Coastline Elderly Services, Inc.

Area Agency on Aging

and

Aging Services Access Point

2017 Needs Assessment

Serving the communities of:
Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester.
Foreword

Coastline Elderly Services, Inc. (Coastline) is an Area Agency on Aging (AAA) and Aging Services Access Points (ASAP) which is responsible for conducting a needs assessment of older individuals, development of an area plan, and the distribution of federal funds to support programs and services under the Older Americans Act of 1965, as amended.

Funding to community organizations is targeted to elders who are age 60 and over, including caregivers, throughout Coastline’s planning and service area.

From September 1, 2016 through December 30, 2016, 22 area agencies on aging throughout the Commonwealth began the task of conducting their needs assessment studies. Coastline, in addition to the other AAAs, were required to conduct a minimum of eight needs assessment sessions directly involving elders and their caregivers, by using such strategies as focus groups, listening sessions, community meetings, or forums, etc.

In addition, the Executive Office of Elder Affairs used a web link to gather the needs assessment data from all 22 area agencies on aging.

Coastline focused on small and large public gatherings, meetings with stakeholders, such as the Advisory Council, elderly immigrant population, lesbian, gay, bisexual and transgendered elders, (LGBT) including our low income elderly population. In addition to focus groups, surveys were also mailed to elders throughout eight communities of our service area, including rural elders and elders of the Mashpee Wampanoag Tribe in New Bedford.

Surveys were also mailed randomly throughout the planning and service. A total of 650 questionnaires were provided to participants and 48 percent of those surveys were returned completed. Surveys were also provided in Spanish and Portuguese. A copy of the survey tool is included in the Appendices of this report.

This year’s report also incorporates results from similar surveys conducted in 2013 from Coastline, including statistical data obtained from numerous secondary sources. This report reflects the Area Agency on Aging’s commitment in identifying pertinent data that will aid in the development of the Area Plan on Aging, and will also aid in the development of new programs and services to our areas’ elders and to the caregivers.

Paula Shiner
Chief Executive Officer

Ann McCrillis
Area Agency on Aging Planner
Acknowledgements

Our sincere gratitude to our partners and staff that assisted us with the Needs Assessment study.

Ann Marie Askew, Mashpee Wampanoag Tribe, coordinated delivery of surveys to tribal elders.

Kim Bryant, Coastline Elderly Services, Inc., compiled results of the surveys.

Bethany DeGrace, Coastline Elderly Services, Inc. coordinated a focus group for nutrition volunteers.

Helena DaSilva Hughes, Immigrants Assistance Center, coordinated a focus group with non-English speaking elders.

Kris Lombard, Gosnold Council on Aging, coordinated delivery of surveys to Cuttyhunk elders.

Connie Mayer, Advisory Council Member, served on the Area Plan Committee.

Jacqueline Medeiros, Coastline Elderly Services, Inc. coordinated a focus group with the Foster Grandparents; served on the Area Plan Committee.

Sharon O’Malley, Association for the Relief of Aged Women, coordinated delivery of surveys to socially isolated, low income elders.

Karyl Ryan, Coastline Elderly Services, Inc. coordinated a listening session with the Senior Community Service Employment Program.

George N. Smith, Coastline’s Advisory Council, facilitated numerous listening sessions and focus groups.

Anne Sylvia, Fairhaven Council on Aging, coordinated the listening session for the LGBT elders.

Heather Sylvia, Marion Council on Aging, served on the Area Plan Committee.
About This Report

Accuracy of the Estimates
Some data in this report is based on a sample of the population and is, therefore, subject to sampling error. The data in some indicators may not sum to totals because of rounding.

All demographic and population data is U.S. Census data unless otherwise noted. All Census data is from the Year 2010, unless otherwise noted. Data accuracy is not guaranteed. Please verify any data questions with the U.S. Census Bureau.

What is a Need?
Needs are social definitions representing what a person or group requires in order to play a role, meet a commitment, participate in a social process, and retain an adequate level of energy and productivity.

Perceived Needs: Felt
Normative Need: Reflects “normal standards, value laden shaped by environment.”
Expressed Need: Based on those who seek services; consumers and potential consumers.
Relative Need: Seek equity of services between geographic areas.

