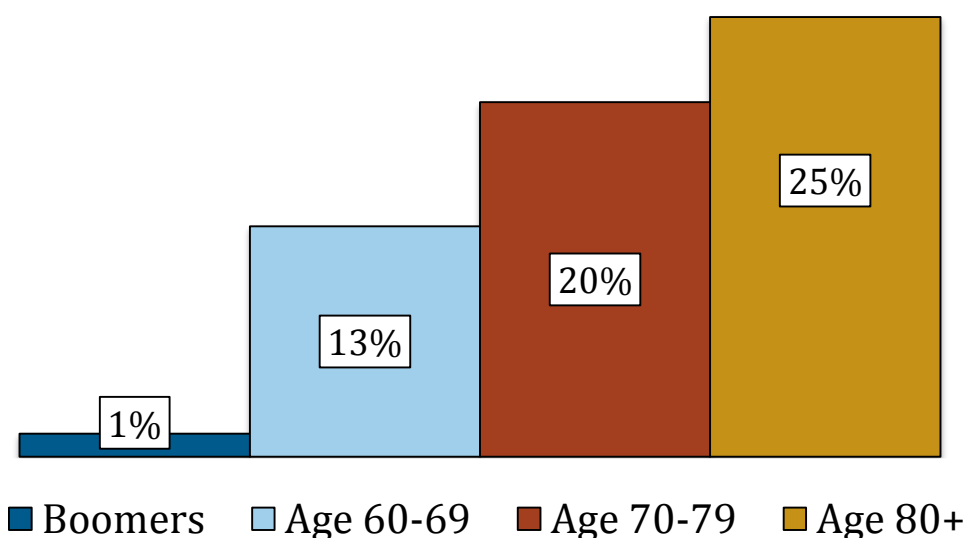
Table 13. Most prevalent issues concerning the ability to age in place in Newton

| Issue Mentioned |
|--|
| <p>Affordability, cost of living, taxes</p> <p><i>“I live on Social Security. I am being forced out because of taxes”</i></p> <p><i>“Husband is retired and I will be retiring soon. Taxes in this city are much too high for us to afford and continue living here”</i></p> |
| <p>Ability to stay in home, maintain home, or downsizing</p> <p><i>“Being able to maintain the house. I have lived in it for 44 years”</i></p> <p><i>“Finding a somewhat smaller townhouse unit and a neighborhood that affords us the same quality of life that we currently have”</i></p> |
| <p>Maintain good health, remain independent, needing assistance</p> <p><i>“I am concerned that in my isolation I would have no one to come to my aid in the case of being suddenly stricken with a life threatening medical condition”</i></p> <p><i>“Becoming a burden to someone”</i></p> |
| <p>Transportation concerns</p> <p><i>“Need a way to get to doctors, shopping if I can no longer take the T or drive”</i></p> <p><i>“When I have to give up driving, I’m not sure that I could then continue to live alone”</i></p> |
| <p>Winter weather concerns</p> <p><i>“Would not like to have to shovel sidewalks at my age but could not afford to pay someone”</i></p> <p><i>“Weather—will feel trapped in house throughout winter, fear of falling on ice and snow”</i></p> |
| <p>Access to and quality of services (medical and other)</p> <p><i>“Availability of support services for home maintenance, transportation. Access to health care”</i></p> <p><i>“I would like to see more opportunity for social involvement for seniors, because I think loneliness is a big part of the decline, more activities if possible”</i></p> |
| <p>Being close to family, family health and well-being</p> <p><i>“Will probably move to be closer to children next 5 to 10 years”</i></p> <p><i>“Of great concern for my husband and myself is having to live alone, currently we share duties like going to grocery, drug, or other stores if one can’t-the other does”</i></p> |

Section VII: Newton Department of Senior Services & Senior Center

The City of Newton Department of Senior Services, including the Senior Center, is an important resource for many older residents striving to age in place in their homes and communities. Part of the Department's mission is to optimize quality of life for seniors and their families through welcoming, respectful, and meaningful opportunities that engage older people. Toward these worthy ends, the Department of Senior Services has developed a broad range of programs and services that target a diverse population of older Newton residents, including services for information and referrals to other community agencies, outreach, health services, transportation, education and recreation programs and activities. These programs and services emphasize promotion of healthy aging and enhance quality of life for seniors and their supporting family members.

Figure 31. Percent of respondents who currently use programs and services offered by Newton Department of Senior Services (including the Senior Center) by age category

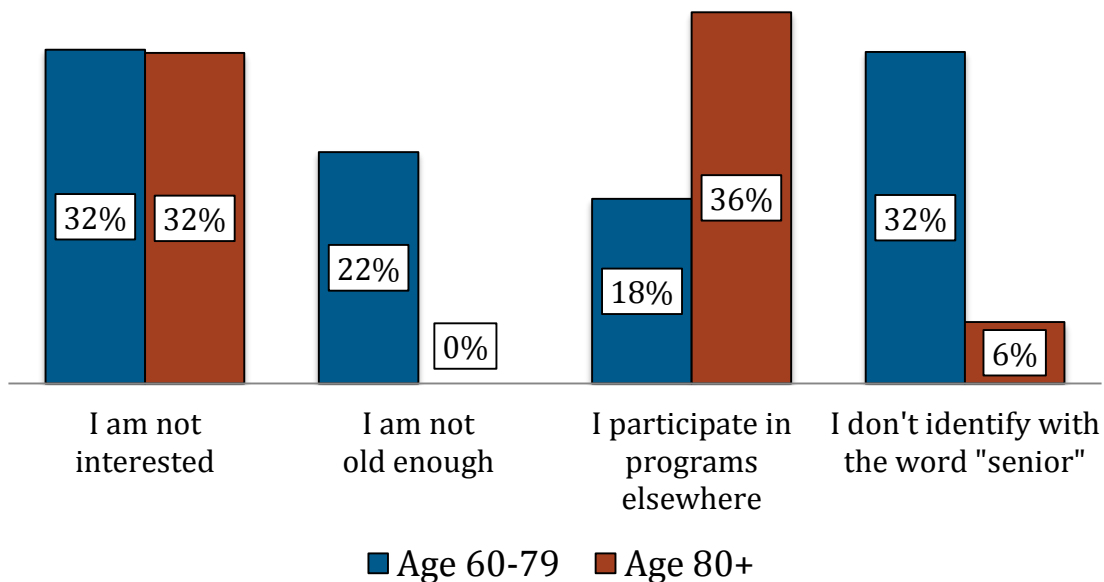


Note: In this figure, the age cohort of Seniors is stratified into three age categories, rather than the two categories used elsewhere in this report.

Despite the benefits that many older Newton residents could potentially realize by participating in programs and services provided by the Department of Senior Services, a relatively small percentage of survey respondents said that they currently used these resources (see **Table RS Q29, Appendix B**). Among all Seniors, only 17% of respondents said that they currently use programs and services offered. A larger proportion of respondents age 80 and older (25%) said they used programs and services, compared to Seniors age 60 to 69 (13%), and age 70 to 79 (20%) (**Figure 31**). Generally, respondents in the Boomer category are not yet eligible for services provided by the Department of Senior Services.

Among Seniors who said that they do not currently participate in programs and services offered by the Department of Senior Services, 32% stated that they were “not interested”; 18% stated that they were “not old enough”; 21% said they “participated in programs elsewhere”; and 27% stated that they “don’t identify with the word ‘senior’” (see **Table RS 29a, Appendix B**). Below, **Figure 32** shows that Seniors who are age 80 and older most commonly stated that they did not participate in programs and services because they participated in programs elsewhere (36%), and/or because they were not interested (32%). Nearly 37% of all senior respondents gave other reasons for not participating, such as being busy with other activities, including working; having health problems or disabilities that prevented them from participating; and having “no need for the types of services offered”. In some cases, responses to this item may point to misperceptions about what services are provided by the Department of Senior Services. For instance, many residents may feel that services are targeted only to the City’s oldest and most frail residents, and that they themselves are too “young” to participate.

Figure 32. Reasons for not currently using programs or services offered by the Newton Department of Senior Services or the Senior Center, by age category.



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

All survey participants were asked to identify problems they or someone they know experienced when accessing the Senior Center or its programs and services. The largest proportion of all respondents (16%) stated that not knowing about the availability of programs and services was a barrier, followed by lack of sufficient parking (14%) (see **Table RS Q30, Appendix B**). Among Seniors age 80 and older, lack of sufficient parking (16%) and lack of transportation (14%) were the most commonly cited problems (**Table 14**). In addition, many Seniors age 60 to 79, and age 80 and older thought that they would not fit in at the Senior Center (13% and 10%, respectively). Additional barriers to accessing the Senior Center written in by respondents included limited assistance for those with disabilities, the Senior Center’s physical space (e.g., crowded, uncomfortable, or unappealing), difficulty in making contact with the Senior Center, and language barriers.

Table 14. Percent indicating problems encountered when accessing the Senior Center by age category

| | Boomers | Age 60-79 | Age 80+ |
|---|---------|-----------|---------|
| Lack of transportation | 7% | 6% | 14% |
| Lack of sufficient parking | 6% | 17% | 16% |
| Not knowing what programs/services are available | 22% | 13% | 12% |
| Programs don't interest me | 8% | 13% | 13% |
| Location of senior center is inconvenient | 2% | 3% | 9% |
| Hours of senior center are inconvenient | 3% | 4% | 4% |
| Limited class size for events/activities | 2% | 2% | 1% |
| Appointment based services are not available when needed | 1% | 2% | 1% |
| I don't think I would fit in there | 9% | 13% | 10% |
| The building is not adequate | 1% | 4% | 2% |

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

An important goal of the Newton resident survey was to assess the value and importance of programs and services that are currently offered through the Department of Senior Services or the Senior Center to older adults and their families in Newton. **Table 15** shows the percentage of survey respondents who rated programs and services as “very important” or “somewhat important” to them or to someone in their families. In general, large proportions of respondents of all ages reported that programs and services were important. Among the 15 programs and service categories assessed, the senior parking

sticker program was viewed most favorably, with 60% of all respondents saying this program was important. Overall, 56% of all respondents rated health and wellness programs as important; and both educational opportunities and fitness activities were rated as important by 55% of respondents.

