



Aging in Bedford: A community needs assessment

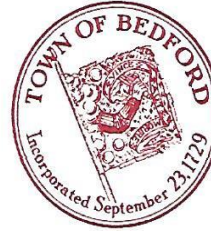
Commissioned by The Bedford Council on Aging

*Center for Social & Demographic Research on Aging
Gerontology Institute*

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June 1st 2018

Dear Residents of Bedford,

We are pleased to present findings from the Town of Bedford's needs assessment of those aged 55 and over. The 2010 census indicates 24% of Bedford's population was then aged 60 and over. By 2030 it is estimated those aged 60 and over will grow to about 33% of our population. That is projected to account for over 4,000 residents. With that growth will likely come rising demand for Town services not only on the Council on Aging but also on our emergency responders from the Police and Fire Departments as well as other Town departments and community organizations both public and private.

In April 2017, Town Meeting approved funding to conduct this study. The goals of the study were to identify needs, interests, preferences and opinions of our older residents. The Gerontology Institute at the University of Massachusetts Boston was retained to conduct the study. The needs assessment process was both comprehensive and exhaustive in scope. Topics addressed included housing, transportation, social, health, and economic factors of aging in the Town of Bedford. The team from UMass followed several research methods. These included demographic analysis, a survey (that returned a 34% response rate), focus groups, key informant individual interviews, peer town comparison, and a housing and transportation review. The information obtained from this effort will be invaluable as we plan for our future growth and development of the Town and will guide us as we move forward to implement recommendations suggested by the study.

We are very proud of the strong community support we received for this project. We wish to thank all who made this project possible and who gave their valuable time including the Board of the Council on Aging, Town Manager Rick Reed, Selectmen William Moonan and Margot Fleischman, Fire Chief David Grunes, Police Chief Robert Bongiorno, and the residents, department staff and community stakeholders who participated in focus groups. We especially wish to thank Dr. Caitlin Coyle and Dr. Jan Mutchler and the research team at UMass Boston for their assistance and exceptional work. Last but not least, we thank all residents of Bedford who took the time to respond to the survey. It is affirming to know so many members of our community let their voices be heard. Your input was critical.

We welcome your feedback and comments. We look forward to continuing the conversation and creating a shared vision as we live and age in the Town of Bedford in the coming years. The Council on Aging will continue to provide a meaningful voice, valued services and opportunities for all of our older residents.

Sincerely,

Alison Cservenschi
Director
Bedford Council on Aging

Allan Morgan, PhD
Chair
Bedford Council on Aging

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Bedford Council on Aging (COA), to investigate the needs, interests, preferences, and opinions of Bedford's population of residents who are age 55 and older. The contents of this report are meant to inform the Bedford COA, and other municipal entities, for the purposes of planning and coordination of services, but also to build awareness about issues facing the Town of Bedford's senior residents.

Data for the study were drawn from several sources, including publicly available information obtained through the U.S. Census Bureau and data collected expressly for this study. Primary data collection included:

- Four focus groups made up of residents, representatives of local organizations, and Town Departments.
- Five key-informant interviews with Town officials and department heads, including the Chiefs of Bedford Police and Fire Departments.
- A resident survey distributed to all residents age 55 and older, based on the most recent Town Census list. The survey was mailed in November 2017 and was also made available online. A total of 1,560 responses were received for a response rate of 34%.
- A comparison of the COA in Bedford with those in six of its peer communities: Lexington, Acton, Concord, Carlisle, Burlington, and Lincoln.

Key Findings in Brief

Demographic Highlights

- Currently, 21% of Bedford residents are age 60 and older. By 2030, this share is expected to increase to between 30% and 34%. These demographic projections suggest that the need for senior services will continue to increase.
- Nearly one out of five (18%) Bedford residents age 60 and older live alone.
- Risk of acquiring disability more than doubles after age 75. In Bedford, about 38% of individuals in this age group experience one or more disabilities in comparison with 16% among those age 65 to 74.
- Bedford seniors have lower annual income relative to their younger counterparts. For example, the median household income for residents age 65 and older is \$82,031 compared to \$147,279 for residents age 45-64.
- More than half of survey respondents age 55-69 are currently employed and 1 out of 5 survey respondents age 55-59 are actively seeking employment.

Community & Neighborhood

- Bedford seniors want to continue to live in Bedford. More than two-thirds (61%) of survey respondents reported having lived in Bedford for more than 25 years, and 53% report that it is *very important* to them to remain in Bedford as they get older.

- Most survey respondents (68%) report that they *always* feel safe in Bedford.
- About half of survey respondents report that they provide help with minor tasks or errands to neighbors or friends. An additional 42% report that although they do not currently provide this type of help, they would be willing if asked.
- The top three reasons that would cause survey respondents to leave Bedford are: cost of living, lack of family nearby, and lack of available affordable housing.

Housing & Living Situation

- A significant share of owner-occupied housing is senior-headed (35%).
- Study participants perceive a lack of adequate housing options if they wish to downsize, or if they need housing with support services (e.g., transportation, social programming, or on-site social services).
- Among the respondents who are homeowners, two-thirds report needing home modifications to improve their ability to live in their homes; 9% of the report needing modifications to their current home that they cannot afford.
- More than one-third of seniors responding to the survey say that if a change in their health or physical ability required a move from their current homes, they would seek out smaller single family homes in Bedford. About another third (29%) of respondents would prefer housing with supports (e.g., senior independent living or assisted living communities).

Transportation

- Currently, most survey respondents (91%) report driving themselves to get where they need to go. However, a sizeable share (43%) of respondents reported modifying their driving in ways that make it safer; for example, avoiding driving at night (27%), avoiding driving in bad weather (27%), and avoiding driving far distances (13%). Among respondents age 80 and older, 21% report not driving at all.
- There are some public transportation options in Bedford (e.g., taxis, Bedford Local Transit (BLT), a new dial-a-ride program (DASH), and The MBTA RIDE). However, few survey respondents (10%) report using these public transportation options.
- Nearly one-quarter of respondents (23%) report biking or walking as modes of transportation, highlighting the need for safe streets, sidewalks, and intersections.
- About 49% of survey respondents reported being “completely satisfied” or “very satisfied” with the transportation options available to them in Bedford.

Caregiving

- About one-third (32%) of survey respondents have provided care or assistance to a person who is frail or disabled within the last 12 months.
- Nearly half (49%) of those caregivers reported that this experience was “very” or “somewhat” challenging to care for the person and to also meet their other responsibilities.
- The most frequently reported condition that prompted the support provided was mobility impairment (e.g., difficulty walking or climbing stairs).

Health & Disability

- 14% of survey respondents age 55 and older report their health as being “fair” or “poor” and among respondents age 80 and older, more than one-quarter rate their health as being “fair” or “poor”.
- About 8% of all survey respondents rate their emotional health as being “fair” or “poor”, and among respondents age 80 and older, 14% rate their emotional health as “fair” or “poor”.
- A portion (14%) of survey respondents reported having an impairment or condition that limits their ability to participate in their community.

Social Activities & Relationships

- Most Bedford residents are engaged with their community, friends, or relatives. However, 12% of respondents get together with friends, family, friends, or neighbors once a month or less frequently. These individuals may not be having their needs for social connection met.
- Only 9% of survey respondents report having no one living within 30 minutes on whom they can rely for help.
- Focus group participants and key informant interviewees discussed isolation as a barrier for seniors in Bedford to age well. They also discussed the risk that isolation poses for older adults in terms of their safety and emotional health.
- Two-thirds (60%) of survey respondents report that they are not currently participating in volunteer activities in Bedford. When asked why, reasons included not having time, being involved in activities outside of the Town of Bedford, or not being interested.

Programs & Services at the Bedford COA

- 37% of survey respondents report participating at the Bedford COA. Participation rates are higher among respondents in their 70s (54%) and those age 80 and older (53%) compared to those in their 60s (28%) or age 55 to 59 (6%). This is typical across other communities in Massachusetts, and reflects the range of interests and options available to older adults.
- Among respondents who indicate that they participate at the Bedford COA, 3% are age 55 to 59, 25% are age 60 to 69, 42% are age 70 to 79, and 30% are age 80 and older. The Bedford COA must therefore balance the interests and goals of residents from a range of generations and with a variety of activity-levels.
- Among those who do not currently participate at the Bedford COA, “not feeling old enough” is the primary reason for not participating, reported by 45% of survey respondents. In addition, not having time and not being interested are the other commonly offered reasons for not participating at the Bedford COA.
- Among respondents who do participate at the Bedford COA, 12% participate weekly, including 2% of respondents age 55 to 59, 8% of those age 60 to 69, 18% of those age 70 to 79, and 16% of those age 80 and older. However, one in five survey respondents participate just a few times a year. This range of participation levels highlights the broad continuum of affiliation with the Bedford COA.
- When asked about barriers to participation at the Bedford COA, 17% of respondents reported that programs don’t interest them and 14% of respondents reported that they

don't think they would fit in at the COA or they do not know what programs and services are available.

- For survey respondents age 70 and older, the Bedford Council on Aging Newsletter is their preferred source of information about senior services. Among those age 55 to 69 the online newspaper "The Bedford Citizen" is the preferred source of information.
- Survey respondents were asked to rate the importance of 15 types of programs offered through the Bedford COA to themselves or their family members. Five types of programs were rated important by at least 25% of survey respondents—educational opportunities, professional services, physical health and wellness clinics, exercise classes, and transportation.
- Satisfaction with the Bedford COA is high, with 68% of seniors who participate in activities indicating that they are "completely satisfied" or "very satisfied" with the programs and services offered.
- Respondents were asked about the type of programs and activities that would interest them in the future. More than half of respondents age 55 to 79 reported an interest in programming that includes physical activity like hiking, biking, or walking clubs, health and wellness programs or educational opportunities. Thirty-one percent of respondents age 80 and older reported that future programming provided in-home would be of interest.

Recommendations

Based on the results of this needs assessment, we offer the following recommendations for the Bedford COA:

- Plan for growth of the older population in Bedford. The Bedford COA as well as Town Departments and organizations operating in Bedford will be impacted by a growing older population. Adequate planning will require each to evaluate what the shifting demographic means for their operations, and how best to respond.
 - For example, consider a strategic planning process that would include plans for staffing, space, parking, and programming as it relates to the future seniors of Bedford.
- Strengthen information dissemination about transportation options available in Bedford.
 - For example, pursue grant funding to expand marketing and outreach for the existing transportation options in Bedford (e.g., the DASH) or to host training sessions on the use of concierge transportation options like Uber, Lyft or GoGoGrandparent.
- Promote alternative housing options for aging in place in Bedford like home-sharing or co-housing. Connect residents with information about these options and support advocacy efforts to adjust zoning regulations that would allow for these alternative housing options to be taken-up by seniors in Bedford.
 - For example, convene an "Aging in Place Workshop" to educate the public about creative ways to use their home equity to age in place as well as about alternative

housing models like home-sharing¹. This workshop could also widen publicity about currently available options for addressing economic security through the Bedford COA (e.g., SNAP benefits, fuel assistance, Circuit Breaker Income Tax Credit, and free tax preparation services).

- Develop information to share with community members about home modifications that can make their homes safer to live in as they age.
 - For example, work with community partners to develop a resource of local handyman services and information about financial support for such modifications.
- Enhance existing cross-departmental and public-private relationships, and encourage the creation of more collaborations, especially relating to supporting vulnerable residents of the community.
 - For example, facilitate a quarterly networking event for local organizations to come together. These events would include community education about the programs and services available through the Bedford COA but also provide a mechanism by which community stakeholders can stay connected around issues facing seniors in Bedford.
 - For example, through Bedford's pursuits as a dementia-friendly community engage these partners to develop resources and mechanisms by which stakeholders in the community who work with seniors (e.g., banks, faith communities, real estate agents, emergency response professionals, and nonprofit service providers) can recognize seniors living with dementia and connect them with appropriate information and resources in Bedford.
- Strengthen community knowledge about the senior services available to residents in Bedford.
 - For example, consider creating an incentive for "first-time" COA participants or a similar "welcome committee" at the Bedford COA to ensure that new participants have a pleasant first experience.
 - For example, correct misperceptions about who is "eligible" to participate in COA activities. Consider existing outlets like op-ed columns or local cable opportunities to explain eligibility for and resources provided by the Bedford COA. Feature current participant profiles, invite them to share their initial motivations for participating.
- Expand senior activities in Bedford, focus program expansion to include health and wellness programs, exercise classes, educational opportunities, and social programs for residents who may be homebound or frail.
 - For example, explore the use of technology (e.g., phone or other mobile devices) to include home-bound residents in existing programs through video technology, or making "friendly visits" by telephone.

¹ <https://mcoonline.com/wp-content/uploads/2017/12/HOMESHARING-IN-MASSACHUSETTS-Revised-Finalbc edits.pdf>

- Consider hosting additional educational programs related to employment and/or retirement planning.
 - For example, to engage older residents of Bedford who are still working consider hosting local financial planners and banks to educate the community about saving for retirement.

- Expand caregiver support opportunities in Bedford.
 - For example, create new ways of providing information and assistance for caregivers, including the adult social day opportunities, support groups for caregivers, and information and referral resources available through the COA. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Bedford COA with family caregivers.
 - For example, consider hosting a “Caregiver’s Night Out” to provide residents of Bedford who might be caring for a spouse, parent, or grandparent to enjoy a night of entertainment. Explore partnerships with area adult day programs to provide respite care during the event.

- Broaden opportunities to connect older residents with existing resources to improve economic security in Bedford. Advocate for the creation of new resources and programs to support the economic security of seniors in Bedford.
 - For example, consider ways to make the tax work-off program more widely available to residents of Bedford (e.g., adjust eligibility criteria to include residents age 55 and older or raise the income requirements).

Acknowledgements

The authors wish to acknowledge the Town of Bedford which generously provided support for this project. We thank Alison Cservenschi, the Director of the Bedford Council on Aging and Allan Morgan, Chairman of the Bedford Council on Aging Board, as well as the members of the Council on Aging Board who offered invaluable input and assistance as we defined research questions, recruited participants, and carried through our research plan.

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We express thanks to the many residents of Bedford who supported our data collection efforts, and took the time to complete our survey or participate in a focus group. We are also indebted to the Council on Aging Directors in the towns of Acton, Burlington, Carlisle, Concord, Lexington and Lincoln for their time in providing information about their COA to be used in our peer community comparison.

The authors, Caitlin Coyle, Rebecca Mailman, and Jan Mutchler, from the University of Massachusetts Boston, are responsible for the contents of this report; however, the project could not have been completed without the cooperation and efforts of all those mentioned above. We would also like to thank the graduate and undergraduate students who provided research support for this project.

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Introduction

Bedford is a town northwest of Boston with a rich history. In fact, Bedford is home to the oldest surviving battle flag in the United States. Incorporated in 1729, the Town of Bedford is now home to over 6,500 households with about 14,000 residents. Over the coming decades, the senior² population of Bedford is expected to increase substantially, with growth rates far outpacing those of younger segments of the population. As a municipal entity, the Town of Bedford's Council on Aging (COA) is an important and valued resource, operating as the Town's central point of contact for older residents who seek to lead healthy and fulfilling lives while remaining independent in the community.

To better understand and prepare for this older population, a needs assessment was undertaken by the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston (UMass Boston). This assessment was conducted to support planning on the part of the Bedford COA. Currently, many older residents benefit from programs and services designed to address aging-related needs and prolong independence in the community, offered through the COA. The COA is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives. Growth of the older population therefore has special significance for the Bedford COA, and increasing demand for its services and programs can be expected moving forward.

This needs assessment report presents results of a comprehensive examination of issues relating to aging and older adults in the Town of Bedford. Results presented here focus on the current and potential future consumers of COA services and programs. Analysis focused on the characteristics and needs of Bedford residents who are age 55 and older who are either currently age-eligible to participate in COA services, or those who in the coming decade will be aging into a life stage where they may begin to seek out services meant for older adults. While the primary goal of this report is to support planning on the part of the Bedford COA, a secondary goal is to present information that will be useful to other Bedford offices and organizations interacting with older adults.

Background

Growth in the older population has implications for virtually every community organization. A number of common aging-related circumstances place unique demands on the resources that communities have available as they plan to accommodate greater numbers of older people. Among them are changes in the health and service needs of older people. Many older adults experience physical and social changes that could threaten their independence and wellbeing, if not addressed by specialized and targeted services. In addition, some retirees may experience constraints associated with living on fixed incomes that could limit their choices and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-

² For purposes of this report, "older adults" and "seniors" are defined as individuals age 60 and older. This is consistent with usage in the Older Americans Act, the legislation authorizing many services meant for older adults, which also uses age 60 and over to define the population covered by its provisions. The terms "seniors" and "older adults" are used interchangeably in this report.

private partnerships, towns like Bedford find it necessary to adapt to changing age profiles within their populations.

The Town of Bedford's COA is planning for the continued expansion of its participants by learning about the current and expected needs and experiences of Bedford's aging residents. Already, the COA has provided targeted evening programming to attract baby boomers, those aged 60-70, to participation in COA programs in 2017, and intends to include those age 55-59 in future planning considerations. Our approach aligns with efforts to identify ways in which communities may become more "livable" for residents of all ages. Livable communities have features that allow older adults "to maintain their independence and quality of life as they age and retire" (Nelson & Guengerich, 2009). Key components that facilitate livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older adults.

Housing

A common goal of many older adults is to age-in-place, that is, to remain living in their homes for as long as possible. The term "aging-in-place" implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings such as nursing homes (Salomon, 2010). By aging-in-place, in communities of their choice, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging-in-place may promote "successful aging" by supporting physical activities that reduce the risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older people in regards to successful aging and aging-in-place, the Town of Bedford can retain a larger share of its vital older population in the community and benefit from the experiences and local commitment that long-time residents offer, while reducing potential demands on resources associated with frailty and dependence.

The availability and affordability of housing suitable to meet the changing capacity of older people is a key factor that influences the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many studies point to the well-documented preference of older adults to remain in their existing homes as long as possible (e.g., AARP, 2005). For many older adults, the home serves not only as a source of shelter, but also as the platform for connecting them to neighborhood amenities and maintaining social networks. The home may also be the basis for long-standing memories that connect older individuals to their past. In addition, homes are an important source of financial security, as home equity or ownership may represent one of the most significant sources of wealth held by many older people. Consequently, the attachment many have to their homes is often quite substantial.

While remaining in ones' home has its benefits, as people age, the "fit" between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for changing needs, or may become too cumbersome or expensive to maintain on a fixed income. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Home design features, such as the number of stories and manageability of stairs, may challenge an older

resident's ability to safely remain living in their home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support the resident's safety and facilitate aging in place; however, some individuals will need to change residences in later life.

The availability of and accessibility to affordable housing options both allows residents to stay in the community as well as attract newcomers to the area. This is especially true for housing options with accommodating features, such as home accessibility modifications or elements of universal design, and housing that blends shelter and services, such as assisted living or continuing care retirement communities. These supportive housing options may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2014), or at least delay the move into more supportive and expensive institutional alternatives. The goal of aging in the community can be further facilitated by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, and programs that may help them pay utility or other home-related expenses.

Although most of the housing stock in Bedford is single-family homes, Bedford is also home to Carleton-Willard Village, a continuing care retirement community that offers a flexible range of service including residential living apartments and cluster homes, supportive care, skilled nursing and rehabilitation, and support for those living with dementia. In addition, the Bedford Housing Authority administers state programs to support affordable housing units Bedford, of which there are 974³ units in Town. As well, the Bedford Housing Partnership is another appointed board that is tasked with the growth and maintenance of the supply of affordable housing within the Town of Bedford.

Transportation

Adequate transportation is necessary in order to maintain social ties and be engaged with others, obtain needed goods and services, and access community amenities. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. When faced with difficulties accessing transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. A national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, older non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults as well as other community members who are unable to drive safely, or who prefer public transportation alternatives.

Bedford is serviced by multiple publicly available transportation options including the Massachusetts Bay Transit Authority, taxi, shuttle, and Logan Express buses. Bedford Local Transit (BLT) is a Town public transportation service, open to anyone, with both fixed-routes and on-demand door-to-door service. Routes operate both within the Town of Bedford and to locations beyond Town limits. The Bedford COA also operates a "Wheels of

³ https://www.rhsohousing.org/sites/concordrhso/files/uploads/bedford_shi_5-7-18.pdf

Life Program” that provides limited transportation to medical appointments and has recently completed year 1 of a two-year pilot transportation program called “The Dash”. This new dial-a-ride transportation option provides in and out-of-town shuttle service to destinations of the rider’s choice.

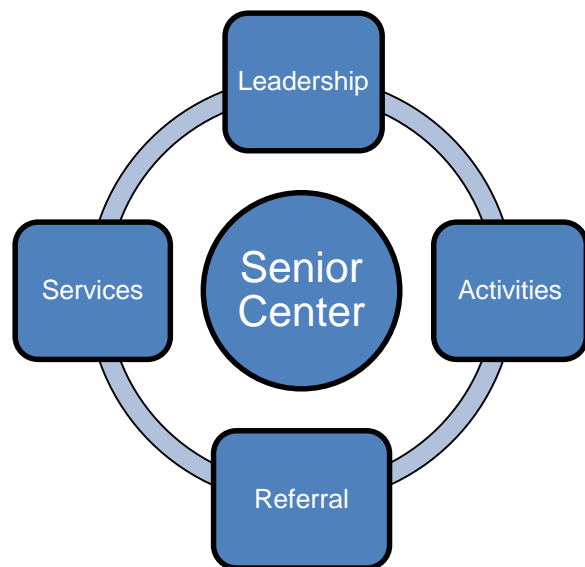
Community Features & Services

Livable communities require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term services and supports. Older adults with mobility limitations and those who experience challenges with driving may need medical and social services that are either easily accessed or delivered to their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and property can help protect investment value and improve the neighborhoods in which older adults live. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities, and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence and improve quality of life. Research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

The Bedford Council on Aging

In Massachusetts, virtually every community has a Council on Aging (COA) – a municipal department meant to serve as the community focal point for local services for older adults, their families, and caregivers. Bedford’s COA maintains a mission “to provide services, programs, and activities to maintain and increase the independence and quality of life of Bedford seniors.”

Many Massachusetts COAs, Bedford’s included, operate senior centers that serve as the physical structure through which services may be obtained. Senior centers frequently offer many activities and programs that enhance quality of life. In Bedford, these include social, educational, recreational and healthy aging programs to “meet the physical, emotional, social, spiritual and financial challenges of aging, as well as providing opportunities for personal development, new experiences, life-long learning and overall fulfillment at this stage of life.” Many COAs also have a “friends group” that raises funds to support regular programming and other costs associated with successful operation of the senior center, but that fall outside of the budget allocated by the Town. The Friends of the Bedford COA (FBCOA) is a nonprofit organization open to all ages and runs entirely off of



membership fees, donations and fundraising. The FBCOA helps to support programs and activities at the senior center.

Generally speaking, when considering the mission of senior centers within communities, observers 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 that promote personal growth and social engagement. In Bedford, these include fitness classes, a Science & Technology Group, and the Community Garden Project, an intergenerational project joined by the Kids Club. Second, senior centers provide social services to older residents and their families that meet needs in the community and promote physical and emotional wellness. The staff at the Bedford COA link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, it is common for staff to provide leadership within the community around senior issues, interacting with other Town offices, and serve as resources to residents and local organizations.

The Bedford COA operates Monday through Saturday, including evening hours (6PM-9PM) Monday through Wednesday. It is collocated in a municipal building with other departments. In addition to dedicated space, the Bedford COA shares programming and meeting space with other City Departments. Its staff includes 6 members. The Bedford COA staffs three municipal-funded full-time positions: a Director, an Administrative Assistant, and an Elder Services Coordinator; and three part-time positions paid for with a combination of municipal and grant funding. The COA also relies on the contributions of many dedicated volunteers. Currently, the Bedford COA offers an array of programs and services to residents who are aged 60 and older. According to records kept by the Bedford COA, 1,300 residents visited the COA in FY17 for a total of 28,592 visits. These figure reflect an increase in participation from FY16.

Programs and services offered through the Bedford COA include:

❖ Outreach Services: The Bedford COA assists seniors and their family members with their concerns and needs on a daily basis. Outreach staff meet with clients and caregivers to listen, support, and provide information and referrals. They also reach out to seniors in the community who are not familiar with the COA and its services and resources. In FY17, outreach staff made 468 formal social service contacts. Hundreds of phone calls and more informal conversations are had annually; but not reflected in the aforementioned counts.

❖ Transportation: The Bedford Local Transit (BLT) offers curb-to-curb, wheelchair accessible transportation within the Town of Bedford; and most of the ridership is seniors. In FY17, 5,560 residents were transported by the BLT. This includes transport to grocery stores, hairdresser appointments, and social activities at the COA. In partnership with Carlton Willard Village and Bedford Red Cab taxi service, the COA also operates the “Wheels of Life” program that provides out-of-town medical transportation to eligible seniors. In FY17, this program provided 310 medical rides.

❖ Volunteer Opportunities: Volunteers provide invaluable support to the Bedford COA by

assisting with many of the programs and activities including: volunteer supportive services, lunch assistance, assisting with or leading activities, and administrative tasks. In 2017, The Senior Center was supported by 148 volunteers working 8,237 hours. Over 50% of COA programs in 2017 were led or assisted by volunteers including 151 two-hour tax appointments.

❖ *Health & Wellness Services:* SHINE Counseling (Securing the Health Information Needs of Everyone) is offered to provide older residents with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. Other health services such as walk-in blood pressure screenings, and hearing screening, are also offered regularly at the Bedford COA.

❖ *Support Groups:* Ongoing support groups are hosted at the Bedford COA Topics include: memory café and caregiver and widow support.

❖ *Health and Wellness Activities:* Regularly scheduled fitness classes, such as Yoga, Tai Chi, Zumba, line dancing, arthritis exercise classes, and strength and balance classes are offered at the Bedford COA. Free health seminars and lectures are offered on a monthly basis.

❖ *Social, Education, and Special Activities:* A variety of activities are offered on a weekly, monthly, or special occasion basis. These include games, craft classes, art programs, movie viewing, social groups such as knitting or book club, and day trips to museums, restaurants, and local performances. In FY17, there was a total of 13, 991 visits to the COA for social events.

As Bedford's older adult population has continued to grow, the COA has noted an increase in attendance at the senior center. This growth is expected to continue as Bedford plans for those aging into the COA target service demographic.

Purpose of the Study

This report is the product of collaborative efforts by the Bedford COA and the University of Massachusetts Boston (UMass Boston) to assemble information in a form suitable for planning. The study is intended to provide key information needed by COA and Town stakeholders for strategic planning considering the growing senior demographic over the next 5 to 10 years. The results presented in the following pages will inform town stakeholders of the needs and preferences of the growing, aging demographic and hopes to prepare Bedford for these expectations. The study will also give the Town a springboard to launch Age Friendly Initiatives now and in the future.

Methods

Mixed evaluation methods are often used to assess the needs of older residents and to aid organizations in planning and prioritizing the programs and services they provide in the community. Collecting data from multiple sources is a good strategy for converging on accurate and multifaceted representations of community needs from the perspective of a diverse set of 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, data collected directly from the Town of Bedford’s older residents, representatives of Town Departments and community organizations that frequently interact with the older adult population, and from administrative data obtained from senior centers in similar “peer communities” in Massachusetts. 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 UMass Boston.

In general, assessment goals identified at the outset of this study related to how the Town of Bedford and the Bedford COA could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting older adults’ independence and quality of life as they age (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 analysis strategies.

Demographic Profile

As an initial step toward understanding characteristics of Bedford’s older population through quantitative data, we generated a demographic profile of the City using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey 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 (2012-2016), along with U.S. Census data, to summarize demographic characteristics including older population growth, shifts in age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Resident Survey

The central component of our data collection effort was a resident survey instrument developed by the research team at UMass Boston in consultation with the Bedford COA. The instrument included both quantitative and open-ended questions chosen based on importance to Bedford COA planning needs. In addition to a printed version of the instrument, the survey was made available online via SurveyMonkey and was accessible through the Town of Bedford’s homepage.

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

- Community & Neighborhood
- Housing & Living Situation
- Transportation
- Caregiving
- Health
- Current & Future Retirement Plans
- Social Activities & Relationships
- Activities & Services Offered by the Bedford COA
- Demographic Information

All residents of Bedford age 55 and older were invited to participate in the survey. At the request of the Director of the Bedford COA, the Town Clerk provided the UMass Boston

research team with a list of Bedford residents who were age 55 and older, based on municipal census records that included names, addresses, and dates of birth for residents of Bedford. Addresses were updated, and individuals who were known to have moved away from Bedford were removed from the list. In total, 4,563 surveys were mailed.

A personally addressed postcard was mailed to these residents with the intention of informing them that they would receive a mailed survey in the coming week. Following the postcard mailing, we sent the questionnaire packet with a postage-paid return envelope and cover letter signed by the Director of the Bedford COA, which outlined the purpose of the survey and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMass Boston and the Bedford COA as research partners in the project.

During the approximately month-long data collection period from late-October to mid-November 2017, a total of 1,560 completed surveys were returned, resulting in an overall response rate of 34%. A total of 143 surveys were completed online and the remaining 1,417 were returned to the research team by mail. The research team at UMass Boston compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the UMass Boston team.

Focus Groups

In March 2018, CSDRA conducted four focus groups with a range of stakeholders who were recruited by the Director of the Bedford COA. Each focus group lasted approximately one hour. Topics for each discussion were developed by the UMass Boston research team and were audio recorded for accuracy.

Focus group #1 (N=9) consisted of senior Bedford residents, including individuals who had participate at the Bedford COA and are relatively long-time residents of the Town. **Focus group #2** (N=9) consisted of Town employees who represent various municipal departments. For example, the planning department, the library, the Board of Health, the Police Department, and the Department of Public Works were represented in this second group. These two discussions focused solely on Bedford as a community for aging in place. In addition, two focus groups of “community stakeholders” were held in Bedford. **Focus group #3** (N=11) included real estate professionals, an elder law attorney, local service and nonprofit organizations serving seniors, the local aging service access point (ASAP), the Bedford Housing Authority, and a representative from a local bank. **Focus group #4** (N=8) included representatives from the regional transit system, the Veteran’s hospital, the local senior living community, local community college, and representatives from local faith communities. These two discussions emphasized broader issues facing seniors aging in the region with particular respect to their needs for support and services as they get older. Key themes that were raised across the four groups are presented in this report.

Key Informant Interviews

In March 2018, CSDRA conducted five one-on-one interviews with individuals who serve in leadership roles in Bedford. Questions focused on ways in which the Town has been shaped by the aging of its population; identifying challenges and opportunities for the Town associated with the aging population; and identifying ways in which the community could

responded more effectively to its changing demographics. Together with the Bedford COA, interviews were conducted with the following individuals: the Town Administrator, the Chief of Police, the Chief of Fire and Emergency Services, and two members of the Board of Selectmen. Interviews were mostly conducted in-person and the discussions lasted approximately 60 minutes.

Peer Community Comparison

The UMass Boston research team conducted gathered information about the COAs in Acton, Burlington, Carlisle, Concord, Lexington and Lincoln. These “peer” communities were determined in collaboration with the Bedford COA and based on characteristics like: size of the senior population, size of the population in total, and median household income) as well as considerations like their proximity to Bedford. Most information was obtained through telephone interviews, although Lexington opted to provide information electronically. Requests for information were issued by email, and a designated time to talk was determined. Additional information on selected COAs was retrieved from the Massachusetts Association of Councils on Aging (MCOA) database. Drawing from these data sources, the research team at UMass Boston examined features of the COAs in each community, including information about their space and staffing as well details about their programming.

Data Analysis

Data from the U.S. Census Bureau for the Town of Bedford was used to summarize demographic characteristics including growth of the older population, shifts in age, gender, race, and education distributions, householder status, living arrangements, household income, and disability status. Data collected for the resident survey was analyzed using simple descriptive statistics, including frequencies and cross tabulations, and are reported in full in the 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. Notes and audio recordings taken during the study’s qualitative components (e.g., focus groups and key informant interviews) were reviewed by UMass Boston research staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Bedford. Information about the Senior Center was obtained directly from the Director of the Bedford COA. Information collected about COAs in peer communities was compared side-by-side with information collected from the Bedford COA. Information from all of the data sources was used to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Bedford Age Structure and Population Growth

According to the American Community Survey, there were about 14,088 residents living in the Town of Bedford in 2016. About two out of five (5,523 individuals—39% of the population) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (2,465

individuals) made up 18% of the population; residents age 60 to 79 (2,144 individuals) comprised 15%, and another 914 (6%) residents were age 80 and older.