What a Needs Assessment study?
Minimally, the study should look for:

a. Who is in need?
b. What is lacking or needed?
c. What are the goods/services needed?
d. How much of each good/service is needed?
e. Is the problem supply and demand or access and distribution?
f. What is not needed or less needed?
g. What will cost to provide?
h. How can it be funded?
# Table of Contents

Foreword.........................................................................................................................i
Acknowledgements..........................................................................................................ii
About This Report...........................................................................................................iii
Age of Survey Respondents.............................................................................................2
Educational Attainment.....................................................................................................3
Health Care Needs...........................................................................................................4
Housing Status Comparison............................................................................................5
Living Situation – Elders Living Alone............................................................................6
Perception of Health.........................................................................................................7
Who Receives Care in the Household.............................................................................8
Labor Force Participation.................................................................................................9
Household Income..........................................................................................................10
2016 Health and Human Services Poverty Guidelines....................................................11
Missed Medical Appointment........................................................................................12
Elders Skipped Essentials...............................................................................................13
Mental Health Status.......................................................................................................14
Local Community Need................................................................................................15
60 Plus Population by Age in Planning and Service Area (PSA). ...................................16
Gender Breakdown by Age..............................................................................................17
Household in the Planning and Service Area.................................................................18
Per Capita Income by Community -All Ages.................................................................19
Summary and Conclusion...............................................................................................20
Age 60+ by Race and Planning and Service Area ..........................................................21
Selected Types of Group Quarters Population-All Age Groups ....................................22
Summary and Conclusion...............................................................................................23

**Appendices**

Appendix 1: The 2017 Needs Assessment of Older People.
Age of Survey Respondents

Eighteen percent of respondents to this survey indicated that they were between the ages of 70-74, and 14 percent are elders over age 85 years of age. Please see the chart below.

Nationally, the oldest-old population (age 85 and over) grew from just over 100,000 in 1900 to 6 million in 2014. According to the Census Bureau “middle series” projections, the elderly population will more than double between now and the year 2050, to 80 million.

As many as 1 in 5 Americans could be elderly. Most of this growth should occur between 2010 and 2030, when the “baby boom” generation enters their elderly years.

Figure 1:

Sixteen percent of respondents said they are between the ages of 65 to 69. According to researchers, the proportion of the population age 65 and over varies by state and is partly affected by the state fertility and mortality levels, and partly by the number of older and younger people who migrate to and from the state.

Reference population: This data refers to the civilian non-institutionalized population.
Fifty-nine percent of elders responding to this survey said they were high school graduates and 15 percent said they had less than a high school education.

Educational attainment has effects throughout the life course which plays a role in well-being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above average health. Nine percent of respondents said they needed assistance with finding opportunities for education and learning.

Compared with the nation as a whole, Massachusetts’ residents age 55 and older comprise a higher percentage of those with a college or graduate degree. Please see below.

Table 1:

<table>
<thead>
<tr>
<th></th>
<th>High School</th>
<th>Some College</th>
<th>College or Graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>49.0%</td>
<td>18.1%</td>
<td>32.9%</td>
</tr>
<tr>
<td>USA</td>
<td>52.9%</td>
<td>22.6%</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

Reference population: This data refers to the civilian non-institutionalized population.
Health Care Needs

Within the health care category, when asked about the type of assistance they needed, fifty-one percent of respondents said they needed assistance with dental care. Oral health is an important component of an older person’s general health and well-being. It reflects overall health status and is related to the risk and treatment of various chronic conditions. Regular dental care is not covered under Medicare.

Forty-one percent of respondents also said they need assistance with vision care expenses. Medicare doesn't cover routine eye exams (sometimes called "eye refractions") for eyeglasses or contact lenses. Medicare Part B (Medical Insurance) covers some preventive and diagnostic eye exams.

Twenty-six percent of elders also said they need assistance with coping with diabetes. When compared to Massachusetts as a whole, the city of New Bedford had a higher-age adjusted diabetes mortality rate.

The needs of elders also focused on hearing. Twenty-one percent of elders identified assistance with hearing. In the 2017 survey and focus groups, elders said they could not afford to pay the high costs for hearing aids. Hearing aids and most hearing tests are not covered by Medicare. Medicaid often does cover hearing aids and related services for adults. They must cover them for children.

Seventeen percent of respondents to the 2017 survey, compared to 12 percent in 2013, said they needed assistance with prescription drug costs. Thirteen percent of elders also said they skipped paying for prescription drugs within the last 12 months leading up to this survey, due to a shortage of money.

Figure 3:

Reference population: This data refers to the civilian non-institutionalized population.
The survey identified 41 percent of elders, today, who live in a home they own, compared to 51 percent in 2013. Approximately 14 percent now live in a family member’s home compared to 6 percent in 2013. This survey also revealed a decrease with the number of elders living in public elderly housing, from 29 percent in 2013 down to 18 percent in 2017.

Twenty percent of respondents said they needed assistance in finding affordable housing. The 2017 survey also revealed that financially maintaining a home is burdensome, with 49 percent of respondents saying they are unable to make necessary home repairs.

Most older Americans live in adequate, affordable housing. Some, however, live in costly, physically inadequate, and crowded housing, which can pose serious problems for an older person’s physical or psychological well-being. Housing cost burden is the most prevalent housing problem for all household types and has increased over the years.

Figure 4:

Note: Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income.