Somewhat different priorities were observed by age category. For example, among Boomers, health and wellness programs were highly rated as important (63%), as were fitness activities (62%), and educational opportunities (56%). Among Seniors age 60 to 79, the senior parking sticker program was most highly rated as important (65%), followed by educational opportunities (57%), and health and wellness programs (56%). Among the oldest respondents, those age 80 and older, the highest favorability rating was for the senior parking sticker, with 58% of the oldest group rating this program as important, followed by transportation services (50%), and information and referral services (47%).

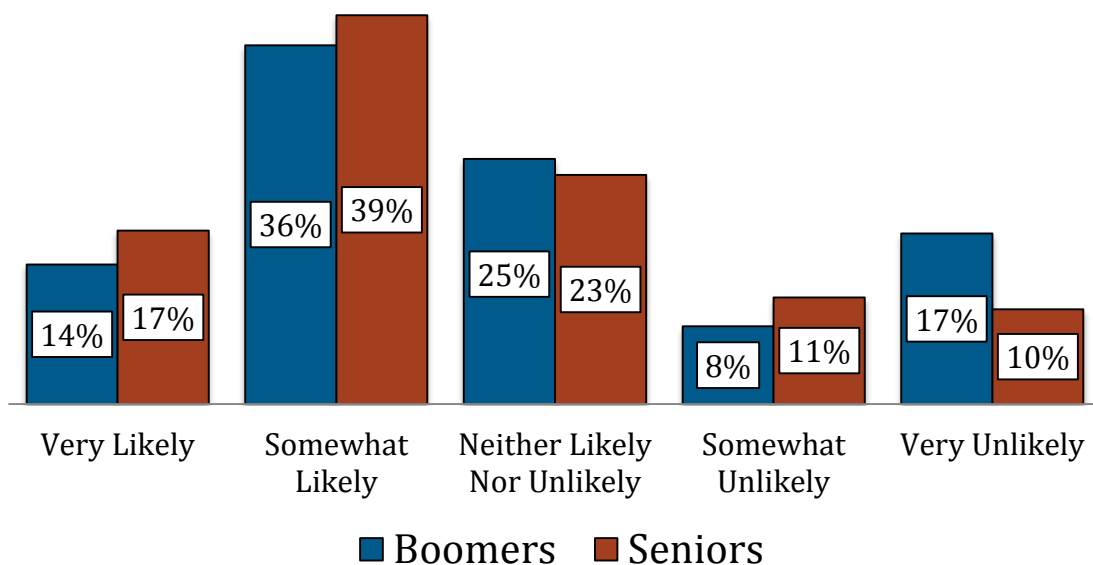
These differences likely reflect change and variability in the priority attached to specific services as people age—for instance, when age-related driving limitations make access to transportation a more pressing problem. Observed differences may also reflect, in part, inter-cohort differences in tastes and interests. As Baby Boomers age, many gerontologists believe they will transform programs and services by operating as proactive consumers who are less likely to accept services passively, or without registering their preferences (Pruchno, 2012). Therefore, it remains important for agencies that serve older people to maintain an open, proactive approach to planning and development to assure that programs and services remain appropriate and desired by current and evolving cohorts.

Table 15. Percent of respondents who say programs/services are either “Very Important” or “Somewhat Important” to them personally and/or their families.

| | All Ages | Boomers | Seniors | Age 60-79 | Age 80+ |
|--|----------|---------|---------|-----------|---------|
| Assistance with local or state programs (e.g., financial, fuel, or food assistance) | 33% | 38% | 29% | 31% | 26% |
| Educational opportunities and seminars | 55% | 56% | 55% | 57% | 44% |
| Fitness activities (e.g., exercise, Tai Chi) | 55% | 62% | 52% | 55% | 40% |
| Health and wellness programs | 56% | 63% | 54% | 56% | 41% |
| Health insurance counseling (e.g., SHINE) | 42% | 49% | 39% | 40% | 29% |
| In-home outreach services | 37% | 40% | 36% | 35% | 36% |
| Information and referral | 48% | 51% | 47% | 47% | 47% |
| Mental health counseling | 26% | 33% | 23% | 24% | 18% |
| Outings (e.g., to theaters, museums) | 44% | 46% | 43% | 45% | 38% |
| Professional services (e.g., help with tax preparation, legal services) | 37% | 42% | 34% | 36% | 27% |
| Senior parking sticker | 60% | 51% | 64% | 65% | 58% |
| Social activities (e.g., lunch, book club, games) | 39% | 47% | 36% | 37% | 28% |
| Support groups | 33% | 38% | 32% | 33% | 24% |
| Transportation services | 49% | 52% | 46% | 46% | 50% |
| Volunteer opportunities | 42% | 46% | 40% | 43% | 29% |

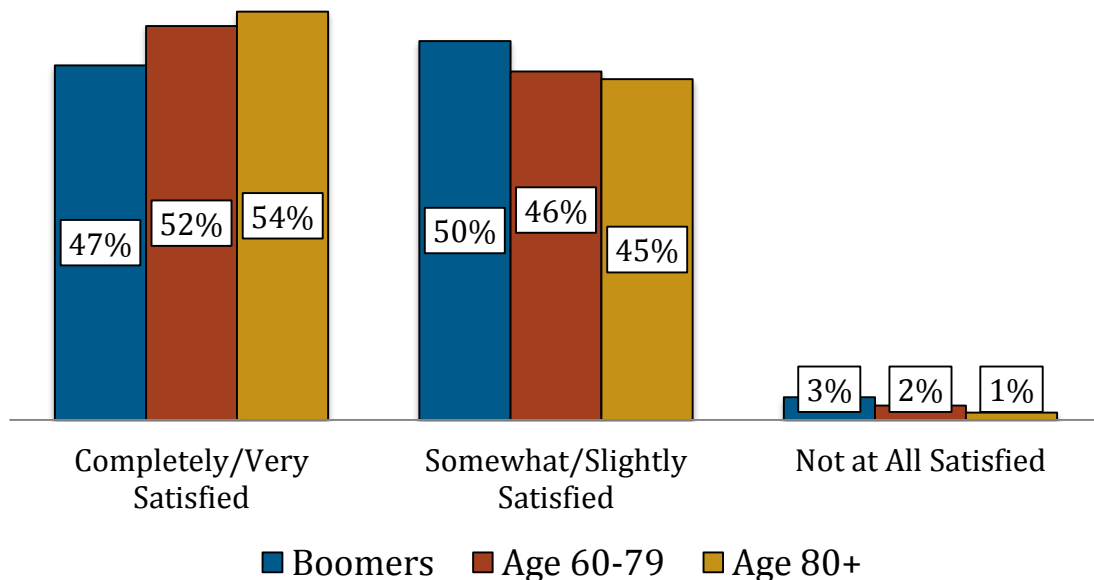
Many of Newton’s residents are receptive to participating in programs and services offered by the Department of Senior Services. Survey respondents were asked how likely they were to participate in programs and services in the future. **Figure 33** indicates that about half of Boomers and many Seniors (51% and 56%, respectively) are “very likely” or “somewhat likely” to use programs and services. Additional analyses (not shown in figures and tables) suggest that among those who currently do not use services, half (50%) stated that they are either “very likely” or “somewhat likely” to participate in programs and services in the future, and 26% do not know whether they will use services in the future.

Figure 33. Likelihood of participating in programs and services in the future by age cohort



Notably, about 1 out of 5 (22%) respondents indicated that they were “somewhat unlikely” or “very unlikely” to participate in programs and services in the future (see **Table RS Q32, Appendix B**). Given the diversity of Newton’s Senior population, many programs and services may not be universally needed or desired. In addition, the large degree of uncertainty about using services may point to the importance of marketing to a broader range of potential consumers who may not recognize the scope and value of Senior Center activities or who may have inaccurate perceptions about the programs and services provided by the Department of Senior Services.

Figure 34. Satisfaction with programs and services offered by the Newton Department of Senior Services or Senior Center by age category



Respondents to the resident survey were asked to report their level of satisfaction with the programs and services offered by the Newton Department of Senior Services, given their current level of knowledge, and without regard to their current usage. In **Figure 34**, satisfaction levels are reported by age categories. Among Seniors age 80 and older, 54% were either “completely satisfied” or “very satisfied” with programs and services. Satisfaction levels were slightly lower among younger seniors, with 52% reporting being “completely satisfied” or “very satisfied”. Only 1% to 3% of respondents stated that they were “not at all satisfied” with the programs and services provided by the Newton Department of Senior Services.

Figure 35. Satisfaction with programs and services offered by the Newton Department of Senior Services or Senior Center by participation

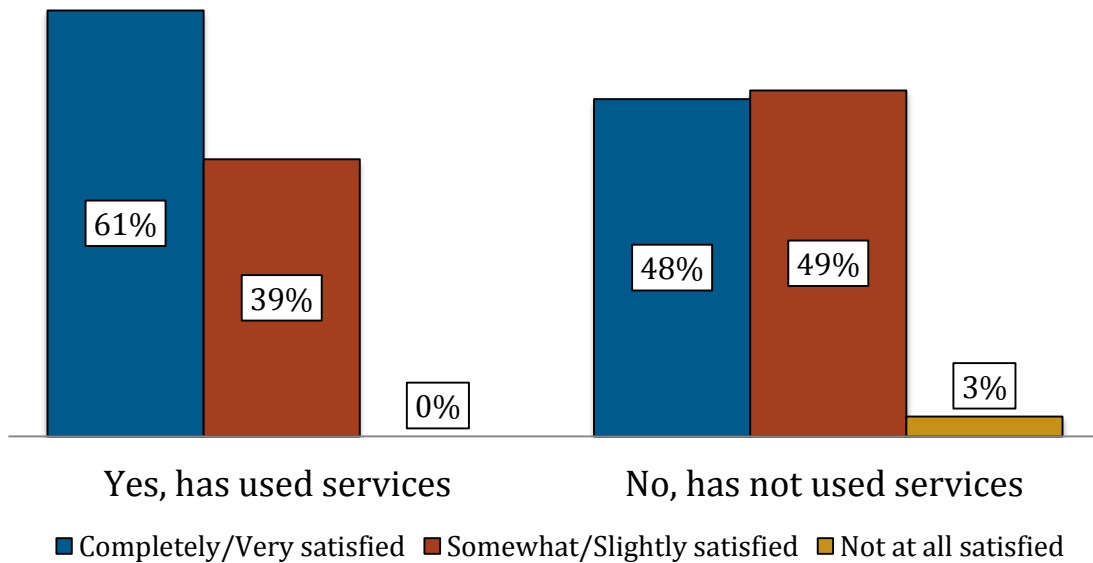


Figure 35 shows satisfaction levels by participation (i.e., whether or not respondents currently use programs and services). Among those who reported using programs and services, 61% reported being “completely satisfied” or “very satisfied”, whereas only 48% of respondents who do not use services reported this level of satisfaction. None of the respondents who use programs and services said they were “not satisfied at all,” compared to about 3% of non-participants who reported dissatisfaction with programs and services.