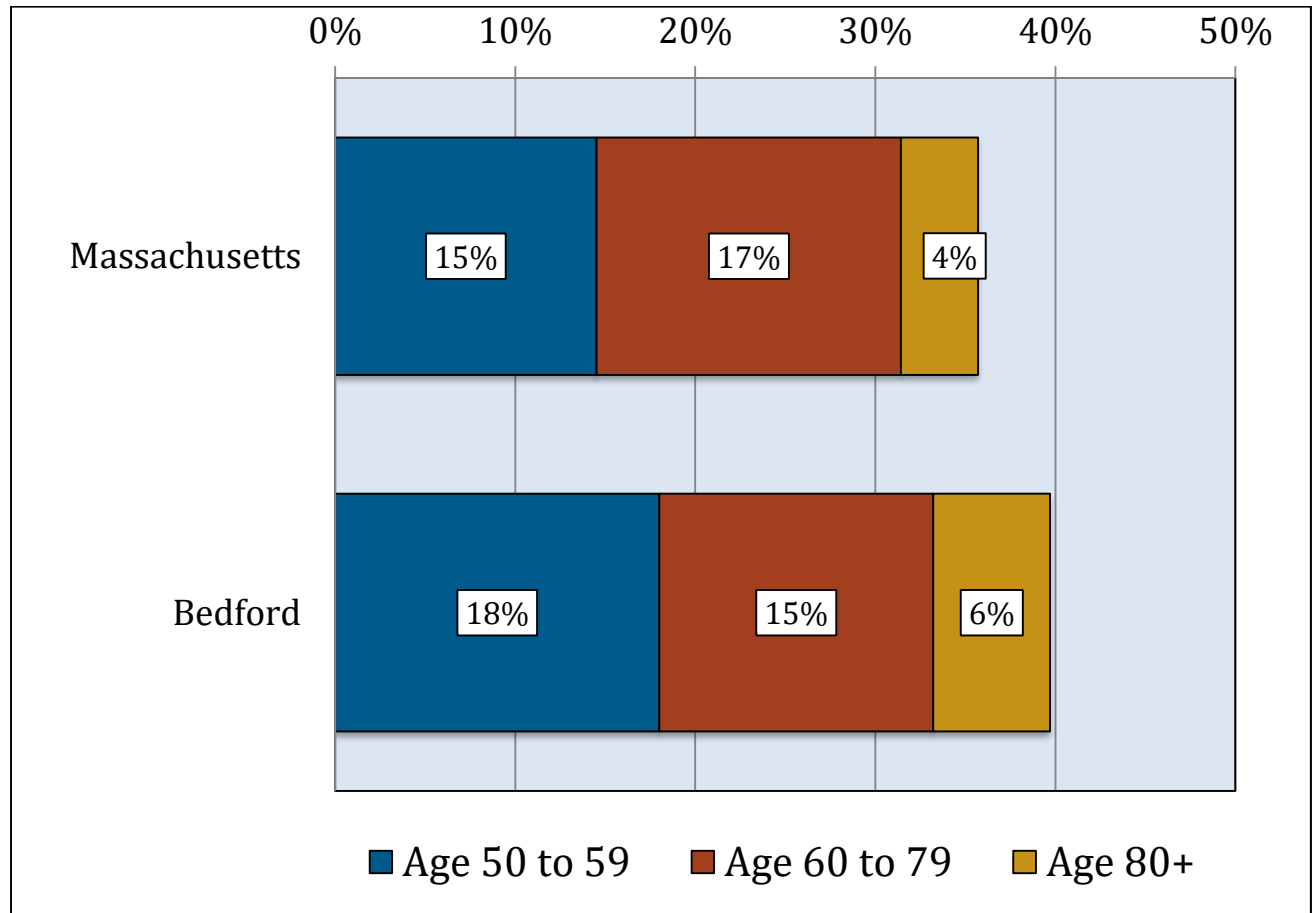
Table 1. Number and percentage distribution of Bedford’s population by age category, 2016

Age Category	Number	Percentage
Under age 18	3,499	25%
Age 18 to 49	5,066	36%
Age 50 to 59	2,465	18%
Age 60 to 79	2,144	15%
Age 80 and older	914	6%
Total	14,088	100%

Source: American Community Survey, 2012-2016, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of the Bedford population age 50 and older is slightly higher than the overall state of Massachusetts (**Figure 1**). About 36% of the Massachusetts population was in the 50 and older age group in 2016, compared to 39% of the Bedford population. Compared to the Commonwealth, Bedford had almost the same portion of residents age 60 and older. In 2016, about 21% of Bedford’s population was 60 or older, including 6% who were 80 years or older.

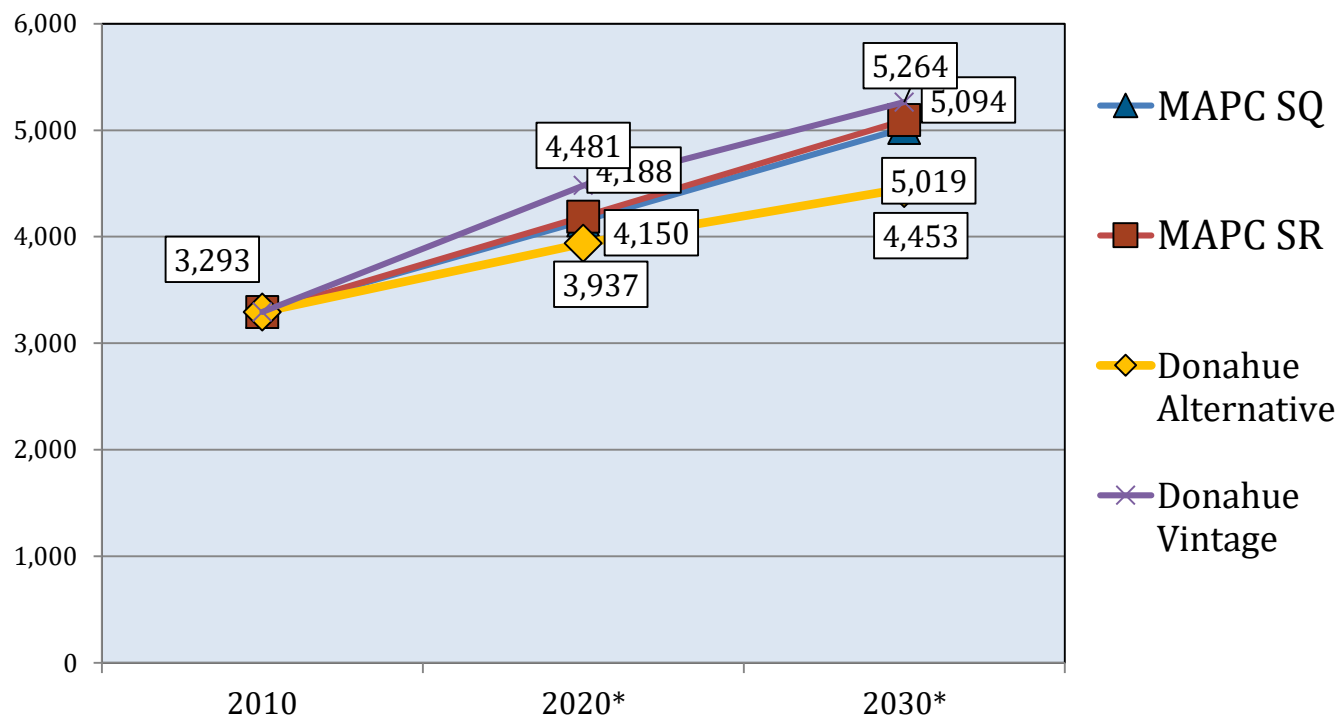
Figure 1. Age distribution in Bedford and Massachusetts



Source: American Community Survey, 2012-2016, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and the Town of Bedford has been concentrated in older age groups. During 2000 and 2010, Bedford’s total population of all ages, experienced a higher rate of growth (6%) that was observed in Massachusetts as a whole (3%). In both Bedford and Massachusetts, the absolute numbers of residents age 50 and over grew substantially during this time period (*US Census, Table QT-P1*). The segment of Bedford’s population age 50 to 59 increased in size by 32%— same rate than in Massachusetts overall (32%). The population of residents who are age 60 and older increased by 11% in Bedford, compared to a 16% increase for the state. Moreover, the increments in the share of older population are projected to continue in the following decades. **Figure 2** shows four sets of projections for Bedford population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest increments in the share of older population.

Figure 2. Alternative Bedford projections; number of residents age 60 and older 2010 with projections to 2020* and 2030*



Source: Population figures for 2000 are from the U.S. Census, 1990 thru 2010.

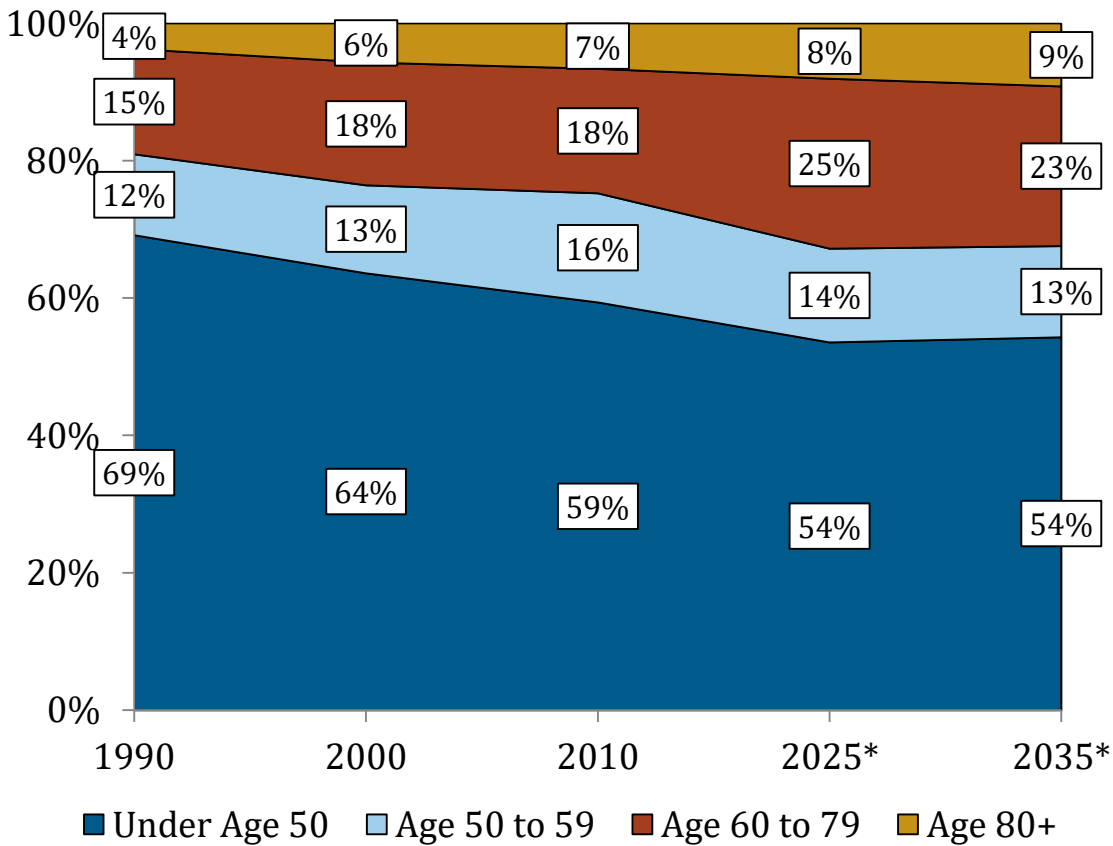
* The four sets of projections for 2020 and 2030 are from two different sources:

1. Donahue Alternative and Vintage projections are estimated by the Donahue Institute, University of Massachusetts, March 2015 <http://pep.donahue-institute.org/>
2. MAPC Status Quo (SQ) and Stronger Region (SR) Scenarios projections are prepared by the Metropolitan Area Planning Council <http://www.mapc.org/data-services/available-data/projections>

Figure 3 shows the age distribution of Bedford’s population from 1990 to 2010, and population projections for 2025 and 2035⁴. In 1990, about 31% of the Town’s population was age 50 and older; this percentage increased dramatically to 41% by 2010. According to projections created by the Donahue Institute at the University of Massachusetts, this trend toward an older population is expected to continue. By 2025, about half of Bedford residents will be age 50 and older. Moreover, the share of residents age 60 and over is expected to be more than twice what it was in 1990. Projections suggest that this group of age will grow from 19% in 1990 to 32% in 2035.

⁴ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

Figure 3. Recent and future age distribution of Bedford, 1990 to 2035

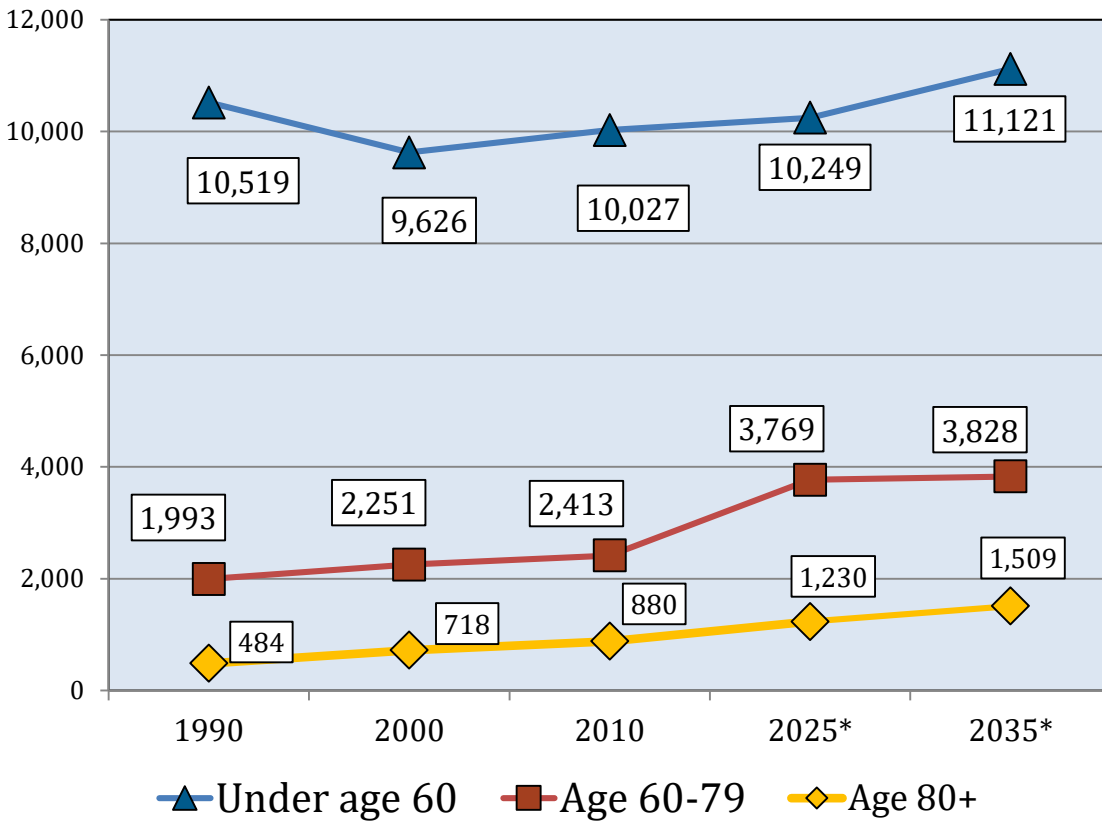


Source: U.S. Census Bureau, Census of Population for 1990 thru 2010.

* Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Bedford’s overall population has grown steadily since 1990 according to projections generated by the Donahue Institute. **Figure 4** shows the total number of Bedford residents under age 60, those age 60-79, and those age 80 and older from 1990 to 2010, with population projections for 2025 and 2035. Combined, these lines total the all-age population in the Town. Bedford’s population under age 60 decreased by about 5% between 1990 and 2010, while the number of residents age 60-79 grew 17% and those age 80 and older grew almost twice its size (45%). By 2035, around one-third of the entire population will be age 60 or older—23% of the Town’s population will be between the ages of 60 and 79, with an additional 9% age 80 and older.

Figure 4. Population trends; number of Bedford residents under age 60, age 60-79, and age 80 and older, 1990 to 2010 with projections to 2025* and 2035*



Source: Population figures for 1990-2010 are from the U.S. Census, 1990 thru 2010.

* Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition of Bedford's Older Population

Bedford is more diverse than the state with respect to race. For all ages combined, about 75% of Bedford residents report their race as White, non-Hispanic (not shown). However, among older adults, Bedford is less diverse. **Table 2** displays the race and ethnicity of Bedford residents age 65 and older. The large majority of older residents report White non-Hispanic race and ethnicity (91%). A small portion (7%) reported Asian race, the remaining percentage of the population 65 and older are either Black, Hispanic or Other race, which includes those who report two or more racial identities.

Table 2. Race distribution of residents who are age 65 and older in Bedford

Race	Number	Percent
White	2,278	91%
Black	5	<1%
Asian	179	7%
Hispanic	15	<1%
Other	26	1%
Total	2,503	100%

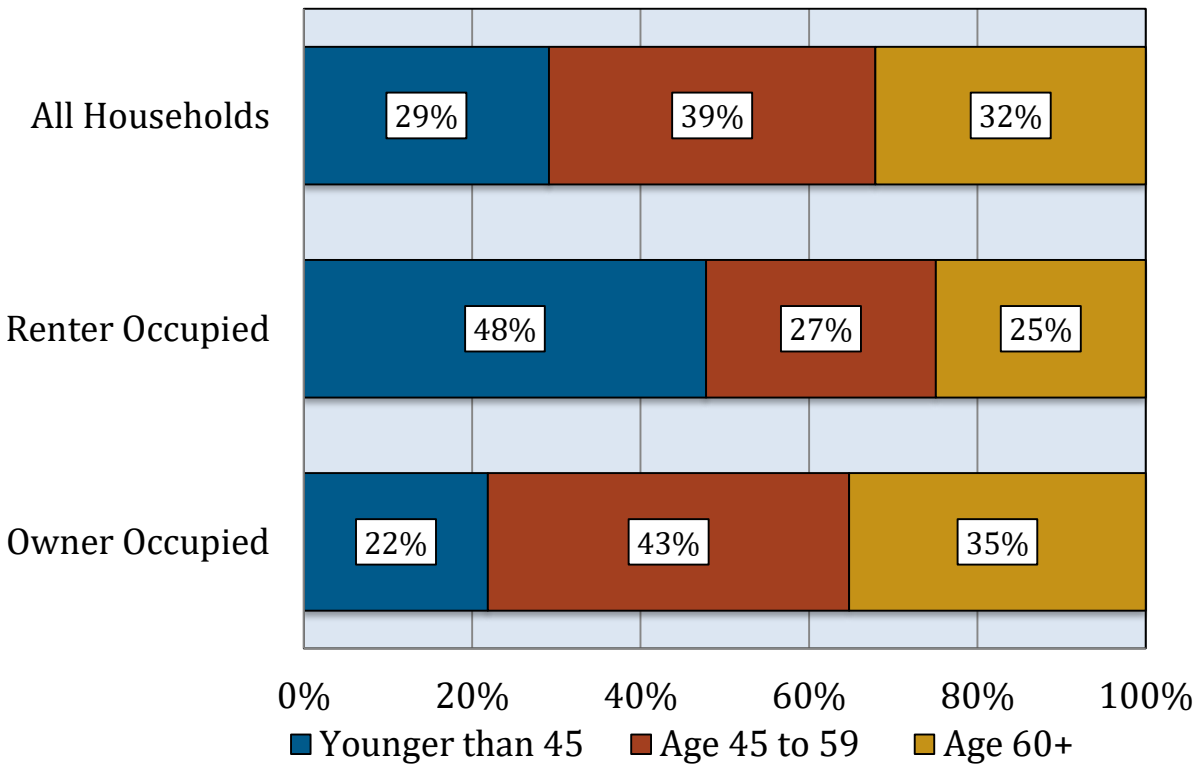
Source: American Community Survey, 2012-2016, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.

A small number (14%) of older Bedford residents speak a language other than English at home (ACS, 2012 – 2016, Table B16004). Those who speak another language other than English at home most commonly speak an Indo-European language or an Asian and Pacific Island languages.

A majority of Bedford’s 5,133 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 68% of all households in Bedford⁵ (Figure 5). Among renter occupied households, residents younger than 45 are heads of about 48% of households, compared to 27% for residents aged 45 to 59 and 25% for those aged 60 and older. In contrast, residents under the age of 45 make up only 22% of owner occupied households. Middle-aged residents, those between 45 and 59 years, make up 43% of homeowners and those 60 and older make up 35%. The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community.

⁵ Many available Census data on the older population of Bedford are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

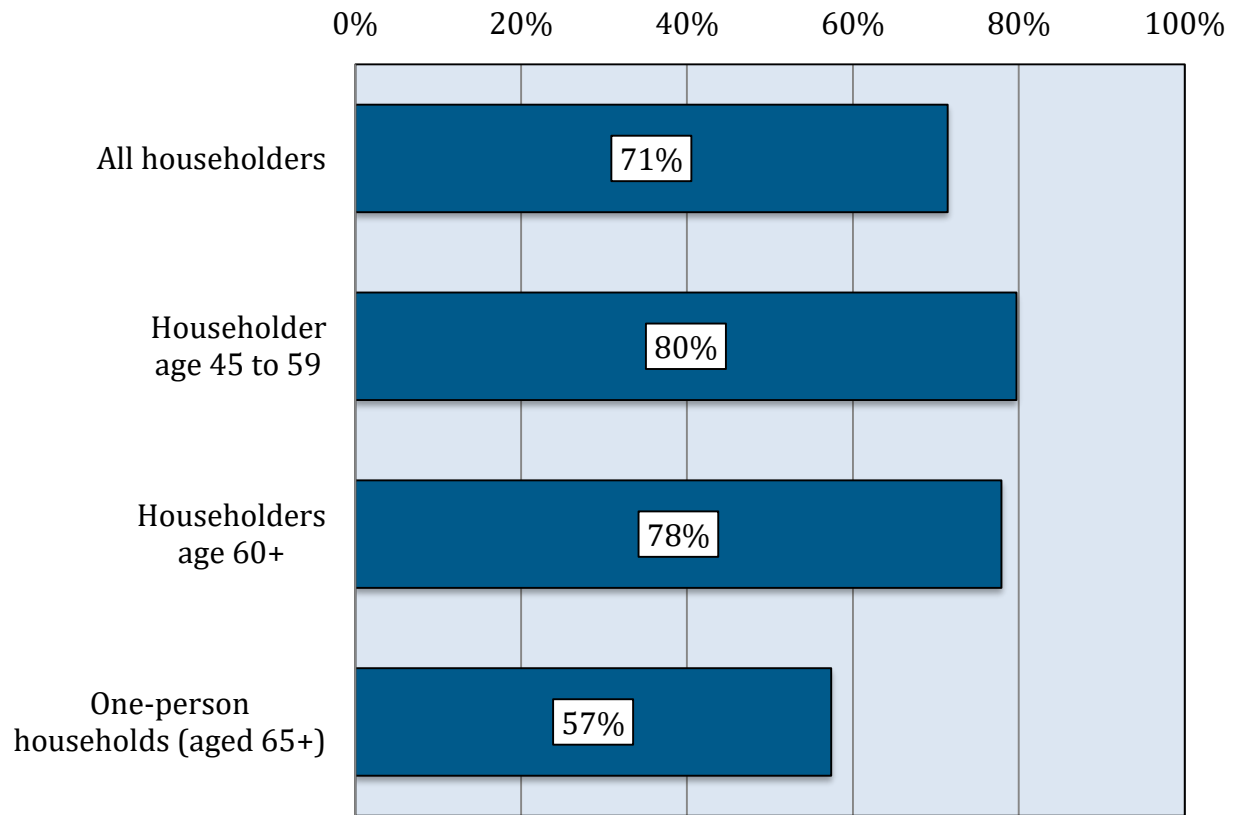
Figure 5. Age structure of Bedford householders, by owner status



Source: American Community Survey, 2012-2016, Table B25007. Numbers are calculated from 5-year survey estimates.

Most of all Bedford residents live in homes that they own or are purchasing (71%; **Figure 6**). Nearly 80% of residents age 45 to 59 own their homes, and 78% of householders 60 and older own their homes. A sizeable share of Bedford residents who are 65 and older who live alone also own their home (57%). Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

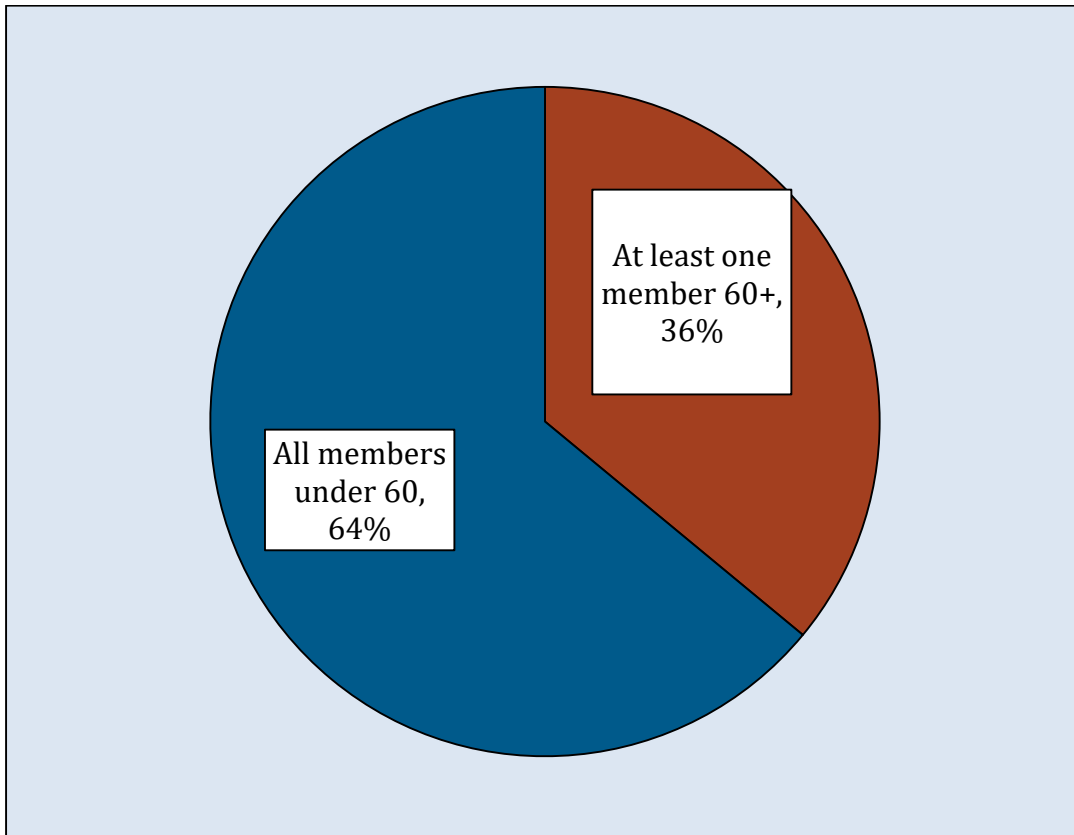
Figure 6. Percent of Bedford householders who are homeowners by age category



Source: American Community Survey, 2012-2016, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

According to data from ACS, an estimated 36% of Bedford’s 5,133 households have at least one individual who is age 60 or older (**Figure 7**). 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. Households in Bedford with at least one member age 60 or older

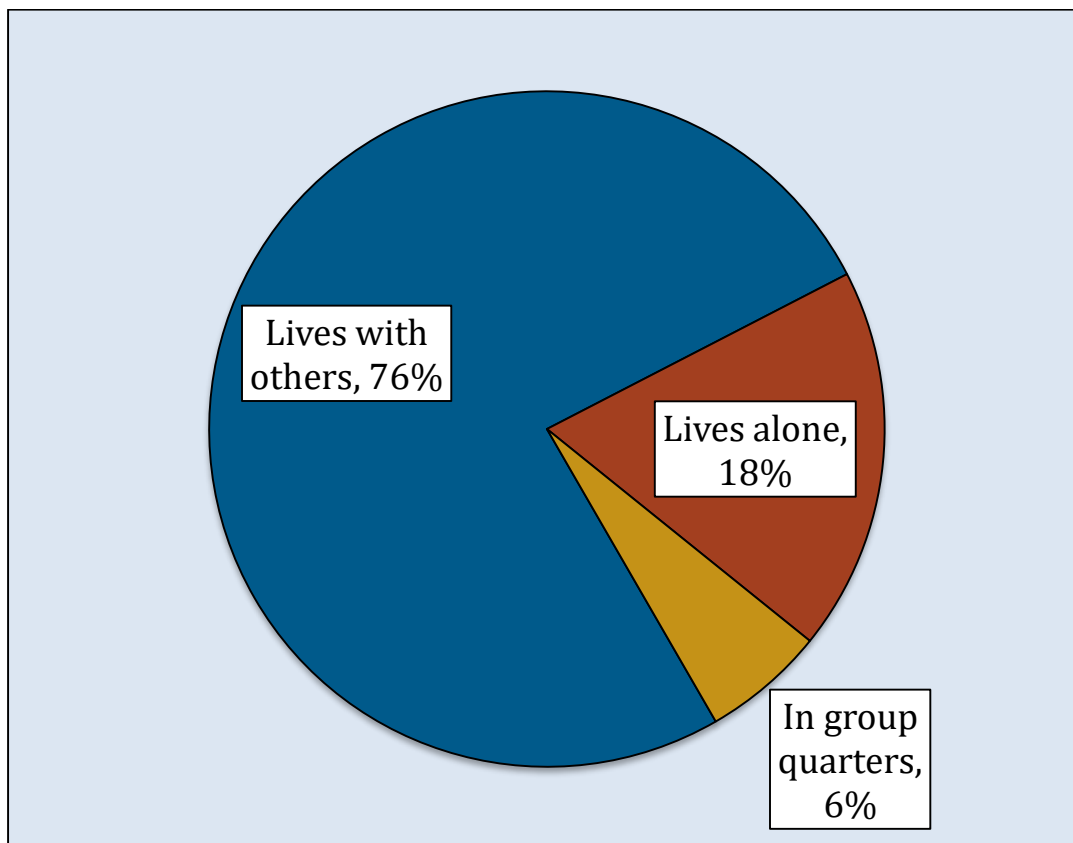


Source: American Community Survey, 2012-2016, Table B11006. Numbers are calculated from 5-year survey estimates.

A large proportion of Bedford residents who are age 65 and older—almost one in five (18%)—live alone in their household (**Figure 8**); whereas, 76% live in households that include other people, such as a spouse, parents, children, or grandchildren. Nearly 6% of older Bedford residents live within group quarters.

Among the 5,260 housing structures in Bedford, 73% are single unit structures (*ACS 2012-2016, Table B25024*). Nearly 22% of the housing structures in Bedford contain 2 or more housing units, which include apartment complexes. Mobile homes account for less than 1% of housing structures.

Figure 8. Living arrangements of Bedford residents, age 65 and older



Source: American Community Survey, 2012-2016, Table B09020. Numbers are calculated from 5-year survey estimates.

American Community Survey estimates on education suggest that Bedford residents are well educated on average. About 62% of persons 65 and older have either a bachelor's degree (17%) or a graduate/professional (*ACS, 2012-2016, Table B15001*). Additionally, more than one-fifth completed some college or associates degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

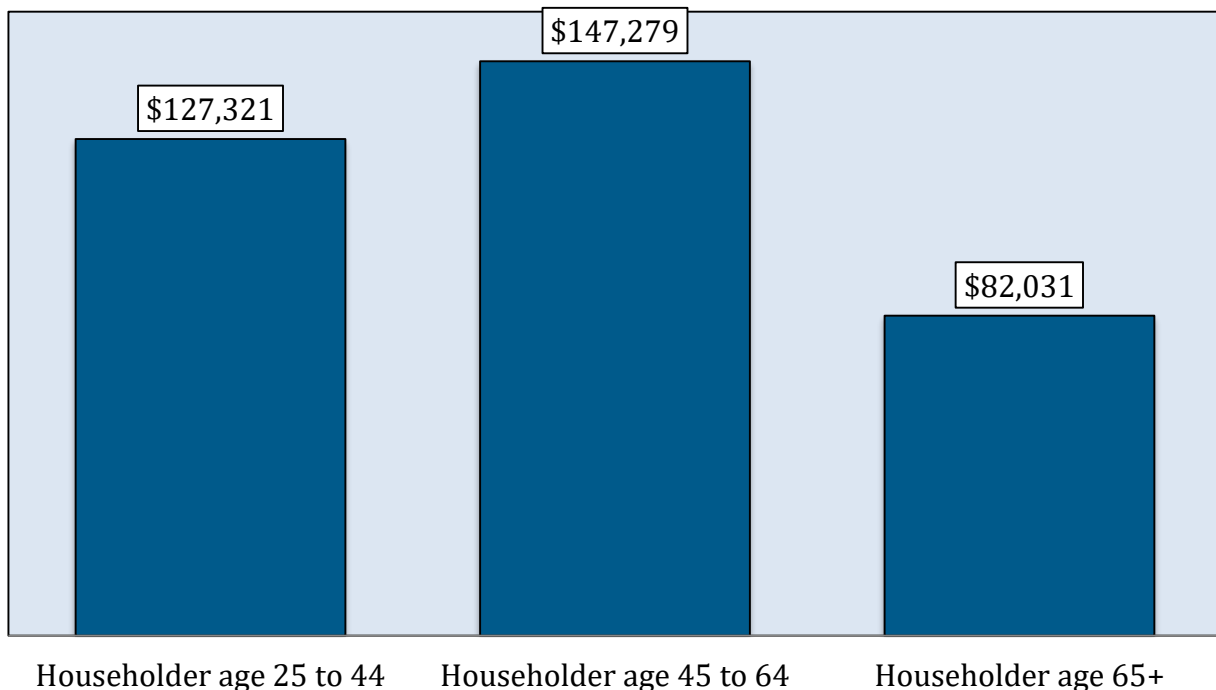
Similar to older adults living in communities throughout the U.S., a large proportion of Bedford residents aged 65 and over remain in the workforce. Almost 25% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 14% remain in the workforce (*ACS, 2012-2016, Table S2301*).