Reference population: This data refers to the civilian non-institutionalized population.
U.S. Census Bureau, Households and Families 2009-2013 American Community Survey 5-Year Estimates.
According to the U.S. Census, a large proportion of older households live alone. Nationally, more than half of householders, 75 and older lived alone.

Survey responses in this 2017 survey identified that 59 percent of elders live alone. This sub-population of elderly also may be most likely to use formal services – individuals who live alone and have no children or siblings.

Researchers have estimated that 1.2 million people aged 65 or over will be in that status in the year 2020, up from 682,000 in 1990. The living arrangements of America’s older population are linked to income, health status, and the availability of caregivers. Older men were more likely to live with their spouse than were older women.

Reference population: This data refers to the civilian non-institutionalized population.


Perception of Health

When asked to rate their health, 49 percent of respondents said they were in good health and nine percent listed their health as poor.

According to researchers, asking people to rate their health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys and represents physical, emotional, and social aspects of health and well-being. Respondent-assessed health ratings of poor correlate with higher risks of mortality.

Thirty-one percent of respondents also said they need assistance with staying active and finding physical activity programs.

Figure 6:

Reference population: This data refers to the civilian non-institutionalized population.
Sixty-two percent of elders responding to this survey said they receive care in the household and nineteen percent said an adult age 19-59 was receiving care.

The need for caregiving increases with age. People who are frail or disabled may require help with basic activities of daily living (ADLS). These services can differ from informal care delivered by a family member or friend, to more formal services from a home care agency, assisted living or nursing home.

Long-term care (LTC) refers to broad range services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness or a disability. Currently, 70 percent of seniors will require some form of LTC, and 20 percent will require LTC for more than 5 years.

The Federal Administration on Aging estimates that by 2020, 15 million seniors will require LTC, 50 percent more than today.

Reference population: This data refers to the civilian non-institutionalized population.
Sixty-one percent of respondents in the 2017 survey indicated that they were not employed and not in the labor market, compared to 72 percent in 2013.

In this 2017 survey, 24 percent responded that they are employed part-time, when compared to 17 percent in 2013.

Labor force participation is measured by the percentage of a group that is in the labor force— that is either working (employed) or actively looking for work (unemployed). Education and training continue to be the most effective path to sustained employment.

Nationally, in 2015, 8.8 million (18.9%) Americans age 65 and over were in the labor force – working or actively seeking work, including 4.8 million men (23.4%) and 4 million women (15.3%).

Reference population: This data refers to the civilian non-institutionalized population
Sources: Older Americans: Key Indicators of Well-Being: 2016. Federal Interagency Forum on Aging Related Statistics
Household Income

The Rate of Poverty is defined as a one-person household with an annual income of $11,880 or below in 2016, or a two person household with an annual income of $16,020 in 2016. Please see Poverty levels next page.

In the chart below, forty percent of respondents said their annual income was $11,880 or below.

Figure 9:

Most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on greater importance to many older Americans.

Nationally, over 4.2 million people age 65 and over (8.8%) were below the poverty level in 2015. Older women had a higher poverty rate (10.3%) than older men (7%) in 2015. Older persons living alone were much more likely to be poor (15.4%) than were older persons living with families (5.7%).

Reference population: This data refers to the civilian non-institutionalized population.
Federal Register/Vol.81, No.15/Monday, January 25, 2016/Notice.
2016 Health and Human Services Poverty Guidelines

These guidelines vary by family and are updated annually to account for changes in the cost of living (as measured by the change in the average annual value of the Consumer Price Index or CPI-U).

The guidelines in this 2016 notice reflect the 0.1 percent price increase between calendar years 2014 and 2015. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. Please see the chart below.

These guidelines were used to determine poverty levels for the 2017 Needs Assessment Study.

Table 2:

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>48 Contiguous States and the District of Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
</tr>
<tr>
<td>2</td>
<td>$16,020</td>
</tr>
<tr>
<td>3</td>
<td>$20,160</td>
</tr>
<tr>
<td>4</td>
<td>$24,300</td>
</tr>
<tr>
<td>5</td>
<td>$28,440</td>
</tr>
<tr>
<td>6</td>
<td>$32,580</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
</tr>
</tbody>
</table>

For families / households with more than 8 persons, add $4,160 for each additional person.

Source: Federal Register/Vol.81, No.15/Monday, January 25, 2016/Notice.
Survey respondents were asked to specify the contributing factors that led them to miss a medical appointment in the last 12 months leading up to this survey. Fifty-one percent said they missed a medical appointment because of a lack of transportation.

Thirty-four percent said they had no one to accompany them, and thirteen percent cited inadequate insurance. The two percent who responded by saying “other” listed factors such as, bad weather, having a conflict on the scheduled day, too ill to go, or the respondent had to care for someone in the home.

Lack of transportation has always been a major obstacle for the elderly population in this region. The ability to travel independently to appointments, to the grocery store, and to visit friends play an important role in the daily lives of older adults. For many older adults, the ability to travel independently may change due to health or physical problems.
For respondents who own their own homes, twenty-three percent said that within the last twelve months they had to skip paying for essentials such as home repairs, due to a shortage of money.