Finally, survey participants were given the opportunity to offer open-ended comments about the Newton Department of Senior Services or Senior Center. **Table 16** shows common themes raised by respondents, as well as verbatim examples. The single most frequently raised theme reflected the appreciation that residents have for Senior Center staff and the programs and services they provide. Many respondents wished to explicitly acknowledge the hard work and planning that goes into providing programs and services to the City's older adult population. At the same time, many survey participants expressed their perceptions that the Department of Senior Services needed to continue being proactive in implementing programs and services that were appropriate to the Senior Center's evolving user-base. Many insightful respondents felt that the Senior Center could increase its number of younger users by "marketing" their programs more appropriately to a broader range of prospective users, via social networking and other forms of current media. Indeed, many eligible younger survey participants stated that they were not very knowledgeable about what was available, and felt that services were not really for them. These perceptions are consistent with other survey findings that suggest that many eligible individuals perceive themselves as too young to use the services or do not identify with the word "senior". Another commonly mentioned theme was the perceived lack of diversity. Many respondents felt that services were disproportionately targeted to the oldest eligible users, or that the relatively small number of minority users did not adequately represent Newton's diverse racial and ethnic citizenry. Finally, many respondents felt that the Senior Center building was outdated, or that its environment was not adequate to meet the current needs of the population. A few respondents felt that "satellite" centers conveniently located in each of Newton's 13 villages would be a good way to encourage usage throughout the City.

Table 16. Most prevalent issues mentioned relating to Newton Department of Senior Services or Senior Center

| Issue Mentioned |
|---|
| <p>Impressed with Senior Center programs and/or staff</p> <p><i>“Thank you Newton for caring for seniors. I love living in this city”</i></p> <p><i>“The staff is wonderful and very dedicated, thoughtful and caring”</i></p> |
| <p>Senior Center has limited programs, needs new programs, or needs better scheduling</p> <p><i>“Important to be current in interest and activities with new generation of aging population”</i></p> <p><i>“Would like to see intergenerational activities to help dispel ageism mythology”</i></p> <p><i>“Perhaps they should hold events or programs in individual villages such as the old library branches during daytime hours. That might connect us to the central office”</i></p> |
| <p>Does not serve a diverse population, misidentification of “senior”</p> <p><i>“These services seem to be for the very old rather than for us 70-somethings”</i></p> <p><i>“Make sure your programs are tailored to diverse non-White populations as well as White population”</i></p> <p><i>“Change the name, no boomer wants to be identified as a ‘senior’”</i></p> |
| <p>Need more information, advertise more</p> <p><i>“Is there an email list to subscribe to, or Twitter account or Facebook page posting activities and events? That might make me keep up more. I do scan listing in ‘The Tab,’ but sometimes am reading the paper after the fact”</i></p> <p><i>“Use the mail, not computers to inform older people what services are offered”</i></p> <p><i>“Make sure the information is kept up to date and accurate. Make sure any employees have a helpful attitude”</i></p> |
| <p>Building is too small, not attractive, and difficult to access</p> <p><i>“Newton needs a much larger Senior Center and should expand all other great programs. So much tax money goes to schools/kids—what about us? A senior gym and pool”</i></p> <p><i>“Each village should have its own senior center meeting place”</i></p> <p><i>“The facility is difficult to access, the building could be improved and location be more central—e.g., the City Hall area”</i></p> |
| <p>Don’t use the services or do not know about the services</p> <p><i>“I didn’t even know there was such a thing”</i></p> <p><i>“I have no knowledge of these programs. I couldn’t even tell you where the senior center is located”</i></p> <p><i>“I’m glad there are the activities, probably won’t take advantage of them though”</i></p> |

Results of Focus Groups

Two focus groups were held with participants representing large ethnic minority groups who reside in Newton. Our goal was to include sub-communities in Newton that may not readily respond to surveys that come through the mail or may not respond to surveys written in English. Our primary aim in engaging these groups was to identify concerns and issues that affect their aging in Newton. Focus group protocols were based loosely on major themes contained in the resident survey. In general, there was a high level of commonality between themes identified in focus groups and resident survey responses with respect to transportation, care giving, and access to programs and services.

Focus Group 1: Representatives of the Chinese Community in Newton

The first focus group included Newton residents who identified as Chinese Americans (3 men and 4 women). These residents were recruited with assistance from the Greater Boston Chinese Cultural Association located in West Newton. All of the attendees in Focus Group 1 were immigrants from China, but had lived in Newton for a long time, ranging from 15 to 36 years (average = 31 years). Participants ranged in age from 51 to 79 years (average = 65 years). All participants in this focus group spoke English well.

A major challenge with living in Newton reported by the group was transportation. There was quite a bit of confusion regarding the transportation options available within the City. Additionally, parking was consistently voiced as a problem— both the availability and the length of parking times. In particular, when using the T to travel into Boston, residents often have to drive to the T station and park, but are limited to a two-hour timeframe. Attendees stated that parking limitations restricted their ability to use the T when they wanted to go into Boston for an extended period. Additionally, when getting around the City at night, there is a lack of public transportation options. There are vouchers available for use by seniors, but the residents stated that long wait times limited their use of the program.

Another concern of particular importance to this cultural group is the challenges of long-distance caregiving, particularly when parents remain back in Asia. The extent of their caregiving responsibilities varied, but the residents reported feeling a sense of obligation to parental care and many traveled back and forth to provide this assistance. Filial piety, a virtue of respect for one's parents in the Confucian philosophy, was brought up as the basis for this sense of responsibility. In addition to their current caregiving responsibilities, looking ahead, the attendees voiced concern about who would take care of them when they required assistance. Though they felt the responsibility of filial piety themselves, many voiced that having raised their children in the United States, their children no longer had the same sense of duty to their parents. Receiving care from individuals outside of the family was brought up as a potential reality if children were too far away or were not willing to assist.

Most participants felt that there was a strong sense of community within their individual neighborhoods, as well as within the Chinese community. Examples of neighbors helping one another were prevalent within the group. Many reported assisting their older neighbors with home maintenance projects, shoveling snow, transportation or grocery

shopping. There was also a sense that neighbors watched out for one another, such as keeping an eye on each other's homes. Safety was not a concern for any within the group, as they felt that the strong neighborhood connections helped to keep the community safe.

As they grow older, participants brought up several concerns about remaining in Newton. The cold weather and the responsibilities that come with it, like shoveling snow, were a consistent concern among the group. Home maintenance was also voiced as a concern as many lived in older homes that require upkeep. The inaccessibility of their current homes, such as having several levels, was brought up as an issue. For those who had inaccessible homes, the possibility of moving within Newton was voiced, but there is a concern about the availability of smaller homes. Particularly, residents were worried about being able to find affordable senior apartments for people who would not qualify for low-income subsidies or housing. Finally, general affordability of Newton was a consistent worry for participants in the group. Concerns about the rising costs of living, and the ability to keep up were prevalent, especially as they begin to retire and live on fixed incomes.

When asked about use of the Senior Center, there was a general lack of knowledge about the programs and services available, but a willingness and desire to participate if connections were developed. Among those who had participated, many voiced that they felt a bit young and out of place at the Senior Center. A suggestion to have a Chinese outreach worker employed by the Senior Center was offered as a way to better connect with the Chinese community in Newton.

Focus Group 2: Representatives of the Russian Community in Newton

The second focus group was composed of Russian American residents of the Golda Meir House, a non-sectarian independent living housing community owned and managed by Jewish Community Housing for the Elderly, located in the Auburndale village of Newton. The group consisted of 2 men and 9 women who ranged in age from 72 to 86 years (average = 79 years). All of the attendees in Focus Group 2 were immigrants from Russia, whose primary language was Russian. Thus, this focus group was conducted in the Russian language, with assistance from a Russian-speaking moderator and note taker. Most participants had lived in Newton for five years or fewer, but many indicated that staying in Newton, and in their current housing situation, was a high priority for them.

Participants of this group also mentioned having difficulties meeting their transportation needs. In addition to limited bus service to places that the residents wished to go, accessibility of available services was also an issue. The group distinguished between "low-floor" and "high-floor" trams (busses and subways). "Low-floor" trams have no steps, and are therefore easier for most to board. For many focus group participants the high-floor trams were not accessible at all, presumably due to mobility difficulties. Since no distinction is made on schedules between the two types of tram, residents found it difficult to effectively plan their excursions since it was never known whether or not they would be able to board any given scheduled tram. Participants mentioned another commonly used transportation option—a taxi service that provides rides to older adult residents of Newton at a very low fare. Despite its popularity and regular usage by Golda Meir House residents, limited hours of operation, as well as limited routes, placed constraints on the local travel options of users.

Unfortunately, the limited transportation that is available and accessible for residents at Golda Meir House leaves many feeling very isolated, despite the facility's central location in Newton. Participants lamented having no nearby parks where residents could freely walk or "take a stroll", and very limited shopping in the immediate area. Although Golda Meir House has a small kiosk on facility grounds, the selection is limited, and there are no other stores within a walking distance for residents. Likewise, residents perceived many of the City's attractions and facilities (including the Senior Center) to be inaccessible to them due to their distance from the complex. As a result, participants reported feeling secluded from the rest of the community and more dependent than necessary on the goodwill of others to help them get out and participate in community activities.