Almost one third of men age 65 and older report veteran status (31%), as do a small share (2%) of Bedford's older women (*ACS, 2012-2016, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage of some older residents in Bedford (**Figure 9**). Householders aged 45 to 64 have the highest median

income at \$147,279—which is greater than the statewide median for this age group (\$87,533). Among householders 65 and older, the median income is \$82,031, which is also higher than the statewide median for this age group (\$42,707), and much lower than the median income of younger Bedford householders.

Figure 9. Median household income in Bedford by age of householder (in 2016 inflation-adjusted dollars)

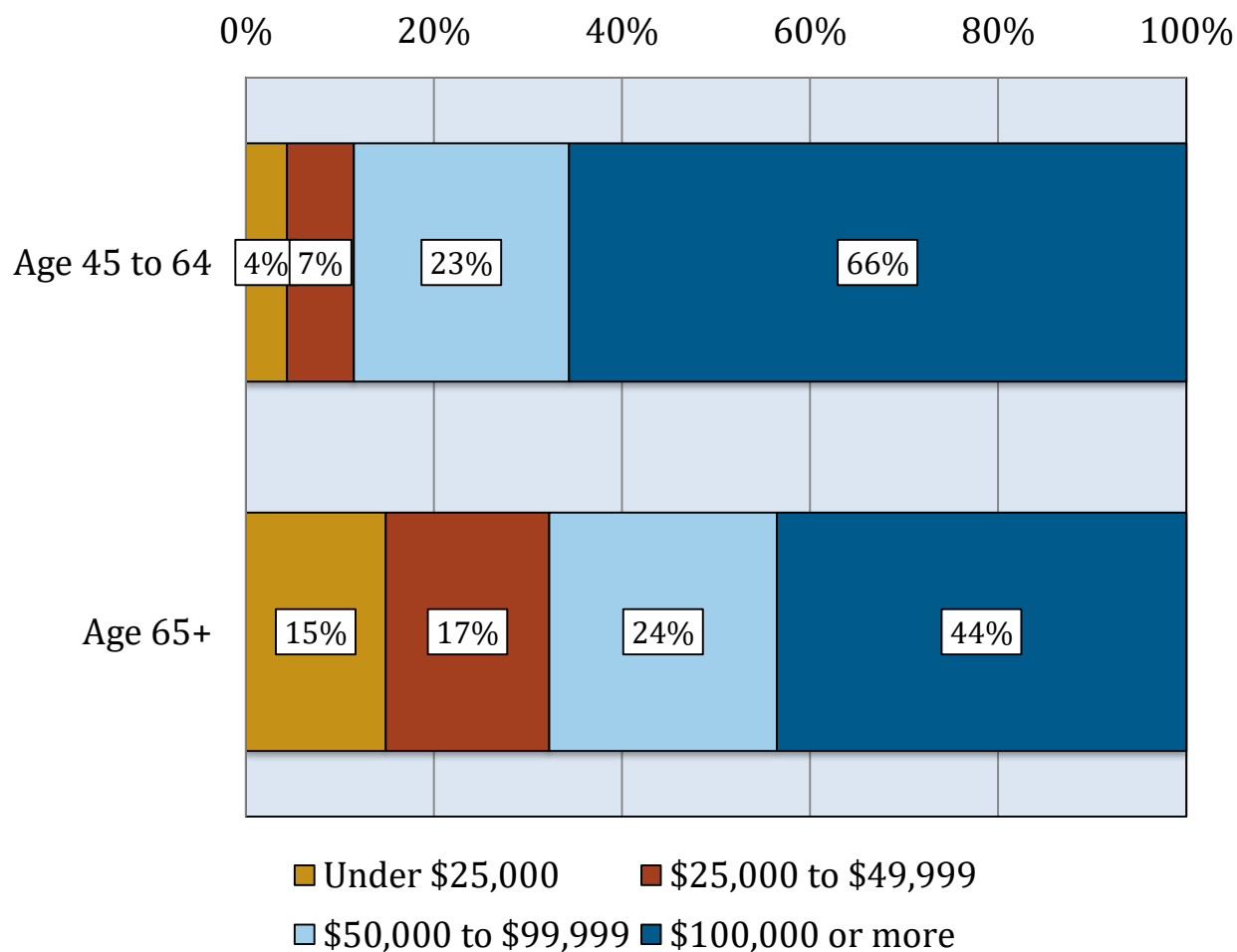


Source: American Community Survey, 2012-2016, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.

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

The economic profile of older Bedford residents relative to younger residents is further illustrated in **Figure 10**, which shows that the older adult population lives on a modest income. Approximately 44% of Bedford residents age 65 and older report incomes of \$100,000 or more. By comparison, almost two thirds (66%) of households headed by younger residents report this level of income. Nevertheless, a large share of households headed by someone age 65 and older (15%) report annual incomes under \$25,000. This compares with just 4% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Bedford’s older population that is at risk of financial insecurity or economic disadvantage.

Figure 10. Household income distribution in Bedford by age of householder (in 2016 inflation-adjusted dollars)

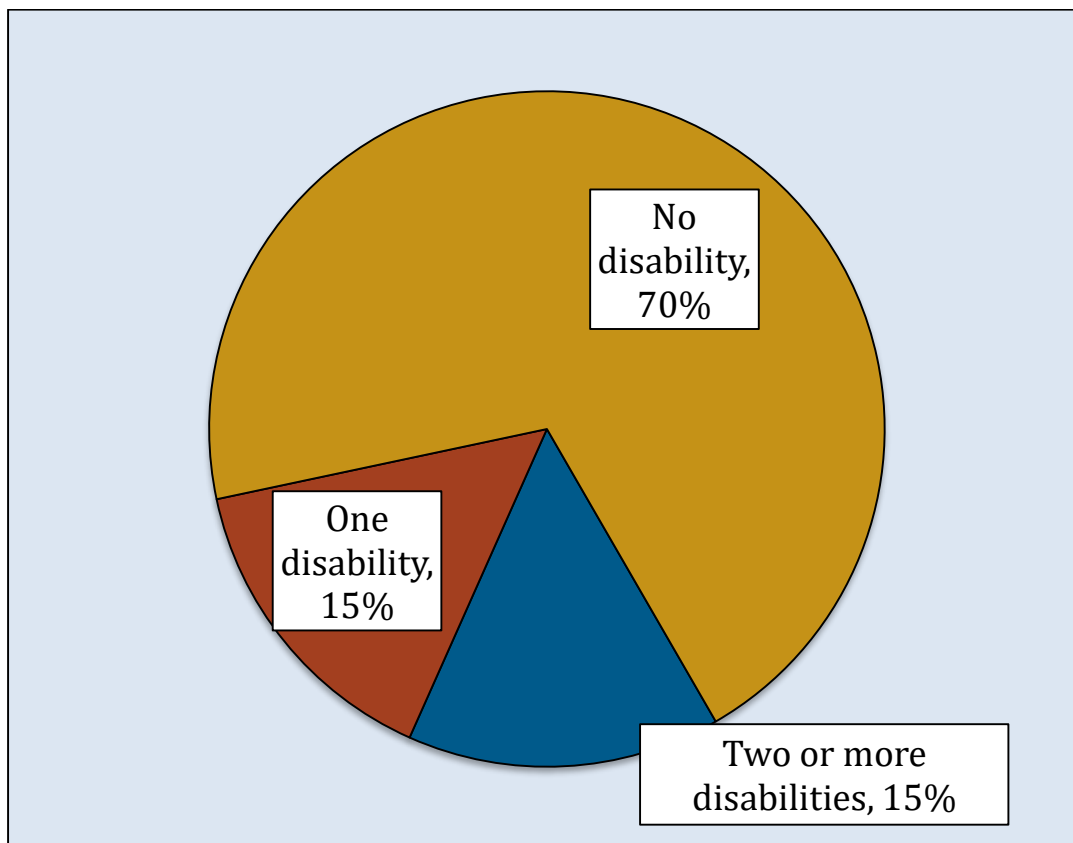


Source: American Community Survey, 2012-2016, Table B19037. Numbers are calculated from 5-year survey estimates.

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Bedford residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About a 15% of residents age 65 and older have one disability, and the same proportion (15%) report two or more disabilities. Among the different types of disability that are assessed in ACS, the most commonly cited by older Bedford residents 65 and older were ambulatory difficulties--difficulty walking or climbing stairs—reported by 19% (ACS 2012-2016, Table S1810). Other disabilities experienced by older Bedford residents included cognitive difficulty (5%), hearing problems (15%), vision difficulties (2%), self-care difficulties (5%) and independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping) (11%).

Figure 11. Percentage of Bedford residents age 65 and older with disability



Source: U.S. Census Bureau; American Community Survey, 2012-2016, Table C18108.

Percentages by age group do not sum to 100% because people may report multiple difficulties and do not include those with no difficulties assessed by the ACS.

Moreover, the risk of acquiring disability more than doubles after age 75. In Bedford, about 38% of individuals in this age group experience one or more disabilities in comparison with 16% among those age 65 to 74 (ACS 2012-2016, Table B18101; not shown). These rates of disability are comparable to those estimated for Massachusetts as a whole. At the state level, 22% of persons age 65 to 74 experience at least one disability, as do 48% of persons age 75 and older.

Resident Survey

Respondent Demographics

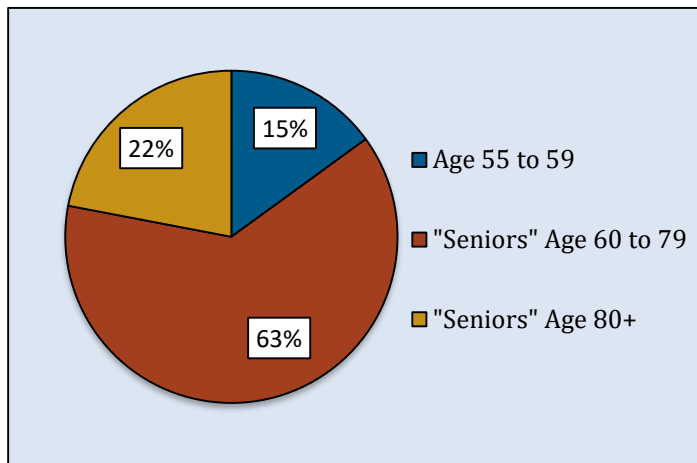
Among the 4,563 residents who were invited to participate and who had deliverable addresses, 1,560 returned surveys with usable data^{6,7} representing a response rate of 34%. Participants included 236 residents age 55-59 and 1,296 Seniors age 60 or older (see **Figure**

⁶ 15 people mailed back blank surveys, they were not counted as respondents.

⁷ 66 surveys were returned by residents of Carleton Willard Village and 4 surveys were returned by residents of the VA hospital in Bedford.

12). More than two-thirds (63%) of respondents were age 60 to 79, and 22% were age 80 and older. Twenty-eight respondents did not report their age. Relative to the population, the age distribution of respondents is slightly skewed toward the age category of 60-79 and the sample reflects a slight under representation of residents age 55-59⁸. We account for age-graded response rates in the survey data by presenting most results separately by age category (i.e., age 55 to 59; age 60 to 79; and age 80 and older). Complete survey results are presented in tables in **Appendix B**.

Figure 12. Town of Bedford resident survey respondents, by age group



Among survey respondents age 80 and older, 20% report living at Carleton-Willard Village or the VA hospital. In addition, a majority of respondents to the resident survey were female: 55%-61% of the respondents across all age groups identified themselves as female. By comparison, data from the U.S. Census Bureau indicate that 52% of Bedford residents age 55 and older are female. Readers are urged to bear these discrepancies between the respondents and the population in mind as they read and interpret the remaining results.

Finally, the vast majority (92%) of respondents age 55 and older to the resident survey indicated that they speak English at home; 8% reported speaking some other language at home. According to data from the U.S. Census Bureau, 86% of Bedford residents who are age 65 speak English at home. Therefore, the sample distribution of language spoken at home is roughly comparable to proportions found in the population. Among those reported speaking a language other than English at home, the most commonly reported languages spoken include European languages (e.g., French) and Chinese (e.g., Cantonese or Mandarin).

A sizable minority (19%) of survey respondents lives alone, including 38% of those age 80 or older (see **Appendix B**). The higher prevalence of one-person living found among older adults is consistent with what was reported above based on data from the US Census Bureau, as well as with national patterns.

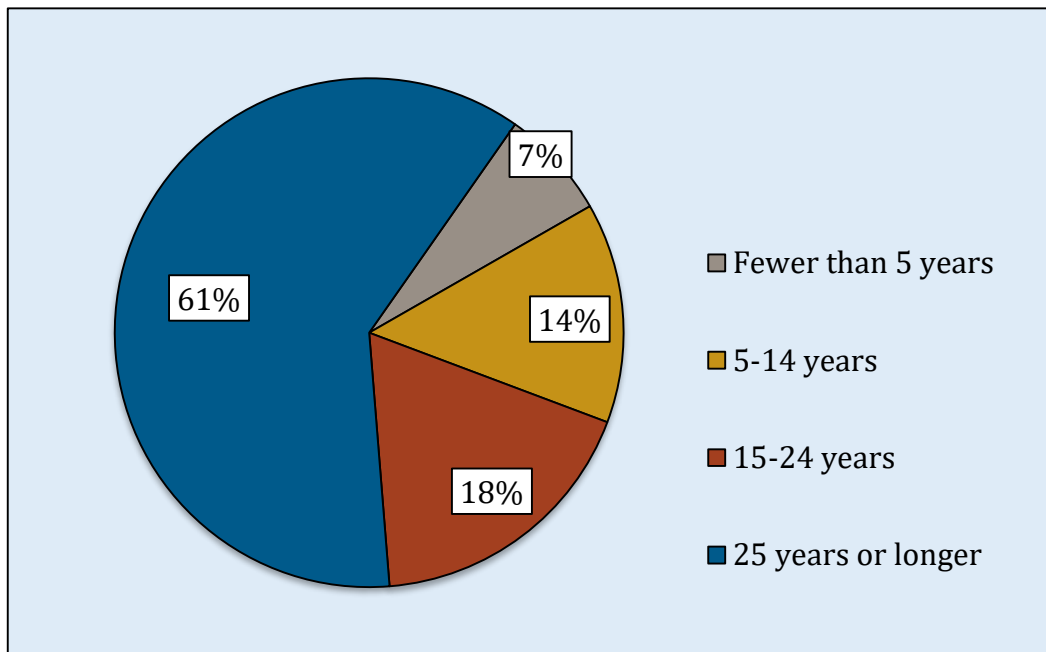
Community & Neighborhood

Survey results suggest that many respondents are long-term residents who are committed to aging in Bedford. **Figure 13** shows that many respondents have been residents for 25 years or longer, while few are relative “newcomers,” having lived in Bedford for fewer than 5 years. Duration of residence is especially long among Seniors age 80 and older, more than

⁸ According to U.S. Census Bureau, in 2016 the Bedford Town population age 55 and older is composed of approximately 26% individuals 55-59, 52% individuals age 60 to 79, and 22% individuals who are age 80 and older.

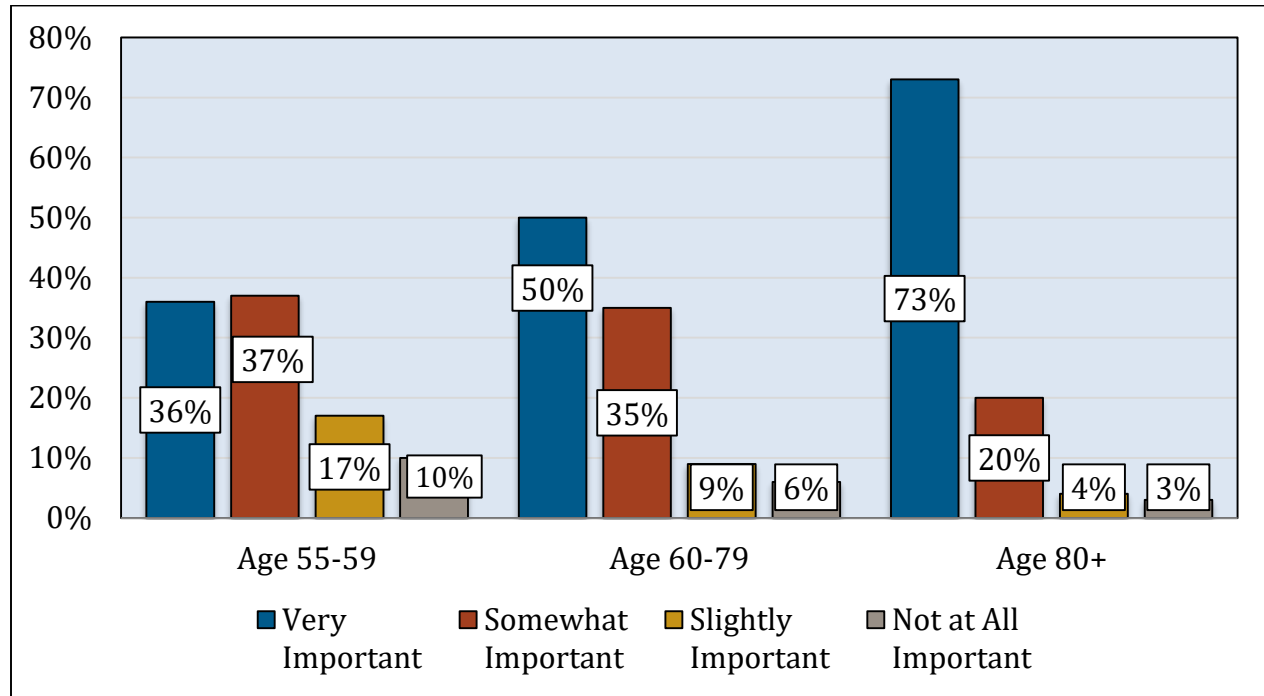
half of whom indicated that they have lived in Bedford for 45 years or more (see **Appendix B**).

Figure 13. Number of years respondents have lived in Bedford



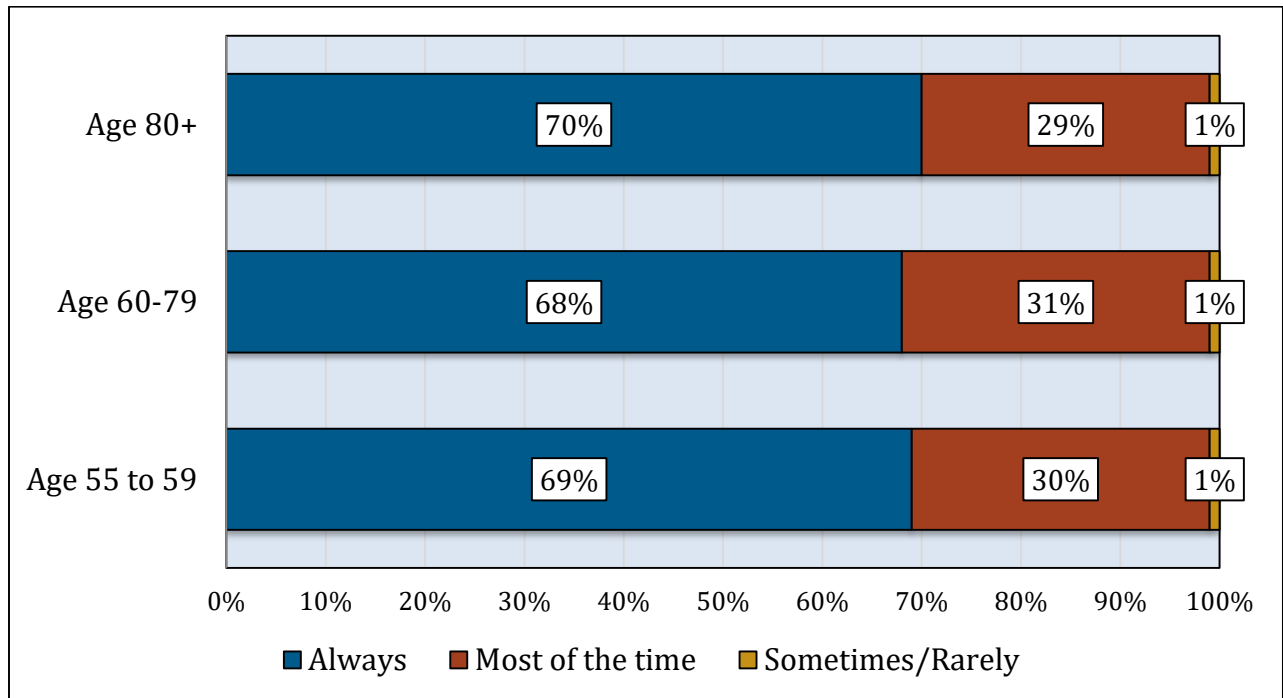
Given that many survey respondents are long-time residents of the community, it is not surprising that a large majority of the respondents indicated that it was “very important” or “somewhat important” to remain living in Bedford as long as possible in the future (**Figure 14**). Just 10% of respondents age 55-59 and 6% of those age 60-79, and 3% of those age 80 and older indicated that living in the Town as they get older is not at all important to them. These figures suggest that midlife and older Bedford residents are largely committed to remaining in the community as they age, and that the Town can expect a sizable share of their age 55+ residents to age in place.

Figure 14. Importance of living in Bedford, by age category



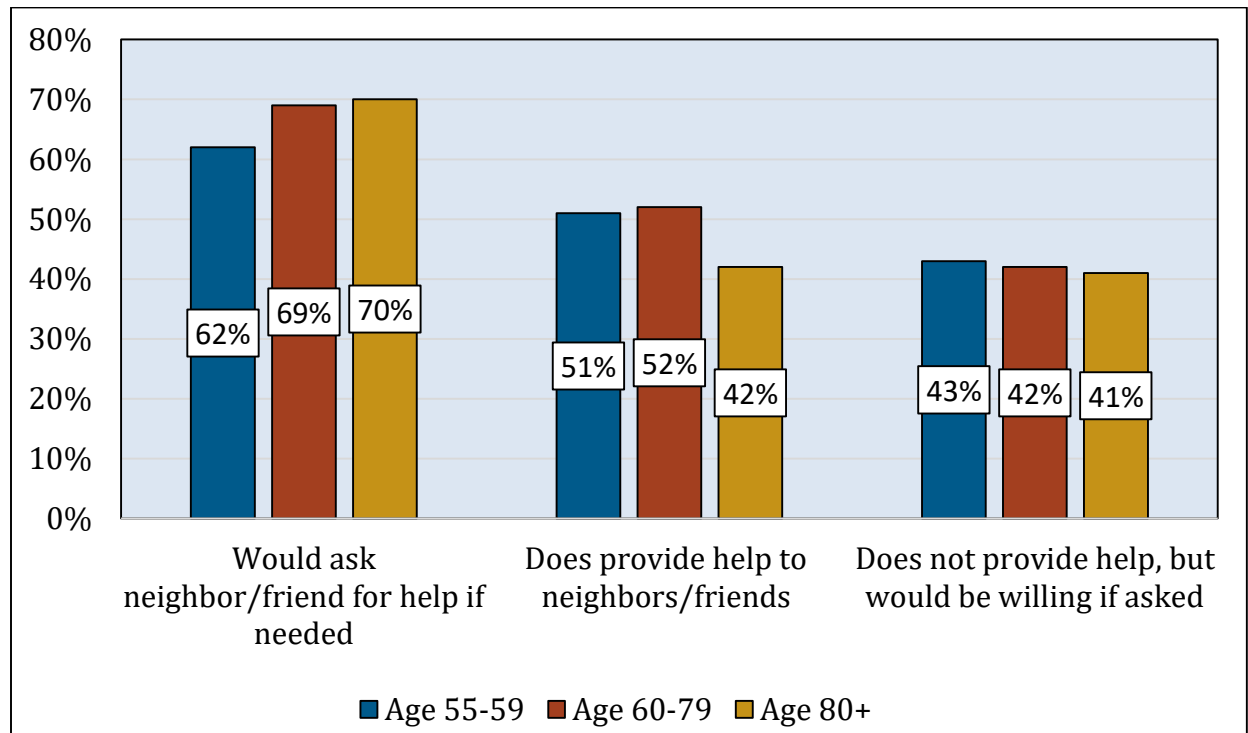
The sense of safety and security that individuals perceive in their neighborhood is another important factor associated with quality of life, and the livability of one’s community. Overall, survey results suggest that Bedford is perceived as a safe and secure environment in which to age. The majority of survey respondents of any age reported feeling safe “always” or “most of the time” in their neighborhoods (see **Figure 15**). Perceptions among Bedford residents about safety are consistent with the lower-than-average crime rate in the area, as reported in the recently released AARP Livability Index (<https://livabilityindex.aarp.org>).

Figure 15. Ratings of perceived safety in Bedford, by age category



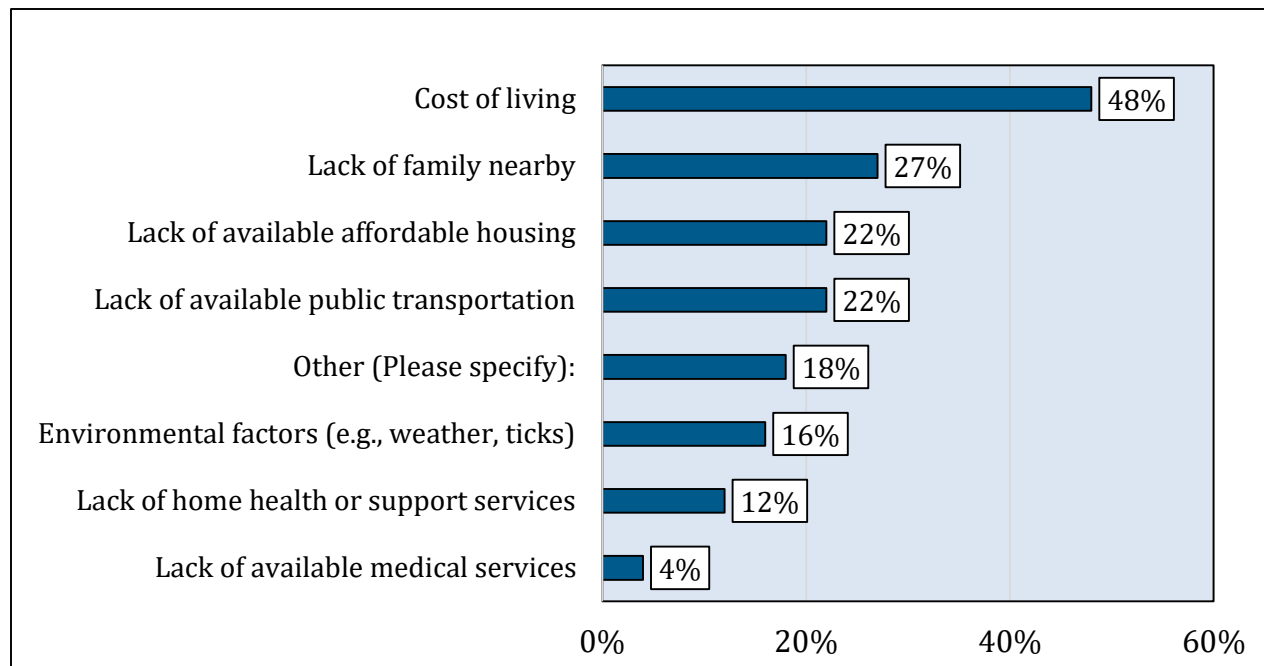
The livability of communities is influenced by the degree of interdependence between residents—that is, the degree to which neighbors feel they can rely on each other for help, as well as their willingness to help when others need assistance. Survey respondents were asked whether they would ask their neighbors for help, and whether they would provide assistance to their neighbors with minor tasks or errands. **Figure 16** shows that more than two-thirds of respondents in each age group would willingly ask for assistance from their neighbors. As well, one-fourth to one-half of respondents currently provide help to neighbors, and most of the remaining respondents reported that they would provide help to neighbors, if asked. Taken together, these findings suggest an opportunity to tap the willingness of Bedford seniors to help their neighbors and leverage the closest and most accessible human resource when extra help is needed.

Figure 16. Percent of respondents who would ask for assistance with minor tasks from neighbors, and who do/would provide assistance to neighbors, by age category



Survey participants were asked to reflect on the reasons that would cause them to leave Bedford in the future. The most commonly cited concern was cost of living (48%), followed by a lack of family nearby, cited by nearly one-third of respondents (**Figure 17**). A perceived lack of available affordable housing and a lack of available public transportation were also among the reasons that could cause residents to leave Bedford.

Figure 17. Reasons that would cause respondents to leave Bedford



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

Survey participants were also asked to reflect on their greatest concerns about their ability to continue living in Bedford, as they grow older. Above all others, the most commonly cited theme was related to concerns about being able to afford remaining in Bedford in retirement and on a fixed income. Many respondents noted that high property taxes are significant concerns, as are rising other expenses relating to utilities, and other necessities. For example, respondents said:

“The tax rate is now so high, that it is close to being higher than my mortgage payment. This is not OK. And retirement in this town looks to be less realistic with each passing year of increased spending and higher tax rates.”

“(I am concerned about) the expense of maintaining my house and grounds.”

“(I am concerned about) affordability- taxes! Home upkeep, water and utilities costs.”

“The house I grew up in is being sold and I don't think I will have the money to stay in the town I lived in all my life.”

The second most frequently mentioned concern relates to transportation. Bedford residents are highly dependent on their own cars, and public transportation options are limited. Respondents note that Bedford is also not a walkable community, and few people live within walking distance of services and shopping areas. For example,

“(My concern is) social needs when independent driving ceases, evening isolation, getting to places easily and reasonably.”

"(My concern is) as I age, the ability to find help and transportation for shopping and appointments."

"Living in close proximity to shopping, public transportation, walking trails. Affordable housing in close proximity to all of the above would enable me to stay in Bedford."

"Losing my ability to drive would impact my decision whether to stay in Bedford."

"Not enough sidewalks, do not feel safe walking on the street; traffic."

"Active and fine now - as we age, concern about someday not being able to drive ourselves around town and other places. Transportation is the major worry."

Concerns about housing were also frequently mentioned. Respondents wrote about their lack of housing options in Bedford, should they be unable to stay in their current home, as well as challenges in adapting or maintaining their home. These issues are closely entwined with affordability concerns, concerns about declining ability to handle maintenance on their own, and finding trustworthy sources of services to help with home repair and modification.

"Will there be housing that meets my needs? My children live far from me now, so I'm less likely to stay in Bedford if they remain far away."

"The front steps entrance to my home would be a problem if I became unable to negotiate steps"

"Taking care of my house/home. Needs work--can't do it myself anymore."

"(My concern is) availability of downsizing to small (1-2 bedroom) condo from our current 3-bedroom single family home. As my husband and I age, we'd like to be able to find a single-story condo in Bedford."

"Ability to continue to take care of my house and "get rid of stuff." I'm 81 and don't plan to live forever! We have no family."

"Modifications and changes to currently live in Bedford (more money to make changes in my home, more lights and a table)."

Some respondents noted concerns about access to local healthcare and to long-term supports that would help them stay at home if needed. For Bedford residents, these issues are related to transportation as well as to information about what is available.

"Whether I could easily find assistance (not financial) if I chose to remain in my home alone."

"Ability to manage daily living tasks and care of property if I live to and during advanced age, and Identifying assisted living, nursing home and other alternatives, if and when needed."

“Being able to find capable and trustworthy people to help with household and personal care.”

“Health. What would I do if a health issue arose that made living alone difficult. If I could not drive to a store, if I were too ill to care for myself, etc.”

Respondents also wrote in concerns about isolation as they aged in Bedford. These concerns relate to changing family configurations—such as worries about a spouse passing away or family members moving out of the area—as well as concerns about changes to the neighborhood cohesion. Being unable to identify sources of help, or to afford paying for them, were linked concerns.