Twenty percent said they skipped purchasing food, and for those who owned a vehicle, 18 percent could not afford to put fuel in the vehicle.

Expenditures are another indicator of economic well-being and demonstrate how the older population allocates resources to food, housing, health care, and other basic needs. Expenditures may change with changes in work status, health status or income.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: U.S. Census Bureau, 2010 Census.
Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, higher health care resource utilization, and dementia.

Older women were more likely to report clinically relevant depressive symptoms than were older men.

In this survey, thirty-eight percent of elders reported that were experiencing symptoms of anxiety, thirty-six percent said depression, and twenty-five percent reported experiencing some memory loss and confusion.

Reference population: This data refers to the civilian non-institutionalized population.
### Table 3: Local Community Need

<table>
<thead>
<tr>
<th>Categories</th>
<th>I Do Need Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to social assistance services</strong></td>
<td></td>
</tr>
<tr>
<td>Completing benefit forms for Health Insurance, SSI, SNAP</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Caregiver Support</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Civic Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Volunteer opportunities</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Cultural Competencies</strong></td>
<td></td>
</tr>
<tr>
<td>LGBT issues</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Education / Learning</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Economic (Financial) Security</strong></td>
<td></td>
</tr>
<tr>
<td>Retirement Planning</td>
<td>9%</td>
</tr>
<tr>
<td>Money Management / finances</td>
<td>7%</td>
</tr>
<tr>
<td>Employment</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Food and Nutrition</strong></td>
<td></td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>2%</td>
</tr>
<tr>
<td>Home Delivered meals</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Health care</strong></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>17%</td>
</tr>
<tr>
<td>Vision care</td>
<td>41%</td>
</tr>
<tr>
<td>Hearing</td>
<td>21%</td>
</tr>
<tr>
<td>Dental</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>20%</td>
</tr>
<tr>
<td>Home Modification due to Disability</td>
<td>9%</td>
</tr>
<tr>
<td>Home Repairs</td>
<td>49%</td>
</tr>
<tr>
<td>Home Security</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Learning and Development</strong></td>
<td></td>
</tr>
<tr>
<td>Educational programs</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Legal Services</strong></td>
<td></td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>5%</td>
</tr>
<tr>
<td>Identity Theft / Fraud</td>
<td>0.9%</td>
</tr>
<tr>
<td>Tenants’ Rights</td>
<td>3%</td>
</tr>
<tr>
<td>Wills, Advance Directives</td>
<td>21%</td>
</tr>
<tr>
<td>Categories</td>
<td>I Do Need Help</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Leisure and Recreation</td>
<td>23%</td>
</tr>
<tr>
<td>Mental and Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Alcohol/Substance Abuse</td>
<td>0.9%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>35%</td>
</tr>
<tr>
<td>Depression</td>
<td>34%</td>
</tr>
<tr>
<td>Memory Loss/Confusion</td>
<td>21%</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>Faith-based activities</td>
<td>6%</td>
</tr>
<tr>
<td>Transportation</td>
<td>24%</td>
</tr>
<tr>
<td>Staying Active/Physical Activity Programs</td>
<td>31%</td>
</tr>
</tbody>
</table>

Reference population: This data refers to the civilian non-institutionalized population.
Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. Nearly 22 percent of elders in Coastline’s planning and service area are age 60 and over, compared to the Commonwealth at 19.4 percent. The US Census released the population estimates in May 2016 for Massachusetts cities and towns (also called “minor civil divisions” or “MCDs”) for July 1, 2015. These estimates are derived from the allocation of the Census Bureau’s 2015 county-level population estimates released to individual municipalities.