Most focus group participants stated that they felt very fortunate to have a strong sense of community within Golda Meir House. They stated that it was not uncommon for residents to help each other when favors were needed. All were willing to, and many had provided "around-the-clock" care to their friends and fellow residents when they were sick. Everyday socializing, which occurs regularly and often spontaneously in central areas of the complex, such as the cafeteria or recreational areas, helps to facilitate and enhance the sense of community and comradery that many feel with their co-residents and facility staff. Nevertheless, participants acknowledged individual differences that leave many Golda Meir House residents isolated, particularly when individuals "withdraw into themselves" and avoid interacting with their neighbors.

Few participants in Focus Group 2 (only 3 out of 11) indicated that they currently used the programs and services that are offered by the Newton Department of Senior Services. Many felt that residents did not have adequate information about the wide range of local programs and services that are provided by the City to older adults in the area. Participants felt there was a lack of outreach to them, which if improved could draw them into many programs and services for which they are eligible, and that could likely benefit them. As a result of this perceived lack of access, focus group participants stated that they tend to "manage by themselves" within Golda Meir House.

In speaking about activities that they enjoyed, one resident noted that older Russians are "inclined" to do physical activities that are not necessarily exercise or sport. This resident recounted as an example an instance during the previous year when a group of residents asked facility administrators whether they could clear a small patch of earth that was covered with weeds on the Golda Meir House grounds to grow a garden. Permission was given, and the residents worked together to enrich the soil and cover the area with small plants. Other examples of preferred activities included wood-working, drawing, and swimming.

In summary, it is worth re-emphasizing that participants in this group were all residents of a single housing community; nevertheless, as with other segments of Newton's older population, all participants expressed a commitment to staying in Newton as they age. Although this group's current use of City amenities is somewhat limited (perhaps in part because of the high quality and comprehensive services provided within JCHE), residents were receptive to becoming more active participants in the community's programs and services provided by the Department of Senior Service, especially if outreach and transportation were adequate to address their specific travel-related concerns.

Results of Peer Community Comparisons

In Massachusetts, the hub of senior activities and services in most local communities is often centralized through Councils on Aging. The COAs oversee municipal offerings provided to older adults and fulfill various specific purposes including managing the senior center, providing transportation services, and offering information and referral assistance. For most COAs, one main source of their budgets (besides municipal funding) comes from the Formula Grant funded through the state's Executive Office of Elder Affairs (EOEA), which provides \$8.00 per senior residing in each city or town. In addition to this source of funding, many COAs rely on grant funds and outside non-profits, such as "Friends of the Senior Center" groups who raise money to support many of the programs and services the COA provides. Additionally, COAs often rely on in-kind support from other municipal departments, including maintenance assistance or building/space sharing to supplement their budgets. With a wide variety of funding sources, as well as uses for the funds, COAs vary considerably on the programs and services they offer, as well as the way COAs are organizationally structured and staffed.

In order to compare Newton's Department of Senior Services and Senior Center with other comparable COAs, a peer comparison was included in this needs assessment study. The cities and towns selected were chosen because of similarities in their older adult populations demographically, and on the basis of each municipality's proximity to Newton. The cities and towns selected were: Needham, Waltham, Weston, Brookline, and Wellesley. Data were collected through an online survey completed by the Director of the COA/Senior Center in each municipality. Questions on the survey focused on several key areas including staffing, the senior center's physical space, programming, and marketing.

As **Table 17** illustrates, the six municipalities range in terms of population size, the number and percent that is age 60 and older, median household incomes, and the percent of residents with college degrees. All of the cities and towns included have smaller populations than Newton (85,146), with Waltham (60,632) and Brookline (58,732) being closest in size. All of the municipalities have high percentages of their population that are age 60 and older, with Weston (24%) being highest, followed by Needham (23%) and Newton (22%). Median household incomes in the six municipalities are all high relative to the state median (\$66,658). Newton falls in the middle, with a median household income of \$113,416. Weston has the highest among the six (\$176,875) and Waltham falls lowest (\$72,332). Among the six cities and towns surveyed, Newton is third lowest, with respect to the percent of residents who have bachelor's degrees or higher (75%), with Waltham (46%) and Needham falling below (73%). The municipality with the highest percent of its population with college degrees is Weston, with 79%.

Table 17. Demographic traits of Newton and comparison communities

| City/Town | Population All Ages | Population Age 60+ | % Age 60+ | Median Household Income | % with College Degrees |
|------------------|---------------------|--------------------|-----------|-------------------------|------------------------|
| Newton | 85,146 | 18,636 | 22% | \$113,416 | 75% |
| Brookline | 58,732 | 10,816 | 18% | \$95,471 | 80% |
| Needham | 28,886 | 6,498 | 23% | \$125,170 | 73% |
| Waltham | 60,632 | 10,429 | 17% | \$72,332 | 47% |
| Wellesley | 27,982 | 5,429 | 19% | \$155,000 | 81% |
| Weston | 11,261 | 2,746 | 24% | \$176,875 | 79% |

Size and Staffing of Peer Comparison Senior Centers

The size and age of the senior centers varied considerably between the cities and towns that were surveyed (see **Table 18**). The senior center with the largest space is Brookline’s, built in 2001, which has 23,000 square feet; the smallest center, also opened in 2001, belongs to Weston at 2,000 square feet. Newton’s Senior Center falls in between with 8,150 square feet. The Wellesley Senior Center currently does not have its own designated space and rents office and programming space from the Wellesley Community Center.

Only two Centers, Waltham and Needham, stated that they currently have adequate space to offer their programs and services to local seniors. Three out of the four senior centers that expressed space concerns, including Newton, cited the lack of office space for staff, spaces that are too small to meet growing needs, limited parking, and poor accessibility to certain areas within the senior centers. With growing older adult populations, these space constraints will likely continue to grow and become an increasing problem. Even though each community is unique, the Executive Office of Elder Affairs suggests reviewing programs, services, activities and resources of comparably sized communities to assess which approaches are most effective at meeting current needs as well as plan for elder population growth (Emmett H. Schmarsow, personal communication, September 3, 2014).

Staffing levels are relatively consistent across the six senior centers, though the breakdown of full-time versus part-time staff does vary. The Newton senior center currently employs a total of nine staff members, 5 full-time and 4 part-time. On the higher end, Brookline has 17 staff members, 12 of whom are full-time. With limited budgets, senior centers often rely extensively on volunteers to assist with the day-to-day operations of their facilities. All of the cities and towns reported using volunteers extensively, ranging from 700 to 1,300 volunteer hours on average committed per month. The tasks that volunteers assist with include creating and running programs, delivering and serving meals, assisting with administrative tasks, such as bookkeeping, marketing, and outreach, and serving as board or committee members. Volunteers fill critical roles within senior centers by providing support to paid staff, and ensuring that programs and services are provided to all who require them.

Table 18. Comparison community Senior Center characteristics

| City/Town | Year Opened | Square Feet | Adequate Space per Senior | Tax Work Off Program Positions | Staff FT/PT | Vol. Hours |
|------------------|-------------|-------------|---------------------------|--------------------------------|-------------|------------|
| Newton | 1993 | 8,150 | No | 66 | 5/4 | 700 |
| Brookline | 2001 | 23,000 | No | 30 | 12/5 | 1000 |
| Needham | 2013 | 20,000 | Yes | 12 | 3/7 | NP |
| Waltham | 2003 | NP | Yes | NP | 6/2 | 1300 |
| Wellesley | 1972 | N/A | No | 25 | 4/3 | NP |
| Weston | 2001 | 2,000 | No | 15 | 3/6 | 1000+ |

Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time

Programs and services offered by the senior centers surveyed are similar, though some unique offerings were mentioned. In particular, programming specifically designed to target Lesbian, Gay, Bisexual, and Transgender (LGBT) elders is offered by both the Newton and Brookline Senior Centers. Additionally, snow-shoveling services for older adults in the community is available through the Needham and Wellesley senior centers. Assistance with errands or shopping is offered by the Needham and Brookline senior centers. On occasion, Weston offers weekend programming, and Brookline has a workforce development job placement program. Though many of the traditional programs and services provided by senior centers continue to exist, Directors consistently try to expand their offerings with the goal of appealing to new potential senior attendees, especially younger elders.

All of the senior centers surveyed employ a number of approaches to appeal to younger seniors who are eligible for senior services, but do not use them. For instance, several of the senior centers stated that they use evening and weekend events as a way to bring in new, younger seniors, many of whom may still work and are not available to come to the traditional daytime offerings. Weston has increased their social media presence as a way to reach younger elders or their families in the community. In addition, Newton partners with other community programs and organizations, such as the library, parks and recreation, and the historical society to offer joint programs that may interest older residents who would otherwise forego using the Senior Center. Another area where senior centers are focusing their attention, is specifically designing programs to assist local seniors with aging in place. Services such as home contractor referral programs offered by Newton, Weston and Brookline are available to help older adults with challenges that could potentially affect their ability to remain in their homes.

Summary and Recommendations

The City of Newton's older population has grown significantly during the last decade. The number of residents age 50 or older increased by about 15% between 2000 and 2010, and today, more than one third of Newton residents are included among that age group. On the

basis of this unprecedented growth, demand for programs and services offered by Newton's Department of Senior Services and Senior Center is greater today than ever before. Moreover, demographic projections suggest that the need for services will continue to increase for years to come as the City's "Baby Boomers" become eligible to participate.

The purpose of this study was to assess needs and describe preferences of two cohorts of Newton's older residents. To inform its planning process the Department of Senior Services, along with the research team from UMB solicited input from residents age 60 and over, who are currently eligible to participate in programs and services; and a cohort of younger residents age 50 to 59, who will become eligible for services during the next decade. Assessment methods were designed to determine whether programs and services are appropriate and adequate to address specific current and future aging-related needs of the City's diverse population of older residents.