“My neighborhood has changed so much. I know-almost no one-- if I got locked out or had a similar problem I wouldn't have anyone to turn to.”

“Living near friends, people are so busy they don't make friendships in my neighborhood like the town I grew up in was easier to make friends.”

“(My concerns are) my money running out. And someone to know when I'm checked out.”

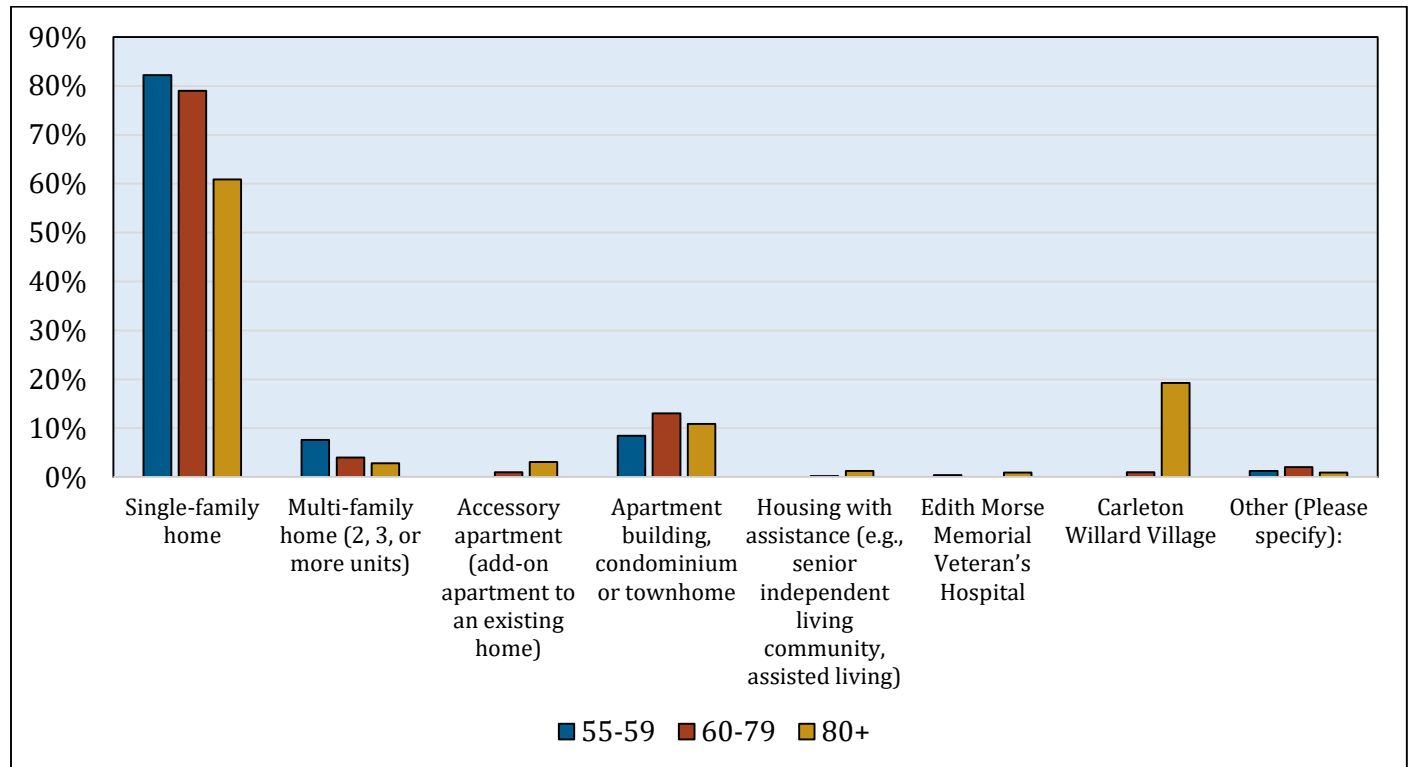
“(I am concerned about) isolation due to lack of transport.”

Many other concerns were noted on a less frequent basis, including concerns relating to the weather, and dissatisfaction with Town processes.

Housing & Living Situation

The housing stock in Bedford is largely composed of single family homes, and a large share of housing units are owner occupied. In addition, Bedford is home to the Veteran’s Affairs Hospital, which includes residences and a continuing care retirement community called Carleton Willard Village. **Figure 18** indicates that a large majority of survey respondents reported living in single-family homes. Respondents most likely to live in another type of setting are those age 80 and older: 19% of this age group reports living at Carleton Willard Village, 11% report living in a condominium or apartment building, and 3% report living in an accessory apartment or multi-family home (see **Appendix B**).

Figure 18. Current residence type, by age category



Most survey respondents report owning their homes (see **Appendix B**), including 96% of respondents who report living in a single-family home. 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 get older.

Owning a single-family residence may become a greater burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult for some families on fixed incomes during retirement. Owning a single-family home may also become less practical, as family situations change. Some older adults find that home modifications, such as eliminating the need for stair access to the main living space, can substantially improve livability of their existing homes. For others, the process of aging in community may 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 remain in their current homes because there are limited alternatives (e.g. available condominiums or other downsizing options) is not known.

Many individuals, regardless of age, could improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. In Bedford, more than half of homeowners in each age group indicated that their homes required modifications, such as grab bars in showers or railings on stairs, to improve their ability to

live there over the next five years (see **Table 3**). A small share report that they need modifications but cannot afford them, including 11% of respondents age 55-59. These findings suggest that aging residents in Bedford may benefit from information about how home modifications may improve their ability to stay in their homes, including information about options for paying for those modifications.

Table 3. Percent of homeowners who reported needing home modifications, and being unable to afford them, by age

	Respondents age 55-59	Respondents age 60-79	Respondents Age 80+
Does not need modifications	31%	33%	48%
Needs modifications and can afford them	58%	58%	43%
Needs modifications but cannot afford them	11%	9%	9%
Total	100%	100%	100%

Similarly, survey respondents were asked about the extent to which their homes need repairs to improve their ability to age in place (e.g., a new roof or electrical work). **Table 4** shows that more than a third of respondents age 55-79 need some type of home repair; and 6%-10% are not able to afford these repairs. These finding highlight the need for information about local handymen and contractor services that seniors can trust and afford to make improvements to their home as they age in Bedford.

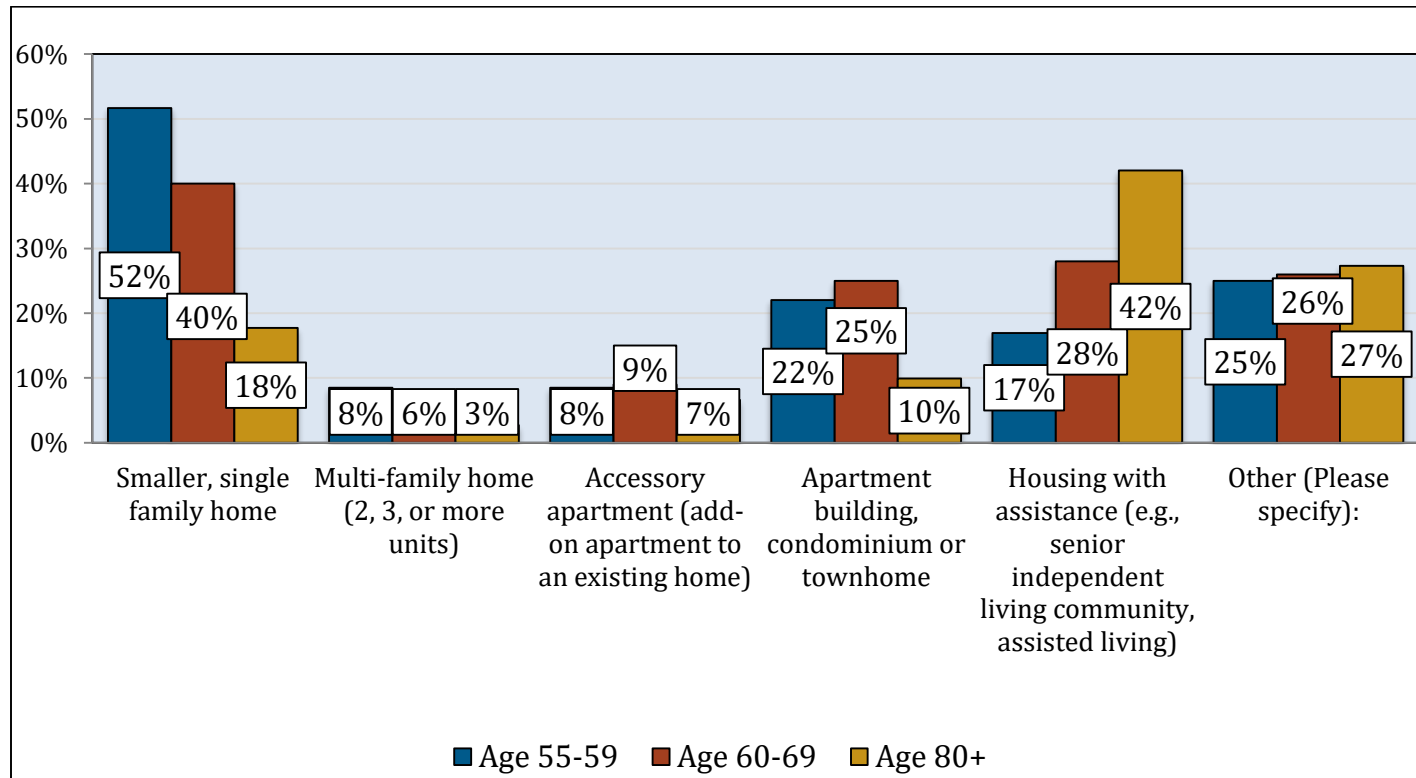
Table 4. Percent of homeowners who reported needing home repairs, and being unable to afford them, by age

	Respondents age 55-59	Respondents age 60-79	Respondents Age 80+
Yes, and I can afford to make these repairs	27%	26%	17%
Yes, but I cannot afford to make these repairs	10%	6%	7%
Yes, but I am not responsible for making these repairs (e.g., I rent my residence)	3%	2%	5%
No, my current residence does not need repairs	60%	66%	71%
Total	100%	100%	100%

Some older Bedford residents may be receptive to moving to a different type of housing, should appropriate and affordable options be available in Bedford. 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.

Survey participants were asked to select the types of housing units they would prefer to live in if in the next five years they a need or desire to move from their current residence but stay in Bedford. As shown in **Figure 19**, the most common preferences indicated by respondents varied by age category. More than half of respondents age 55-59 and 42% of respondents age 60-79 indicated that they would prefer to live in single-family homes. Condominiums or apartments were also preferred by 25% of respondents age 60 to 79. The oldest respondents—those age 80 and older—indicated a strong preference to live in an assisted living community (42%), as did 28% of respondents age 60-79 and 17% of those age 55-59. Thus respondents across the board, but especially those age 60 or older, are drawn to assisted living options if health changes require that they move. As well, more than one-quarter of respondents wrote in an “other” type of preferred future housing. Among these write-in responses, a large share expressed no interest in moving from their current home; and other showed interest in alternative senior housing options like co-housing or home-sharing.

Figure 19. Future housing preference in Bedford, by age category

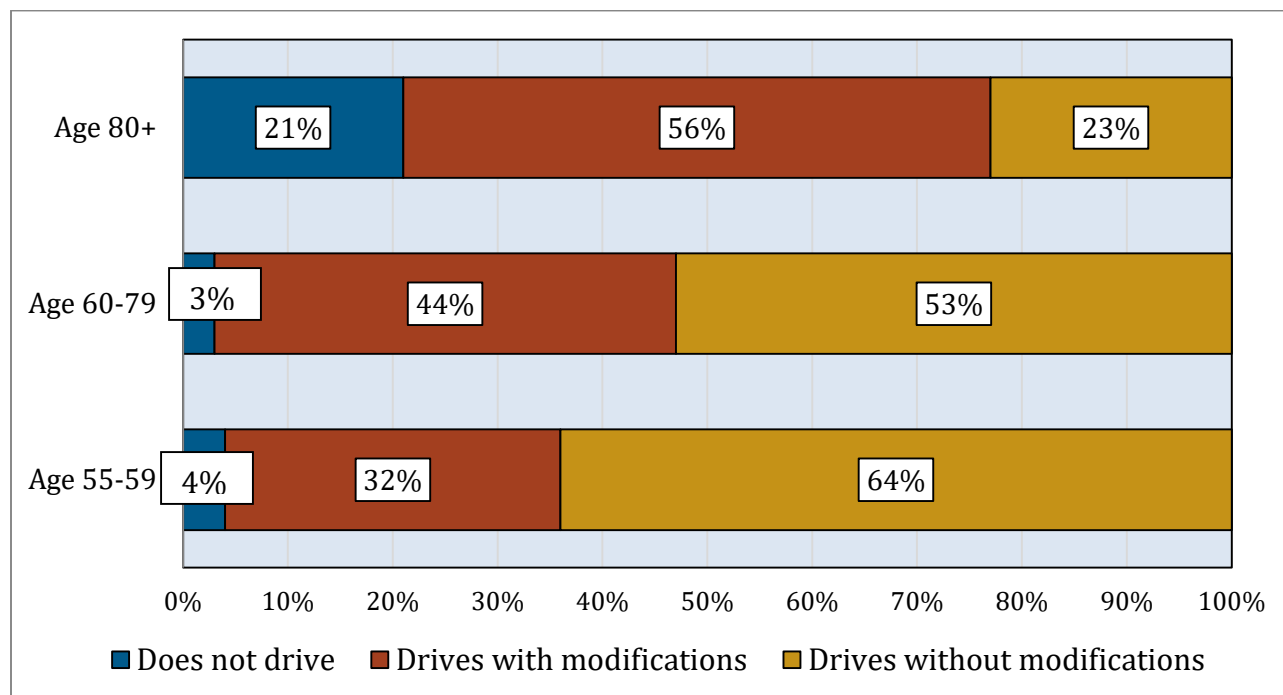


Note: Participants could choose all options that applied, therefore totals by age category do not equal 100%.

Transportation

Transportation is a fundamental need for people of all ages who wish 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. Driving status, by age group



Bedford has access to available forms of public transportation, but self-driving is the norm. In addition to an MBTA bus route, availability of The Ride (for those who are eligible) and the Bedford Local Transit (BLT) that offers fixed-route route service and on-demand paratransit services, a new pilot-program is underway in Bedford. The DASH is Bedford’s shuttle service that provides on-demand transport from Bedford to surrounding towns like Billerica, Burlington, and Concord. **Figure 20** illustrates that while the majority of survey respondents are drivers, many seniors modify their behavior in order to make driving easier and safer. Nearly all respondents under the age of 80 drive and nearly three-quarters of those age 55-59 drive without modifying their driving behavior. In comparison, only 79% of Bedford residents age 80 and older drive themselves, with the rest relying on other strategies for getting around. Nearly half (44%) of respondents age 60 to 79 reported making at least one modification to their driving, and most of the drivers age 80 and older report using at least one strategy to make their driving safer and easier. Strategies reported most commonly by survey respondents are avoiding driving in bad weather (reported by 61% of those who make any modifications to their driving), and avoiding night driving (reported by 61% of those making any modifications). Other frequently reported strategies are avoiding driving in unfamiliar areas, avoiding driving far distances, and avoiding highway driving (see **Appendix B**).

The use of such strategies is beneficial because they likely contribute to older adults’ increased safety while driving. However, limiting driving could also place constraints on independence and options available to older residents, especially when alternate transportation choices are not available, are inaccessible, or are prohibitively costly or inconvenient. For instance, the large percentages of people who avoid driving at night may

be discouraged by their limitations from participating in activities that occur within the community during the evening. Those who avoid driving in poor weather conditions may find their activities considerably constrained during the winter months.

In Bedford, survey respondents who supplement or substitute self-driving with other forms of transportation largely rely on family members, friends or neighbors for rides. Senior respondents who do not drive at all report heavy reliance on family members and friends (see **Table 5**); those who drive with modifications, such as avoiding night driving, seek rides largely from family members. In addition, 24% of non-drivers use the existing public transportation to get around. Walking and biking were also reported as ways of getting around Town by 23% of drivers and 16% of nondrivers; and this finding highlights the continued importance of having safe and maintained pedestrian and bike routes in Bedford for those wishing to get around the Town by these mechanisms.

Table 5. Strategies for meeting transportation needs, by driver status: “What are the primary ways in which you meet your transportation needs?”

	Does not drive	Drives with modifications	Drives without modifications
My spouse or child(ren) drive(s) me	66%	33%	22%
Friends or neighbors drive me	24%	8%	5%
Public transportation (e.g., BLT, DASH, MBTA)	24%	11%	8%
The Ride (MBTA's paratransit service)	14%	1%	2%
Taxi or ride sharing service (e.g., Uber, LYFT)	3%	5%	6%
Volunteer medical transportation	5%	1%	1%
Wheels of Life by the Bedford Council on Aging	19%	2%	1%
Walk or bike	16%	23%	23%

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 getting the transportation that they need. Eighty-one percent of the survey respondents indicated that they have no difficulties obtaining transportation; of those reporting any difficulty the most frequently cited was that public transportation is unavailable or inconvenient (reported by 11%). Survey respondents age 55 and older who do not drive or who drive with modifications are somewhat more likely to report difficulties in getting needed transportation. (see **Table 6**). The most common difficulty getting transportation needed reported for senior non-drivers was that physical limitations or impairments made transportation difficult to access, and among seniors who drive with modifications the most commonly reported difficulty was that public transportation options in Bedford are unavailable or inconvenient. Nearly one out of ten senior non-drivers also reported that

COA transportation is unavailable or inconvenient. Some respondents wrote in about difficulties with transportation; these write-ins referred largely to poor walkability of the Town with particular respect to accessing local amenities as well as the reliability of the various transportation options.

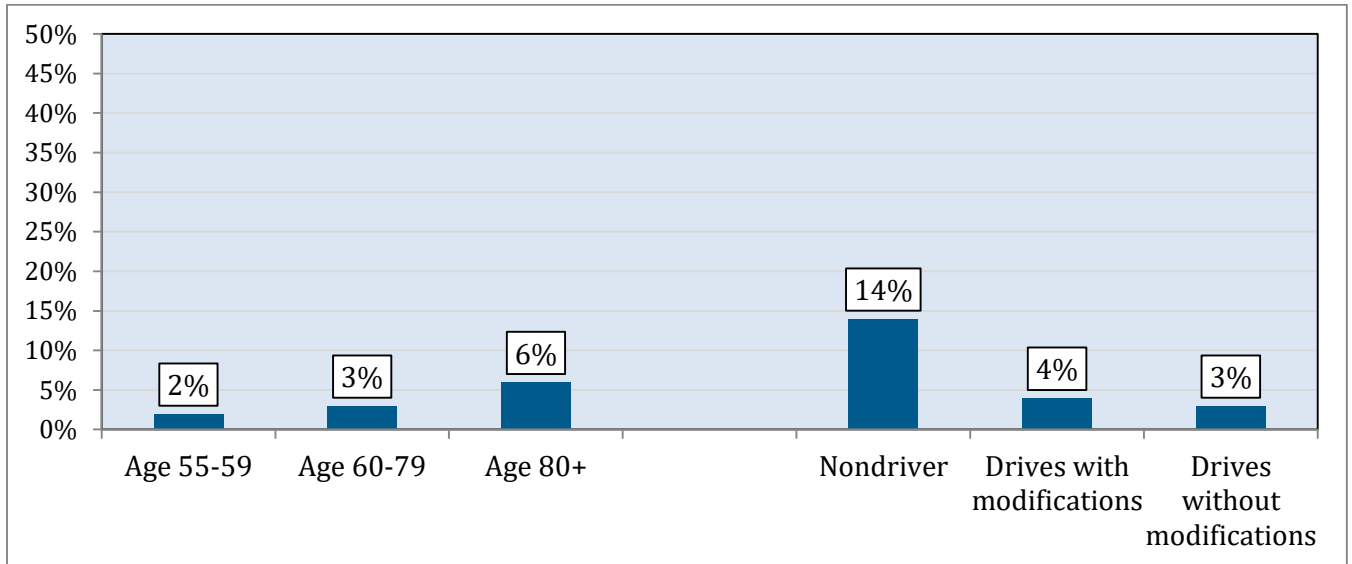
Table 6. Difficulties experienced in getting the transportation needed, by driving status

Difficulty with transportation	Do not drive	Drive with modifications	Drive with no modifications
I have no difficulties	58%	77%	84%
Council on Aging transportation is unavailable or inconvenient	9%	2%	2%
Public transportation is unavailable or inconvenient	18%	14%	8%
Physical limitations or other impairments	19%	2%	3%
No door-to-door assistance	7%	3%	1%
No one I can depend on for a ride	2%	4%	1%
Safety of sidewalks and bike routes	8%	9%	4%
Costs too much	4%	2%	1%
Other (Please specify)	8%	8%	3%

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

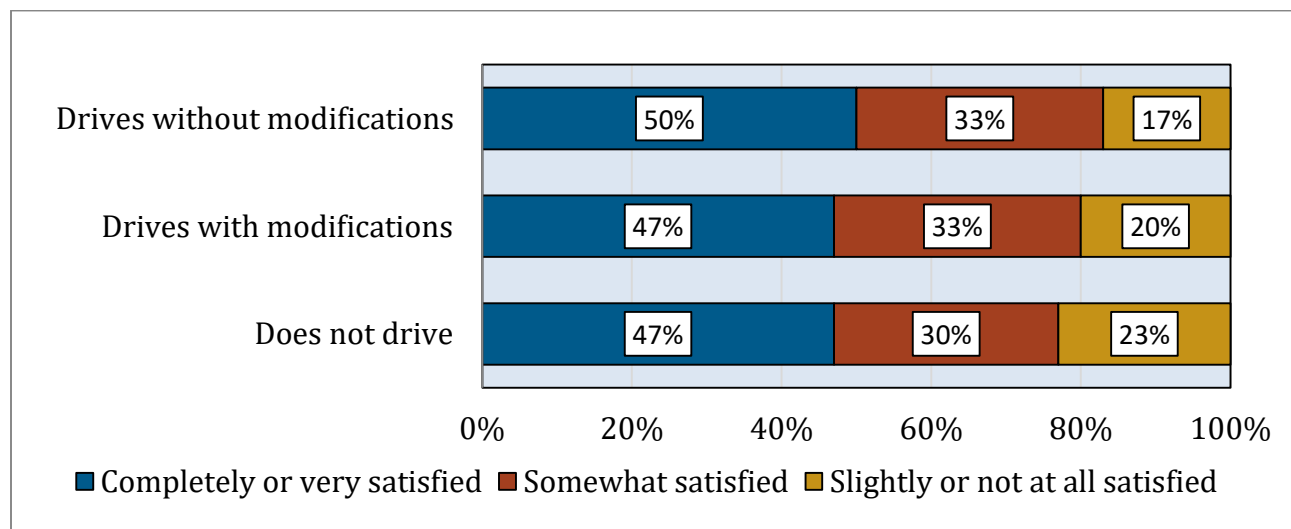
Regardless of these issues, the vast majority of respondents do not report having experienced negative consequences relating to transportation. Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment because of a lack of transportation. **Figure 21** shows that 3% of survey participants responded affirmatively, as did very few respondents who drive. However, 14% of non-drivers indicated that seeking medical care had been disrupted due to transportation limitations. For these individuals, improved transportation options may have especially meaningful impacts on well-being.

Figure 21. Within the past 12 months, did you have to miss, cancel or reschedule a medical appointment because of a lack of transportation? (percentage responding yes)



Finally, respondents were asked about their overall level of satisfaction with the transportation options available to them in Bedford. Most survey participants indicated satisfaction with transportation options available to them, including 49% of respondents who reported that they are “completely satisfied” or “very satisfied.” However, about one-quarter of respondents who do not drive or who drive without modifications indicated that they were “slightly satisfied” or “not at all satisfied” with their transportation options, as were 20% of those who drive with one or more modifications (see **Figure 22**). Satisfaction ratings by age group, shown in **Appendix B**, suggest that the oldest respondents report generally higher levels of satisfaction than do respondents under age 80. Overall, these findings suggest that there is room for improvement regarding transportation options in the community.

Figure 22. Satisfaction with transportation options available in Bedford, by driver status

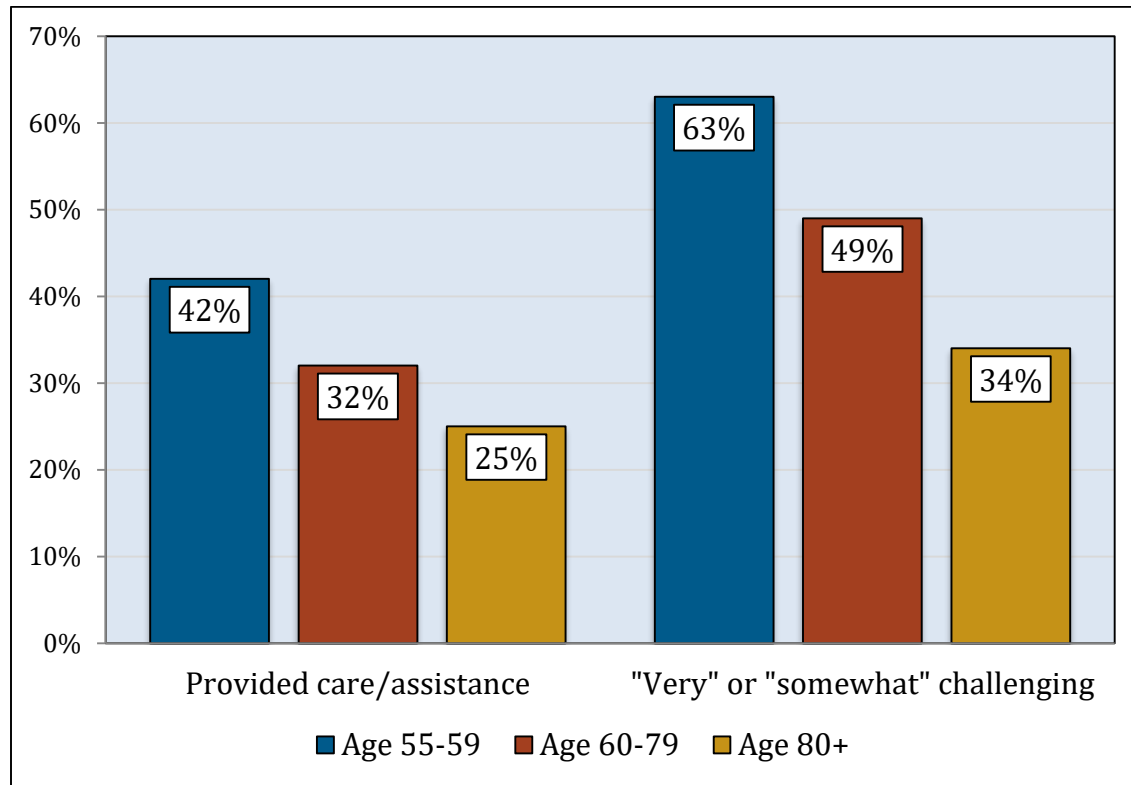


Caregiving

Nationwide, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics through the Family Caregiver Alliance⁹). Respondents were asked if they provided care or assistance to a person who is disabled or frail either currently or within the past 12 months. Responses suggest that nearly half of respondents age 55-59, along with one-quarter of those age 80 or older, have provided care within the past year, or are doing so currently (see **Figure 23**). Among respondents age 55-59 who provided care, 63% reported that it was “very” or “somewhat” challenging to care for the person and also meet their other responsibilities with family and/or work. About one-half of caregivers age 60-79 also reported a high level of challenge, as did just over one-third of caregivers age 80 or older. These results suggest that for many Bedford residents, assuming care responsibilities is a common as well as a challenging undertaking.

⁹ <https://www.caregiver.org/selected-long-term-care-statistics>

Figure 23. Percentage having provided care or assistance within the past 12 months to a person who is disabled or frail, and share of caregivers describing the experience as very or somewhat challenging



Respondents who reported providing care were also asked to whom they are providing this support. Many respondents (43%) reported that they are providing this care to a relative (e.g., a parent), 27% reported they provide care to a friend, and 26% reported providing this type of support to a spouse. Caregivers were also asked about the care recipient’s conditions that may have prompted their need for support. A variety of conditions were named, with the most common set being mobility impairment, reported by 64%, or sensory impairment or chronic disease both reported by 29% (see **Table 7**). Alzheimer’s or dementia was reported as the care recipients condition by 22% of survey respondents. Twelve percent of caregivers wrote in another condition, including the care recipient being “very old” or frail, having problems with mobility, needing help due to acute illness or an accident, and needing transportation services.

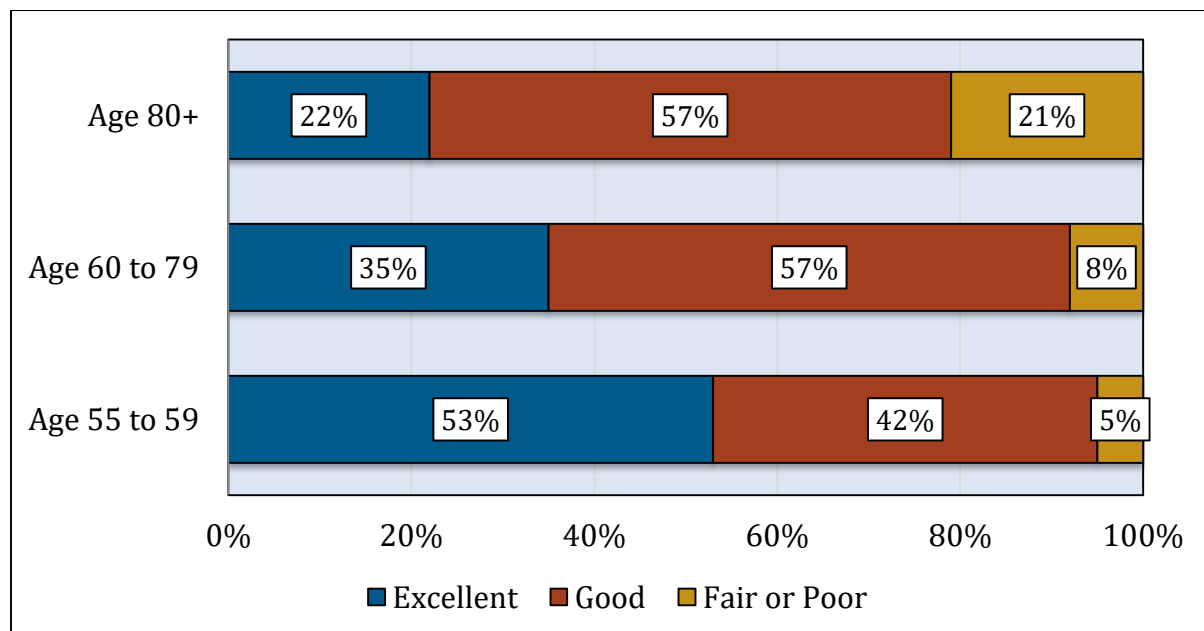
Table 7. Conditions of care recipient reported by Bedford resident providing care or assistance to a person who is disabled or frail

Mobility impairment (e.g., difficulty walking, climbing stairs)	64%
Sensory impairment (e.g., vision, hearing)	29%
Chronic disease (e.g., cancer, diabetes, asthma)	29%
Alzheimer’s or dementia	22%
Recent surgery	20%
Psychological condition (e.g., anxiety, depression)	16%
Other (Please specify):	12%
Intellectual or developmental disability	5%

Health

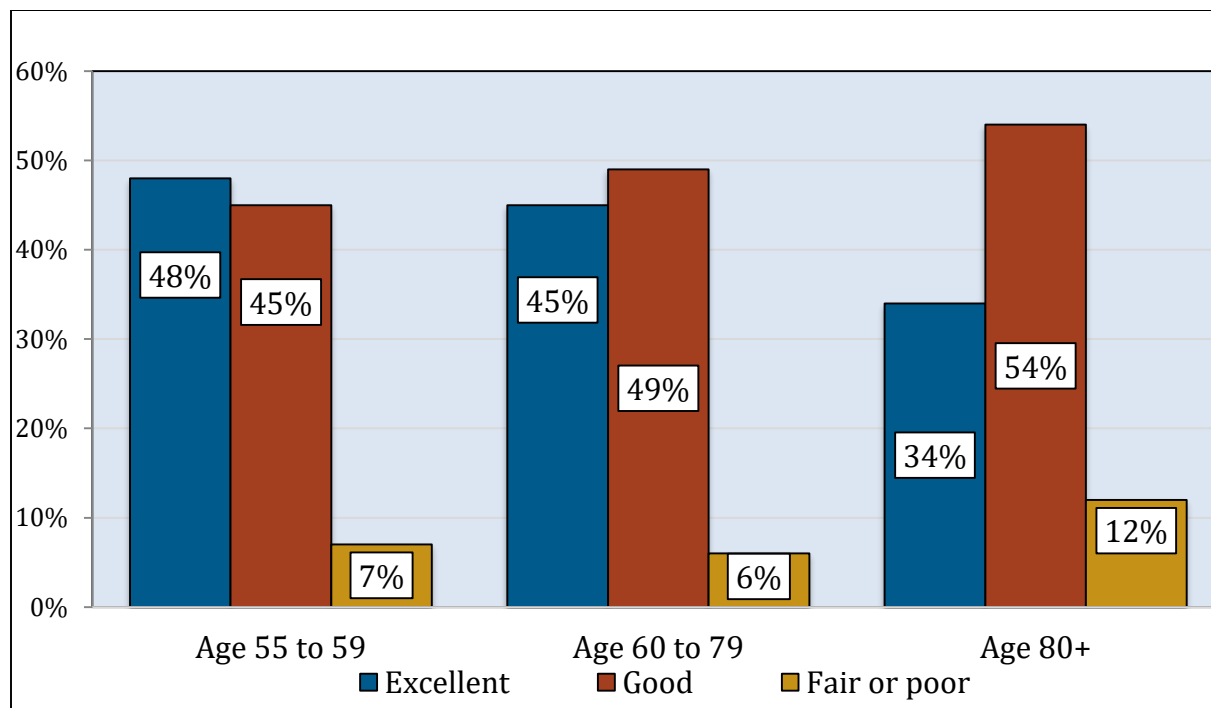
Most survey respondents reported good physical health. Self-ratings of physical health by age category are shown in **Figure 24**. A large majority of respondents age 55 to 59 (95%) reported “excellent” or “good” physical health. Within the Senior age cohort, 92% of respondents age 60 to 79, and 79% of respondents age 80 and older said their physical health was “excellent” or “good.” This suggests that most of Bedford’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, experience declines in their health.