### Table 4:

**60 Plus Population by Age in Planning and Service Area (PSA)**

<table>
<thead>
<tr>
<th>City or Town</th>
<th>2010 All Ages</th>
<th>Age 60-64</th>
<th>Age 65-74</th>
<th>Age 75-84</th>
<th>Age 85 and over</th>
<th>Age 60+</th>
<th>% 60+</th>
<th>% 65+</th>
<th>% 85+</th>
<th>2020 All Ages Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>10,303</td>
<td>698</td>
<td>874</td>
<td>527</td>
<td>231</td>
<td>2,330</td>
<td>1,632</td>
<td>15.8</td>
<td>2.2</td>
<td>10,416</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>34,032</td>
<td>2,086</td>
<td>2,668</td>
<td>1,732</td>
<td>987</td>
<td>7,473</td>
<td>5,387</td>
<td>15.8</td>
<td>2.9</td>
<td>36,725</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>15,873</td>
<td>1,042</td>
<td>1,424</td>
<td>1,037</td>
<td>668</td>
<td>4,171</td>
<td>3,129</td>
<td>19.7</td>
<td>4.2</td>
<td>15,839</td>
</tr>
<tr>
<td>Gosnold</td>
<td>75</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>22</td>
<td>13</td>
<td>26.3</td>
<td>1.3</td>
<td>67</td>
</tr>
<tr>
<td>Marion</td>
<td>4,907</td>
<td>391</td>
<td>516</td>
<td>336</td>
<td>194</td>
<td>1,437</td>
<td>1,046</td>
<td>21.3</td>
<td>4.0</td>
<td>4,805</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>6,045</td>
<td>483</td>
<td>692</td>
<td>381</td>
<td>148</td>
<td>1,704</td>
<td>1,221</td>
<td>20.2</td>
<td>2.4</td>
<td>5,808</td>
</tr>
<tr>
<td>New Bedford</td>
<td>95,072</td>
<td>4,862</td>
<td>6,371</td>
<td>4,884</td>
<td>2,648</td>
<td>18,765</td>
<td>13,903</td>
<td>14.6</td>
<td>2.8</td>
<td>98,800</td>
</tr>
<tr>
<td>Rochester</td>
<td>5,232</td>
<td>417</td>
<td>388</td>
<td>136</td>
<td>76</td>
<td>1,017</td>
<td>600</td>
<td>11.5</td>
<td>1.5</td>
<td>5,780</td>
</tr>
<tr>
<td><strong>Total in PSA</strong></td>
<td><strong>171,539</strong></td>
<td><strong>9,988</strong></td>
<td><strong>12,942</strong></td>
<td><strong>9,036</strong></td>
<td><strong>4,953</strong></td>
<td><strong>36,919</strong></td>
<td><strong>26,931</strong></td>
<td>21.5</td>
<td>15.7</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Total in Massachusetts</strong></td>
<td><strong>6,547,629</strong></td>
<td><strong>370,547</strong></td>
<td><strong>456,640</strong></td>
<td><strong>301,065</strong></td>
<td><strong>145,199</strong></td>
<td><strong>1,273,271</strong></td>
<td><strong>902,274</strong></td>
<td>19.4</td>
<td>13.8</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Sources: 2010 Census, TableDP-1 File 2. Interim State Projections for Populations for 5-Year Age Group and Selected Age Groups by Sex.


August 2016.

Donahue Institute, UMass/Boston.
## Gender Breakdown by Age

### FEMALE

**Table 6:**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Total</th>
<th>60-61 Years</th>
<th>62-64 Years</th>
<th>65-66 Years</th>
<th>67-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 Years</th>
<th>85 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>5,243</td>
<td>127</td>
<td>212</td>
<td>127</td>
<td>132</td>
<td>205</td>
<td>149</td>
<td>158</td>
<td>161</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>16,926</td>
<td>443</td>
<td>624</td>
<td>369</td>
<td>463</td>
<td>582</td>
<td>504</td>
<td>543</td>
<td>664</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>8,237</td>
<td>220</td>
<td>317</td>
<td>156</td>
<td>253</td>
<td>352</td>
<td>321</td>
<td>322</td>
<td>473</td>
</tr>
<tr>
<td>Gosnold</td>
<td>32</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Marion</td>
<td>2,598</td>
<td>81</td>
<td>132</td>
<td>73</td>
<td>99</td>
<td>117</td>
<td>100</td>
<td>86</td>
<td>135</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>3,102</td>
<td>113</td>
<td>126</td>
<td>85</td>
<td>135</td>
<td>141</td>
<td>136</td>
<td>81</td>
<td>87</td>
</tr>
<tr>
<td>New Bedford</td>
<td>49,479</td>
<td>1,134</td>
<td>1,483</td>
<td>851</td>
<td>1,118</td>
<td>1,568</td>
<td>1,577</td>
<td>1,437</td>
<td>1,905</td>
</tr>
<tr>
<td>Rochester</td>
<td>2,594</td>
<td>102</td>
<td>114</td>
<td>59</td>
<td>58</td>
<td>63</td>
<td>41</td>
<td>37</td>
<td>45</td>
</tr>
<tr>
<td>Female PSA</td>
<td>88,211</td>
<td>2,221</td>
<td>3,011</td>
<td>1,722</td>
<td>2,258</td>
<td>3,029</td>
<td>2,829</td>
<td>2,665</td>
<td>3,471</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,381,001</td>
<td>81,800</td>
<td>112,452</td>
<td>60,898</td>
<td>80,434</td>
<td>106,210</td>
<td>93,661</td>
<td>84,922</td>
<td>100,174</td>
</tr>
</tbody>
</table>