Study results suggest that older Newton residents are deeply committed to their community. Most are long-time residents, with a vested interest in maintaining Newton as a safe and highly livable locale in which to grow older. Additionally, results portray Newton as a healthy and vibrant community, as suggested by the vast majority of survey respondents who reported high levels of physical wellbeing and life satisfaction. Older residents of Newton have a strong sense of belonging to their community, interdependence with their neighbors, and most perceive the City to be a very safe place to live. Therefore, it is not surprising that many respondents reported a strong desire to remain living in Newton, and their villages within Newton, as long as they can. Many older residents perceive Newton as a resource-rich community, where it is possible and desirable to successfully age in place. Indeed, the City's allure, as a community in which older people choose to live long-term, may stem in part from programming and services that are offered through the Department of Senior Services and the Senior Center, and that are described extensively in this report.

Despite many positive findings across the areas we assessed, there remain significant segments of Newton's older population who may be at risk due to declining health, inadequate and/or diminishing social networks, transportation limitations, and economic insecurity. Most notably, survey participants age 80 and older reported being less likely to drive themselves, and more likely to report problems in getting around Newton without a car. Newton's oldest residents were also more likely to report lower levels of physical health and social wellbeing. In addition, many older residents who are financially secure, healthy, and active participants in the community at present still maintain concerns about the future. The Department of Senior Services can continue to support older residents and target outreach to Seniors, especially those age 80 and older, who are at high risk for social isolation or who are particularly vulnerable to economic insecurity and uncertainties related to housing.

In this study we reported some differences between age cohorts that may be helpful in planning for the future. For example, in developing new programs and expanding existing ones, Newton's Department of Senior Services may wish to focus on the large proportion of younger respondents who have caregiving responsibilities. The Department of Senior Services can support current Seniors in Newton by serving as a resource for caregivers, including those who are not yet age 60. Boomers in this study could benefit from receiving

information and referrals to supplemental care support, such as adult day care and respite care. By reaching out to Boomers and offering services that they currently need, and that they find important and valuable, the Department of Senior Services and Senior Center could achieve the dual purpose of raising awareness among younger people who may need services themselves as they grow older.

The City of Newton's Department of Senior Services and Senior Center serves as a central hub in the larger network of agencies and services that support Newton's older residents as they strive to age in place. Results from this study suggest a major barrier to utilization of services is lack of knowledge about what is available or how to access services. Many residents, especially those under age 60 and/or from certain underserved segments of the population are not well-informed about services and programs for which they and their families may be eligible. For example, focus group results suggested that many older adults from ethnic minority groups may feel excluded from mainstream services that are provided to older adults by the City. Therefore, Newton's Department of Senior Services may wish to seek new in-roads to reach younger people, as well as underserved ethnic groups with large representations in Newton (e.g., Chinese Americans; Russian Americans) to make them aware of its programming. Strategies for achieving this aim could include outreach supplementing the current newsletter and advertising through media that are likely to be accessed by these target groups (such as social media platforms or targeted print media).

Newton Seniors are fortunate to benefit from a community culture that recognizes its ongoing mandate to strengthen senior services, and to provide opportunities for older residents to participate and remain engaged in the community through activities supported privately and through the Department of Senior Services. Nevertheless, planning must continue, with an eye toward addressing many issues raised in this report, including wider availability of transportation options; adequate, desirable, supportive, and affordable housing options; better access to appropriate services and assistance when needed; and facilities that can accommodate a growing Senior population. In addition, we offer the following recommendations, based on our research, to assist the Newton Department of Senior Services in planning to achieve their mission and to meet their goals.

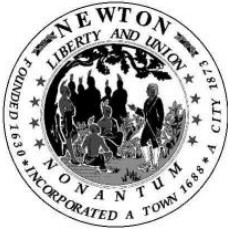
- Plan for substantial growth of the senior population in coming years. By 2030, residents who are age 60 and older will constitute nearly a third of the entire population of Newton. Recognize that expanding numbers of senior residents will impact virtually every aspect of the community, not just the Department of Senior Services.
- Consider ways to leverage existing services and programs within the community. Build on existing strengths of the community, such as the strong culture of volunteerism and civic engagement, and the highly educated population.
- The City of Newton can promote quality of life and social engagement among older people by supporting convenient, affordable, and reliable local transportation options for residents who are unable to drive safely or who prefer to travel using public transportation options or other alternatives, including walking.
- Use planning for the expanding senior population as an opportunity to promote livability of the community for all residents. Protecting and increasing access to public spaces, improving public transportation options, facilitating walkability, and promoting

programs that help seniors maintain their property are ways in which the entire community may benefit.

- Recognize as a significant priority the need to expand knowledge of existing Department of Senior Services programs and services within the community. Engage in aggressive outreach to make residents of all age groups aware of the Senior Center and its mission.
- Recognize and utilize the value of Newton's diverse older population as an asset and a resource by reaching out to make connections with previously underserved groups, including cultural and ethnic minority groups with large numbers of older residents in the community.
- Although many older residents are financially secure, healthy, and socially engaged, significant segments are not. The Newton Department of Senior Services is charged with serving all segments of the community, with widely varying needs. Targeting those with limited or inadequate resources for programs and services can ensure that resources are optimized to achieve the broader goals of set forth in the Older Americans Act.
- Finally, as the City considers its current and future investment in the Newton Department of Senior Services, we recommend the following:
 - Prioritize the most desirable services and programs, and let those programming needs direct discussions about space and staffing requirements.
 - Embrace the opportunity to design senior services and programs that will support the active, healthy-aging goals of seniors.
 - Plan for shifting interests and needs, and accommodate changes in programming that will be required over time, as new cohorts, and new residents, become Newton Seniors.
 - Plan with an eye toward expansion of services. An increase in the number of Newton seniors seeking to participate in the Senior Center is guaranteed purely through growth in the size of the older population. By 2030, about 7% of Newton's residents will be age 80 and older—the age group most likely to use the Department's programs and services. Improvements in space, services and programming will generate even higher *rates* of participation, with the result that an overly modest space will be outgrown quickly.
 - Recognize that caregiving needs are substantial and may become more challenging as the age structure continues to shift. A supportive day program for seniors may be a wise investment, and could pay for itself in the long run.

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Appendix A: Newton Resident Survey

Living in Newton: Today and in the Future

Survey of Residents Age 50 & Over

The *City of Newton's Department of Senior Services* is asking residents age 50 and over to share their views in order to assess the needs of the City's older population and improve programs and services provided. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this form.** If you need assistance completing this questionnaire or have questions, please leave a message at 617-287-7361 and we will return your call. If you prefer to respond online, please go to our secure site at: https://www.surveymonkey.com/s/Newton_DSS. We thank you in advance for your participation. **Please return completed survey by April 14, 2014.**

Section I: Housing & Living Situation

1. How long have you lived in Newton?

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

2. How long have you lived at your current residence?

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

3. Including yourself, how many people live in your household? _____

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

- I live alone
- with a spouse/partner
- with my adult child(ren) (age 18+)
- with my child(ren) (under age 18)
- with my grandchildren
- with my parent(s)
- with another relative
- with someone else (including housemates or caretakers)

5. Which of the following best describes your current place of residence? (Check only one)

- Single family home
- Multi-family home (2, 3, or more units)
- Accessory apartment (add-on apartment to an existing home)
- Apartment building
- Condominium
- Senior Independent Living Facility
- Assisted Living Facility
- Other (Please specify) _____

Section II: Transportation

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

- I drive myself
- My spouse or child(ren) drive me
- Friends or neighbors drive me
- Public transportation (e.g., MBTA- bus, subway, commuter rail)
- Newton Senior Services Transportation System (Yellow vouchers)
- Taxi
- Bicycle
- Motorized scooter
- Walking

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

- Not applicable— I do not drive
- I do not modify my driving at all
- I avoid driving at night
- I avoid making left hand turns
- Other (Please specify) _____
- I avoid driving in bad weather
- I avoid expressway driving
- I avoid driving far distances
- I avoid driving in unfamiliar areas

13. Which of the following challenges have you experienced while getting around without a car? (Check all that apply)

- None
- Physical environment issues (e.g., signage, lighting)
- Physical challenges or other limitations (e.g., vision, hearing)
- Public transportation service not available where I need to go
- No door-to-door assistance
- Lack of public transportation services throughout the day and evening
- Lack of public transportation services on a reliable schedule
- Walkability issues (e.g., lack of or interrupted sidewalks)
- Other (Please specify) _____

14. How satisfied are you with the transportation options available to you in Newton?

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

Section III: Your Community

15. Do you feel a sense of belonging in the neighborhood where you live?

- Yes No

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

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

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

Yes No

18. Do you provide any help to neighbors with minor tasks or errands (e.g. changing a light bulb, shopping, shoveling snow)?

Yes No No, but I would be willing to if asked

Section IV: Your Health

19. How would you rate your physical health?

Excellent Good Fair Poor

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

Yes No

21. Due to a health issue, do you require help with personal care (e.g., taking a bath or shower, or getting dressed)?

Yes No

22. Due to a health issue, do you require help doing errands outside the home (e.g., food shopping, picking up your prescriptions)?

Yes No

23. If you require help with any of these activities, who helps you? (Check all that apply)

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

Section V: Caregiving

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

Yes (**Continue to question 24a**) No (**Skip to question 25**)

24a. **If Yes on question 24:** Are/were you ever paid to provide this care?

Yes No

24b. **If Yes on question 24:** How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

| | | | | |
|--|--|---|---------------------------------------|-----------------------------------|
| <u> </u> Very Challenging | <u> </u> Somewhat Challenging | <u> </u> Neither Challenging Nor Easy | <u> </u> Somewhat Easy | <u> </u> Very Easy |
|--|--|---|---------------------------------------|-----------------------------------|

Section VI: Your Wellbeing & Life Satisfaction

25. How would you rate your overall emotional wellbeing?

 Excellent Good Fair Poor

26. How often do you talk on the phone, send email, or get together to visit with family, friends, relatives, or neighbors? (Check only one)

- Never
- Very rarely (e.g., only on holidays)
- Once a month
- Two to three times a month
- One or more times a week

27. Which activities do you currently enjoy doing? (Check all that apply)

- Volunteering
- Active indoor activities (e.g., exercise, strength training, water activities)
- Individual/solitary activities (e.g., reading)
- Travel or outings (e.g., day-trips)
- Education (e.g., cultural activities, lifelong learning)
- Media (e.g., film, television, concerts, lectures)
- Active outdoor activities (e.g., hiking, cycling)
- Social activities (e.g., spending time with family and friends)
- Arts & crafts (e.g., painting, knitting)
- Food (e.g., cooking, dining out, nutrition)
- Intergenerational programs
- Faith-based activities
- Other (Please specify) _____

28. What are your greatest concerns about your ability to continue living in Newton as you grow older?

Section VII: Newton Department of Senior Services & Senior Center

29. Do you currently use programs or services offered by Newton Department of Senior Services, including the Senior Center?