Figure 24. Self-rating of overall physical health, by age category



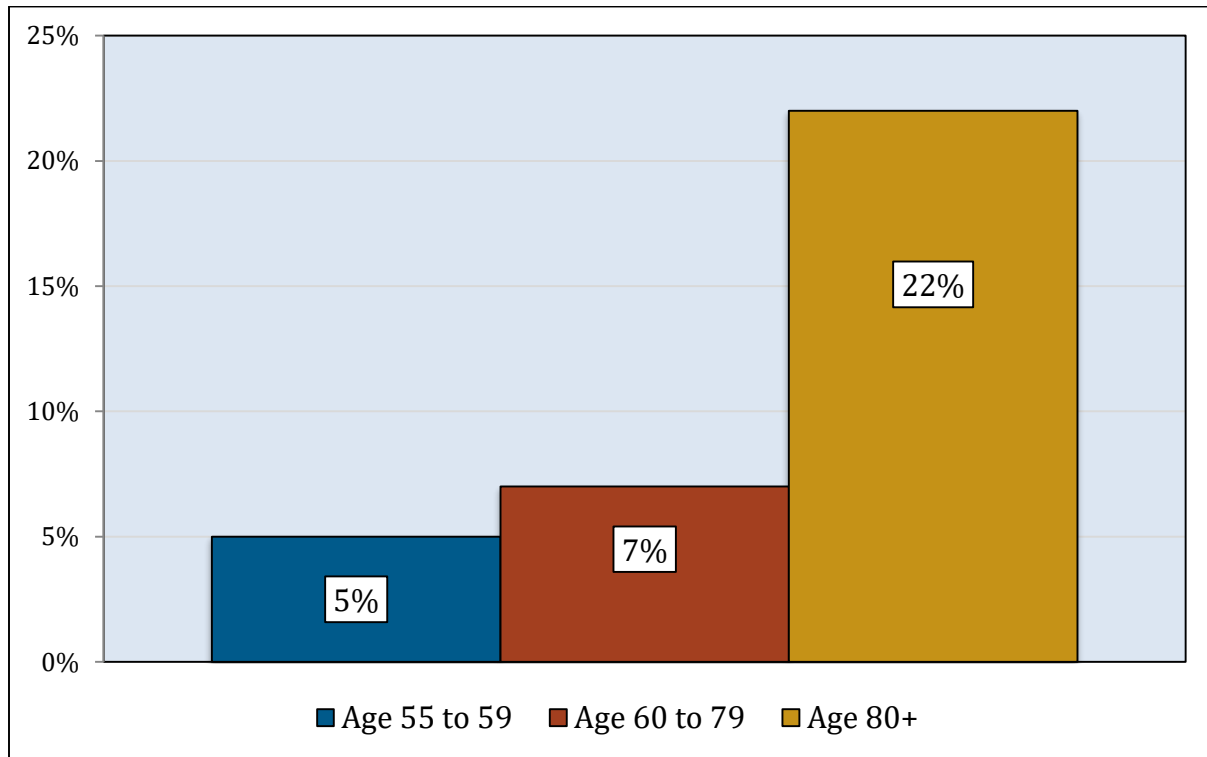
Survey respondents also reported high levels of *emotional* wellbeing. This dimension of social/emotional health is shown by age category in **Figure 25**. Equivalent proportions of respondents age 55 to 59 (7%) and age 60 to 79 (6%) reported “fair” or “poor” emotional wellbeing, as did a slightly larger share of the oldest respondents (12% of those age 80 and older). Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good”, including 93% of the youngest respondents, 94% of respondents age 60 to 79, and 88% of respondents who are age 80 and older.

Figure 25. Self-ratings of emotional well-being by age category



Health status may impact an individual’s ability to participate in community activities; as well, people struggling with health deficits or some types of disability may need assistance with activities in and around the home. **Figure 26** shows percentages of respondents in each age category who indicated that they live with an impairment or condition limits their ability to participate in the community. Compared to older respondents (age 80 and older), lower shares of young respondents reported similar impairments.

Figure 26. Percent who report an impairment that limits their ability to participate, by age category

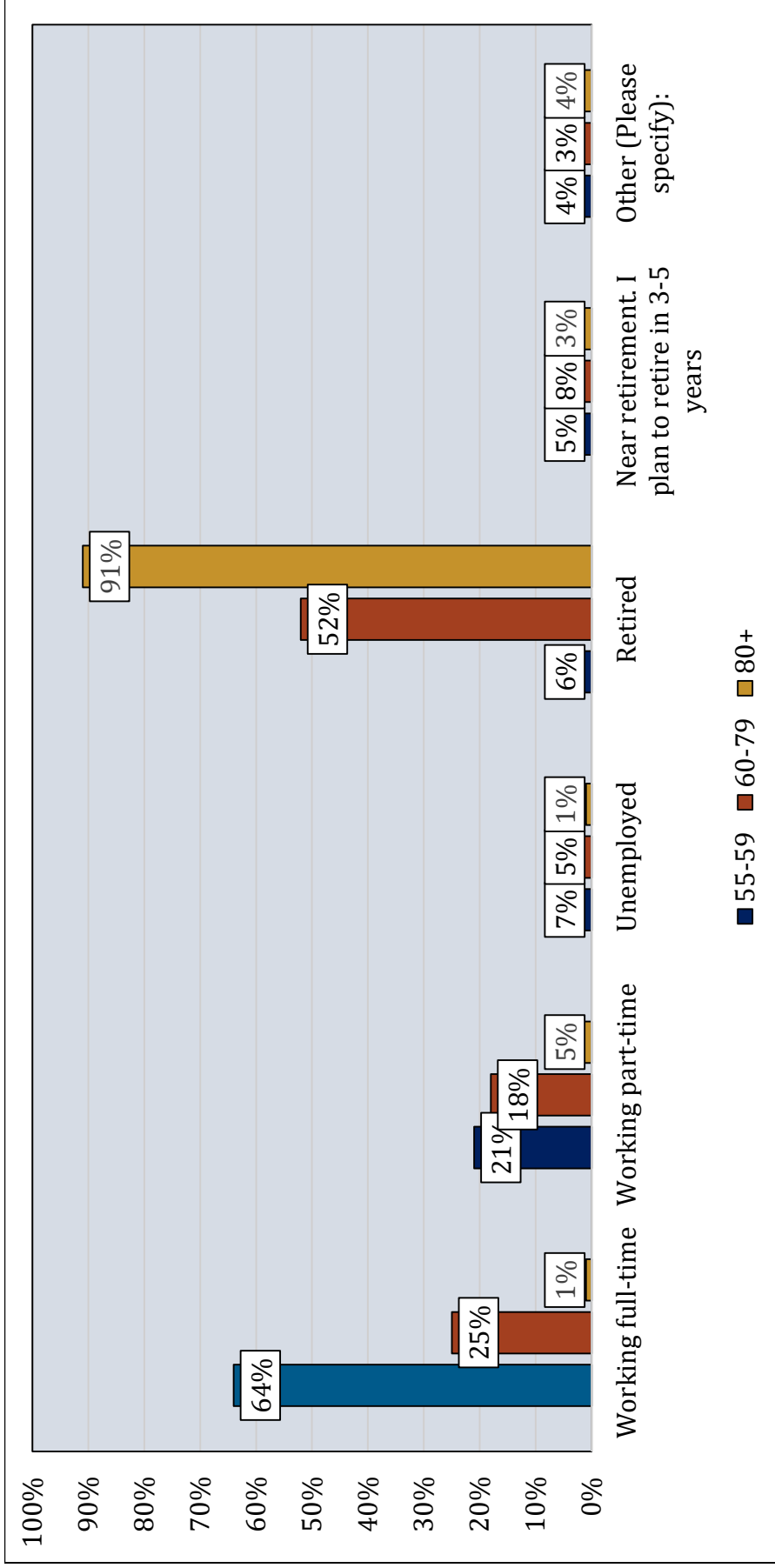


An important function of the Bedford COA is to connect people to needed resources for caregiver support and home services, among other types of assistance meant to help older adults stay in their homes and community.

Current & Future Retirement Plans

Although more than two-thirds of respondents age 55-59 are still working full-time, the vast majority of survey respondents age 80 and older are retired and do not work (see **Figure 27**). Between 18% and 21% of respondents age 60 and 79 are working part-time, suggesting that even among older age respondents, there is an interest in part-time flexible work for residents of Bedford. Thirteen percent of respondents age 55-69 indicate that they are “near retirement”, meaning they expect to retire in the next 3-5 years. One in five survey respondents age 55-59 is currently looking for work as is 7% of respondents age 60-79. Between 3 and 4% of respondents reported their current employment status as “other”. Write-in explanations included residents who are self-employed and work at their discretion and those volunteering on a very regular basis.

Figure 27. Employment status of Bedford respondents, by age category

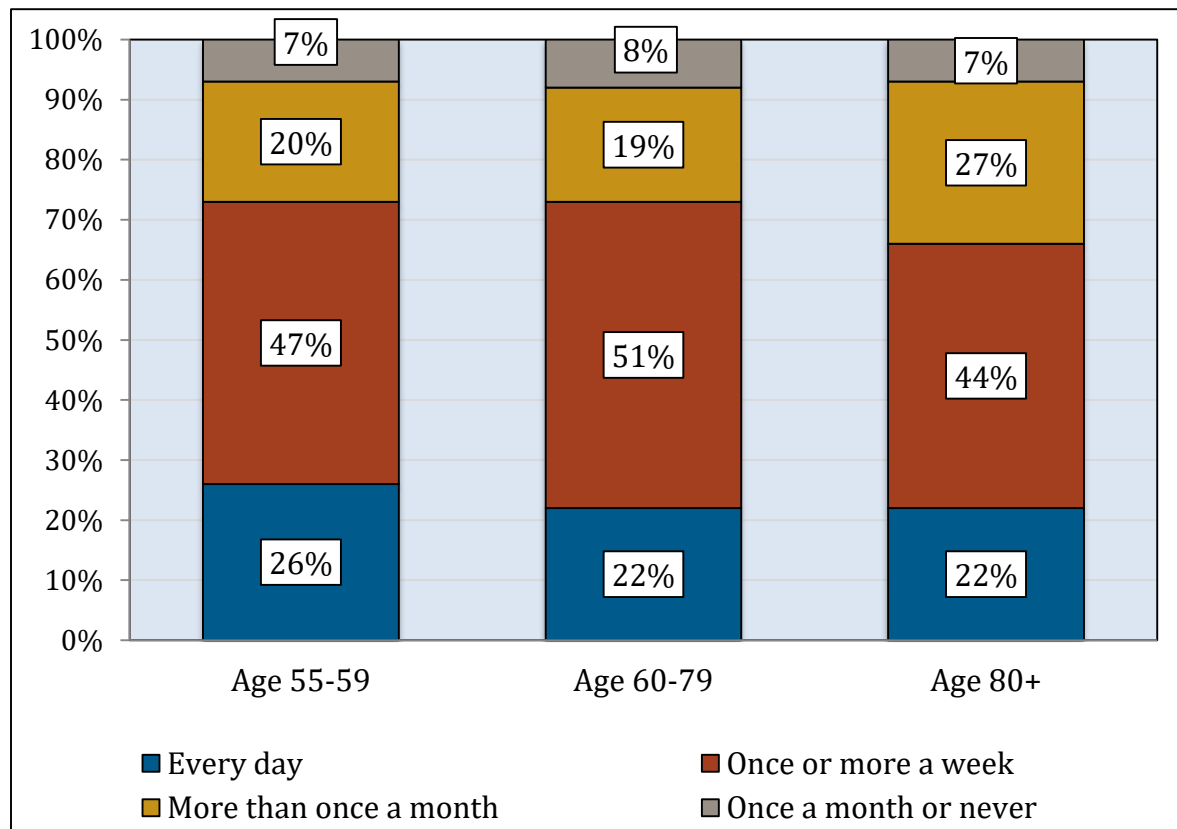


Social Activities & Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overweight (see Qualls, 2014). Many older adults are at high risk for social isolation, especially if their health and social networks 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.

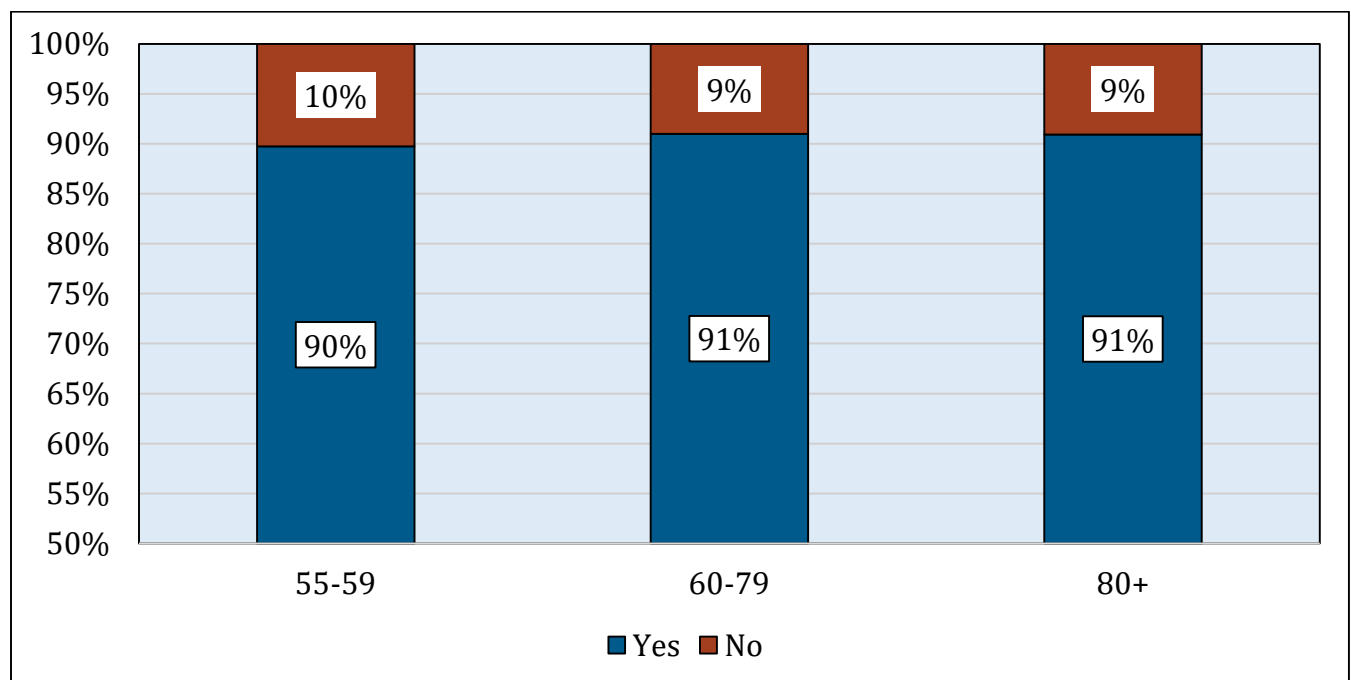
Figure 28 suggests that a majority of Bedford’s older residents are engaged with their community, although a share is at risk of isolation. Most respondents report social contact via phone (85%), email or social media (82%), or in-person (68%) with their friends, family, relatives or neighbors once a week or more (see **Appendix B**). Between 7-8% of survey respondents of any age report getting together in-person with family, friends, relatives or neighbors once a month or less. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

Figure 28. Frequency of getting together with family, friends, relatives or neighbors, by age category



Many Bedford residents do have family members living nearby on whom they can rely for help. As shown in **Figure 29**, 10% of respondents age 55-59, 9% of those age 60-79 and 9% of respondents age 80 or older do not have any family members living within 30 minutes on whom they can rely for help if needed. Among survey respondents who live alone, 14% report not having someone living within 30 minutes of their on whom they can rely for help. Many of these individuals may have family members who live farther away but are still a resource to them; as well, many may have strong friendship nearby. However, individuals without frequent contact with others, and without relatives nearby who could help, may be especially at risk for isolation and its negative consequences.

Figure 29. "Do you know someone living within 30 minutes of your home whom you can rely on for help when you need it?", by age category



Staying actively engaged in the community is an important aspect of successful aging and a number of studies have evidenced the positive benefits of volunteer work in older ages. **Figure 30** shows that among younger respondents (age 55-59), more than half report volunteering with local nonprofit or charitable organizations, as do about half of respondents age 60-79. As well, about half of survey respondent age 60-79 also report volunteering their time with faith-based organizations as do 39% of survey respondents age 80 and older. Among the 9% of survey respondents who wrote in an "other" type of volunteer activity, many reported volunteering at the VA hospital or a local senior living community. This result highlights the potential for developing additional volunteer positions for seniors that also benefit seniors of Bedford through partnerships between the COA and other local organizations.

More than half (51%) of survey respondents report not currently participating in any volunteer activities in Bedford. When asked why, the most commonly reported reason for not currently volunteering in Bedford is because “I don’t have time” (see **Table 8**).

Figure 30. "Which of the following volunteer activities in Bedford are you currently participating in?" by age category

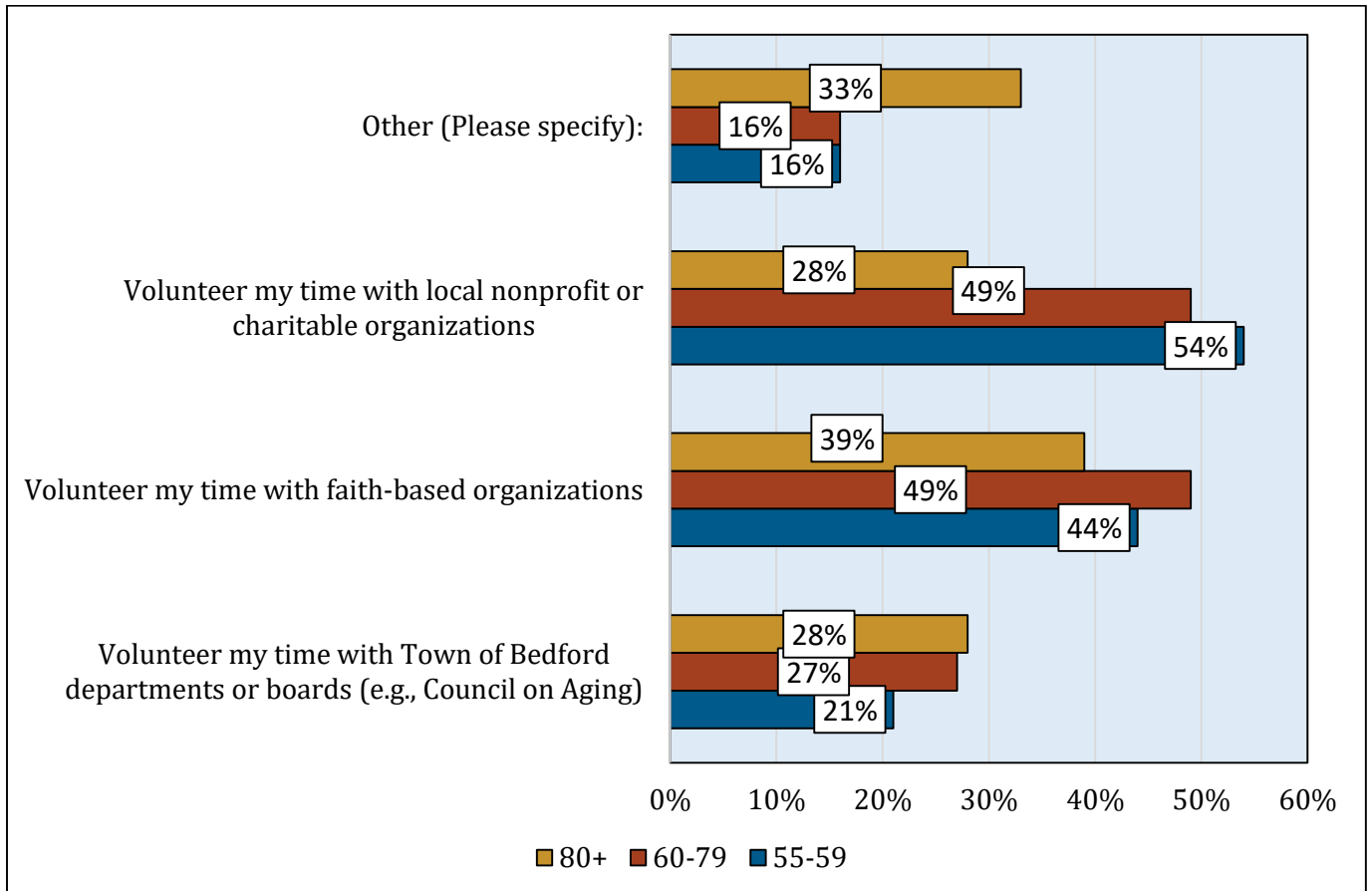
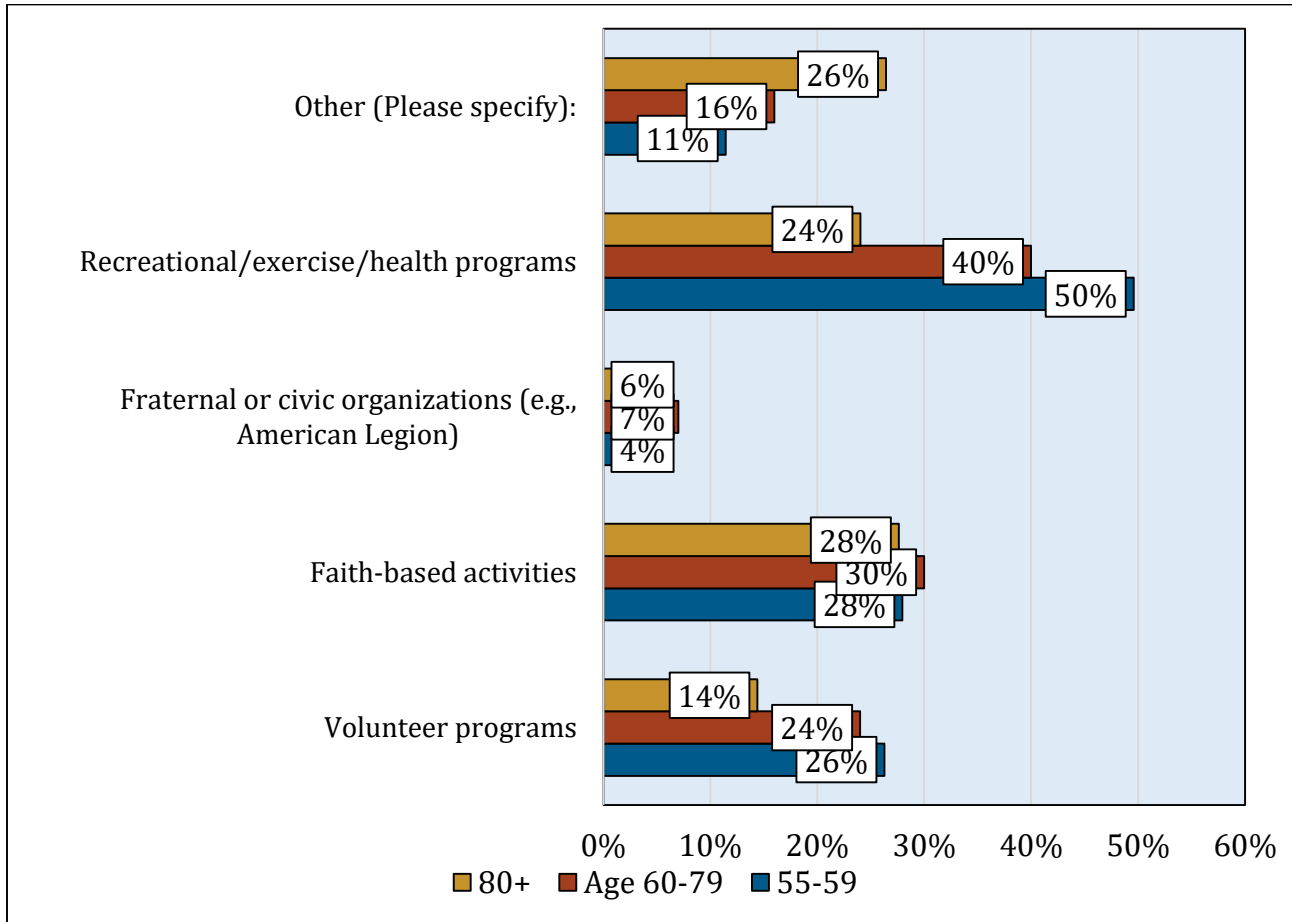


Table 8. Reasons why not currently volunteering in Bedford

I do not have time	34%
I am involved in activities outside of Bedford	21%
Other (Please specify)	19%
I am not interested	17%
I am interested but unaware of volunteer opportunities in Bedford	8%
I am interested but restricted due to mobility and/or transportation limitations	6%

In order to understand the ways in which Bedford residents spend their free time, we asked them to tell us in what other programs and activities they are currently participating in, beyond the Bedford COA. **Figure 31** shows that many are involved in recreational, exercise or health programs including 50% of respondents age 55-59, 40% of those age 60-79, and 24% of those age 80 and older.

Figure 31. "Outside of those offered by the Bedford Council on Aging, in what other types of local programs, services, or activities do you participate?", by age category



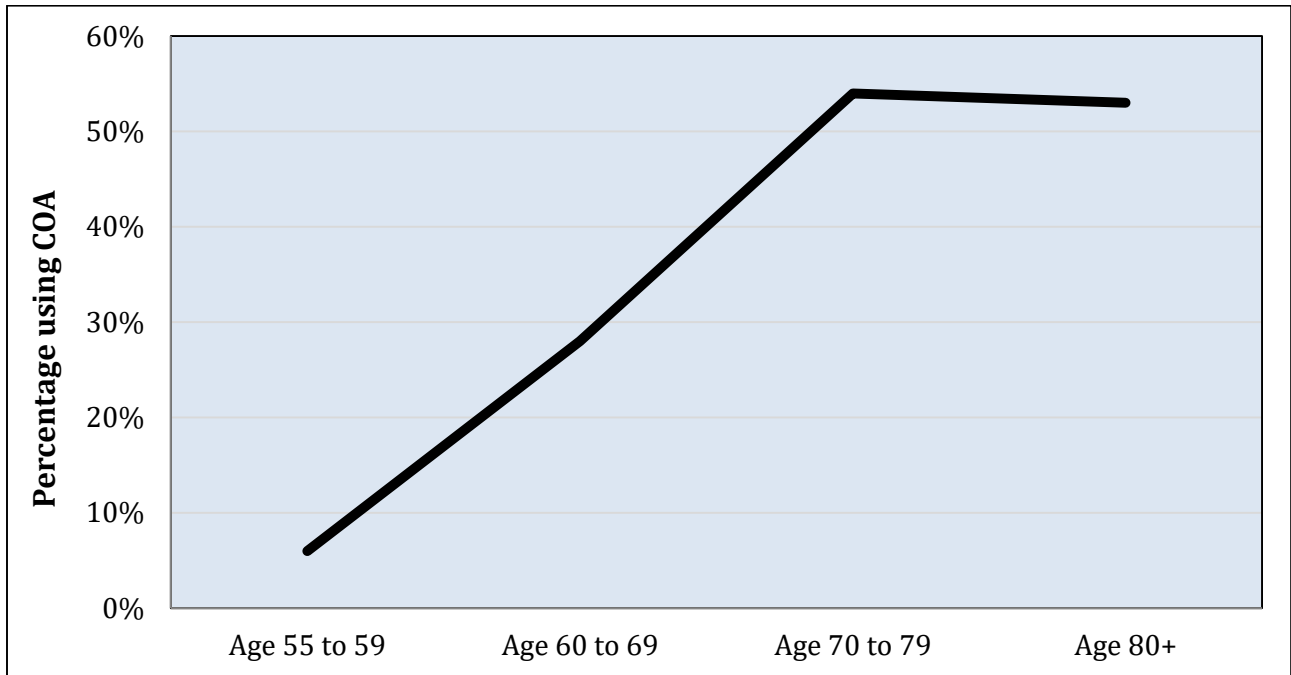
Programs & Services at the Council on Aging

The Bedford COA is an important resource for many older residents seeking to stay in Bedford as they grow older. The COA seeks to identify and respond to the physical and emotional needs of Bedford’s seniors by providing programs, information and referrals intended to support seniors’ efforts to live independent and fulfilling lives. Toward these ends, a broad range of programs and services that target older residents is available, including services for information and referral to other agencies in and around the Town, outreach, health services, transportation, education and recreation programs and various group activities. One goal of this study was to assess the value placed by residents on the COA and learn more about ways that programs and services offered by the Bedford COA could be improved.

Overall, 43% of survey respondents report participating at the Bedford COA with some frequency (57% have never participated at the Bedford COA). Participation in Bedford COA

programs and services is substantially higher among the oldest seniors than among those who are age 55-69. **Figure 32** shows the percentage of respondents who indicated that they currently use programs and services offered by the COA by age category. More than half of the respondents age 70 and older¹⁰ reported using these programs and services, as did 30% of respondents age 60-69, and 6% of those age 55-59. This result may reflect the increasing value of the COA to older residents and their families.

Figure 32. Percent of respondents who currently use programs and services offered by the Bedford COA, by age category



¹⁰ Among survey respondents living at Carleton-Willard Village or the VA Hospital, 42% (n=30) report ever participating at the COA.

Note that although the oldest respondents are more likely to participate, among the survey respondents who report using the programs and services, most are in their 60s and 70s (see **Table 9**). Thirty percent of respondents who report participating in Senior Center programs or services is age 80 or older; but the remaining seven out of four are between the ages of 55 and 79. The Bedford COA must therefore balance the interests and goals of residents who may need significant supports to participate, with those who are quite active and independent, but looking for new and engaging activities and opportunities.

Table 9. Age distribution of participants and non-participants in the Bedford COA

Age group	Participants	Non-participants
55-59	3%	23%
60-69	25%	39%
70-79	42%	22%
80+	30%	16%
Total	100%	100%

Among respondents who use the programs or services offered by the Bedford COA, about one-third of respondents age 60 and older participate at least once a week (see **Table 10**). Yet 50% of the participants age 80 or older, and 53% of those age 60-79, indicate that they participate only a few times a year, primarily visiting the COA for special events. This range of participation levels highlights the broad continuum of affiliation with the COA—with many residents participating just periodically while others include visits to the COA as part of their regular weekly schedule.

Table 10. Frequency of using Bedford Council on Aging programs or services, among those who participate

Frequency of participation	Age 55-59	Age 60-79	Age 80+
Two or more times weekly	7%	15%	20%
About once a week	8%	17%	11%
A few times a month	0%	9%	10%
About once a month	8%	6%	9%
A few times a year	77%	53%	50%
Total	100%	100%	100%

Among Seniors who said that they do not currently participate in programs and services, the most common reason provided for non-participation among those age 55-79 was not feeling old enough (see **Figure 33**); and among respondents age 80 and older, the most commonly reported reason for not participating was that they participate in programs elsewhere. A large share also reported that they did not have time to participate, and nearly one-quarter of nonparticipating respondents age 60-79 said that they are not interested. Among the non-

participants who took the time to write in other reasons, the largest share reporting that they were busy or had no time to participate, many indicating that they were still working.