### MALE

**Table 7:**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Total</th>
<th>60-61 Years</th>
<th>62-64 Years</th>
<th>65-66 Years</th>
<th>67-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 Years</th>
<th>85 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>5,060</td>
<td>150</td>
<td>209</td>
<td>107</td>
<td>131</td>
<td>172</td>
<td>103</td>
<td>117</td>
<td>70</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>17,106</td>
<td>414</td>
<td>605</td>
<td>328</td>
<td>390</td>
<td>536</td>
<td>364</td>
<td>321</td>
<td>323</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>7,636</td>
<td>204</td>
<td>301</td>
<td>128</td>
<td>232</td>
<td>303</td>
<td>196</td>
<td>198</td>
<td>195</td>
</tr>
<tr>
<td>Gosnold</td>
<td>43</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Marion</td>
<td>2,309</td>
<td>65</td>
<td>113</td>
<td>70</td>
<td>74</td>
<td>83</td>
<td>100</td>
<td>50</td>
<td>59</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>2,943</td>
<td>100</td>
<td>144</td>
<td>87</td>
<td>116</td>
<td>128</td>
<td>92</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>New Bedford</td>
<td>45,593</td>
<td>1,009</td>
<td>1,236</td>
<td>734</td>
<td>919</td>
<td>1,181</td>
<td>1,031</td>
<td>839</td>
<td>743</td>
</tr>
<tr>
<td>Rochester</td>
<td>2,638</td>
<td>85</td>
<td>116</td>
<td>67</td>
<td>71</td>
<td>70</td>
<td>31</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>Male PSA</td>
<td>83,328</td>
<td>2,030</td>
<td>2,726</td>
<td>1,522</td>
<td>1,936</td>
<td>2,475</td>
<td>1,917</td>
<td>1,625</td>
<td>1,482</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,166,628</td>
<td>74,794</td>
<td>101,501</td>
<td>53,860</td>
<td>69,267</td>
<td>85,791</td>
<td>68,931</td>
<td>53,551</td>
<td>45,025</td>
</tr>
</tbody>
</table>

# Households in the Planning and Service Area

Table 8:

<table>
<thead>
<tr>
<th>Communities</th>
<th>Total Number Households</th>
<th>Age 65+ Living Alone</th>
<th>% Age 65+ Living Alone</th>
<th>Households with individuals Age 65+</th>
<th>% Households with individuals Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>3,934</td>
<td>412</td>
<td>10.5%</td>
<td>1,194</td>
<td>30.4%</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>11,237</td>
<td>1,434</td>
<td>12.8%</td>
<td>3,816</td>
<td>34.0%</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>6,672</td>
<td>1,001</td>
<td>15.0%</td>
<td>2,163</td>
<td>32.4%</td>
</tr>
<tr>
<td>Gosnold</td>
<td>39</td>
<td>0.0</td>
<td>0.0%</td>
<td>9</td>
<td>23.1%</td>
</tr>
<tr>
<td>Marion</td>
<td>1,896</td>
<td>253</td>
<td>13.3%</td>
<td>682</td>
<td>36.0%</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>2,505</td>
<td>292</td>
<td>11.7%</td>
<td>861</td>
<td>34.4%</td>
</tr>
<tr>
<td>New Bedford</td>
<td>38,761</td>
<td>4,690</td>
<td>12.1%</td>
<td>10,042</td>
<td>25.9%</td>
</tr>
<tr>
<td>Rochester</td>
<td>1,813</td>
<td>116</td>
<td>6.4%</td>
<td>437</td>
<td>24.1%</td>
</tr>
<tr>
<td><strong>Total In PSA</strong></td>
<td><strong>66,857</strong></td>
<td><strong>8,198</strong></td>
<td><strong>12.3%</strong></td>
<td><strong>19,204</strong></td>
<td><strong>28.7%</strong></td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2,547,075</td>
<td>270,984</td>
<td>10.6%</td>
<td>653,103</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

Sources: 2010 Census Summary File 1, Table H17
Research Dept. Executive Office of Elder Affairs-Massachusetts Elder Population by ASAP and AAA.
NOTE: For information on confidentiality protection, non-sampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/sf1.pdf.
Per Capita Income by Community
All Ages

The table below ranks the per capita income throughout the planning and service area of the Commonwealth’s 351 communities, estimated for 2011-2015.