Yes (**Skip to question 30**)

No (**Continue to question 29a**)

29a. **If No on question 29:** What is the reason that you do not currently use programs or services offered by the Newton Department of Senior Services or the Senior Center? (Check all that apply)

I am not interested

I am not old enough

I participate in programs elsewhere

I don't identify with the word "senior"

Other (Please specify) _____

30. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

Lack of transportation

Lack of sufficient parking

Not knowing what programs/services are available

Programs don't interest me

Location of senior center is inconvenient

Hours of senior center are inconvenient

Limited class size for events/activities

Appointment based services are not available when needed

I don't think I would fit in there

The building is not adequate

Other (Please specify) _____

31. The following items refer to programs and services that are currently offered by the Newton Department of Senior Services or the Senior Center. Please rate how important each program/service is to you and/or your family.

| | Very Important | Somewhat Important | Neither Important Nor Unimportant | Somewhat Unimportant | Very Unimportant |
|---|----------------|--------------------|-----------------------------------|----------------------|------------------|
| Assistance with local or state programs (e.g., financial, fuel, or food assistance) | | | | | |
| Educational opportunities and seminars | | | | | |
| Fitness activities (e.g., exercise, Tai Chi) | | | | | |
| Health and wellness programs | | | | | |
| Health insurance counseling (e.g., SHINE) | | | | | |
| In-home outreach services | | | | | |
| Information and referral | | | | | |
| Mental health counseling | | | | | |
| Outings (e.g., to theaters, museums) | | | | | |
| Professional services (e.g., help with tax preparation, legal services) | | | | | |
| Senior parking sticker | | | | | |
| Social activities (e.g., lunch, book club, games) | | | | | |
| Support groups | | | | | |
| Transportation services | | | | | |
| Volunteer opportunities | | | | | |

32. In the future, how likely are you to participate in programs and services offered by the Newton Department of Senior Services or the Senior Center?

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

32a. If you do not plan to participate in programs and services offered by the Newton Department of Senior Services, why not?

(Please specify) _____

33. Given your current knowledge, how satisfied are you with the programs and services offered by the Newton Department of Senior Services?

Completely Satisfied Very Satisfied Somewhat Satisfied Slightly Satisfied Not at All Satisfied

34. If you have any other thoughts about the Newton Department of Senior Services or Senior Center, please include them here:

Section VIII: Demographic Information

35. What is your gender? Female Male

36. What is your age? _____

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

- White/Caucasian
- Black/African American
- Asian
- Hispanic/Latino
- Other (Please specify) _____

38. What is your estimated household income? _____

Thank you for your participation. We truly appreciate your time and support. If you have any questions or concerns regarding this survey, please contact:

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Appendix B: Complete tables, Newton Resident Survey

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

Section I: Housing & Living Situation

RS Q1. How long have you lived in Newton?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|---------------|-------------|
| Fewer than 5 years | 5% | 6% | 4% | 4% | 5% |
| 5-14 years | 12% | 22% | 8% | 9% | 6% |
| 15-24 years | 20% | 40% | 12% | 13% | 8% |
| 25-34 years | 19% | 17% | 20% | 24% | 5% |
| 35-44 years | 18% | 3% | 25% | 28% | 9% |
| 45 years or longer | 26% | 12% | 31% | 21% | 67% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1099* | 297 | 785 | 632 | 153 |

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

RS Q2. How long have you lived at your current residence?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Fewer than 5 years | 9% | 13% | 7% | 8% | 7% |
| 5-14 years | 19% | 33% | 15% | 15% | 16% |
| 15-24 years | 23% | 37% | 17% | 18% | 13% |
| 25-34 years | 18% | 14% | 20% | 23% | 7% |
| 35-44 years | 17% | 1% | 23% | 26% | 9% |
| 45 years or longer | 14% | 2% | 18% | 10% | 48% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1084* | 297 | 787 | 636 | 151 |

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

RS Q4. Who do you live with? (Check all that apply)

| | All Ages | Boomers Age 50 - 59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|------------------------|--------------------|-----------|---------|
| I live alone | 19% | 8% | 23% | 18% | 43% |
| Spouse/partner | 72% | 79% | 70% | 76% | 44% |
| Adult child(ren) (age 18+) | 18% | 34% | 12% | 13% | 10% |
| Child(ren) (under age 18) | 12% | 38% | 2% | 3% | 0% |
| Grandchildren | 1% | 0% | 2% | 2% | 2% |
| Parent(s) | 1% | 2% | 1% | 1% | 0% |
| Another relative | 3% | 4% | 2% | 3% | 1% |
| Someone else (including housemates or caretakers) | 2% | 2% | 2% | 2% | 3% |

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

**RS Q5. Which of the following best describes your current place of residence?
(Check only one)**

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|--------------|----------------------|--------------------|-------------|-------------|
| Single family home | 72% | 75% | 70% | 74% | 55% |
| Multi-family home (2, 3, or more units) | 13% | 15% | 12% | 12% | 14% |
| Accessory apartment (add-on apartment to an existing home) | 0% | 0% | 0% | 0% | 1% |
| Apartment building | 3% | 4% | 3% | 2% | 6% |
| Condominium | 9% | 6% | 11% | 10% | 14% |
| Senior Independent Living Facility | 2% | 0% | 3% | 1% | 8% |
| Assisted Living Facility | 0% | 0% | 0% | 0% | 1% |
| Other | 1% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1109* | 298 | 794 | 639 | 155 |

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

RS Q6. Do you rent or own your current place of residence?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Own | 87% | 88% | 87% | 89% | 79% |
| Rent (Market Rate) | 8% | 9% | 8% | 7% | 10% |
| Rent (Subsidized) | 3% | 2% | 3% | 2% | 7% |
| Other | 2% | 1% | 2% | 2% | 4% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1097* | 294 | 787 | 635 | 152 |

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

RS Q7. Does your current residence need home modifications (e.g., grab bars in showers, or railings on stairs) to improve your ability to remain in your home as you get older?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 26% | 26% | 26% | 27% | 24% |
| No | 74% | 74% | 74% | 73% | 76% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1057* | 291 | 766 | 622 | 144 |

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

RS Q7b. Are you able to afford to make the modifications your home needs to allow you to stay in your home as you get older?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 78% | 77% | 78% | 79% | 72% |
| No | 22% | 23% | 22% | 21% | 28% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 243* | 65 | 178 | 149 | 29 |

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

RS Q8. How important is it to you to remain living in Newton as you get older?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Very Important | 51% | 34% | 56% | 53% | 72% |
| Somewhat Important | 34% | 40% | 32% | 34% | 21% |
| Slightly Important | 9% | 16% | 7% | 8% | 4% |
| Not at All Important | 6% | 10% | 5% | 5% | 3% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1091* | 291 | 784 | 633 | 151 |

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

RS Q9. How important is it to you to remain living in the village within Newton where you currently live as you get older?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Very Important | 38% | 25% | 43% | 39% | 57% |
| Somewhat Important | 37% | 38% | 37% | 38% | 31% |
| Slightly Important | 13% | 19% | 11% | 12% | 5% |
| Not at All Important | 12% | 18% | 9% | 11% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1093* | 295 | 782 | 632 | 150 |

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

Note: Total percentages may not sum to 100% due to rounding.

RS Q10. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|----------|----------------------|--------------------|---------------|---------|
| Single family home | 27% | 43% | 21% | 24% | 10% |
| Multi-family home (2, 3, or more units) | 7% | 8% | 6% | 7% | 2% |
| Accessory apartment (add-on apartment to an existing home) | 4% | 4% | 4% | 5% | 3% |
| Apartment building | 16% | 14% | 16% | 18% | 10% |
| Condominium | 38% | 48% | 34% | 41% | 8% |
| Senior Independent Living | 32% | 18% | 37% | 37% | 39% |
| Assisted Living Facility | 15% | 6% | 19% | 15% | 33% |
| Other | 9% | 5% | 11% | 10% | 14% |

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

Section II: Transportation

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

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|---------------------|------------------------------|----------------------------|------------------|----------------|
| I drive myself | 90% | 95% | 89% | 94% | 68% |
| My spouse or child(ren) drive me | 17% | 11% | 19% | 16% | 30% |
| Friends or neighbors drive me | 5% | 3% | 5% | 4% | 12% |
| Public transportation (e.g., MBTA- bus, subway, commuter rail) | 30% | 31% | 29% | 33% | 14% |
| Newton Senior Services Transportation System (Yellow vouchers) | 4% | 1% | 5% | 3% | 14% |
| Taxi | 8% | 8% | 9% | 9% | 7% |
| Bicycle | 10% | 16% | 7% | 9% | 1% |
| Motorized scooter | 0% | 1% | 0% | 0% | 0% |
| Walking | 32% | 35% | 30% | 35% | 10% |

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

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

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-------------------------------------|----------|----------------------|--------------------|-----------|---------|
| Not applicable-- I do not drive | 8% | 4% | 9% | 4% | 28% |
| I do not modify my driving at all | 57% | 72% | 52% | 61% | 17% |
| I avoid driving at night | 19% | 9% | 22% | 18% | 41% |
| I avoid making left hand turns | 1% | 1% | 2% | 2% | 2% |
| I avoid driving in bad weather | 21% | 10% | 26% | 22% | 39% |
| I avoid expressway driving | 6% | 2% | 7% | 6% | 14% |
| I avoid driving far distances | 10% | 3% | 13% | 10% | 27% |
| I avoid driving in unfamiliar areas | 10% | 5% | 12% | 9% | 25% |
| Other | 3% | 3% | 3% | 3% | 3% |