Figure 33. Reasons for not currently using programs or services offered by the Bedford COA

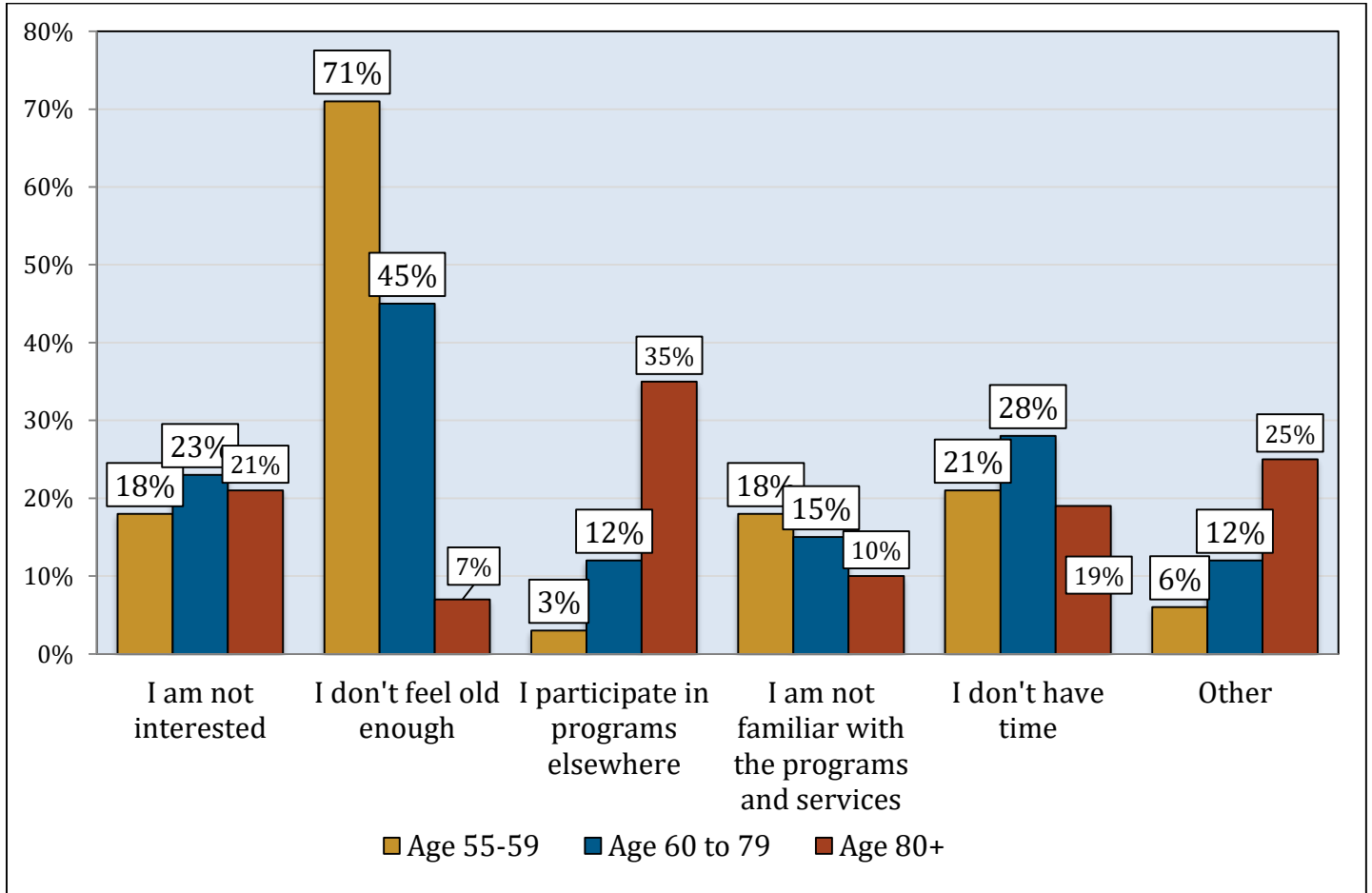
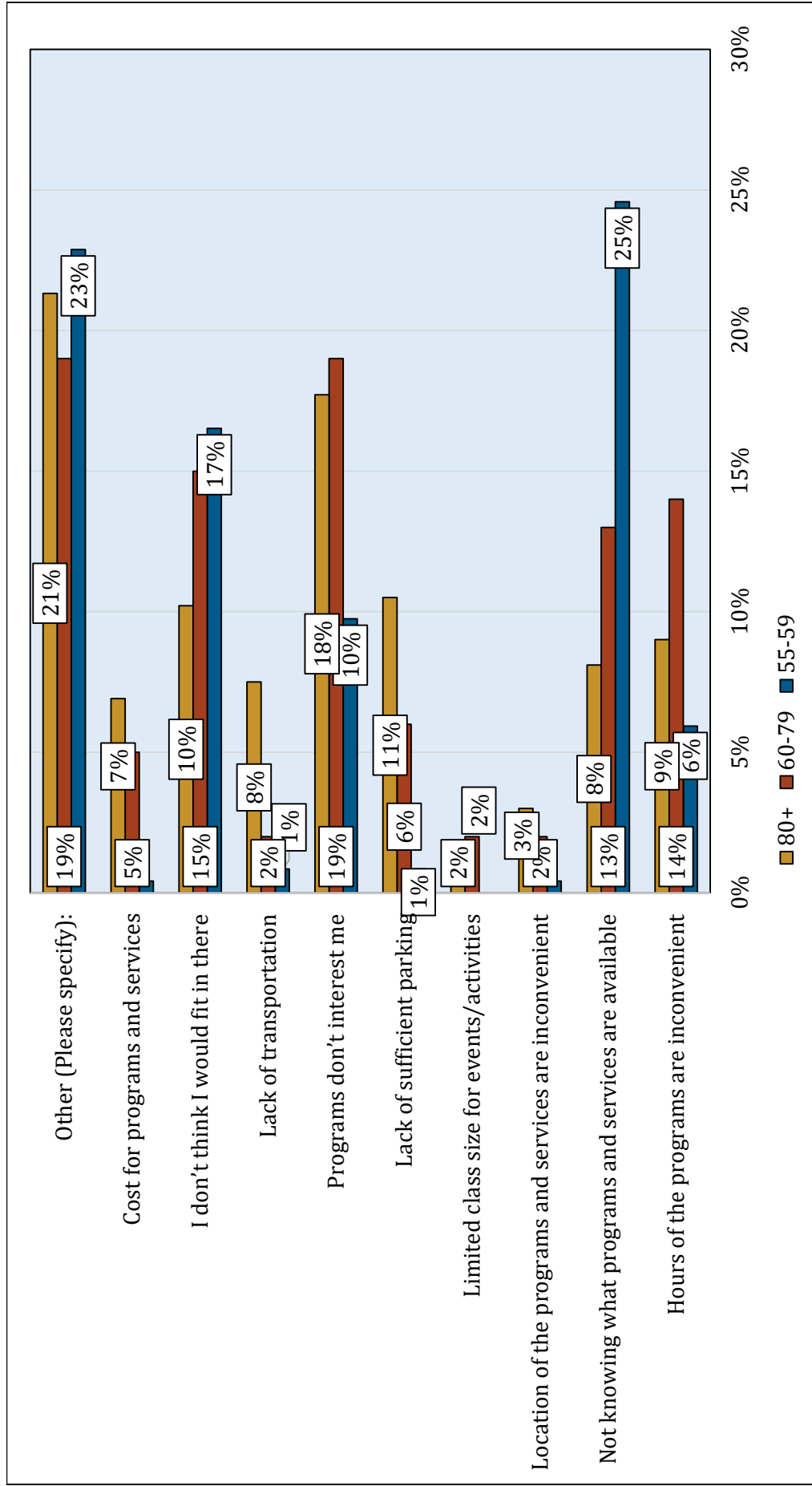


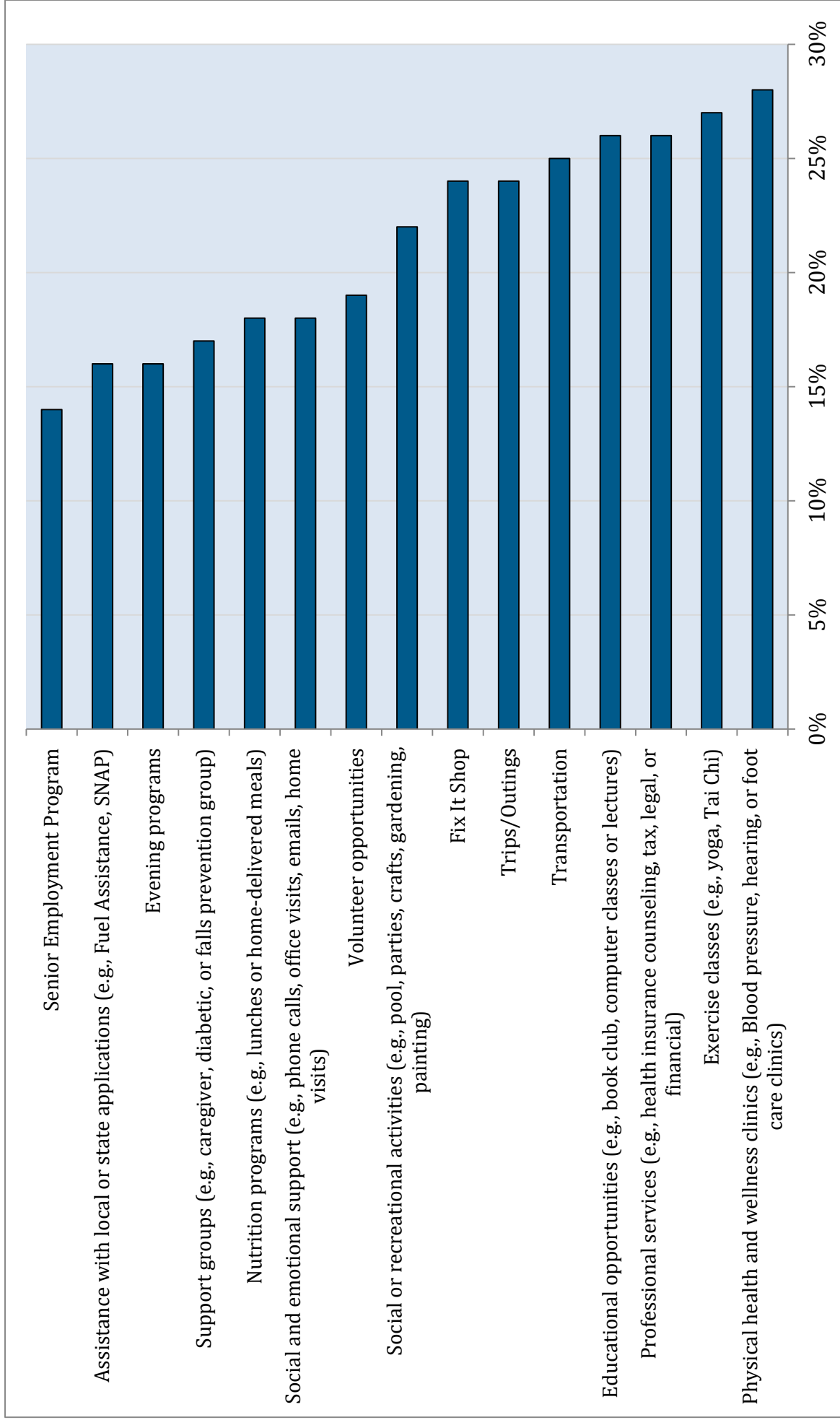
Figure 34. Issues accessing the Bedford COA, by age category



All survey participants were asked to identify barriers to accessing the Bedford COA and the programs and services provided. **Figure 34** shows that among respondents age 55-59, one out of four report that not knowing what is available and 17% perceive that they would not fit in. Among seniors age 60-79, 19% report that programs don't interest them as did 18% of respondents age 80 and older. Among the 20% of respondents who took the time to write-in issues they have faced trying to access the COA, many indicated that due to their busy schedules, the hours of the programs and activities was not conducive to their participation and others wrote that they are "*not old enough yet*" to access these programs or services.

An important goal of the survey was to assess the importance of programs and services that are currently offered to older adults and their families in Bedford. Survey respondents were asked to rate 15 programs and services according to their importance to them personally or to someone in their family. Each was rated on a five-point scale (1=important, 5=not important). **Figure 35** shows the percentage of respondents who assigned each program a rating of 1 or 2 on this scale, indicating an evaluation of higher importance. The most highly scored program was physical health and wellness clinics and exercise classes, rated as important by nearly one-third of respondents. The next most highly scored program was professional services to include health insurance counseling and educational programs both rated important by more than one-quarter of respondents as was transportation programming. Most of the remaining programs were rated as important by 14%-23% of respondents. Recall that the ratings are assigned by survey respondents based on importance to themselves or to someone in their families. Several respondents wrote on the questionnaire that they did not know what was available through the COA until receiving the questionnaire, and that they thought the programs were important to the community, even though they themselves had not used them

Figure 35. Percent of respondents rating services as important to themselves or a family member



In additional tabulations, level of importance is reported for respondents age 55 and older who indicate they have participated in programs and services offered by the COA, compared to those who have not (see **Table 11**). For all services and programs assessed, the higher level of importance is recorded for participants, with the lowest levels of importance assigned by seniors who do not participate in the COA. The lower rating assigned by non-participants may be a reflection of their lack of interest reported elsewhere; or it may be a function of their not having a good basis for evaluation.¹¹

Table 11. Percent of respondents rating services as *important* to themselves or a family member (1 or 2 on a five-point scale), by participation status

	<u>Participants</u>	<u>Non-participants</u>
Exercise classes (e.g., yoga, Tai Chi)	30%	24%
Physical health and wellness clinics (e.g., Blood pressure, hearing, or foot care clinics)	31%	26%
Professional services (e.g., health insurance counseling, tax, legal, or financial)	31%	22%
Educational opportunities (e.g., book club, computer classes or lectures)	32%	21%
Transportation	24%	25%
Trips/Outings	29%	20%
Fix It Shop	30%	19%
Social or recreational activities (e.g., pool, parties, crafts, gardening, painting)	25%	19%
Volunteer opportunities	19%	19%
Social and emotional support (e.g., phone calls, office visits, emails, home visits)	14%	18%
Nutrition programs (e.g., lunches or home-delivered meals)	16%	18%
Support groups (e.g., caregiver, diabetic, or falls prevention group)	17%	17%
Evening programs	18%	14%
Senior Employment Program	12%	15%
Assistance with local or state applications (e.g., fuel assistance, SNAP)	13%	17%

¹¹Note that about 25% of survey respondents did not respond to this series of questions at all, some writing in that because they were not familiar with the COA, they had no basis for evaluation.

In an open-ended question survey participants were asked what other programs and services not already offered through the Bedford COA they would like to see made available. The most frequently mentioned addition was access to resources about help with home maintenance. For example, one respondent writes that they would like to see more programs that help with, “in-house services, chores, e.g laundry, minor cleaning/ tidying - driving one to church. In addition, survey respondents wrote-in about a mechanism for staying updated on community current events and local services, including information about trustworthy handyman services and help with things like computers and smartphones. Survey respondents wrote-in about the preference for more educational opportunities and classes on topics like alternative medicine practices, language courses, and informational presentations about retirement planning. One respondent wrote, “(I would like to see) legal presentations-financial presentations (estate planning, IRAs, etc) for the elderly; how to find help (repairs) without being taken advantage of.” Others expressed a desire for more or different types of trips, including both day and overnight trips. Emphasis on additional physical activity classes was clear—with a specific focus on swimming and affordable access to gym equipment. As well, a large variety of specific programs and activities were named, including additional educational programs, newcomer programs to encourage new participants at the COA, respite opportunities for caregivers, and specific crafts, games, or other activities that would be of interest. One respondent wrote that they would like to see “more diverse educational lectures, classes and film offerings. More book groups, more music offerings and presentations. Why couldn't COA have a band?”

Respondents were asked about the type of programs and activities that would interest them in the future. The aim of this question was to aid the Bedford COA in developing new and creative programs that will both continue to engage current participants; and also attract new residents to the COA. **Figure 36** displays these results by age category. More than half of respondents age 55-69 reported an interest in future programming that includes physical activity like hiking, biking, or walking clubs, health and wellness programs or educational opportunities. Thirty-one percent of respondents age 80 and older reported that future programming that is provided in-homes would be of interest.

Survey respondents were asked to report their satisfaction levels with the programs and services offered through the Bedford COA. Among those who currently participate at the Bedford COA, more than two-thirds of respondents age 55 and older report high satisfaction levels¹². This is a good rating, but suggests that there may be opportunities to improve satisfaction of participants.

¹² Despite reporting current participation in the Bedford COA, a portion of respondents answered “N/A” when it comes to satisfaction with programs and services being offered at the COA.

Figure 36. Program areas of future interest or importance, by age category

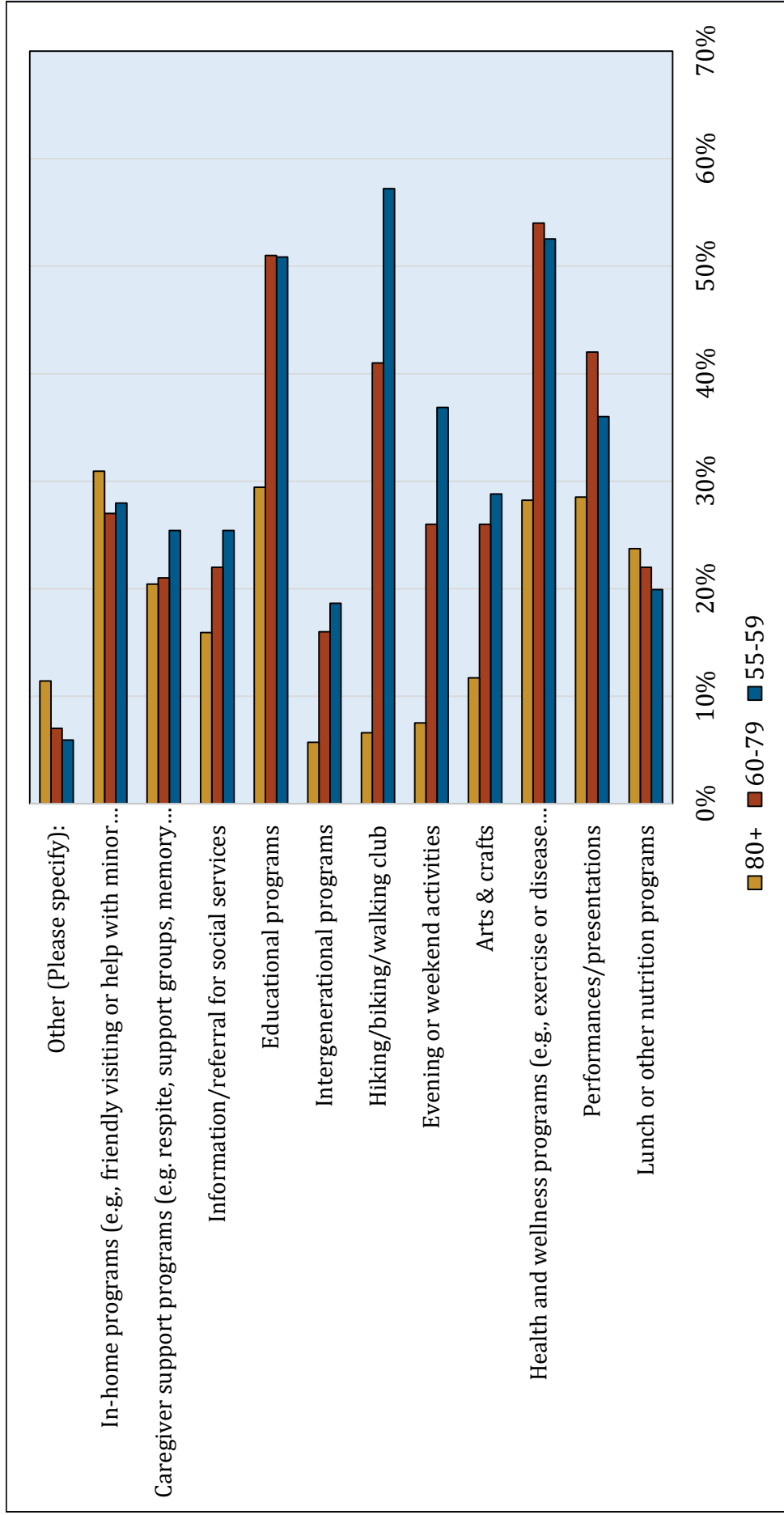
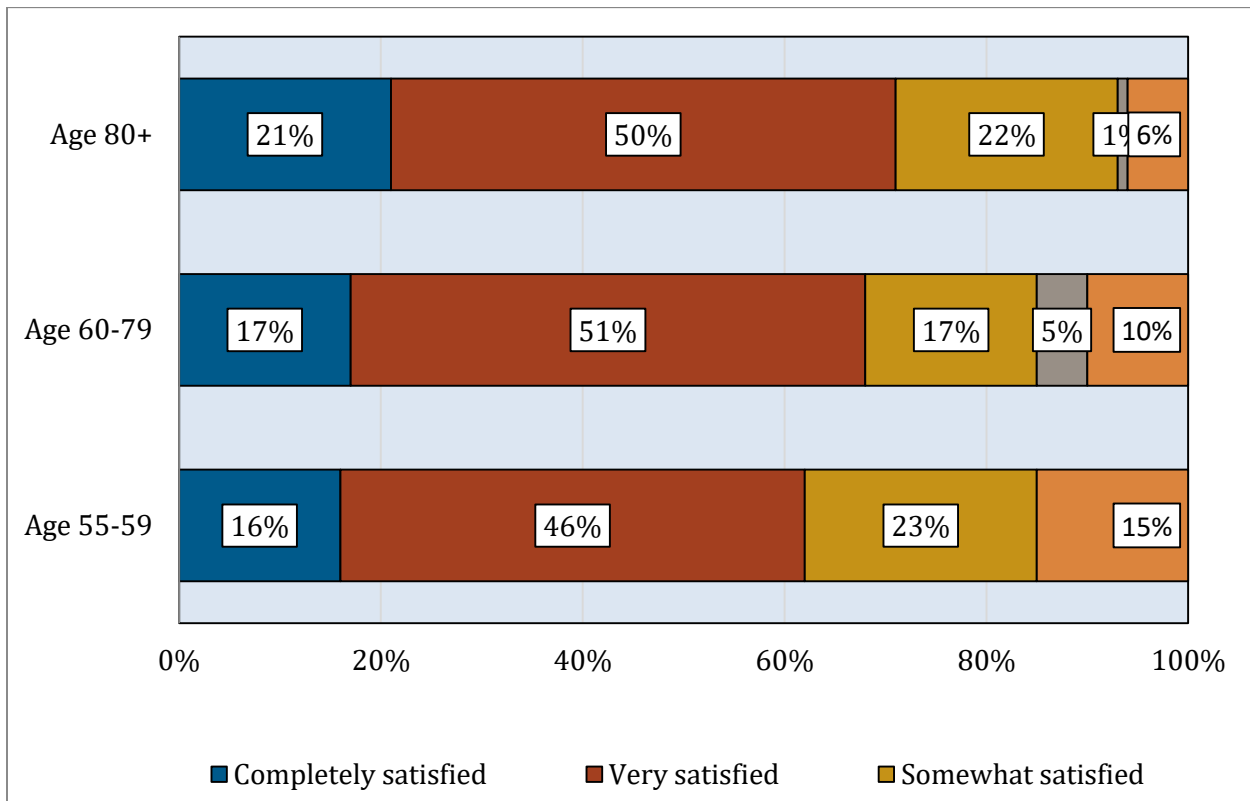
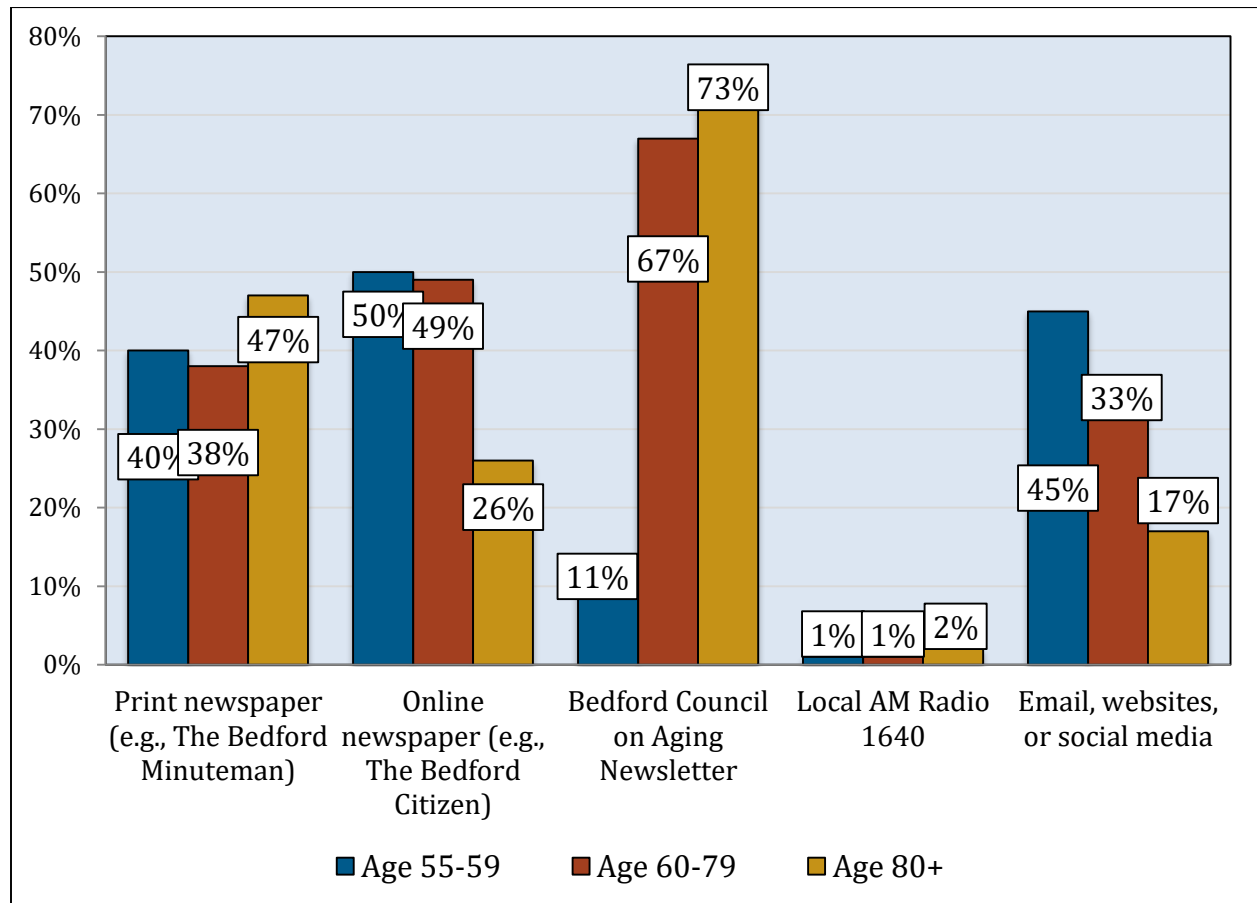


Figure 37. Satisfaction with the programs and services offered through the Bedford COA, by age category



One way by which satisfaction with the COA may be improved is through improved information dissemination. Effective marketing is important in making residents aware of the opportunities and supports available through the Bedford COA. Currently, residents can become aware of activities and services offered by the COA through a variety of media. Survey respondents indicated a preference for print media outlets, including the COA Newsletter and the *Bedford Minuteman* newspaper as sources of information about the COA (see **Figure 38**), with the oldest seniors reporting strong preference for the newsletter. Forty-five percent of respondents age 55-59 and more than one-third of respondents age 60-79 preferred to obtain information through email or social media; and, only 17% of respondents age 80 or older named this as a preferred source. Respondents were invited to write-in additional preferred sources of information, and some did. The most common write-in responses were word-of-mouth, or postings and flyers distributed in Town locations such as the library. Notable is the level of preference reported for electronic media among the oldest survey respondents. Despite strong preferences for print media, it is not unreasonable for the COA to continue the pursuit of using social media, email, and other online sources to disseminate information to Bedford’s senior population.

Figure 38. Preferred sources of information about activities and services offered by the Bedford Senior Center, by age category



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

Finally, survey participants were given the opportunity to offer open-ended comments about the Bedford COA. **Table 12** shows common themes mentioned by respondents, as well as verbatim examples of each. The largest number of write-ins reflect an appreciation for the COA and its staff. Respondents who had participated currently or in the past noted the dedication of the staff; even those who had not used the COA expressed gratitude that it was a resource to the community. A number of respondents wrote critiques of the COA or staff as well. These align with concerns uncovered elsewhere in this study, relating to the physical layout of the COA, and new participants sometimes not feeling included. Some respondents wrote in suggestions for expanding programming or remedying concerns, including expanding the number of trips offered, having more programs offered in the afternoons, offering life-long learning programs that appeal to highly educated residents, and putting strategies in place to ensure that newcomers are made welcome. Respondents also recognized the importance of publicity and expanded information distribution, including devising ways to challenge residents’ perceptions about who a “Senior Center” is for. Younger respondents and a number of older respondents indicated that they were receptive

to using programs and services in the future, but did not need them now. Improving communication with the community at large about the Bedford COA, its mission and offerings, may be beneficial for residents moving forward.

Table 12. Additional comments about the Bedford COA

Issue Mentioned
<p>Positive comments on the COA, Senior Center, and staff</p> <ul style="list-style-type: none"> • <i>They should be praised highly for the rarity and quality of their many, many programs!</i> • <i>This is a terrific operation and I plan to take advantage of it more in the future.</i> • <i>While I do not participate in COA activities because of work and other activities, I believe it fills an important role in the community</i> • <i>You are doing a great job! We are so lucky to have Alison and crew--beyond excellent..</i> • <i>When our mothers were alive but needed help from us, COA was VERY HELPFUL in guiding us. THANK YOU.</i> • <i>The organization is a gift to our town. So far, I'm very healthy for my 90 years, but it's a comfort to know you're here.</i>
<p>Critiques of the COA, Senior Center, and staff</p> <ul style="list-style-type: none"> • <i>When I did try to use them for assistance in daily living tasks, they were of no help to me, very disappointed</i> • <i>When you need a service + call the COA its important that someone answer the phone who knows about the services + doesn't just put you on hold to transfer you to someone's answering machine.</i> • <i>Need to expand parking lot for the growing seniors in Town</i> • <i>Staff should be friendlier. Should initiate introducing themselves.</i> • <i>Free bakery should be healthier. Too much cake, white bread. Sets bad example contradicting healthy living.</i>
<p>Expand or modify programming and scheduling</p> <ul style="list-style-type: none"> • <i>Overall I enjoy the programs offer. I like to see a few more lectures on interesting subjects such as history.</i> • <i>Programs seem geared to very elderly 70+. It would be nice to see programs for healthy, active 55+.</i> • <i>More evening/weekend programs, evening programs need to start a little later.</i> • <i>As a younger "senior" (just turned 65) the COA generally does not reflect my interests or lifestyles. I do take advantage of their exercise classes and have gone on some bicycle excursions, but other than that, there is little to interest me.</i>

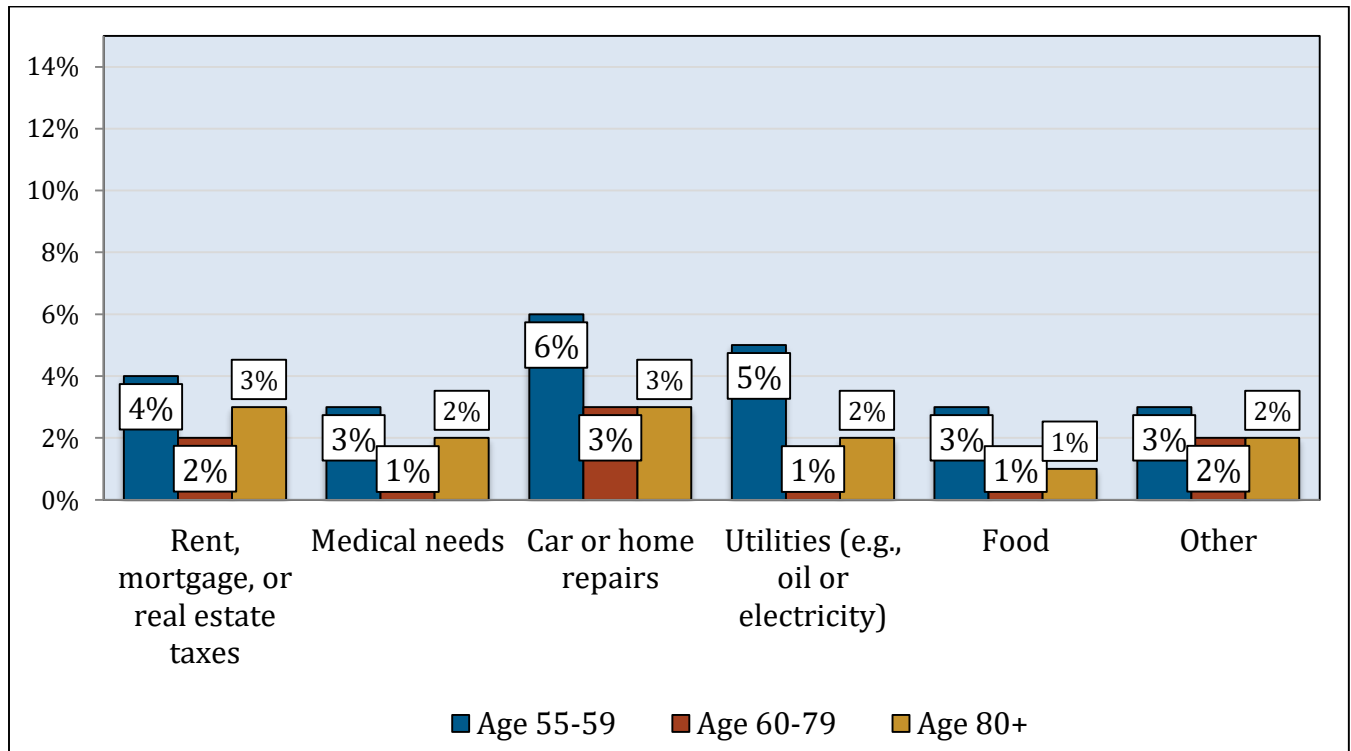
Improve publicity and communication about programs and services

- *You need a large well-tended bulletin board.*
- *We must find a way to get more 55+ attending the COA. How many churches in Bedford know the programs and events at the COA, sending newsletters that go on a bulletin boards and not read is not good marketing.*
- *Need to reorganize the newsletter to separate advertisements from activities.*
- *Spread the word beyond (the newspaper and social media). Integrate with non-senior programs and services to get information out.*

Financial Security

One survey question was meant to tap income shortfalls for necessary expenses among Bedford’s residents. Respondents were asked if there was any time in the previous 12 months when he or she did not have money for necessities (see **Figure 39**). Most respondents across the age groups reported not lacking money for necessary expenses during the previous year, including 78% of respondents age 55-59 and 83% of Seniors age 60-79, and 82% of those age 80 and older. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 3%-6% not having funds for car repairs or home repairs, and 2%-4% lacking money for rent, mortgage, or real estate taxes.