Table 9:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Town</th>
<th>County</th>
<th>Per Capita Income</th>
<th>Median household income</th>
<th>Median family income</th>
<th>Population</th>
<th>Number of households</th>
</tr>
</thead>
<tbody>
<tr>
<td>257</td>
<td>Acushnet</td>
<td>Bristol</td>
<td>$31,477</td>
<td>$66,367</td>
<td>$82,775</td>
<td>10,303</td>
<td>3,843</td>
</tr>
<tr>
<td>282</td>
<td>Dartmouth</td>
<td>Bristol</td>
<td>$30,049</td>
<td>$67,997</td>
<td>$84,881</td>
<td>34,032</td>
<td>11,692</td>
</tr>
<tr>
<td>277</td>
<td>Fairhaven</td>
<td>Bristol</td>
<td>$30,381</td>
<td>$69,326</td>
<td>$77,717</td>
<td>15,873</td>
<td>6,655</td>
</tr>
<tr>
<td>327</td>
<td>Gosnold</td>
<td>Dukes</td>
<td>$25,741</td>
<td>$30,833</td>
<td>$39,167</td>
<td>75</td>
<td>60</td>
</tr>
<tr>
<td>65</td>
<td>Marion</td>
<td>Plymouth</td>
<td>$45,269</td>
<td>$80,456</td>
<td>$92,258</td>
<td>4,907</td>
<td>1,911</td>
</tr>
<tr>
<td>155</td>
<td>Mattapoisett</td>
<td>Plymouth</td>
<td>$35,941</td>
<td>$78,864</td>
<td>$93,235</td>
<td>6,045</td>
<td>2,192</td>
</tr>
<tr>
<td>346</td>
<td>New Bedford</td>
<td>Bristol</td>
<td>$21,056</td>
<td>$35,999</td>
<td>$44,607</td>
<td>95,072</td>
<td>39,068</td>
</tr>
<tr>
<td>135</td>
<td>Rochester</td>
<td>Plymouth</td>
<td>$37,340</td>
<td>$87,370</td>
<td>$104,300</td>
<td>5,232</td>
<td>1,809</td>
</tr>
</tbody>
</table>

NOTE: For information on confidentiality protection, non-sampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/sf1.pdf.
Sources: 2010 U.S. Census Bureau.
SUMMARY AND CONCLUSION

Coastline utilized various strategies to help to capture the needs of elders. These were focus groups and listening sessions. Surveys were also conducted and sent randomly to caregivers and elders. While in the focus groups or listening sessions, elders did not disclose their income, nor would they say if they had to do without food or skip paying for essentials. Elders did not disclose, in front of others, if they were feeling anxious, suffering from depression, memory loss and confusion, drinking heavily or were substance abusers. Instead, they utilized the surveys to disclose personal information.

The surveys did not require their names, nevertheless, some elders provided their names, telephone numbers and addresses because they were asking for help with an issue, and wasn’t sure where they should go to get this help. In one instance, after a focus group ended, an elderly lady spoke to us privately because she didn’t want others in the room to learn that she had no food in her home, only a bottle of water. Coastline was able to provide grocery gift cards which assisted her in getting groceries. For the long term, we needed to look at the amount she was receiving for SNAP (Supplemental Nutrition Assistance Program) benefits and we were able to assist her with getting an increase on those benefits.

We learned through this survey process that the older Portuguese speaking immigrant population had less than a high school education. We also learned that elders who do not own a vehicle, getting around is onerous because public transportation is limited, and if their insurance does not pay for medical transportation the elders must pay out of pocket for other means of transportation, such as taxis, which could be costly.

The survey revealed that those who identified themselves as lower income had increased medical needs and had been hospitalized within the past year.

Additionally, the LGBT elders told us they are afraid to “come out.” These elders said they are “hidden” from each other and are not visible in the community. Conversely, while they expressed gratitude that they can attend the Fairhaven Council on Aging Supper Club once a month, many would also welcome the opportunity for increased socialization with their peers in other venues.

In conclusion, our elders have demonstrated that they are without the financial means to live comfortably. Today, there are more elders in the workforce either working full or part-time to make ends meet. Social Security and or Supplemental Security Income (SSI) may not be able to cover daily essentials. For many elders, asking for help is not always easy. As the first step, this process of the Needs Assessment will assist us to better coordinate services for the most socially and economically needy. One thing we can be sure of: as our older population age, increasingly, agencies such as Coastline will begin to see greater demand for services to assist elders to remain in their homes.
October 20, 2016

Dear Friend,

Coastline Elderly Services, Inc., the region’s Area Agency on Aging, is conducting a Needs Assessment survey to gather information on the needs of older people. Our purpose is to improve elderly services and fulfill federal requirements.

Your response is VERY important to us, but participation in this survey is entirely voluntary. You need not provide your name. Your refusal to participate will not affect any services you are currently receiving from Coastline, or may apply for in the future.

Please mail your completed survey in the enclosed self-addressed stamped envelope by Monday, November 7, 2016.

Should you have any questions, you may contact Ann McRillis, Area Agency on Aging Planner, at 508-742-9160. Thank you.

Sincerely

Paula Shiner
Chief Executive Officer
Coastline Elderly Services, Inc., your local Area Agency on Aging, would like to assess the status of older persons. To ensure that you are represented, please take a few moments to complete this questionnaire. Your answer will help us to better serve older people in our area.