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

RS Q13. Which of the following challenges have you experienced while getting around without a car? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|----------------------|--------------------|-----------|---------|
| None | 49% | 53% | 48% | 51% | 37% |
| Physical environment issues (e.g., signage, lighting) | 5% | 6% | 4% | 4% | 3% |
| Physical challenges or other limitations (e.g., vision, hearing) | 4% | 1% | 5% | 3% | 12% |
| Public transportation service not available where I need to go | 16% | 13% | 17% | 17% | 16% |
| No door-to-door assistance | 2% | 0% | 3% | 2% | 5% |
| Lack of public transportation services throughout the day and evening | 8% | 9% | 7% | 7% | 6% |
| Lack of public transportation services on a reliable schedule | 7% | 6% | 7% | 8% | 5% |
| Walkability issues (e.g., lack of or interrupted sidewalks) | 17% | 18% | 16% | 18% | 12% |
| Other | 12% | 14% | 10% | 10% | 12% |

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

RS Q14. How satisfied are you with the transportation options available to you in Newton?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Completely Satisfied | 12% | 14% | 12% | 12% | 10% |
| Very Satisfied | 34% | 34% | 34% | 34% | 34% |
| Somewhat Satisfied | 37% | 34% | 38% | 39% | 37% |
| Slightly Satisfied | 10% | 11% | 10% | 9% | 12% |
| Not at All Satisfied | 7% | 7% | 6% | 6% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 938* | 271 | 653 | 538 | 115 |

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

Section III: Your Community

RS Q15. Do you feel a sense of belonging in the neighborhood where you live?

| | All Ages | Boomers Age 50-59 | Seniors Age 60 | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|-------------------|-------------|-------------|
| Yes | 85% | 86% | 85% | 84% | 86% |
| No | 15% | 14% | 15% | 16% | 14% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1087* | 290 | 782 | 629 | 153 |

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

RS Q16. How safe do you feel in the neighborhood where you live?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Completely Safe | 38% | 36% | 40% | 41% | 35% |
| Very Safe | 52% | 56% | 50% | 50% | 52% |
| Somewhat Safe | 10% | 8% | 10% | 9% | 12% |
| Slightly Safe | 0% | 0% | 0% | 0% | 1% |
| Not at All Safe | 0% | 0% | 0% | 0% | 0% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1107* | 297 | 793 | 638 | 155 |

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

RS Q17. Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 67% | 67% | 67% | 68% | 62% |
| No | 33% | 33% | 33% | 32% | 38% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1091* | 296 | 778 | 629 | 149 |

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

RS Q18. Do you provide any help to neighbors with minor tasks or errands (e.g. changing a light bulb, shopping, shoveling snow)?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 51% | 60% | 47% | 52% | 26% |
| No | 14% | 7% | 17% | 11% | 42% |
| No, but I would be willing to if asked | 35% | 33% | 36% | 37% | 32% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1097* | 296 | 785 | 636 | 149 |

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

Section IV: Your Health

RS Q19. How would you rate your physical health?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Excellent | 44% | 63% | 38% | 43% | 12% |
| Good | 44% | 34% | 48% | 46% | 59% |
| Fair | 10% | 3% | 13% | 10% | 25% |
| Poor | 2% | 0% | 1% | 1% | 4% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1105* | 297 | 792 | 639 | 153 |

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

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

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 18% | 4% | 23% | 17% | 49% |
| No | 82% | 96% | 77% | 83% | 51% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1091* | 295 | 779 | 629 | 150 |

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

RS Q21. Due to a health issue, do you require help with personal care (e.g., taking a bath or shower, or getting dressed)?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 2% | 1% | 2% | 1% | 7% |
| No | 98% | 99% | 98% | 99% | 93% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1095* | 294 | 784 | 633 | 151 |

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

RS Q22. Due to a health issue, do you require help doing errands outside the home (e.g., food shopping, picking up your prescriptions)?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Yes | 8% | 3% | 9% | 5% | 27% |
| No | 92% | 97% | 91% | 95% | 73% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1095* | 295 | 783 | 630 | 153 |

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

RS Q23. If you require help with any of these activities, who helps you? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|-------------|----------------------|--------------------|------------|-----------|
| N/A: I don't require any help | 15% | 12% | 15% | 15% | 15% |
| I have no one to assist me when I need help | 5% | 12% | 5% | 6% | 3% |
| I pay someone to help me | 35% | 47% | 34% | 40% | 26% |
| A family member helps me | 50% | 41% | 51% | 42% | 64% |
| A friend helps me | 20% | 35% | 18% | 20% | 15% |
| Someone else helps me | 12% | 0% | 14% | 13% | 14% |
| Number of respondents | 216* | 17 | 193 | 113 | 80 |

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

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

Section V: Caregiving

RS Q24. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled* or *frail* (e.g., a relative, friend, or neighbor)?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|-----------------|------------------------------|----------------------------|------------------|----------------|
| Yes | 42% | 48% | 40% | 42% | 30% |
| No | 58% | 52% | 60% | 58% | 70% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1096* | 297 | 782 | 631 | 151 |

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

RS Q24a. If Yes on question 24: Are/were you ever paid to provide this care?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|-----------------|------------------------------|----------------------------|------------------|----------------|
| Yes | 3% | 3% | 3% | 3% | 0% |
| No | 97% | 97% | 97% | 97% | 100% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 454* | 143 | 307 | 264 | 43 |

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

RS 24b. If Yes on question 24: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|----------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Very Challenging | 18% | 20% | 18% | 19% | 13% |
| Somewhat Challenging | 36% | 41% | 33% | 31% | 43% |
| Neither Challenging Nor Easy | 21% | 18% | 23% | 23% | 18% |
| Somewhat Easy | 12% | 8% | 14% | 14% | 18% |
| Very Easy | 13% | 13% | 12% | 13% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 409* | 130 | 276 | 236 | 40 |

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

Section VI: Your Wellbeing & Life Satisfaction

RS Q25. How would you rate your overall emotional wellbeing?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Excellent | 47% | 53% | 45% | 50% | 21% |
| Good | 45% | 40% | 46% | 43% | 61% |
| Fair | 7% | 6% | 8% | 6% | 17% |
| Poor | 1% | 1% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1100* | 296 | 787 | 634 | 153 |

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

RS Q26. How often do you talk on the phone, send email, or get together to visit with family, friends, relatives, or neighbors? (Check only one)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Never | 1% | 1% | 0% | 0% | 0% |
| Very rarely (e.g., only on holidays) | 2% | 3% | 2% | 1% | 6% |
| Once a month | 2% | 4% | 2% | 2% | 1% |
| Two to three times a month | 11% | 13% | 9% | 9% | 11% |
| One or more times a week | 84% | 79% | 87% | 88% | 82% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number or respondents | 1103* | 296 | 790 | 636 | 154 |

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

RS Q27. Which activities do you currently enjoy doing? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|---|--------------|----------------------|--------------------|---------------|------------|
| Volunteering | 36% | 36% | 36% | 39% | 23% |
| Active indoor activities (e.g., exercise, strength training, water activities) | 56% | 65% | 53% | 58% | 36% |
| Individual/solitary activities (e.g., reading) | 77% | 79% | 76% | 78% | 67% |
| Travel or outings (e.g., day trips) | 66% | 74% | 63% | 70% | 34% |
| Education (e.g., cultural activities, lifelong learning) | 50% | 51% | 50% | 54% | 36% |
| Media (e.g., film, television, concerts, lectures) | 78% | 77% | 78% | 80% | 72% |
| Active outdoor activities (e.g., hiking, cycling) | 49% | 66% | 43% | 50% | 14% |
| Social activities (e.g., spending time with family and friends) | 83% | 85% | 83% | 85% | 72% |
| Arts & crafts (e.g., painting, knitting) | 26% | 26% | 26% | 28% | 19% |
| Food (e.g., cooking, dining out, nutrition) | 74% | 79% | 73% | 78% | 53% |
| Intergenerational programs | 12% | 12% | 12% | 14% | 6% |
| Faith-based activities | 29% | 26% | 30% | 33% | 21% |
| Other | 15% | 10% | 18% | 18% | 16% |
| Number of respondents | 1111* | 298 | 796 | 641 | 155 |

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

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

RS Q29. Do you currently use programs or services offered by Newton Department of Senior Services, including the Senior Center?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-69 | Age 70-79 | Age 80+ |
|------------------------------|-------------|----------------------|--------------------|-------------|-------------|-------------|
| Yes | 13% | 1% | 17% | 13% | 20% | 25% |
| No | 87% | 99% | 83% | 87% | 80% | 75% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1090 | 297 | 776 | 396 | 231 | 149 |

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

RS Q29a. If No on question 29: What is the reason that you do not currently use programs or services offered by the Newton Department of Senior Services or the Senior Center? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|----------------------|--------------------|-----------|---------|
| I am not interested | 32% | 32% | 32% | 32% | 32% |
| I am not old enough | 34% | 67% | 18% | 22% | 0% |
| I participate in programs elsewhere | 16% | 4% | 21% | 18% | 36% |
| I don't identify with the word "senior" | 29% | 47% | 27% | 32% | 6% |
| Other | 27% | 19% | 37% | 36% | 39% |

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

RS Q30. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|----------|----------------------|--------------------|-----------|---------|
| Lack of transportation | 8% | 7% | 8% | 6% | 14% |
| Lack of sufficient parking | 14% | 6% | 17% | 17% | 16% |
| Not knowing what programs/services are available | 16% | 22% | 13% | 13% | 12% |
| Programs don't interest me | 12% | 8% | 13% | 13% | 13% |
| Location of senior center is inconvenient | 4% | 2% | 4% | 3% | 9% |
| Hours of senior center are inconvenient | 4% | 3% | 4% | 4% | 4% |
| Limited class size for events/activities | 2% | 2% | 2% | 2% | 1% |
| Appointment based services are not available when needed | 2% | 1% | 2% | 2% | 1% |
| I don't think I would fit in there | 11% | 9% | 12% | 13% | 10% |
| The building is not adequate | 3% | 1% | 3% | 4% | 2% |
| Other | 18% | 18% | 18% | 18% | 19% |

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

RS Q31. The following items refer to programs and services that are currently offered by the Newton Department of Senior Services or the Senior Center. Please rate how important each program/service is to you and/or your family.