Figure 39. Percentage lacking money for necessities in the previous 12 months



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

The findings just discuss suggest that most Bedford respondents are able to cover their bills at present, although some do struggle especially with expenses like car and home repairs that may be easier to defer than regular expenses like rent or utilities.

Focus Groups

Four focus groups were held in support of the needs assessment, with the goal of hearing in more depth about unmet needs among seniors in Bedford and to engage community stakeholders in a conversation about strategies for meeting these needs. Key themes that were raised across the four groups are presented in this section.

Focus group #1 (N=9) consisted of current senior Bedford residents, including individuals who had participated at the Bedford COA and are long-time residents of the Town. **Focus group #2** (N=9) consisted of Town employees who represent various municipal departments. For example, the planning department, the library, the Board of Health, the Police Department, and the Department of Public Works were represented in this second group. These two discussions focused solely on Bedford as a community for aging in place. In addition, two focus groups of “community stakeholders” were held in Bedford. **Focus group #3** (N=11) included real estate professionals, an elder law attorney, nonprofit and local service organizations serving seniors, the local aging service access point (ASAP), the Bedford Housing Authority, and a representative from a local bank. **Focus group #4** (N=8) included representatives from the regional transit system, the Veteran’s hospital, the local senior living community, the local community college, and local faith communities.

Not surprisingly, housing needs were among the first to be mentioned in all four focus groups along with a discussion about the importance and value of retaining older residents of Bedford in the community, and a perception that retention is not a priority of the Town. Specifically, two sets of housing concerns were raised by focus group participants. One issue is the lack of affordable downsizing options for seniors in Bedford. Few alternatives are available in Town other than single-family homes, and the condos and options like Carleton Willard are priced beyond what many senior residents can afford. In addition, focus group participants discussed the amount of recent residential development in Town, which apart from the Carlton Willard expansion project, has no plans in place for additional senior housing. This is cited as a shortcoming of the Town’s plans in terms of being a place that values and wishes to retain the older residents of Bedford. Other implications of this housing need includes older residents, many of whom have lived in Bedford for much of their lives and contributed a lot to the community, are forced to move out of Town for more affordable and appropriate housing stock as they and their families age.

Given that Bedford is made up of mostly single-family homes, focus group participants described a common scenario in which older residents find themselves living in homes that are not well suited for them, and exceed their capacity to keep up the house and property. Solutions to address this need that were discussed in the focus groups centered around continuing to encourage the Town to keep an eye toward the aging of the population as they continue to commit to new residential developments. For example, ensuring that any new

housing built as part of the Great Road re-zoning project include elevators and that additional affordable units being built in Town either be designated as senior housing to give priority to older residents or at the very least be built with elements of universal design to accommodate residents as they age.

Relatedly, the second housing issue described by focus group participants is the current need (and anticipated future need) for information, resources, and support when it comes to home modifications, home repairs, and minor help around the house to ensure that older residents of Bedford who remain living in their single-family homes are doing so safely and comfortably. Focus group participants recounted their personal and professional experiences with residents of Bedford who both found themselves facing difficulty with upkeep of their homes and property and without family close by to help.

Participants discussed the potential of promoting various alternative housing models as potential strategies for addressing the housing needs of Bedford's seniors. Home-sharing was discussed as a way for residents to use their housing stock to both generate some income later in life but also to generate mechanisms for help around the house and social interaction. This model typically involves a senior resident who rents out rooms in their single family home. As part of the rental agreement, the housing can be in exchange for financial compensation or for help with home maintenance or minor care tasks. This model could also be implemented through the creation of duplexes or multiple family homes to accommodate the owner and the renter. Other models discussed include multiple seniors living in one single-family home and sharing the common spaces (e.g., living area and kitchen), and sharing the costs of support services that would enable them all to age-in-place. A third alternative housing model that was discussed is the ability to create accessory dwelling units, or "in-law" apartments in Bedford as well as to erect tiny homes or "granny pods" to accommodate multiple generations of the same family to live together in Bedford.

These suggested housing alternatives would require changes to the current zoning regulations, but it was noted that through advocacy by residents and commitment of Town officials, these solutions may be more feasible and expedient than simply building more residential units.

A final recommendation by focus group participants was the need for a central source of trusted information about local services (e.g., handymen, contractors or house cleaners) for seniors to easily access.

Need for Community Education & Information

The Bedford COA was described as a strong partner and resource by focus group participants. Town Departments describe well-working relationships with the COA although it was reiterated that continuous improvement in communication between Town departments that can allow for better and more efficient service to residents is needed. In addition, many community stakeholder organizations have also worked with the COA on programming or referrals. That said, one unmet need that was detailed by all four focus

groups is the difficulty in communicating with residents of Bedford both about what is available in the community for older residents and their families. The notion of there being “multiple Bedfords” in Town points to the various sub-communities in Town that have their own communication channels, including seniors. This need can make it challenging to get the word out about the plethora of resources and programs already available in Bedford but also a challenge for new services to get off the ground. A need for community education among seniors was also mentioned. Specifically, focus group participants associated some community education with chipping away at the stigma around aging or “asking for help”. Meaning that by articulating that a little help at home can go a long way in terms of helping someone stay at home longer could really encourage older residents of Bedford to be more proactive about their plans for aging in place.

Active communication across organizations in Bedford was noted as a need in the community. It was noted that not only information-sharing about vulnerabilities of the community but more simply creating mechanism for organizations in the region to educate one another about their efforts are needed. For example, one of the real estate agents in Focus Group #3 asked, “If I come across a senior who is living in less than ideal conditions, who can I call?”. One recommendation, modeled after corporate networking groups such as the chamber of commerce, was to host monthly events for businesses, organizations, and service providers that work/interact with seniors in the Town of Bedford so that those involved in these entities get to know each other and know about resources. It was clear that the power of personal relationships could address this need of community education in a new way.

Social Isolation & Vulnerable Residents

Within these four focus group discussions about community needs, participants described the context of social isolation among older residents as posing particularly complex challenges to the community as a whole. For example, participants described adults living with mental and behavioral health conditions, including dementia, and the connection between these conditions and a resident’s ability to meet their basic needs like food, housing and personal care. There was discussion among the community stakeholder groups and the Town Departments about how they could work together to coordinate their interactions with these more vulnerable residents to ensure they are receiving adequate support. Food security was also noted as an increasingly important need of the older adult community in Bedford. For example, community stakeholder participants mentioned an increase in demand for the home-delivered meals program as well as the number of residents who they work with in programs like health insurance counseling who consider ways to cut back. Solutions to these needs included the revival of a friendly-visitor program or coordination between existing friendly-visiting programs in Town with the COA, as well as the creation of a food source for single seniors, which may, for example, include smaller quantity, who may be vulnerable to food insecurity but not eligible for the home-delivered meals program.

Another vulnerable group that was discussed among focus group participants are those residents living with dementia and their families. Specifically, a discussion was had about the challenges of notifying appropriate individuals when a person with cognitive impairment is recognized as being vulnerable by Town entities such as banks or the Town Clerk. Concerns around knowing how to handle those situations were mentioned. In addition, a need for continuous opportunities for caregivers to find support in Town and/or respite opportunities was recognized.

Gaps in Transportation & Walkability

Transportation was named as a need of the Bedford community as it considers the future of its older residents. It was noted that there are transportation options available in the community, but accessibility is sometimes a challenge. For example, there are currently no transportation options for getting residents with mobility limitations or who require assistive devices to medical appointments outside of Bedford. In addition, the fixed route systems in Bedford require physical ability to access and transportation services that require reservations come with schedule limitations (no weekend or evening service). These gaps in transportation service were identified as a barrier to participating in civic events such as Town meetings for those who do not drive or avoid driving at night.

It is important to note that Bedford is currently taking steps to address transportation needs. In addition to pilot-testing the DASH transportation program, the COA has joined a regional group to address transportation needs as a way to improve the “age-friendliness” of the community. That being said, some focus group participants highlighted the importance of marketing and outreach for these new programs to make residents aware of the services. In particular, it was mentioned that a clear rationale for investing in increasing ridership of these transportation options is to limit the number of vehicles on the roads as traffic was identified as a barrier to getting around Bedford and participating in the community. Other solutions identified to close some of the gaps in transportation included: the use of technology to connect seniors with more concierge types of transportation options like ride-sharing and taxi services; and the exploration of corporate sponsorships to support transportation options that would “fill in the gaps”.

Key-Informant Interviews

Key-informant interviews were conducted to explore the perspective of five leaders in Bedford: the Town Manager, the Chief of Police, the Chief of Fire and Emergency Services, and two members of the Board of Selectmen. Four of the interviews were conducted in-person and one was conducted by telephone. From these conversations, it was clear that these individuals recognize the changing demographics of the community with respect to age and are aware of the significance of these changes for the Town. All of them are familiar with the Bedford COA and believe that for those who participate there it is an important community resource. The following discussion presents the cross-cutting themes that emerged across these five discussions.

At the start of each conversation, key-informants were asked about the ways in which the aging of the population had impacted their work. Several discussants cited areas where change had been observed. It was noted that both residents involved in various aspects of Town government are themselves aging; but also that due to the increase in the number of seniors in Town, that the community can expect to hear from this population more and more with respect to advocating for their needs and desires. In addition, some informants described changing family dynamics such as adult children moving away from the area both as a function of choice; but also because they cannot afford to live in the region. This has implications for the support networks available to seniors in Bedford and the extent to which local service providers and municipal departments take the place in this social support role—including some things that are typically outside of their traditional scope. Next, informants were asked to describe the needs of the older adult population in Bedford.

Cost of Living

In discussing the needs of Bedford's senior residents, key-informants identified economic security as a concern for many residents who wish to age in the Bedford community. High property are continuing to rise, as are the cost of utility bills and other housing-related expenses. Key-informants suggest that these rising costs of living result in long-time Bedford residents being economically squeezed and contemplating their future ability to stay and age in Bedford. As one key-informant put it, *"the physical demands of home maintenance—including snow removal and yardwork require either ability to labor or money. As you age, you tend to have less and less of both."* Many informants raised the notion that although home equity values have also risen in line with costs, the housing stock in Bedford is so limited that many older residents choose to remain living in their homes. This leaves older residents living in homes of high-value; but with limited income. In other words, a segment of Bedford seniors is "house rich and cash poor". This economic situation has implications for senior residents as they seek to meet their other basic needs like food, social activity, medical care and general home updates and maintenance.

Housing Needs

Two types of housing need were described by key-informants. The first related to the development of both transit-oriented housing as well as housing that would appeal to older residents wishing to downsize but remain in Bedford. Several initiatives are underway in Bedford to address this need. First, there is a planned expansion of Carleton-Willard Village in order to add more units to their campus. In addition, there is a plan for rezoning Bedford's business district to allow for residential development above local businesses. The goal is to foster a more vibrant, walkable and accessible downtown area. An important aspect of this new zoning includes the requirement that residences with six or more units must have an elevator. Key-informants describe a scenario in which older Bedford residents, or new transplants, will be able to convert the equity from their existing home to a unit in this business district which allows them access to nearby restaurants and stores, and to live near the library, Town Hall, and public transportation. Finally, there are efforts in motion to convert some existing property in Town into at least 15 more affordable housing units for residents of all ages. Key-informants acknowledge that this housing development is not

specifically for seniors, but could be a step towards more downsizing options for older residents.

Key-informants made recommendations for ways that Bedford can create more housing options for older residents who wish to age in Bedford. First, they described smaller, independent housing that would be desirable for people who may spend part of the year elsewhere (e.g., spend winters in a warmer climate, or visiting family out-of-state). They suggest that this could take the shape of smaller, single family homes, townhomes or apartments. Next, several suggestions arose for ways that current zoning regulations could be modified to create housing opportunities for seniors. For example, making the regulations around accessory dwelling units and duplexes more flexible so that seniors could either reside in such housing units or use them to generate monthly income. Informants described some possibilities of creating intergenerational housing or co-housing models in Bedford. For example, modifications could be made to current zoning laws to allow for multiple “non-related” persons to live together and share common space.

The second housing need related to home maintenance and modification. Bedford is comprised of neighborhoods, mostly consisting of single-family homes, many of which have large yards and greenspace in between homes. Key-informants described older residents of Bedford living in homes that are not conducive to active participation in the community and result in housing stock that is not being maintained. One key-informant described a resident who lives in a home with a driveway so long that the person cannot walk to the mailbox, nor can the local paratransit vehicle drive up to the home for a door-to-door service. Another key-informant recalls a case of an older woman found to be living in her car because the roof of her home had caved in and she was too embarrassed and overwhelmed to seek help from her family or local authorities. These concerns highlight the need for available and affordable home maintenance and modification services in Bedford and highlight the costs, both monetary and otherwise, of aging-in-place in Bedford. One key-informant summarized this need for appropriate housing by saying, *“as a community we have to wrestle with the balance of people wanting to live a private lifestyle and the understanding that these folks are at risk for becoming the most vulnerable and difficult to serve as they age.”*

Social Isolation

Social isolation is another major concern raised by key-informants. Bedford is a community that is spread out into neighborhoods that are relatively disconnected from one another (via streets or sidewalks), which can limit the amount of neighbor-to-neighbor interactions or create barriers for older residents to get out into the community, thus leading to social isolation. One key-informant noted the importance of having a structure in place in Town for isolated residents to be supported in times of need, as *“adult children cannot afford to live here or they choose to move away. We scaffold for our kids to make them successful and we don’t want our kids to fall through the cracks and we want them be fully-realized human beings. We need the same scaffolding for older adults to live the kind of the life they want to live”*.

The police and fire departments are particularly attuned to this need of the community as older residents may call on them not just for emergency response, but also for both human interaction or because there is no one else to help. For example, these key-informants describe calls from seniors with some type of needs as becoming more complex, and thus

requiring more social service demands from their units which have traditionally been thought of as strictly for emergency response or protective needs. Although there are “senior liaisons” to the police and fire, these folks are often stretched between multiple roles and therefore may not spend as much time in their role as “senior liaison” as the needs dictate. This will become increasingly relevant as demands for this type of quasi-social service increases with the growth of the senior population in Bedford.

Nearly all key-informants describe the importance of information and communication to reach socially isolated residents. Two streams of communication were identified as being particularly important. The first includes maintaining strong communication across organizations who are responding to the needs of these more vulnerable residents. For example, a pilot-program was implemented in Bedford in response to residents who have recently fallen. A letter is sent to their home following the emergency response visit providing them with contact information for the outreach worker at the COA and the Board of Health. The letter is followed by a call and a home visit. The program is currently being evaluated for measurable outcomes and highlights the need for cross-departmental collaboration and communication in order to holistically address the needs of the community. Similarly, a “high-risk task force” has been formed in recent months that provides an opportunity for Town Departments to communicate about residents (of any age) who have complex or intense needs. Sharing information has been instrumental in making this group productive. One key informant explained, “sharing information is key and we can’t get bogged down in logistics of sharing that information—we have to return to our mission.” In addition, informants mention the importance of keeping other Town departments abreast of trends in police and emergency response activity as a way of strengthening communication across departments. Finally, key-informants described the importance of using multiple forms of media to communicate with seniors, broadly speaking, and emphasized the importance of ensuring that isolated residents are aware of the programs and resources in the community so that they can draw on them for support when needed.

Transportation & Walkability

Key-informants outlined the importance of walkability and transportation for residents young and old to maintain engagement in the community. They explained that the way Bedford is currently laid out means most residents are car-dependent. There is limited connectivity within Bedford via sidewalks, and most neighborhoods are too far away from business districts to walk or bike there. Accessibility limitations to the BLT and DASH services leaves seniors with health or mobility issues with even fewer options for getting around. Transportation issues are particularly important when it comes to traveling to specific meetings or appointments. For example, rides to medical appointments or to the annual Town meeting are not readily available for most residents. It was suggested by one key-informant that a volunteer transportation program or “travel partnership” be explored to ensure the convenience and reliability of rides to these particular types of events.

Finally, local traffic and overall congestion was described as a barrier to getting around the Town of Bedford, which especially impacts seniors. Not only is independent motorized travel time-consuming and stressful, there are also local parking limitations. Finally, the population of residents living at the VA hospital currently have limited weekday evening transportation

options and virtually no weekend options which leads to these residents feeling continuously isolated from the rest of the Bedford community.

Bedford Council on Aging

Not surprisingly, key-informants discussed the importance of the Bedford COA in regards to meeting the needs of Bedford's seniors. All informants recognize the value of the COA to the Town. As well, it is notable that informants cited specific examples of how the Bedford COA has taken a broader role in the community as a key resource for issues facing older residents and their families. Not only is the COA part of the high risk task force and pilot program relating to falls (described above), they have also joined a regional application to be designated as an "Age-Friendly Community" through AARP and the WHO. This initiative will specifically focus on bolstering regional and local transportation systems for older adults. These examples highlight the ways in which the COA has been the link to tying various issues together and keeping an eye towards the future.

That being said, some challenges facing the COA were identified by key-informants. One major need of the Bedford COA is in relation to capacity for meeting the needs of a growing segment of the population. One key-informant noted that as a matter of scale, community residents overestimate the amount of Town resources that go to older persons. For example, despite projections to suggest that residents age 60 and older will make up 30% or more of the population, less than 1% of the Town's budget is allocated for the COA and the programs and services it provides. There was also discussion of the need for additional parking and programming space for the Bedford COA to accommodate additional participants.

The issue of attracting new participants to the Bedford COA was raised by multiple key-informants. Superficially they identified challenges with doing so. First, the language of a "Council on Aging" was described as off-putting, as many adults do not identify themselves as being old or as being a senior—and therefore may not identify with participating at the COA. Further, the Bedford COA is tasked with balancing the needs and interests of both current seniors, including frail elders as well as attracting "future seniors" and those adult residents who are seeking more active programming. This balancing act becomes a particular challenge when it comes to marketing and outreach. In addition, many older adults are still working, spending time with grandchild, or providing more direct care to family members. One key-informant described, "*people still work during the week and cannot take a whole day bus trip to a museum; but perhaps there are programs that attract folks who are still active and working.*" Therefore, maintaining current outreach and programs and expanding to new activities serves as a challenge for the Bedford COA to consider moving forward.

Following discussion of these key challenges facing the Bedford COA, informants made the following suggestions. The first is to create incentives for residents to come to the COA earlier in life so that as their interests and needs change, they will be familiar with the programs, activities and services offered through the COA. The second is to organize a dedicated amount of time and energy for developing new programming and marketing strategies for the COA. For example, the COA Board could arrange for a full-day retreat to tackle some of these issues or engage with a consultant to think strategically about this particular need of the community.

Peer Community Comparison

In order to compare the Bedford COA with other comparable COAs in Massachusetts, we included a peer comparison of six municipalities with Bedford. The towns were selected because of demographic similarities in their populations and geographic proximity. The communities selected were Acton, Burlington, Carlisle, Concord, Lexington, and Lincoln. Data were collected through existing data that is made available through the Massachusetts Councils on Aging (MCOA) and a brief interview completed with directors of COAs/senior centers in each municipality. Interview questions were focused on several key areas including staffing, the senior center’s physical space, programming, and marketing.

Bedford and its peer communities share some commonalities with respect to key demographic and socioeconomic features (see **Table 13.**). The population size of these seven communities range from 5,125 in Carlisle to 32,936 in Lexington, with Bedford’s sitting about halfway in between with 14,088 residents. The percentage of the population 65 and older is relatively large in each of these communities, ranging from 13% in Acton to 19% in Concord as compared to 18% in Bedford. Median household income levels among these communities is high, with each being well over the state median household income of \$75,297. Similarly, many of these communities also have high educational attainment, as noted by the percentage of residents with at least a Bachelor’s degree when looking at both the 18 and older and 65 and older age ranges.

Table 13. Demographic features, Bedford and peer comparison communities

Town	All-age population	Median Household Income	% 65+ years	% 65+ years with at least a Bachelor’s degree	% 18+ years with at least a Bachelor’s degree
Bedford	14,088	\$117,688	18%	62%	65%
Acton	23,209	\$131,099	13%	62%	73%
Burlington	25,698	\$92,141	18%	27%	46%
Carlisle	5,125	\$167,400	17%	67%	81%
Concord	19,432	\$138,661	19%	67%	67%
Lexington	32,936	\$152,872	18%	68%	75%
Lincoln	6,651	\$130,870	16%	84%	74%

With the exception of the Carlisle COA, each of the peer community COAs operate in a space dedicated for seniors. Only Lincoln operates in a stand-alone building. All other COAs, including Bedford, share senior center space with other town departments. However, because the building where Lincoln’s senior center is housed was originally built to serve as the Town Hall, much of the space, including a large auditorium, is not always usable for programs and activities. The senior centers vary in size and age, and Bedford, Acton, Burlington, and Lexington all either recently moved to a new facility or recently received

additions or renovated their senior center space (see **Table 14**). Despite these minor differences in type of space the COAs occupy, only two out of the seven COA Directors (Bedford and Lexington) noted having adequate space for programs and activities. The remaining communities reported having insufficient space for their current program and activity needs.

All of the peer communities employ at least one full-time staff member, and paid staffing among these COAs range from four in Lincoln and six in Bedford up to 17 in Concord. All COA Directors are full-time, and other staff members include positions such as outreach coordinator, administrative assistant, social worker, program coordinator, and van driver. Except for Burlington, Bedford and its peer communities all have a “Friends of the COA” group that is engaged in fundraising activities for the COA, including town-wide mailings, craft fairs, silent auctions, and more. About 10 years ago, Lincoln’s “Friends of the COA” engaged in a unique fundraiser by creating and selling a “Sassy Senior Calendar”. This fundraiser raised more than \$24,000, and the Lincoln COA still receives calls of people interested in purchasing the calendar.

Each of these COAs rely heavily on volunteers. In Bedford, it is reported that 50-74% of all programs are run by volunteers. Acton and Lincoln volunteers run 50-74% of programs, and volunteers run 25-49% of programs in Burlington, Concord, and Lexington. Carlisle utilizes the fewest volunteers for their programs, at 1-24%. While the COAs in these communities typically charge a small fee for events or activities where an outside instructor or professional is brought in, because of funding provided by Lahey Hospital, the Burlington COA is able to offer free events and programming to all of its seniors. However, the other COAs work diligently to keep their fees low and often offer subsidized rates or waivers for those unable to pay. In addition, all of the COAs have a tax-work off program, with the number of available positions ranging from less than 10 in Bedford and Acton to an unlimited number of slots in Burlington.

The Bedford COA and its peer communities offer a wide variety of programs and activities for seniors that range in size and topic and are in response to community needs. For example, given the large Asian population in Acton, the COA there uses grant funding to provide outreach specifically for the older Asian population and provides targeted programs and events that may be of interest such as English language classes. While the majority of programs and events offered at COAs are meant to combat isolation among seniors, many of the peer community COAs offer programs targeted specially to isolated seniors such as the Friendly Visitor Program, which pairs volunteers with seniors in the community, or the Friendly Caller Program that provides similar weekly companionship to the visitor program but via telephone. In addition to isolation, hoarding is another issue faced by many seniors, and some of these peer community COAs have programs or provide one-on-one support specifically designed to address this problem—Bedford does not. At the Lincoln COA, in addition to a “declutter group” that has been meeting for the past 9 years, several educational programs about decluttering are offered. Although the Burlington COA does not offer hoarding specific programs, they are part of a town-wide hoarding task force and meet regularly to offer their insight. The Acton COA also has a hoarding support group. Moreover, many of these COAs also offer an array of support groups for community members related

to topics such as caregiving, coping with loss and bereavement, or what to do after retirement.

Each of these peer community COAs work hard to continuously market their programs and activities to encourage seniors' attendance as well as to attract newcomers. Marketing strategies include distributing monthly newsletters and flyers, providing regular news updates on the local cable channel, keeping their websites up-to-date, writing newspaper articles, and advertising at various community events.

Table 14. Features of COA space, Bedford and comparison communities

Town	Senior Center Space Square Feet	Year Senior Center Opened	Adequate space? *	Staff FT/PT	# of Tax Work Off Program Positions *	Volunteer capacity *
Bedford	14,000	1985	Yes	3/3	Less than 10	50-74% programs volunteer run
Acton	22,000 (about a ¼ used for other offices)	2017	No	1/6	Less than 10	50-74% programs volunteer run
Lincoln	7,300 (only use about 4,800)	Early 1980s	No	1/3	21-30	50-74% programs volunteer run
Burlington	NP (human services center)	2017	No	3/6	Unlimited slots	25-49% programs volunteer run
Lexington	34,600 (community center, no dedicated senior space)	2015	Yes	2/6	31-40	25-49% programs volunteer run
Concord	12,000	NP	No	8/9	10-20	25-49% programs volunteer run
Carlisle	NA	NA	No	2/12	21-30	1-24% programs volunteer run

*Retrieved from MCOA database; NA=Not applicable; NP=Not provided

Recommendations

Based on the results of this needs assessment, we offer the following recommendations for the Bedford COA:

- Plan for growth of the older population in Bedford. The Bedford COA as well as Town Departments and organizations operating in Bedford will be impacted by a growing older population. Adequate planning will require each to evaluate what the shifting demographic means for their operations, and how best to respond.
 - For example, consider a strategic planning process that would include plans for staffing, space, parking, and programming as it relates to the future seniors of Bedford.
- Strengthen information dissemination about transportation options available in Bedford.
 - For example, pursue grant funding to expand marketing and outreach for the existing transportation options in Bedford (e.g., the DASH) or to host training sessions on the use of concierge transportation options like Uber, Lyft or GoGoGrandparent.
- Promote alternative housing options for aging in place in Bedford like home-sharing or co-housing. Connect residents with information about these options and support advocacy efforts to adjust zoning regulations that would allow for these alternative housing options to be taken-up by seniors in Bedford.
 - For example, convene an “Aging in Place Workshop” to educate the public about creative ways to use their home equity to age in place as well as about alternative housing models like home-sharing¹³. This workshop could also widen publicity about currently available options for addressing economic security through the Bedford COA (e.g., SNAP benefits, fuel assistance, Circuit Breaker Income Tax Credit, and free tax preparation services).
- Develop information to share with community members about home modifications that can make their homes safer to live in as they age.
 - For example, work with community partners to develop a resource of local handyman services and information about financial support for such modifications.
- Enhance existing cross-departmental and public-private relationships, and encourage the creation of more collaborations, especially relating to supporting vulnerable residents of the community.
 - For example, facilitate a quarterly networking event for local organizations to come together. These events would include community education about the programs and services available through the Bedford COA but also provide a

¹³ <https://mcoonline.com/wp-content/uploads/2017/12/HOMESHARING-IN-MASSACHUSETTS-Revised-Finalbcedits.pdf>

mechanism by which community stakeholders can stay connected around issues facing seniors in Bedford.

- For example, through Bedford's pursuits as a dementia-friendly community engage these partners to develop resources and mechanisms by which stakeholders in the community who work with seniors (e.g., banks, faith communities, real estate agents, emergency response professionals, and nonprofit service providers) can recognize seniors living with dementia and connect them with appropriate information and resources in Bedford.
- Strengthen community knowledge about the senior services available to residents in Bedford.
 - For example, consider creating an incentive for "first-time" COA participants or a similar "welcome committee" at the Bedford COA to ensure that new participants have a pleasant first experience.
 - For example, correct misperceptions about who is "eligible" to participate in COA activities. Consider existing outlets like op-ed columns or local cable opportunities to explain eligibility for and resources provided by the Bedford COA. Feature current participant profiles, invite them to share their initial motivations for participating.

References

- AARP (2014). "What is Livable? Community Preferences of Older Adults." AARP Public Policy Institute. http://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livablereport-AARP-ppi-liv-com.pdf
- Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26, 1-18.
- Fowler Jr., F. J. (2014). *Survey research methods* (5th ed.). Los Angeles, Sage.
- Nelson, B. M. & Guengerich, T. (2009). *Going from good to great: A livable communities survey in Westchester County, New York*. Washington DC: AARP.
- Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, 26, 136 – 154.
- Qualls, Sara Honn (2014). What social relationships can do for health. Available online through the American Society on Aging website at <http://www.asaging.org/blog/what-social-relationships-can-do-health>).
- Renski, H. & Strate, S. (March 2015). *Section IV. Technical discussion of methods and assumptions*. Report prepared by the Donahue Institute. Retrieve from http://pep.donahue-Institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_SECTION_4.pdf
- Royse, D., Thyer, B. A., & Padgett, D. K. (2010). *Program evaluation: An introduction* (5th edition). Belmont, CA: Wadsworth.
- U.S. Census Bureau (2010). *American fact finder*. <http://www.Census.gov>

Appendix A: Reproduction of the Survey



Town of Bedford Survey of Residents Age 55 & Over

The Town of Bedford requests that residents age 55 and over share their views in order to assess the future needs of the Town's mature population and to evaluate existing programs and services. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.** If you prefer to respond online, you will find the link on the top of the Town of Bedford homepage at: www.bedfordma.gov. If you have questions or would like assistance completing this survey, please leave a message at 617-287-7413. We thank you in advance for your participation.