1. Please tell us your age:
   _____ Under 55  _____ 70 – 74  _____ Male  _____ Female
   _____ 55-59  _____ 75 – 79
   _____ 60-64  _____ 80 – 84
   _____ 65-69  _____ 85+

2. Are you:
   _____ Under 55  _____ 70 – 74  _____ Male  _____ Female
   _____ 55-59  _____ 75 – 79
   _____ 60-64  _____ 80 – 84
   _____ 65-69  _____ 85+

3. What is your race?
   ___ American Indian / Alaska Native  ___ Native Hawaiian or other Pacific Islander
   ___ Asian  ___ White (non-Hispanic)
   ___ Black or African American  ___ Two or more races
   ___ Some other race

4. Are you of Hispanic/Latino heritage?  _____ YES  _____ NO

5. Highest grade or college level completed? __________________________________________

6. Where do you live?
   ____A place that I own  _____ Family member’s home
   ____ Public elderly housing  _____ Private rental housing
   ____ Other (please specify): ____________________________________________

7. Do you live alone?  _____ YES  _____ NO

8. If you do not live alone, how many are in the household?
   _____ 0  _____ 1  _____ 2  _____ 3  _____ 4  _____ 5  _____ 6  _____ 7  _____ 8+

9. In general, how do you rate your health?
   _____ Excellent  _____ Good  _____ Fair  _____ Poor  _____ Don’t know

10. Is anyone in your household receiving care from a relative or friend?  _____ YES  _____ NO
11. If YES, who receives care?
   _____ I am getting care
   _____ My spouse is getting care
   _____ An adult age 19-59
   _____ A child age 18 or younger

12. Which best portrays your employment status?
   ___ Employed, full-time
   ___ Employed, part-time
   ___ Not employed, but looking for work
   ___ Not employed, not in the labor market

13. Please estimate your **Total Family Income** in the last 12 months, including wage, pension, social security, and interest, etc. *(PLEASE CHECK ONE)*

<table>
<thead>
<tr>
<th>Annually</th>
<th>(or Monthly Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,880 or below</td>
<td>$990 or below</td>
</tr>
<tr>
<td>$16,020 to $20,159</td>
<td>$1,335 to $1,679</td>
</tr>
<tr>
<td>$20,160 to $24,299</td>
<td>$1,680 to $2,024</td>
</tr>
<tr>
<td>$24,300 to $28,439</td>
<td>$2,025 to $2,369</td>
</tr>
<tr>
<td>$28,440 to $32,579</td>
<td>$2,370 to $2,714</td>
</tr>
<tr>
<td>$32,580 to $36,729</td>
<td>$2,715 to $3,060</td>
</tr>
<tr>
<td>$36,730 to $40,889</td>
<td>$3,061 to $3,407</td>
</tr>
<tr>
<td>$40,890 and over</td>
<td>$3,408 and over</td>
</tr>
</tbody>
</table>

14. In the last 12 months, have you missed a medical appointment due to:
   _____ Lack of transportation
   _____ No escort to assist me
   _____ Inadequate insurance
   _____ Other (Please specify) ________________________________

15. In the last 12 months, have you had to skip any of the following because of a shortage of money?
   _____ Food
   _____ Paying for transportation
   _____ Gas for car
   _____ Prescription drug
   _____ Home Repairs
   _____ Utilities (heat, phone, etc.)
   _____ Other (Please specify): ________________________________

16. In the last 12 months, have you been hospitalized? _____ YES _____ NO

17. If you answered YES please tell us why you were hospitalized? ____________________________
18. Do **you** need help in any of the following areas? Please check **ONLY** those areas that apply to you.

I **DO** need help with:

- [ ] Coping with abuse, neglect and mistreatment
- [ ] Coping with alcohol/substance abuse
- [ ] Coping with anxiety
- [ ] Coping with depression
- [ ] Coping with memory loss/confusion
- [ ] Completing benefit forms for Health insurance, SSI, SNAP, etc.
- [ ] Finding affordable housing
- [ ] Finding caregiver support
- [ ] Finding education /learning courses
- [ ] Finding employment
- [ ] Finding faith-based activities
- [ ] Finding legal assistance for:
  - [ ] Consumer complaints
  - [ ] Identity theft or fraud
  - [ ] Tenants’ rights
  - [ ] Wills, medical directives
- [ ] Finding leisure and recreation activities
- [ ] Finding long-term support services in the home
- [ ] Finding programs/services for older lesbian, gay, bisexual and transgendered
- [ ] Finding transportation
I **DO** need help with:

- Finding volunteer opportunities
- Getting home modified due to physical disability
- Health care
  - Heart
  - Diabetes
  - Prescription drugs
  - Vision care
  - Hearing care
  - Dental care
  - Other (Please specify) _______________________________________
- Home Repairs
- Home security
- Improving food and nutrition
  - receiving home delivered meals
  - receiving congregate meals
- Managing money/finances
- Retirement planning
- Staying active and well with physical activity programs

Comments:_______________________________________________________________________

______________________________________________________________________________

Thank you for your participation in the 2017 Needs Assessment of Older People and their Caregivers.