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|-------------|----------------------|--------------------|-------------|-------------|
| Assistance with local or state programs (e.g., financial, fuel, or food assistance) | | | | | |
| Very Important | 22% | 24% | 20% | 22% | 15% |
| Somewhat Important | 11% | 14% | 9% | 9% | 11% |
| Neither Important Nor Unimportant | 20% | 16% | 24% | 24% | 19% |
| Somewhat Unimportant | 8% | 8% | 8% | 8% | 9% |
| Very Unimportant | 39% | 38% | 39% | 37% | 46% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 850* | 237 | 602 | 501 | 101 |
| Educational opportunities and seminars | | | | | |
| Very Important | 26% | 27% | 26% | 26% | 25% |
| Somewhat Important | 29% | 29% | 29% | 31% | 19% |
| Neither Important Nor Unimportant | 23% | 22% | 24% | 24% | 24% |
| Somewhat Unimportant | 6% | 5% | 6% | 6% | 6% |
| Very Unimportant | 16% | 17% | 15% | 13% | 26% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 859* | 235 | 612 | 508 | 104 |
| Fitness activities (e.g., exercise, Tai Chi) | | | | | |
| Very Important | 27% | 33% | 25% | 27% | 17% |
| Somewhat Important | 28% | 29% | 27% | 28% | 23% |
| Neither Important Nor Unimportant | 20% | 15% | 22% | 22% | 23% |
| Somewhat Unimportant | 7% | 4% | 8% | 8% | 8% |
| Very Unimportant | 18% | 19% | 18% | 15% | 29% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 870* | 238 | 621 | 515 | 106 |

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

| RS Q31 (Cont.) | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|-----------------|------------------------------|----------------------------|------------------|----------------|
| Health and wellness programs | | | | | |
| Very Important | 27% | 33% | 26% | 27% | 20% |
| Somewhat Important | 29% | 30% | 28% | 29% | 21% |
| Neither Important Nor Unimportant | 21% | 15% | 23% | 22% | 28% |
| Somewhat Unimportant | 6% | 3% | 7% | 7% | 8% |
| Very Unimportant | 17% | 19% | 16% | 15% | 23% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 849* | 237 | 601 | 499 | 102 |
| Health insurance counseling (e.g., SHINE) | | | | | |
| Very Important | 22% | 27% | 20% | 20% | 15% |
| Somewhat Important | 20% | 22% | 19% | 20% | 14% |
| Neither Important Nor Unimportant | 22% | 19% | 24% | 24% | 22% |
| Somewhat Unimportant | 8% | 4% | 9% | 10% | 8% |
| Very Unimportant | 28% | 28% | 28% | 26% | 41% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 824* | 236 | 578 | 486 | 92 |
| In-home outreach services | | | | | |
| Very Important | 22% | 26% | 20% | 20% | 20% |
| Somewhat Important | 15% | 14% | 16% | 15% | 16% |
| Neither Important Nor Unimportant | 25% | 25% | 25% | 27% | 17% |
| Somewhat Unimportant | 9% | 5% | 10% | 10% | 11% |
| Very Unimportant | 29% | 30% | 29% | 28% | 36% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 818* | 233 | 574 | 481 | 93 |

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

| RS Q31 (Cont.) | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|-------------|----------------------|--------------------|-------------|-------------|
| Information and referral | | | | | |
| Very Important | 23% | 24% | 23% | 23% | 22% |
| Somewhat Important | 25% | 27% | 24% | 24% | 25% |
| Neither Important Nor Unimportant | 23% | 23% | 23% | 24% | 17% |
| Somewhat Unimportant | 6% | 2% | 7% | 7% | 8% |
| Very Unimportant | 23% | 24% | 22% | 20% | 28% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 807* | 225 | 572 | 480 | 92 |
| Mental health counseling | | | | | |
| Very Important | 12% | 18% | 10% | 11% | 6% |
| Somewhat Important | 14% | 15% | 13% | 13% | 12% |
| Neither Important Nor Unimportant | 29% | 28% | 29% | 30% | 25% |
| Somewhat Unimportant | 10% | 9% | 11% | 12% | 4% |
| Very Unimportant | 35% | 30% | 37% | 34% | 53% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 805* | 227 | 568 | 477 | 91 |
| Outings (e.g., to theaters, museums) | | | | | |
| Very Important | 18% | 19% | 18% | 19% | 15% |
| Somewhat Important | 26% | 27% | 25% | 26% | 23% |
| Neither Important Nor Unimportant | 25% | 27% | 25% | 23% | 28% |
| Somewhat Unimportant | 7% | 5% | 7% | 8% | 4% |
| Very Unimportant | 24% | 22% | 25% | 24% | 30% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 837* | 236 | 590 | 487 | 103 |

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

| RS Q31 (Cont.) | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|-------------|----------------------|--------------------|-------------|-------------|
| Professional services (e.g., help with tax preparation, legal services) | | | | | |
| Very Important | 17% | 18% | 16% | 17% | 11% |
| Somewhat Important | 20% | 24% | 18% | 19% | 16% |
| Neither Important Nor Unimportant | 25% | 23% | 27% | 26% | 28% |
| Somewhat Unimportant | 8% | 6% | 8% | 9% | 5% |
| Very Unimportant | 30% | 29% | 31% | 29% | 40% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 829* | 233 | 586 | 489 | 97 |
| Senior parking sticker | | | | | |
| Very Important | 36% | 29% | 40% | 40% | 40% |
| Somewhat Important | 24% | 22% | 24% | 25% | 18% |
| Neither Important Nor Unimportant | 18% | 20% | 17% | 17% | 17% |
| Somewhat Unimportant | 4% | 4% | 4% | 4% | 5% |
| Very Unimportant | 18% | 25% | 15% | 14% | 20% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 861* | 231 | 619 | 507 | 112 |
| Social activities (e.g., lunch, book club, games) | | | | | |
| Very Important | 17% | 19% | 16% | 17% | 10% |
| Somewhat Important | 22% | 28% | 20% | 20% | 18% |
| Neither Important Nor Unimportant | 28% | 27% | 29% | 29% | 28% |
| Somewhat Unimportant | 8% | 3% | 9% | 9% | 10% |
| Very Unimportant | 25% | 23% | 26% | 25% | 34% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 826* | 235 | 579 | 480 | 99 |

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

| RS Q31 (Cont.) | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------------------|-----------------|------------------------------|----------------------------|------------------|----------------|
| Support groups | | | | | |
| Very Important | 15% | 18% | 14% | 14% | 13% |
| Somewhat Important | 18% | 20% | 18% | 19% | 11% |
| Neither Important Nor Unimportant | 29% | 31% | 28% | 28% | 27% |
| Somewhat Unimportant | 10% | 5% | 11% | 11% | 13% |
| Very Unimportant | 28% | 26% | 29% | 28% | 36% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 807* | 229 | 568 | 475 | 93 |
| Transportation services | | | | | |
| Very Important | 30% | 32% | 29% | 29% | 33% |
| Somewhat Important | 19% | 20% | 17% | 17% | 17% |
| Neither Important Nor Unimportant | 21% | 21% | 21% | 22% | 16% |
| Somewhat Unimportant | 5% | 3% | 7% | 8% | 5% |
| Very Unimportant | 25% | 24% | 26% | 24% | 29% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 837* | 235 | 590 | 493 | 97 |
| Volunteer opportunities | | | | | |
| Very Important | 19% | 17% | 19% | 20% | 16% |
| Somewhat Important | 23% | 29% | 21% | 23% | 13% |
| Neither Important Nor Unimportant | 29% | 30% | 29% | 29% | 28% |
| Somewhat Unimportant | 7% | 3% | 8% | 7% | 10% |
| Very Unimportant | 22% | 21% | 23% | 21% | 33% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 827* | 233 | 584 | 489 | 95 |

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

RS Q32. In the future, how likely are you to participate in programs and services offered by the Newton Department of Senior Services or the Senior Center?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Very Likely | 17% | 14% | 17% | 17% | 18% |
| Somewhat Likely | 38% | 36% | 39% | 40% | 36% |
| Neither Likely Nor Unlikely | 23% | 25% | 23% | 24% | 17% |
| Somewhat Unlikely | 10% | 8% | 11% | 10% | 12% |
| Very Unlikely | 12% | 17% | 10% | 9% | 17% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1084* | 293 | 777 | 628 | 149 |

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

RS Q33. Given your current knowledge, how satisfied are you with the programs and services offered by the Newton Department of Senior Services?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Completely Satisfied | 11% | 6% | 12% | 12% | 16% |
| Very Satisfied | 40% | 41% | 40% | 40% | 38% |
| Somewhat Satisfied | 40% | 42% | 39% | 39% | 39% |
| Slightly Satisfied | 7% | 8% | 7% | 7% | 6% |
| Not at All Satisfied | 2% | 3% | 2% | 2% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 715* | 184 | 525 | 423 | 102 |

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

RS Q35. What is your gender?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|-------------|-------------|
| Female | 62% | 62% | 62% | 62% | 65% |
| Male | 38% | 38% | 38% | 38% | 35% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1099* | 297 | 793 | 638 | 155 |

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

RS Q36. What is your age?

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|------------------------------|--------------|----------------------|--------------------|------------|------------|
| Age | 100% | 27% | 73% | 59% | 14% |
| Number of respondents | 1111* | 298 | 796 | 641 | 155 |

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

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

| | All Ages | Boomers Age 50-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-------------------------------|--------------|----------------------|--------------------|------------|------------|
| White/Caucasian | 90% | 88% | 92% | 90% | 96% |
| Black/African American | 1% | 1% | 1% | 1% | 0% |
| Asian | 6% | 8% | 5% | 6% | 3% |
| Hispanic/Latino | 1% | 2% | 1% | 1% | 0% |
| Other | 1% | 1% | 1% | 1% | 3% |
| Number of respondents | 1111* | 298 | 796 | 641 | 155 |

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

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

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