 **Please Return Your Survey by November 20th.** 

Section I: Community & Neighborhood

1. How long have you lived in Bedford? (Check only one)

<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 important is it to you to remain living in Bedford as you get older? (Check only one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Important	Somewhat Important	Slightly Important	Not at All Important

3. How often do you feel safe in the community where you live? (Check only one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	Most of the time	Sometimes	Rarely	Never

4. Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping)?
 Yes No

5. Do you provide any help to neighbors with minor tasks or errands?
 Yes No No, but I would be willing if asked

6. What are your greatest concerns about your ability to continue living in Bedford?

Section II: Housing & Living Situation

7. Which of the following best describes your current place of residence? (Check only one)
- | | |
|---|---|
| <input type="checkbox"/> Single-family home | <input type="checkbox"/> Housing with assistance (e.g., senior independent living community, assisted living) |
| <input type="checkbox"/> Multi-family home (2, 3, or more units) | <input type="checkbox"/> Edith Morse Memorial Veteran's Hospital |
| <input type="checkbox"/> Accessory apartment (add-on apartment to an existing home) | <input type="checkbox"/> Carleton Willard Village |
| <input type="checkbox"/> Apartment building, condominium or townhome | <input type="checkbox"/> Other (Please specify): _____ |
8. Do you rent or own your current place of residence? (Check only one)
- I own
- I rent
- Other (Please specify): _____
9. Who do you live with? (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> My grandchildren |
| <input type="checkbox"/> A spouse/partner | <input type="checkbox"/> My parent(s) |
| <input type="checkbox"/> My adult child(ren) (age 18 or older) | <input type="checkbox"/> Another relative |
| <input type="checkbox"/> My child(ren) (under age 18) | <input type="checkbox"/> Someone else |
10. Would your current residence need home modifications (e.g., railings on stairs, wheelchair ramp, wider door frames) to improve your ability to live in it safely as you get older?
- | | |
|---|---|
| <input type="checkbox"/> Yes, and I can afford to make these modifications | <input type="checkbox"/> No, my current residence does not need modifications |
| <input type="checkbox"/> Yes, but I cannot afford to make these modifications | |
11. Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely as you get older?
- | | |
|---|---|
| <input type="checkbox"/> Yes, and I can afford to make these repairs | <input type="checkbox"/> Yes, but I am not responsible for making these repairs (e.g., I rent my residence) |
| <input type="checkbox"/> Yes, but I cannot afford to make these repairs | <input type="checkbox"/> No, my current residence does not need repairs |
12. In the next 5 years, what kind of housing would you prefer in Bedford? (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Smaller, single-family home | <input type="checkbox"/> Housing with assistance (e.g., senior independent living community, assisted living) |
| <input type="checkbox"/> Multi-family home (2, 3, or more units) | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Accessory apartment (add-on apartment to an existing home) | |
| <input type="checkbox"/> Apartment building, condominium or townhome | |

13. Is your preference to rent or own your next home? (Check only one)

- To own
- To rent
- N/A, I do not plan on moving from my current residence
- Other (Please specify) _____

14. Which of the following could be potential reasons that you would leave Bedford?
(Check all that apply)

- Cost of living
- Lack of available affordable housing
- Lack of available medical services
- Environmental factors (e.g., weather)
- Lack of family nearby
- Lack of home health or support services
- Lack of available public transportation
- Other (Please specify): _____

Section III: Transportation

15. What are the primary ways in which you meet your transportation needs? (Check all that apply)

- I drive myself
- My spouse or child(ren) drive(s) me
- Friends or neighbors drive me
- Public transportation (e.g., BLT, DASH, MBTA)
- The Ride (MBTA's paratransit service)
- Taxi or ride sharing service (e.g., Uber, LYFT)
- Volunteer medical transportation
- Wheels of Life by the Bedford Council on Aging
- Walk or bike
- Other (Please specify): _____

16. 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 highway driving
- I avoid driving far distances
- I avoid driving in unfamiliar areas

17. What kind of difficulties do you have in getting the transportation that you need?
(Check all that apply)

- I have no difficulties
- Council on Aging transportation is unavailable or inconvenient
- Public transportation is unavailable or inconvenient
- Other (Please specify): _____
- Physical limitations or other impairments
- No door-to-door assistance
- No one I can depend on for a ride
- Safety of sidewalks and bike routes
- Costs too much

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

- Yes No

19. How satisfied are you with the transportation options available to you in Bedford?
(Check only one)

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

Section IV: Caregiving

20. Do you now or have you in the past 12 months provided care or assistance to a person who is **disabled** or **frail** (e.g., a spouse, parent, relative, or friend)?

- Yes (Continue to questions 21, 22 & 23) No (Skip to question 24)

21. **If Yes on question 20:** Who do/did you provide care or assistance for? (Check all that apply)

- Spouse Adult child (age 18+) Relative
 Friend Child (under age 18) Other (Please specify): _____

22. **If Yes on question 20:** How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

- Very Challenging Somewhat Challenging Neither Challenging Nor Easy Somewhat Easy Very Easy

23. **If Yes on question 20:** Does/did this person have any of the following conditions? (Check all that apply)

- Sensory impairment (e.g., vision, hearing) Psychological condition (e.g., anxiety, depression)
 Mobility impairment (e.g., difficulty walking, climbing stairs) Intellectual or developmental disability
 Chronic disease (e.g., cancer, diabetes, asthma) Alzheimer's or dementia
 Recent surgery
 Other (please specify): _____

Section V: Your Health

24. How would you rate your overall physical health? (Check only one)

- Excellent Good Fair Poor

25. How would you rate your overall emotional well-being? (Check only one)

- Excellent Good Fair Poor

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

- Yes No

Section VIII: Programs & Services Offered by the Bedford Council on Aging

33. How frequently do you use programs or services offered by the Bedford Council on Aging? (Check only one)

- Two or more times a week
- About once a week
- A few times a month
- About once a month
- A few times a year (e.g., special events only)
- I am not familiar with the programs and services offered
- Never, I do not use programs or services offered by the Bedford Council on Aging (**Skip to question 34**)

34. **If never:** What is the reason that you do not currently use programs or services offered by the Bedford Council on Aging? (Check all that apply)

- I am not interested
- I do not have time
- I am not familiar with the programs offered by the Bedford Council on Aging
- I participate in programs elsewhere
- I do not feel old enough
- Other (Please specify): _____

35. Outside of those offered by the Bedford Council on Aging, in what other types of local programs, services, or activities do you participate? (Check all that apply)

- Volunteer programs
- Faith-based activities
- Other (Please specify): _____
- Fraternal or civic organizations (e.g., American Legion)
- Recreational/exercise/health programs

36. Where do you find local information about Town activities and services? (Check all that apply)

- Print newspaper (e.g., The Bedford Minuteman)
- Online newspaper (e.g., The Bedford Citizen)
- Bedford Council on Aging Newsletter
- Other (Please specify): _____
- Local Radio AM1640
- Email, websites, or social media
- Local Access Cable TV

37. How satisfied are you with the programs and services offered through the Bedford Council on Aging? (Check only one)

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely Satisfied | Very Satisfied | Somewhat Satisfied | Slightly Satisfied | Not at All Satisfied | N/A, I do not use COA programs |

38. The following items refer to programs and services that are currently offered through the Bedford Council on Aging. Please rate the importance of each program/service to you or your family. (Check only one box per item)

	Very Important (1)	(2)	Moderately Important (3)	(4)	Not at All Important (5)	I Don't Know
Assistance with local or state applications (e.g., Fuel Assistance, SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise classes (e.g., yoga, Tai Chi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health and wellness clinics (e.g., blood pressure, hearing, or foot care clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional support (e.g., phone calls, office visits, emails, home visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition programs (e.g., lunches or home-delivered meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional services (e.g., health insurance counseling, tax, legal, or financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social or recreational activities (e.g., pool, parties, crafts, gardening, painting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups (e.g., caregiver, diabetic, or falls prevention group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational opportunities (e.g., book club, computer classes or lectures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trips/Outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Employment Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fix It Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Below is a list of issues one could encounter when accessing the Bedford Council on Aging or its programs. Which of these issues have you experienced? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hours of the programs are inconvenient | <input type="checkbox"/> Lack of sufficient parking |
| <input type="checkbox"/> Not knowing what programs and services are available | <input type="checkbox"/> Programs don't interest me |
| <input type="checkbox"/> Location of the programs and services are inconvenient | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Limited class size for events/activities | <input type="checkbox"/> I don't think I would fit in there |
| | <input type="checkbox"/> Cost for programs and services |
| | <input type="checkbox"/> Other (Please specify): _____ |

40. Thinking about your future, which of the following areas would be of interest and importance to you? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lunch or other nutrition programs | <input type="checkbox"/> Educational programs |
| <input type="checkbox"/> Performances/presentations | <input type="checkbox"/> Information/referral for social services |
| <input type="checkbox"/> Health and wellness programs (e.g., exercise or disease management programs) | <input type="checkbox"/> Caregiver support programs (e.g. respite, support groups, memory care) |
| <input type="checkbox"/> Arts & crafts | <input type="checkbox"/> In-home programs (e.g., friendly visiting or help with minor chores/ errands) |
| <input type="checkbox"/> Hiking/biking/walking club | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Evening or weekend activities | |
| <input type="checkbox"/> Intergenerational programs | |

41. What other programs and services not currently offered through the Bedford Council on Aging would you like to see made available?

Section IX: Demographic Information

42. Please select your gender. Female Male Do not care to respond

43. What is your age range? (Check only one)

- 55 to 59 60 to 69 70 to 79 80 to 89 90+

44. Do you speak a language other than English at home?

- Yes No

45. **If YES:** what language other than English do you speak at home? _____

46. Was there any time in the past 12 months when you did not have the money for the following necessities? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> N/A, I did not lack money | <input type="checkbox"/> Pay utility bills (e.g. oil or electricity) |
| <input type="checkbox"/> Pay rent, mortgage, real estate taxes | <input type="checkbox"/> Buy food |
| <input type="checkbox"/> Pay for medical needs (e.g. prescriptions) | <input type="checkbox"/> Pay for car repairs or home repairs |
| <input type="checkbox"/> Other (Please specify): _____ | |

47. If you have any other thoughts or comments about the Town of Bedford Council on Aging, please include them here: _____

Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact:

Caitlin E. Coyle, PhD

Center for Social & Demographic Research on Aging

University of Massachusetts Boston

Email: caitlin.coyle@umb.edu

Voice: 617.287.7467

Appendix B: Complete tables, Bedford Resident Survey

Percentage distributions for quantitative items included in the Town of Bedford Senior Center resident survey are shown below. Percentages are provided separately for respondent's age 55-59, 60-69, 70-79, and age 80 and older. Percentages are also provided for all-age respondents. Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of respondents.

Section I: Community & Neighborhood

Q1. How long have you lived in Bedford?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	8%	6%	6%	9%	7%
5-14 years	16%	12%	11%	19%	13%
15-24 years	41%	21%	11%	6%	18%
25-34 years	23%	29%	10%	5%	17%
35-44 years	5%	22%	28%	5%	18%
45 years or longer	7%	10%	34%	56%	27%
Total %	100%	100%	100%	100%	100%

Q2. How important is it to you to remain in Bedford as you get older?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	36%	42%	59%	73%	53%
Somewhat Important	37%	38%	31%	20%	32%
Slightly Important	17%	12%	7%	4%	9%
Not at all Important	10%	8%	3%	3%	6%
Total %	100%	100%	100%	100%	100%

Q3. How often do you feel safe in the community where you live? (Check only one.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Always	69%	67%	69%	70%	68%
Most of the time	30%	32%	30%	29%	31%
Sometimes	--	--	1%	1%	1%
Rarely	1%	1%	--	--	--
Total %	100%	100%	100%	100%	100%

Q4. Would you ask a neighbor/friend for help if you needed assistance with a minor task or errand (e.g., changing a lightbulb, shopping, or shoveling snow)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	62%	71%	66%	70%	68%
No	38%	29%	34%	30%	32%
Total %	100%	100%	100%	100%	100%

Q5. Do you provide any help to neighbors/friends with minor tasks or errands?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	51%	51%	54%	42%	50%
No	5%	5%	6%	16%	8%
No, but I would be willing if asked	43%	44%	40%	42%	42%
Total %	100%	100%	100%	100%	100%

Q6. What are your greatest concerns about your ability to continue living in Bedford?

See text for summary of responses.

Section II: Housing & Living Situation

Q7. Which of the following best describes your current place of residence?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Single-family home	82%	83%	74%	61%	76%
Multi-family home (2, 3, or more units)	8%	5%	3%	3%	5%
Accessory apartment (add-on apartment to an existing home)	0%	1%	2%	3%	1%
Apartment building, condominium or townhome	8%	10%	16%	11%	12%
Housing with assistance (e.g., senior independent living community, assisted living)	0%	0%	1%	1%	<1%
Edith Morse Memorial Veteran's Hospital	0%	0%	0%	1%	0%
Carleton Willard Village	0%	0%	2%	19%	5%
Other (Please specify):	1%	1%	2%	1%	1%
Total %	100%	100%	100%	100%	100%

Q8. Do you own or rent your current place of residence?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
I own	87%	91%	91%	70%	86%
I rent	10%	7%	6%	15%	9%
Other	3%	2%	3%	15%	5%
Total %	100%	100%	100%	100%	100%

Q9. Who do you live with?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone	10%	10%	22%	38%	19%
A spouse/partner	85%	83%	72%	46%	46%
My adult child(ren) (age 18 or older)	33%	16%	9%	13%	16%
My child(ren) (under age 18)	17%	2%	0%	0%	3%
My grandchild(ren)	0%	2%	3%	3%	2%
My parent(s)	2%	3%	0%	0%	1%
Another relative	1%	3%	0%	1%	2%
Someone else (non-relative)	1%	3%	0%	2%	2%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q10. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to remain safely in your home for the next 5 years?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these modifications	51%	59%	50%	32%	49%
Yes, but I cannot afford to make these modifications	13%	10%	9%	7%	10%
No, my current residence does not need modifications	36%	31%	41%	61%	41%
Total %	100%	100%	100%	100%	100%

Q11. Does your current residence need home repairs (e.g., a new roof, a heater or electrical work, carpentry etc.)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs	27%	28%	24%	18%	24%
Yes, but I cannot afford to make these repairs	10%	7%	5%	6%	7%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	3%	2%	2%	5%	3%
No, my current residence does not need repairs	60%	63%	69%	71%	66%
Total %	100%	100%	100%	100%	100%

Q12. In the next 5 years, if you move from your current residence, what kind of housing would you prefer in Bedford? (Check all that apply.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Smaller, single family home	52%	46%	33%	18%	37%
Multi-family home (2, 3, or more units)	8%	7%	5%	3%	6%
Accessory apartment (add-on apartment to an existing home)	8%	10%	7%	7%	8%
Apartment building, condominium or townhome	22%	24%	27%	10%	21%
Housing with assistance (e.g., senior independent living community, assisted living)	17%	19%	37%	42%	29%
Other (Please specify):	25%	27%	24%	27%	26%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q13. Is it your preference to rent or own your next home? (Check only one.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
To own	68%	64%	39%	22%	48%
To rent	7%	7%	9%	9%	8%
N/A I do not plan on moving from my current residence.	22%	25%	44%	64%	38%
Other (please specify):	3%	4%	8%	5%	6%
Total %	100%	100%	100%	100%	100%

Q14. Which of the following could be potential reasons that you would leave Bedford? (Check all that apply.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Cost of Living	63%	57%	44%	27%	48%
Lack of available affordable housing	31%	26%	22%	12%	22%
Lack of available medical services	5%	3%	4%	6%	4%
Environmental factors (e.g., weather)	28%	21%	11%	6%	16%
Lack of family nearby	27%	30%	29%	20%	27%
Lack of home health or support services	11%	9%	13%	16%	12%
Lack of available public transportation	22%	28%	22%	14%	22%
Other (Please specify):	19%	18%	14%	23%	18%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Section III: Transportation

Q15. What are the primary ways in which you meet your transportation needs?

	Age 55- 59	Age 60- 69	Age 70- 79	Age 80+	All Ages
I drive myself	97%	96%	95%	74%	91%
My spouse or child(ren) drive(s) me	14%	22%	30%	39%	27%
Friends or neighbors drive me	5%	3%	8%	12%	7%
Public transportation (e.g., BLT, DASH, MBTA)	10%	9%	11%	9%	10%
The Ride (MBTA's paratransit service)	1%	1%	1%	4%	2%
Taxi or ride sharing service (e.g., Uber, LYFT)	4%	6%	6%	7%	6%
Volunteer medical transportation	0%	0%	1%	4%	1%
Wheels of Life by the Bedford Council on Aging	1%	0%	0%	3%	1%
Walk or bike	31%	32%	18%	11%	23%
Other (Please specify):	1%	1%	4%	10%	4%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q16. Which of the following strategies do you use to modify your driving to make it easier or safer?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Not applicable—I do not drive	4%	4%	4%	21%	8%
I do not modify my driving at all	64%	61%	45%	23%	49%
I avoid driving at night	10%	20%	34%	40%	27%
I avoid making left hand turns	4%	4%	5%	4%	4%
I avoid driving in bad weather	18%	22%	32%	36%	27%
I avoid highway driving	2%	5%	7%	12%	6%
I avoid driving far distances	5%	7%	14%	25%	13%
I avoid driving in unfamiliar areas	6%	7%	14%	20%	12%
Other	8%	7%	7%	9%	8%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q17. What kind of difficulties do you have in getting the transportation that you need?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
I have no difficulties	85%	82%	83%	74%	81%
Council on Aging transportation is unavailable or inconvenient	1%	1%	2%	5%	2%
Public transportation is unavailable or inconvenient	8%	12%	11%	11%	11%
Physical limitations or other impairments	1%	2%	2%	5%	2%
No door-to-door assistance	1%	1%	2%	4%	2%
No one I can depend on for a ride	2%	2%	3%	2%	2%
Safety of sidewalks and bike routes	6%	9%	6%	2%	6%
Costs too much	3%	1%	1%	2%	2%
Other (Please specify):	6%	4%	5%	8%	5%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q18. Within the past 12 months, did you have to miss, cancel or reschedule a medical appointment because of a lack of transportation?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	3%	2%	3%	6%	3%
No	97%	98%	97%	94%	97%
Total %	100%	100%	100%	100%	100%

Q19. How satisfied are you with the transportation options available to you in Bedford?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Completely Satisfied	20%	19%	20%	21%	20%
Very Satisfied	23%	25%	32%	38%	29%
Somewhat Satisfied	39%	36%	31%	25%	33%
Slightly Satisfied	11%	13%	11%	9%	11%
Not at all Satisfied	7%	6%	6%	7%	7%
Total %	100%	100%	100%	100%	100%

Section IV: Caregiving

Q20. Do you now or have you in the past 12 months provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative or friend)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	42%	35%	29%	25%	32%
No	58%	65%	71%	75%	68%
Total %	100%	100%	100%	100%	100%

Q21. If yes on question 20: who do/did you provide care or assistance for? (Check all that apply.)

	All Ages
Relative	43%
Friend	27%
Spouse	26%
Other:	10%
Adult Child (age 18+)	7%
Child (under age 18)	1%

Q22. If yes on question 20: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Very challenging	15%	15%	11%	16%	14%
Somewhat challenging	46%	43%	24%	21%	35%
Neither challenging nor easy	22%	20%	28%	24%	23%
Somewhat easy	9%	13%	16%	23%	15%
Very easy	8%	9%	21%	16%	13%
Total %	100%	100%	100%	100%	100%

**Includes only respondents who answered "yes" on question Q19.*

Q23. If yes on question 20: Did this person(s) have any of the following conditions?

	All Ages
Mobility impairment (e.g., difficulty walking, climbing stairs)	64%
Sensory impairment (e.g., vision or hearing)	29%
Chronic disease (e.g., cancer, diabetes, asthma)	29%
Intellectual or developmental disability	22%
Alzheimer's or dementia	20%
Recent surgery	16%
Other	12%
Psychological condition (e.g., anxiety, depression)	5%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

**Includes only respondents who answered "yes" on question Q19.*

Section V: Your Health

Q24. How would you rate your overall physical health?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	54%	43%	31%	16%	35%
Good	41%	49%	57%	58%	52%
Fair	5%	7%	10%	22%	11%
Poor	0%	1%	2%	4%	2%
Total %	100%	100%	100%	100%	100%

Q25. How would you rate your overall emotional wellbeing?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	54%	51%	50%	35%	48%
Good	41%	43%	43%	52%	45%
Fair	5%	5%	6%	12%	7%
Poor	0%	1%	1%	1%	1%
Total %	100%	100%	100%	100%	100%

Q26. Do you have an impairment or condition that limits your ability to participate in your community?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	3%	7%	12%	33%	14%
No	97%	93%	88%	67%	86%
Total %	100%	100%	100%	100%	100%

Section VI: Current & Future Retirement Plans

Q27. What is your employment status?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Working full-time	67%	38%	6%	2%	25%
Working part-time	17%	17%	14%	3%	13%
Unemployed	6%	4%	2%	3%	4%
Retired	6%	39%	81%	92%	58%
Near retirement. I plan to retire in 3-5 years.	7%	11%	2%	1%	6%
Other	6%	3%	2%	2%	3%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q28. Regardless of your current employment status, are you actively seeking employment?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	20%	10%	3%	0%	8%
No	80%	90%	97%	100%	92%
Total %	100%	100%	100%	100%	100%

Section VII: Social Engagement

Q29. How often do you talk on the phone, send email, use social media, or get together to visit with family, friends, relatives, or neighbors?

Talk on the Phone with family, friends, or neighbors?	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	50%	41%	41%	42%	43%
One or more times a week	37%	43%	43%	43%	42%
More than once a month	7%	11%	10%	10%	10%
Once a month	4%	2%	4%	2%	3%
2-3 times a year (e.g., holidays)	2%	2%	1%	1%	1%
Never	0%	1%	1%	2%	1%
Total %	100%	100%	100%	100%	100%

Send email or use social media with family, friends, or neighbors?	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	66%	60%	53%	32%	53%
One or more times a week	23%	26%	29%	35%	29%
More than once a month	6%	6%	8%	8%	7%
Once a month	1%	3%	2%	3%	2%
2-3 times a year (e.g., holidays)	2%	2%	2%	4%	2%
Never	2%	3%	6%	18%	7%
Total %	100%	100%	100%	100%	100%

Get together in person with family, friends, neighbors	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	22%	18%	15%	21%	19%
One or more times a week	46%	51%	50%	48%	49%
More than once a month	21%	20%	24%	22%	22%
Once a month	7%	6%	5%	4%	5%
2-3 times a year (e.g., holidays)	3%	5%	5%	5%	5%
Never	1%	--	1%	--	--
Total %	100%	100%	100%	100%	100%

Q30. Do you have someone living within 30 minutes of your home on whom you can rely for help when you need it?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	90%	90%	93%	91%	91%
No	10%	10%	7%	9%	9%
Total %	100%	100%	100%	100%	100%

Q31. Which of the following volunteer activities in Bedford are you currently participating in? (Check all that apply).

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Volunteer my time with Town of Bedford departments or boards (e.g., Council on Aging)	8%	10%	14%	9%	11%
Volunteer my time with faith-based organizations	17%	19%	20%	15%	18%
Volunteer my time with local nonprofit or charitable organizations	19%	17%	20%	11%	17%
I am not currently participating in volunteer activities in Bedford	61%	63%	54%	61%	60%
Other (Please specify):	7%	6%	9%	12%	8%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q32.If you are not currently participating in volunteer activities in Bedford, what is the reason why? (Check all that apply).

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
I do not have time	53%	42%	26%	15%	34%
I am not interested	11%	14%	21%	23%	17%
I am interested but restricted due to mobility and/or transportation limitations	1%	2%	5%	15%	6%
I am interested but unaware of volunteer opportunities in Bedford	8%	10%	10%	3%	8%
I am involved in activities outside of Bedford	18%	21%	25%	19%	21%
Other (Please specify)	13%	15%	22%	25%	19%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Section VIII: Activities & Services at the Town of Bedford Senior Center

Q33. How frequently do you use programs or services offered by the Town of Bedford Senior Center?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times per week	1%	3%	9%	10%	6%
About once a week	1%	5%	9%	6%	6%
A few times a month	0%	3%	5%	5%	3%
About once a month	0%	1%	4%	6%	2%
A few times a year (e.g., special events)	4%	16%	27%	26%	20%
Never, I do not use programs or services offered by the Town of Bedford Senior Center	94%	72%	46%	47%	63%
Total %	100%	100%	100%	100%	100%

Q34. If never: What is the reason that you do not currently use programs or services offered at the Town of Bedford Senior Center?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
I do not feel old enough	71%	54%	30%	7%	45%
I am not interested	18%	21%	28%	21%	22%
I do not have time	21%	35%	16%	18%	25%
I am not familiar with the programs offered by the Bedford Council on Aging	18%	18%	10%	10%	15%
I participate in programs elsewhere	3%	7%	23%	35%	14%
Other (Please specify):	6%	11%	14%	25%	13%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

**Only includes respondents who answered "Never" on question 33*

Q35. Outside of the Bedford Council on Aging, in what other types of local programs, services, or activities do you participate? (Check all that apply.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Volunteer programs	26%	23%	24%	14%	22%
Faith-based activities	28%	26%	34%	28%	29%
Fraternal or civic organizations (e.g., American Legion)	4%	7%	6%	6%	6%
Recreational/exercise/health programs	50%	45%	34%	24%	38%
Other (Please specify):	11%	15%	18%	26%	18%
Volunteer programs	26%	23%	24%	14%	22%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q36. Where do you prefer to find information about the activities and services offered by the Town of Bedford Senior Center?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Print newspaper (e.g., The Bedford Minuteman)	40%	34%	42%	47%	40%
Online newspaper (e.g., The Bedford Citizen)	50%	53%	45%	26%	44%
Bedford Council on Aging Newsletter	11%	59%	76%	73%	59%
Local Radio AM 1640	1%	1%	0%	2%	1%
Email, websites, or social media	44%	37%	28%	17%	31%
Local Access Cable TV	6%	5%	6%	9%	6%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q37. How satisfied are you with the programs and services offered through the Bedford Council on Aging?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Completely satisfied	15%	14%	19%	21%	18%
Very satisfied	46%	49%	52%	50%	50%
Somewhat satisfied	23%	17%	17%	22%	19%
Slightly satisfied	0%	4%	4%	1%	3%
Not at all satisfied	0%	1%	0%	0%	0%
Not applicable	15%	14%	8%	6%	9%

**Only includes respondents who report participating in the senior center in question 33*

Q38. The following items refer to programs and services that are currently offered through the Town of Bedford Senior Center. Please rate the importance of each program/service to you or your family/friends.

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Assistance with local or state programs (e.g., fuel assistance, SNAP)					
Very Important/Important	21%	18%	11%	13%	15%
Moderately Important/Slightly Important	9%	13%	14%	12%	12%
Not at all Important	37%	46%	58%	57%	50%
I don't know	33%	23%	17%	18%	23%

Transportation					
Very Important/Important	31%	27%	21%	22%	25%
Moderately Important/Slightly Important	13%	22%	26%	23%	22%
Not at all Important	33%	32%	41%	42%	36%
I don't know	23%	19%	12%	13%	17%
Exercise Classes (e.g., yoga, Tai Chi)					
Very Important/Important	32%	31%	24%	17%	26%
Moderately Important/Slightly Important	22%	31%	27%	18%	26%
Not at all Important	24%	22%	36%	53%	32%
I don't know	22%	16%	13%	12%	16%
Physical health and wellness clinics (e.g., blood pressure, hearing, or foot care clinics)					
Very Important/Important	34%	31%	26%	24%	28%
Moderately Important/Slightly Important	19%	27%	27%	25%	26%
Not at all Important	24%	24%	36%	40%	31%
I don't know	23%	17%	11%	11%	15%
Social or emotional wellness programs (e.g., phone calls, office visits, emails, home visits)					
Very Important/Important	25%	20%	13%	13%	18%
Moderately Important/Slightly Important	18%	21%	18%	17%	18%
Not at all Important	33%	39%	51%	53%	44%
I don't know	24%	20%	18%	17%	20%
Nutrition programs (e.g., lunches or home-delivered meals)					
Very Important/Important	25%	20%	12%	15%	17%
Moderately Important/Slightly Important	15%	18%	17%	19%	17%
Not at all Important	35%	43%	57%	53%	48%
I don't know	25%	19%	14%	12%	18%
Professional Services (e.g., health insurance counseling, tax, legal, & financial)					
Very Important/Important	29%	28%	23%	24%	26%
Moderately Important/Slightly Important	18%	28%	21%	21%	23%
Not at all Important	30%	27%	45%	44%	36%

I don't know	23%	17%	12%	11%	15%
Social or recreational (e.g., pool, crafts, gardening, painting)					
Very Important/Important	29%	26%	18%	13%	22%
Moderately Important/Slightly Important	23%	32%	32%	26%	29%
Not at all Important	25%	26%	37%	46%	33%
I don't know	23%	16%	13%	15%	16%
Support groups (e.g., caregiver, diabetic, or falls prevention group)					
Very Important/Important	27%	21%	14%	10%	18%
Moderately Important/Slightly Important	16%	22%	20%	22%	21%
Not at all Important	33%	37%	49%	51%	42%
I don't know	24%	20%	17%	17%	19%
Educational opportunities (e.g., book club, computer classes, or lectures)					
Very Important/Important	31%	30%	23%	17%	26%
Moderately Important/Slightly Important	23%	29%	32%	29%	29%
Not at all Important	25%	24%	33%	42%	30%
I don't know	21%	17%	12%	12%	15%
Trips/Outings					
Very Important/Important	25%	26%	23%	18%	23%
Moderately Important/Slightly Important	25%	27%	29%	34%	29%
Not at all Important	27%	29%	36%	38%	33%
I don't know	23%	18%	12%	10%	15%
Volunteer Opportunities					
Very Important/Important	25%	23%	18%	10%	19%
Moderately Important/Slightly Important	28%	32%	28%	22%	28%
Not at all Important	23%	25%	39%	52%	34%
I don't know	24%	20%	15%	16%	19%
Senior Employment Program					
Very Important/Important	23%	19%	9%	5%	14%
Moderately Important/Slightly Important	17%	17%	13%	7%	14%
Not at all Important	34%	42%	59%	69%	51%
I don't know	26%	22%	19%	19%	21%

Fix it Shop					
Very Important/Important	24%	24%	23%	22%	23%
Moderately Important/Slightly Important	27%	33%	26%	26%	29%
Not at all Important	24%	26%	37%	40%	32%
I don't know	25%	17%	14%	12%	16%
Evening Programs					
Very Important/Important	19%	21%	12%	8%	16%
Moderately Important/Slightly Important	24%	27%	23%	13%	22%
Not at all Important	28%	31%	49%	63%	42%
I don't know	29%	21%	16%	16%	20%

Q39. Below is a list of issues one could encounter when accessing the Town of Bedford Senior Center or its programs. Which of these have you experienced?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Hours of the programs are inconvenient	6%	13%	14%	9%	11%
Not knowing what programs and services are available	25%	16%	9%	8%	14%
Location of the programs and services are inconvenient	0%	2%	2%	3%	2%
Limited class size for events/activities	0%	1%	3%	2%	2%
Lack of sufficient parking	1%	4%	7%	11%	6%
Programs don't interest me	10%	18%	20%	18%	17%
Lack of transportation	1%	1%	2%	8%	3%
I don't think I would fit in there	17%	17%	13%	10%	14%
Cost for programs and services	0%	4%	5%	7%	4%
Other (Please specify):	23%	18%	20%	21%	20%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q40. Thinking about your future, which of the following areas would be of interest and importance to you? (Check all that apply.)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Lunch or other nutrition programs	20%	21%	23%	24%	22%
Performances/presentations	36%	42%	41%	29%	38%
Health and wellness programs (e.g., exercise or disease management programs)	53%	63%	45%	28%	48%
Arts & crafts	29%	29%	22%	12%	23%
Evening or weekend activities	37%	32%	18%	8%	23%
Hiking/biking/walking club	57%	52%	28%	7%	36%
Intergenerational programs	19%	18%	13%	6%	14%
Educational programs	51%	54%	49%	29%	46%
Information/referral for social services	25%	23%	20%	16%	21%
Caregiver support programs (e.g. respite, support groups, memory care)	25%	22%	20%	20%	21%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	28%	26%	27%	31%	28%
Other (Please specify):	6%	6%	7%	11%	8%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q41. What other programs and services not currently offered through the Town of Bedford Senior Center would you like to see made available?

See text for a summary of responses.

Section IX: Demographic Information

Q42. Please select your gender:

	Age 60-69	Age 70-79	Age 80+	All Ages
Male	55%	56%	61%	56%
Female	43%	43%	38%	43%
Do not care to respond	2%	1%	1%	1%
Total %	100%	100%	100%	100%

Q43. What is your age range?

	All Ages
Age 55-59	15%
Age 60-69	34%
Age 70-79	29%
Age 80+	22%
Total %	100%

Q44. Do you speak a language other than English at home?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	13%	6%	7%	9%	8%
No	87%	94%	93%	91%	92%
Total %	100%	100%	100%	100%	100%

Q45. If yes: what language other than English do you speak at home?

	N=		N=
Turkish	1	Spanish	10
Other	7	Korean	2
Arabic	2	Indian	7
Armenian	5	Greek	5
Chinese	25	Indian Dialects	6
European	46	Other Asian	6

Q46. Was there any time in the past 12 months when you did not have money for the following necessities?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All Ages
N/A I did not lack money	78%	82%	84%	82%	82%
Pay rent, mortgage, real estate taxes	4%	2%	2%	3%	2%
Pay for medical needs (e.g., prescriptions)	3%	2%	1%	2%	2%
Pay utility bills (e.g., oil or electric)	5%	2%	1%	2%	2%
Buy food	3%	1%	0%	1%	1%
Pay for car repairs or home repairs	6%	4%	3%	3%	3%
Other	3%	3%	2%	2%	2%

**Respondents could choose all that apply; therefore, columns do not add to 100%*

Q47. If you have any other thoughts or comments the Town of Bedford Council on Aging, please include them here:

See text for summary of write-in responses.

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